







## Council of Governors

20 February 2020, 13:30 to 16:00  
Gosforth Suite, Regent Point

### Agenda


1. **Council of Governors Meeting Agenda**
  -  0 CoG Agenda 20 Feb 20.pdf (3 pages)
2. **Business Items** 30 minutes
  - 2.1. **Apologies for Absence and Declarations of Interest**
    - Verbal
    - Chair
  - 2.2. **Minutes of the Meeting held on 21 November 2019 and Matters Arising**
    - Attached
    - Chair
    -  2 Council of Governor Minutes 21 November 19 DRAFT.pdf (12 pages)
  - 2.3. **Meeting Action Log**
    - Attached
    - Chair
    -  3 CoG Action Log Feb 20.pdf (2 pages)
  - 2.4. **Chairman's Report**
    - Attached
    - Chair
    -  4 Chairman's Report Feb 2020.pdf (5 pages)
  - 2.5. **Chief Executive's Report**
    - Verbal
    - Chief Executive
  - 2.6. **Governor Elections Results**
    - Attached
    - Deputy Trust Secretary
    -  6 Governor Elections Results Feb 20.pdf (6 pages)
3. **Presentations** 35 minutes
  - 3.1. **End of Year Quality Account Presentation**
    - Anne-Marie Troy-Smith, Quality Development Manager, Rachel Carter, Head of Quality Assurance & Clinical Effectiveness and Louise Hall, Deputy Director of Quality & Effectiveness, to attend at 2pm to present this item.*
    - Presentation
    - Quality Development Manager, Head of Quality Assurance & Clinical Effectiveness and Deputy Director of Quality & Effectiveness
    -  7(i) End of Year Quality Account.pdf (10 pages)
  - 3.2. **Newcastle Specials Presentation**

## 4. Reports from Governor Working Groups

### 4.1. Nominations Committee Report

Attached  
Chair

 8(i) Nominations Committee Update Feb 20.pdf (3 pages)

 8(i) Appendix A - NUTH\_NomCommittee ToR approved 10 February 2020.pdf (7 pages)

### 4.2. Quality of Patient Experience Working Group Report

Attached  
Working Group Chair

 8(ii) QPE Report Feb 20.pdf (5 pages)

### 4.3. Business Development Working Group Report

Attached  
Working Group Chair

 8(iii) BD Report Feb 2020.pdf (4 pages)

### 4.4. Community Engagement and Membership Working Group Report

Verbal  
Working Group Chair

## 5. Quality & Patient Safety and Performance & Delivery

10 minutes

### 5.1. Integrated Report - Quality, Performance, People & Finance - January 2020

Attached  
Executive Chief Nurse, Chief Operating Officer, Director of HR and Finance Director

 9 Integrated Report Jan 20.pdf (1 pages)


 9 Integrated Report Jan 2020 - Final.pdf (28 pages)


## 6. Items to Approve

10 minutes

### 6.1. Council of Governors Working Groups Terms of Reference

Attached  
Trust Secretary

 10(i) Governor Working Group Terms of Reference Cover Sheet.pdf (2 pages)

 10(i) NUTH\_ToR\_B and D Working Group 31 Jan 2020.pdf (4 pages)

 10(i) NUTH\_ToR\_PEM Working Group 31 Jan 2020.pdf (4 pages)

 10(i) NUTH\_ToR\_QPE Working Group 31 Jan 2020.pdf (5 pages)

### 6.2. Lead Governor Arrangements

Attached  
Trust Secretary

 10(ii) Lead Governor arrangements - 3 February 2020.pdf (9 pages)

## 7. Items to Receive and Any Other Business

20 minutes

**7.1. Update from Committee Chairs and Any Other Business**

Verbal  
Committee Chairs

**7.2. Matters Arising from the Informal Governors Meeting**

Verbal  
Working Group Chairs

**7.3. Date and Time of Next Meeting**

Formal Council Meeting: Thursday 23 April 2020 in Function Rooms 137 and 138, Education Centre, Freeman Hospital

Verbal  
Chair

# The Newcastle upon Tyne Hospitals

NHS Foundation Trust

## COUNCIL OF GOVERNORS MEETING

Thursday 20 February 2020 in the Gosforth Suite, Regent Point  
Start time 1:30pm

<b>Agenda</b>				
<b>Item</b>		<b>Lead</b>	<b>Paper</b>	<b>Timing</b>
<b>Business Items</b>				
1	Apologies for Absence and Declarations of Interest	Chair	Verbal	1:30pm - 1:35pm
2	Minutes of the Meeting held on 21 November 2019 and Matters Arising	Chair	Attached	
3	Meeting Action Log	Chair	Attached	
4	Chairman's Report	Chair	Attached	1:35pm - 1:45pm
5	Chief Executive's Report	Chief Executive	Verbal	1:45pm - 1:55pm
6	Governor Elections Results	Deputy Trust Secretary	Attached	1:55pm - 2:00pm
<b>Presentations</b>				
7(i)	End of Year Quality Account Presentation <i>[Anne-Marie Troy-Smith, Quality Development Manager, Rachel Carter, Head of Quality Assurance &amp; Clinical Effectiveness and Louise Hall, Deputy Director of Quality &amp; Effectiveness, to attend at 2pm to present this item]</i>	Quality Development Manager, Head of Quality Assurance & Clinical Effectiveness and Deputy Director of Quality & Effectiveness	Presentation	2:00pm - 2:15pm
7(ii)	Newcastle Specials Presentation <i>[Yan Hunter-Blair, Assistant Director of Production and Preparation, to attend at 2.15pm to present]</i>	Assistant Director of Production and Preparation	Presentation	2:15pm - 2:35pm
<b>Reports from Governor Working Groups</b>				
8(i)	Nominations Committee Report	Chair	Attached	2:35pm - 2:45pm

<b>Item</b>		<b>Lead</b>	<b>Paper</b>	<b>Timing</b>
8(ii)	Quality of Patient Experience Working Group Report	Working Group Chair	Attached	2:45pm - 2:55pm
8(iii)	Business Development Working Group Report	Working Group Chair	Attached	2:55pm - 3:05pm
8(iv)	Community Engagement and Membership Working Group Report	Working Group Chair	Verbal	3:05pm - 3:15pm
<b>Quality &amp; Patient Safety Performance &amp; Delivery</b>				
9	Integrated Report – Quality, Performance, People & Finance – January 2020	Executive Chief Nurse, Chief Operating Officer, Director of HR & Finance Director	Attached	3:15pm - 3:25pm
<b>Items to Approve</b>				
10(i)	Council of Governors Working Groups Terms of Reference	Trust Secretary	Attached	3:30pm - 3:35pm
10(ii)	Lead Governor Arrangements	Trust Secretary	Attached	3:35pm - 3:40pm
<b>Items to Receive and Any Other Business</b>				
11(i)	Update from Committee Chairs and Any Other Business	Committee Chairs	Verbal	3:40pm - 4:00pm
11(ii)	Matters Arising from the Informal Governors Meeting	Working Group Chairs	Verbal	
11(iii)	Date and Time of Next Meeting:  Formal Council Meeting: Thursday 23 April 2020 in Function Rooms 137 and 138, Education Centre, Freeman Hospital.	Chair	Verbal	

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## COUNCIL OF GOVERNORS

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

**Present:** Mr K Godfrey, Non-Executive Director/Senior Independent Director  
 Mr A Welch, Medical Director/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 D Stout, Non-Executive Director  
 Professor K McCourt, Non-Executive Director  
 Dr V McFarlane-Reid, Director for Enterprise & Business Development  
 Mrs A Dragone, Finance Director  
 Mrs C Docking, Assistant Chief Executive  
 Ms L Guthrie, Associate Nursing Director  
 Mr P Turner, Head of Human Resources  
 Mrs K Jupp, Trust Secretary  
 Mr J Dixon, Head of Sustainability & Compliance (for agenda item 19/25ii only)

**Observers:** Mrs T Adegbie, Insight Programme  
 Ms J Marsh, NHS England

**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.***

Ms Lucia Hiden, Head of Communications/North East Development Officer, attended in advance of the formal meeting to provide an introduction to the NHS Retirement Fellowship, a charity which supports retired members of NHS staff. It was noted that a Newcastle branch of the charity was to open within the Trust with an introductory event scheduled for 4 December 2019. Governors were invited to attend.

#### 19/22 BUSINESS ITEMS

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

Apologies were **received** from Governors Mr A Balmbra, Mr P Briggs, Mr S Cranston, Mrs C Errington, Professor A Fisher, Mr D Forrester, Dr H Lucraft, Councillor A Schofield and Professor A Wathey.

## Agenda Item 2

Further apologies were **received** from Dame J Daniel, Chief Executive (Mr A Welch, Medical Director/Deputy Chief Executive, deputising), Professor Sir John Burn, Chairman (Mr K Godfrey, Non-Executive Director/Senior Independent Director, deputising), Ms M Cushlow, Executive Chief Nurse (Ms L Guthrie, Associate Nursing Director, deputising), Mrs K Simpson, Deputy Director of Business and Development, Mrs D Fawcett, Director of HR (Mr P Turner, Head of Human Resources, deputising), Mr R C Smith, Director of Estates, Mr M Wilson, Chief Operating Officer, Mrs A O'Brien, Director of Quality and Effectiveness, Mr G King, Chief Information Officer and Non-Executive Directors Mr J Jowett, Professor D Burn and Ms J Baker.

There were no additional declarations of interest made at this time.

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

**ii) Minutes of the Meeting held on 19 September 2019 and Matters Arising**

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

Under Matters Arising, Mrs Perfitt queried the status of a matter raised at the Annual Members Meeting (AMM) in September 2019 relating to chairs in the Accident and Emergency (A&E) Department. The Trust Secretary advised that the action was included in the minutes of the AMM and noted that the Chief Operating Officer was progressing the query.

**It was resolved:** to **accept** the minutes of the previous meeting.

**a. Introduction from Dr V McFarlane-Reid, Director of Enterprise and Business Development**

The Director for Enterprise and Business Development provided an introduction, noting her background in the private sector and the main responsibilities of her role, one of which being to develop the Trust Commercial Strategy and establish a Commercial Enterprise Unit. This would assist the Trust in identifying sources of non-NHS revenue income for re-investment within the Trust.

Dr Murthy queried the alignment of the Director for Enterprise and Business Development with the Governor's Business Development working group. The Trust Secretary advised that she would be scheduling some time with the Director for Enterprise and Business Development to discuss the Trust's governance structure and would discuss future potential collaboration with the Governor's Business Development working group in due course.

**b. Introduction from Ms T Adegbe, Insight Programme Participant**



## Agenda Item 2

Mrs Adegbie provided an introduction, noting her background as a solicitor and her role in the Gatenby Sanderson Insight Programme which aimed to broaden the diversity of NHS Trust Boards.

Mrs Adegbie extended her thanks to the Trust Secretary and to Professor McCourt, Non-Executive Director, for their assistance with the programme thus far.

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

### iii) Meeting Action Log

The action log was received, with one action in progress.

In reference to action 93, Dr Murthy noted that while the materials had been refreshed in the Governor room, the condition of the room required further improvement due to the current storage of additional furniture within the room. The Trust Secretary advised that this was a temporary measure due to refurbishment works being undertaken nearby, however would arrange for the additional furniture to be removed and review use of the room to ensure it was fit for purpose **[ACTION01]**.

**It was resolved:** to (i) **receive** the action log and **note** the progress and (ii) **note** the action to review ongoing use of the Governor Room at the Royal Victoria Infirmary (RVI).

### iv) Chairman's Report

Mr Godfrey presented the previously circulated report, noting the Chairman's apologies.

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

### v) Chief Executive's Report

The Medical Director/Deputy Chief Executive provided a verbal update, noting the following points:

- The Trust successfully launched Paperlite across the organisation in late October to an enthusiastic staff response. Patient safety remained of paramount importance to the organisation and therefore the implementation had been phased across areas to ensure any required changes were implemented prior to introduction. Further to support the implementation of Paperlite, there was a slight reduction in Outpatient clinics to allow staff time to become familiar with Paperlite.
- The Trust continued to plan for Winter with an emphasis on ensuring staff had received the flu vaccination to protect themselves and patients from the virus.
- In relation to performance, the Trust failed to meet the 95% 4hr wait target for Accident and Emergency for the month of October. Despite this, the Trust continued to perform favourably in comparison to its peers both regionally and nationally. It was noted that while there has been a 25% increase in attendances, there had also been an increase in patient acuity.

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- The Trust continued to ensure that patient flow within the organisation was managed effectively to ease pressure points.
- The Chief Executive continued to highlight the Trust's international reputation in association with the development of the Trust Commercial Strategy.
- The Trust won two Health Service Journal (HSJ) awards at the recent ceremony.
- The Trust had implemented a new policy on pensions opt out and additional pay allowance to address concerns raised by some senior staff members regarding national changes to the NHS Pension Scheme.

The Council discussed the ways in which staffing levels across the Trust, particularly in A&E, were determined with the Associate Nursing Director advising that there was no national standard for nurse staffing levels however the Trust had specified minimum standards in place. Patient safety was maintained on a continual basis through the use of electronic systems, including software such as SafeCare. In addition, the Trust continued to recruit experienced staff locally, nationally and internationally that fulfilled the needs of the organisation, as well increasing the number of student nurse places.

The Medical Director/Deputy Chief Executive advised that the unpredictable nature of A&E made anticipating required staffing difficult. It was noted that although the Trust was not able to currently demonstrate compliance with the A&E 95% 4hour target, seriously ill patients were prioritised and treated in a timely manner.

Mr Godfrey congratulated Mr Welch on his recent appointment as Deputy Chief Executive.

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

**vi) Nominations Committee Report**

Mr Stewart-David presented the report, noting the following points:

- It was noted that during the earlier Governors informal meeting, the revised composition of the Nominations Committee had been discussed. The Trust Chairman was now chair of the Nominations Committee, with Mr Stewart-David undertaking the role of Vice-Chair of the Committee; to follow best practice and to be more consistent with other Foundation Trusts.
- Mr Jonathan Jowett, Non-Executive Director, had attended the previous Committee meeting to provide feedback on his first term of office as a Trust Non-Executive Director.
- Regarding the Lead Governor position, Mr Stewart-David advised that the Governors had discussed the matter further during their informal meeting. He recommended that future Lead Governors would benefit from experience on the Nominations Committee.
- Following the publication of a new remuneration structure for provider Chairs and Non-Executive Directors (NEDs), the Trust Chairman and NED remuneration was reviewed. It was identified that the Chairman's remuneration level was below the median level for Trusts of a comparative size. The Nominations Committee agreed

## Agenda Item 2

to increase the Trust Chairman's remuneration to £55,500, an increase of £500 per annum.

- The meeting also discussed succession planning for NEDs, the role of Associate NEDs and NED expenses.

The Council discussed the need to further clarify the alignment of NEDs to the Governor Working Groups. The Trust Secretary advised that an exercise was underway to better align the Trust Committees and Governor Working Groups. The NED Chairs for the Audit, People, Quality and Finance & Investment Committees would therefore be aligned to the relevant Governor Working Group. Further a meeting had been scheduled for Working Group Chairs and Vice Chairs with the Trust Chairman to clarify the arrangements for Governor observation of Board Committees on an ongoing basis.

Dr Murthy queried whether there was a potential conflict of interest in the Trust Chairman being the Chair of the Nominations Committee given the remit of the committee. Mr Godfrey advised that if a conflict of interest arose regarding the Trust Chairman then the Senior Independent Director would lead on any such matters and noted that this appointment was consistent with the Trust's peers. The Trust Secretary explained that the membership of the Committee had been expanded to include an additional number of Governors and to remove other Non-Executive and Executive Directors to ensure sufficient Governor representation.

The Council **approved** the adjustment to the Chairman's remuneration to £55,500 per annum.

**It was resolved:** to (i) **receive** the report, (ii) **approve** the adjustment to the Trust Chairman's remuneration, (iii) **endorse** the Proposed Chair/NED Appointments and Reappointments Process and updated Trust Succession Policy as outlined in Appendix A to the report, (iv) **approve** the Chair and NED expenses guidance in Appendix B to the report, (v) **endorse** the updated Chairman and NED objectives as outlined in Appendix C to the report and (vi) **support** the recruitment process for two NEDs to commence in January 2020.

**vii) Governor Elections November 2019 Update**

The Deputy Trust Secretary presented the report, noting that the governor elections would take place following the advice of NHS Providers in relation to the timing of the General Election on 12 December 2019.

In relation to section 5, the Deputy Trust Secretary advised that there had been a positive response to recent communications to staff regarding the upcoming governor elections which resulted in circa 100 new staff members.

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

**19/23 REPORTS FROM GOVERNOR WORKING GROUPS****i) Quality of Patient Experience (QPE) Working Group Report**

Mrs McCalman, deputising for Mrs Errington, presented the report with the following points to **note**:

- Two ward visits, to ward 49 (RVI) and the Department of Nuclear Medicine, were undertaken. Patient feedback was positive and it was evident that patients were well-cared for. In terms of the Department of Nuclear Medicine visit, it was noted that the department was not easy to locate and the provision of benches in the garden area for staff breaks would improve the work environment.
- An update regarding the meetings attended, such as the Clinical Audit and Guidelines Committee and the Nutrition Steering Group, was provided.
- A presentation regarding breastfeeding was received to the QPE group which highlighted the methods undertaken to improve rates of breastfeeding in the North East which were currently amongst the lowest in the country.

Mrs Perfitt queried communication rates between hospital and GP practices in relation to discharge letters. Mr Godfrey advised that rates would be improved further through the continued use of Paperlite, noting that a presentation on Paperlite would be provided at the Governor Workshop scheduled for January 2020.

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

**ii) Business Development (BD) Working Group Report**

Dr Valentine presented the report with the following points to **note**:

- Dr Valentine attended the recent Finance and Investment Committee meeting and Mrs Yanez attended the recent Audit Committee meeting as Governor observers. It was advised that the discussions undertaken were thorough and a deep understanding of the challenges faced by the organisation could be demonstrated.
- Mr Iain Bestford, Project Director for Financial Improvement, Ms Nicola Bruce, Assistant Director for Business Strategy and Planning and Ms Jo Mason, Assistant Finance Director for Financial Planning, provided presentations at recent Group meetings covering the Trust's financial sustainability programme and the NHS planning round respectively.
- It was advised that Mr Stout, Non-Executive Director, attended the most recent meeting, along with Mr David Malone, Travel and Transport Advisor, to discuss car parking for staff, patients and visitors.
- In addition, the BD group discussed its Terms of Reference in detail and would continue to review and refine them with the Trust Secretary to ensure they remained fit for purpose.

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

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

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Mrs Carrick presented the report with the following points to **note**:

- The last meeting of the CEM group was attended by Mr Jowett, Non-Executive Director, in his capacity of Chair of the People Committee.
- A meeting with the Communications Team to discuss forms of engagement with current and prospective members was undertaken. It was agreed that a focus to attract younger members was required, along with retaining members of staff who may be retiring or leaving the Trust.
- A short summary detailing the benefits of membership and how to become a member was being drafted for consideration at the next meeting.
- It was agreed that to improve opportunities for Governors to meet with members, a short session would be included before each Members Event to allow for informal conversation.
- Further, it was agreed that Members Events would be held in a variety of locations to showcase the facilities the Trust has to offer. Alternative feedback mechanisms were being considered by the group.
- A number of informal events for staff members, hosted by staff governors, would take place across the year.

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

## 19/24 QUALITY AND PATIENT SAFETY

### i) Integrated Quality Report

The Medical Director/Deputy Chief Executive presented the report noting that the Trust mortality indicators were within expected levels, the positive position in relation to MSSA bacteraemia and E.coli and the reduction in pressure ulcers. Further, there had been no significant change in the numbers of Serious Incidents and incident reporting rates remained positive.

Dr Murthy highlighted that the report related to information from August 2019 and queried whether more timely information could be provided. The Trust Secretary advised that this was due to the scheduling of Council meetings which routinely fell prior to the Trust Board meetings. She explained that she had communicated with governors to propose a change to Council meetings to the months in between Trust Board meetings to allow for the receipt and discussion of more timely information.

Noting the section of the report pertaining to complaints, Dr Murthy queried comments relating to communication and attitudes of staff. The Medical Director/Deputy Chief Executive advised that such feedback was often subjective and no specific themes or areas of concern had been identified. Professor McCourt advised that all complaints received by the Trust were thoroughly investigated and were escalated to the Complaints Panel where appropriate.

*[The Associate Nursing Director left the meeting at 14:59pm.]*

**It was resolved:** to receive the report and to approve the change in scheduling of Council meetings.

## 19/25 PERFORMANCE AND DELIVERY

### i) 2019/20 Month 6 Finance Report

The Finance Director presented the Month 6 finance report advising that despite challenges around activity and achieving the Cost Improvement Programme recurrently, there was no indication that the Trust would not be able to meet its financial commitments.

It was advised that the Income and Expenditure position contained within the report included Provider Sustainability Funding (PSF). Governors were reminded that this was awarded to the Trust following achievement of its financial targets for the 2018/19 financial year. It was advised that going forward, this would not be included in the balance sheet.

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

### ii) Trust Declaration of Climate Emergency

Mr Godfrey introduced James Dixon, Head of Sustainability and Compliance, who provided a presentation on the Trust's declaration of a climate emergency in June 2019.

The presentation highlighted previous action undertaken by the Trust prior to the declaration of a climate emergency. Such action included the introduction of sharps smart boxes in 2004, the introduction of gas combined heat and power system, the purchase of 100% renewable energy and that the Trust has sent zero waste to landfill since 2011.

It was noted that the Trust took the decision to declare a climate emergency following the recognition of the risk to the planet in maintaining current 'business as usual' practice, noting it as one of the biggest risks to public health.

The presentation highlighted the steps that would be required to meet the 2040 target for carbon neutrality. This would include reviewing the source of the Trust's energy following the acquisition of the Freeman energy centre in 2027.

The Trust continues to educate staff on sustainability and was taking further steps to ensure that future developments (such as any new construction) was undertaken using minimal carbon. Electric vehicles and buses had been procured and the Trust was currently trialling 'ecargo' bikes for deliveries between the RVI and Centre for Life. Work was underway in reviewing gases used in anaesthesia as these have a huge environmental impact.

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The Governors queried the role of global partners in ensuring that the rate of climate change was scaled back. The Head of Sustainability & Compliance noted the role of countries such as Great Britain who underwent their industrial revolution hundreds of years ago in supporting those in the developing world.

**19/26 ITEMS TO RECEIVE****i) Update from Committee Chairs and Any Other Business***Quality Committee*

Professor McCourt provided the update noting:

- The September meeting received and discussed a deep dive into Diagnostics performance, the risks arising and the potential impact this could have on patient experience and safety. The Committee was assured that this was being managed on an ongoing basis via the Executive Risk Group.
- The Committee continued to ensure that sufficient assurance was received at the committee by the feeder management groups.
- A number of reports were received, including the CQC action plan to ensure progress was maintained.
- The November meeting considered revised structures for safeguarding and complaints and reviewed risk management processes pertaining to areas of clinical risk.

*Audit Committee*

Mr Stout provided the update noting:

- The Committee last met in October and received assurance that Trust wide risk management processes were fit for purpose. This included the receipt of the Board Assurance Framework. A number of estates related risks were identified and feedback has been requested from the Finance and Investment Committee to ensure that sufficient progress was made.
- Updates from Committee Chairs continue to be received at each meeting to ensure that areas of cross over between the committees are sufficiently managed.
- An improved position in relation to Internal Audit progress on the 2018/19 programme was reported. Progress on the implementation of internal audit recommendations had improved.
- The External Audit Report and Counter Fraud Report were received.

*Charitable Funds Committee*

Mr Godfrey provided the update noting:

- The Committee met in September and received presentations from Newton's and CCLA regarding the Trust Charity's investment funds in light of Brexit and the Trust's aim to move towards more sustainable investments.
- The Statement of Financial Accounts and Balance Sheet were received.

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- The Committee considered a number of grants and agreed charitable support for a patient education scheme and for LegaCare support for patients at the end of life.
- The Committee approved the Charity's annual report and accounts.

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

**ii) Matters arising from the Informal Governors Meeting**

Dr Valentine provided the update, noting the informal meetings continue to be useful. The meeting discussed the Lead Governor role where further clarity regarding recruitment and the role and responsibilities were required. In addition, discussion took place regarding membership and improving methods of communication with members.

Discussion took place regarding working group terms of reference review and it was acknowledged that further work was required to finalise the terms.

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

The next meeting of the Council of Governors would be a private workshop held on **Thursday 16 January 2020** in Function Rooms 137 and 138, Education Centre, Freeman Hospital.

It was noted that the workshop would include presentations on the Estates strategy, the implementation of Paperlite and Trust performance and activity. The Trust Secretary asked that any further suggestions for topics be shared via email.

The next formal meeting would be held on Thursday 20 February 2020 with the venue to be confirmed.

**iv) 2020 Meeting Dates**

The meeting dates for 2020 were agreed and have been scheduled in the months in between Trust Board to allow for more timely receipt of information at Council of Governors meeting.

It was noted that the Annual Members Meeting was scheduled for Friday 31 July 2020 with further details to be shared closer to the date.

**There being no further business the meeting closed at 3:35pm.**



### GOVERNORS' ATTENDANCE 21 NOVEMBER 2019

A	Mr Derrick Bailey	Y
S	Mr Andrew Balmбра	Apologies
2	Mr Graham Blacker	Y
3	Mr Paul Briggs	Apologies
1	Mrs Judy Carrick	Y
2	Mr Terrance Coleman	Y
S	Miss Dani Colvin-Laws	Y
2	Mr Steven Cranston	Apologies
1	Miss Ruth Draper	Y
2	Mrs Carole Errington	Apologies
A	Professor A Fisher [Newcastle University]	Apologies
1	Mr David Forrester	Apologies
1	Dr Vanessa Hammond	Y
2	Ms Catherine Heslop	Y
S	Mrs Rachael Hudson	Y
S	Mrs Fiona Hurrell	Y
2	Dr Helen Lucraft	Apologies
2	Mr Matthew McCallum	N
1	Mrs Jean McCalman	Y
3	Dr Lakkur Murthy	Y
1	Mrs Susan Nelson	Y
2	Mrs Carole Perfitt	Y
3	Dr Michael Saunders	Y
A	Cllr Ann Schofield	Apologies
2	Miss Claire Sherwin	N
1	Mr David Stewart-David	Y
1	Dr Eric Valentine	Y
3	Mr Michael Warner	Y
A	Professor Andrew Wathey	Apologies
2	Mr Fred Wyres	N
1	Mrs Pam Yanez	Y
A	Vacant (Charity)	NA
S	Medical and Dental	NA
S	Volunteers	NA
S	Nursing and Midwifery	NA
2	Northumberland Tyne and Wear	NA

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Council of Governors Meetings Actions

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
76	ACTION11	19/04 STRATEGY i) Governor Working Group Review	17-jan-19	The paper outlined actions to be completed, which include a revision of the Terms of Reference. The Deputy Trust Secretary agreed to follow up responses from each working group and collate opinion to further inform the Trust wide governance review <b>[ACTION11]</b> .	F Darville	<u>12/03/19</u> - Terms of References have been discussed at 2 of the 3 working groups - CEM to discuss at the April meeting of the group. Following feedback of all comments, amendments will be considered collectively in light of the wider Trust governance review and will be discussed at the Governor workshop in July 2019. <u>06/08/19</u> - Discussed as part of the July Governors workshop. Review ongoing as part of Constitution and Governance review. <u>12/11/19</u> - Terms of Reference for the Governor working groups have been reviewed by the Trust Secretariat as agreed to better align to the Trust Committees. These will be shared with the Working Group Chairs for consideration before being submitted to the Working Groups collectively. <u>23/01/20</u> - Revised Governor Working Group Terms of Reference included on the agenda for approval at the February Council meeting.	
97	ACTION08	19/18 REPORTS FROM GOVERNOR WORKING GROUPS ii) Business Development Working Group Report	19-sep-19	A visit by the working group to the Trust's Newcastle Specials Pharmacy was noted, with thanks paid to Professor Watson, Director of Pharmacy, and Mr Hunter-Blair, Assistant Director Production & Preparation. The Chairman suggested that the wider Council would benefit from hearing about the work undertaken by this unit. The Deputy Trust Secretary agreed to facilitate <b>[ACTION08]</b> .	F Darville	<u>21/10/19</u> - Presentation requested. <u>14/11/19</u> - Presentation requested for the February meeting of the CoG. <u>25/11/19</u> - Presentation at February 2020 meeting confirmed.	
98	ACTION01	19/22 Business Items iii) Meeting Action Log	21-nov-19	In reference to action 93, Dr Murthy noted that while the materials had been refreshed in the Governor room, the condition of the room required review due to the current storage of furniture. The Trust Secretary advised that this was temporary due to works being undertaken however would review use of the room to ensure it was fit for purpose <b>[ACTION01]</b> .	K Jupp	<u>03/01/20</u> - Email sent to Hotel Services regarding cleanliness of room and to Governors regarding use of room. <u>10/01/20</u> - Discussion with Hotel Services advised that the room is cleaned with bins emptied on a daily basis. Request made for excess furniture to be moved - in the interim all Governor Working Group meetings have been moved to alternative rooms/venues.	
99	ACTION2	19/26 ITEMS TO RECEIVE iii) Date and Time of Next Meeting	21-nov-19	It was noted that the workshop would include presentations on the Estates strategy, the implementation of Paperlite and Trust performance and activity. The Trust Secretary asked that any further suggestions for topics be shared via email <b>[ACTION02]</b> .	K Jupp	<u>03/01/20</u> - Agenda confirmed with topics outlined. Governors invited to propose topics for the June 2020 Workshop.	

Key:

Future Presentation Topics:

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
	Red =	No update/Not started		Newcastle Specials - February 2020			
	Amber =	In progress		Command Centre - April 2020			
	Green =	Completed					

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	20 February 2020						
Title	Chairman's Report						
Report of	Professor 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 meeting of the Council of Governors.						
Recommendation	The Council of Governors are asked to note the contents of the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

## CHAIRMAN'S REPORT

One of the most fascinating aspects of being Chair of the Trust is the diversity of the role; the last two months have included helping to launch the Newcastle branch of the NHS Retirement Fellowship, visits to the physiotherapists in the Disablement Services Centre at the Freeman Hospital and the adjacent Melville Day Unit, speaking on behalf of the Trust at the launch of Great North Cancer Research, the regional collaboration on cancer research, and attending along with Dame Jackie the briefing by the leadership of NHS England (NHSE) and NHS Improvement (NHSI) following the election. A memorable statistic from that visit was that across the NHS, the A&E departments handled a million more patients in the last year.

The diversity is reflected in the spectrum of new committees, established during 2019, to which the Board now delegates responsibility; the People Committee addresses matters relating to the 14,000 plus staff who are the beating heart of our organisation, the Quality Committee focuses on our collective commitment to keep excellent patient care at the centre of our thoughts while Finance & Investment must ensure we retain our reputation for always achieving financial balance. We have made excellent progress towards aligning the working groups of our Governors to our Board committees in order to better integrate the efforts of the Governors and Board.

The place of our organisation in the bigger picture is the more challenging issue we must continue to address. As the anchor organisation in the North East healthcare structure, we continue to interface with the leadership of the emerging Integrated Care System to define issues best addressed across the whole health and social care system in the North East and North Cumbria. Such measures include our drive to combat climate change while strengthening our links to the other health providers in the Tyne Valley and Northumberland and working with our partners in the City Council to make Newcastle a symbol of true integration of health and social care. As part of this evolution, I am delighted to welcome Pat Ritchie, the Chief Executive of Newcastle City Council to the new role of Associate Non-Executive Director.

My personal special interest in Genomic Medicine resulted in an invitation to present on the topic at the annual meeting for NHS Chairs and Chief Executives organised by the Healthcare Financial Management Association. I spoke alongside Baroness Dido Harding and Matthew Gould. Dido is now co-chair of NHSE&I and acting chair of the Board of Genomics England which is responsible for developing new sequencing technology in healthcare. Our hospital will hold the contract for Genomics laboratory services across Yorkshire, the North East and North Cumbria, one of the 7 such contracts across England when responsibility transfers to the NHS in the next financial year. The other main speaker was Matthew Gould, Chief Executive of NHSX, the new strategic organisation responsible for overseeing the deployment of digital technology and artificial intelligence into healthcare. I was pleased to be reassured that he was well aware of the leading role of our hospital as a digital exemplar and the operational base for the Great North Care Record (GNCR) which links all health records across our region. He offered reassurance that GNCR will be able to explore ways to use this major resource to facilitate research and development in healthcare, helping us to remain at the forefront of innovation.

**Report of Professor Sir John Burn  
Chairman  
11 February 2020**



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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	20 February 2020						
Title	Governor Elections Results						
Report of	Fay Darville, Deputy Trust Secretary						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The report provides an update to the Council of Governors regarding the current Governor election process, including:</p> <ul style="list-style-type: none"> <li>• The outcome of the recent ballot for 1 Public Governor and 3 Staff Governors;</li> <li>• The outcome of the recent ballot for the Charity Governor position; and</li> <li>• The upcoming round of elections to the Council of Governors.</li> </ul>						
Recommendation	The Council of Governors is asked to receive the update and to agree to extend the term of office of the newly elected Governors slightly to better align with the standard Governor Election cycle.						
Links to Strategic Objectives	Partnerships – We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	The election of Governors ensures the Trust complies with its legal requirements as a Foundation Trust, in accordance with the Trust Constitution. The Trust is aware of its obligation to ensure that its Governorship is representative of the community it serves and actively promotes Equality and Diversity.						
Reports previously considered by	Regular report – this report follows a report provided at the November 2019 meeting of the Council of Governors.						

## GOVERNOR ELECTIONS RESULTS

### 1. INTRODUCTION

This report provides an update to the Council of Governors regarding Governor Elections.

### 2. GOVERNOR ELECTIONS

#### 2.1 Governor Vacancies

Governors will recall that an additional round of elections for 2019 was required due to vacancies in the following 3 staff classes and 1 public constituency. Two of these seats remained vacant following the end of the May 2019 round of elections, with the remaining two becoming vacant through Governor resignations in the interim.

- Staff
  - Medical and Dental
  - Nursing and Midwifery
  - Volunteers
- Public
  - Northumberland, Tyne and Wear (excluding Newcastle)

#### 2.2 Election Timetable

The election took place as per the UK Engage timetable as outlined below:

Event	Date
Publication of Notice of Election	Thursday, 21 November 2019
Deadline for Receipt of Nominations	Thursday, 12 December 2019
Publication of Statement of Nominations	Friday, 13 December 2019
Deadline for Candidate Withdrawals	Tuesday, 17 December 2019
Notice of Poll / Issue of Ballot Packs	Friday, 10 January 2020
Close of Poll – 5pm	Tuesday, 4 February 2020
Declaration of Result	Wednesday, 5 February 2020

Governors will recall that the timeline was impacted by both the proposed ‘Brexit’ date at the end of October and the General Election on 12 December 2019.

#### 2.3 Results

The Trust’s Corporate Services team were alerted of the result on Wednesday 5 February 2020, following verification by UK Engage. The results were as follows:

- Staff
  - Medical and Dental: **John Hill**, Consultant Otolaryngologist, was elected. There was a tie in the vote and the successful candidate was chosen following the drawing of lots as per the Trust’s Constitution. There was an 18.06% turnout.

Agenda item 6

- Nursing and Midwifery: **Glenda Bestford**, Nurse Practitioner, was elected Governor with a 9.11% turnout.
- Volunteers: **Steve Connolly** was elected Governor with a 20.37% turnout.
- Public
  - Northumberland, Tyne and Wear (excluding Newcastle): **John McDonald** was elected Governor with a 19.66% turnout.

The newly elected Governors have been notified of their successful appointments and have been furnished with all future Council of Governor meeting dates for 2020. Governor induction is currently being scheduled.

All elected Governors will be entering their first three year term of office which will run to 4 February 2023.

### **3. CHARITY GOVERNOR**

Governors will recall that a ballot took place at the January 2020 Council of Governors workshop to determine the successful applicant to become the Appointed Governor representing a charitable organisation. Current Governors were asked to choose between two organisations, each with links to the Trust, being the League of Friends and The Sick Children's Trust.

Ballots were collected following the workshop and counted by the Corporate Services Team.

The successful candidate was Norah Turnbull from the League of Friends. Norah has been notified of her successful appointment and with her first term to be completed on 15 January 2023. All future Council of Governors meeting dates for 2020 have been shared and Governor induction is currently being scheduled.

### **4. TERMS OF OFFICE**

Given that the elections as described in sections 2 and 3 were undertaken outwith the standard election cycle, it is proposed that the terms of office for the 5 new governors (3 staff, 1 public and 1 charity) are extended slightly so as to bring them in to line with the wider Governor election process. The Governors outlined in section 2 will have their terms of office end on 31 May 2023, an extension of just over three months, and the Appointed Governor outlined in section 4 would have their term of office end on the same date, an extension of around 4.5 months. This will ensure ongoing consistency and remove the need for consecutive election cycles.

The Council is asked to agree to the short extension of the terms of office of the outlined Governors.

Similarly, a review of the terms of office for all Appointed Governors is required as per the revised Trust Constitution. This will involve contacting the organisations that are represented on the Council of Governors. The review will be undertaken prior to the April meeting of the Council of Governors.

## 5. COUNCIL OF GOVERNOR ELECTIONS 2020

### 5.1 Constituency Vacancies

As the recently completed election round was supplementary to the standard Council of Governors election cycle, preparations have commenced to undertake the election for those seats that will be vacated in May 2020.

Seats in the following constituencies will be included in the election:

Constituency	Number of Seats
Newcastle upon Tyne [1]	2
Northumberland, Tyne and Wear (excluding Newcastle) [2]	5
North East [3]	2

There will be no vacant seats within the Staff classes.

### 5.2 Governor Terms of Office

The soon to be vacant seats are currently occupied by the following Governors.

Governor	Current Term
<i>Newcastle upon Tyne [1]</i>	
Ruth Draper	End of 1 <sup>st</sup> term
Eric Valentine	End of 1 <sup>st</sup> term
<i>Northumberland, Tyne and Wear (excluding Newcastle) [2]</i>	
Graham Blacker	End of 2 <sup>nd</sup> term
Terence Coleman	End of 1 <sup>st</sup> term
Steven Cranston	End of 1 <sup>st</sup> term
Carole Perfitt	End of 1 <sup>st</sup> term
Fred Wyres	End of 3 <sup>rd</sup> term
<i>North East [3]</i>	
Paul Briggs	End of 1 <sup>st</sup> term
Michael Saunders	End of 3 <sup>rd</sup> term

Governors will note that both Fred Wyres and Michael Saunders have completed their third three year term and are therefore ineligible to stand for further re-election. All remaining Governors highlighted above are eligible to stand for further election.

Mr Wyres and Dr Saunders are thanked for their services to the Trust over the last 9 years.

### 5.3 Next Steps

The Deputy Trust Secretary will contact UK Engage by mid-March to agree the election timetable which will allow for newly elected Governors to be in place by June 2020.

## Agenda item 6

Following agreement of the timetable, a communications plan will be enacted to both encourage new members to join the Trust to be eligible to both vote and stand for nomination and to encourage existing members to use their vote. As there are no Staff Governor seats up for election, notification of the upcoming elections will be via email and utilising the Trust's social media channels to raise awareness.

An update on progress with the elections will be provided at the next meeting of the Council.

**6. RECOMMENDATIONS**

The Council of Governors is asked to receive the update and to agree to extend the term of office of the newly elected Governors to ensure consistency with the standard Governor election cycle.

**Report of Fay Darville**  
**Deputy Trust Secretary**  
11 February 2020

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# QUALITY ACCOUNT

## 2019/20



Healthcare at its best  
with people at our heart



## Patient Safety

**Priority 1-** To reduce all forms of healthcare associated infection (HCAI), we will quantify our success in this by:

- 10% year on year reduction of MSSA bacteraemias.
- 25% reduction of E.coli and other Gram negative bacteraemias by 2021/22.
- Sustain a reduction in C.difficile infections in line with national trajectory.

0  
MRSA  
bacteraemia  
cases

48 cases of  
hospital  
acquired *C.  
difficile*

57 cases of  
MSSA  
bacteraemia

114 cases E.coli  
75 cases Klebsiella  
23 cases Pseudomas  
bacteraemia

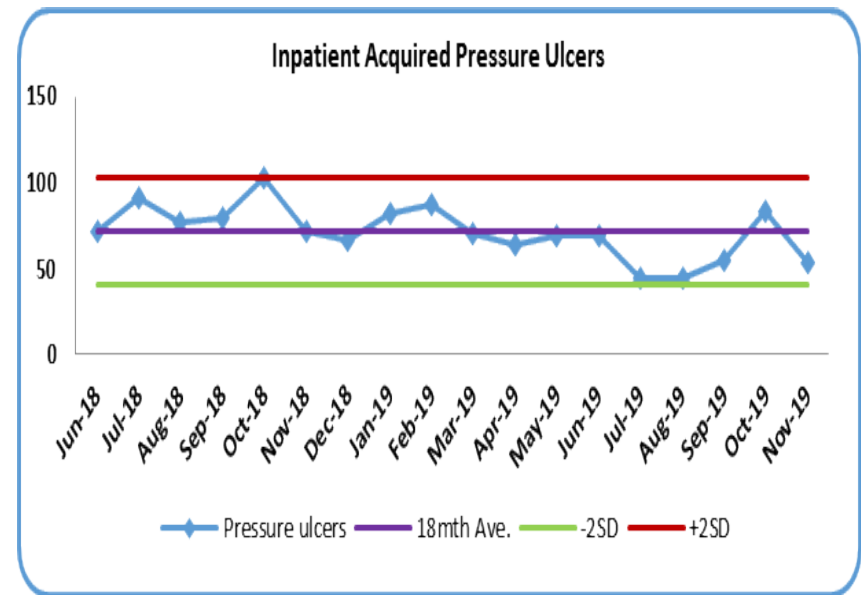
*Figures as at end November 2019*



# Patient Safety

## Priority 2 – To reduce inpatient acquired Pressure Ulcers (PU)

- Significantly reduce hospital acquired PU.
- Deliver focused quality improvement (QI) work on targeted adult inpatient wards.
- To increase the visibility and support provided by the Tissue Viability team to frontline clinical staff to assist in the prevention of pressure ulcers.
- Ensure we have a skilled and educated workforce with a sound knowledge base of prevention of PU and QI methodology.



# Patient Safety

## Priority 3

### Management of Abnormal Results

- The IT team have built and tested systems to show in-patient and out-patient blood results, microbiology and radiology reports in eRecord Message Centre with labelling of critical (red flag) results.
- Further work underway to provide a 'closed loop' investigations management viewer with advanced analytics and escalations to further enhance patient safety.
- Every test requested through the eRecord system will appear in the investigations system with information about: test type, requesting clinician, responsible consultant and their secretary, date/time/location of the request, test scheduling, test performance, report publication, endorsement, any actions taken.
- It is anticipated that the new system will be available for testing in Q1 2020.



# Clinical Effectiveness

## Priority 4

### System for Action Management and Monitoring (SAMM)

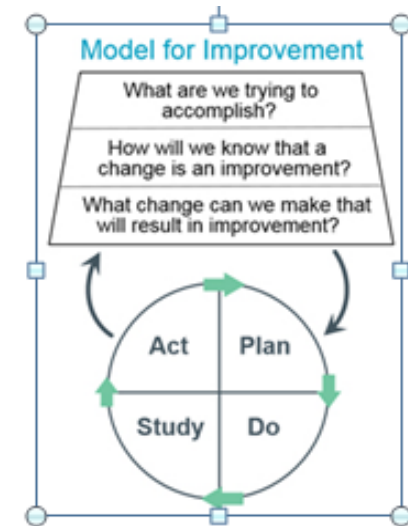
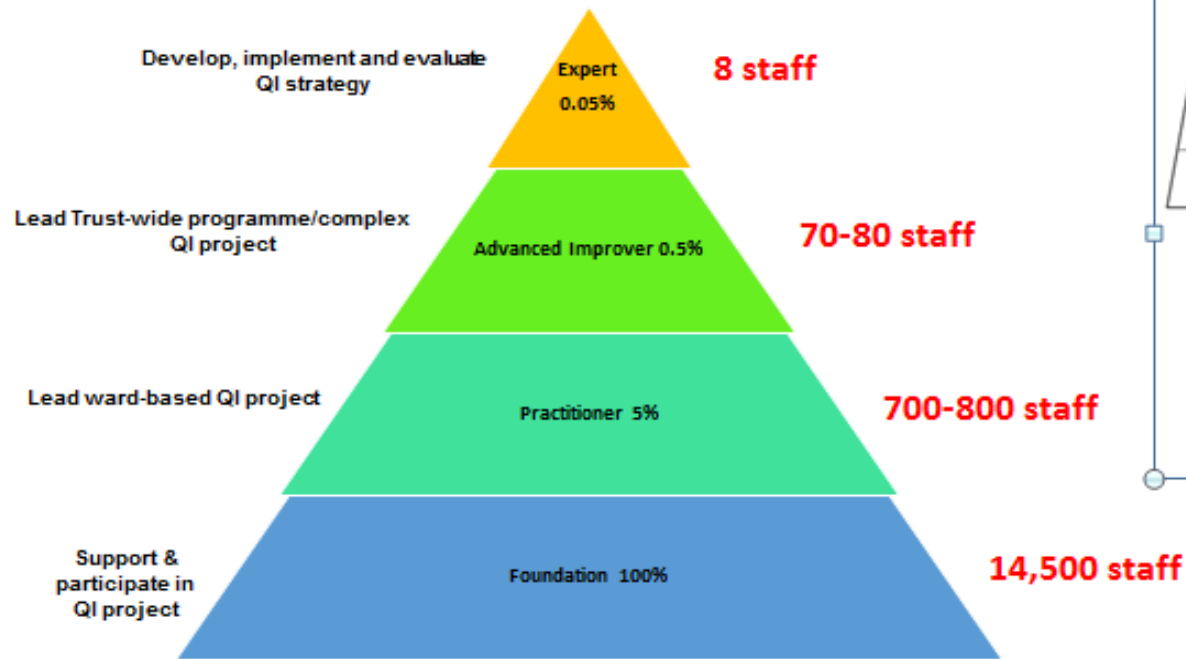
- Scoping exercise has been carried out to identify the requirements of each Directorate.
- A profile of corporate and individual Directorate action plans as well as number of users within each Directorate have now been established.
- Directorates have been selected to pilot the system before it goes live across the Trust.
- External visits and presentations have been received from companies who could provide this service as well as internal meetings with Trust IT development team and viewing. internal systems already in use that could potentially incorporate SAMM. A final decision is to be made within the next few weeks with the building of SAMM database to start by end January 2020.
- A steering group is due to be established over the coming months to help define the system and support the roll out throughout the Trust.



# Clinical Effectiveness

## Priority 5

### Enhancing capability in Quality Improvement(QI)

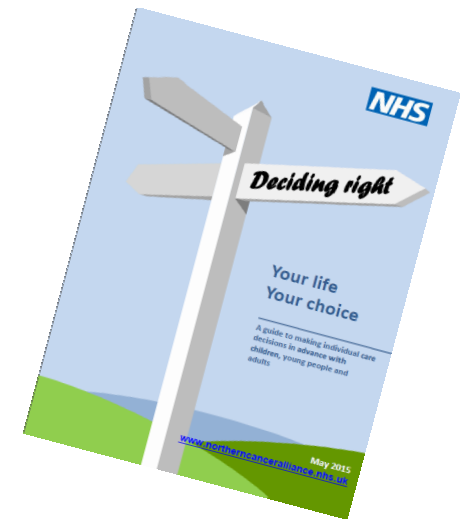


# Patient Experience

## Priority 6

### Deciding Right

- Quarterly reviews via an established multi-disciplinary group (including lay representation).
- 247 doctors, 27 AHPs, approx. 640 nurses Trained to date.
- Deciding Right information delivered to out-patient departments and wards.
- Information video in out-patient departments and primary care.
- Engagement with and support of Newcastle City Council and the Everything in Place project.
- Audit of TEPs and DNACPR.
- North of England Critical Care Network to perform point prevalence in-patient audit of patients meeting Gold Standards Framework/ SPICT™ criteria (Jan/Feb 2020).



# Patient Experience

## Priority 7

### Treat as One

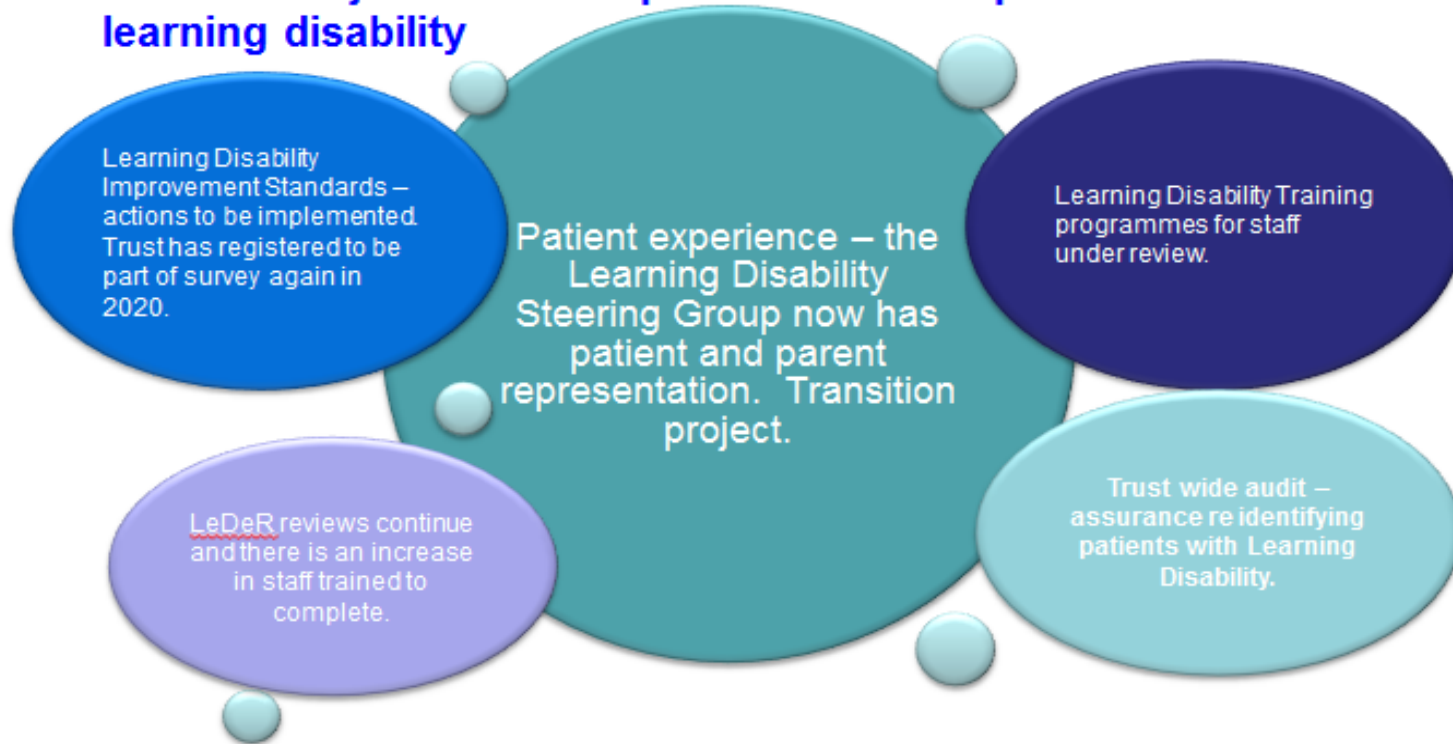
- Audit of documentation in NUTH; data collection is completed result awaited.
- An educational e-learning package is now available from HEE on NUTH ESR, others via e-LfH site.
- Advertising/raising profile of Mental Health : Mental Health Champions.
- Collaborative approach.



# Patient Experience

## Priority 8

### Reasonable adjustments for patients with suspected or known learning disability





## 2020/21 Proposed Quality Priorities:

Patient Safety	Clinical Effectiveness	Patient Experience
<ul style="list-style-type: none"> <li>• Reducing Infection</li> <li>• Pressure Ulcer Reduction</li> <li>• Management of Abnormal Results</li> </ul>	<ul style="list-style-type: none"> <li>• Enhancing capability in QI</li> <li>• SDM/Consent</li> </ul>	<ul style="list-style-type: none"> <li>• “Treat as one”</li> <li>• Ensure reasonable adjustments are made for patients with suspected or known LD</li> <li>• Establish a Patient Experience Volunteer Network</li> </ul>





The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### COUNCIL OF GOVERNORS

Date of meeting	20 February 2020						
Title	Nominations Committee Update						
Report of	Professor Sir John Burn, Nominations Committee Chair						
Prepared by	Kelly Jupp, Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance		For Information			
	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in November 2019 for information.						
Recommendation	The Council of Governors are asked to note the content of this report.						
Links to Strategic Objectives	We maintain financial strength and stability.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Regular report.						

## NOMINATIONS COMMITTEE UPDATE

### 1. COMMITTEE MEETINGS

The Committee has met on two occasions since the previous report, being 13 January and 10 February 2020.

### 2. NON-EXECUTIVE DIRECTOR RECRUITMENT

At the meeting on 13 January, Committee members, with support from the Trust Secretary and a representative from the Trust Procurement Team, considered quotes received from three recruitment firms to work with the Trust over the coming months to recruit two Non-Executive Directors (NEDs). Following detailed evaluation of the quotes, it was agreed that Gatenby Sanderson be appointed as the successful bidder.

The Committee met on 10 February to consider what ‘skills’ they were looking for in the two new NEDs. A detailed consideration of the Board composition and skill-set was undertaken and it was agreed that the following skills/expertise be sought:

#### **NED role 1**

- Experience of implementing transformational change;
- Board or equivalent level contribution and advice in addressing workforce challenges;
- Expertise in business development, partnership working and attracting investment;
- Experience in the potential of data intensive innovation and/or Artificial Intelligence(AI);
- Digital Healthcare and transformative technologies;
- Securing intellectual property; and
- A good understanding of the political landscape for the life sciences industry.

#### **NED role 2**

- Clinically qualified individual – this can be medical, nursing, general practice, public health, allied health or scientific professional;
- Clinical experience gained from working within the NHS, with a detailed understanding of the clinical environment and the constant drive to improve the quality of patient care and the patient experience;
- Appreciation of the desire to be at the cutting edge of health innovation and research;
- An understanding of health inequalities, their impact and improving population health outcomes; and
- Demonstrable understanding of how research active organisations underpin innovation to translate benefits to patient care.

Work has commenced with Gatenby Sanderson to agree a recruitment timetable for the two posts.

Agenda item 8(i)

**3. ASSOCIATE NON-EXECUTIVE DIRECTOR POSTS**

Mrs Pat Ritchie, Chief Executive of Newcastle City Council, commenced as a Trust Associate Non-Executive Director in January 2020.

**4. TERMS OF REFERENCE**

The Terms of Reference (ToR) for the Committee were reviewed and some minor amendments made to remove duplication of content, with the main change being to include the 'Lead Governor' as a member of the committee – please refer to agenda item 10(ii) for further detail.

The approved updated ToR are included in Appendix A.

**5. ACTIONS AND RECOMMENDATIONS**

The Council are asked to note the content of this report.

**Report of Professor Sir John Burn  
Chairman  
11 February 2020**

## Terms of Reference – Nominations Committee

### 1. Constitution of the Committee

The Nominations Committee is a formal Committee established by the Council of Governors to make recommendations to the Council of Governors on the appointment, remuneration and allowances, and other terms and conditions of office, of the Chair and Non-Executive Directors of the Trust and on plans for their succession.

### 2. Purpose and function

2.1 The purpose and function of the Committee is to gain assurance, on behalf of the Council of Governors:

- i) that the requirements of the Foundation Trust Constitution are adhered to in regards to the recruitment of the Trust Chair and Non-Executive Directors;
- ii) that appropriate mechanisms are put in place to specify, search for, select for interview, interview and recommend formally to the Council of Governors candidates for the posts of Trust Chairman and Non-Executive Directors, as the need arises; and
- iii) to make recommendations to the Council of Governors on the appointment, remuneration and allowances, and other terms and conditions of office, of the Chairman and Non-Executive Directors of the Trust, and on plans for their succession.

2.2 The Committee is authorised by the Council of Governors to investigate, or appoint investigators to investigate, any activity within its terms of reference.

2.3 The Nominations Committee is authorised by the Council of Governors to instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.

### 3. Authority

The Committee is:

3.1 A formal Committee of the Council of Governors, and has no executive powers, other than those specifically delegated in these Terms of Reference.

3.2 Authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required.

3.3 Authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary and / or Director of Human Resources).

Agenda item 8(i) – Appendix A

- 3.4 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Council of Governors. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Council of Governors.
- 3.5 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups, must be approved by the Council of Governors and reviewed on an annual basis.

#### **4. Membership and quorum**

##### **Membership**

- 4.01 The Committee will comprise:
- The Trust Chair (to be appointed as Chair of the Committee)
  - The Designated Public Governor (as Vice Chair of the Committee)
  - Lead Governor
  - Four Public Governors
  - One Staff Governor
  - The Trust Senior Independent Director (SID), or a nominated Non-Executive Director in their absence
- 4.02 The Trust Vice Chairman may also attend in a non-voting capacity.
- 4.03 Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Chief Executive and external advisers may be invited to attend for all or part of any meeting, as and when appropriate.
- 4.04 The Trust Secretary and Human Resources Department will be available to provide support as and when necessary.
- 4.05 Conditions of membership:
- i) Governors shall be in the voting majority at any meeting of the Committee.
  - ii) Governors shall serve a term of up to three years (dependent upon the remaining term of their Governorship), after which the Council of Governors shall consider whether re-appointment be granted (subject to condition (iv) below).
  - iii) Governors who have already served on the Committee may stand again.
  - iv) No Governor may serve more than three consecutive terms.
  - v) Should there be more applications than vacancies on the Committee; the Trust Secretary shall conduct a secret ballot of all Public Governors or Staff Governors (as appropriate) to determine which applicants shall be appointed to the Committee.

Agenda item 8(i) – Appendix A

- vi) Meetings of the Committee shall be arranged by the Secretary of the Committee at the request of the Chairman of the Committee.
- 4.06 A member of the Committee shall not disclose any matter to a third party if the Council of Governors or Committee resolves that it is confidential.
- 4.07 Members are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.08 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee.
- 4.09 In the absence of the Chair, the Committee Vice-Chair shall chair the meeting. Further the Committee Vice Chair will also Chair the meeting when there is a potential conflict of interest involving the Trust Chair.
- 4.10 Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.
- 4.11 The Trust Secretary, or their designated deputy, shall act as the Committee Secretary. The Trust Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, shall attend all meetings of the Committee.
- 4.12 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members.

**Quorum**

- 4.13 A minimum four members are required to be present for the meeting to be quorate, two of which being Public Governors, one being the Trust Chair or SID and one being the Vice Chair of the Committee or the Lead Governor.
- 4.14 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

**5. Duties**

- 5.01 The Committee shall, taking into account the composition of the Board and the likely needs of the Trust at the relevant time, prepare selection criteria for the Non-Executive Directors and Trust Chairman.
- 5.02 To draw up or review as necessary the job description and person specification for the following posts, as they fall vacant:
  - Non- Executive Directors, including where required a person with a Finance background, who shall then also Chair the Audit Committee of the Board.
  - The Chairman and Vice Chairman.

Agenda item 8(i) – Appendix A

- 5.03 To develop a search strategy to identify potential candidates who are strong matches to the applicable person specification and to publicly advertise the posts to be filled.
- 5.04 To develop an appointments structure which a) abides by the principles set out in Monitor’s Code of Governance and b) will allow a shortlist of candidates for each post to be recommended to the Council of Governors for approval. The Committee will ensure that any recruitment process considers candidates from a wide range of backgrounds and will assess applicants on merit against objective criteria.  
  
Further the Committee will utilise open advertising and/or the services of external providers to facilitate the search for candidates for appointment.
- 5.05 Annually review the structure, size and composition (including the skills, knowledge and experience) required of the Trust Board and make recommendations with regard to any changes.
- 5.06 Give full consideration to succession planning for Chairman and Non-Executive Directors in the course of its work, taking into account the challenges and opportunities facing the Trust, and what skills and expertise are therefore needed on the Board in the future. Further to consider the balance between the need for continuity and the need to progressively refresh the Board when re-appointing/commencing new appointments.
- 5.07 Keep under review the Non-Executive leadership needs of the organisation with a view to ensuring the continued ability and sustainability of the organisation.
- 5.08 Ensure that on appointment to the Board, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment and committee service.
- 5.09 Ensure that an annual appraisal exercise is conducted for the Trust Chairman and Non-Executive Directors.
- 5.10 To recommend remuneration arrangements and related terms and conditions for the Trust Chairman and Non-Executive Directors.
- 5.11 Ensure that the Chairman and other Non-Executive Directors are recommended to conduct an initial term of office of three years (subject to satisfactory annual appraisal by the Committee) and may be recommended for reappointment for a second term of three years, subject to satisfactory annual appraisal. Any further extensions to terms of office should be subject to a comprehensive review taking into account the principles detailed within the Monitor Code of Governance.
- 5.12 The Committee will set an annual plan for its work and will comply with Monitor’s “Code of Governance” and Monitor’s “Your statutory duties: a reference guide for NHS FT governors.”

## 6. Reporting and accountability

- 6.1 The Nomination Committee will be accountable directly to the Council of Governors.



- 6.2 The minutes of all the Nomination Committee meetings shall be formally recorded and confidentially stored by the Trust Secretary. The Committee Chairman shall report to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 6.3 Any changes to these terms of reference must be approved by the Committee meeting in quorum.
- 6.4 The Committee shall make a statement in the Annual Report about its activities and the process used to make appointments. The Committee shall report to the Council of Governors annually on its work in support of the Annual Report. The Annual Report shall also set out clearly how the Committee is discharging its responsibilities.
- 6.5 The Annual Committee Report shall include an assessment of compliance with the Committee’s Terms of Reference and a review of the effectiveness of the committee.

## **7. Committee Administration**

### **Frequency of meetings**

- 7.1 The Committee will meet at least twice a year and as necessary to fulfil these terms of reference.

### **Responsibility of members and attendees**

- 7.2 Members of the Committee have a responsibility to:
- i) read all papers beforehand;
  - ii) disseminate information as appropriate;
  - iii) identify agenda items, for consideration by the Chair at least 12 days before the meeting;
  - iv) prepare and submit papers for a meeting, at least 5 days before the meeting;
  - v) if unable to attend, send their apologies to the Trust Secretary prior to the meeting; and
  - vi) when matters are discussed in confidence at the meeting, to maintain such confidences.

### **Declarations of interest**

- 7.3 The Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda which may impact on his or her ability to be objective, it should be declared at the meeting and recorded in the minutes. On the basis of the interest declared, the Committee Chair (or Vice Chair if the interest relates to the Committee Chair) will make a decision as to whether it is appropriate or not for this member to remain involved in considering the agenda item in question.

### **Review**

- 7.4 The Terms of Reference will be reviewed at a frequency of no less than every two years to ensure efficient performance of the Committee’s work. The Committee will produce a report

to the Trust Council of Governors annually setting out the work of the Committee, key risks and actions taken, combined with a self-assessment of the Committee's effectiveness.

### **Administration**

- 7.5 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of meetings and business, which is agreed each year to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.6 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.
- 7.7 Committee papers shall include an outline of their purpose and key points, in line with the Trust's Committee protocol, and make clear what actions are expected of the Committee.
- 7.8 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.
- 7.9 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee.

### **Procedural control statement: 31 January 2020**

**Approved by:** Nominations Committee 10 February 2020

**Review date:** December 2020

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**COUNCIL OF GOVERNORS**

Date of meeting	20 February 2020						
Title	Quality of Patient Experience (QPE) Working Group Report						
Report of	Carole Errington, Chair of QPE						
Prepared by	Carole Errington, Chair of QPE, and 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 the activities undertaken by the working group, including ward visits made and meetings and presentations attended since the previous Council meeting.						
Recommendation	The Council of Governors are asked to receive the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Ward visits undertaken allow Governors to engage with staff and patients to ascertain what works well and any areas that could be improved.						
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.						

## QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP REPORT

### 1. WARD/DEPARTMENT VISITED

The following Wards and Department visits were undertaken by members of the QPE working group.

#### 1.1 Ward 18, Freeman Hospital

Mrs Carrick and Mr Forrester visited Ward 18, noting that the impression was of a very well-run ward with friendly hard-working staff who delivered efficient and effective care. Patients were highly satisfied and happy with their stay. It was observed to be a happy workplace, delivering a good service to patients with complex needs. Other than the possible need to increase the number of mobile terminals, there were no further recommendations to be made.

#### 1.2 Melville Day Unit, Freeman Hospital

Mrs McCalman and Dr Lucraft visited the Melville Day Unit and advised that it had a very welcoming and homely atmosphere. It was a very well managed unit, with friendly dedicated staff. It was advised that a decoration refresh would be welcomed, along with the provision of dementia friendly signage. There were no other recommendations to be made following this visit.

#### 1.3 Ward 48, Royal Victoria Infirmary (RVI)

Mrs Errington visited the ward noting that it was staffed by a very busy, caring and patient-focused team, ably led by Sister Morgan. All staff were happy in their work and dedicated to their patients.

It was recommended increased provision of IT equipment would improve adoption of Paperlite going forward.

#### 1.4 Cellular Pathology

Governors were impressed with Cellular Pathology and its dedicated team. Although there is no direct patient contact, empathy was evidently embedded as to ensure patients were provided with their results in a timely manner. Hardworking staff were ably led by Ms Nicholson, Laboratory Manager, with enthusiasm and kindness. The thanks of Governors was extended to the department for the informative session provided during the course of a busy week.

#### 1.5 Ward 10, Freeman Hospital

Miss Draper and Dr Hammond visited the ward, noting that the staff were both unfailingly polite and welcoming of the visit. There were no specific recommendations to be made at this time however it was noted that refurbishment of the long stay area was required.

### **1.6 Ward 14, Freeman Hospital**

Mrs Yanez and Mrs Carrick advised that due to the inability to meet with the Ward Sister, a comprehensive report could not be produced although it was observed that the ward was clean and tidy. Patients advised that they were happy with their care. The ward appeared efficiently run.

### **1.7 Programmed Investigation Unit**

Mr Blacker and Mrs Yanez visited the unit, advising that it had a nice ambience. The staff were very welcoming and keen to explain the function of the ward. The only recommendation noted was in relation to a shortage of storage space however it was noted that this would be partly resolved as the volume of stationery would reduce following the implementation of Paperlite.

### **1.8 RVI Assessment Suite**

Mrs McCalman and Dr Lucraft visited the Assessment Suite, noting that it was a very effectively run and caring unit. All patients spoken to were unanimous in their praise for the consideration, care and kindness given by staff. The needs of the individual patients were very well served despite the fast paced nature of the Suite. There were no suggestions for improvement.

### **1.9 Accident and Emergency, RVI (Night Shift)**

The overall impression was of a very well-run department with friendly, hardworking staff who delivered efficient and effective care. Patients were highly satisfied and were very grateful to be receiving care in the Trust. Governors particularly noted the quiet 'grace under pressure' and the pride staff had in this very well-run unit.

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

For information, QPE Governors attended the following Groups:

- Mrs Errington and Mrs Nelson attended the Complaints Panel;
- Dr Lucraft attended the Clinical Audit Guidelines Group;
- Mrs Errington attended the Patient Experience Steering Group;
- Miss Draper attended the Patient, Carer and Public Engagement Group;
- Mrs McCalman attended the Nutrition Steering Group and Food Tasting Group;
- Mrs Yanez attended the Patient Safety Group; and
- Mrs Lucraft was a judge on the Q Factor – Quality Improvement.

## **3. PRESENTATIONS**

### **3.1 Patient Experience Overview, Tracy Scott (Head of Patient Experience)**

Agenda item 8(ii)

Mrs Scott informed Governors of the success of the staff training days held in November 2019. The following points were noted:

- Sessions were attended by a wide range of staff and evaluated well. The staff commented on how it allowed time for reflection on their practice.
- A Strategic Workshop was held following the training days with all previous attendees invited along with complainants. The Workshop was hugely successful and complainants provided good feedback, advising they went away with a better understanding of the complaints process.
- Feedback from the sessions included the preference for the initial response to come from the individual staff member involved rather than more senior staff. This demonstrated staff ownership of the complaints process and would aid future learning.
- The Ombudsman recently undertook a visit to the Trust who was impressed by the processes in place for managing complaints.
- Proposed changes to the Friends and Family Tests were described, noting the inclusion of the question: "Is there anything we could have done better?" from 1 April 2020. The Friends and Family Test would continue on a postcard with a view to potential inclusion on the Patient Portal.

### **3.2 Meeting the Needs of Patients with Pancreatic Disease, David Bourne (Specialist Dietitian)**

A presentation was provided to Governors which noted the following points:

- Newcastle Hospitals is a tertiary centre for patients with Chronic Pancreatitis, Acute Pancreatitis & Pancreatic Cancer Surgery. The Trust also provides regional support to other dietitians.
- Nutrition is particularly important in this group of patients because of increased energy and protein requirements. The pancreas is important for normal digestion. If damaged or part/all removed, this can cause maldigestion and cause pain, bloating, wind and diarrhoea which can lead to weight loss, malnutrition, reduced function, reduction in bone density, reduction in quality of life, higher infection risk, increased length of stay, increased health and social care cost and higher mortality.
- Undertreating is common and effective treatment is proven to improve the symptoms and increase quality of life. Patient and family education is crucial with patients empowered to adjust dose depending on intake with education of hospital staff. The role of the specialist dietitian is therefore vital. A variety of methods are used to assess patients to ensure their dietary needs are met and patients are supported throughout.
- Specialist Dietitians undergo intense training processes and network with others throughout the country.

## **4. RECOMMENDATIONS**

The Council of Governors are asked to receive the report.

**Report of Carole Errington  
Chair of the QPE Working Group  
11 February 2020**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### COUNCIL OF GOVERNORS

Date of meeting	20 February 2020						
Title	Business Development (BD) Working Group Report						
Report of	Dr Eric Valentine, Chair of Group						
Prepared by	Dr Eric Valentine, Chair of Group and 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 the activities undertaken by the working group since the last meeting of the Council.						
Recommendation	The Council of Governors are asked to receive the report.						
Links to Strategic Objectives	Pioneers – Ensuring that we are at the forefront of health innovation and research. Performance – Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Working Group discusses matters pertinent to the Trust Financial position and Business & Development activities.						
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.						

## **BUSINESS DEVELOPMENT WORKING GROUP REPORT**

### **1. INTRODUCTION**

This report details the activities of the Business Development Working Group since the last meeting of the Council.

### **2. ATTENDANCE AT BOARD COMMITTEE MEETINGS**

Members of the Group who had attended Board Committee Meetings (Finance and Investment (Eric Valentine) and Audit (Pam Yanez)) further attended two meetings with the Trust Chair and Trust Secretary to provide feedback on the experience of individual Governors and to discuss associated matters. These issues were also discussed at the Informal Governors meeting on 16 January 2020. A protocol for Governors attending the Board Committee Meetings was discussed. It was agreed that this is a new initiative and we are on a learning curve.

### **3. ATTENDANCE OF NON-EXECUTIVE DIRECTORS AT BD GROUP MEETINGS**

David Stout, Chair of the Audit Committee, attended the BD Group meeting in November 2019 and Steven Morgan, Chair of the Finance and Investment Committee, attended in January 2020. These meetings were mutually agreed to have been extremely useful and were a very helpful exchange of information.

### **4. INVITED PRESENTATIONS TO THE BD GROUP**

#### **4.1 David Gill, Lead Fire Advisor**

David Gill updated the Group on fire protection matters at the December 2019 meeting.

- Legislation in 2005 imposed a duty on the Employer to designate a responsible person to produce a Fire Risk Assessment which then informs the Fire Safety arrangements for that building.
- Risks are identified through Risk Assessments - of which there are 387 for the Trust as a whole. These need to identify 'significant findings' and then identify an action plan for any remedial action necessary (such as adding detection points in old estate).
- Risk Assessments are reviewed regularly, with the frequency dependent on the risk score.
- Staff Training is mandatory, every 2 years. In the year to date, 74% of staff have been trained with 3 months remaining. Training on Evacuation Mats has been well received.
- There has been a 25% reduction in false alarms in the year 2019/2020 to date.

#### **4.2 Dr Vicky McFarlane Reid, Director for Enterprise and Business Development**

Agenda item 8(iii)

Dr McFarlane Reid has recently been appointed to this new role with the aim of identifying, developing, building upon and generating Non-NHS Revenue. At the January 2020 meeting, she described her background, previous work experience and plans for her role at Newcastle Hospitals.

## 5. QUALITY ACCOUNT PUBLIC CONSULTATION EVENT

Three members of the Group attended this event on 14 January 2020 at the Royal Victoria Infirmary. The Trust priorities were discussed with updates on the work undertaken for the current priorities.

## 6. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

**Report of Dr Eric Valentine**  
**Chair of the BD Group**  
**12 February 2020**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	20 February 2020						
Title	Integrated Report – Quality, Performance, People & Finance						
Report of	Martin Wilson, Chief Operating Officer						
Prepared by	Stephen Lowis, Senior Business Development Manager - Performance						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	This report provides an integrated overview of the Trust’s position across the domains of Quality and Performance, People and Finance in order that the Council of Governors can gain assurance that the Trust is, and will continue to be, an outstanding healthcare provider.						
Recommendation	To receive the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
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Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets. Has finance implications through penalties and activity.						
Reports previously considered by	Regular report to Trust Board. New fully integrated Report to the Council of Governors.						

# Integrated Report

Quality, Performance, People and Finance

January 2020



Healthcare at its best  
with people at our heart

# Executive Summary

## Purpose

- This report provides an integrated overview of the Trust's position across the domains of Quality & Performance, People and Finance in order that the Board can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider.

## Executive Summary

1. Staff across the Trust are working very hard to ensure the continued provision of **high quality services** in a context of increasing demand and capacity shortfalls for some clinical staff groups.
2. At the end of December 2019, there have been **no MRSA bacteraemia** cases attributed to the Trust for 16 months, this is a significant achievement for the Trust. To the end of November, C. difficile infections are below Trust trajectory with a total of 79 cases, 24 cases have been successfully appealed.
3. The Trust did not achieve the 95% **A&E 4hr standard** in December 2019, at 94.3%. This compares very favourably to the national position of 79.8%. The December position was the 2<sup>nd</sup> best performance in the country (excluding access standard pilot sites).
4. The Trust failed to achieve the 92% **18 week standard** in December at 88.6% compared to 84.7% nationally (November). The trust has a total waiting list of 77,524 which is above the end of year trajectory of 72,960 but a reduction from the previous month. Performance continues to decline across a number of specialties, with 5 individual specialties plus the 'X01 bucket specialties' below 92% during December.
5. The Trust did not meet the 99% 6 week **diagnostic standard** in December at 94.47%, having last been compliant in November 2018. The most significant pressures are within endoscopy.
6. The Trust met 2 of the 8 **Cancer standards** in November 2019; 31 day subsequent treatment (Radiotherapy) and 31 day subsequent treatment (Drugs). The Northern Cancer Alliance was compliant with 4 standards during November (31 day first Treatment, 31 day subsequent (Radiotherapy), 31 day subsequent (Drugs) and 62 day screening).
7. Two Week Wait (2WW), 2WW Breast Symptomatic, 31 day first treatment, 31 day subsequent treatment (Surgery), 62 day screening and the 62 day Urgent standards were not met.
8. The **national review of clinical standards** is still underway and is expected to conclude in the coming months.
9. The Trust has an Income & Expenditure surplus excluding PSF of £817k at Month 9 (£11.2 million including PSF) which is consistent with Plan. To date the Trust has delivered £13.2 million savings in relation to the Trust efficiency requirement, with the balance covered by non-recurrent measures.
10. The Cash balance is £119.5 million and well above Plan by £17 million.

# Contents: January 2020

## Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Clinical Audit
- Monthly Performance Dashboard
- A&E Access and Performance
- Delayed Transfers of Care and Stranded Patients
- 18 Weeks Referral to Treatment
- Diagnostic Waits
- Cancer Performance
- Other Performance Standards

## People

- Health and Wellbeing
- Sustainable Workforce Planning
- Excellence in Training and Education

## Finance

- Overall Financial Position
- Financial Risk Rating
- Key issues

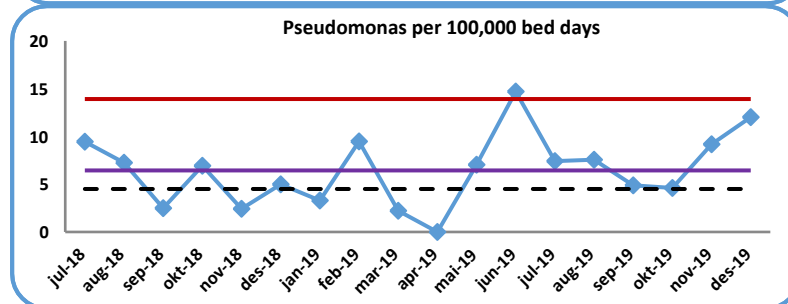
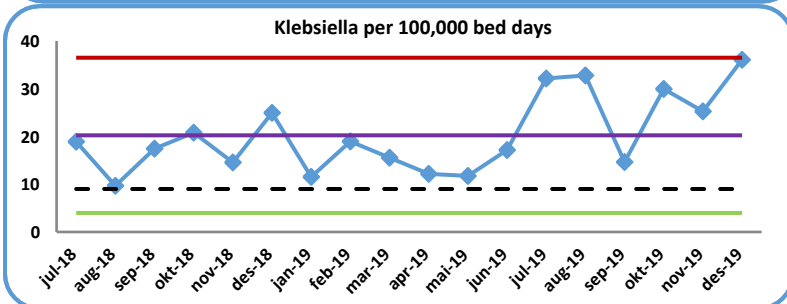
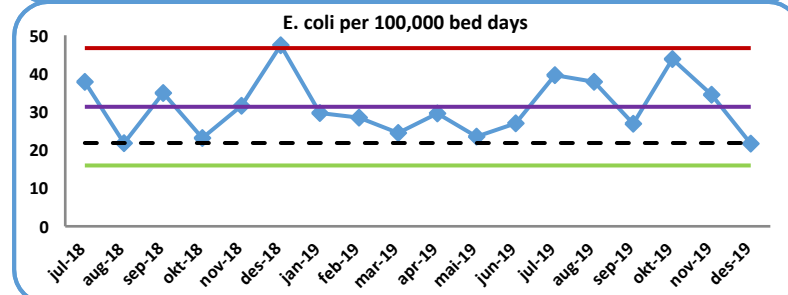
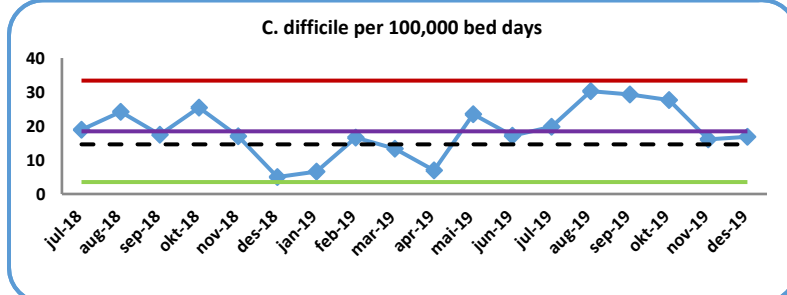
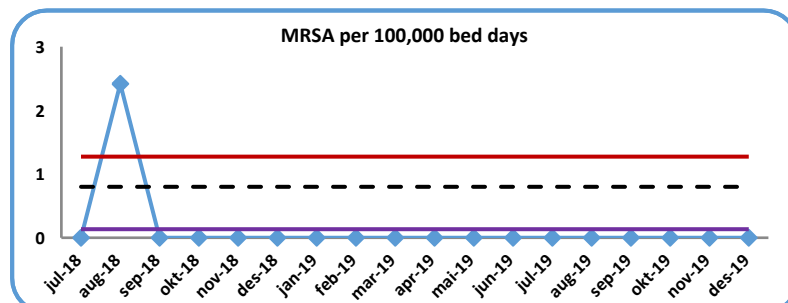
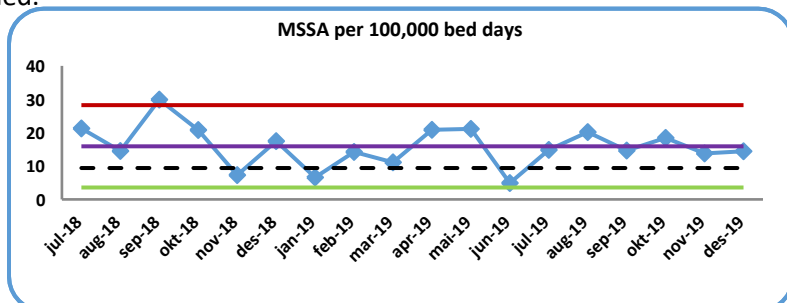


# Quality and Performance: Healthcare Associated Infections

At the end of December 2019, there have been no MRSA bacteraemia cases attributed to the Trust for over 16 months; this is a significant achievement. There have however, been 2 patients admitted to the Trust with sepsis secondary to MRSA bacteraemia but as their blood cultures were taken on admission, these cases will not be attributed to the Trust.

There has been an overall reduction in MSSA and E. coli bacteraemia cases in comparison to the same period last year but Klebsiella and Pseudomonas bacteraemias have seen an increase. Line related infections play a significant role and projects will continue to focus on improving practice.

To the end of December C. difficile infections are below Trust trajectory with a total of 79 cases and a total of 24 cases have been successfully appealed.

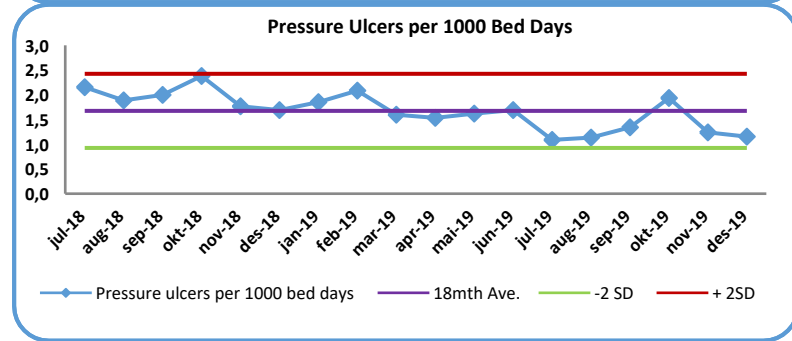
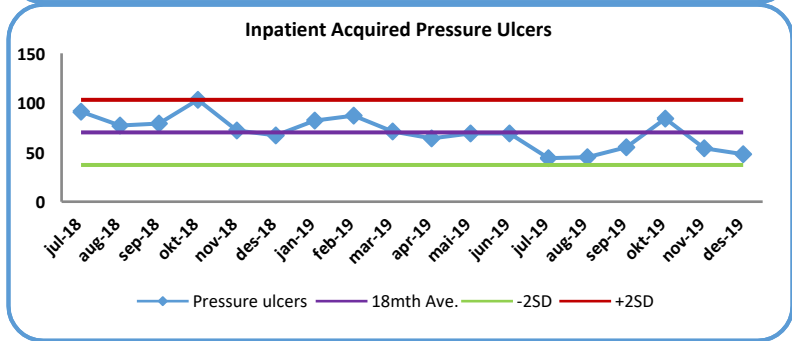
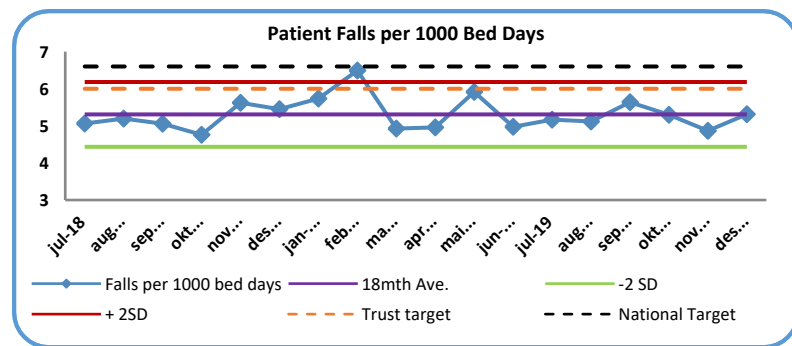
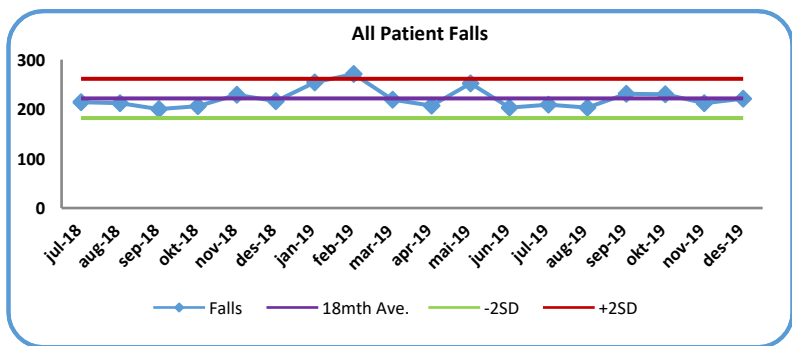


per 100,000 bed days    18mth Ave.    -2SD    +2SD    National average

# Quality and Performance: Harm Free Care

The Trust reported a statistically significant reduction in Trust acquired pressure ulcers between March – September 2019. Although October showed a significant increase, there were 54 and 48 incidents of Trust acquired pressure ulcers reported in November and December respectively, bringing the Trust back below the 18 month average. It was acknowledged in a previous Integrated Board Report that it would be a challenge to sustain the significant reduction over the Winter months., however November and December has shown a reduction which may also have been a result of the world wide stop the pressure ulcer day.

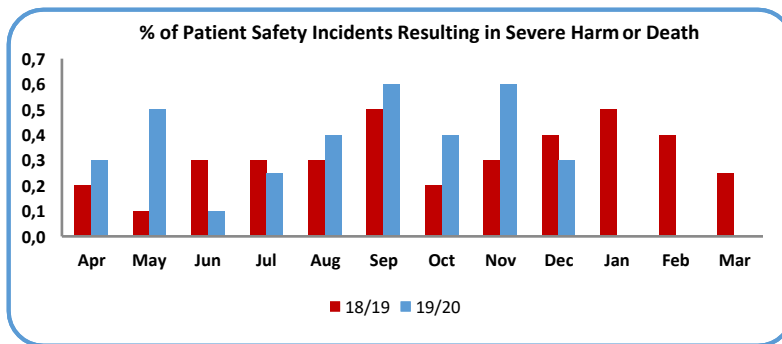
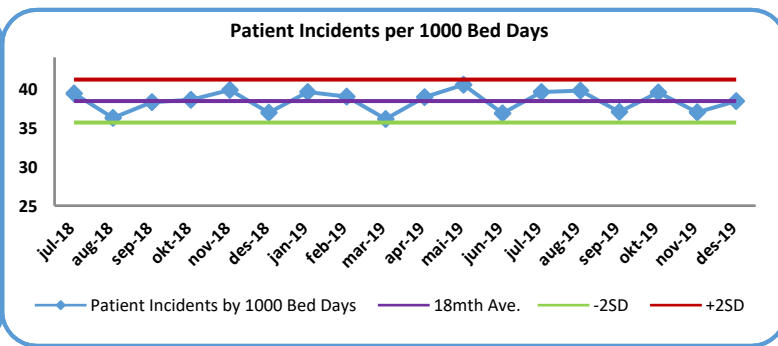
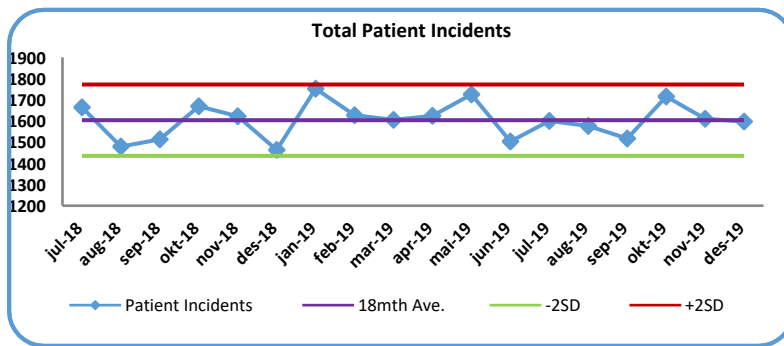
In relation to inpatient falls, the statistically significant reduction achieved between July and December 2018 has not been sustained throughout 2019/20 but the rate and total number of falls remains within normal levels of variation. There has been success in relation to reducing serious harm from falls as the Trust have reported 30% less incidents resulting in serious injury compared to the same period last year (a total of 26 incidents 2019/20 Vs. 37 incidents 2018/19 April – September inclusive). The incidents and rates of falls and PU are monitored closely and any serious incidents undergo a robust Root Cause Analysis (RCA) process which assists in the identification of quality improvement work streams which to date have been successful.



# Quality and Performance: Incident Reporting

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

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

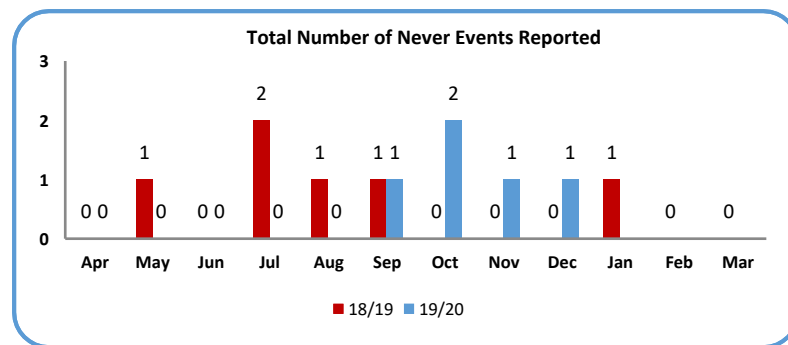
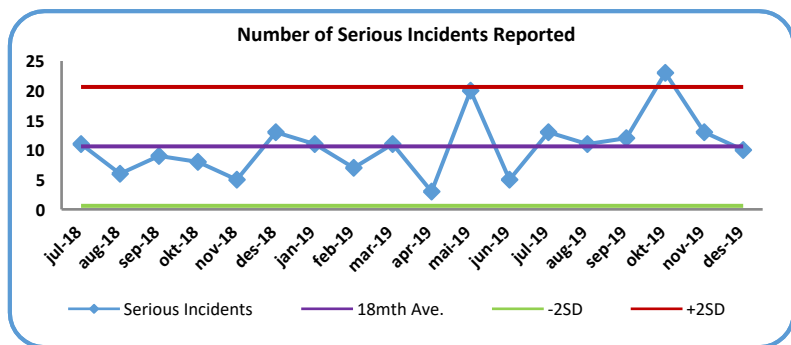


# Quality and Performance: Serious Incidents & Never Events

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

In December there were 10 cases reported as SIs. The Duty of Candour process has been initiated in all but one case to date:

- One wrong route medication *Never Event* - DoC in progress
- One missed diagnosis – DoC in progress
- Two delayed treatments – DoC in progress in one case, outstanding in one case due to safeguarding concerns but being addressed
- Two falls resulting in harm – DoC in progress
- Four pressure ulcers – DoC in progress in all cases



# Quality and Performance: Serious Incident Lessons Learned

## Learning from SIs & NE (July 2019 – October 2019)

The following outlines key learning from completed SI investigations to date; any outstanding learning from July - October 2019 will be shared once investigations have been completed. This data excludes information on falls, pressure ulcers and cases subsequently de-registered.

### **Baby fall**

- Best practice advice for staff and parents developed

### **Missed treatment**

- Local handover processes strengthened between staff and between clinical areas
- Equipment reviewed locally to improve access to computer terminals at all times
- VTE assessment and e-prescribing integrated into the electronic task list to enable clinicians to effectively complete tasks

### **Mislabelled specimen**

- Robust processes developed for checking correct location (site and side) of specimen and cross-checking this with specimen labelling
- LocSSIP developed locally to clarify best practice processes

### **Missed diagnosis**

- Introduction of an aid memoir for the most frequently missed incidental tumours
- Learning shared with all relevant departmental staff

### **Delayed recognition of deterioration**

- Electronic transfer of patients between departments through the new Paper-lite system developed to improve reliability
- Higher level training in NEWS2 provided for all appropriate staff
- Sharing of learning Trust-wide via the Patient Safety Briefing

### **Complication of treatment**

- Review of local best practice to improve checklists and maintain standardisation

## Learning from SIs (April 2019 - June 2019)

The following outlines key learning from the SI investigations which were incomplete at the time of the October 2019 report.

### **Delayed treatment**

- Standard operating procedures reviewed and strengthened to prevent local administrative error
- Recruitment of Co-ordinator role to oversee all aspects of patient cancer pathways

### **Delayed follow-up**

- Awareness raising for staff of NICE guidance and the national screening programme
- Learning shared locally regarding risks associated with complex patients with advanced disease and multiple competing morbidities

### **Possible Hypoxic Ischemic Encephalopathy (HIE) - reported via 'Each Baby Counts'**

- Local learning undertaken to raise staff awareness of risks post delivery

### **Possible Hypoxic Ischemic Encephalopathy (HIE) - reported via 'Each Baby Counts'**

- All care was as expected in this case.

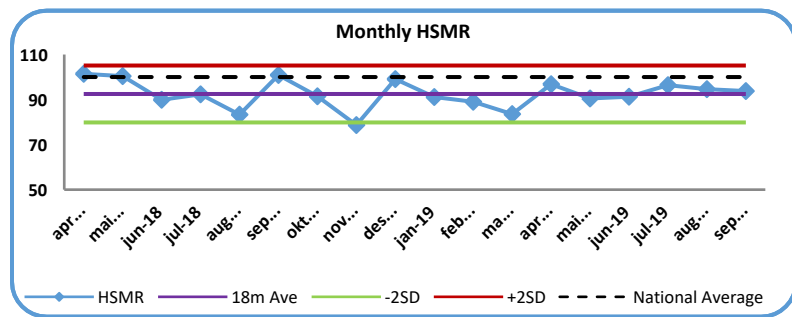
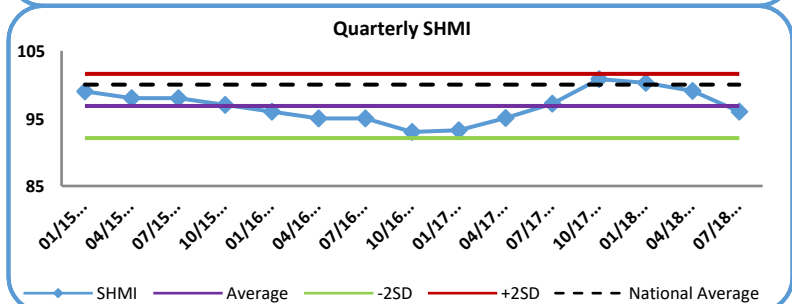
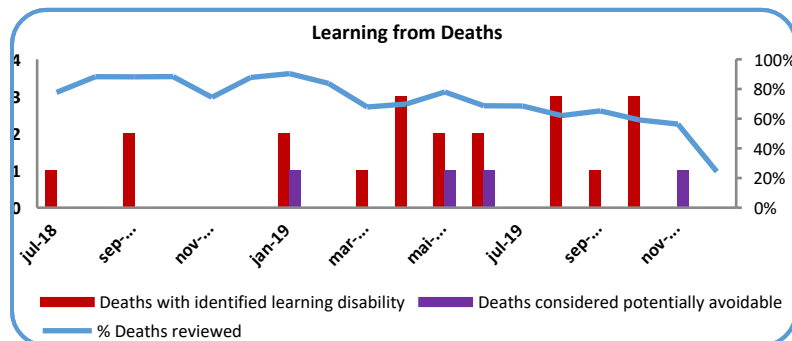
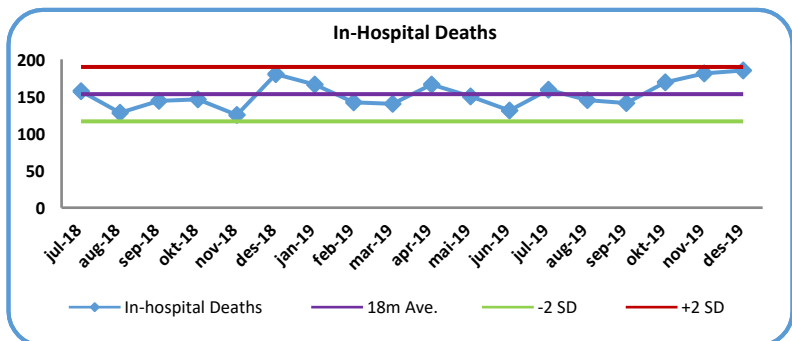
# Quality and Performance: Mortality Indicators

**In-hospital Deaths:** In total there were 185 deaths reported in December 2019 which is slightly higher than the amount of deaths reported 12 months previously (n=181).

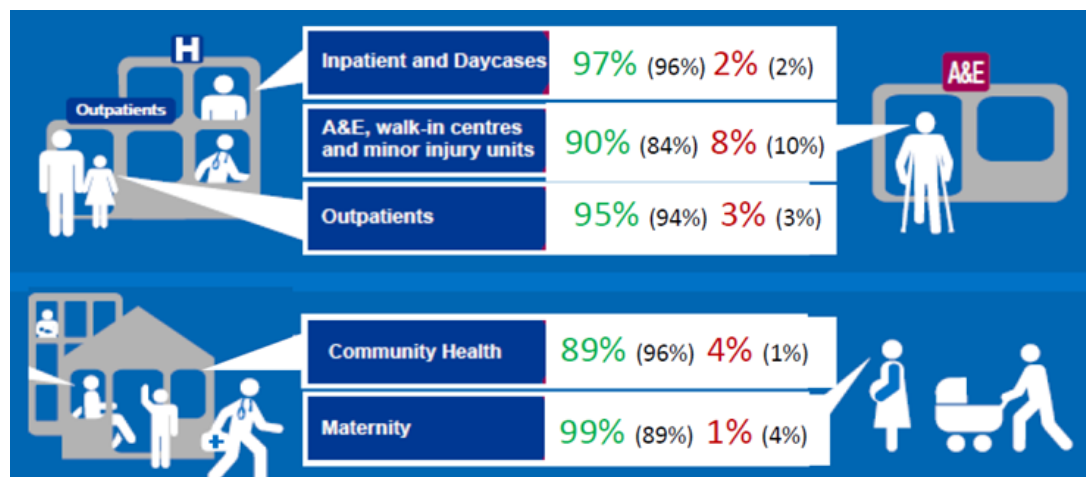
**Learning from Deaths:** In December 2019, 185 deaths were recorded within the Trust and to date, out of the 185 deaths, 45 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.

**SHMI:** The most recent published SHMI data from NHS Digital shows the Trust has scored 96 from months July 2018 – June 2019, this continues to be lower than the national average and is within the "as expected" category. The latest monthly SHMI data retrieved from external database CHKS is currently published up to June 2019.

**HSMR:** The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Quarterly HSMR data is available up to September 2019 and is below national average. Monthly data is available until September 2019. This number may rise as the percentage of discharges coded increases.



# Quality and Performance: FFT and Complaints



## Friends and Family Test

There were 2,568 responses to the Friends and Family Test in November 2019.

The figures opposite show the proportion of people that would **recommend** or **not recommend** these services to a friend or family member if they needed similar care or treatment.

National results are shown in brackets.

## Trust Complaints 2019-20

The Trust received a total of 445 formal complaints up to the end of November, with 41 complaints received in November. The Trust is receiving on average 56 new formal complaints per month, which is considerably higher than the 45 per month average for the last full year.

Taking into consideration the number of patients seen, the highest percentages of patients complaining up to the month of November are within Surgical Services with 0.08% (8 per 10,000 contacts) and the lowest is Dental Hospital and ePOD both with 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 77% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 13% of all subjects raised within complaints.

Directorates	2019-20				18-19 Ratio (Full Year)	17-18 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)		
Cardiothoracic	43	73,885.00	0.058%	1:1718	1:2770	1:2274
Children's Services	36	58,828.00	0.061%	1:1634	1:2778	1:2012
Out of Hospital/Community	8	49,178.00	0.039%	1:6118	1:3505	1:3508
Dental Services	9	78,607.00	0.011%	1:8734	1:9392	1:6024
Internal Medicine/ED/COE	44	113,270.00	0.039%	1:2574	1:2996	1:2271
Internal Medicine/ED/COE (ED)	27	109,974.00	0.025%	1:4040	1:4091	1:3163
ePOD	41	291,875.00	0.014%	1:7119	1:8799	1:6490
Musculoskeletal Services	40	77,965.00	0.051%	1:1949	1:2849	1:2255
Cancer Services / Clinical Haematology	18	116,957.00	0.015%	1:6498	1:7235	1:7806
Neurosciences	35	74,800.00	0.047%	1:2140	1:2543	1:2411
Patient Services	12	36,864.00	0.033%	1:3072	1:3415	1:5284
Peri-operative and Critical Care	5	25,129.00	0.020%	1:5026	1:3080	1:3467
Surgical Services	41	48,705.00	0.016%	1:1188	1:1607	1:1186
Urology and Renal Services	19	49,082.00	0.084%	1:2583	1:2668	1:2458
Women's Services	39	102,924.00	0.038%	1:2639	1:3307	1:3866
<b>Trust (with activity)</b>	<b>417</b>	<b>1,308,043.00</b>	<b>0.032%</b>	<b>1:3134</b>	<b>1:3834</b>	<b>1:3249</b>

# Quality and Performance: Health and Safety

## Overview

There are currently 1,050 health and safety incidents recorded on the Datix system from the 1st January 2019 to 31st December 2019, this represents an overall rate per 1,000 staff of 70.34. Patient Services reported the highest number of health and safety incidents over this period (155). Directorate rates per 1,000 staff for the highest reporting services are Peri-operative and Critical Care (96.7), Directorate of Medicine (92.6), Women's Services (81), Surgical Services (74.8) and Patient Services (71.5).

## Incidents of Aggression on Staff

In addition to the health and safety incidents, there are 752 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st January 2019 to 31st December 2019; this represents an overall rate per 1,000 staff of 50.3. Directorate rates per 1,000 staff over this period for the highest reporting services of aggressive behavior are Directorate of Medicine (146.1), Community (124.2), Neuroscience (95.6), Musculoskeletal Services (94.5) and Urology/Renal Services (93.1).

## Sharps Incidents

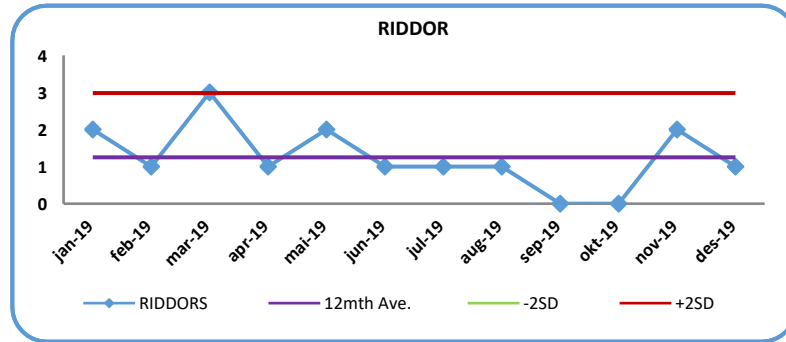
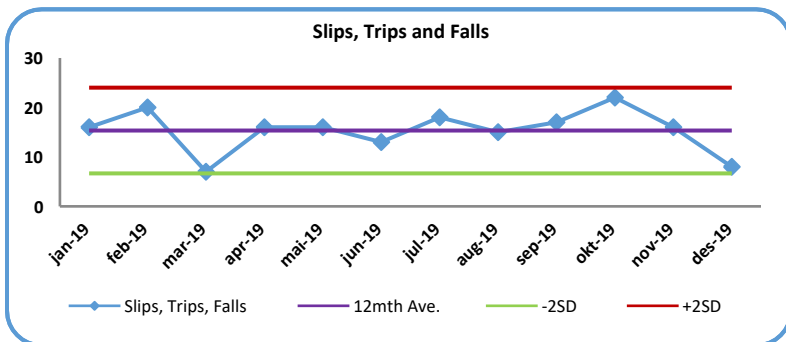
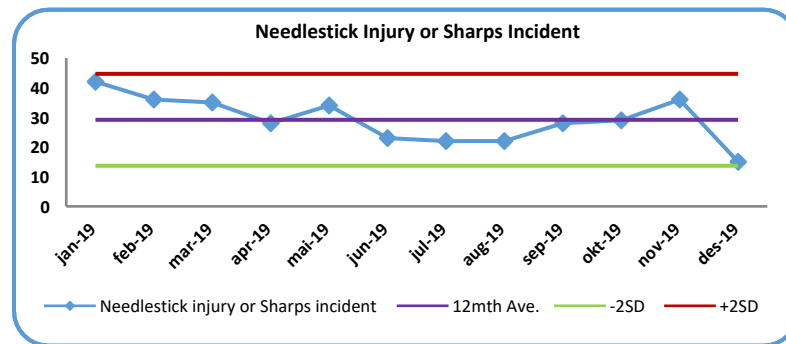
The average number of all sharps injuries per month is 30.9 between 1st January 2019 to 31st December 2019 based on Datix reporting, with 18.1% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 22.9 per month.

## Slips, Trips and fall

Slips on wet surface, fall on level ground and tripped over an object collectively account for 76.7% of falls between 1st January 2019 to 31st December 2019. Fall as a result of a faint, fit or other similar event, collision with an object and falls from a chair account for 20.7% of the incidents recorded.

## RIDDOR

The most common reasons for reporting accidents and incidents to the HSE between 1st January 2019 to 31st December 2019 include slips and falls (9), Struck or Stuck against (3) and Physical Assaults (2). These account for 63.6% of reportable accidents over the period.





# Quality and Performance: Clinical Audit

Audit / NCEPOD	Date of Release	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
Royal College of Emergency Medicine (RCEM) – Feverish Child 2018/19	July 2019	<ul style="list-style-type: none"> <li>Virtually all children attending Paediatric Emergency Department (PED) screened for sepsis.</li> <li>Notes are clear indicating risk of severe bacterial illness.</li> <li>Appropriate safety net advice is provided.</li> </ul>	<ul style="list-style-type: none"> <li>Increase nursing number to address increase in attendances in part due to GP practices needing to refer via PED for triage in first instance. With current numbers, when department is busy it is not possible to screen all for sepsis and complete full sets of observations including blood pressure (often done manually) within 15 minutes. Suggestion is for three nurses to work in parallel rather than in series to triage and assess patients without handing over responsibility from triage to assessment, which will save time. (Business case submitted and pending for 16.73 WTE B5 nurses for an extra assessment nurse and extra monitoring nurse).</li> <li>Changes to department layout to facilitate improved flow as currently there are four nurses working in PED, two covering triage/ assessments, one covering resus/ treatments and the other covering monitoring bay/ treatments meaning that discharges home and admissions to ward are delayed thus impairing flow through PED.</li> <li>Additional senior medical staffing. Data suggests that PED is busiest from 15:00 to 21:00. Increased senior doctor numbers would improve ability for senior review. Extending consultant cover to 14 hours per weekday and additional weekend cover would increase senior review ability. Adoption of ACP model may be required as increasing ST4+ numbers is challenging.</li> </ul>	Discussed at November 2019 Clinical Audit and Guidelines Group
Royal College of Emergency Medicine (RCEM) – Vital Signs in Adults 2018/19	July 2019	<ul style="list-style-type: none"> <li>62.7% of patients attending ED have observations taken within 15 minutes of arrival. This is higher than the national average of 49.7%</li> <li>Data shows that repeat observations, recognition and acting upon abnormal observations are done in vast majority of cases.</li> </ul>	<ul style="list-style-type: none"> <li>Staff education to reinforce the importance of timely observations.</li> <li>Repeat audit to ensure that performance is maintained after implementation of Paperlite and e-Observations.</li> </ul>	Discussed at November 2019 Clinical Audit and Guidelines Group
Royal College of Emergency Medicine (RCEM) – VTE Risk in Lower Limb Immobilisation 2018/19	July 2019	<ul style="list-style-type: none"> <li>N/A as thromboprophylaxis not currently provided in ED (This is due to availability of excellent 24/7 fracture clinic service resulting in minimal delays for patients requiring orthopaedic review). However going forward, ED will start to provide thromboprophylaxis due to change in RCEM standards and increasing use of fracture clinic. ED have developed screening and assessment tools for this purpose. See recommendations for improvement column.</li> </ul>	<ul style="list-style-type: none"> <li>Develop and use thromboprophylaxis screening tool – pending approval.</li> <li>Develop and use patient information sheet – pending approval.</li> <li>Re-audit to monitor compliance.</li> </ul>	Discussed at November 2019 Clinical Audit and Guidelines Group
National Audit of Dementia (NAD) 2018/19	July 2019	<ul style="list-style-type: none"> <li>The number of staff who have received Tier 1 dementia awareness training in the Trust is relatively high (at least in part due to the large number of staff employed by the Trust in relation to other Trusts).</li> <li>The Trust is able to provide dementia training figures (only the case for 53% of Trusts nationally).</li> <li>For both the FH and the RVI overall Trust scores for nutrition, discharge and staff rating communication have improved since Round 3.</li> <li>In round 4 Trust scores in relation to nutrition, discharge and staff rating communication were higher than the national average for both the FH and the RVI.</li> <li>The scores for assessment have improved for the FH (up to 86.6%, national score 87%).</li> <li>Scores for assessment were similar to the national average for the FH and below the national average for the RVI, but still relatively high (79.6% for the RVI against 87% national average).</li> <li>In relation to assessment, the Trust's highest score was the assessment of continence needs (scores 97.8% and 98% for the FH and the RVI respectively, national average 89.1%).</li> <li>Scores for pressure ulcer risk assessment were 93.5% (FH) and 88.2% (RVI) against the national average score of 95.7%.</li> </ul>	<ul style="list-style-type: none"> <li>People with dementia admitted as an emergency are assessed for delirium using a standardised tool.</li> <li>Initial routine assessment of people with dementia includes: <ul style="list-style-type: none"> <li>Information about factors that can cause distress or agitation</li> <li>Steps that can be taken to prevent these</li> </ul> </li> <li>The proportion of staff receiving dementia training is included in the annual Quality Account.</li> <li>Information is presented to the Trust Board which clearly identifies the proportion of people with dementia who experience: <ul style="list-style-type: none"> <li>a fall during their admission</li> <li>a delay to their discharge</li> <li>a readmission within 30 days of discharge</li> </ul> </li> <li>Trust Boards should: <ul style="list-style-type: none"> <li>Work to implement these recommendations by World Alzheimer's Day 2020 (21/09/20)</li> <li>Publish progress made on implementing dementia recommendations in an annual Trust statement on dementia care</li> <li>Include other dementia friendly hospital initiatives based on Dementia Action Alliance Charter 2018.</li> </ul> </li> </ul>	Discussed at January 2020 Clinical Audit and Guidelines Group

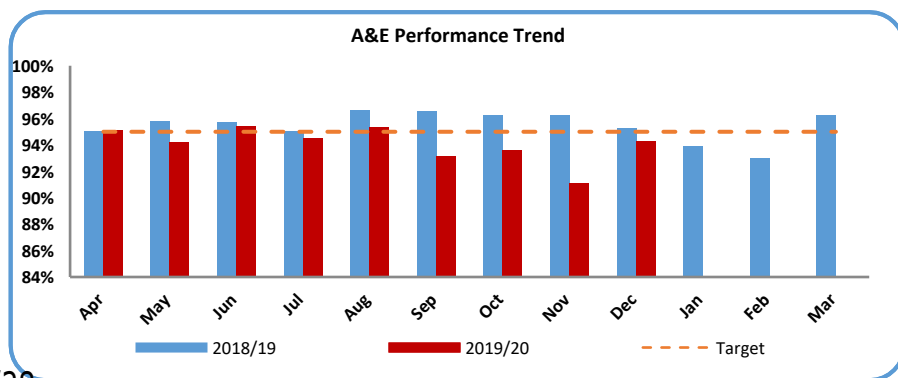
# Quality and Performance: Monthly Performance Dashboard

Section	Indicator	Target/Threshold	Monthly Trend												Current Month	Last Month	Same month last year
			Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19			
Front Door	Type 1 Attendances (Main ED)														10,620	11,221	9,971
	Ambulance Arrivals														2,839	2,819	2,814
	Eye Casualty Attendances														1,663	1,704	1,626
	Walk in Centre Attendances														6,553	6,354	6,565
	A&E 4hr performance (Type 1)	95%													89.4%	83.9%	91.0%
	A&E 4hr performance (All Types)	95%													94.3%	91.1%	95.2%
Admission & Flow	Emergency admissions (All)														6,498	6,761	4,695
	Bed Closures (D&V + Staffing)														888	1,642	1,097
	Number of DTOCs (No. of Patients)														170	123	89
RTT/Planned Care	Outpatient Referrals (All)														26,297	31,038	31,743
	Outpatient appointment unavailability (ASIs)	10%													18.4%	19.3%	8.5%
	Incomplete Performance	92%													88.6%	89.5%	93.3%
	Last minute cancelled operations														52	60	39
Cancer	2ww Appointments														2,023	2,422	2,127
	All Cancer 2WW	93%													84.1%	82.5%	92.4%
	Cancer 2WW Breast	93%													29.2%	24.6%	92.3%
	Cancer 62 Days - Urgent	85%													78.5%	82.4%	81.2%
	Cancer 62 Days - Screening	90%													88.7%	94.0%	94.7%
Diagnostics	Total Diagnostic Tests Undertaken														16,953	19,258	17,021
	Diagnostic Performance	99%													94.5%	94.5%	97.8%

Reported month in arrears

# Quality and Performance: A&E Access and Performance

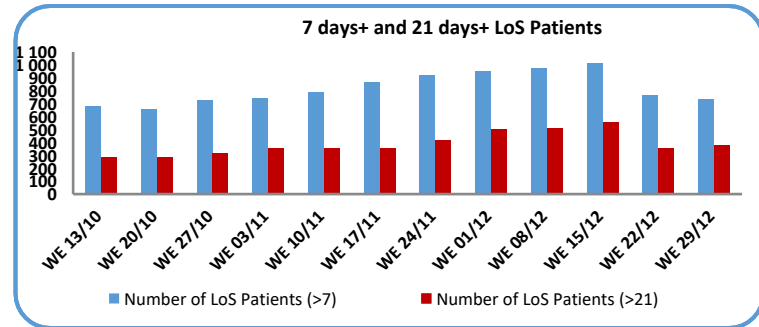
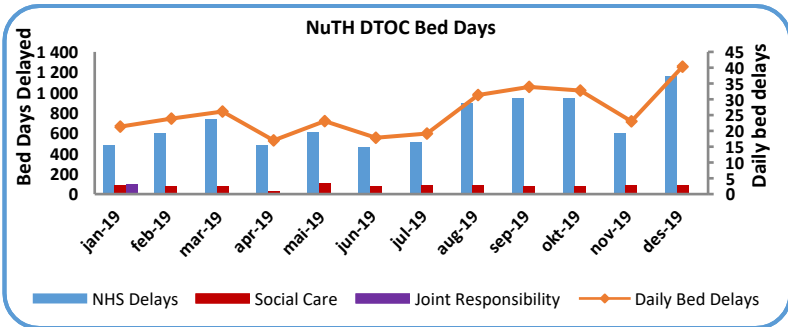
- Performance improved to its highest level since August, with the Trust narrowly missing the monthly A&E 4hr standard with performance of 94.3% in December. This was very strong compared to the national average performance of 79.8%, a record low, and the 2<sup>nd</sup> best performance in the whole of England out of 118 Trusts, only behind Sheffield Children's NHS Foundation Trust (NHSE data excludes 14 Trusts piloting the new A&E metrics). NuTH's performance of 93.0% in quarter 3 of 2019/20, placed it 4th in England.
  - Contributing factors to performance remaining below the 95% threshold include a 6% rise in major attendances compared to December 2018 and patient flow issues due to very high numbers of long stay patients, delayed transfers of care and medical boarders.
  - Additionally, NEAS have recently implemented a new protocol around redirecting queuing ambulances to alternative hospitals, which has increased the number of deflected ambulances which NuTH are receiving; this is placing increased pressure on the A&E department.
  - Type 1 attendances reduced from the November high, but were still significantly higher than in December 2018 (21 more per day).
  - Walk-in centres and Eye Casualty both saw similar attendance levels in December 2019, as in December 2018.
- Performance improved as the month progressed, with weekly performance of over 95% for each of the last 2 weeks in December. This improvement was seen following a reduction in attendances over the Christmas period and the reopening of a number of beds which had previously been closed for either D&V/norovirus, flu or staffing reasons.
- January's performance is currently 92.2% with an average of 49 breaches per day (as at 13/01), which means the initial improvement seen in performance during the second half of December has not been maintained. Early January saw an influx of ambulance deflections which caused an initial dip in performance. The first 2 weeks of January have seen a number of beds closed for both staffing reasons and flu, and on 08/01/20 the Trust was at OPEL Level 3 for the first time, which showed the pressure on the health and social care system.
- The Trust continues with its daily situation report protocol to assist with patient flow issues.
- As well as the increasing number of ambulances deflected to NuTH by NEAS described above, the Trust received 19 ambulance diverts during November 2019, with the majority of these diverts having UHND as their original destinations. This places significant additional operational pressure on the Trust, which has already received more diverts in 2019/20 to date (106) than in the whole of 2018/19 (63). New protocols are in development with NEAS to determine a clear checklist to be used for ambulance diverts and deflections.



A&E Service	Apr – Dec 2018	Apr – Dec 2019	Percentage Variance	Volume Variance
RVI Emergency Department	90,365	93,973	3.99%	3,608
GP Streaming	11,095	12,347	11.28%	1,252
Molineux Walk-in Centre	25,056	20,784	-17.05%	-4,272
Westgate Rd Walk-in Centre	14,950	16,243	8.65%	1,293
Ponteland Rd Walk-in Centre	22,839	18,697	-18.14%	-4,142
Eye Casualty	16,933	16,469	-2.74%	-464
<b>Total</b>	<b>141,220</b>	<b>137,547</b>	<b>-2.60%</b>	<b>-3,673</b>

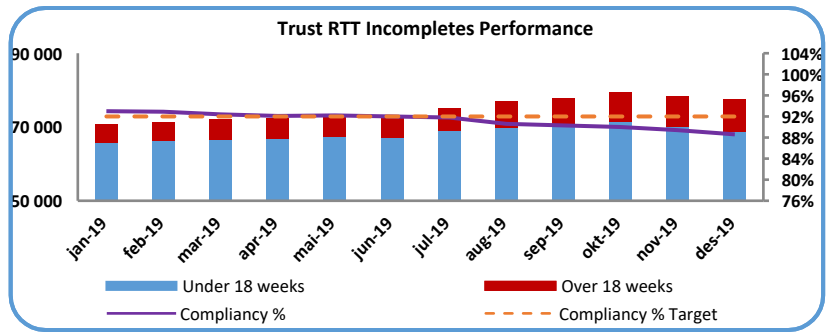
# Quality and Performance: Delayed Transfers of Care and Stranded Patients

- The number of bed days delayed due to Delayed Transfers of Care (DTOCs) increased significantly in December to 1,250, which is well above the average monthly level of 787 seen over the past 12 months. Factors which contributed to the increase in DTOCs include difficulties with repatriating patients to their local hospitals due to high bed occupancy levels across the region, for Neurosciences patients this is particularly true for Walkergate Park. 45% of the delayed discharges were within Medicine, with Neurosciences seeing the second highest number of delays (28%).
- Following a decrease in delays in November, NHS delays in December have almost doubled to 1,158. The increase in December has predominantly come from Non-Acute NHS Care and Patient Choice and affects patients from a number of CCG areas reflecting the regional services the trust provides.
- Overall the 2019/20 YTD position has seen a slight reduction on 2018/19, however October-December 2019 has actually seen the number of delayed bed days increase by 30% compared to the same 3 month period in 2018 due to the high levels in October and December. December saw 2 delays which were jointly attributable to the NHS and Social Care.
- During 2018/19, NuTH achieved a 21% reduction in the number of its 21 days+ Length of Stay (LoS) patients, with NHSE setting a target of a further 17% reduction during 2019/20. A trajectory against this target has been submitted and progress will need to continue to be made throughout 2019/20 in order to meet NHSE's target.
- The number of 7 days+ LoS patients increased to mid December, peaking at 1,014 at week ending 15/12/19 before reducing to 736 by the end of the month. This corresponds with a national spike in the number of 7 days+ LoS patients in recent weeks. The number of 21 days+ LoS patients also increased to 558 at week ending 15/12/19 before reducing to 375 by the end of the month. The Christmas period is likely to have contributed to the decreased position towards the end of the month.
- Length of Stay remains an area of focus throughout the Trust, with a task and finish group having been established which is championing the refreshed "There's No Place Like Home" campaign. This campaign is particularly looking at patients who no longer require acute clinical care, with a LoS of 21-26 days.



# Quality and Performance: 18 Weeks Referral to Treatment

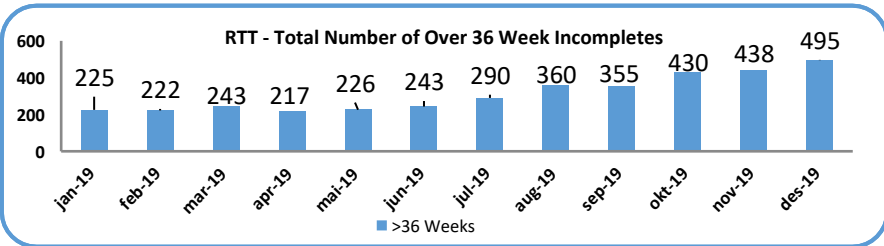
- The RTT Incompletes Performance in December has deteriorated further to 88.6% against the 92% standard. Latest national performance is 84.4% (November).
- The overall size of the waiting list reduced again slightly this month although the number of patients waiting longer than 18 weeks for treatment has increased. Overall demand outstrips capacity across many Specialty areas and the challenging impact of Paperlite on outpatient activity remains over the coming months.
- As part of the Trust’s focus on recovering activity levels, and therefore RTT compliance, a series of action focused recovery meetings have been held with all directorates to establish additional measures and increase activity. Additionally task and finish groups have been established for Ophthalmology (82.2%) and Dermatology (88.2%).
- There are some specialties where hitting the target is proving increasingly difficult and in November 5 specialties and the Bucket (X01) failed the RTT Incomplete standard with the associated financial penalty shown; Ophthalmology (£347.4k), Trauma & Orthopaedics (£257.1k), ENT (£192.3k), Dermatology (£45.3k), Urology (£36.6k), Bucket - X01 (£18.0k). The total penalties that would have been applicable for 18 week breaches if the Trust had not agreed a financial Control Total would be £878,700 for December, a further increase of £90,300 from November.
- In November and again in December the Trust reported 4 over 52 week RTT waiters for Spinal Deformity. Discussions are taking place internally and with commissioners around short, medium and long term plans to recover this position. It is likely that there will continue to be 52 week breaches in the short term. The longest waiter on the PTL is currently 60 weeks and does not yet have a date for treatment scheduled due to the complexity of surgery.
- There are still 495 over 36 week waiters, although more of these now have a plan for treatment following focused management of long waiters. The majority of the >36 week waiters remain in Spinal Services (Orthopaedics).
- For the December 52 week breaches described above there is an overall financial penalty of £10k (£5k per breach, split equally by NuTH and commissioners), this penalty still applies despite the agreement of a Control Total.



RTT Incomplete Pathways	18/19 Qtr 4	19/20 Qtr 1	19/20 Qtr 2	Oct-19	Nov-19	Dec-19
Total	214,096	218,347	229,920	79,385	78,233	77,524
> 18 weeks	15,380	17,082	20,914	7,987	8,216	8,774
Overall Compliance	92.8%	93.2%	90.9%	90.1%	89.5%	88.6%
Incomplete Penalty	£606.6k	£835.5k	£1,727.4k	£721.5k	£798.4k	£888.7k
Agreed Reinvestment	£606.6k	£835.5k	£1,727.4k	£721.5k	£788.4k	£878.7k

RTT Incomplete Over 36 Weeks wait	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	53	54	59	Grand Total
108 - Spinal Surgery	14	16	28	19	15	14	8	16	6	9	8	5	7	3	2	4	1	1	2	178
107 - Vascular Surgery	9	10	9	6	12	5	5	1						2						59
130 - Ophthalmology	16	5	15	8	5		1													50
101 - Urology	4	6	4	3	4	3	6	5	4	2	2	1		1						45
120 - ENT	4	5	3	4		6	3	1	1	2	2									31
320 - Cardiology	2	3	2		3	2	4	1	1	3	1	2	1	1						26
104 - Colorectal Surgery	1		6	4	7		1	1	3				1							24
100 - General Surgery		2	1	3		1	4													11
502 - Gynaecology	1	2	4	1	1	1	1													11
110 - Trauma & Orthopaedics	1	4		2	2	1														10

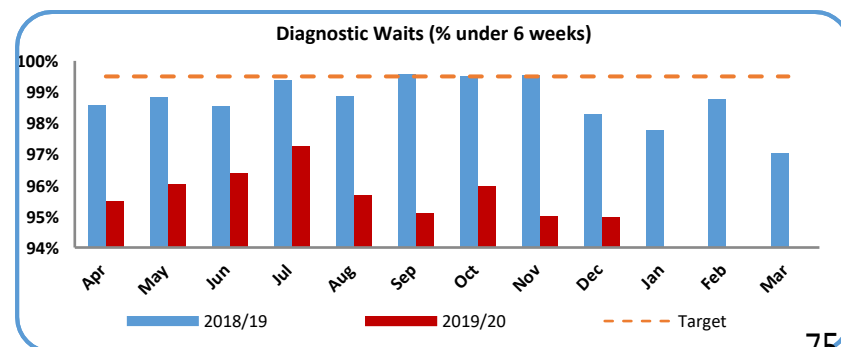
\* The table above contains only specialties with 10 or more > 36 week waiters



# Quality and Performance: Diagnostic Waits

- The percentage of patient diagnostic tests performed in less than six weeks worsened very slightly in December 2019 to 94.47% against the 99% standard. December saw a large drop in the total number of patients treated compared to November due to the loss of capacity over the Christmas period, however the overall waiting list size also fell as we would expect at this time of year due to lower referral levels.
- Endoscopy is the biggest area of challenge due to workforce capacity constraints linked to the retirement of nurse endoscopists, the timescales associated with recruiting and training new specialist staff and a reduction in flexible sessions from senior clinicians linked to pensions issues. Endoscopy has 333 six week breaches, a sharp contrast to December 2018, when there were 0 breaches.
  - Increased referral demand continues to place significant pressure onto the service. Overall endoscopy compliance at 62.0% against the 99% standard has placed additional pressure onto Cancer and RTT performance as well as the DM01 standard. Referral pressures have been felt particularly through the Cancer 2ww pathways.
  - There is a lot of project work ongoing to improve the compliance within endoscopy and outsourcing is now in place for both upper and lower GI pathways, which is expected to relieve capacity pressures within the system and improve both diagnostics and cancer performance.
  - Issues relating to endoscopy capacity have been placed onto the Trust's risk register.
- Contrastingly, breaches within Radiology dropped to their lowest level for 6 months. This was due to the total breaches within MRI more than halving, and the number of patients waiting over 6 weeks for a CT scan having fallen for six consecutive months.
  - Despite this, long-standing workforce shortages in Radiology remain, which significantly impacts on diagnostic test and reporting times, particularly when combined with demand for MRI and CT having grown considerably in the past year.
  - The service is implementing agreed short, medium and long term measures to minimize waits for patients, including outsourcing some activity to other providers. Work is ongoing to review capacity and demand for both scanning and reporting with a new capacity and demand tool being trialed within the department.
  - Radiology recruitment remains ongoing, with hope of recruiting reporting radiologists within a number of specialties. Following successful recruitment the Trust will welcome a new reporting radiologist for Breast in January.
  - A new monthly report is now in distribution to better inform Directorates of the current scanning and reporting waits.
- Due to continuing capacity issues, Sleep studies still has the greatest number of patients waiting >13 weeks (60) and the Sleep studies' compliance against the 6 week diagnostic standard is 35.4%. A business case to expand capacity has recently been approved and performance is expected to recover once recruitment is complete.

DM01 Diagnostics Performance	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Number of Breaches	524	461	427	302	472	534	485	606	569
Number of 'Excess' Breaches	419	357	322	208	373	434	378	495	466
Performance (99% Standard)	95.0%	95.6%	95.9%	96.8%	95.2%	94.6%	95.5%	94.5%	94.5%
Penalty (£200 per breach)	£83.8k	£71.4k	£64.4k	£41.6k	£74.6k	£86.8k	£75.6k	£99.0k	£93.2k
Number of Patients Waiting	10,487	10,368	10,439	9,374	9,869	10,070	10,736	11,068	10,288
Total Patients Treated	17,828	19,591	18,576	20,049	18,612	18,552	20,922	19,258	16,953

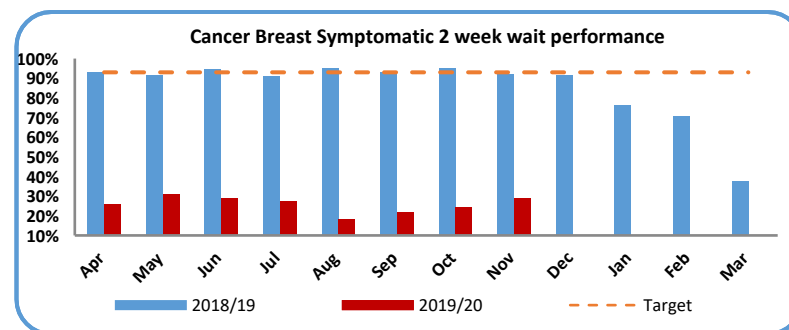
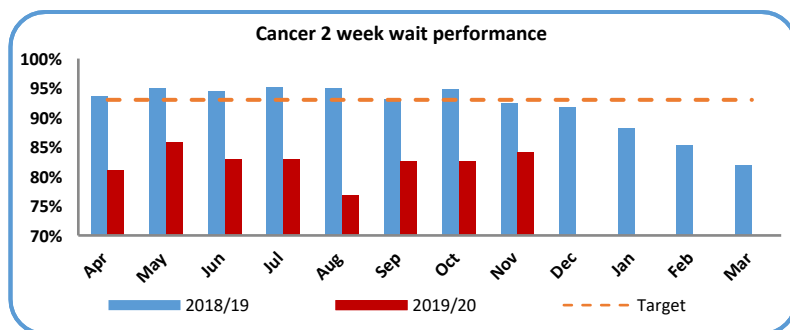


# Quality and Performance: Cancer Performance (1/2)

- The Suspected Cancer Two Week Wait (2WW) standard was not achieved for November. NuTH reported 84.0% against the 93% standard. Lower GI performance continues to be significantly under standard at only 4.4%, this decline is despite seeing nearly 10% more patients YTD than at this point in 2018/19 - increased referrals and endoscopy capacity remain the core issues, with significant work going on to address both of these issues.
- Significant work continues to address the 2WW Breast Cancer pathway within the Trust and the region, with a specific project manager now appointed by the Cancer Alliance to work with Trusts across the region and additional managerial resource implemented within the Trust.
  - NuTH failed the Breast Symptomatic standard in November with performance of 29.2%, this is largely because appointment priority in Breast is being given to those with *suspected* cancer and by comparison the 2WW performance for suspected Breast was 84.3%.
  - Amongst other measures NuTH have successfully appointed an additional Breast Radiologist (0.6 WTE) who will help to relieve pressure within the service from January, efforts are also underway to establish a Breast Surgeon led ultrasound service.
- The 31 Day first treatment standard (96%) in November was not achieved at 94.7% against the standard.
- The 31 Day Subsequent Treatment standard for Radiotherapy (94%) in November was achieved at 98.6%.
- The 31 Day Subsequent Drug standard (98%) was compliant in November with 99.3% compliance, staffing pressures exist within the service.
- The 31 Day Subsequent Surgery (94%) standard reporting 80.8% for November, an decrease of 8.6% from October, this standard has become increasingly challenged due to capacity issues within theatres and radiology.

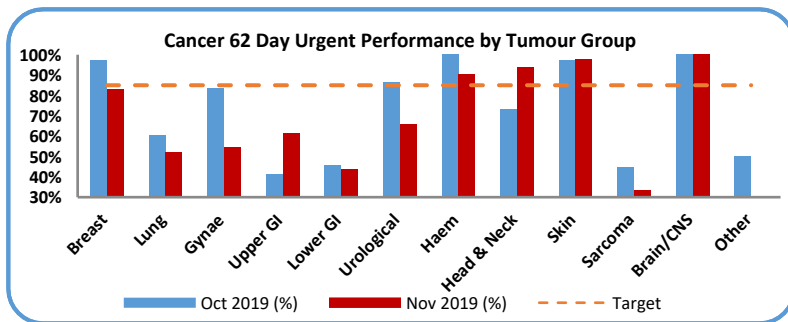
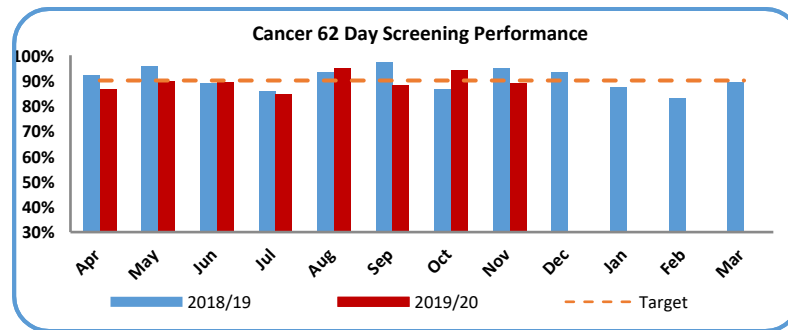
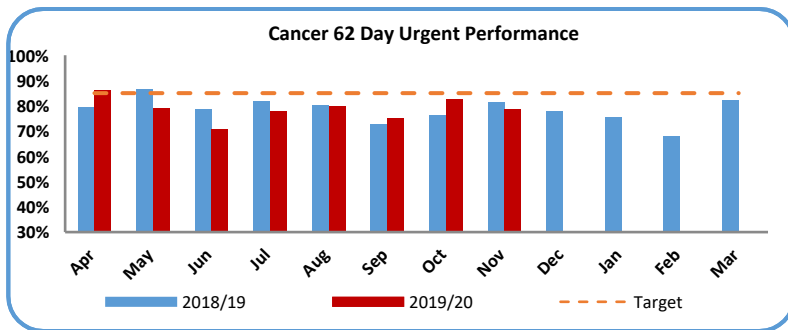
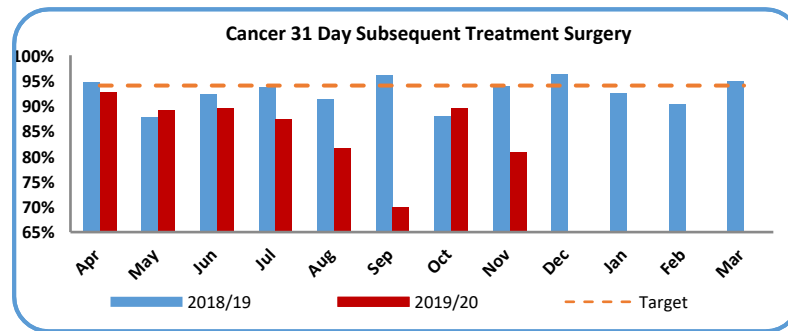
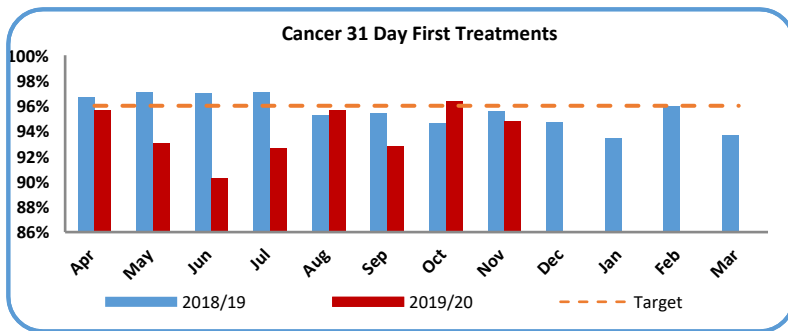
*Inter-Provider Transfer (IPT) rules have been applied to 62 Day performance:*

- Overall 62 Day performance for November was 78.5% against the 85% standard.
  - Challenges remain across a number of tumour groups – Lung 51.8%, Upper GI 61.2%, Lower GI 43.4% and Gynae 54.5%.
  - Urology were not compliant at 65.9% in November, following their October compliance.
- The Trust did not achieve the 62 Day Screening Standard (90%) at 88.7% in November.
- Following previous support from NHS Improvement's Intensive Support Team (IST), the IST have concluded that NuTH have implemented additional internal controls and are taking a best practice approach wherever possible to cancer tracking and corporate oversight.
- The Trust achieved 2 of the 8 Cancer Waiting Time standards this month.



Please see additional charts on the next page

# Quality and Performance: Cancer Performance (2/2)



From 1<sup>st</sup> April 2020 it is expected that reporting on Cancer Waiting Times will change to 28 days to diagnosis (replacing 2ww standards), 31 days to subsequent treatments (replacing the four 31 Day standards) and 62 days from referral (replacing the two 62 Day standards).



# Quality and Performance: Other Performance Requirements

- The Trust reported 52 'last minute' cancelled operations in December 2019, which was a slight decrease from November's level, but still below the monthly average seen in 2019/20 so far of 64 cancellations per month. Theatre lists overrunning was by far the most common reason for cancellations in December, which corresponds with the trends seen throughout the year. Across the Trust there have been 576 hospital cancellations in 2019/20 to date, a 36% increase on the corresponding period in 2018/19.
- As part of the winter protocol the Trust is holding daily meetings re elective capacity in order to effectively plan ahead based on its ward and ICU capacity and reduce any last minute cancellations. Presently no elective cases have been cancelled.
- The Trust reported 4 breaches in December against the standard to treat within 28 days following last minute cancellations, these were all within Surgical. The Trust does not receive payment for these procedures.
- In relation to Dementia, the Trust continues to consistently perform below the national standard for 2 of the 3 metrics, but the referral metric has been met in each of the past 6 months. Actions are being taken to improve compliance with the Trust's Specialist Dementia team working alongside the IT department to further develop the screening tool. The team has proposed some amendments following a review of the screening tool against new evidence based practice and feedback from clinical staff. The proposed changes will be implemented once the roll out of Paperlite in the organisation has been completed. It is hoped this will increase compliance with screening completion to 70% by the end of January 2020 and 90% by the end of March 2020.
- In December 2019 the 'moving to recovery' standard for IAPT was not met for the eleventh month in a row, and performance actually worsened slightly to 38% against the 50% standard. An audit of 'unrecovered patients' has been completed with a corresponding action plan focusing on patients nearly at recovery, offering patients the most appropriate intervention and the most appropriate outcome measures.
- The increased monthly target of 1.58% of people who have depression and/or anxiety receiving psychological therapies is still yet to be met in 2019/20, as December's performance was 1.39%. Cumulatively performance in 2019/20 year to date is 11.87%, which is below the target of 12.66%. Positively, the targets for seeing patients within both 6 and 18 weeks have been met consistently every month since September 2016, with 85.9% seen within 6 weeks in December (although this was a slight reduction from 89.1% in November). Notice has been served on this contract by commissioners and the Trust is due to cease delivery on 31/03/2020. As a result, staff recruitment and retention is proving difficult which is having an adverse effect on the achievement of the performance targets. Discussion with commissioners continue re the future of the service post April 2020.

Reportable Cancelled Operations	18/19 Q4	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Standards	Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Last minute cancelled operations	144	56	74	65	79	63	73	54	60	52	% asked the dementia case finding question within 72 hours of admission.	90%	42%	42%	39%	34%	37%	45%	52%	50%	45%	39%	36%	36%
Number of 28 day breaches	23	1	5	9	3	13	2	4	1	4	% reported as having had a dementia diagnostic assessment including investigations.	90%	87%	86%	81%	76%	88%	60%	44%	59%	52%	57%	59%	61%
Urgent operations cancelled for a 2 <sup>nd</sup> or subsequent time	0	0	0	0	0	0	0	0	0	0	% who are referred for further diagnostic advice in line with local pathways.	90%	32%	28%	36%	33%	46%	81%	100%	100%	100%	100%	100%	100%
Penalty Amount	£70,041	*	*	*	*	*	*	*	*	*														

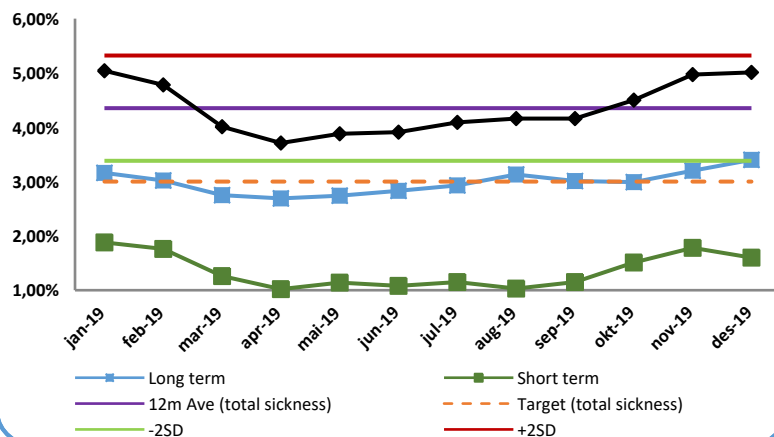
# People: Health and Wellbeing

- Year to year comparison for sickness :

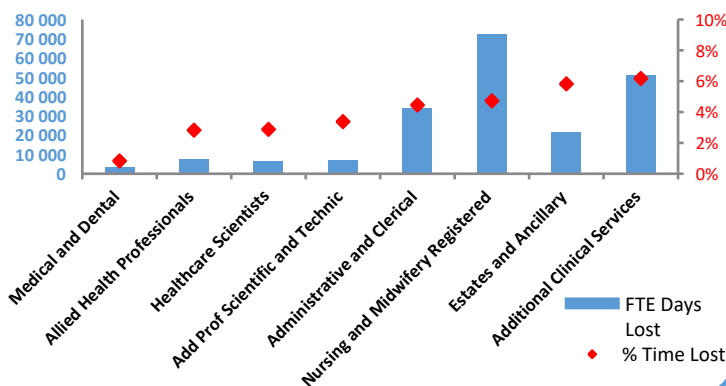
	Dec-18	Dec-19	
Long-term	2.64%	3.03%	↑
Short-term	1.65%	1.38%	↓
Total	<b>4.29%</b>	<b>4.41%</b>	↑

- Cost of absence £17.1m compared to £16.2m in December 2018

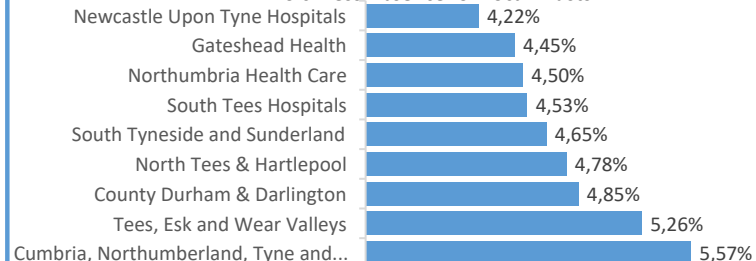
Sickness Absence (% Time Lost)



Sickness Absence by Staff Group

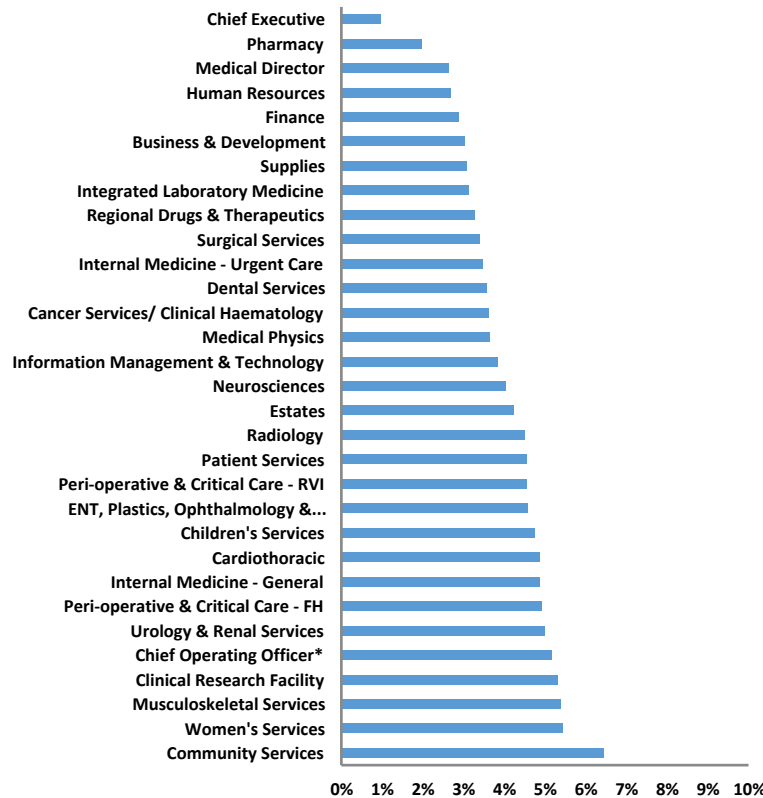


Sickness Absence for Local Trusts\*



\*Period 1/1/2019 to 31/8/2019

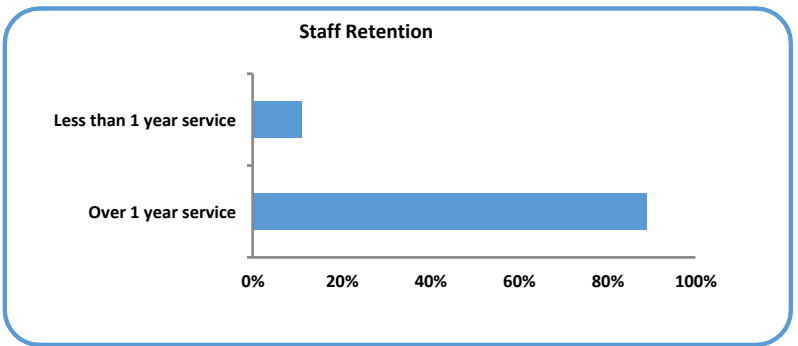
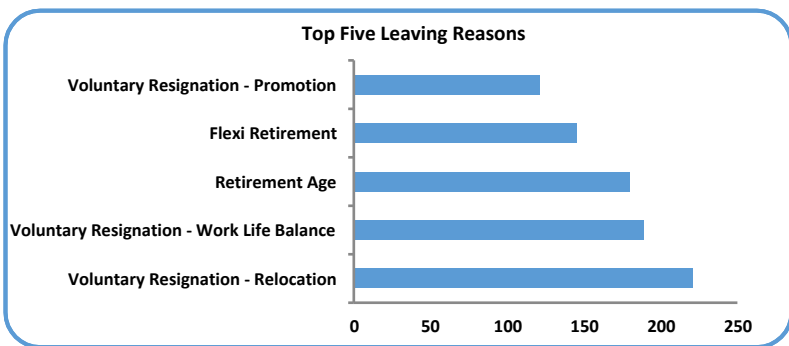
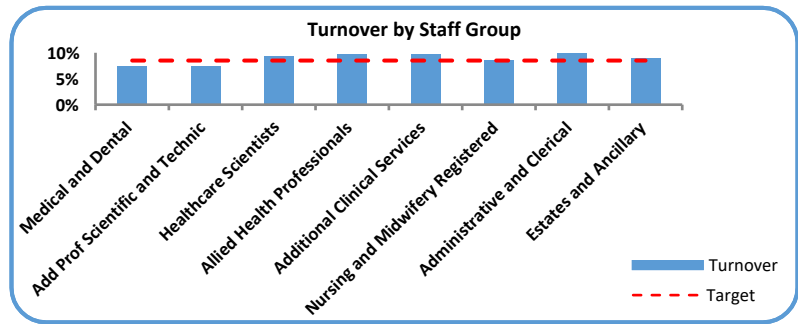
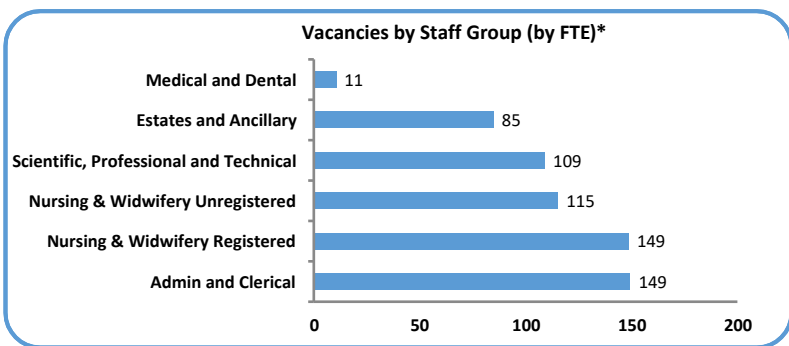
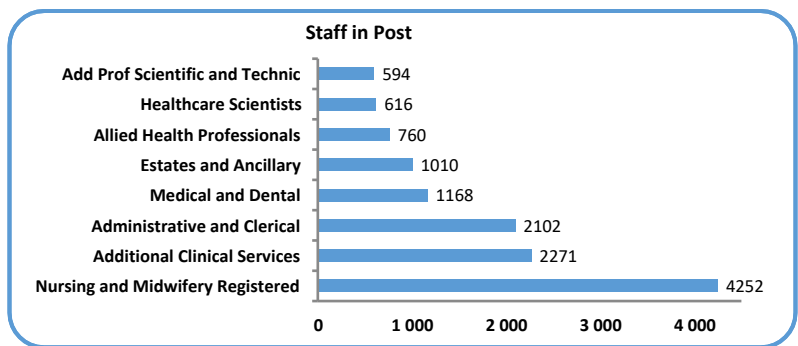
Sickness Absence (% Time Lost) by Directorate



\*COO Directorate includes Outpatients / ABC Service

# People: Sustainable Workforce Planning

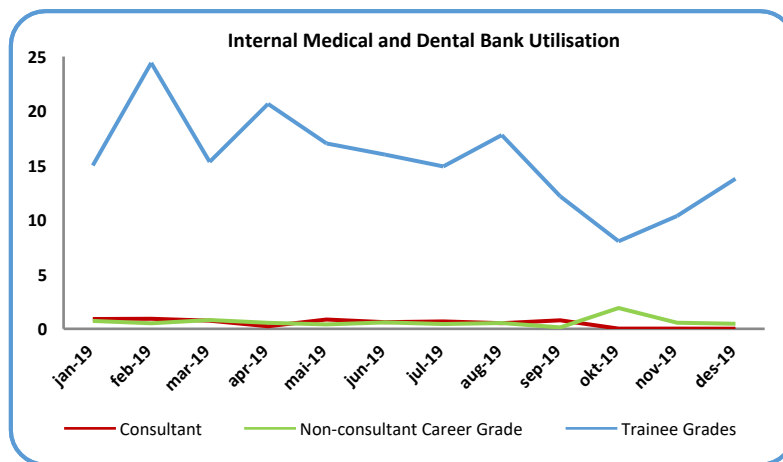
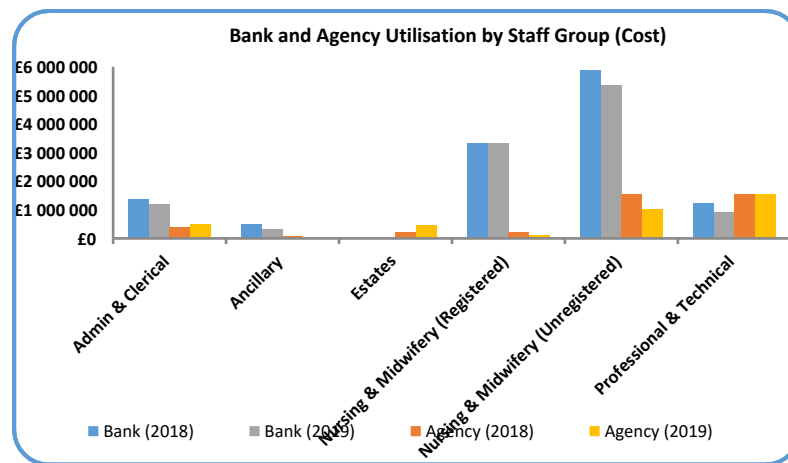
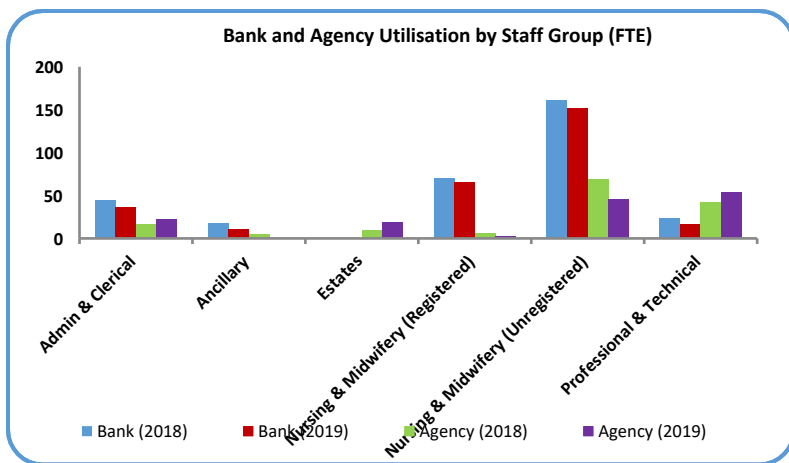
- Staff in post at December 2019 is 12,773 wte compared to 12,523 in December 2018.
- Staff turnover has increased slightly from 8.79% in December 2018 to 9.05% in December 2019, against a target of 8.5%
- The total number of leavers in the period January 2019 to December 2019 was 1,445
- Staff retention for staff over 1 year service stands at 88.9%, an increase from 88.3% in December 2018



\*Vacancy data provided by Finance based on staff in post v budgeted establishment position

# People: Sustainable Workforce Planning

- Comparing the periods January 2018 - December 2018 to January 2019 – December 2019, overall bank utilisation has fallen from 319 wte to 282 wte and agency from 150 wte to 145 wte.
- 11% Total Nursing vacancy rate as at 1st January 2020.



# People: Sustainable Workforce Planning

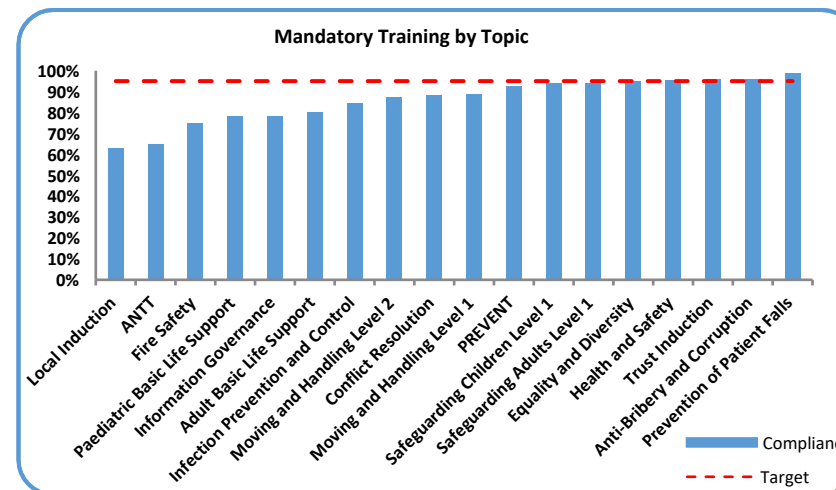
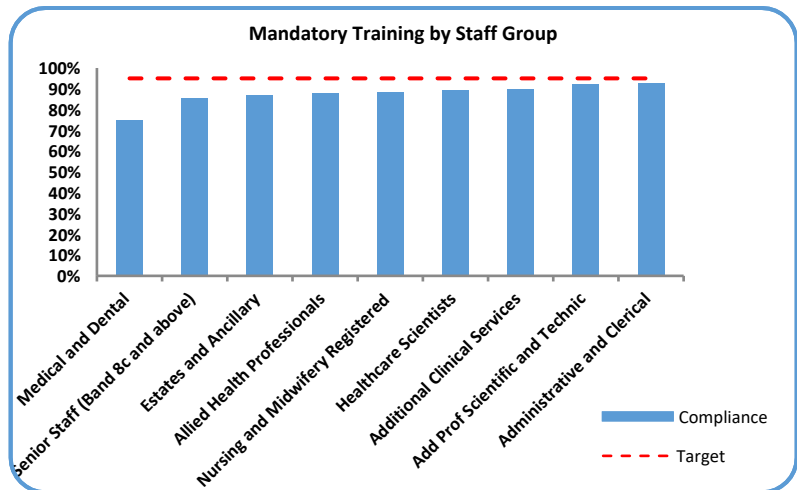
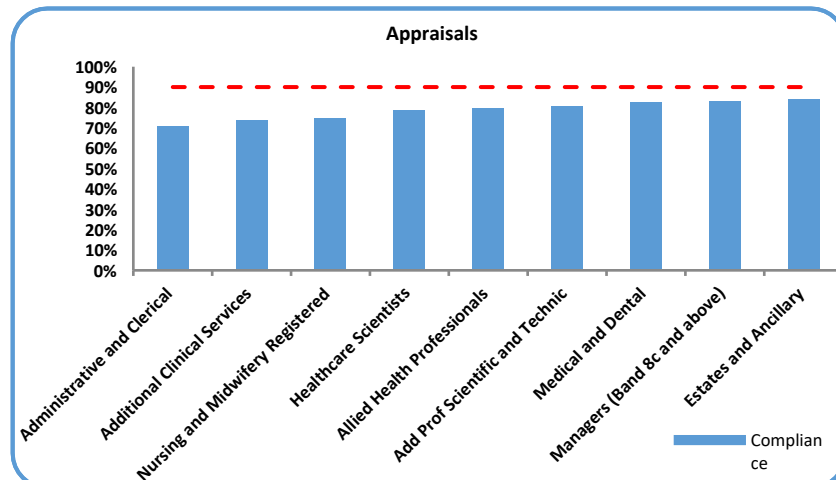
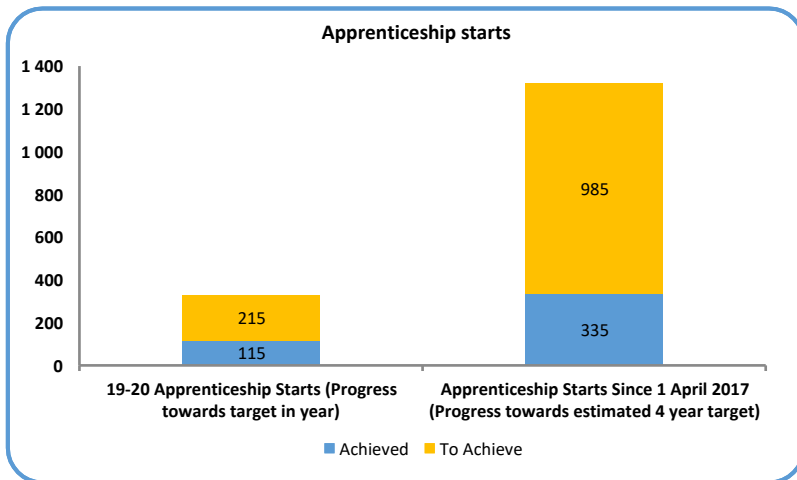
The table below shows compliancy for medical job planning as of 20/01/20:

Directorate	No. of medics on Apr pay report	No. complete/ accounted for	% complete	No. waiting Uni sign off	No. complete incl waiting Uni sig	% complete incl waiting Uni sig	Ranking
317 Dental Services Directorate	141	141	100%	0	141	100%	1st
317 Radiology Directorate	44	44	100%	0	44	100%	1st
317 Out of Hospital/ Community Services	9	9	100%	0	9	100%	1st
317 Integrated Laboratory Medicine Directorate	70	69	99%	1	70	100%	2nd
317 ENT, Plastics, Ophthalmology & Dermatology Directorate	115	113	98%	1	114	99%	3rd
317 Peri-operative & Critical Care - FH Directorate	48	47	98%	0	47	98%	3rd
317 Peri-operative & Critical Care - RVI Directorate	82	79	96%	0	79	96%	4th
317 Internal Medicine/ED/COE Directorate	144	125	87%	0	125	87%	5th
317 Children's Services Directorate	110	96	87%	3	99	90%	5th
317 Cancer Services/ Clinical Haematology Directorate	81	70	86%	0	70	86%	6th
317 Urology/Renal Services Directorate	35	29	83%	0	29	83%	7th
317 Women's Services Directorate	42	28	67%	0	28	67%	8th
317 Neurosciences Directorate	56	37	66%	2	39	70%	9th
317 Cardio	93	47	51%	0	47	51%	10th
317 Surgical Services - RVI Directorate	15	6	40%	0	6	40%	11th
317 Surgical Services - FH Directorate	28	12	43%	0	12	43%	12th
317 Musculoskeletal Services Directorate	44	5	11%	3	8	18%	13th
<b>Totals</b>	<b>1157</b>	<b>957</b>	<b>83%</b>	<b>10</b>	<b>967</b>	<b>84%</b>	<b>N/A</b>

Have been individually contacted in Nov/ Dec/ Jan with RAG compliance report

# People: Excellence in Training and Education

- The appraisal compliance rate at December 2019 is 76.2% (81.8% at December 2018), against an end of year target of 95%.
- Mandatory training stands at 88.1% against a Q3 target of 90% and end of year target of 95%. The December 2018 position was 86.1%.



# Finance: Overall Financial Position

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

At Month 9, the Trust has delivered to the year to date an Income and Expenditure surplus of £0.8 million before Provider Sustainability Funding (PSF).

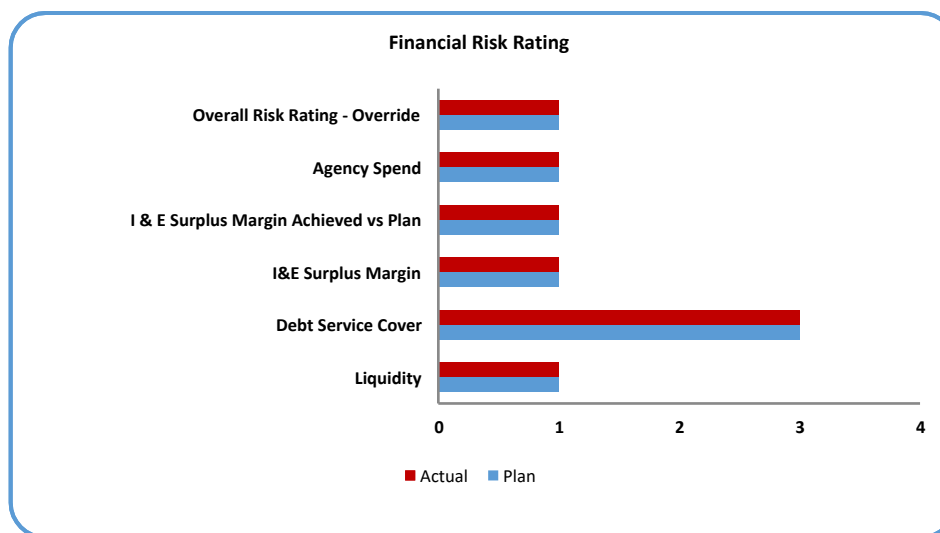
	Annual Plan	Month 9 Budget £'000	Month 9 Actual	Month 9 Variance
Income (excluding PSF)	1,086,806	813,593	836,074	22,481
Expenditure	1,088,585	812,768	835,257	22,489
I&E position (Control Total incl)	(1,896)	825	817	(8)
PSF	14,099	9,220	10,374	1,154
I&E position (exc impairment)	11,773	10,045	11,191	1,146
Closing Cash	92,059	102,012	119,491	17,479
Capital Programme	49,872	36,448	36,284	(164)

# Finance: Financial Risk Rating

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

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

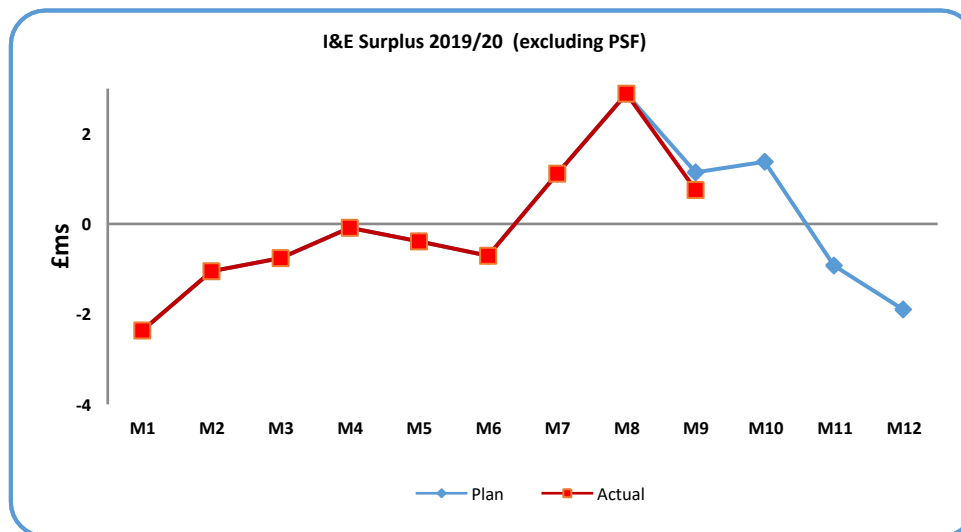
Based on these metrics the Trust would attain an overall Risk Rating of '1' which is a strong outcome. The profile is as follows:-





# Finance: Key issues

- i. Operating income for the period ending 31<sup>st</sup> December 2019 is £836 million (excluding PSF) £22.5 million ahead of Plan.
- ii. Total operating expenditure for the period to Month 9 is £835.3 million, £22.5 million more than Plan.
- iii. The Trust has an Income & Expenditure surplus excluding PSF of £817k at Month 9 (£11.2 million including PSF) which is consistent with Plan.
- iv. To date the Trust has delivered £13.2 million savings in relation to the Trust efficiency requirement, with the balance covered by non-recurrent measures.
- v. The Capital Expenditure to December was £36.2 million and is close to Plan.
- vi. The Cash balance is £119.5 million and well above Plan by £17 million.





The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### COUNCIL OF GOVERNORS

Date of meeting	20 February 2020						
Title	Governor Working Group Terms of Reference						
Report of	Kelly Jupp, Trust Secretary						
Prepared by	Kelly Jupp, Trust Secretary						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>A review of the Governor Working Group Terms of Reference (ToR) was undertaken to ensure appropriate alignment of the Working Groups to the refreshed Board Committees. Attached for approval are the final versions of the revised ToR which have been drafted by the Trust Secretary in conjunction with the Working Group Chairs. Key changes to note are:</p> <ol style="list-style-type: none"> <li>1) The Business Development Working Group has proposed to amend the name of the Group to <u>Business and Development</u>.</li> <li>2) The Community Engagement and Membership Working Group has proposed to amend the name of the Group to <u>People, Engagement and Membership</u>.</li> <li>3) Working Group Chairs are appointed for three year terms and can serve a maximum of three terms (subject to the length of term of office as a Governor) if successfully reappointed.</li> </ol> <p>The current Working Group Chairs were all appointed at different times and therefore it is proposed that the Chair reappointment process/timeline for each Working Group is as follows (subject to Governor terms of office/re-election and aligned to the same month post elections):</p> <ul style="list-style-type: none"> <li>• Mrs Errington's final term of office as a Governor is due to end in May 2021 and therefore the process to appoint a new QPE Working Group Chair will commence in June 2021.</li> <li>• Mr Cranston was appointed as Working Group Chair in 2019 and therefore the reappointment process will occur in June 2022.</li> <li>• Dr Valentine appointed as Working Group Chair in 2018 and therefore the reappointment process will occur in June 2021.</li> </ul>						
Recommendation	The Council of Governors is asked to approve the revised Governor Working Groups' Terms of Reference and the Working Group Chair appointment/reappointment timeline.						
Links to Strategic Objectives	<p>We deliver the best possible health outcomes for our patients.  We enable all staff to liberate their potential.  Our partnerships provide added value in all that we do.  We maintain financial strength and stability.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	The refreshed ToR for the Working Group will further strengthen the Trust governance structure.						

Agenda item 10(i)

Reports previously considered by	New report.
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## Terms of Reference – Business and Development (B&D) Working Group

### 1. Constitution of the Group

The B&D Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the Trust business and development activities, including Trust strategy development, Trust financial sustainability and audit arrangements in place with the Trust.

### 2. Purpose and function

The purpose and function of the Group is to gain assurance, on behalf of the Council of Governors:

- 2.1 that the Trust Board has appropriate governance and risk management structures, systems, processes and controls in place to achieve financial sustainability, as considered by the Trust Audit Committee, and to meet the Trust’s associated legal and regulatory obligations;
- 2.2 that the Trust financial performance and value for money is scrutinised appropriately through assurances received by the Finance Committee;
- 2.3 that an external auditor is appointed, following a robust appointment process, in order to undertake the audit of the Trust Annual Report and Accounts, and to receive the external auditor reports therein;
- 2.4 that the Trust Annual Operational Plan has been robustly prepared, assumptions have been adequately challenged and the financial implications of business and developments included have been fully considered; and
- 2.5 that the Trust overarching Strategy and associated key strategies e.g. Estates Strategy, has been developed through an appropriate engagement approach to consider the views of key stakeholders.

### 3. Authority

The Group is:

- 3.1 a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;
- 3.2 authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Trust Secretary, to provide information by request at a meeting of the Group to support its work, as and when required; and
- 3.3 authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).
- 3.4 The Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

## **4. Membership**

### **4.1 Group Composition and Attendance**

- 4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff).
- 4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Trust Secretary and will serve a term of three years as Chair of the Group (or until the Governor term of office ends).
- 4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.
- 4.1.4 The Chair of the Council of Governors and the Trust Secretary shall not be members of the Group, but may be in attendance from time to time.
- 4.1.5 Other than as specified above, only members of the Group have the right to participate in Group meetings however other Governors are welcome to attend. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.
- 4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.
- 4.1.7 Members are able to attend Group meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.1.8 Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.
- 4.1.9 The Trust Secretary, or their designated deputy, shall provide support as necessary for example in arranging Group agendas or meeting presentations.

### **4.2 Quorum**

- 4.2.1 The quorum necessary for the transaction of business shall be three members, as defined in 4.01 above, including the Chair or Vice Chair.
- 4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

## **5. Duties**

### **5.1 Cycle of Business**

## Agenda item 10(i)

The Group will:

- 5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

**5.2 Strategy**

The Group will:

- 5.2.1 provide input into the development of the Trust's overarching Strategy – Vision, Values and Objectives as part of the Strategy engagement and development process; and
- 5.2.2 receive a briefing on the development of the Trust Annual Operational Plan, including key assumptions included within and provide feedback to the Council of Governors.

**5.3 Financial Performance and Sustainability**

The Group will:

- 5.3.1 review progress and performance against the approved Trust Operational Plan, in particular the Trust financial position and performance against its Cost Improvement Programme (CIP).

**5.4 External Audit**

The Group will:

- 5.4.1 lead the appointment process for the Trust external auditor, in conjunction with representatives from the Trust's Finance and Procurement Teams, as well as the Trust Secretary; and
- 5.4.2 make a recommendation to the Council of Governors on the appointment of the Trust external auditor.

**6. Reporting and Accountability**

- 6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement may be needed.

**7. Committee Administration**

- 7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Trust Secretary, shall require.
- 7.2 The Chair may at any time convene additional meetings of the Group to consider additional business or business that requires urgent attention.
- 7.3 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

Agenda item 10(i)

- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.
- 7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.
- 7.6 One member of the Group shall note the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes should be shared with the Trust Secretary for filing.
- 7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

**Procedural control statement: 31 January 2020**

**Date approved: [20 February 2020]**

**Approved by: [B&D Working Group and Council of Governors]**

**Review date: December 2021**

## **Terms of Reference – People, Engagement and Membership (PEM) Working Group**

### **1. Constitution of the Group**

The PEM Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the Trust membership - including the recruitment and retention of a membership that seeks to reflect the population the Trust serves, engagement and communication with members regarding the activities of the Trust and the oversight of Member Events.

### **2. Purpose and function**

The purpose and function of the Group is to gain assurance, on behalf of the Council of Governors:

- 2.1 on the effectiveness of strategic communications and engagement, and reputation management with internal and external stakeholders, local communities and partners, with the People Committee acting as the oversight Committee;
- 2.2 that the Trust membership is diverse, inclusive and representative of the population it serves; and meets the minimum levels prescribed within the Trust Constitution;
- 2.3 that the processes are place for improving communications and engagement with members to ensure that the views of members are considered, including the scheduling of Members Events four times a year; and
- 2.4 in relation to effective liaison between Governors and Members, that arrangements are in place that enable Trust Members to communicate or meet with Trust Governors in the most efficient and effective manner to discuss Trust related matters.

### **3. Authority**

The Group is:

- 3.1. a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;
- 3.2 authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Trust Secretary, to provide information by request at a meeting of the Group to support its work, as and when required; and
- 3.3 authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).
- 3.4 The Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

### **4. Membership**



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**4.1 Group Composition and Attendance**

- 4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff), with at least one member of the Group being a Staff Governor and one member of the group being a Public Governor.
- 4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Trust Secretary and will serve a term of three years as Chair of the Group (or until the Governor term of office ends).
- 4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.
- 4.1.4 The Chair of the Council of Governors and the Trust Secretary shall not be members of the Group, but may be in attendance from time to time.
- 4.1.5 Other than as specified above, only members of the Group have the right to participate in Group meetings however other Governors are welcome to attend. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.
- 4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.
- 4.1.7 Members are able to attend Group meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.1.8 Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.
- 4.1.9 The Trust Secretary, or their designated deputy, shall provide support as necessary for example in arranging Group agendas or meeting presentations.

**4.2 Quorum**

- 4.2.1 The quorum necessary for the transaction of business shall be three members, one of which being a Staff Governor, as defined in 4.01 above, including the Chair or Vice Chair.
- 4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

**5. Duties****5.1 Cycle of Business**

The Group will:

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- 5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

**5.2 Membership Communications & Engagement**

The Group will:

- 5.2.1 review the coherence and comprehensiveness of the ways in which the Trust engages with existing and potential members; and
- 5.2.2 provide advice and support on the development of the Trust's engagement and communication strategy for members and review the effectiveness of internal communications and engagement.

**6. Reporting and Accountability**

- 6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement may be needed.

**7. Committee Administration**

- 7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Trust Secretary, shall require.
- 7.2 The Chair may at any time convene additional meetings of the Group to consider additional business or business that requires urgent attention.
- 7.3 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.
- 7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.
- 7.6 One member of the Group shall note the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes should be shared with the Trust Secretary for filing.
- 7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

**Procedural control statement: 31 January 2020**

**Date approved: [20 February 2020]**

Agenda item 10(i)

**Approved by: [PEM and Council of Governors]**

**Review date: December 2021**

## Terms of Reference – Quality of Patient Experience (QPE) Working Group

### 1. Constitution of the Group

The QPE Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the quality of care to the Trust's patients, specifically in relation to patient experience.

### 2. Purpose and function

The purpose and function of the Group is to gain assurance, on behalf of the Council of Governors:

- 2.1 that the Trust Board has appropriate quality governance structures, systems, processes and controls in place to achieve consistently safe high-quality care and to meet the Trust's legal and regulatory obligations;
- 2.2 that any shortcomings in the quality and safety of care identified as part of a Governor Ward Visit or through complaints raised directly to Trust Governors are addressed in a systematic and effective manner;
- 2.3 that the local performance indicator selected by the Group for inclusion in the Annual Trust Quality Account is accurate and any recommendations arising from the external auditor work on the indicator are progressed accordingly;
- 2.4 on the effectiveness of mechanisms used for the involvement of patients and the public, Governors, staff, partners and other stakeholders in improving the patient experience; and
- 2.5 that the quality of food served to Trust patients and visitors is to a high standard and feedback from members attending food tasting sessions is provided directly to the Council of Governors as part of the regular QPE update.

### 3. Authority

The Group is:

- 3.1. a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;
- 3.2 authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Trust Secretary, to provide information by request at a meeting of the Group to support its work, as and when required; and
- 3.3 authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).

## Agenda item 10(i)

- 3.4 The Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

### **4. Membership**

#### **4.1 Group Composition and Attendance**

- 4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff).
- 4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Trust Secretary and will serve a maximum term of three years as Chair of the Group (or until the Governor term of office ends).
- 4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.
- 4.1.4 The Chair of the Council of Governors and the Trust Secretary shall not be members of the Group, but may be in attendance from time to time.
- 4.1.5 Other than as specified above, only members of the Group have the right to participate in Group meetings however other Governors are welcome to attend. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.
- 4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.
- 4.1.7 Members are able to attend Group meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.1.8 Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.
- 4.1.9 The Trust Secretary, or their designated deputy, shall provide support as necessary for example in arranging Group agendas or meeting presentations.

#### **4.2 Quorum**

- 4.2.1 The quorum necessary for the transaction of business shall be three members, as defined in 4.01 above, including the Chair or Vice Chair.
- 4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

### **5. Duties**

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### **5.1 Cycle of Business**

The Group will:

- 5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

### **5.2 Strategy**

The Group will:

- 5.2.1 agree the local performance indicator for inclusion in the Trust Quality Account and consider the conclusion report provided by the Trust external auditor on the Quality Account; and
- 5.2.2 review the Trust's Quality Strategy and Quality Account, and provide feedback to the Council on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact.

### **5.3 Learning and communication**

The Group will:

- 5.3.1 develop and oversee a programme of Ward Visits to engage members directly in quality assurance processes and to ensure that such processes include the establishment of a procedure to review, distil and implement the learning from the visits; and
- 5.3.2 be assured of the effectiveness of communication, engagement and development activities designed to support patient safety and improve clinical governance.

### **5.4 Patient and public engagement**

The Group will:

- 5.4.1 be assured of the effectiveness of a credible process for assessing, measuring and reporting on the 'patient experience' in a consistent way over time, including the appropriateness and effectiveness of processes for patient engagement in support of the Trust's strategic goals and programmes of work.

## **6. Reporting and Accountability**

- 6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

## **7. Committee Administration**

- 7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Trust Secretary, shall require.
- 7.2 The Chair may at any time convene additional meetings of the Group to consider additional business or business that requires urgent attention.

## Agenda item 10(i)

- 7.3 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.
- 7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.
- 7.6 One member of the Group shall note the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes should be shared with the Trust Secretary for filing.
- 7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

**Procedural control statement: 31 January 2020**

**Date approved: [20 February 2020]**

**Approved by: [QPE and Council of Governors]**

**Review date: December 2021**

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### COUNCIL OF GOVERNORS WORKSHOP

Date of meeting	20 February 2020						
Title	Lead Governor Arrangements						
Report of	Kelly Jupp, Trust Secretary						
Prepared by	Kelly Jupp, Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report seeks to confirm agreement for a new Lead Governor role description and the appointment process for a Lead Governor.						
Recommendation	<p>The Council of Governors are asked to:</p> <p>i) Consider and approve the Lead Governor Role Description attached in Appendix B.</p> <p>ii) Approve the process for the appointment of a Trust Lead Governor as outlined in Section 3.</p>						
Links to Strategic Objectives	We deliver the best possible health outcomes for our patients.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	No direct impact.						
Reports previously considered by	New report (Private report shared with Governors in January 2020).						

## LEAD GOVERNOR ARRANGEMENTS

### 1. INTRODUCTION

Historically it was agreed that the Lead Governor for Newcastle Hospitals was the Nominations Committee Chair, a Public Governor.

Following on from the restructuring of the Trust Board Committees, the detailed review and update of the Trust Constitution, as well as feedback from Trust Governors, it was determined that the Lead Governor arrangements be reconsidered.

Recently, it was agreed that the chairmanship of the Nominations Committee be changed to the Trust Chairman and therefore the current default position being that Mr David Stewart-David, as former Chair of the Committee and now Vice Chair of the Nominations Committee, remains as the Lead Governor.

A detailed private report on the Trust Lead Governor arrangements was shared with the Council of Governors and Trust Board members on 10 January 2020 for consideration. The report was discussed in detail at the private meeting of Governors on 16 January 2020.

This report includes an updated Lead Governor role description and the final proposed appointment process for a Trust Lead Governor; both of which have been amended to incorporate the feedback from Governors at the January meeting.

### 2. GUIDANCE

Appendix B in the Monitor Code of Governance, updated in July 2014, specifies the 'role of the nominated Lead Governor'. An extract of the guidance has been included in Appendix A to this report. In summary:

- The Lead Governor has a role to play in **facilitating direct communication** between Monitor (now NHS Improvement, therefore references amended accordingly) and the Trust Council of Governors, **in a limited number of circumstances** i.e. it is not anticipated that there will be regular direct contact.
- A Lead Governor should be **nominated and contact details provided** to NHS Improvement to enable contact to be made at speed and through one established point of contact when necessary.
- The Lead Governor may be **any** of the governors.
- The main circumstances when contact will be made is when NHS Improvement has **concerns as to the Trust Board leadership** and will wish to understand the views of Governors.
- The Lead Governor should take steps to **understand the regulators role**, the available guidance and the basis on which regulatory action may be taken.
- The Lead Governor would be the conduit when individual governors wish to contact NHS Improvement. The existence of a Lead Governor should not prevent any Governor making direct contact with NHS Improvement if they feel that such contact is required

## Agenda item 10(ii)

however it is recommended that such contact is coordinated through the Lead Governor in the first instance.

- The regulator may wish to contact the Lead Governor when they have been made aware that the process for the appointment of the chairperson or other members of the board, or elections for governors, or **other material decisions posing a risk of being in significant breach of licence, non-compliance with the NHS foundation trust's constitution, or** alternatively, whilst complying with the trust's constitution, **may be inappropriate.**

At the January 2020 private Council meeting, it was agreed that:

- The Lead Governor for the Trust should become a member of the Nominations Committee. The benefit of this is that the Nominations Committee already have a role/involvement in reviewing the Board composition/leadership skills and have a collective responsibility as a Committee for the appointment and appraisal of the Chair/Non-Executive Directors.

The role description has therefore been amended to reflect this. Further the Terms of Reference of the Nominations Committee have been updated to include the Lead Governor as a Committee member – these were approved at their meeting on 10 February 2020.

- The Lead Governor role is restricted to a Public Governor rather than a Staff or Appointed Governor to ensure maximum independence.
- The term of appointment as Lead Governor should be for an initial period of three years, subject to potential reappointment for a further 3 years up to a maximum of 6 years in total. The process for reappointment will involve:
  1. The existing Lead Governor providing a short statement for the Council of Governors setting out a self-assessment of their time as a Lead Governor thus far (what worked well and what could be improved) and what they would like to achieve in the role if reappointed; and
  2. Council of Governors will be asked to vote to endorse or reject the reappointment.

*N.B. The appointment term was agreed by Governors present at the 16 January meeting. It was noted that one Governor highlighted after the meeting that they felt that a six year total appointment term may be too long.*

- That the Lead Governor must have at least one year of service as a Trust Governor.

The Trust Constitution includes the following wording regarding the Lead Governor (Annex 5):

- 1.1 *The Council of Governors shall elect one of the elected Governors as the Lead Governor in accordance with the conditions of appointment set out in the Lead Governor role description approved by the Council of Governors.*
- 1.2 *The Lead Governor shall have the responsibilities, and perform the tasks, set out in the Lead Governor role description.*

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A final role description proposed for approval is attached in Appendix B.

Note that as the role description includes the following wording to '*Hold regular meetings with the Chairman and Working Group Chairs to discuss emerging issues and facilitate effective communications between the Council of Governors and the Trust Board*' therefore in order to differentiate clearly and ensure independence, it is recommended that the Lead Governor is not be a Working Group Chair.

### **3. PROCESS FOR APPOINTMENT**

The process for appointing a Lead Governor is not specified in the Code of Governance.

At the January Council meeting, the different options for appointment of a Lead Governor were discussed and it was recommended that the following quasi-formal election process be followed:

- Public Governors interested in becoming the Lead Governor are asked to self-nominate/express an interest to the Trust Secretary in writing/via email. The expression of interest must include a short statement setting out their 'fit' with the role description and what they would bring to the role.
- If there is only a single expression of interest, the Council of Governors will be asked to vote to endorse or reject that nomination.
- If there are multiple expressions of interest, a closed ballot process for all Governors to vote within will be facilitated by the Trust Secretary.
- Votes would then be counted in the presence of the Trust Secretary, Senior Independent Director and Chairman. The Governor with the highest number of votes would be nominated as Lead Governor. In the event of a draw in the number of votes candidates receive, there would be a re-ballot. Should another draw occur, the Trust Chair would have the casting vote.

It is proposed that the process for the appointment of a new Lead Governor commences after the next round of Governor elections and Governor induction/mandatory training has been undertaken. The Trust Secretary will contact Public Governors to ask for expressions of interest by 7 August 2020, with a vote to be held at the 20 August Council of Governors meeting.

### **4. ACTIONS AND RECOMMENDATIONS**

The Council are asked to:

- i) Consider and approve the draft Role Description attached in Appendix B.
- ii) Approve the process for the appointment of a Trust Lead Governor as outlined in Section 3.

**Report of Kelly Jupp**  
**Trust Secretary**  
**3 February 2020**

## Appendix A

### Monitor Code of Governance – Appendix B extract

The lead governor has a role to play in facilitating direct communication between Monitor and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairperson or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between Monitor and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to Monitor, and then updated as required. The lead governor may be any of the governors.

The main circumstances where Monitor will contact a lead governor are where Monitor has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by Monitor's board of its formal powers to remove the chairperson or non-executive directors. The council of governors appoints the chairperson and non-executive directors, and it will usually be the case that Monitor will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand Monitor's concerns.

Monitor does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, Monitor will often wish to have direct contact with the NHS foundation trust's governors, but at speed and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand Monitor's role, the available guidance and the basis on which Monitor may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact Monitor, this would be expected to be through the lead governor.

The other circumstance where Monitor may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairperson or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

In such circumstances, where the chairperson, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for Monitor.

Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update Monitor with their contact details as and when these change.

## **Appendix B**

### **Draft Newcastle Hospitals Lead Governor Role Description**

#### ***The Role***

The main duties of the Lead Governor will be to:

- Act as a point of contact for NHS Improvement should the regulator wish to contact the Council of Governors on a particular matter when the normal channels of communication are not appropriate (for example when a conflict of interest arises)
- Be the conduit for raising any Governor concerns with NHS Improvement that the Foundation Trust is at risk of significantly breaching the terms of its authorisation, having made every attempt to resolve any such concerns locally;
- Chair such parts of meetings of the Council of Governors which cannot be chaired by the Trust Chair or Senior Independent Director due to a conflict of interest in relation to the business being discussed;
- Consult routinely with the Chairman and Senior Independent Director to plan and review the agendas for the Council of Governors;
- Hold regular meetings with the Chairman and Working Group Chairs to discuss emerging issues and facilitate effective communications between the Council of Governors and the Trust Board; and
- To provide input into the appraisal of the Chairman and the Non-Executive Directors through being a member of the Trust Nominations Committee.
- Act as an alternate point of contact for Governors if they wish to raise issues of concern, which the Lead Governor can then discuss with the Chairman on their behalf.

#### ***The Person [Conditions of appointment]***

To be able to fulfil this role effectively the Lead Governor will be appointed from the Public Governors, with at least one years' experience as a Governor and:

1. Have the confidence of Governor colleagues and of members of the Board of Directors;
2. Have a willingness to challenge constructively and independently;
3. Have the ability to influence and negotiate;
4. Be able to present well-reasoned and balanced arguments;
5. Be committed to the success of the Foundation Trust;
6. Have the ability to Chair meetings showing leadership in areas where views are divided;
7. Understand the role of the regulators and the basis on which regulatory action may be taken;
8. Be free from bias; and

9. Be able to commit the time necessary.

***General Provisions***

- The term of office will be three years or the remainder of the individual's term as a Governor, whichever is shorter. The Lead Governor may be appointed for a further 3 year term subject to a maximum appointment period of 6 years.

The Council of Governors reserves the right to replace the Lead Governor if a majority of members present at a general meeting resolve to do so. Such action would follow from a written resolution to this effect submitted by a member of the Council at a general meeting.

- The Lead Governor may terminate their appointment at any time by means of a written notice to the Chairman.
- The Lead Governor role description will be reviewed by the Council of Governors on the occasion of any change in the Lead Governor.



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