

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

Thursday 17th of January 2019 in Function Rooms 137 and 138, Education Centre, Freeman Hospital, Newcastle upon Tyne
Start time 1:30pm

Agenda			
Item		Lead	Paper
Business Items			
1	Apologies for Absence and Declarations of Interest	Chairman	Verbal
2(i)	Minutes of the Meeting held on 15 th November 2018 and Matters arising	Chairman	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	Attached
5	Chief Executive's Report	Chief Executive	Verbal
6	Nominations Committee Update	Committee Chair	Attached
Reports from Governor Working Groups			
7(i)	Quality of Patient Experience Working Group Report	Working Group Chair	Attached
7(ii)	Business Development Working Group Report	Working Group Chair	Verbal
7(iii)	Community Engagement and Membership Working Group Report	Working Group Chair	Verbal
Quality and Patient Safety			
8	Integrated Quality Report	Medical Director	Attached
Strategy			
9	Governor Working Group Review	Trust Secretary	Attached

Performance & Delivery			
10	2018/19 Month 8 Finance Report	Finance Director	Attached
Items to Receive			
11(i)	Any Other Business a) Charity Governor Update b) Update from Director of Human Resources (HR)	Trust Secretary Director of HR	Verbal Attached
11(ii)	Date and Time of Next Meeting: Thursday 21 st March 2019 in Function Rooms 137 and 138, Education Centre, Freeman Hospital	Chairman	Verbal

Governors' Education and Training:

- 3:15pm: 'Integrated Governance: Council and the Board' – Michael Wood, Company Secretary at the Good Governance Institute (GGI).



**THIS PAGE IS INTENTIONALLY
BLANK**

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

DRAFT MINUTES OF MEETING HELD ON 15 NOVEMBER 2018

- Present:** Professor Sir John Burn, Chairman (Chair)
Mrs L Robson, Deputy Chief Executive
Public Governors (Constituency 1 – see below)
Public Governors (Constituency 2 – see below)
Public Governors (Constituency 3 – see below)
Staff Governors (see below)
Appointed Governors (see below)
- In Attendance:** Mr M Wilson, Chief Operating Officer
Mrs A Dragone, Finance Director
Ms M Cushlow, Executive Chief Nurse
Mr M Wright, Consultant Clinical Geneticist (on behalf of Mr A Welch)
Mrs C Docking, Director of Communications and Engagement
Mr S Morgan, Non-Executive Director
Mr R C Smith, Director of Estates
Ms N Bruce, Assistant Director – Business Strategy and Planning
Mrs K Jupp, Trust Secretary
- Observers:** Mr Silas Catling, Care Quality Commission (CQC)
Mr Michael Wood, Good Governance Institute (GGI)
Mrs A Greener, PA to the Chief Executive Officer
- Secretary:** Mrs F Darville, Deputy Trust Secretary (Minutes)

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

18/43 **BUSINESS ITEMS**

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

Apologies were received from Dame Jackie Daniel, Chief Executive Officer, Mr A Welch, Medical Director, Mrs A O'Brien, Director of Quality and Effectiveness, Professor D Burn, Non-Executive Director, Mr G King, Chief Information Officer, Mr J Jowett, Non-Executive Director, Mr K Godfrey, Non-Executive Director, Professor K McCourt, Non-Executive Director, Mrs D Fawcett, Director of Human Resources and Governors Mr M Warner, Professor A Fisher, Professor A Wathey, Mr M McCallum, Dr P Laws, Mr P Briggs, Miss R Draper and Mr F Wyres.

Agenda Item 2

The Chairman introduced Mr Wilson, Chief Operating Officer, Mrs Docking, Director of Communications and Engagement, and Mr Morgan, Non-Executive Director, to their inaugural Council of Governors meeting.

Sir John advised the Council that this was to be the last Council of Governors meeting for the Deputy Chief Executive, Mrs Robson, prior to her taking up the Chief Executive post at Stockport NHS Foundation Trust. The Council extended their congratulations and thanks to the Deputy Chief Executive.

No Declarations of Interest were made.

ii) Minutes and Matters Arising

The Minutes of the meeting were **agreed** as an accurate record subject to a reference (page 11), to the activity of the Quality of Patient Experience Group which had received a talk from Dr Anne Pelham (Consultant in Palliative Medicine) as opposed to visiting End of Life Care. Mrs Perfitt requested that despite the closure of Action 37, Council had requested an update from the Executive regarding the extension of the free viewing period for Children's wards. The Trust Secretary agreed to feedback to the next meeting detailing the outcome.

a. Informal Governors' Meeting

The Trust Secretary presented the outcome report detailing the preference for an informal meeting to take place immediately prior to formal Council meetings at 11:30am.

Dr Valentine requested further clarification in relation to the remit of the informal governors' meeting enquiring whether this was intended to replace the informal training sessions, or to be held in addition to them. Potential timing conflicts with the Governor Business & Development Working Group were also raised. The Trust Secretary reiterated that this was intended to be an agenda-free time for Governors to gather to discuss additional matters that may not be on the agenda or to allow a private discussion to be held in advance of the formal public meeting. Such meetings to be separate from the informal training sessions.

The Chair advised that a similar process had been established prior to the Trust Board meetings to allow informal discussion between the Non-Executive Directors and the Chair; and also the Chief Executive and noted the convenience of having such a session immediately prior to the formal meeting.

Dr Hammond recommended that the Trust Secretary write out to Governors detailing further clarification as to the purpose and remit of the informal meetings (**ACTION01**).

It was resolved to: (i) **receive** the report and (ii) for the Trust Secretary to **contact** Governors to clarify the purpose of the informal meeting.

b. Governor Working Group Review

The Trust Secretary **noted** that a preliminary meeting had taken place in mid-October 2018 attended by Mr McCallum, Dr Valentine, Mrs Darville and herself. Initially, the Group had considered the current structure of the Working Groups and resolved to attend forthcoming Working Group meetings to ascertain how they were managed.

This would then link into the work undertaken by the Good Governance Institute (GGI) as part of the wider Corporate Governance Structure review. The Trust Secretary invited more Council members to be involved in the Governor Working Group review process.

It was resolved to: (i) to **receive** the report and (ii) for members of the Council to **contact** the Trust Secretary expressing an interest to be involved in the Governor Working Group review.

c. Trust Charity Review Update

The Director of Communications and Engagement provided an update on the review of the Trust Charity advising that:

- upon initial review, despite levels of success for the Trust's charitable endeavours, the overall approach had been cautious and more could be achieved in support of the strategic direction of the organisation;
- discussions had been held with Mr Godfrey, Non-Executive Director, as Chair of the Trust's Charitable Funds Committee to review the current position and ascertain initial next steps;
- 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 (**ACTION02**). This will include; consideration of other NHS organisations' charities as part of a benchmarking exercise, consideration of Governance and operational arrangements and reviewing the strategic direction of the Trust charity.

It was resolved to: (i) **receive** the report, noting that an update would be presented to Council during Spring 2019.

iii) Meeting Action Log

It was **agreed** that actions were progressing and further updates would be made at the next meeting.

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

iv) Chairman's Report

The Chairman provided Council with the following update:

- Sir John confirmed that going forwards Governors would be provided with electronic copies of the Trust Public Board meeting agenda and papers in addition to the hard copies circulated routinely;
- following discussion with the Non-Executive Directors in their capacity as Board Sub-Committee Chairs, it was suggested that key reports outlining activity of the Sub-Committees be received for information by Council, in order to provide further insights into the Board's operations. The Chairman requested feedback from Governors on this proposal, as appropriate;
- Sir John made reference to the recent press coverage regarding the inquest into the death in 2015 of a patient during surgery that had utilised the Da Vinci Robot. The surgeon who had undertaken the surgery had since left the Trust. Sir John advised that the Trust had learned significant lessons from this tragic event, and staff at all levels were encouraged to speak up in the interests of patient safety.

Mr Wright stated that the thoughts of the Trust were with the family and friends of the patient, commenting that enhanced protocols had been introduced regarding such cutting-edge innovation, especially in relation to training and the presence of proctors. Mr Forrester advised that as a former recipient of robotic surgery and in his role as peer support for Prostate Cancer UK, he continued to advocate the use of the technology.

Mrs Yanez advised that in her previous role at the Trust she was involved in developing the business case for the first robot and informed Council that all potential risks were considered in detail.

The Deputy Chief Executive advised that the Medical Director and a senior team had carried out a full and thorough investigation at the time. It was noted that the Trust currently performed around 600 surgeries per year using the Da Vinci robot and was involved in a number of international programmes of study in this area.

The Chairman further commented that the clinical teams at the Trust continued to make advances in the field of robotics and were developing a bid to become a national training centre;

- following the retirement from the Board of Mrs Hilary Parker, Non-Executive Director and Trust Senior Independent Director (SID), the Chairman advised that preliminary discussions had taken place with the Trust Non-Executive Directors. He recommended that the Senior Independent Director role be undertaken by Mr Godfrey or Mr Jowett and asked Council for their views prior to a final decision being presented to the Trust Board of Directors meeting later that month.

Agenda Item 2

Dr Saunders enquired about the requirements placed upon for the SID, in particular, being able to attend meetings at short notice and whether both 'candidates' had sufficient time to commit to the requirements of the SID role. The Chairman commented that electronic communication meant that any Non-Executive Board member could remain closely in touch with business matters, and could be on site within a day if necessary.

Dr Murthy requested that the SID attend a future Council meeting to introduce themselves and explain the role of the SID. Mrs Jupp agreed to facilitate **(ACTION03)**;

- as part of an initiative to improve staff health and wellbeing, the Chairman asked for Council feedback on the appropriateness of storage facilities/parking arrangements for bicycle users on Trust sites.

(The Director of Estates joined the meeting at this point).

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

v) Deputy's Chief Executive's Report

The Deputy Chief Executive provided an updated report to the Council in the Chief Executive's absence, the following key points being highlighted:

- the 'Brexit' situation was being continually monitored to ensure that the Trust was adequately prepared, especially in relation to staffing: NuTH was the first NHS Trust in the country to offer to pay for the application for settled status for EU staff;
- a new devolution agreement had been reached in North of Tyne, which would cover the three Local Authorities Newcastle City Council, North Tyneside Council and Northumberland Council. An overarching leadership and governance framework had been established along with an interim Mayor in advance of elections to be held in May 2019. The Deputy Chief Executive advised that although health is not explicitly included in the devolution deal, Dame Jackie has been involved in discussions with local authorities, particularly Newcastle City Council to ensure that the Trust was fully integrated with the work to ensure that Health and Social Care was appropriately aligned;
- the Trust continued to work with its partners in the City, most notably Newcastle City Council, for a 'place based' system. The Trust was involved with discussions relating to the 'Newcastle Pound' for commissioning resources and ensuring that this was best spent to the benefit of Newcastle residents;
- collaboration with the Trust's Acute provider partners, Northumbria Healthcare NHS Foundation Trust and Gateshead Health NHS Foundation Trust, continued in order to ensure long-term sustainability;

- the Trust had received positive visits from both the General Medical Council (GMC) and the President of the Royal College of Physicians;
- the Trust had been designated as a 'Veteran Aware' Hospital, further strengthening links with the military.

It was resolved: to receive the report.

18/46 i) Trust Strategy Development Update

The Deputy Chief Executive made a presentation on the developments in relation to the refresh of the Trust strategy, highlighting the following salient key points (slides to be shared with all Council members (**ACTION04**)):

- the Trust's strategy was still current (dated 2014-2019) and would be refreshed in April 2019. This was timely for the organisation following the change in leadership, the shift in the ways of working to ensure greater collaboration and changes to the national NHS landscape and development of the long term plan,;
- during October to December 2017, workshops had been held with Directorates in an attempt to gather local level strategies. Over 3,000 service lines had been grouped into 36 strategies, which would feed into the overarching Trust wide refreshed strategy. Feedback had been considered at Board development sessions where core themes had been identified, Workforce and Estates being priority areas;
- the Council's Business & Development Working Group continued to provide a useful sounding board for strategy developments;

(Mr Wright left the meeting at this point).

- the Board had strong ambitions for the Trust, especially in relation to its important role in the local system and future sustainability. NuTH was and would continue to be an 'anchor' organisation but this could have considerable consequences for the Trust as a significant provider across the region. Additionally, the Trust was a major regional employer and has a responsibility in this arena;
- work was ongoing against a backdrop of national change within the NHS and the long-term plan for the NHS. The Chief Executive and Deputy Chief Executive were involved in this work at a national level.

Mr Richardson queried whether the cost benefits of transformation projects had been considered along with the clinical and medical advancements. The Deputy Chief Executive commented that while there was a financial strategy that needed to be adhered to, there was a higher risk to patients from the organisation not having appropriate staff in post.

Agenda Item 2

Mr Forrester queried how the Trust compared to other organisations in relation to the vacant diagnostics posts. The Deputy Chief Executive acknowledged that significant workforce challenges existed within specific specialisms, it being noted that the Trust had previously recruited radiologists from Italy. Further innovative solutions had been identified to develop new roles and different ways of working to reduce the impact of workforce shortages.

Mrs Yanez queried the Trust's involvement in the North of Tyne combined authority and the potential impact of South of Tyne opting out. The Deputy Chief Executive advised that continued working across the whole patch would remain a priority for the Trust.

Mr Cranston asked whether the Trust sought strategic partners to improve the Trust's visibility on the national and international stage. The Deputy Chief Executive confirmed that the Trust already had a number of good network connections and that this was a focus for the Trust Board of Directors.

Sir John noted the difficulty in having no legislative basis for the new ways of partnership working in the NHS. Regions had started to collaborate in order to achieve better integration and to ensure that strong regional partnerships existed. The Trust wished to ensure that it remained in the 'anchor' position in the region.

Dr Valentine commended the Trust on its approach to this style of working and noted the positive engagement of staff at the strategy workshops.

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

18/43 vi) Charity Governor Position Update

The Trust Secretary presented the update report, noting that a meeting had taken place with the Newcastle Council for Voluntary Services (NCVS) who had agreed to provide support to the Trust in the recruitment of a Charity-appointed Governor. Council would be kept informed of developments.

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

vii) Nominations Committee

Mr Stewart-David provided an update, his first as the new chair of the Nominations Committee. The following points were **noted**:

- a handover meeting was scheduled to take place on 19 November with Mr Stewart-David commending the former chair, Dr Saunders, for his diligent stewardship of the Committee;
- the primary concern for the next Nominations Committee meeting would be to commence the recruitment process for a new Non-Executive Director, ensuring

Agenda Item 2

that they adequately represented both the Trust and the City of Newcastle in terms of diversity;

- a series of one to one meetings between the Nominations Committee Chair and current Non-Executive Directors was to be established to better understand their aspirations for their role and for the Trust;
- Mr Stewart-David sought the consent of the Council to extend Professor McCourt's role as Non-Executive Director by a further three years, commenting on the significant contribution that Professor McCourt made as a Non-Executive Director. Council unanimously **agreed** to the reappointment.

Sir John commended Professor McCourt for her dedication in role as Non-Executive Director.

It was resolved to: (i) **receive** the report and (ii) **note** the reappointment of Prof McCourt for a further 3-year period as Non-Executive Director from 1st December 2018.

18/44 REPORTS FROM GOVERNOR WORKING GROUPS**i) Quality of Patient Experience Working Group Report**

Mrs Errington provided an update on the activity of the Quality of the Patient Experience Working Group, the following points being **noted**:

- Mrs Yanez, Dr Hammond and Miss Draper were welcomed new as members of the Working Group;
- representatives from the Group had visited the Emergency Department at the RVI noting the effective running of the Department, in spite of the challenges routinely faced due to the volume of patients. It was acknowledged that space may be a potential issue in future. The Security team were spoken highly of;
- Mrs Houlston detailed a visit to the Pop-Up Hospital held as part of the Great Exhibition of the North and commended the staff who had organised the event;
- Mrs McCalman and Mrs Houlston commented on their recent visit to Ward 33, part of the Freeman Hospital Northern Centre for Cancer Care, noting, in particular, the provision of four refurbished cubicles provided by charities and the use of a helpline for patients;
- Representatives from the Group had attended a very interesting session titled "Exploring the Patient Experience in Newcastle";
- As previously reported, the Group had received presentations from Ms Caroline McGarry, Patient Experience and Involvement Officer, regarding the complaints

Agenda Item 2

system, and from Dr Anne Pelham, Consultant in Palliative Medicine, regarding End of Life Care.

It was resolved: to receive the report.

ii) Business Development Working Group Report

Dr Valentine provided a verbal update relating to the activities of the Business Development Working Group, the following points being highlighted:

- the Finance Director had attended a recent meeting to detail the Trust's positive engagement with the newly-appointed External auditor, Mazars;
- with reference to the review of Governor Working Groups, Dr Valentine noted the requirement to test the Group's functionality and timing of meetings going forward. This would include further engagement with the Trust's Non-Executive Directors to encourage more direct links.

It was resolved: to receive the report.

iii) Community Engagement and Membership Working Group Report

Mr Thompson provided a verbal on the recent Community Engagement and Membership Working Group meeting, noting the following points:

- thanks were extended to Mr Richardson, Mr Cranston, Mrs Darville and Miss Colvin-Laws for their attendance at the meeting;
- improved membership amongst Trust staff was highlighted as a particular area for focus;
- the dates for the Members' Events for 2019 were scheduled for Thursday 7 March, Thursday 6 June and Thursday 12 September, the first of these events taking the form of a 'market place' allowing more services to share updates regarding their specialties.

Potential future topics for the Group to consider for Members' Events included A&E, Critical Care and Maternity;

- Mr Thompson noted that he was keen to utilise the skills and experience of the Director of Communications and Engagement and Ms Colvin-Laws in her role within Staff Engagement, in order to use social media to improve Trust Membership and attendance at future Members' events.

It was resolved: to receive the report.

18/45 QUALITY AND PATIENT SAFETY
i) Integrated Quality Report

The Executive Chief Nurse presented the Integrated Quality Report highlighting the following areas of note:

- a decline in the number of Falls across the Trust had been reported following work completed by the Falls Prevention Co-ordinator;
- in relation to Harm-Free Care, following the presentation at the September Council meeting on pressure damage, the Trust had participated in the national 'Stop the Pressure' campaign, which sought to raise awareness of pressure damage. As a consequence, there had been increased reporting of incidents;
- the Trust continued to take an active role in Safeguarding training with partners across the City (information would be shared with Council following the meeting **ACTION05**);
- as part of national best practice guidelines, the Trust continued to undertake Serious Case Reviews when required and continued to have a focus on the requirements of the Mental Capacity Act, the Deprivation of Liberty Safeguards (DoLs) and Safeguarding Training.

Mr Richardson commented that the rates of patient safety incidents appeared to be high. The Executive Chief Nurse advised that this was positive as it was indicative of a robust patient safety culture.

It was resolved to: (i) **receive** the report and (ii) for the Trust Secretary to **disseminate** information relating to Safeguarding training to members of the Council for information.

18/46 STRATEGY
ii) Estates Update – Cherryburn and CAV

The Director of Estates provided an update on estates developments, as follows:

- the Cherryburn unit had successfully relocated from the Campus for Ageing and Vitality (CAV) site to the Freeman Hospital in September 2018. The relocation had been made following agreement of a business case to move the unit to address concerns regarding the unit operating in an isolated environment from other Trust facilities and staffing. A post-project evaluation would take place after 6 months with the relevant Directorate Manager;
- the potential sale of surplus land at the CAV site (linked to the Trust's Control Total) had generated interest from a number of parties. The Trust was in

Agenda Item 2

discussion with Newcastle University, Newcastle City Council and Homes England regarding the opportunities available for the surplus land. The Trust was likely to maintain a partial interest in the site in relation to the creation of an 'Inner West Hub', which would provide some community services and accommodate 400 staff.

In regard to the re-location of Cherryburn, Mrs Nelson queried whether the accommodation at the Freeman Hospital provided 'like for like' services and noted in particular the provision of a gym, day room and kitchen at the unit in the CAV. The Director of Estates advised that Ward 9 at the Freeman Hospital (the new location for Cherryburn) could not provide the same level of accommodation space as previously found at CAV with a smaller ward and no direct outdoor space. The gym facility had been transferred, however, and some outdoor space was being sought.

The Deputy Chief Executive reiterated the importance of the move prior to winter as this provided the best overall arrangement to continue the effective care of patients. The Executive Chief Nurse advised that despite a reduction in beds, there had been no reduction in staffing levels and the move had enabled better access to services to aid with patient care and discharge arrangements.

The Chairman suggested that the Quality of the Patient Experience Working Group should schedule a visit to the new Cherryburn Ward and report their findings back to the Council. The Chair of the Working Group agreed to facilitate this (**ACTION06**).

It was resolved: to (i) **receive** the update and (ii) for the Quality of the Patient Experience to **schedule** a visit to Cherryburn at Freeman and report back findings.

(The Director of Estates left the meeting at this point).

18/47 PERFORMANCE AND DELIVERY**i) 2018/19 Month 6 Finance Report**

The Finance Director presented the Month 6 and half year finance report noting the following key points.

- at the close of Month 6, the Trust had an Income and Expenditure surplus of £2.9m;
- the ageing Trust estate continued to present a financial challenge in terms of maintenance;
- the Trust was on course to deliver its £30.1m cost improvement target but this would be a challenge;
- the Trust's current risk rating stood at 2, which placed the organisation at the lower end of the NHS' risk scale.

Agenda Item 2

Dr Murthy queried the projected increased income at the year end. The Finance Director advised that this related to the projected proceeds from the sale of surplus land.

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

18/48 ITEMS TO RECEIVE

Any Other Business

Mr Richardson commented on the reported opinion from the Royal College of Physicians (reported by the BBC) which stated that the way in which Outpatient services were run in hospitals was “stuck in the 18th century”.

The Chief Operating Officer advised that the Outpatient Department within NuTH was a strength for the Trust with 5,000 patients being seen each day and 750 new patients being referred into the Trust each day.

It was **noted** that the model for delivery of Outpatient services was likely to form part of the wider NHS’ national opportunities to change outpatients with the future initiatives possibly involving group clinics and Skype consultations.

The Chief Operating Officer further advised that patients who Do Not Attend (DNA) their outpatient appointments resulted in inefficiencies. In an effort to combat this, the Trust was exploring changes to the way in which patients interact with the Trust in relation to making and changing their appointments via a central booking area. Additionally, the Trust was pursuing the creation of a patient portal, in collaboration with other local Trusts, to improve the ways in which the Trust communicated with patients. Other technical advances under consideration included the roll out of e-observation and the reorganisation of the way in which care was delivered (such as offering chemotherapy in outpatient clinics rather than a ward). These initiatives would ensure that the Trust was best placed to keep pace with change.

Mrs McCalman queried how many DNAs were due to patients not receiving their appointment letter to which the Chief Operating Officer advised that work was underway to review the administration regarding appointment-booking processes.

Date and Time of Next Meeting

The next meeting was confirmed as **Thursday 17 January 2019** in Function Rooms 137 and 138, Education Centre, Freeman Hospital.

Meeting closed at 3.35pm

GOVERNORS' ATTENDANCE 15 NOVEMBER 2018

A	Mr Derrick Bailey	Y
2	Mr Graham Blacker	Y
3	Mr Paul Briggs	Apologies
2	Mr Terrance Coleman	Y
S	Miss Dani Colvin-Laws	Y
2	Mr Steven Cranston	Y
1	Miss Ruth Draper	Apologies
2	Mrs Carole Errington	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	Apologies
1	Mrs Jean McCalman	Y
S	Mrs Victoria Mitchinson	N
3	Dr Lakkur Murthy	Y
1	Mrs Susan Nelson	Y
2	Mrs Carole Perfitt	Y
2	Mr Paul Richardson	Y
3	Dr Michael Saunders	Y
1	Mr David Stewart-David	Y
2	Mr Derek Thompson	Y
1	Dr Eric Valentine	Y
3	Mr Michael Warner	Apologies
A	Professor Andrew Wathey	Apologies
A	Councillor Marion Williams	Y
2	Mr Fred Wyres	Apologies
1	Mrs Pam Yanez	Y
A	Vacant (Charity)	Vacant seat
S	Estates and Ancillary	Vacant seat

**THIS PAGE IS INTENTIONALLY
BLANK**

Council of Governors Meetings Actions

Agenda item: 3



Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
24	ACTION02	18/17 Current Issues	27th March 2018	Mrs Robson advised that there was a large communications team in place for the STP and Sir John commented that it would be useful to invite the team to attend a future Council of Governors meeting. Mrs Robson agreed to facilitate with Mrs Jupp.	L Robson/K Jupp	<u>11/09/18</u> - This will be scheduled for the meeting in January 2019 due to the inclusion of other requested presentation topics for the September and November meetings. <u>07/01/19</u> - Due to changes in the NHS landscape with regards to the development of Integrated Care Systems and the publication of the NHS Long Term Plan, it is proposed that this action be closed as no longer relevant.	
30	ACTION08	18/20 Quality of Patient Experience (i) Working Group	27th March 2018	Mr Ions confirmed that he had visited Ward 19 (RVI) and noted a request from the Ward Sister for the Ward entrance doors to be replaced with less heavy doors. He added that a potential solution may be to install automatic doors or the use of door opener-close devices. Mrs Lamont agreed to explore the options available for Ward doors	M Cushlow	<u>11/09/18</u> - Mrs Darville emailed Mr Smith regarding status of action - awaiting update. <u>01/11/18</u> - Reminder email sent to Mr Smith. <u>09/11/18</u> - Mr Smith to provide an update at the November 2018 meeting. <u>20/11/18</u> - No update provided at meeting. <u>05/12/18</u> - Mr Smith advised that the matter had been reviewed with the PFI service provider, the Trust Fire Safety Manager and the Ward. No issue of concern is known to exist following maintenance and adjustment of door springs. The action is now closed.	
45	ACTION01	18/36 Statutory Business iv) Chairman's Report	19th July 2018	Council of Governors agreed with the proposal for all current, existing and future Governors to have DBS checks. Mrs Jupp agreed to action.	K Jupp/ F Darville	<u>11/09/18</u> - Action in progress. HR to attend prior to September meeting to assist with documentation required for check to be undertaken. <u>20/09/18</u> - HR attended prior to the CoG to assist Governors with applying for DBS clearance. Further sessions will be arranged to ensure all Governors have completed the necessary checks. <u>09/11/18</u> - This action is still in progress as the remaining Governors undergo the relevant checks. <u>05/12/18</u> - As of this date, there are two Governors who are required to complete their DBS checks. <u>07/01/19</u> - Further reminders have been sent to those Governors that have yet to complete the DBS approval process.	

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	<u>14/09/18</u> - Mrs Parnell met with Mr Briggs following the Council meeting to discuss the matter further. Mr Briggs agreed to email Mrs Parnell a list of areas which he believed required further consideration. <u>09/11/18</u> - Item is on hold to be considered as part of GGI review outcomes. <u>07/01/19</u> - Item will be reviewed following the finalisation of the Trust's Governance Structure in April 2019.	ON HOLD
49	ACTION05	18/37 Quality and Patient Safety i) Quality of Patient Experience Working Group	19th July 2018	Reference was made to the lack of toilet facilities in Ward 8B at RVI. Sir John recommended that the matter be discussed with Mr Robert Smith, Director of Estates and Mrs Jupp agreed to facilitate.	K Jupp	<u>11/09/18</u> - Mrs Darville emailed Mr Smith regarding status of action - awaiting update. <u>09/11/18</u> - Mr Smith to provide update at November 2018 meeting. <u>20/11/18</u> - No update provided at meeting. <u>05/12/18</u> - Mr Smith advised that the Clinical teams requested a change of use of a toilet into a Treatment room (approx. 3 years ago). This was approved and completed by the PFI service provider. The action is now closed.	
54	ACTION02	18/43 Statutory Business v) Chief Executive's Report	20th September 2018	A further update on the Flourish at Work initiative will be provided in Dame Jackie's report at the next meeting (ACTION02).	Dame J Daniel	<u>01/11/18</u> - Item deferred to January 2019 meeting. The next Flourish at Work Event is scheduled to be held on the 13th of December. <u>07/01/19</u> - Verbal report to be provided at the January 2019 Council meeting.	
57	ACTION05	18/44 Strategy i) Business Development Working Group Report	20th September 2018	Mr Murthy and Mrs Perfitt suggested that consideration be given to holding a briefing session to discuss the results of the GGI review (the Trust Secretary to progress). (ACTION05).	F Darville/K Jupp	<u>01/11/18</u> - As the GGI final report is yet to be received, this item has been put on hold until it has been received and reviewed by the Trust. The session is likely to be held in early 2019. <u>07/01/19</u> - Presentation scheduled for 17 January 2019.	
58	ACTION06	18/46 Performance & Delivery i) 2018/19 Month 4 Finance Report	20th September 2018	Mr McCallum proposed that a presentation to explain the Trust's financial situation would be beneficial to the Governors which the Finance Director agreed to facilitate (ACTION06).	A Dragone	<u>01/11/2018</u> - This will be scheduled for inclusion in early 2019 due to the inclusion of other requested presentation topics for November's meeting. <u>07/01/19</u> - Item has been provisionally scheduled for the March 2019 meeting of the Council.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
59	ACTION07	18/42 Items to receive for information ii) Any Other Business	20th September 2018	Regarding car parking provision on site at the Trust, Sir John further advised that he would be happy to speak to Mr Wyres separately in this regard in order to address the concerns raised appropriately (ACTION07) .	Sir John Burn	<u>09/11/18</u> - Sir John met with Mr Wyres. Outcome of meeting to be fed back to Car Parking for further consideration. <u>05/12/18</u> - The matters raised during the course of the meeting have been fed back to the Car Parking team. Action is now closed.	
60	ACTION01	18/43 Business Item ii) Minutes and Matters Arising a. Informal Governors' Meeting	15th November 2018	Dr Hammond recommended that the Trust Secretary write out to Governors detailing further clarification as to the purpose and remit of the informal meetings (ACTION01) .	K Jupp	<u>03/12/18</u> - Mrs Darville sent an email to Governors on the 28th of November to clarify the informal meeting arrangements. Informal Governor meetings will be held at 12:30 prior to the formal Council meeting.	
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 (ACTION02) .	C Docking	<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.	
62	ACTION03	18/43 Business Item iv) Chairman's Report	15th November 2018	Dr Murthy requested that the Senior Independent Director (SID) attend a future Council meeting to introduce themselves and explain the role of the SID. Mrs Jupp agreed to facilitate (ACTION03) .	K Jupp	<u>07/01/19</u> - Mr Godfrey to attend the Council meeting scheduled for the 21st of March 2019 and will provide detail regarding the role of the SID.	
63	ACTION04	18/46 Strategy i) Trust Strategy Development Update	15th November 2018	The Deputy Chief Executive made a presentation on the developments in relation to the refresh of the Trust strategy, highlighting the following salient key points (slides to be shared with all Council members (ACTION04)).	K Jupp	<u>07/01/19</u> - All presentations from the November meeting have been shared with Governors.	
64	ACTION05	18/45 Quality and Patient Safety i) Integrated Quality Report	15th November 2018	The Trust continued to take an active role in Safeguarding training with partners across the City (information would be shared with Council following the meeting (ACTION05)).	K Jupp	<u>10/01/19</u> - Training information shared with Governors.	
65	ACTION06	18/46 Strategy ii) Estates Update - Cherryburn and CAV	15th November 2018	The Chairman suggested that the Quality of the Patient Experience Working Group should schedule a visit to the new Cherryburn Ward and report their findings back to the Council. The Chair of the Working Group agreed to facilitate this (ACTION06) .	C Errington	<u>04/12/18</u> - Mrs Errington advised that the visit would be taking place that day and a subsequent report would be given at the January 2019 Council meeting.	

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	Dame J Daniel	<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. <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.	

Key:

	No update/Not started
	In progress
	Completed

Future Presentation Topics:
Service Improvement Team (SIT) and Transformation and Financial Improvement Team (TFIT) - March 2019
Trust Finances/Role of McKinsey's - March 2019
The Role of the External Auditor (Mazars) - July 2019
Car Parking - TBC

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 th January 2019		
Title	Chairman's Report		
Report of	Sir John Burn, Chairman		
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 Chairman activity and key areas of focus since the previous Council meeting.		
Recommendations	The Council of Governors are asked to note the contents of the report.		
Links to Corporate Objectives	<ul style="list-style-type: none"> • Putting patients first and providing care of the highest standard focusing on safety and quality. • Maintaining sound financial management to ensure the ongoing development and success of our organisation. • Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do. 		
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: Provides an update on key matters.		
Reports previously considered by	Previous reports presented at each meeting verbally.		

CHAIRMAN'S REPORT

1. PREVENTION AGENDA

The new NHS Long Term Plan (LTP) has placed a heavy emphasis on preventing illness and health inequalities. From a personal point of view, I am very pleased as I have been involved in prevention research for 40 years but it is clear that we need to go further in working with our primary care colleagues guided by Public Health research to make our community the exemplar of rapid accurate diagnosis and effective early intervention.

Prevention work is improving but it takes a long time to bear fruit so we will need to be imaginative in our efforts to promote preventive strategies in our health economy while protecting the acute services only we can provide. We need to embrace the vision of the LTP and accept that being the one of the outstanding Trusts in the NHS is fantastic but serving a population with some of the worst health outcomes means that there is still more work to be done. Those adverse outcomes have complex multifactorial causes, many of which are outwith our control or influence but it is equally true that, as an anchor organisation of healthcare in the north east and its biggest institutional employer, we as a Trust must be at the centre of these developments.

Dame Jackie will provide a further update on the LTP as part of agenda item 5.

2. WINTER

As highlighted in the LTP we know that wider action on prevention will help people stay healthy and moderate demand on the NHS. The winter season is particularly challenging for all NHS staff due to the increased demand for our services, with added pressures from viruses such as influenza, however our performance remains strong. The Executive Director Team and the Board of Directors will continue to closely monitor our performance against key targets, and as we progress through winter, we will do all we can to support our staff to continue to achieve such targets.

I want to thank all of our dedicated and committed staff for their hard work, particularly those who worked over the festive period to deliver fantastic healthcare to our patients.

3. PARTNERSHIPS

Since becoming Trust Chairman one of the key areas I have focused on is strengthening existing external partnerships and further developing new working relationships. From my experience, it is through strong partnerships that we can rise to some of the challenges facing health and social care services.

Since the last Council meeting I have attended a number of events including the 'Health for Wealth: Building a Healthier North for UK Productivity' event which highlighted the importance of working collectively with partners to build a healthier population for the region. I have also met with a number of key individuals and organisations to explore

how the Trust can further innovate and transform through initiatives such as the use of 'Care Rooms'.

Our work with the Good Governance Institute has continued as we look to refresh our governance structure aligned to the Trust strategy refresh exercise.

Report of Professor Sir John Burn
Chairman
10th January 2019

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 th January 2019		
Title	Nominations Committee Update		
Report of	Mr David Stewart-David, Chair of Nominations Committee		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>The content of this report outlines:</p> <ul style="list-style-type: none"> • Commencement of the recruitment process for a new Trust Non-Executive Director • Committee Terms of Reference and membership 		
Recommendations	The Council of Governors are asked to receive the report.		
Links to Corporate Objectives	<ul style="list-style-type: none"> • Putting patients first and providing care of the highest standard focusing on safety and quality. • Maintaining sound financial management to ensure the ongoing development and success of our organisation. 		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		x
	Legal		x
	Financial		x
	Human Resources		x
	Equality and Diversity		x
	Engagement and communication		x
	Sustainability		x
	If yes, please give additional information:		
Reports previously considered by	Regular reports on the work of this Committee are given to the Council of Governors.		

COUNCIL OF GOVERNORS

NOMINATIONS COMMITTEE

1. COMMITTEE MEETING – 19TH NOVEMBER 2018

The Committee met on 19th November 2018 to discuss and discussed the following key areas:

i) Non-Executive Director (NED) recruitment

The Committee agreed to the commencement of the recruitment process for a new Trust Non-Executive Director.

Mrs Dee Fawcett, Trust Human Resources Director (HRD) delivered a presentation on how the Committee could use this opportunity to enable the Board to show leadership by example through taking positive action to widen the pool of applicants from women and people who are Black, Asian, and Minority Ethnic (BAME) and address the current imbalance of representation at NED level. Mrs Fawcett explained that the intention would be to increase the diversity of applicants, knowledge and experience for the Non-Executive Director post, and refresh the way in which NED's are recruited and appointed to.

A number of actions were agreed during the meeting including:

- i) Refreshing the approach to Non-Executive Director recruitment; including for example through the development of a new 'style' person specification focussed on RED (Role, Essential and Difference) Criteria, a job description and advert which define the current 'deficits' in knowledge or experience. For example, a demonstrable specialist knowledge and understanding of health inequalities, improving population health outcomes, or working with the voluntary sector.
- ii) Confirming that applications will be considered on merit against the criteria.
- iii) That shortlisting will particularly assess applicants against the information provided by them in a supporting statement, which should include relevant experience and insight into the particular requirements, and applicants will be expected to include examples regarding the delivery outcomes.
- iv) Use be made of existing networks already in place to highlight the vacancy to potential applicant's e.g. the NHS Improvement aspirant Non-Executive Director programme.

Committee members have been asked to provide feedback on the draft person specification, job description and advert by 12th January 2019. Following this, the documents will be finalised and issued, with a recruitment schedule being developed.

ii) Remuneration Survey

The Committee also reviewed the results from a national survey undertaken by NHS Providers on Chair and Non-Executive Director remuneration levels to consider

reasonableness when compared with other Trusts.

2. COMMITTEE TERMS OF REFERENCE AND MEMBERSHIP

The Committee was advised that the Terms of Reference were now due for annual review and membership of the Committee was discussed in terms of succession planning and diversity. It was agreed that this be considered further at the next Committee meeting.

3. RECOMMENDATION

To receive the report.

David Stewart-David
Chairman – Nominations Committee
8th January 2019

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 th January 2019		
Title	Quality of Patient Experience Working Group Report		
Report of	Carole Errington, Chair of Group		
Prepared by	Fay Darville, Deputy Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>The content of this report outlines:</p> <ul style="list-style-type: none"> The activities undertaken by the working group including ward visits made and meetings and presentations attended. 		
Recommendations	The Council of Governors are asked to receive the report.		
Links to Corporate Objectives	<ul style="list-style-type: none"> Putting patients first and providing care of the highest standard focusing on safety and quality. Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle. Enhancing the reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do. 		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication		X
	Sustainability		X
	If yes, please give additional information:		
Reports previously considered by	Regular reports on the work of this Working Group are given to the Council of Governors.		

COUNCIL OF GOVERNORS

QUALITY OF PATIENT EXPERIENCE WORKING GROUP REPORT

1. WARD/DEPARTMENT VISITED

- Mrs J McCalman and Mrs E Houliston visited Ward 33 at Freeman.

The ward is based in the Northern Centre for Cancer Care (NCCC) and provides acute and continuing care for patients undergoing investigations and treatment for histological disorders, which may require cytotoxic treatment. It also houses the Bone Marrow Transplantation Unit as well as being the Regional Haemophilia Centre.

Most of the adult patients have Leukaemia, Lymphoma and Myeloma. One patient was undergoing the new CAR-T cell therapy treatment. Newcastle Hospitals is one of only 5 Trusts in the country chosen to provide this treatment. Patients come from far and wide, including Scotland and the South of England.

The ward was spotlessly clean and very calm. The “How are we Doing” board demonstrated the team’s commitment to good quality care. The Sister spoke very highly of the team and without exception, everyone spoken to were full of praise for the staff, the facilities and treatment. The only areas of concern were in relation to car parking and television costs.

There were no recommendations made following this visit.

- Mrs Houliston and Mrs McCalman also visited Ward 34 at Freeman (Oncology and Haematology).

The ward is also based in NCCC. Patients attend for chemotherapy and in-patient radiotherapy and symptom control. A number of these were young adults. Patients who attend the Day Unit may be transferred to Ward 34 for an overnight stay if required.

A very active Multi-Disciplinary Team (MDT) is attached to the Ward and is made up of Dieticians, Occupational Therapists, Physiotherapists, Pharmacy and a Social Work Team. The ward also receives support from the Palliative Care team.

The ward was very clean with no clutter. The patients spoken to were happy with their care and were all very positive. The cost of television, although subsidised, is very expensive at approximately £45 per week. The Sister mentioned the adjoining courtyard and said she would like to see it used more, especially in fine weather.

- Mrs Houliston attended a food tasting on Ward 40, RVI.

Food was well presented and tasted good. There had been no complaints from patients and she was impressed by the new UNITRAY food trolley.

Agenda Item: 7(i)

- Mrs Houlston also attended the Great North Children's Hospital Fun Day.
- Mrs McCalman and Dr Lucraft visited Ward 20, RVI.

Patients attend for Ophthalmology, Maxillo-facial, and some Orthopaedic surgery.

Day Case and short stay patients are accommodated on this very busy ward. The ward was clean and tidy and staffed by caring nurses. The staff are justifiably proud of the two GREATIX awards recently received for innovative practice.

There are some staff shortages at present therefore the three regular volunteers are much appreciated. Most of the patients spoken to were complimentary, although one lady felt it was noisy, especially at night. One gentleman commented that the wait for surgery was too long and felt staggered admission would be better.

The small nurse's station doubles up as reception for admissions would benefit from early intervention of the planned refurbishment. Timely delivery of discharge drugs would reduce waiting times for patients being discharged.

- Dr Lucraft and Mrs McCalman visited Ward 21, RVI.

Ward 21 is a very busy day case ward for patients requiring eye operations.

Staff from the ward hold out-reach clinics in Hexham, Cramlington and Berwick one day per week. 60 patients are admitted for day surgery and patients are also seen for pre-assessment. One consultant operates a staggered arrival-time schedule. The staff constantly review practice and network with other hospitals to see if practice can be improved. All the patients were positive about the care given.

Recommendations: If time could be found to increase the number of patients attending this would have a positive effect on the waiting lists. The ward staff are to be commended for the current efficient system. A room for staff to have breaks would prevent the need for them to leave the ward. Since a number of staff travel to out-reach clinics consideration should be given to operating a pool car system.

- Dr Lucraft and Mrs McCalman visited Ward 23, RVI.

This ward cares for patients requiring orthopaedic surgery for trauma and incorporating a specialised unit for patients requiring rehabilitation for major trauma. Patients come from a wide area extending from West Cumbria to Durham and to the Scottish Border. The Major Trauma Rehabilitation Unit (MTRU) has a gym and a rehabilitation kitchen. There is no patients' dayroom.

The ward is staffed by a combination of qualified Nurses, Health Care Assistants, Physiotherapists and Occupational Therapists with input from Dieticians and Speech and Language Therapists.

Agenda Item: 7(i)

All major trauma rehabilitation patients have a clinical psychology assessment and other patients can be referred to psychology as necessary. There are 2 housekeepers and cleaning staff. Staff recruitment and retention is good. The Ward was spotlessly clean and tidy. A minority of trauma patients sometimes display violent and disruptive behaviour. The staff usually manage to de-escalate violence but security staff can be called if necessary.

A proportion of elderly trauma patients suffer from dementia. The ward has dementia friendly signage and the patients' families help to complete personal details in a 'forget-me-not book' which is kept by their bed and goes with them to other departments to facilitate understanding and communication. The patients spoken to all praised the staff and the care they received.

Recommendations: Provision of a Day Room for patients and their families would have a positive impact. The position of the white board may need to be reviewed. Some assistance with funding for families who travel long distances would be useful along with some variety in menus.

- Mrs Errington visited Ward 44a, RVI (General Surgery Ward).

Sisters Heathcote and Walker were on duty during the visit.

There are a number of information boards available for staff and patients which included a Deprivation of Liberty Safeguards board (which provides mental health information for both staff and patients), a pressure sore board and an e-white board. This is colour coded to reflect the two different areas of care. There was a key to explain symbols on the board. This is especially useful to the five new staff nurses recently appointed. The Ward has two teams but in reality, both teams help each other out when necessary.

Both patients spoken to were very complimentary to the staff and one was so impressed at having been offered a visit to the cinema during her stay.

Final impressions were of a ward staffed by a very patient focused team and it was clean and tidy. The only recommendation was for mattresses to be easily available when required, a problem the ward recently experienced.

- Mrs Errington visited wards 45 and 45a, RVI.

Ward 45 is operational from Monday to Friday, 7.30am until 8pm.

There are three areas of care: Day of Surgery arrival when patients are admitted prior to surgery but will be transferred to another ward post-op; Day Case Surgery when patients attend for the day and Short Stay Surgery when patients stay up to 72 hours.

Ward 45a is across the corridor from 45 and is used as an overspill for Ward 45.

A number of different clinics are held on the ward which make it extremely busy. The ward was one of the cleanest visited. Both patients spoken to had no complaints in fact the gentleman said the staff were "beautiful" and he felt like they were family.

Agenda Item: 7(i)

No recommendations were made at this time.

- Mrs Errington visited Ward 9, Freeman.

Ward 9 at Freeman Hospital was originally called the Cherryburn Unit and was located at the Newcastle General Hospital site. The ward was relocated to Freeman Hospital in late 2018. The ward went from 20 bed Stroke Unit becoming a 36 bed unit over time with Stroke re-habitation and elderly re-habitation.

The Cherryburn Unit was much larger than Ward 9, with facilities which were more 'home-like' than is now available. There was a dining room with enough chairs for all patients, a sitting-room and a large kitchen with adjustable height work-tops and sink as well as a gas and electric cooker. There was also a gym, therapy areas, decking area and garden which patients could access via double doors from the sitting-room.

On Ward 9 there is a definite lack of private, quiet therapy space which is so important to patients recovering from a Stroke. There is a small kitchen which the OT team say can be adequate, despite the lack of space. Unfortunately, in the two months since the staff moved in, there has been no electricity supply to the kitchen so at present, the staff are unable to use this facility, a vital rehabilitation tool to assess recovery and independence of the patient. The multi-disciplinary team share an office but as this is usually in use, it is not suitable for one to one or cognitive therapy. There is a gym which is spacious.

The ward is staffed by caring, dedicated nurses with a low staff turn-over. The team also consists of Physiotherapists, Occupational Therapists, Speech and Language Therapists, and medical staff.

The staff are determined to make the space work for the patients and listed the advantages of the ward:

- i) Being part of a large hospital and having doctors available 24/7; they feel more included in the Directorate with the support network that entails.
- ii) The Consultant gave up his office for the benefit of the patients and now shares the Junior Doctor's or Sister's office.
- iii) The staff feel more secure based within a large hospital.

Everywhere was clean and tidy even though the staff are in the process of making the ward the way they like it. The en-suite toilets are a reasonable size but will not accommodate a standing hoist. The staff use the large bathrooms when they are required. The e-record white board was colour coded and had a guide to assist staff to understand the use. The treatment room is large but has no heating so it is not used during cold weather.

The Day Room/Dining Room is cluttered but staff are in the process of sorting out the unused equipment and making it homely. I was introduced to the team members on duty and was impressed by the friendly attitude of them all.

Agenda Item: 7(i)

Both patients I spoke to were positive although one was not impressed by the food. Both sang the praises of the team.

Recommendations: It is vital that the electricity to the kitchen is installed so it can be used to assess whether patients are independent prior to discharge.

Some out-door space where patients and relatives can go would improve the patient experience.

The lack of heating in the Treatment room must be resolved.

A quiet room where one to one therapy can be undertaken is required. (The post-room in the corridor outside the ward would be one solution)

2. UPDATE ON COMMITTEE MEETINGS ATTENDED

Dr Lucraft attended the most recent Clinical Effectiveness and Audit Group (CEAG) meeting, key matters discussed included:

- National Audit of Specialist Rehabilitation for Trauma Patients – 10 rehab beds at RVI, and beds for patients with more complex needs at Walkergate. Patients are assessed by Specialist Rehab Consultant.
- Nice Guidance – All services not fully compliant, valid reasons provided and risk is low.
- National Clinical Audits – National Emergency Laparotomy Audit resulted in 3 issues for the Trust. It is recommended that a Pre-op CT scan is reported by consultant radiologist, it is recommended that 80+% patients over 65 years are assessed by care of the elderly consultant post op, and that a consultant surgeon and consultant anaesthetist are present in theatre, (virtually 100% achieved for surgeon but only 90% anaesthetists).
- Care of Premature Babies. NUTH results good overall. Mortality steadily declining but morbidity of survivors increasing this is related to lifestyle.
- Dr Helen Lucraft also informed the QPE on the Cancer, Neurosciences, Radiology and Child Development Centre annual reports,

3. PRESENTATIONS

Patient Portal

Gordon Elder, Directorate Manager for Outpatient and Medical Records, and Tracy Scott, Head of Patient Experience, gave a presentation on the Patient Portal.

This is designed to give patients more control over their care and enable them to assess their own records. It will also give more information and save money for the Trust by using electronic transfer of letters etc.

Stacy Palfreeman, Project Manager, Transformation Team gave the Governors an update on the proposed centralised booking centre and call handling centre for all new, review or

Agenda Item: 7(i)

rescheduled appointments. Every call will be answered by a person. This will improve service delivery, reduce variation by modernisation and standardisation, improve did not attend (DNA) rates and be more efficient financially.

All staff involved will be consulted over a period of time. The appropriate Directorate Managers will be heavily involved. The plan is to deliver the service by end of June 2019. Some services are excluded as are not suitable for various reasons.

The Whole Time Equivalent (WTE) workforce will consist of 1 Band 7, 2 Band 5s, 4 Band 4s, 13 Band 3s and 56 Band 2s. There will be no planned redundancies among current staff and a preference for location and role will be assessed.

CQC Update

A CQC update presentation was given by Angela O'Brien, Director of Quality and Effectiveness. The Trust has had a request by CQC to send 600+ information documents. Of these only a couple of queries arose which the Trust were able to answer. CQC will have a more targeted approach to which areas they visit.

The visits are now to be unannounced. NUTH will be one of the last Trusts to be visited probably due to our "outstanding" report previously. The local CQC team have requested information for some areas which include Emergency Department, End of Life Care, Children's Services and these areas may be visited. Radiology is another department which may be targeted because of the challenges appointing Radiologists and Radiographers due to demand for x-ray and ultrasound services. The Trust is working hard to employ high calibre staff and have plans to improve facilities.

There are a number of Staff Focus Groups with CQC to be held on 8 January 2019.

Leadership in the Trust will be scrutinised because evidence suggests well-led Trusts produce high quality care.

Mrs O'Brien advised regarding the Well-Led element of the inspection. This is to be carried out annually. Strong leadership helps to improve ratings of quality, use of resources and financial stability. CQC look for leadership with integrity, the culture of the organisation, risk, staff engagement, staff development, transparency, public involvement, learning from mistakes and diversity.

The Relationship between the Board and Governors is scrutinised. The role Governors have within the Trust and what influence do they have (e.g. appointment of the Chair).

Carole Errington
Chair of the QPE Working Group
January 2019

**THIS PAGE IS INTENTIONALLY
BLANK**

Integrated Quality Report



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

November 2018

Included this month:



The Integrated Quality Report

Executive Summary:

Safe

- There were no cases of MRSA bacteraemia in November 2018 bringing the total for the year to date to 2 cases.
- There were 7 cases of C. difficile in November 2018, bringing the total for the year-to-date to 58 cases reported, with 8 successful appeals so far this year.
- November saw a slight decrease in MSSA Bacteraemia (3 cases) rates. This brings the total number of cases this year to 69 which is 12 cases more than the same time last year.
- There were 13 cases of E. coli bacteraemia identified post 48 hours of admission in November 2018.
- The total number of falls for November 2018 was 230 and the falls/1000 occupied bed days rate was 5.6.
- The total number of patient incidents reported this month is 1,613, which is comparable to the same period last year.
- Five SIs and no Never Events were reported in November 2018.

Effective

- In total there were 125 deaths reported in November 2018. HSMR & SHMI remain within expected range.
- National Clinical Audit details feature the Neonatal Audit Programme and the National Emergency Laparotomy.

Caring

- The national Friends and Family Test results for October 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

- Work carried out to date in preparation for the CQC Well-Led inspection is included.

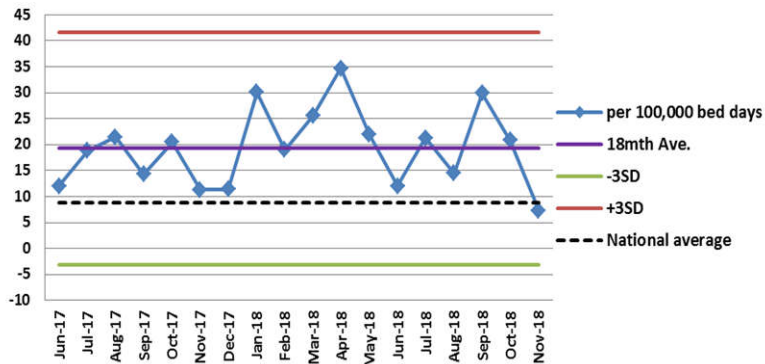
Safe

Healthcare-Associated Infections

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

Where cases of HCAI have occurred a Root Cause Analysis (RCA) is completed by the clinical staff involved in the case and the IPC Team. The findings of these individual reviews and trends are discussed at a Serious Infection Review Meeting (SIRM). For these meetings the Directorates create and own an Action Plan which includes timelines for when identified issues are to be completed.

MSSA per 100,000 bed days



MSSA Bacteraemia (Objective: zero tolerance)

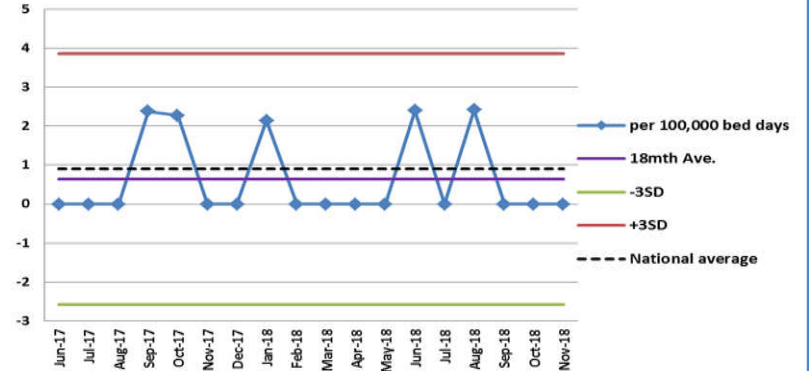
This graph shows the Trust average rates against the national rate. November saw a decrease (3 cases) in rates. This brings the total number of cases this year to 69 which is 12 cases more than the same time last year. In November, Cardiothoracic Services, Children's Services and Peri-operative & Critical Care all had a bacteraemia case each.

The Nurse Specialist IV (secondment) continues to undertake important work across the Trust on the correct management of IV devices to reduce bacteraemia. Their collaborative working has enabled timely identification of areas requiring improvement as well as the implementation of improvement strategies, such as the PIVC insertion packs and new CVC dressings trials.

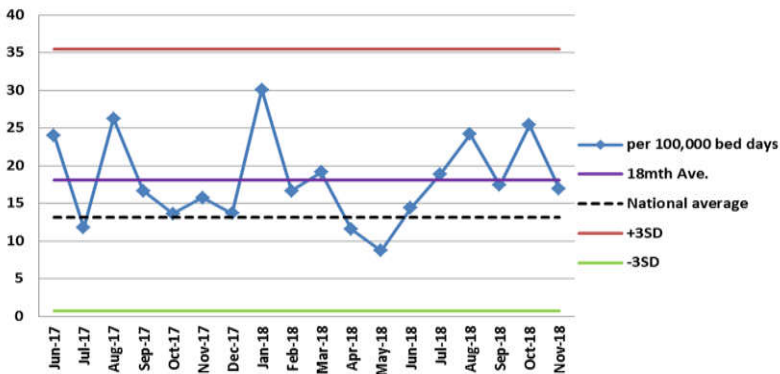
MRSA Bacteraemia (Objective: zero tolerance)

This graph shows the Trust average rates against the national rate. There were no cases of MRSA bacteraemia in November 2018 attributed to the Trust. The total for the year to date is 2 cases.

MRSA per 100,000 bed days



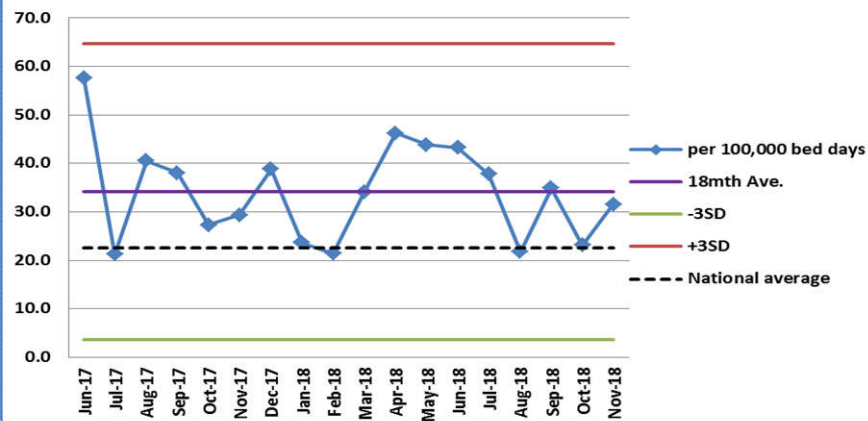
C. difficile per 100,000 bed days



C. difficile (Objective: ≤ 76)

This year, the Trust's objective has been reduced by NHS Improvement to no more than 76 cases for the 2018/19 period. There were 7 cases of C. difficile in November 2018, bringing the total for the year-to-date to 58 cases reported, with 8 successful appeals so far this year (with potentially a further 7 cases being considered for appeal on 27/12/2018). This results in 50 cases counted against the Trust's objective. This compares with 46 (52 cases minus 6 successful appeals) in the same period 2017/18 and meets the current year's trajectory (objective is no more than 50 cases). The cumulative C. difficile rate per 100,000 bed days in November 2018 is 17.12 which is slightly above the objective for this year of 16.1 or less.

E. coli Per 100,000 bed days



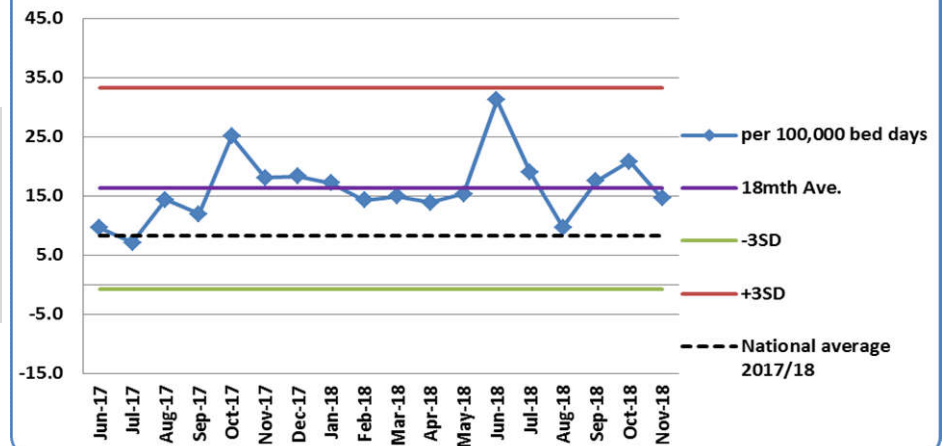
Gram Negative Bacteraemia - E. coli

This graph shows the Trust average rates against the national rate. There is a national ambition to achieve a 50% reduction in cases by 2021, as advised by DH. There were 13 cases of E. coli bacteraemia identified post 48 hours of admission in November 2018 the same as in November 2017. The NHSI collaborative work has been hugely successful and this has been acknowledged by the national team. The meetings are now completed and work is ongoing to focus how this will be cascaded across the Trust.

Gram Negative Bacteraemia - Klebsiella

There is a national ambition to achieve a 50% reduction in cases by 2021, as advised by DH. The Trust started collecting data for Klebsiella in April 2017. There were 6 cases of Klebsiella bacteraemia identified post 48 hours of admission in November 2018 compared with 8 in November 2017.

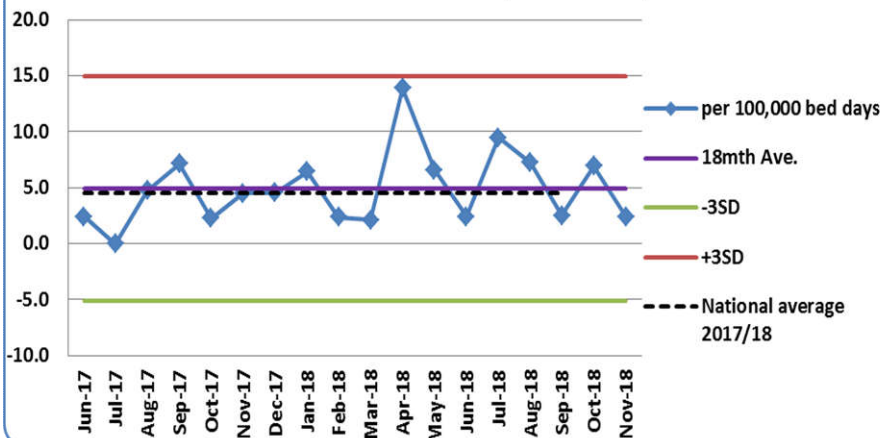
Klebsiella Per 100,000 bed days

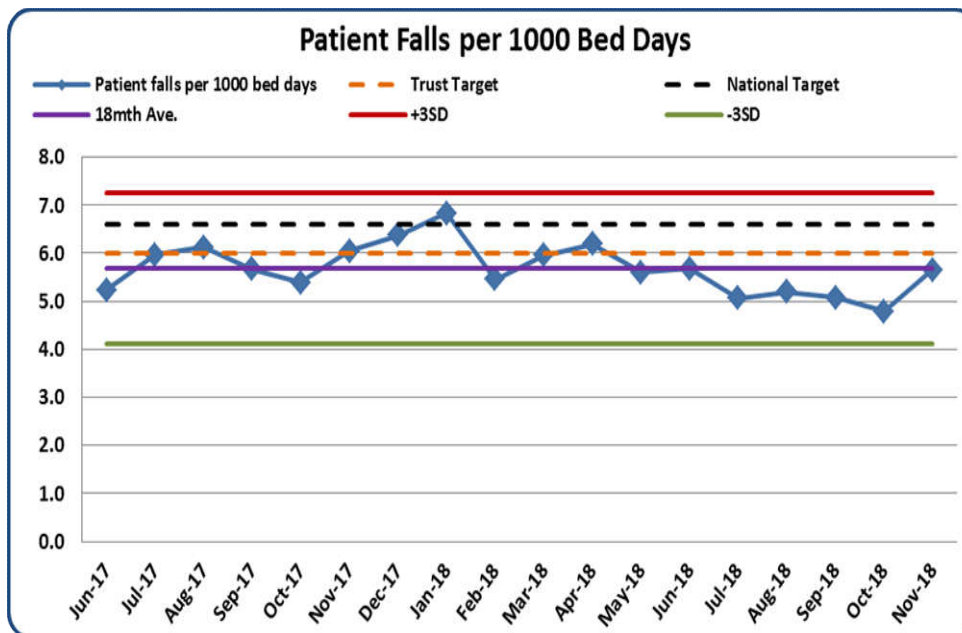
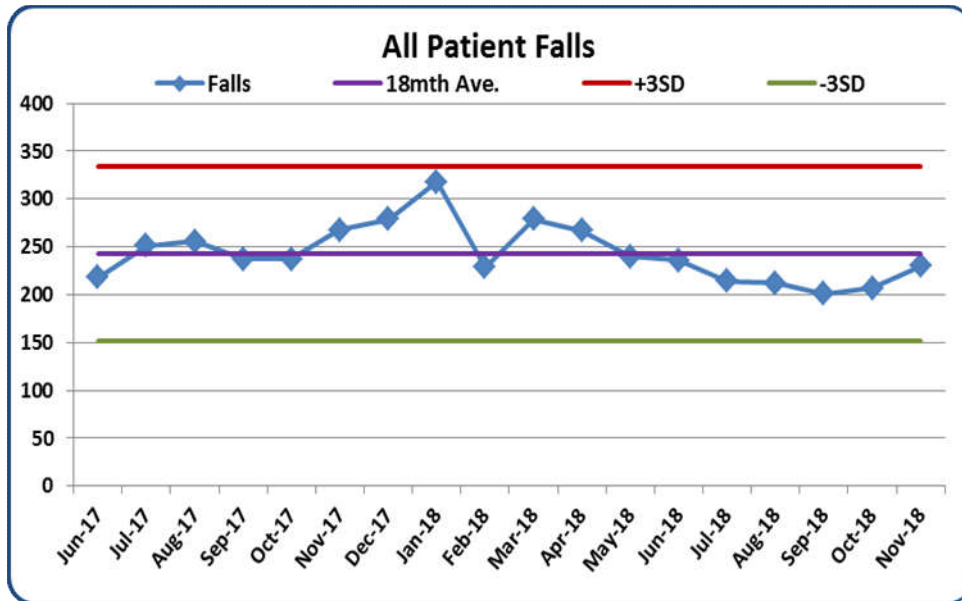


Gram Negative Bacteraemia - Pseudomonas

There is a national ambition to achieve a 50% reduction in cases by 2021, 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 November 2018, compared to 2 cases in November 2017.

Pseudomonas Per 100,000 bed days

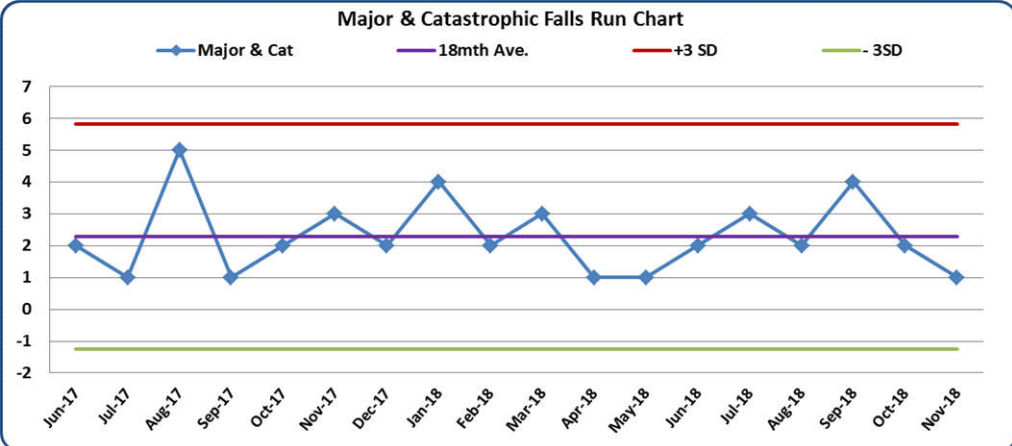
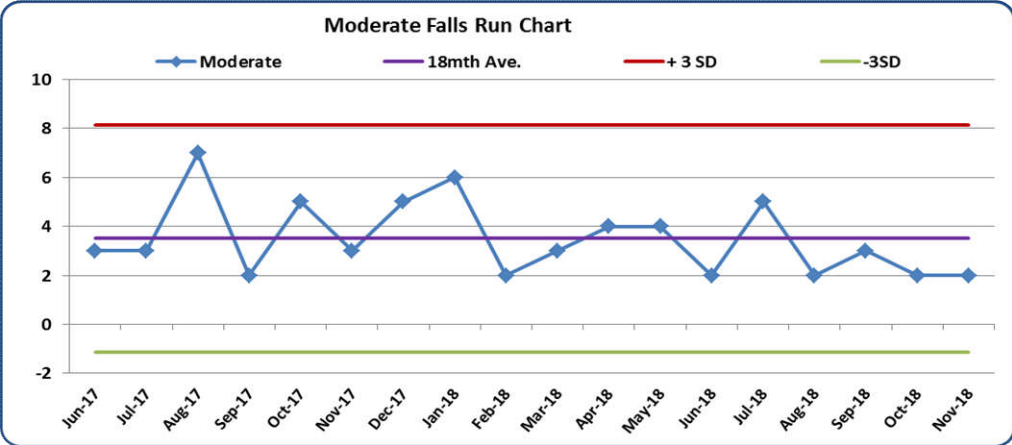
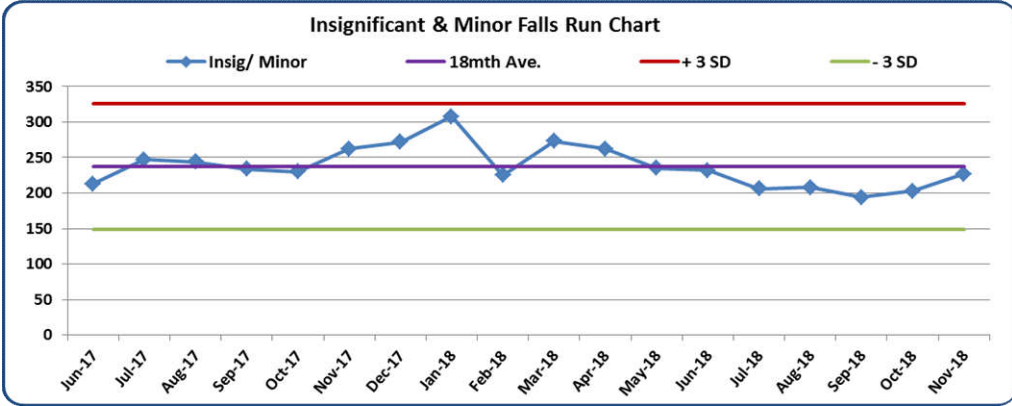




The total number of falls for November 2018 was 230 and the falls/1000 occupied bed days rate was 5.6. The falls/1000 occupied bed days rate (average) for 2017/18 was 6.0, therefore the lower rate of 5.6 achieved in November 2018 is under target and brings the running average for 2018/19 to 5.4. This sustains the falls/1000 occupied bed days rate target of 6.0 or below.

The Trust are currently reporting a significant reduction in total number of falls and falls/1000 bed days. This is a considerable achievement since the number of highest risk patients for falling (patients aged 65 years and older) and the number of patients with a diagnosis of frailty (highest risk of harm from falls) being admitted into the organisation is increasing.

It is expected that as we move further in to the winter period that the challenge to sustain this reduction will increase.

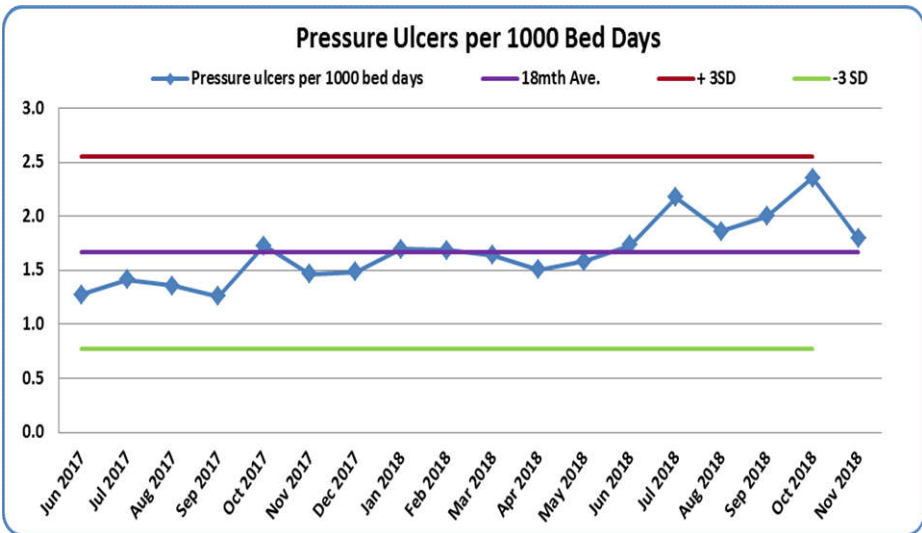
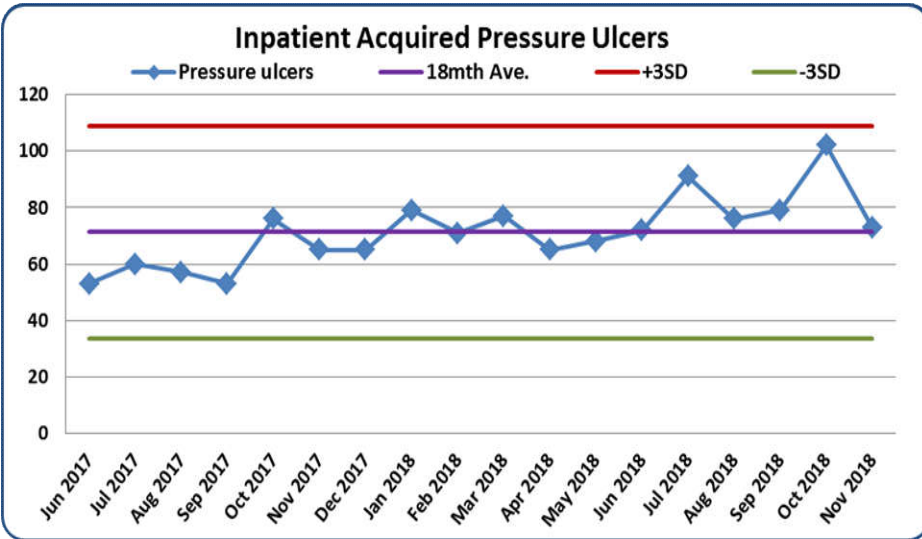


Whilst it is recognised that there has been a reduction in the total number of falls and falls/1000 bed days, this is reflective of a significant reduction in falls graded in the 'insignificant' or 'minor' categories and is not yet replicated in the falls resulting in more serious harm. However there has been a reduction in falls graded as 'moderate' since July 2018 and in the 'major' or 'catastrophic' category since September 2018.

It is also noted that there has been a reduction in the number of hip fractures reported this year compared to the same period last year (April—November 2017/18 a total of 18 incidents Vs. a total of 14 in the same period this year). This is of note as the newly revised National Audit of Inpatient Falls (NAIF) has a predominant focus on falls resulting in hip fracture and the management of these patients.

In November there were two falls with a grading of 'moderate' and 1 fall with a grading of 'major'. The two 'moderate' incidents occurred in different directorates and included a patient who sustained an intracranial bleed which was managed conservatively (the patient suffered no residual deficit) and the second was a lower limb fracture also managed conservatively. The circumstances of each incident were very different and did not show any recurring themes on Root Cause Analysis (RCA).

The incident graded as 'major' was a patient who fell in an out-patient setting and sustained a fractured hip. The RCA process will identify if there are any actions or specific learning. Action plans will be devised with the teams conducting the RCA's and followed up by the Trust Clinical Improvement Lead for Falls and Pressure Ulcers.



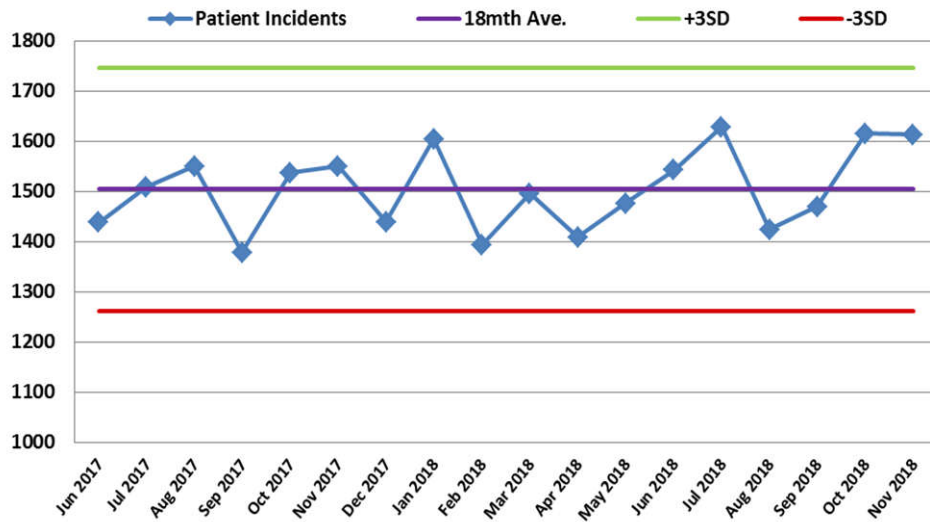
The incidence of Pressure Ulcer (PU) in acute care has reduced this month in comparison to October 2018. This month the incidence of acquired pressure ulcers was 69 category II and 4 category III. A total of 23 wards reported a reduction in the number of PU compared to October. The reductions were widespread across the directorates but were most notable in the Directorate of Medicine and all 4 critical care units.

The Clinical Improvement Lead for Falls and PU is now coordinating a joint approach to harm reduction from falls and PU. Whilst it is too early to say that this is having an effect on PU incidence it is expected that the impact will be shown over the coming months.

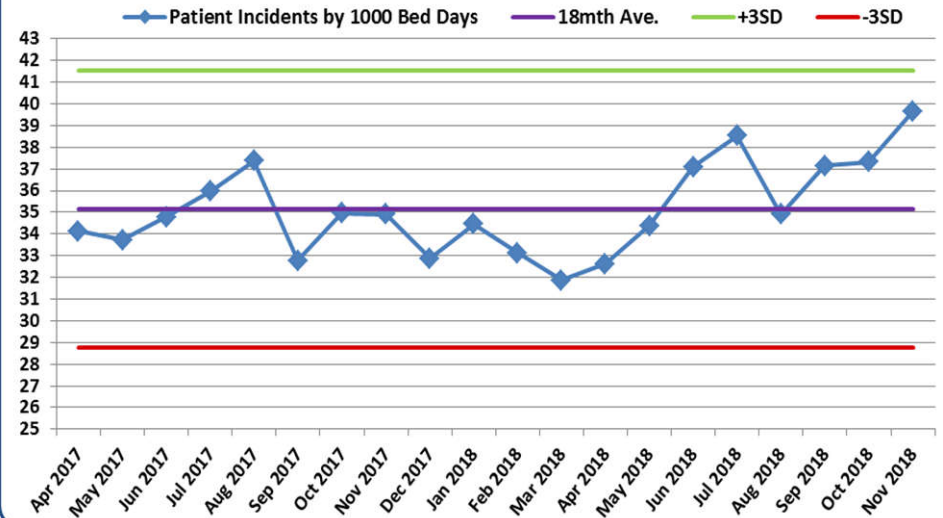
There remains a great challenge to reduce acquired pressure damage across the organisation, particularly over the challenging winter months. However, it is expected that with targeted work to assist ward leaders and staff to take ownership of their change for improvement initiatives, this will result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

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

Total Patient Incidents



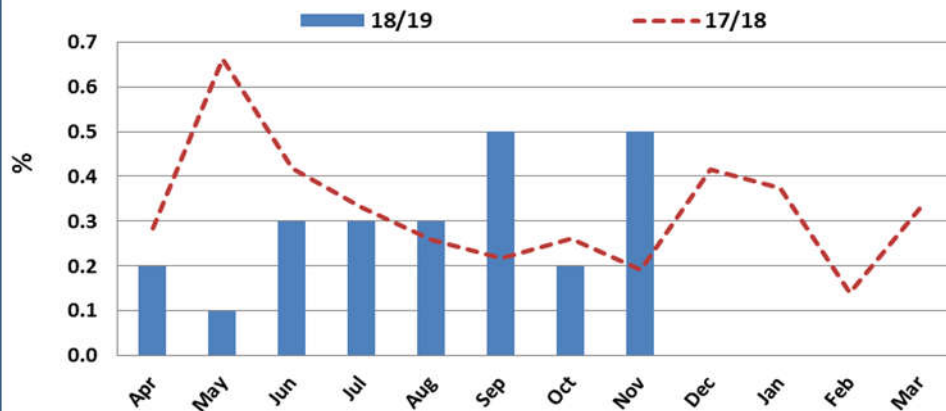
Patient Incidents per 1000 Bed Days



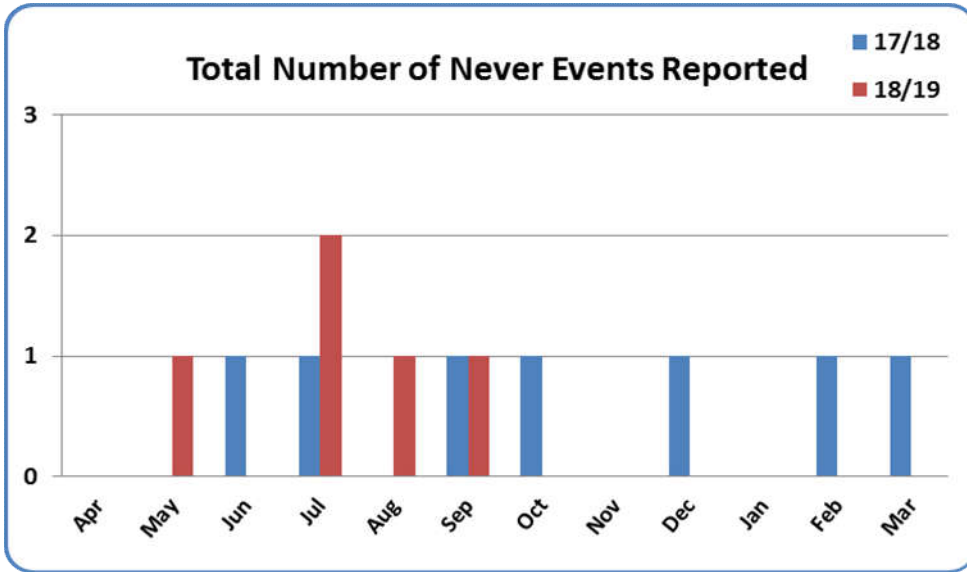
The total number of patient incidents reported has increased this month (1,613). This is a significant increase when compared with the same time period last year.

Incident rates continue to exceed the Trust average rate reported in 2017/18. There is a continued increase in incidents reported since August 2018.

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

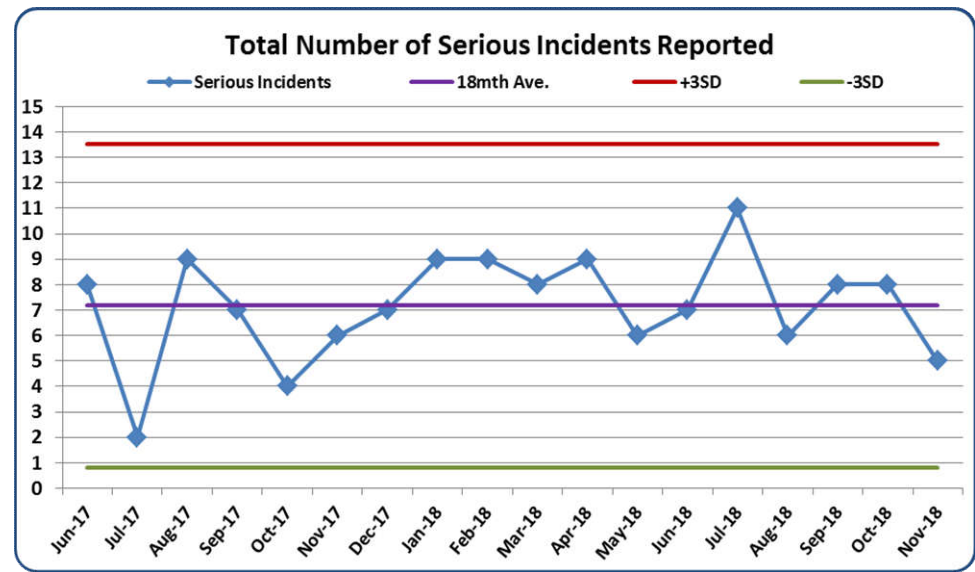


The percentage of incidents that resulted in severe harm or death in November 2018 is 0.5%. Nationally we report fewer incidents that result in severe harm or death than other similar providers. It is worth noting that not all incidents have been fully investigated so the percentage is likely to reduce further once severity is confirmed. Octobers data initially presented as 0.5% and after full investigation has decreased to 0.2%.



Never events

There were no never events reported in November.



Serious Incidents (SIs)

There were five SIs reported in November 2018:

General

- Three falls resulting in a fractured femur.
- One absconded patient.
- One delayed treatment.

Learning from Serious Incidents (SI) reported in Q2 2018/19, July - September (excluding Falls & Pressure Ulcers)

(The following outlines key learning from completed SI investigations to date; any outstanding learning from Quarter 2 will be shared once investigations have been completed)

Wrong route medication

- Working environment, equipment storage & computer access re-designed with human factors consideration, to enable staff to more easily deliver medication safely.
- Oral Solution bottles to contain stoppers to act as a physical barrier to withdrawal using an IV syringe.

Wrong medication

- Standardised labelling of high risk IV drugs in-line with ICCU practice to prevent mis-identification.
- Directorate to ensure learning from incidents is more robustly shared to embed changes in practice for all staff.

Medication errors - insulin

- Systematic review of information given to patients undertaken and pharmacy supply of high strength insulin to wards to be reviewed.
- An additional order set on eRecord was implemented to enable alternative insulin-glucose infusion to be prescribed (20% glucose).

Wrong side block

- Named responsible individuals for specific tasks on the procedure checklist to be part of the Local Safety Standards for Invasive Procedure (LocSSIP) development process.

Delayed follow-up

- The pathway for review and escalation of abnormal radiology results to be adapted and strengthened.

Surgical drain migration

- Development of a Surgical Drain Care Bundle to standardise best practice across the Trust.

Cardiac arrest post surgery

- Heightened consideration to be given to communication and signs & symptoms in complex, vulnerable patients as part of patients' pre-operative Acute Needs Assessment.

Dental wrong tooth extracted

- A more robust strategy for identifying and confirming teeth to be extracted is considered and external review requested to help inform this.

Missed treatment

- Patient referral pathway for Interventional Radiological procedures needs to red flag when high risk patients are delayed to enable appropriate clinical intervention.

Awareness under anaesthetic

- Review of local standard processes in relation to flow rates upon transfer from anaesthetic room to theatre.

Missed treatment

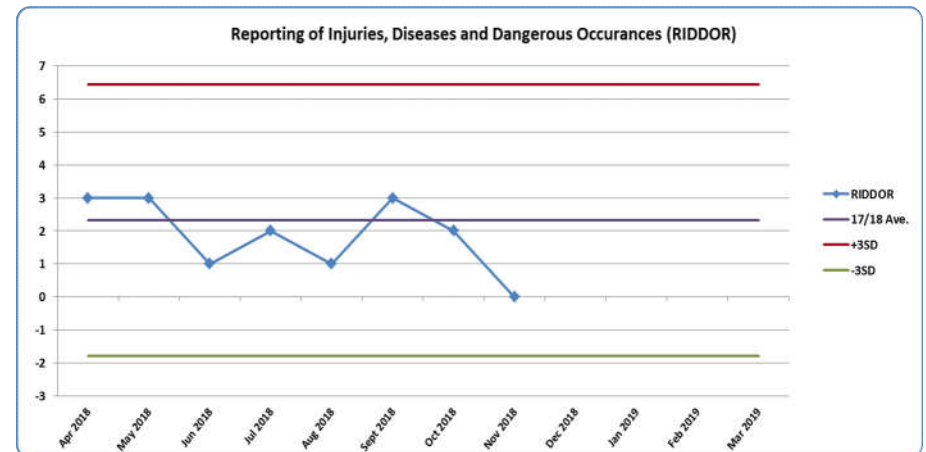
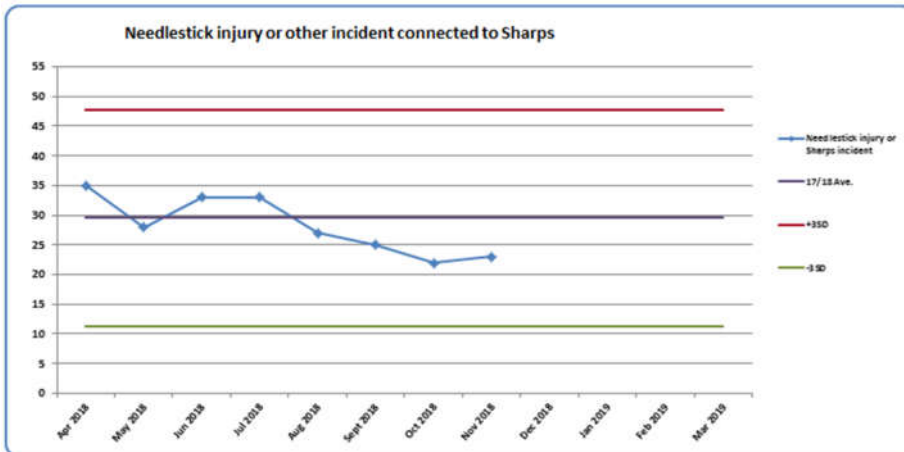
- Prompts to existing processes to be introduced to ensure that the clinical team responsible for the care of the patient are aware of long term IV access status.

Overview covering the period April 2017 to 1st November 2018

There are currently 1905 health and safety incidents recorded on the Datix system from the 1st April 2017 to 1st December 2018, this represents an overall rate per 1000 staff of 132.7.

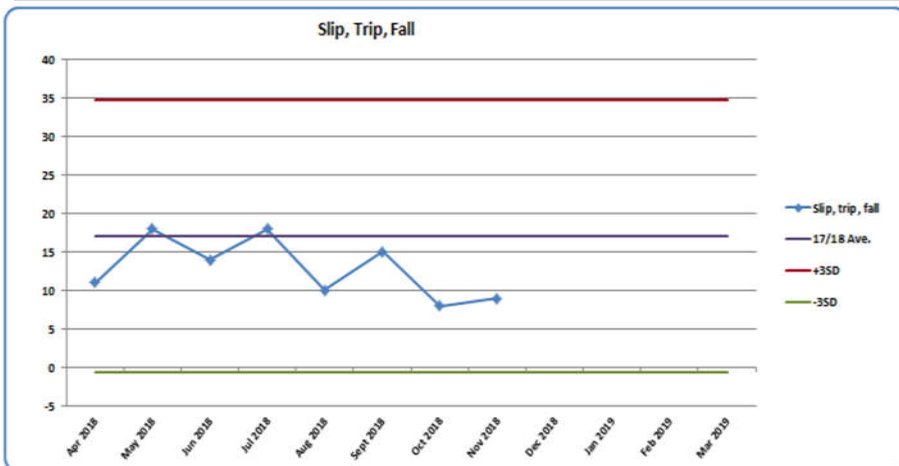
Incidents of Aggression on Staff

In addition to the health and safety incidents, there are 1215 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st April 2017 to 1st December 2018, this represents an overall rate per 1000 staff of 84.6. Directorate rates per 1000 staff over this period for the highest reporting services of aggressive behaviour are Directorate of Medicine (352.4), Neurosciences (201.9), Surgical Services (128.5), MSU (135.4), Community (148.3), and Patient Services (92.6).



The average number of all sharps injuries monthly is 29.0 over the period April 2017 to December 2018 based on Datix reporting. 14.8 % of the reports over this period relate to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period April 2017 to December 2018 is 23.7.

The most common reasons for reporting accidents and incidents to the HSE over the period April 2017 to December 2018 include physical assault (5) slips and falls (14), and lifting and handling (12). These account for 72.1% of reportable accidents over the period.






































Slips on wet surface, fall on level ground and tripped over an object account for 58 % of falls over the period April 2017 to December 2018.




Fall as a result of a faint, fit or other similar event, collision with an object and falls from a chair account for 18.9% of the incidents recorded.

18.2% of the falls reported over the period April 2017 to December 2018 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 the identification of any areas on concern.

Trend

Month	Environmental Cleanliness - Total	Assurance Measures - Total	Clinical Assurance - Total	Staff Knowledge - Total	Total CAT
Nov 2017	97.69% 	96.47% 	97.45% 	92.98% 	96.29% 
Jan 2018	97.07% 	96.14% 	97.03% 	93.74% 	96.21% 
Mar 2018	97.88% 	95.34% 	96.59% 	92.96% 	96.14% 
May 2018	97.57% 	96.24% 	97.74% 	93.59% 	96.50% 
Jul 2018	98.22% 	95.97% 	97.86% 	93.80% 	96.74% 
Sep 2018	97.45% 	95.88% 	96.84% 	93.20% 	96.18% 
Nov 2018	97.31% 	96.37% 	97.44% 	93.57% 	96.43% 

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

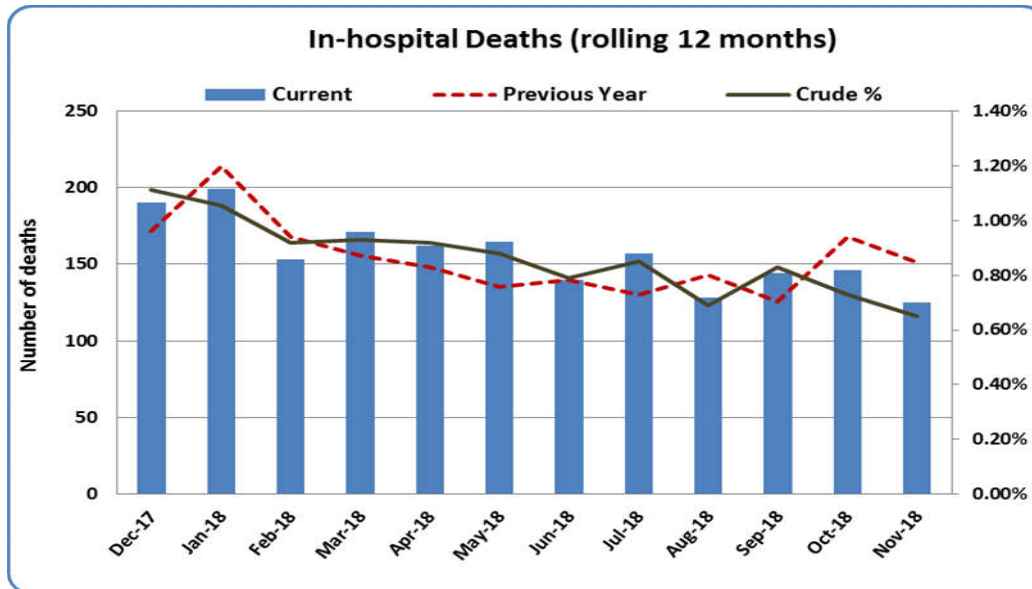
Clinical Assurance Toolkit

This is a robust self assessment tool carried out bimonthly by 168 wards and departments across the Trust and covers a broad range of subjects including: Matron's checks, robust environmental cleanliness checks, hand hygiene, Infection Prevention and Control practice, waiting times, customer service and uniform, invasive device care, safeguarding and NEWS. It is valued by Clinical Leaders.

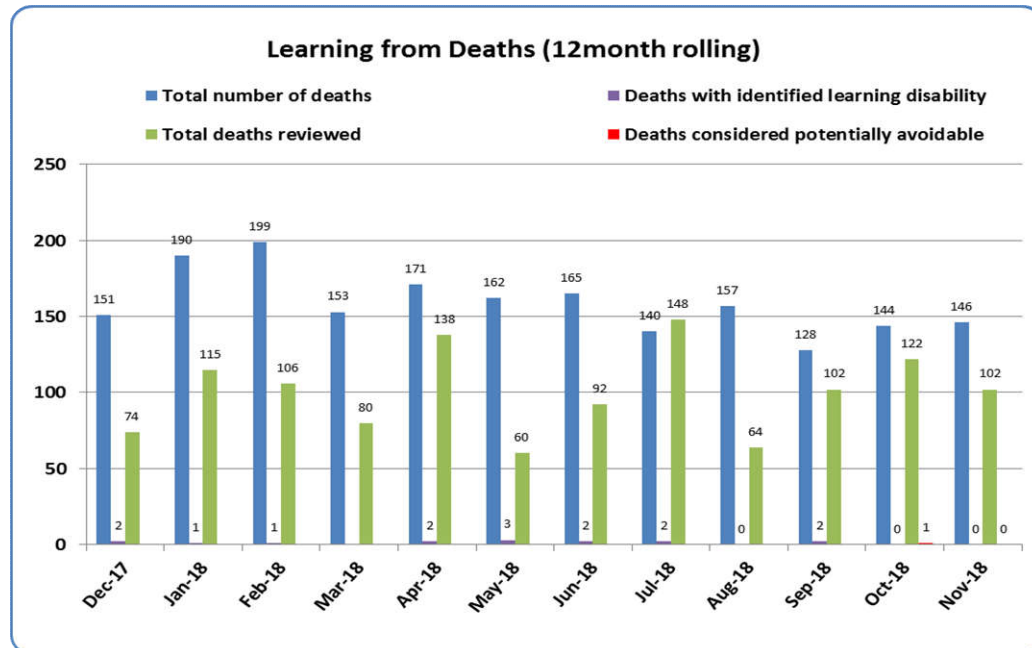
Trend

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

Audit / NCEPOD	Date of Release	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Neonatal Audit Programme	October 2018	<ul style="list-style-type: none"> • 100% of babies temperatures taken within one hour, previous audit was 95% • 69.6% of eligible babies had a temperature within normal range compared with national average of 64% • 98.7% of eligible babies had a known ROP screening as opposed to the national average of 94% • 97.5% of eligible cases had documented consultation with parents within 24 hours of baby's first admission • 89.3% parental presence at consultant ward-rounds compared to the national average of 74%. 	<ul style="list-style-type: none"> • 85.4% of mothers received antenatal steroids (national average 88.6%) and less than 92% achieved in previous audit • 58.5% of eligible mothers received magnesium sulphate in 24 hours prior to delivery compared to the national average of 64% • 52.9% of babies less than 32 weeks had developed significant bronchopulmonary dysplasia compared to the national rate of 30.9%. 	Discussed at November 2018 Clinical Effectiveness, Audit and Guidelines Committee.
National Emergency Laparotomy (RVI)	4 th report cases covering 1 December 2016-30 November 2017	<ul style="list-style-type: none"> • Expected case ascertainment 205 total cases entered 214. • 86% risk documented before surgery compared to national mean of 74%. • 90% arrival in theatre appropriate to urgency compared to national mean of 83%. • 89% Consultant Anaesthetist and Consultant Surgeon in theatre (risk of death $\geq 5\%$) compared to national mean of 83%. • 96% Consultant Surgeon in theatre (risk of death $\geq 5\%$) compared to national mean of 93%. • 93% Consultant Anaesthetist in theatre (risk of death $\geq 5\%$) compared to national mean of 88%. • 95% admitted to critical care (risk of death $\geq 5\%$) compared to national mean of 80%. • 99% admitted to critical care (risk of death $> 10\%$) compared to national mean of 88%. • 3% unplanned admission to critical care compared to national mean of 4%. • 10 day postoperative length of stay compared to national mean of 11 days. • 8.5% risk adjusted mortality compared to national mean of 10%. 	<ul style="list-style-type: none"> • 57% CT reported by Consultant Radiologist compared to national mean 65%. • 8% unplanned return to theatre compared to national mean of 6%. • Whilst the Trust scored 63% in terms of postoperative assessment by Care of the Elderly Specialist (age ≥ 70) compared to national mean of 21%, this was below the NELA target of 80%. 	Discussed at November 2018 Clinical Effectiveness, Audit and Guidelines Committee.



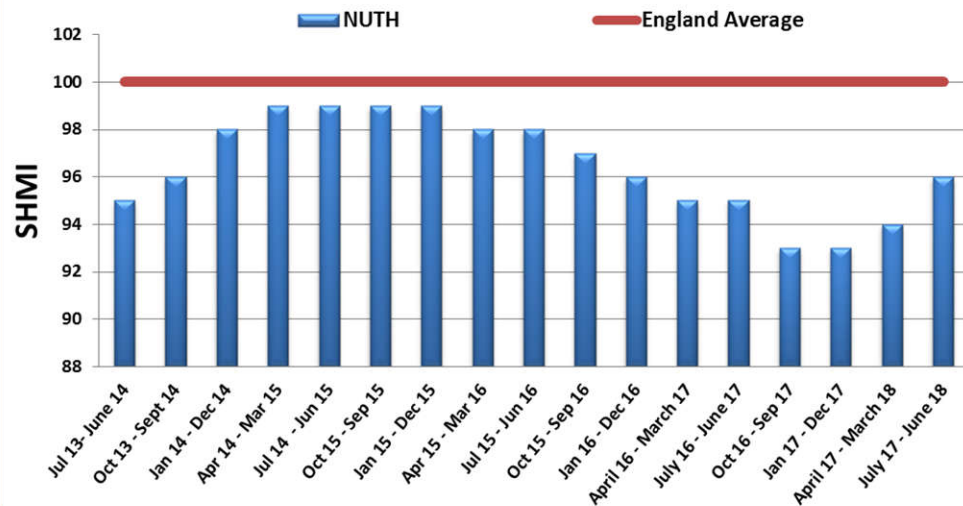
In total there were 125 deaths reported in November 2018 which is lower than the amount of deaths reported 12 months previously (n=151).



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 November 2018, 125 deaths were recorded within the Trust and 102 patients received a full in-depth review. The variation between monthly reviews can be explained by some specialities reviewing deaths bi-monthly or quarterly. No deaths were identified as having a learning disability or being recorded as potentially avoidable.

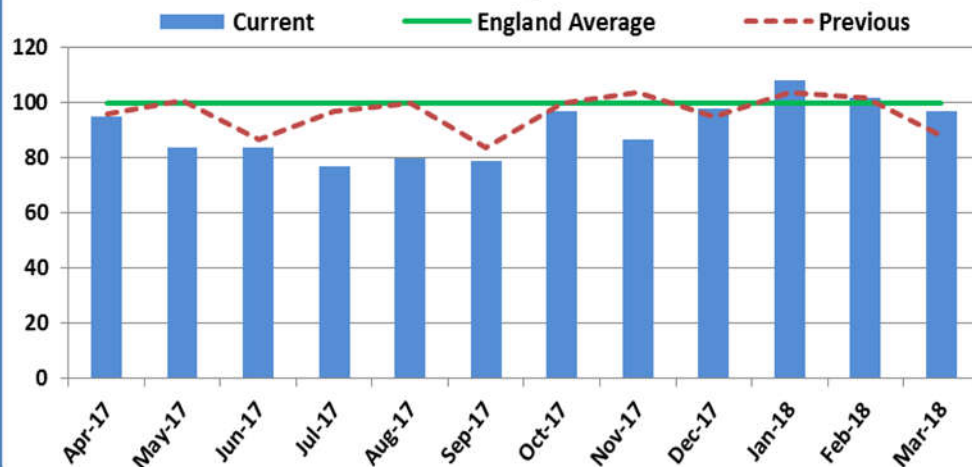
SHMI for Newcastle upon Tyne Hospitals (NUTH) Foundation Trust vs National Average for England



Summary-level Hospital Mortality Indicator (SHMI)

The most recently published SHMI results show that the Trust has scored 96 for the months July 17 - June 18 which is higher than the previous quarter. However this still remains lower than the national average and is within the 'as expected category'.

SHMI for Newcastle upon Tyne Hospitals Vs National Average

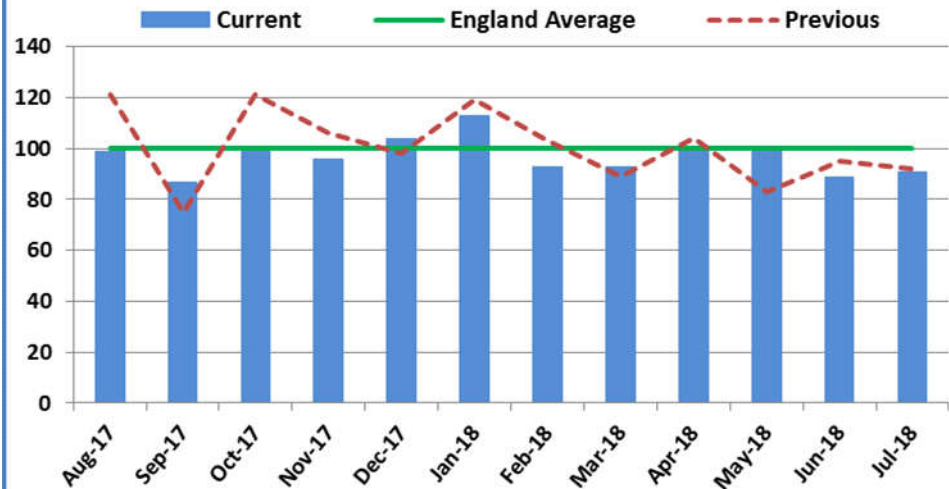


Summary-level Hospital Mortality Indicator (SHMI) by month

The latest SHMI result in March 18 of 97 is slightly lower than the previous month. However, this remains lower than the national average and 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



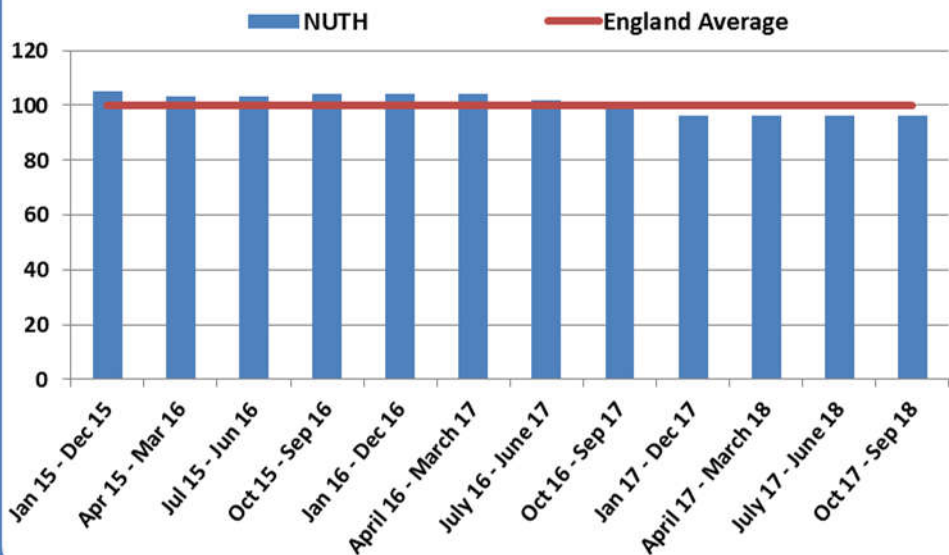
Hospital Standardised Mortality Ratio (HSMR)

The graph to the left shows HSMR by month, which for July 18 is lower than the national average and continues to be within expected limits.

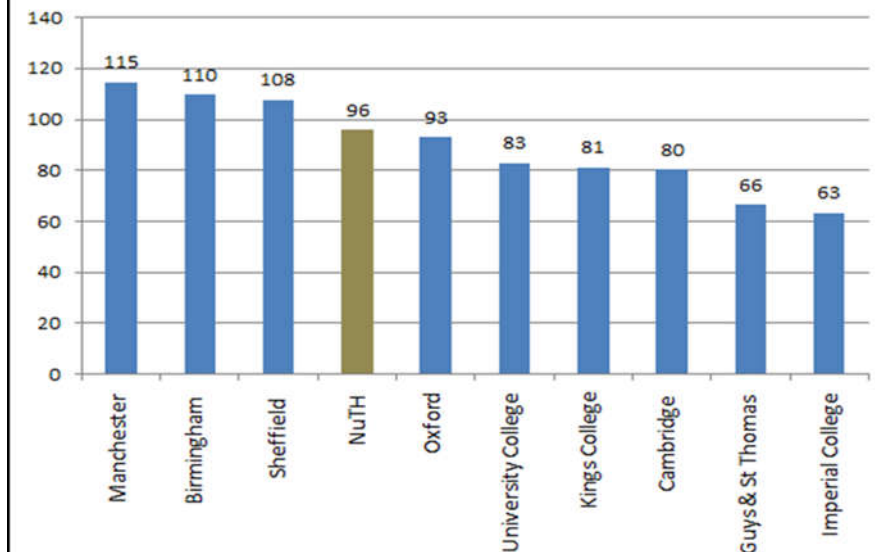
The graph below, left, shows a 12 month rolling HSMR score by quarter. The most recently available quarterly data shows a score below the national average. All scores are 'as expected'.

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 (Oct 17 - Sep 18)



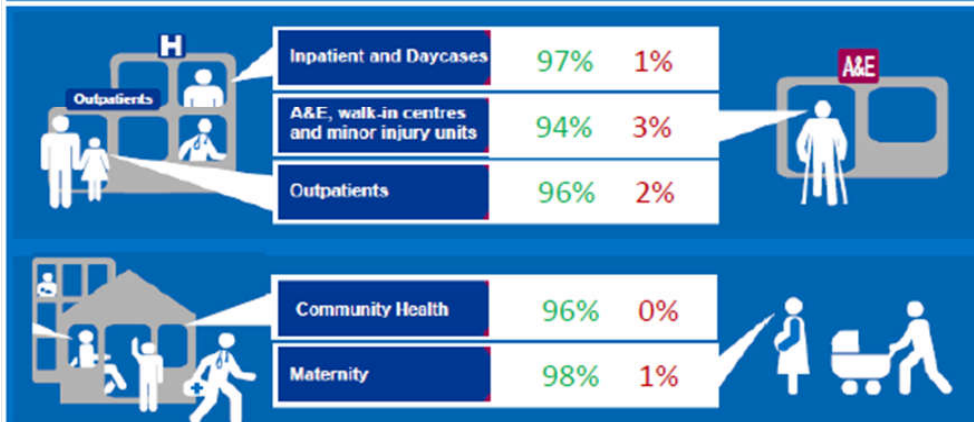


The Newcastle upon Tyne Hospitals
NHS Foundation Trust

The NHS Friends and Family Test

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

We got 4,963 responses to the Friends and Family Test in October 2018. The following numbers show the proportion of people that would recommend or not recommend these services to a friend or family member if they needed similar care or treatment.



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

Thank you

Healthcare at its very best - with a personal touch

Summary for October 18 (compared to September 18 worse/better/same):

Area	Recommendation rate
Inpatients	97% (-%)
ED	94% (-2%)
Outpatients	96% (+1%)
Community	96% (-%)
Maternity (birth)	98% (-1%)

Points of note:

The total number of responses overall has increased this month from 4,863 in September to 4,963 in October.

Inpatients: A response rate of 10.8% was achieved in October which has decreased 2.2% on last month. 97% of respondents stated that they would recommend the Trust with 1% stating that they would not. The recommendation rate continues at 97% or above for 34 consecutive months.

Emergency Department: The results from 317 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 from 1.3% last month to 1.9% of Emergency Department patients.

Outpatients: This month there were 2,471 responses, which is only slightly less than the previous month. The recommendation rate has increased 1% to 96% and the number of responses remains the highest figure in the local area, however when compared to similar sized Trusts within the Shelford group is the second lowest.

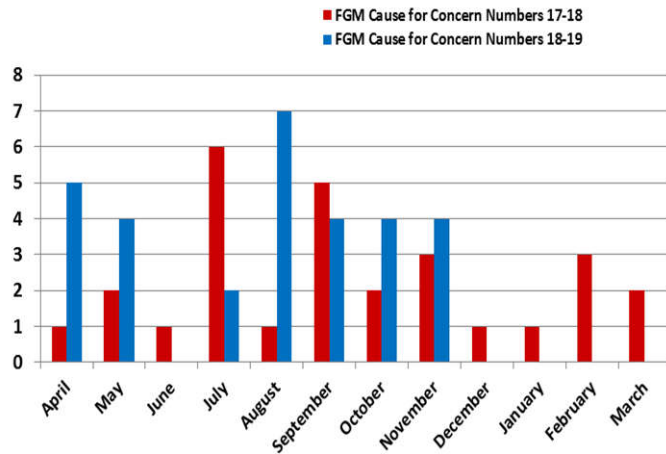
Community Services: The number of responses appears to fluctuate in alternate months and as such has dropped by 47 down to 57. Community recommendation rate remains at 96%.

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 98% was received in relation to 'birth' services from 29% response rate and 94% in relation to the 'Postnatal ward' question from 168 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.

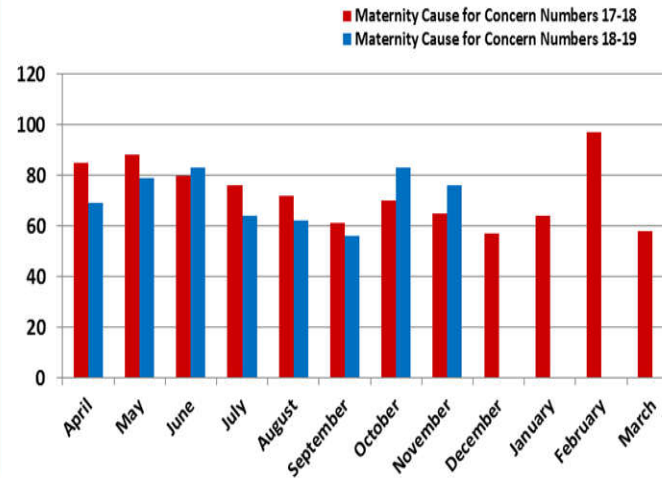
If you would like to see the results in full detail – the easiest way is via the NHS England website at the link below.

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

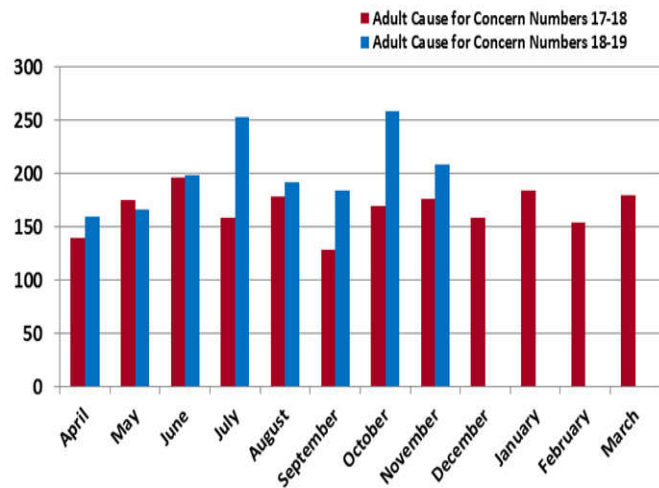
Female Genital Mutilation Cause for Concern Numbers



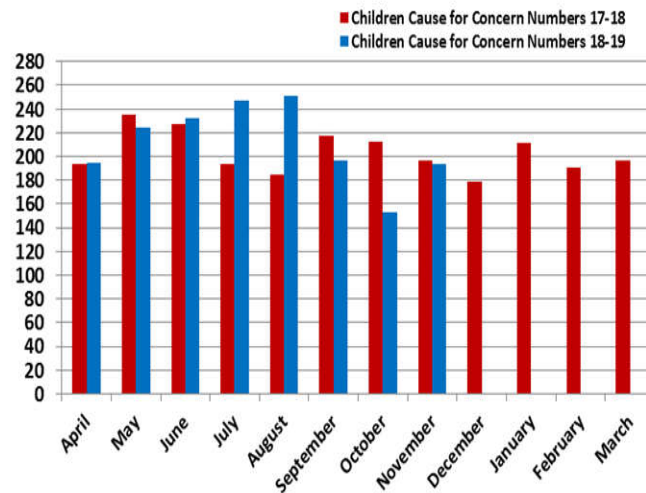
Maternity Cause for Concern Numbers



Adult Cause for Concern Numbers



Children Cause for Concern Numbers



Safeguarding

The teams remain very busy and continue to prioritise work in response to some sickness absence and a flexible retirement. The Named Nurse for Safeguarding Children is working with the Eye Casualty Team to introduce CP-IS and will progress the implementation to Emergency Dental Services in the New Year.

The Adult Safeguarding Team have introduced a Safeguarding Supervision Policy and continue to extend the range of services that they offer supervision to including the Nursing Home Support Team.

Several Consultants have volunteered to become Learning Disability Champions to support the LD Nursing Team with developments including mortality reviews and the LD Steering Group.

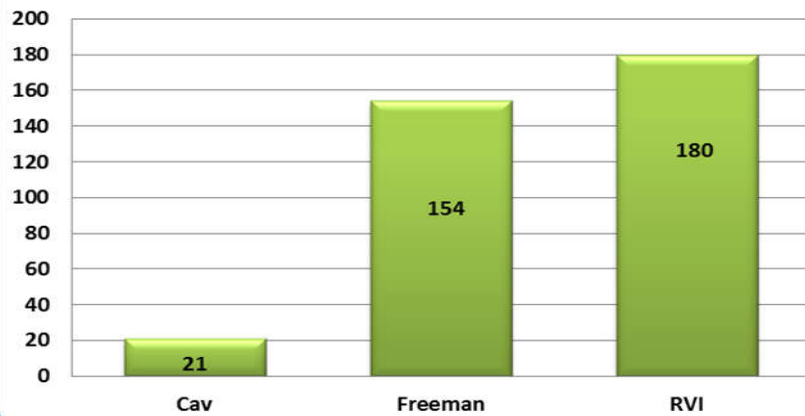
An area of challenge for the Learning Disability Liaison Team has been fulfilling the requirement to complete mortality reviews. This has now been addressed with all reviews having been added to the mortality database and LD Mortality Steering Group being renewed.

Deprivation of Liberty Safeguards (DoLS) applications have increased slightly in November with 51 applications for the month. This makes a total of 354 for the year to date which is higher than for the same period last year.

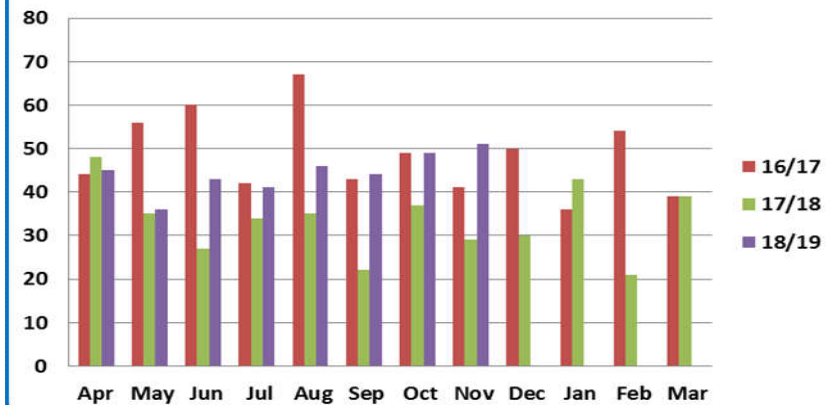
There have been a series of briefings to promote DoLS and to make staff aware of the need to consider DoLS at an earlier stage of the patients journey. The current flow chart for application of the DoLS process has been withdrawn from the safeguarding intranet so that it can be revised and updated. This has been discussed at the MCA Steering Group.

- MCA / DoLS continues to be monitored weekly within the team and reported to the MCA Steering Group.
- Deprivation of Liberty Applications are being reported each month to the Directorate Managers.
- Ward based audits have commenced to improve recognition of when a Deprivation of Liberty application needs to be made.
- Additional training dates for the 'Fundamentals of the Mental capacity Act' have been delivered during November with further sessions promoted for December.
- Additional Master Classes will be scheduled at a later date to supplement the learning.
- Feedback from the ward visits/audits will be made available to Matrons and Directorate Managers as soon as the results become available.

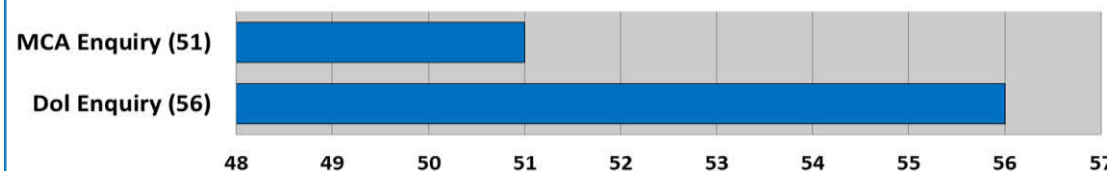
DoL Applications 2018/2019 - By Site (Total 355)



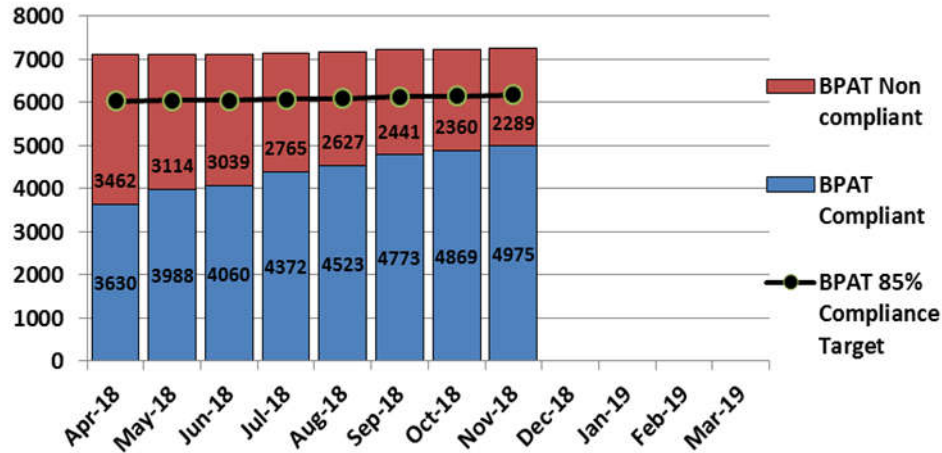
DoL Application Comparison Year on Year



Category of Concern



BPAT Training Compliance 2018-2019



Prevent training

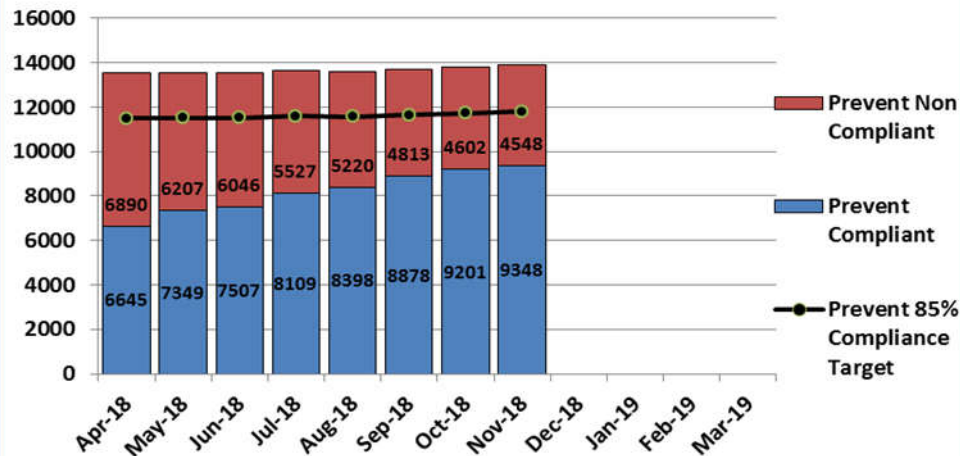
Prevent compliance for November has risen slightly to 67.27% against a national target of 85%; a further 2400 staff need to complete Prevent training (WRAP and BPAT) to achieve this. NHS England Cumbria and North East are scrutinising 9 Trust's (including NUTH) out of 14 within the region that have not reached the target. The Trust will not achieve this by the end of quarter 3 and therefore it is imperative that 85% compliance is achieved by the end of quarter 4 at the absolute latest.

Weekly training is available at Freeman with extra sessions delivered at RVI; attendance has been poor despite being advertised weekly and reminders to senior managers. Directorate Manager's are now being provided monthly with Prevent training data and lists of staff who are non-compliant.

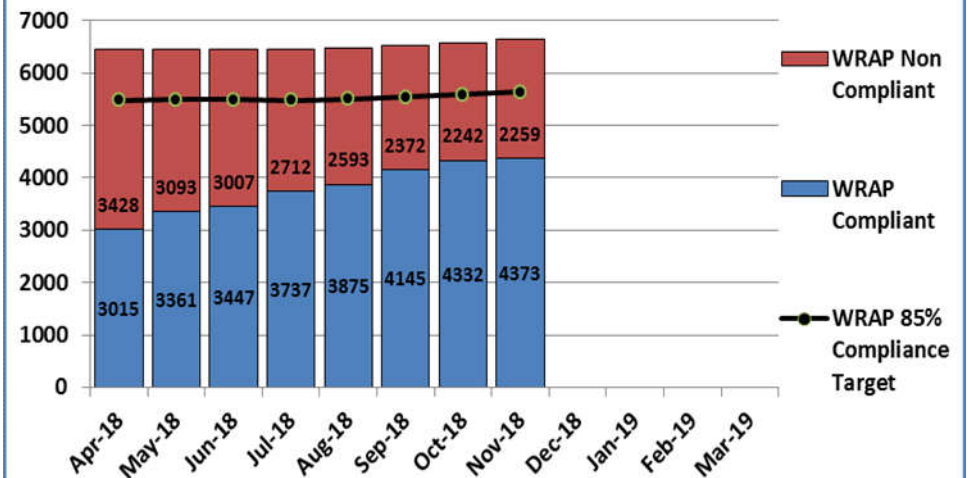
The Training Needs Analysis for safeguarding and Prevent mandatory training is in the final stages of consultation and will be added to individual competencies in ESR by Workforce Development when finalised, which should be no later than the end of December.

A new Prevent policy has been agreed by the Safeguarding Committee on the 13 November 2018.

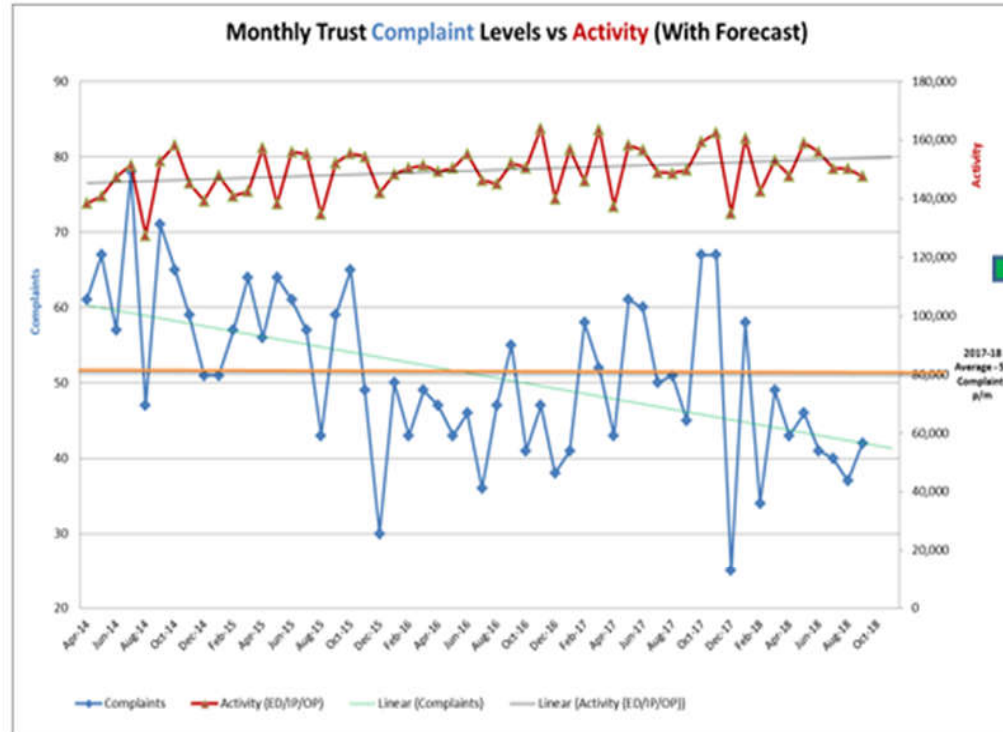
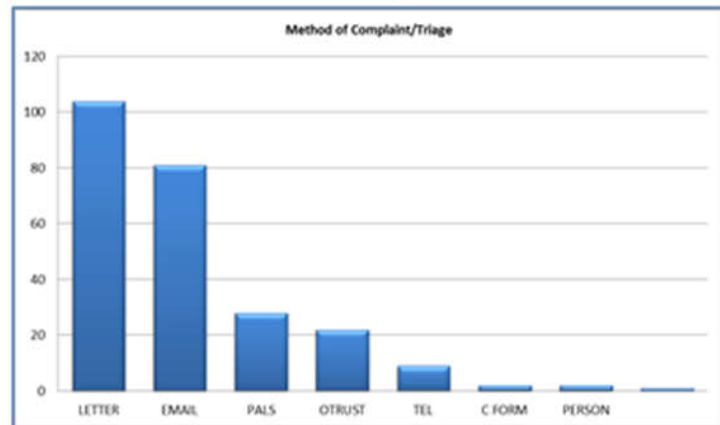
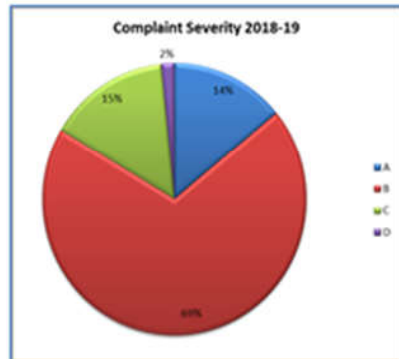
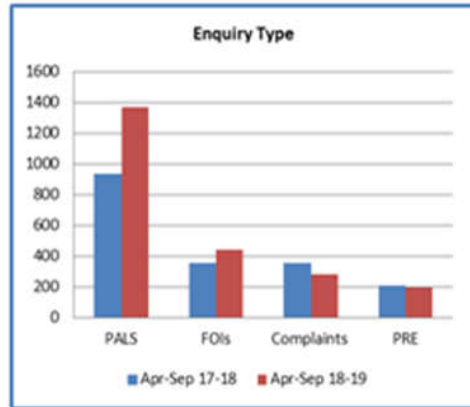
Prevent Training Compliance 2018-2019



WRAP Training Compliance 2018-2019



Complaints Activity Apr to Sep 18-19 (6 mth)



For the period to date:

For every **3,588** patients attending the Trust we have received **1** complaint, which is **615** more patients per complaint compared to last year (**2972:1** for previous full year FCEs/OP/ED).

The average monthly number of complaints received for the year so far is **44** which equates to **7** less per month on last year's monthly average of **51**.

The average monthly activity currently stands at **151,875** up **785** on previous year's monthly average.

Top 5 Subject Areas	16/17	17/18	18/19	Totals
All aspects of clinical treatment	338	465	188	991
Communication	41	48	15	104
Attitude of staff	26	35	15	76
Appointments, delay/cancellations - Out-patients	29	16	6	51
Appointments, delay/cancellations - In-patients	17	9	1	27
Totals	451	573	225	1249

Complaints Panel Feedback

What are patients telling us that we could do better?

What can we change as a result?

December 2018

Learning from patient feedback

This month at complaints panel we acknowledged the importance of not only investigating and providing a response to complaints but how we as an organisation learn from this feedback.

In many instances patients have often explained that they did not really want to complain, they simply wished to provide their views on their experience to help avoid something similar happening to other patients in the future. Patient feedback allows us to investigate what has happened and learn from this to help make improvements. Recent actions and learning have included:

- Improving on how staff might communicate with patients during very busy periods
- Refresh of staff's awareness on Trust policy with regards to patient property
- Review of outpatient appointment administration processes
- Staff re-trained on system and processes in registration of new patients.
- Staff to use Patient Safety Huddle to identify patient dietary requirements.
- Development of an information leaflet for parents & families to explain the safeguarding process

Do you know....

Q. What the last complaint on your ward or department was about?

Q. How has the care of other patients changed in response to any complaints your ward/department has received?

Q. Has your ward or department identified any key themes or trends from complaints or patient feedback?

Q. How is feedback from issues relating to complaints fed back to you ?

Did you know?

At the end of the complaint process staff, patients and their families are asked to give feedback on their overall experience. 97% of staff who had attended a complaint resolution meeting found them to be helpful.

In June 2010 the Department of Health (DH) published the "Revision to the Operating Framework for the NHS in England 2010/11" which confirmed the Government's commitment to Eliminate Mixed Sex Accommodation (EMSA). This guidance made it clear that NHS organisations are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice.

There are some circumstances where mixing can be justified. These are mainly confined to patients who need highly specialised care, such as that delivered in critical care units, where a nurse must be physically present in the room/bay at all times e.g. in level 2 (high dependency care) or where a short period of close patient observation is needed e.g. post anaesthetic recovery.

The Trust has a policy in place, Eliminating Mixed Sex Accommodation, which provides guidance for staff including definitions and a reporting mechanism should a breach occur. The Trust has never reported a breach of the standards.

At the same time as the DH guidance was introduced, it was stressed that Trusts would be measured on the delivery of Eliminating Mixed Sex Accommodation by patient perception. The annual survey of Adult Inpatients includes the question "Did you ever share a sleeping area with patients of the opposite sex?" the results of the 2017 survey of adult inpatients which were recently published, show the results for the Trust as below and demonstrate the Trust is about the same as other Trusts.

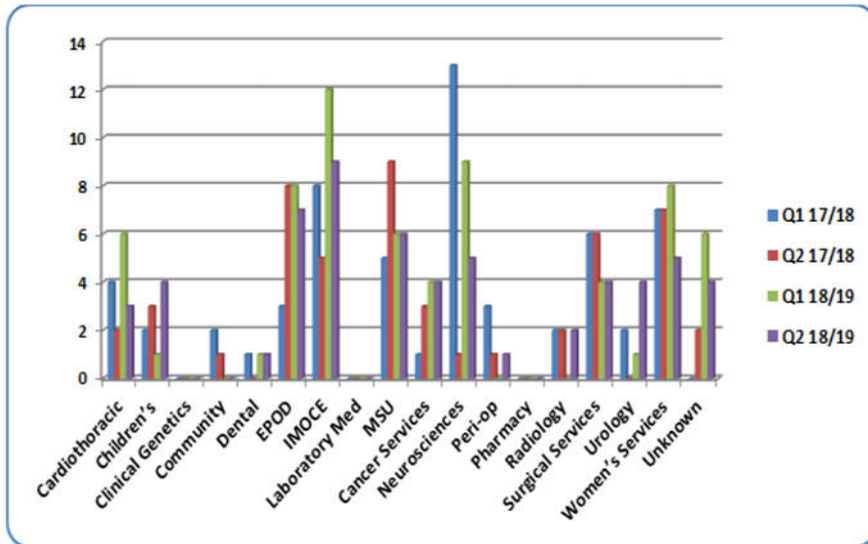
Q11. Did you ever share a sleeping area with patients of the opposite sex?



The graph shows how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for this Trust. The graph is divided into three sections: A score in the grey section of the graph, shows that its result is 'about the same' as most other trusts in the survey. A score in the orange section of the graph, shows a result which is 'worse' compared with most other trusts in the survey. A score in the green section of the graph, shows a result which is 'better' compared with most other trusts in the survey.

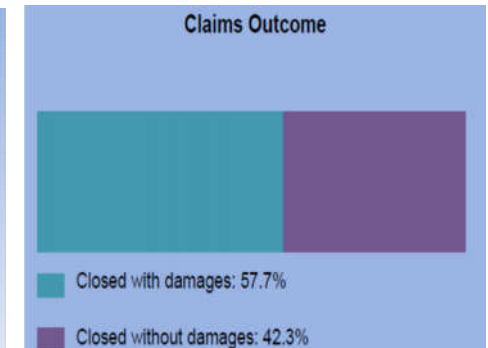
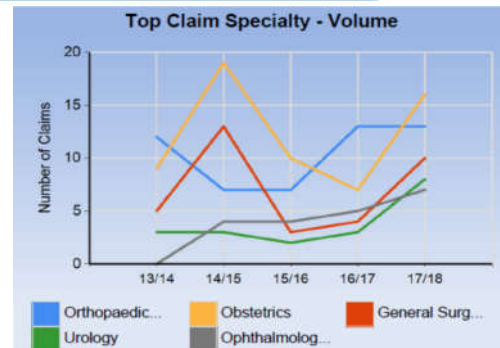
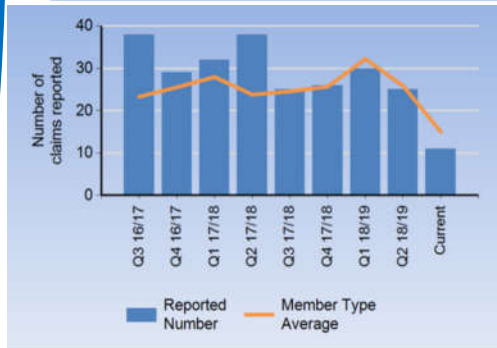
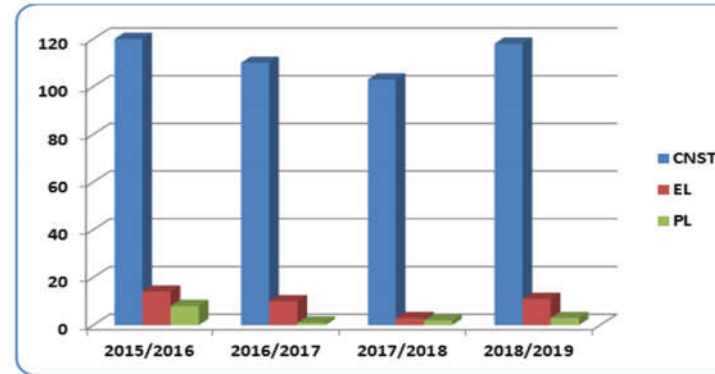
1. Total CNST & LTPS Claims Q1 & Q2

CNST & LTPS Claims per Directorate Comparison 17/18-18/19



Year	CNST Q1	CNST Q2	Total
2015/2016	68	74	142
2016/2017	56	65	121
2017/2018	58	50	108
2018/2019	70	62	132

Total Number of CNST and LTPS Claims for Q1 & Q2 combined



The table above shows the number of all CNST and LTPS claims per quarter reported by this Trust to the NHS Resolution compared to the member type average between Quarter 2 16/17 to date.

This graph shows the number of claims reported to the NHSR per speciality annually. Claims across all specialties has fluctuated over the past 5 years, the most significant spike in claims is in obstetrics where there was a sharp rise in 14/15 before falling again over the last 2 financial years & dramatically increasing again in 2017/18. The same trend can be seen in general surgery. There appears to have been a steady yearly increase for claims in ophthalmology.

The graph above demonstrates the time to resolution for the Trust compared to the regional/national and member type average. The graph demonstrates that the time to resolution for this Trust is currently 4.43 years which is marginally higher in comparison to the national average.

The table below shows the NHS Resolution claims outcome for the financial year to date with 57.7% of claims closed having damages paid.

Well-Led Innovation Compendium - Preparing for the CQC Inspection



Children & Young People: Sibling Support Group: Collaboration with the UK network of PICUs highlighted the need for a support service for PICU patient's siblings. Support sessions and packs encourage siblings to be part of their brother/sisters journey in hospital which allows parents to spend valuable time with their sick child with the reassurance that the sibling is being supported in a safe environment. Families from out of the region particularly benefit with excellent feedback received.

Community: The Community Dental Service were aware that patients with learning disabilities may find giving feedback, in the usual way, a particular challenge. To assist them in this task a form has been developed which will ensure we receive appropriate and constructive feedback so that we can then respond to their needs in a timely and appropriate manner.

Critical Care: Four enhanced care beds established on the neurosurgical in-patient ward to prevent on-the day cancellations. Three beds accommodate patients who need increased monitoring (but not intervention) who would otherwise have gone to HDU. Following the opening of the beds, there were 4 (60 in 2016/17) cancellations which is a 93% reduction.

Dental Services: Restorative Joint Clinics: To facilitate appropriate assessment and care for patients with special care and more complex needs, a bi-monthly joint clinic has commenced between the Restorative Consultant and Special Care Consultant. This clinic aims to streamline patients, avoid unnecessary/duplicate appointments and have the added benefit of training opportunities staff.

End of Life Care: The whole Specialist Palliative Care Team has adopted the use of SystemOne to enable mobile patient note recording. This allows the sharing of notes with the two local hospices, many local GPs, district nurses, and another local palliative care teams. This is a step towards a more comprehensive EPACCS (Electronic Palliative Care Coordination System), required nationally by 2020.

Maternity & Gynaecology: SimMom: A high fidelity SimMom is now continually present in the training room on the labour suite. This is used to train anaesthetists, midwives, obstetricians and ODPs in a variety of clinical scenarios. Regular 'Skills and Drills' are run during daylight hours to simulate common scenarios such as major haemorrhage or need for a third theatre. Debriefing creates areas for reflection/improvement. Trust wide, this technology is used extensively for training and competency purposes.

Medical Care: 'First name terms': In order to improve team working and communication, a 'first name terms' culture between ward staff of all disciplines has been discussed and implemented. This does not apply to patient interactions, unless requested by patients. This has led to improvements in patient safety following human factors methodology.

Outpatients: Innovations to improve patient experience: The introduction of mood lighting, play specialists, specialist LED ceiling tiles and cinematic goggles in Neuroradiology has resulted in the reduction of patient anxiety when attending for imaging. In particular, there have been fewer referrals to the 'open scanner' which is a local private facility for claustrophobic patients and some small children (5yrs+) able to be successfully scanned rather than undergo a GA which carries a clinical risk.

Diagnostics: POCT testing for Winter Flu: Introduction of point of care influenza testing on the Medical Assessment Suite has resulted in a significant reduction in the time to result/diagnosis and time to treatment, which has improved timeliness of isolation, reducing the exposure of other patients and staff to the virus.

Surgery: Orthopaedic Spinal Injections: The pathway for patients requiring diagnostic injections has been streamlined by extending the scope of practice of the Advanced Spinal Practitioner to carry out these procedures. This provides a cost effective solution to address waiting lists pressures, improve patient experience and reduce waiting times.

Urgent & Emergency Care: Mental Health Support in ED: Patients who attend ED frequently with a mental health need have been proactively identified. Allocating lead Consultants to these patients and the development of patient specific care plans aims to support a reduction in ED attendance for this cohort of patients. Monthly meetings with NTW Mental Health Trust are held to support collaborative working.

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 th January 2019		
Title	Governor Working Group Review Update		
Report of	Kelly Jupp, Trust Secretary		
Prepared by	Fay Darville, Deputy Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines progress to date and planned future actions.		
Recommendations	The Council of Governors is asked to receive the update and consider the next steps.		
Links to Corporate Objectives	NA		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication		X
	Sustainability		X
	If yes, please give additional information:		
Reports previously considered by	This is the second report to be considered by the Council – the first report was received in November 2018.		

COUNCIL OF GOVERNORS

GOVERNOR WORKING GROUP REVIEW UPDATE

1. UPDATE

Feedback was provided at the last Council meeting held in November 2018 regarding the ongoing review of the Governor Working Groups and following this a further meeting was convened to discuss next steps.

The meeting held on the 6th of December 2018 was attended by four Public Governors, Mrs Darville (Deputy Trust Secretary) and Mr Michael Wood (Company Secretary for the Good Governance Institute). The group further reviewed the current constitution of Governor working groups, particularly when compared to the original terms of reference for such groups as compiled in 2010.

Due to the statutory requirement for the Nominations Committee, this was agreed to be outwith the scope of the review.

Mr Wood provided useful insight when comparing the structure of the Trust's Council of Governor working groups with other Shelford Trusts. It was evident that despite some similarities, there was no 'one size fits all' approach with organisations having on average two working groups for Governors.

It was noted that no other Trusts in the Shelford Group had an equivalent 'Business Development' working group and some had groups which focussed on 'Strategy' and 'Workforce'.

The group agreed that the opportunity for Governors to meet informally was welcomed and therefore, Informal Governor Meetings would be held immediately prior to the formal Council of Governor meeting from January 2019 going forward. Working group chairs will assist in the facilitation of these sessions.

2. ATTENDANCE AT WORKING GROUPS

As detailed in the last report, the Deputy Trust Secretary took the opportunity to attend both the Business Development Working Group (held on the 20th of December 2018) and the Quality of Patient Experience Working Group (held on the 8th of January 2019). Both groups were found to be well managed, with engaged attendees.

A Community Engagement and Membership (CEM) meeting was to be scheduled for late January 2019 with an update to be made regarding this at the next Council meeting in March 2019.

3. NEXT STEPS

In collaboration with the Trust Secretariat and GGI, the working groups will review their Terms of Reference to ensure that the activity of the groups provides assurance over the delivery of the statutory responsibilities of Governors and incorporates best practice.

Following the review, each of the revised Terms of Reference will be proposed for ratification by the Council of Governors. This will allow the Council to maintain continued oversight of the activities of the working groups and ensure that they are meeting their prescribed objectives to the Council as a whole.

In addition, working groups and their terms of reference will be subject to an annual review to ensure they remain fit for purpose.

Finally, the Trust Secretariat will work with the chairs of the working groups to structure the agenda, minutes and meeting papers around the agreed group terms of reference. Further support will be provided to ensure that papers remain in keeping with the revised Trust format.

4. RECOMMENDATIONS

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

Report of the Deputy Trust Secretary

10.01.19

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 th January 2019		
Title	2018/19 Month 8 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 8.		
Recommendations	The Council of Governors are asked to receive the report for information.		
Links to Strategic Goals	Maintaining sound financial management to ensure the ongoing development and success of our organisation.		
Risks identified			
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial	X	
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication		X
	If yes, please give additional information:		
Reports previously considered by	Standing agenda item.		

2018/19 MONTH 8 FINANCIAL REPORT

1. INTRODUCTION

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

2. 2018/19 FINANCIAL PLAN

The 2018/19 Re-submitted Financial Plan forecasts an Income & Expenditure break-even position including Profits on Sale of Assets. This has been revised in line with an agreed Control Total with NHSI.

The annual cost efficiency requirement is £30 million.

3. CONSOLIDATED RESULTS

At Month 8, the Trust has an Income and Expenditure surplus of £4.7 million. This result is reported as:-

Table 1: Key Financial Performance Indicators - Overall Financial Position

	Annual Plan £'000	Month 8 Plan £'000	Month 8 Actual £'000	Month 8 Variance £'000	Forecast Outturn £'000	Forecast Variance £'000
Income	1,047,519	696,595	710,176	13,581	1,073,962	26,443
Expenditure	1,036,100	692,618	705,870	13,252	1,062,543	26,443
I&E Position (including PSF)	11,419	3,977	4,305	328	11,419	0
I&E Position (after impairment)	12,946	4,461	4,692	231	12,947	0
Closing Cash	100,760	93,971	119,550	25,579	103,723	2,963
Capital Programme	32,128	21,977	19,063	(2,914)	32,128	0

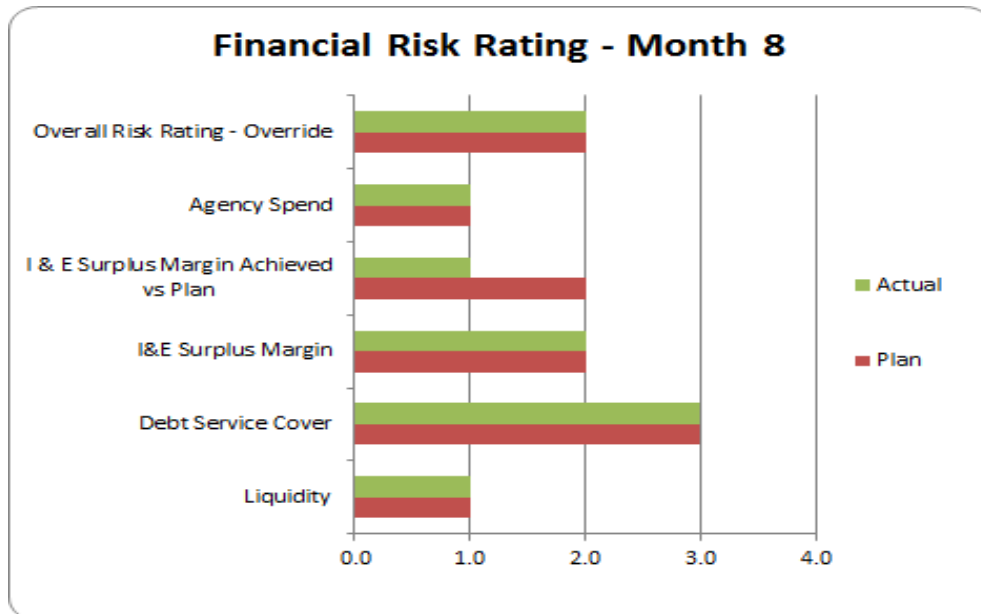
The Income & Expenditure position now includes Provider Sustainability Fund (PSF) agreed with NHSI at £7,121k year to date. (Full year funding: £12,947k).

4. FINANCIAL RISK RATING

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

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

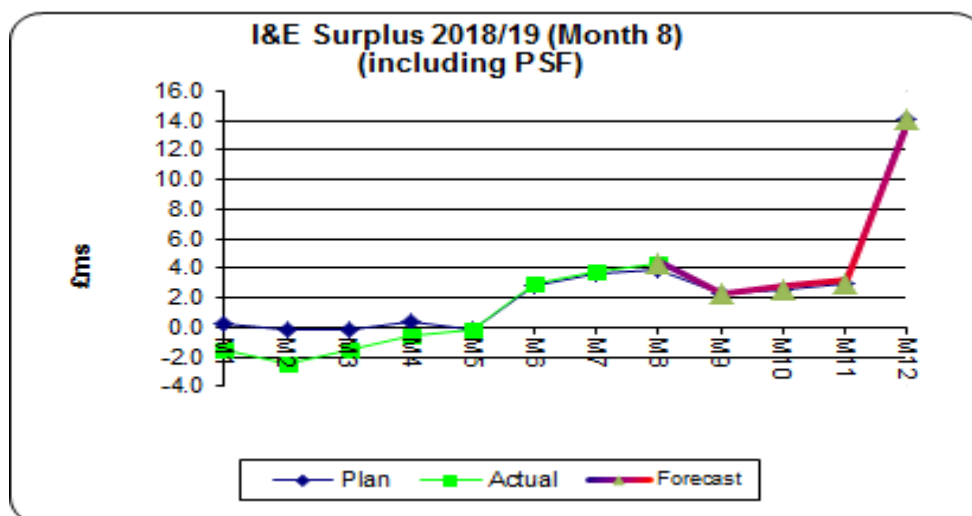
Based on these metrics the Trust would attain an overall Risk Rating of '2'. The profile is as follows:-



5. KEY ISSUES

Key issues to note are:

- i) Operating income for the period ending 30th November 2018 is £710.2 million £13.6 million ahead of Plan.
- ii) Total operating expenditure for the period to Month 8 is £705.9 million, £13.3 million more than Plan.
- iii) The Trust reports an Income & Expenditure surplus of £4.7 million at Month 8. The Income & Expenditure profile as the year progresses is as follows:-



Agenda item 10

- iv) Planned cost efficiency delivery has increased in-month by £1.2 million and now totals £26 million. This has reduced the anticipated shortfall against the annual £30 million requirement to £4 million and additional opportunities to improve on this position are being validated. In November full-year actual savings recognised have increased by £4.6 million and now totals £23.4 million.
- v) The Capital Plan for the year is £32.1 million and year to date expenditure is £19.1 million. This is £2.9 million less than expected at this time.
- vi) The Cash balance is healthy and ahead of Plan.

6. MCKINSEY AND COMPANY

To support us through the next phase of our development, we will be working with a number of new partners, in particular McKinsey and Company, who will be helping us to ensure that our already outstanding Trust learns from the best internationally. We have asked them to help us to generate our sustainability plan for the next three years and to work with directorates to plan to eliminate waste and release savings, which can be reinvested in frontline care.

7. RECOMMENDATIONS

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

Report of Mrs Angela Dragone

Finance Director

8th January 2019

**THIS PAGE IS INTENTIONALLY
BLANK**

November 2018

Case Study

The Newcastle upon Tyne Hospitals NHS Foundation Trust – staff engagement in improving patient experience

This case study is one of four, commissioned by NHS Employers and written by the Institute for Employment Studies (IES). The case studies and research highlight the relationship between patient experience and staff engagement at high-performing trusts in the north east of England and identify common themes between them.

Read all the case studies and a summary of the common themes at www.nhsemployers.org/staffengagement.

The trust

The Newcastle upon Tyne Hospitals NHS Foundation Trust (Newcastle) is one of the largest NHS trusts in the UK, offering a wide range of tertiary and specialist services, as well as acute and out-of-hospital services. It employs around 14,000 staff, operates primarily over two main sites and several smaller ones, incorporates community services, and covers a large geography. It has a reputation for attracting and retaining high-quality staff and this is due partly to its ability to offer experience in a range of specialties. In 2016 it gained an outstanding rating from the Care Quality Commission (CQC).

In the 2017 NHS Staff Survey, the trust had a higher than average engagement score of 3.91, when compared to similar trusts where the average is 3.78. In addition, a summary of all key findings shows the trust as being above average for acute and community trusts for 20 out of 32 key findings.

Newcastle is frequently recognised at national and regional awards ceremonies. For example, in 2015 it won the Health Services Journal (HSJ) award for enhancing care by sharing data and information.

Approach to people management

Recruiting and retaining the best

Newcastle has a big advantage when it comes to attracting staff. It is one of the top ten teaching hospitals in the country, it is research active, has a national and international reputation, and a strong brand.

To maintain this position and continue to be an employer of choice, its workforce strategy has five key aims.

1. Implementation of professional and leadership development including talent management and succession planning.
2. To be a centre for excellence providing high-quality education, training and development.
3. Workforce planning informed by robust data aligned to service demands, financial sustainability and harnessing use of technology to provide services and improve outcomes.
4. To facilitate workforce transformation and change.
5. Workforce engagement and wellbeing to enhance the staff experience.

The trust is very successful in attracting research funds due to its leadership of the local research and development agenda. This enables investment in patient care, staffing, equipment and facilities. It also has a relatively stable local workforce, which ensures key skills and experience are retained. However, it is not complacent given the significant number of high-quality NHS organisations in the region.

When recruiting more widely than in the North East, recruitment material emphasises benefits such as the quality of life and house prices. In addition, it attempts to give medical, other pre-registration and undergraduate students from the local universities a good and supportive experience to encourage them to positively seek employment with the trust, post-qualification.

Newcastle also uses some more unusual sources of recruitment to ensure it is not missing an opportunity to attract staff with particular skills and experience. An example is the support that the trust gives to the Armed Forces, via employing ex-military personnel and by supporting members of staff who belong to the military reserves. The trust believes this brings benefits due to the skills and experiences of veterans and reservists, and is part of a set of measures intended to widen access to employment within the trust and maintain an inclusive workforce.

A further source of future supply is the trust's volunteer service which, with only a limited infrastructure, has grown exponentially resulting in some volunteers going on to become paid members of staff. There are up to 90 volunteer roles with role descriptors, from which directorates can select to support the delivery of a high-quality patient experience and there is a particular focus on attracting volunteers aged 16 to 24 to the organisation.

In total, there are around 300 volunteers administered directly by the trust, and a further 600 third-party volunteers who provide their services via other organisations.

Staff shortages

Like all NHS organisations, there are specific workforce group shortages and difficult to fill vacancies. Examples include senior medical roles such as radiologists, paediatricians and neuroscientists which are challenging in part due to national shortages. To address this, the trust is proactively engaged in hosting local careers events, works closely with local universities and colleges to promote employment in the NHS, and has also successfully delivered international recruitment campaigns, for example in the Philippines. This has been supported by the trust's well-established, long-serving community of Philippine nurses who ensure their new colleagues are welcomed into the trust and provide help settling into a new home and work environment.

Values and behaviours

The trust's values are deliberately simple and straightforward.

- Patients come first.
- People and partnerships are important.
- Professionalism at all times.
- Pioneering services.
- Pride in what we do.

Aligned to the trust's values and to the NHS Constitution is the core professional and leadership behaviour (PLB) framework. This focuses on areas such as recruitment, development and appraisal. PLBs are embedded in day-to-day people management throughout the trust; use by medical staff is improving. PLBs were developed in partnership with staff and were very clearly understood.

Learning and development

Education, training and development is a very significant activity for Newcastle. There are around 65 whole-time equivalent staff in the team. Their focus is to work with clinical, professional and business development leads to enable the workforce to deliver high-quality patient care, in terms of capacity, capability, competence, attitudes and behaviours. Although quality is the primary driver, learning and development within the trust also has a succession planning focus, to ensure the security of the future staff pipeline.

Leadership and management development is a key strand of activity. The trust is conscious of the many targets that managers and leaders are expected to meet, so the focus is on delivery through the workforce, which means that the workforce has to be well managed. To improve flexibility of approach in response to operational challenges, the

trust has moved to a modular basis for delivering some development programmes, for example modules on financial awareness, enhancing talent, and performance management.

The golden thread running through leadership and management development is the set of PLBs applicable to corporate and clinical leaders, this is because of its impact on service improvement and quality. New managers are offered an enhanced induction which features the behaviours framework and is delivered in multi-professional groups. Early evaluations of this enhanced induction are positive, and the trust has noticed an increasing trend of attracting some consultants. The response to a new aspiring clinical directors programme was also very encouraging, attracting almost 30 colleagues.

Another intervention available to support skills and competence development is a community of trained coaches from within the workforce who, where appropriate, may also facilitate team interventions, such as tackling the local quality of responses to complaints.

Involving, recognising and valuing staff

The trust enjoys a good working relationship with staff side and welcomes its involvement and engagement in shaping the staff experience agenda, particularly in working towards an inclusive workplace.

Within the equality and diversity agenda, the trust facilitates a number of networks including black, Asian and minority ethnic network, a disability network and a lesbian, gay, bi-sexual and trans network, enabling staff to come together and be involved in discussions to improve the experience at work.

Further evidence is the multi-award-winning initiative Project Choice, which provides training to people with learning difficulties, disabilities or autism. Supported by staff mentors and managers, this scheme provides sustainable and successful pathways to work. Many former interns have achieved paid and fulfilling employment with the trust.

There is a very active staff social club within the trust, funded through a small monthly subscription scheme. It is administered by staff and provides access to social, cultural and recreational events, inclusion in a monthly lottery, and support for the provision of two fitness centres. Strong staff benefits provide added value to employees, including salary sacrifice schemes, discounted public transport costs and services, and access to reputable credit unions. These benefits can be reviewed by employees through access to a bespoke website.

Newcastle has a range of well-embedded recognition and reward schemes, intended to express gratitude and to celebrate outstanding efforts of staff in how they best represent the trust's values.

Staff, patients, visitors or carers can nominate individual staff, teams or volunteers for quarterly Personal Touch awards, which culminate in an annual celebration and confirmation of an overall individual, team and volunteer winner. Winners are determined

by a panel of judges comprised of clinical, non-clinical, union, patient and governor representatives. Information about nominees as well as winners is published on the intranet.

In addition, long service awards and events recognise and thank loyalty and commitment from staff who have worked for the organisation for 25, 35 and 45 years.

Annual educational ceremonies for colleagues who achieve leadership, healthcare or other qualifications, a nursing, midwifery and allied health professional conference and a medical education conference also provide platforms to facilitate recognition of staff.

Health and wellbeing

Newcastle's health and wellbeing policy incorporates an attendance management procedure, which provides a framework for managers both to support staff health and wellbeing, and also manage situations where staff are unable to attend work. The overall sickness absence rate is 4.2 per cent which is above the trust's target of 4 per cent. This emphasis on supporting staff through a number of interventions includes individual stress management advice, individual stress management assessments, stress awareness training, return to work plans for those on long-term sick, and support from occupational health including physiotherapy and psychological services. The stress management offerings are based on the Health and Safety Executive's standards.

The occupational health service manages a stress prevention website and delivers staff support through the Working on Wellbeing (WOW) programme for persistent absentees; a wellbeing and resilience workshop to enhance personal resilience and workplace effectiveness; and an early access advice service involving contact with staff on their first day of sickness absence to offer appropriate help and support.

Rapid access to a health and wellbeing support system has been in place for a number of years. This facilitates access to hospital appointments for staff with a health condition which has an actual or potential impact on their ability to attend work and carry out their duties. There are also 50 trained mental health first aiders within the trust who can help spot early signs of staff in difficulty and signpost them to relevant support.

The trust achieved the North East Better Health at Work gold award and is working towards the continuing excellence standard. It is a signatory to the local employer pledge, Time to Change, to demonstrate its strong commitment to addressing mental health discrimination. The focus on health and wellbeing is supported by a community of staff health champion volunteers who, for example, may lead a local weight management or lunch-time walking group.

Newcastle regards cost as a key driver for managing attendance rates and is mindful of the impact this can have on delivery of patient services. It has an emphasis on enhancing the staff experience by seeking to create a working environment which enables them to flourish at work and this in turn enhances the experience of patients. Sickness absence rates and levels of stress can be higher in some areas due to staffing levels, which has

confirmed the importance of filling vacancies quickly and making big recruitment efforts in hard-to-recruit areas.

NHS Staff Survey results

Newcastle's NHS Staff Survey results for 2017 were very good and compared favourably with similar trusts. However, in common with many trusts, the results dipped slightly in many areas compared to the 2016 results. It is acknowledged that the hard winter, and pressures to achieve targets probably contributed to this. There are some concerns that this staff experience dip might lead to a less positive patient experience, on the basis that one tends to drive the other.

Making the links between the patient experience and the staff experience

The 2017 Staff Survey results show that staff rate the effective use of patient/service user feedback at 3.85, well above the average of 3.69 for similar trusts.

The main sources of patient feedback are the Friends and Family Test, patient survey data, complaints data and serious incident reviews.

Patient feedback is shared at regular communications meetings, various clinical and non-clinical forums, via email and intranet bulletins, and on noticeboards and this includes patients' and carers' examples of excellent care. On top of this, the board has a patient story at the start of every public meeting.

The analysis and dissemination of patient experience data is well resourced, with a small team of people devoted to this work. There is also a list of key indicators with warnings when things are going wrong and this is monitored very carefully at board level as part of the quality and safe care agenda – this includes data such as ward staffing levels and ratios (eg the ratio of registered nurses to healthcare assistants), patient incidents (eg falls), patient feedback and complaints.

Making patient feedback real to staff in some corporate services areas can be difficult, especially when some support functions are not based at a hospital/service delivery location. For HR, one example of contributing to putting patients first was addressing the lengthy amount of time taken to recruit. Investment in technology to accelerate recruitment management, having key performance targets, and streamlining processes has resulted in significant reductions in this metric. The staff and locum bank function also understands its contribution to driving down temporary workforce costs.

In recent years, the trust has operated a patients first staff engagement programme. This started in response to complaints that frontline staff were not sufficiently caring and could improve their basic communication and interaction with patients. Part of this initiative included the trust being more explicit in stating its expectations of staff with regard to guaranteeing a positive patient experience.

This work resulted in the production of a bespoke internal DVD intended to underpin cultural change and aimed at supporting staff to improve customer care among all staff, not just those in patient-facing roles providing direct clinical care. The design of the content was supported by colleagues and focused on how staff could improve the patient experience, asking them to explain what healthcare at its very best meant to them as individuals. All staff were encouraged to view the film.

Simple courtesies like making eye contact with patients or smiling and offering help to carers/relatives who appeared lost or confused, were identified as far more important than previously appreciated. The trust continues to work on its patient experience programme using different interventions to enable staff to understand how they contribute to this. The experience shows that targeted learning and development has a direct impact on the quality of patient care.

A staff experience co-ordinator has been appointed within the workforce engagement and information team, who, as part of the role, analyses the NHS Staff Survey results within the overall framework of Michael West's research. The results are now broken down by directorate, providing a better understanding at local level. The workforce engagement and information team also helps directorates to operationalise their action plans, by collating and sharing information under the You Said, We Did feedback model and facilitating team conversations and events to involve staff in formulating solutions. Directorate-level infographics have been produced to assist the discussions, and focus groups facilitated to discuss specific issues raised, such as the availability of flexible working.

There are plans to further link staff and patient experience data although progress with this is in early stages. There is an expectation that there will be correlations and it may be possible to identify drivers which will inform future actions.

Advice to other trusts

- Consistency and transparency of message is very important, so staff know where they are and where the trust is going.
 - This means collective responsibility and recognition that the senior leadership team is working towards the same goal.
 - HR policies and practices should be joined up, providing a framework to support the organisation to achieve its goals.
 - Increase integration of approach wherever possible and in particular, through proactive commitment to multi-professional learning and development.
 - Really engage staff rather than just communicating with them. Identify and create opportunities for greater involvement in decision-making and policy shaping.
- Developing and training the workforce is an essential requirement, not a luxury. Consider the impact of the return on that investment – the benefits and outcomes – not just the cost of development.

-
- It helps to ensure staff understand the overall aim of the trust. Above all, deliver to the patient.
 - Use the evidence base (surveys, the GMC survey, the Friends and Family Test, focus groups, staff forums, programme evaluations), when bidding for resources, making a business case, or deciding where to invest resources. Link data from different sources, such as patient and staff experience data, to gain insights.
 - Encourage the development of collaborative working relationships, within and between different departments, functions and locations, to share best practice.

The IES is an independent, apolitical, international centre of research and consultancy in employment policy and human resource issues. The author of these case studies is Dilys Robinson, a researcher on employment issues who has worked extensively on staff engagement issues in the NHS.