












Council of Governors

20 November 2019, 13:30 to 15:30
Function Rooms 137 & 138, Education Centre, FH

Agenda

- | | | |
|---------------|--|---|
| 1. | Introduction to the NHS Retirement Fellowship | 10 minutes |
| | Prior to the commencement of the business items, an introduction to the NHS Retirement Fellowship will be given by Lucia Hiden, North East Development Officer | |
| 1.1. | Council of Governors Meeting Agenda | Attached
Senior Independent Director (SID) |
| |  0 CoG Agenda 21 Nov 19.pdf (3 pages) | |
| 2. | Business Items | |
| 2.1. | Apologies for Absence and Declarations of Interest | Verbal
SID |
| 2.2. | Minutes of the Meeting held on 19 September 2019 and Matters Arising | Attached
SID |
| |  2.2 NuTH Council of Governor Minutes 19 September 19 DRAFT.pdf (15 pages) | |
| 2.2.1. | Introduction from Dr V McFarlane-Reid, Executive Director of Enterprise and Business Development | Verbal
ED of EBD |
| 2.2.2. | Introduction from Ms T Adegbie, Insight Programme Participant | Verbal
Theodora Adegbie |
| 2.3. | Action Log | Attached
SID |
| |  2.3 CoG Action Log Nov 19.pdf (3 pages) | |
| 2.4. | Chairman's Report | Attached
SID |
| |  2.4 Chairman's Report Nov 19.pdf (5 pages) | |
| 2.5. | Chief Executive's Report | Verbal
Medical Director (MD) |

2.6.	Nominations Committee Report		Attached Nominations Committee Vice Chair
	 2.6 Nominations Committee Update Nov 19.pdf	(19 pages)	
2.7.	Governor Elections November 2019 Update		Attached Trust Secretary (TS)
	 2.7 Governor Elections 2019 Update Nov 19.pdf	(5 pages)	
3.	Reports from Governor Working Groups		
3.1.	Quality of Patient Experience (QPE) Working Group Report		Attached Working Group Member
	 3.1 QPE Report Nov 19.pdf	(6 pages)	
3.2.	Business Development (BD) Working Group Report		Attached Working Group Chair
	 3.2 BD Report Nov 19.pdf	(4 pages)	
3.3.	Community Engagement and Membership (CEM) Working Group Report		Attached Working Group Vice Chair
	 3.3 CEM Report Nov 19.pdf	(4 pages)	
4.	Quality & Patient Safety		
4.1.	Integrated Quality Report		Attached ECN
	 4.1 Integrated Quality Report Nov 19.pdf	(9 pages)	
5.	Performance & Delivery		
5.1.	2019/20 Month 6 Finance Report		Attached Finance Director
	 5.1 Finance Report Month 6 Nov 19.pdf	(5 pages)	
5.2.	Trust Declaration of a Climate Emergency		Presentation Head of Sustainability & Compliance
	James Dixon, Head of Sustainability & Compliance, to attend at 3:00pm to present		
6.	Items to Receive & Any Other Business		
6.1.	Update from Committee Chairs and Any Other Business		Verbal Committee Chairs
6.2.	Matters Arising from the Informal Governors Meeting		Verbal Working Group Chairs
6.3.	Date and Time of the Next Meeting		Verbal SID
	CoG Workshop: Thursday 16 January 2020 in Function Rooms 137 & 138, Freeman Hospital at 1:30pm		

6.4. 2020 Meeting Dates

Formal CoG Meeting: Thursday 16 April 2020
CoG Workshop [TBC]: Thursday 18 June 2020
Annual Members Meeting: Friday 31 July 2020
Formal CoG Meeting: Thursday 20 August 2020
Formal CoG Meeting: Thursday 15 October 2020
Formal CoG Meeting: Thursday 20 December 2020

Verbal

SID

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

Thursday 21 November 2019 in Function Rooms 137 and 138, Education Centre,
Freeman Hospital, Newcastle upon Tyne
Start time 1:30pm

*Prior to commencement of the business items, an introduction to the NHS Retirement Fellowship
will be given by Lucia Hiden, North East Development Officer*

Agenda				
Item		Lead	Paper	Timing
Business Items				
2.1	Apologies for Absence and Declarations of Interest	Senior Independent Director (SID)	Verbal	1:40pm -1:45pm
2.2	Minutes of the Meeting held on 19 September 2019 and Matters Arising: 2.2.1) Introduction from Ms V McFarlane-Reid, Director of Enterprise and Business Development 2.2.2) Introduction from Ms T Adegbie, Insight Programme Participant	SID	Attached Verbal Verbal	
2.3	Meeting Action Log	SID	Attached	
2.4	Chairman's Report	SID	Attached	
2.5	Chief Executive's Report	Medical Director	Verbal	1:45pm -1:55pm
2.6	Nominations Committee Report	Committee Vice Chair	Attached	1:55pm -2:05pm
2.7	Governor Elections November 2019 Update	Trust Secretary	Attached	2:05pm -2:10pm
Reports from Governor Working Groups				
3.1	Quality of Patient Experience Working Group Report	Working Group Member	Attached	2:10pm -2:15pm
3.2	Business Development Working Group Report	Working Group Chair	Attached	2:15pm -2:20pm
3.3	Community Engagement and Membership Working Group Report	Working Group Vice Chair	Attached	2:20pm -2:25pm
				2:25pm- 2:30pm

Quality and Patient Safety				
4.1	Integrated Quality Report	Executive Chief Nurse	Attached	2:30pm-2:35pm
Performance & Delivery				
5.1	2019/20 Month 6 Finance Report	Finance Director	Attached	2:55pm-3:00pm
5.2	Trust Declaration of a Climate Emergency <i>[James Dixon, Head of Sustainability and Compliance, to attend at 3pm to present]</i>	Head of Sustainability and Compliance	Presentation	3:00pm-3:20pm
Items to Receive and Any Other Business				
6.1	Update from Committee Chairs and Any Other Business	Committee Chairs	Verbal	3:20pm-3:30pm
6.2	Matters Arising from the Informal Governors Meeting	Working Group Chairs	Verbal	
6.3	Date and Time of Next Meeting: CoG Workshop: Thursday 16 January 2020 in Function Room 137 and 138, Freeman Hospital at 1:30pm. Formal CoG Meeting: Thursday 20 February 2020 in TBC.	SID	Verbal	
6.4	2020 Meeting Dates: 16 January 2020 - Workshop 20 February 2020 16 April 2020 18 June 2020 – Workshop [TBC] 20 August 2020 15 October 2020 10 December 2020 Annual Members Meeting – 31 July 2020	SID	Verbal	

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COUNCIL OF GOVERNORS

DRAFT MINUTES OF MEETING HELD ON 19 SEPTEMBER 2019

Present: Professor Sir J Burn, Trust Chairman (Chair)
Mr A Welch, Medical Director
Public Governors (Constituency 1 – see below)
Public Governors (Constituency 2 – see below)
Public Governors (Constituency 3 – see below)
Staff Governors (see below)
Appointed Governors (see below)

In Attendance: Mr S Morgan, Non-Executive Director
Mr E Weir, Non-Executive Director
Mrs A Dragone, Finance Director
Mrs C Docking, Assistant Chief Executive
Mrs E Harris, Deputy Chief Nurse
Mrs H Byworth, Assistant Director of Contracting & Performance
Mrs K Jupp, Trust Secretary

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

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

19/17 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies were **received** from Governors Mr A Balmbra, Mr P Briggs, Miss D Colvin-Laws, Mrs C Errington, Prof A Fisher, Dr M Saunders and Prof A Wathey.

Further apologies were **received** from Dame J Daniel, Chief Executive (Mr A Welch, Medical Director deputising), Ms M Cushlow, Executive Chief Nurse (Mrs E Harris, Deputy Chief Nurse deputising), Mrs K Simpson, Interim Director of Business and Development (Mrs H Byworth, Assistant Director of Contracting & Performance deputising), Mrs D Fawcett, Director of HR, 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 D Stout, Professor K McCourt, Mr J Jowett, Mr K Godfrey, Professor D Burn and Ms J Baker.

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

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

ii) **Minutes of the Meeting held on 16 May 2019 and Matters Arising**

The minutes of the meeting were **agreed** as an accurate record and there were no matters arising.

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

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

Dr Valentine **provided** an update detailing the salient points raised during the informal meeting, being:

- It was agreed that the informal meetings continue to be an effective forum for Governor discussion outwith the formal Council meeting. Meetings would continue to take place in advance of the formal session, facilitated by Governor working group chairs.
- Attendees requested an update about having informal mentors for new Governors. The Trust Secretary advised that expressions of interest had been sought, and links would be made as requested.
- Attendees queried the appointment process for the Vice Chair and members of the Nominations Committee. It was agreed that the matter would be discussed during the item pertaining to the Nominations Committee update (19/17(viii)).
- An update on website procurement and Governor email provision was requested. It was advised that the Assistant Chief Executive would provide an update regarding the Trust website development later in the meeting. In relation to Governor email addresses, the Trust Secretary advised that Trust staff were due to commence the transition from the current in-house solution to the nationally provided 'nhs.net' email solution. No changes were suggested regarding Governor email addresses as Governors did not require specific Trust email addresses in order to fulfil their statutory duties.
- Governors would like to talk to Junior Doctors as part of the Governor walkabouts programme where possible. The Medical Director agreed to feedback the request to Trust Directorate Managers.
- Governors referred to the governance structure work undertaken and asked that further detail be provided on next steps which the Trust Secretary agreed to circulate by email to Governors.

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- In relation to the output from the Constitution workshop, the Trust Secretary advised that due to the scale of the review undertaken and the significant number of changes, a tracked version was not available, but changes were outlined in the accompanying report. Other comments in relation to the constitution were also noted for future consideration:
 - further detail to be included regarding process of appointment of working group chairs and deputy chairs, as well as the need for regular rotation of such post-holders.
 - a working group of Governors, with a Non-Executive Director present, be tasked with reviewing proposed changes to the content in the months leading up to the Annual Members Meeting.

The Chairman advised that the Trust Annual Members Meeting would be brought forward to July 2020 as the Annual Report and Accounts were for the year to 31st March 2020 and it was timelier to hold the meeting closer to the year-end date.

It was resolved: to receive the report.

iv) Meeting Action Log

The progress in relation to the actions listed was **noted**.

Governors who had not yet provided their photograph were asked to submit directly to the Deputy Trust Secretary as soon as possible to enable the Governors section on the Trust website to be updated.

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

v) Chairman's Report

The Chairman provided the report and **noted** the following points:

- The Chairman had attended the inaugural meeting of the Trust's LGBTQ+ Allies Group, chaired by the Chief Operating Officer.
- The Trust supported the World Transplant Games. Mrs Yanez expressed her pride in the organisation, noting in particular the contribution of the Emergency Department, the Emergency Admission Unit and Ward 38(FH).
- The Trust actively participated in the Great North Run weekend, with the Chief Executive completing the half marathon and a contingent of Trust staff, including the Chairman and Assistant Chief Executive, participating in a 'Blue Wave' in the 5k run on the Newcastle/Gateshead Quayside.
- Newcastle Hospitals was mentioned in a recent Guardian article as the first health organisation in the world to declare a Climate Emergency. This was an extension of

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the organisation's commitment to sustainability which has included the use of recycled heat, sending zero waste to landfill since 2011 and the procurement of electric buses.

Dr Murthy requested that a short presentation detailing the climate emergency declaration would be of benefit to the Council. The Deputy Trust Secretary agreed to facilitate for a future meeting [**ACTION01**].

It was noted that an amendment was required to the report to accurately refer to Jamie Driscoll as Mayor of North of Tyne to which the Deputy Trust Secretary agreed to amend [**ACTION02**].

It was resolved: to (i) **receive** the report, (ii) **note** the requirement for the Deputy Trust Secretary to schedule a future presentation from the Head of Sustainability and Compliance on the Trust Climate Emergency declaration and (iii) **note** the change required to the report to accurately refer to the Mayor of North of Tyne.

vi) **Chief Executive's Report**

The Medical Director provided a verbal update and highlighted the following areas to **note**:

- Since the last meeting of the Council, the Trust had received the results of the inspection undertaken by the Care Quality Commission (CQC). The Trust received a second consecutive 'Outstanding' rating, the only Shelford Trust at that time to do so. The Medical Director paid tribute to Trust staff for their hard work and thanked the Trust Governors who had been involved in the process.
- The Trust continued to ensure it maintained its position as a beacon for research and educational development, in collaboration with its partner organisations. Similarly, the Trust continued to work with its civic partners in discussions regarding the Integrated Care System (ICS).
- Staff wellbeing was a key focus for the organisation, ensuring staff were respected, valued and able to work flexibly were crucial in allowing the organisation to flourish.
- Work continued to prepare the Trust for the Paperlite go-live, which included the training of a significant volume of staff and the roll-out of the required technical infrastructure. It was advised that Trust clinicians were working in collaboration with the IT department to ensure that patient care was not negatively impacted. A slight reduction in clinics would be observed during the first two weeks of implementation to enable any post go-live issues to be rectified timely.
- The Medical Director advised, that as Executive Lead for Brexit, the Trust continued to prepare for the impact of the UK's departure from the European Union (EU). In

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particular, it was noted that the Trust had no specific concerns regarding the supply of medicines and consumables.

- It was advised that the Trust would be hosting the inaugural Black, Asian and Minority Ethnic (BAME) conference on 1 October 2019. Invitations to attend were extended to the Council.
- The Chief Executive formally opened the Appointment Booking Centre during August which has had a positive impact on the experience of patients prior to their hospital visit.
- The Trust's newly appointed Executive Director of Enterprise and Business Development, Dr Vicky McFarlane-Reid, would commence in post next week.

Cllr Schofield queried where the Trust publishes its workforce diversity data. The Trust Secretary advised that the data was published on the Trust website and agreed to share the weblink with Cllr Schofield. The Trust Secretary agreed to circulate the BAME conference programme with the Council via email **[ACTION03]**.

Dr Murthy referred to the Governors room facilities at the Royal Victoria Infirmary and requested that the publications/information available be updated which the Trust Secretary agreed to action **[ACTION04]**.

The Assistant Chief Executive provided an update regarding the Trust website, advising that the procurement process was underway and would be the priority for the Communications team for the remainder of the year. It was advised that the revised website would take some time to develop to ensure it was both fit for purpose and accurately represented the organisation.

It was resolved: to (i) **receive** the report and (ii) for the Trust Secretary to **share** the workforce diversity data weblink with Cllr Schofield and to circulate the BAME conference programme with the Council Governors.

vii) Strategy & Branding Update

The Assistant Chief Executive provided the update, extending thanks to the Assistant Director of Business Strategy and Planning for her work in developing the Trust Strategy and the associated Vision and Values. It was noted that the main strategy document would be shared at the Annual Members Meeting at the end of September 2019.

The Assistant Chief Executive displayed the revised Trust branding which had been amended following Governor and staff feedback, noting in particular that the bridge had been designed to be more recognisable as the Tyne Bridge with the addition of pillars. A heart motif had been included along with the new strapline 'Healthcare at its best, with people at our heart'.

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In addition, a refreshed corporate image to include new fonts and colourways was presented which the Assistant Chief Executive advised had been well received across the Trust. This would also be launched at the Annual Members Meeting.

Dr Hammond advised that the colour contrast in the new corporate images could be problematic for those with visual impairments. The Assistant Chief Executive advised that this had been considered and would continue to be reviewed going forward.

Dr Murthy queried the rationale for a strategy over a 5 year period. The Assistant Chief Executive advised that this was a standard review period for organisational strategic development. Performance against the strategy would be considered annually by the Trust Board of Directors.

The Chairman noted that the Trust had been nominated as 'Trust of the Year' by the Health Service Journal (HSJ).

It was resolved: to receive the report.

viii) Nominations Committee Update

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

- The Committee agreed to consider the creation of Associate Non-Executive Director (NED) roles through the work being undertaken by DAC Beachcroft as part of the Trust Constitution review and update exercise. The matter was currently under discussion with Newcastle City Council and Newcastle University.
- The Terms of Reference for the Committee had been reviewed and updated to include a number of amendments as outlined in the report. One of the amendments being to the membership/composition of the Committee and Chair arrangements. Governors were asked previously to indicate their interest in joining the Committee, three expressions of interest were received and it was **agreed** that Dr Murthy and Mrs Heslop join the Committee in October, with Mrs Yanez to join the Committee when Dr Saunders term of office ends in May 2020. As the membership now included a Staff Governor, the Trust Secretary advised that she would be contacting all Staff Governors to ask for any expressions of interest in joining the Committee.
- The recent meeting discussed Chair and Non-Executive Director succession planning and the development of a Chair and Non-Executive Director expenses policy.
- The Committee also agreed to recommend Mr Jonathan Jowett, Non-Executive Director, be re-appointed for a second term from 1 November 2019. Mr Jowett was scheduled to attend the next meeting of the Nominations Committee to feedback on his time as a Trust Non-Executive Director to date. The Council **agreed** the

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recommendation and approved Mr Jowett to serve as Non-Executive Director for a second 3 year term.

- It was further noted that Mr Ewen Weir would complete his final term as Non-Executive Director on 30 September 2019 and would convert on an interim basis to an Associate NED until December 2019 whilst a new Associate NED was identified from within Newcastle City Council. The Council thanked him for his service to the Trust since 2010.
- The Committee received an update regarding the Gatenby Sanderson Insight programme, a scheme for aspiring Non-Executive Directors from under represented areas. It was noted that Ms Theodora Adegbe would join the Trust as part of the programme for six months from October 2019.
- Mr Stewart-David advised that he intended to leave the Committee in May 2021 when his Governor term of office was due to end.
- The amendments to the Committee's Terms of Reference had been made to ensure parity with peer organisations. A benchmarking exercise had been undertaken, the detail of which being included within the report. The Trust Chairman would assume chairing responsibilities for the Committee, with Mr D Stewart-David as Vice Chair. Committee membership was to be expanded to aid the Committee quorum to include one further Public Governor and one Staff Governor.

The Trust Chairman explained that historically, he had attended the Committee but was not a formal member which was inconsistent with his role as Chair of the Trust Board and Chair of the Council of Governors. Executive Directors and Non-Executive Directors other than the Senior Independent Director and Trust Chairman would no longer be members of the Committee as this reflected best practice.

The Chairman advised that Mr Briggs had queried the revision to Committee chairing arrangements due to potential conflicts of interest. The Chairman noted that there would not be any conflict of interest as the Senior Independent Director would continue to be a member of the Committee and would act in relation to matters regarding the Chairman's position, such as appraisal and remuneration. The Trust Secretary reiterated that the process for any Chair appointment would continue to be chaired by the Trust's Senior Independent Director.

The Council **endorsed** the amendments to the Nomination Committee Terms of Reference which had been **approved** by the Committee.

The Chairman confirmed that the appraisal process consisted of one to one meetings with each individual Non-Executive Director and then the production of an appraisal report and objectives for the Nominations Committee. Dr Hammond queried whether the Non-Executive Director objectives could be refined to reflect SMART principles. The Chairman agreed to review and refine the objectives, in consultation with the Trust Secretary, to

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make them more specific, measurable, achievable, realistic and timely (SMART)
[ACTION05].

The Council discussed the appropriateness of section 4.10 of the Terms of Reference regarding attendance at meetings and the requirement for members to report their reasons for non-attendance if they fail to attend two meetings. The Trust Secretary agreed to review with Committee members at a future Committee meeting to reconsider the wording used **[ACTION06]**. It was noted that the inclusion of such a clause was to ensure consistency with the other Committee Terms of Reference and given the increase in Governor members, this would ensure that quorum could be maintained.

Mrs Heslop queried the outcome of the exercise to gauge Governor interest in joining to Governor Working Groups and for additional training and development. The Trust Secretary advised that the majority of responses had been received and the information was to be considered. She agreed to feedback to the next Governor meeting **[ACTION07]**.

It was resolved: to (i) **receive** the report, (ii) **note** the requirement for the Chairman to review and refine the Non-Executive Director objectives, (iii) **support** the creation of an Associate NED role with a representative from Newcastle City Council in the first instance, (iv) **approve** the renewal of Mr Jowett's second term of office for three years from 1st November 2019, (v) **endorse** the continuation of Dr Saunders' as a Committee member until the 31st May 2020, (vi) **note** that an updated NED succession policy and an updated NED expenses policy will be brought back to a future Council meeting for approval and (vii) **endorse** the amendment Nominations Committee Terms of Reference.

ix) Governor Elections 2019 Update

The Trust Secretary provided a verbal update, advising that an election process for the vacant Governor seats would commence in November 2019 as agreed previously. The timetable had been considered in conjunction with UK Engage, the Trust Election provider.

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

x) Trust Constitution Update

The Trust Secretary presented the update and outlined the proposed changes being:

- A reduction in the age of members from 18 to 16.
- A minor revision to the Public constituencies to create one constituency with three classes within rather than having three separate constituencies. It was proposed that the words 'and beyond' be removed from the current public constituency 3. Going forward, the Trust aspires to create a Patient constituency which the Governor Constitution task and finish group would be established to enact.

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- The revisions also included legislative updates and consequential updates to definitions, clarified the tenures of the Non-Executive Directors and Governors, as well as providing further clarity on the definition of 'significant transactions'.
- The revised constitution allows for the transition from Appointed Non-Executive Directors to Associate Non-Executive Directors.
- The minimum Volunteer membership reduced from 50 to 30 to be more representative of the population.

The Trust Secretary advised that the Council were required to approve the changes prior to endorsement at the meeting of the Board of Directors on 26 September 2019. The Constitution would then require approve at the Annual Members Meeting on 27 September 2019.

Dr Murthy commented that there was no guidance available nationally as to whether Governors should undertake Ward visits. The Trust Secretary advised that the feedback from these visits was important and as DBS checks and confidentiality agreements were in place for all Governors, such visits would continue.

The Council **agreed** the revisions to the Trust Constitution.

It was resolved: to (i) **receive** the updated constitution and (ii) **note** the Council's **agreement** to the revised Constitution.

19/18 REPORTS FROM GOVERNOR WORKING GROUPS

i) Quality of Patient Experience Working Group Report

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

- There was no meeting held in August.
- Members of the working group visited the Surgical Skills centre, noting that it was a huge asset to the reputation to the Trust, with staff being friendly and professional.
- At a recent Clinical Effectiveness, Audit and Guidelines Committee, a presentation regarding oral hygiene was received, noting in particular instances of poor recording of mouth care on some wards. The Deputy Chief Nurse advised that this was incorporated within the workstream for Harm Free Care. The detailed update was to be included in the next report for the Council in November 2019.

There was a break in the meeting to thank Mr Ewen Weir, Non-Executive Director, for his 9 years' service.

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

ii) Business Development Working Group Report

Dr Valentine provided the following points to **note**:

- The working group received presentations from the Assistant Director of Strategy and Business Planning, regarding planning requirements, and from the Project Director for Financial Improvement, regarding the Trust’s sustainability plan.
- It was advised that Mr David Stout, Non-Executive Director, would be in attendance at the next meeting.
- It was noted that the Chair of the working group would be in attendance to observe the Finance and Investment Committee meeting in late September and the Vice Chair at Audit Committee meeting in late October.
- 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 **[ACTION08]**.

It was resolved: to (i) **receive** the report and (ii) **note** the action for the Deputy Trust Secretary to schedule the presentation.

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

Mr Cranston provided the following points to note:

- The working group nominated Mr Cranston as Chair and Mrs Carrick as Vice Chair. The Council **endorsed** the nominations.
- The working group discussed the requirement for a membership strategy to both recruit and retain new members and develop a communications strategy to adequately engage with the membership.
- It was recognised that diversification of Trust membership was an area of specific focus to ensure that membership was adequately representative of the population it serves, particularly in terms of age and ethnicity.
- The working group discussed changes to communication methods with Trust Members, highlighting that recent events had been advertised primarily via email, with only a small amount of postal communications sent out. This had reduced the

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cost of communications with no detrimental impact on the numbers of individuals in attendance.

- The working group recognised the importance of a more effective website for the Trust to be implemented, which would be the primary tool for recruiting future members and communicating with the Trust membership.
- It was advised that the Members Event held on 12 September had received overwhelmingly positive feedback. Going forward, Members Events would continue on a quarterly basis, with a view to incorporating further smaller events at different times and locations.
- The working group considered the potential for Governor attendance at Trust induction to introduce membership to new starters.
- It was agreed that the dates for upcoming CEM meetings would be shared with the wider Council with all invited to attend on an ad-hoc or routine basis. The Deputy Trust Secretary agreed to share these dates with Governors via email [**ACTION09**].

It was resolved: to (i) **receive** the report and (ii) **note** the action for the Deputy Trust Secretary to share working group dates.

19/19 QUALITY AND PATIENT SAFETY

i) Integrated Quality Report

The Deputy Chief Nurse presented the report highlighting the following areas:

- An Associate Director of Nursing, Lisa Guthrie, has recently been appointed with the key responsibility for Harm Free Care including Nutrition, Hydration, Healthcare Associated Infections (HCAIs), Sepsis and Falls Prevention.
- In relation to HCAIs, the Trust continued to make good progress under the leadership of Dr Lucia Pereja-Cebrian, Director of Infection Prevention and Control. Most notably, the Trust had been free of instances of MRSA bacteraemias for a year which was a huge achievement for an organisation the size and complexity of Newcastle Hospitals, particularly when considering patient acuity.
- The Trust continued to make improvements in relation to falls and instances of pressure damage. Pressure Ulcers continued to be an area of challenge and processes to manage continue to be reviewed to ensure ongoing quality improvement.
- It was advised that the Trust had substantively appointed Tracy Scott as Head of Patient Experience.

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Dr Murthy queried the outcome of the Pressure Ulcer business case as mentioned at the May meeting of the Council. The Deputy Chief Nurse advised that the business case was under review, with supporting data being collected.

Dr Murthy went on to query the cause for the increase in serious incidents. The Medical Director advised that this was not an area of concern for the Trust as the numbers were still relatively low however the Trust would continue to monitor the situation through regular reporting.

It was resolved: to receive the report.

19/20 PERFORMANCE AND DELIVERY**i) 2018/19 Month 4 Finance Report**

The Finance Director presented the Month 4 finance report **noting:**

- At the month 4 position, the Trust was meeting all of its financial obligations and targets.
- The Trust has spent £11m on its Capital Programme thus far. It was noted that the Capital Programme for 2018/19 and 2019/20 were the largest since the Trust gained Foundation status.
- The Trust recognised the challenging Cost Improvement Programme for the year.
- It was advised that at the end of Month 4, the Trust's risk rating was 2.

The Chairman advised that the Government awarded £41.7m for the colocation of the Trust's paediatric Congenital Heart Disease service would be incorporated into both the Trust's financial plans and Estates plans.

It was resolved: to receive the report.

19/21 ITEMS TO RECEIVE**i) Update from Committee Chairs and Any Other Business****a. Charity Review Update**

The Assistant Chief Executive advised that the Trust Board would consider the outcome of the Charity review undertaken by Tarnside Consultancy at the September 2019 meeting. An update would be provided to Trust Governors at a future meeting.

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Mr Morgan, chair of the Finance and Investment Committee, provided an update regarding recent Committee activity. At the two most recent meetings, discussion regarding the Trust's Cost Improvement Programme and Delegated Authority took place. Further, the Committee had reviewed the Trust's Intellectual Property Policy to ensure ongoing parity with the Newcastle University equivalent policy.

It was resolved: to receive the updates.

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

The next formal meeting was confirmed as **Thursday 21 November 2019** in Function Rooms 137 and 138, Education Centre, Freeman Hospital.

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

GOVERNORS' ATTENDANCE 19 SEPTEMBER 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	Apologies
2	Mr Steven Cranston	Y
1	Miss Ruth Draper	Y
2	Mrs Carole Errington	Apologies
A	Professor A Fisher [Newcastle University]	Apologies
1	Mr David Forrester	Y
S	Mrs Barbara Goodfellow	N
1	Dr Vanessa Hammond	Y
2	Ms Catherine Heslop	Y
S	Mrs Rachael Hudson	Y
S	Mrs Fiona Hurrell	Y
2	Dr Helen Lucraft	Y
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	Apologies
A	Cllr Ann Schofield	Y
2	Miss Claire Sherwin	N
1	Mr David Stewart-David	Y
1	Dr Eric Valentine	Y
3	Mr Michael Warner	N
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
2	Vacant [formerly DT's seat]	NA

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Council of Governors Meetings Actions

Agenda item: 2.3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
68	ACTION03	19/01 Business Items iii) Matters Arising from the Informal Governors Meeting	17th January 2019	Members of the group requested that the profile of Trust Governors be raised via promotion on the website and other platforms. The Deputy Trust Secretary agreed to discuss with the Trust Communications Team [ACTION03] .	F Darville	<p><u>14/03/19</u> - Meeting scheduled for the 15th of April with the Trust Communications Team to discuss strategies for raising profile of Trust Governors. Update to be provided during the Trust Secretary update for Governors on 21st March 2019.</p> <p><u>08/05/19</u> - Photographs of Governors to accompany profiles to be taken during the July Governors workshop.</p> <p><u>06/08/19</u> - Photos taken at July Workshop - photos for those unable to attend are being collated.</p> <p><u>22/08/19</u> - There are a small number of photographs to collate prior to inclusion on the Trust website. A quote has been requested for the production of posters and banner stands and photos are to be included in the Annual Report.</p> <p><u>21/10/19</u> - Final photograph has been requested.</p> <p><u>30/10/19</u> - All photographs received. Development to the Trust website has been requested to include a 'Meet Your Governor' page.</p>	
76	ACTION11	19/04 STRATEGY i) Governor Working Group Review	17th January 2019	The paper outlined actions to be completed, which include a revision of the Terms of Reference. The Deputy Trust Secretary agreed to follow up responses from each working group and collate opinion to further inform the Trust wide governance review [ACTION11] .	F Darville	<p><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.</p> <p><u>06/08/19</u> - Discussed as part of the July Governors workshop. Review ongoing as part of Constitution and Governance review.</p> <p><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.</p>	
90	ACTION01	19/17 BUSINESS ITEMS v) Chairman's Report	19th September 2019	Dr Murthy requested that a short presentation detailing the climate emergency declaration would be of benefit to the Council. The Deputy Trust Secretary agreed to facilitate for a future meeting [ACTION01] .	F Darville	<p><u>07/11/19</u> - confirmed as an agenda item for the November CoG meeting.</p>	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
91	ACTION02	19/17 BUSINESS ITEMS v) Chairman's Report	19th September 2019	It was noted that an amendment was required to the report to accurately refer to Jamie Driscoll as Mayor of North of Tyne to which the Deputy Trust Secretary agreed to amend [ACTION02] .	F Darville	<u>30/10/19</u> - Paper updated and uploaded onto the Trust website.	
92	ACTION03	19/17 BUSINESS ITEMS vi) Chief Executive's Report	19th September 2019	CLr Schofield queried where the Trust publishes its workforce diversity data. The Trust Secretary advised that the data was published on the Trust website and agreed to share the weblink with CLr Schofield. The Trust Secretary agreed to circulate the BAME conference programme with the Council via email [ACTION03] .	K Jupp	<u>21/10/19</u> - Information circulated to Governors.	
93	ACTION04	19/17 BUSINESS ITEMS vi) Chief Executive's Report	19th September 2019	Dr Murthy referred to the Governors room facilities at the Royal Victoria Infirmary and requested that the publications/information available be updated which the Trust Secretary agreed to action [ACTION04] .	K Jupp	<u>30/10/19</u> - Up to date materials have been delivered to the Governor Room.	
94	ACTION05	19/17 BUSINESS ITEMS vii) Nominations Committee Update	19th September 2019	The Chairman confirmed that the appraisal process consisted of one to one meetings with each individual Non-Executive Director and then the production of an appraisal report and objectives for the Nominations Committee. Dr Hammond queried whether the Non-Executive Director objectives could be refined to reflect SMART principles. The Chairman agreed to review and refine the objectives, in consultation with the Trust Secretary, to make them more specific, measurable, achievable, realistic and timely (SMART) [ACTION05] .	J Burn	<u>07/11/19</u> - Objectives updated and included within Nominations Committee update for the November CoG meeting.	
95	ACTION06	19/17 BUSINESS ITEMS vii) Nominations Committee Update	19th September 2019	The Council discussed the appropriateness of section 4.10 of the Terms of Reference regarding attendance at meetings and the requirement for members to report their reasons for non-attendance if they fail to attend two meetings. The Trust Secretary agreed to review with Committee members at a future Committee meeting to reconsider the wording used [ACTION06] .	K Jupp	<u>07/11/19</u> - scheduled as an agenda item for the next meeting of the Nominations Committee meeting on 10 February 2020.	
96	ACTION07	19/17 BUSINESS ITEMS vii) Nominations Committee Update	19th September 2019	Mrs Heslop queried the outcome of the exercise to gauge Governor interest in joining to Governor Working Groups and for additional training and development. The Trust Secretary advised that the majority of responses had been received and the information was to be considered. She agreed to feedback to the next Governor meeting [ACTION07] .	K Jupp	<u>30/10/19</u> - List shared with KJ. <u>12/11/19</u> - Governor matrix updated and recirculated to Governors.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
97	ACTION08	19/18 REPORTS FROM GOVERNOR WORKING GROUPS ii) Business Development Working Group Report	19th September 2019	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 [ACTION08] .	F Darville	<u>21/10/19</u> - Presentation requested. <u>14/11/19</u> - Presentation requested for the February meeting of the CoG.	
98	ACTION09	19/18 REPORTS FROM GOVERNOR WORKING GROUPS iii) Community Engagement and Membership Working Group Report	19th September 2019	It was agreed that the dates for upcoming CEM meetings would be shared with the wider Council with all invited to attend on an ad-hoc or routine basis. The Deputy Trust Secretary agreed to share these dates with Governors via email [ACTION09] .	F Darville	<u>21/10/19</u> - Dates shared with Governors.	

Key:

	No update/Not started
	In progress
	Completed

Future Presentation Topics:
Climate Emergency Declaration - November 2019
Newcastle Specials - TBC

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 st November 2019						
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 Council meeting.						
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

“If you can meet with Triumph and Disaster and treat those two imposters just the same”

This line from Rudyard Kipling's poem “if” is a useful reminder as we consider recent events.

There is little doubt that this will be a challenging winter with workload pressures exacerbated by what threatens to be a difficult flu season and increased demand for our services. It is vitally important that our staff are vaccinated to protect themselves and their families, as well as our patients from contracting flu. Our dedicated flu vaccinators, Occupational Health and Communications Team have done a fantastic job in communicating and delivering our vaccination programme to date.

Further adding to the challenges of the approaching winter season are the challenging effects of the recent changes to NHS pensions. In some cases this has caused senior staff to reduce their working hours to remove the burden of significant additional tax, which in some cases exceeds salary. We are working hard to resolve the issue as best we can for our staff.

To all of this is added the election campaign where people across the political spectrum express conflicting views on the NHS. We will do our best to ensure our patients continue to get the best care possible. Everyone can help by reducing demand where feasible and offering a word of support to colleagues under pressure.

Meanwhile there are words of triumph in the air. We ended September with our fantastic Annual Members Meeting which showcased our ‘outstanding’ services and our achievements for the financial year 2018/19. Thanks to all our staff and Governors who were involved in the successful running of the event. At a personal level, I delivered the Harveian Oration to the Royal College of Physicians on 16th October with the title “Prediction and prevention in the genomic era”. The president told me I was, he thought, the 312th doctor to deliver the usually annual lecture since it was founded by William Harvey, of blood circulation fame, in 1656. I received positive feedback in that my lecture was viewed as “engaging, encompassing and, most important, enthusing” about technological advances which will transform the face of medicine in coming decades. This was ample recompense for the hundreds of hours that went into the preparation of the lecture and the accompanying published article!

Fresh from this personal “triumph” I had the great pleasure to join representatives from the Institute of Transplantation at the Living North Awards when they received the top honour of the “lifetime achievement award”. Hot on the heels came the HSI awards where we were successful in winning two of the 23 national awards, recognising the work of our staff in supporting reservists and in beating regional asthma through health education.

Amidst all this excitement, the work of the Trust goes on. I had the pleasure to visit the paediatric medicine wards and the Intensive Care Unit at the Great North Children's Hospital. I awarded the poster prize at the 21st Annual Nursing and Midwifery Conference and gave presentations at the Molecular Pathology Innovations conference and the Nursing Older People Conference. At our Board development session in October we heard about the excellent SafeCare Tool helping to ensure efficient deployment of our nursing staff, and the

Agenda item 2.4

great news that the new Paperlite roll out had been successfully launched across in-patient services.

Report of Professor Sir John Burn
Chairman
5th November 2019

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 st November 2019						
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 checked="" 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 September 2019 for information and requires a number of decisions to be made by the Council of Governors as outlined in the recommendations section below.						
Recommendation	<p>The Council of Governors are asked to:</p> <ul style="list-style-type: none"> i) approve the uplift of the Trust Chair remuneration level from £55,000 to £55,500 pa with immediate effect; ii) endorse the Proposed Chair/NED Appointments and Reappointments Process and updated Trust Succession Policy as outlined in Appendix A; iii) approve the Chair and NED expenses guidance in Appendix B; iv) endorse the updated Chairman and NED objectives as outlined in Appendix C; and v) support the recruitment process for two NEDs to commence in January 2020. 						
Links to Strategic Objectives	Select a 2019/2024 Strategic Objective which the report is aligned to.						
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Please give additional detail of the impact marked above. Please document any associated risks referencing the Risk ID number.						
Reports previously considered by	Regular report.						

NOMINATIONS COMMITTEE UPDATE

1. COMMITTEE MEETINGS

The Committee met on the 15th October 2019 and considered the following key items that are set out in further detail in the sections below:

- Chair and Non-Executive Director (NED) role and remuneration;
- Chair and NED appraisals and updated objectives;
- Chair and Non-Executive Director succession planning; and
- Chair and NED expenses guidance.

Further the Committee received and agreed a Schedule of Business for the year ahead.

Mrs Fiona Hurrell, Staff Governor, was welcomed to the Committee as a new Committee member from 15th October 2019. Dr Murthy and Mrs Heslop (Public Governors) have also joined the Committee from October 2019.

Mr Jonathan Jowett, Non-Executive Director, attended to the Committee to provide feedback on his first term of office as a Trust Non-Executive Director.

2. CHAIR & NON-EXECUTIVE DIRECTOR ROLE AND REMUNERATION

One of the actions in the interim NHS People Plan published in June was to develop competency frameworks for senior NHS leadership roles to assist in the recruitment, development and appraisal of NHS leaders. In addition for some time there has been a growing disparity between the remuneration of the chairs and NEDs of NHS Trusts and those of NHS Foundation Trusts (FTs). NHS England and NHS Improvement (NHSE/I) published the following documents on 26th September 2019:

- a) **A new remuneration structure for provider chairs and non-executive directors**
- b) **A development framework for provider chairs**
- c) **An appraisal framework for provider chairs**

NHSE/I have stated that agreement was sought from Her Majesty's Government (HMG) to align remuneration for NHS Chairs and NEDs in Trusts and FTs, by April 2022. Trusts are expected to implement a phased alignment commencing in October 2019, focusing first on establishing a standard level of remuneration for NEDs and addressing the most significant discrepancies across chair roles.

A paper was presented to the Committee detailing the key points for consideration, particularly in terms of the impact on the Trust Chair and NED roles and remuneration in the future.

Agenda item: 2.6

Committee members considered the documents in detail and agreed that no changes be made to Trust NED remuneration at this time and that the position be reviewed at least annually, and prior to each and every future NED/Chair recruitment.

In relation to the Trust Chairman remuneration, it was evident that the Trust Chairman remuneration level for Newcastle Hospitals was less than the 'lower quartile' amount as referenced in the document. The structure document specifies that for a Trust of Newcastle Hospitals size (i.e. Supra large - Group 5 – annual turnover of >£750m), Chair remuneration should fall within the following range (pa):

Lower Quartile	£55,500
Median	£60,000
Upper Quartile	£63,300

The Committee therefore agreed to recommend that the Council of Governors approve the uplift of the Trust Chair remuneration level from £55,000 to £55,500 pa with immediate effect, and subsequently to review annually when NED remuneration levels are reviewed.

3. ASSOCIATE NON-EXECUTIVE DIRECTOR POSTS

It was agreed previously that the Trust explore the creation of a non-remunerated Associate NED role with effect from October 2019 for Newcastle City Council. Further it was agreed that Mr Ewen Weir would undertake this role on an interim basis until December 2019.

The role is also being considered in relation to both Newcastle University and Northumbria University.

4. SUCCESSION PLANNING

At a meeting of the Nominations Committee on 15th August 2019 it was agreed that the Trust Secretary review and update the succession planning policy to consider best practice. This work was undertaken and presented to the Committee on 15th October 2019.

The Committee agreed the Proposed Chair/NED Appointments and Reappointments Process and updated Trust Succession Policy as outlined in Appendix A.

Committee members discussed how the 'Appointed' Trust NEDs from Newcastle City Council and Newcastle University were transitioning to 'Associate' NED roles (as per section 3 above) and therefore agreed to commence a recruitment exercise for a new Trust substantive NED in January 2020, in accordance with the Trust Constitution.

As Mr K Godfrey's term of office is due to conclude in July 2020, the Committee further agreed that the recruitment process for Mr Godfrey's successor should commence at the same time as the recruitment process for a new NED post to allow sufficient time for induction and handover of responsibilities.

The Council of Governors are asked to endorse the content detailed in Appendix A. Further the Council of Governors are asked to support the recruitment process for two NEDs to commence in January 2020.

5. NON-EXECUTIVE DIRECTOR (NED) EXPENSES POLICY

At the Audit Committee meeting on 22nd May 2019, it was identified that the expenses policy for NEDs required review. The Trust Secretary has since developed some guidance for the Trust Chair and NEDs on claiming expenses which replaces the previous policy. The Committee reviewed and approved the guidance at their meeting in October 2019 and this is attached in Appendix B - **the Council of Governors are asked to approve the guidance attached.**

6. NED APPRAISALS

All NED appraisal meetings have now been undertaken, with the final appraisal report presented to the Committee on Professor D Burn, with positive performance noted. Further the objectives for Ms Jill Baker were also presented for consideration.

At the September Council of Governors meetings it was requested that the Chair and NED objectives be revisited and made 'SMARTer'. **This work was undertaken and the updated objectives are now attached for final approval in Appendix C to this report.**

7. ACTIONS AND RECOMMENDATIONS

The Council are asked to:

- i) approve the uplift of the Trust Chair remuneration level from £55,000 to £55,500 pa with immediate effect;
- ii) endorse the Proposed Chair/NED Appointments and Reappointments Process and updated Trust Succession Policy as outlined in Appendix A;
- iii) approve the Chair and NED expenses guidance in Appendix B;
- iv) endorse the updated Chairman and NED objectives as outlined in Appendix C; and
- v) support the recruitment process for two NEDs to commence in January 2020.

**Report of Professor Sir John Burn
Chairman
4th November 2019**

Appendix A

Proposed Chair/NED Appointments and Reappointments Process and updated Trust Succession Policy:

1. Appointments/Reappointment Process

This process shall apply equally to the appointment of Non-Executive Directors and the Chair except where differences are specifically noted. The process detailed below will be followed:

1. Initial appointments shall be normally for a period of three years.
2. At the end of a three year term the Nominations Committee shall meet and subject to;
 - a. The incumbent being minded to apply for a further term;
 - b. Satisfactory appraisal; and
 - c. No other contra-indications.

The Committee shall recommend the re-appointment for a further term.

Annual Appraisals of the NEDs will be carried out by the Chairman. Annual Appraisals of the Chairman will be carried out by the Senior Independent Director and in doing so the guidance specified in the NHSE/I Provider Chair Appraisal Framework will be considered.

3. At the end of two three-year terms or, where the Committee have for any reason not been able to recommend re-appointment after one term, the following process will operate.
 - i) There will be a meeting of the Nominations Committee which will consider
 - Balance of experience of the current Board;
 - Major challenges facing the Board (internal and external) and the NED skill set required to meet those challenges – including the requirements of the annual plan; and
 - The external context – including the political, financial and regulatory context and other external pressures.
 - Note whether the incumbent is willing to serve an additional term and whether the incumbent NED meets the specific skills and experience requirements relevant to the post as these may have changed since the time the NED was originally appointed as these skills and requirements need to be considered on an ongoing basis (paragraph C.1.2 of the Code); and
 - Consider whether the NED continues to meet the independence criteria set out in Appendix 1.
 - Receive the advice of the Chief Executive.
 - ii) On the basis of its considerations the Nominations Committee will consider whether the Trust is best served by ongoing continuity and the reappointment of the present incumbent or whether the Trust requires a new/refreshed skill set as specified in the Code of Governance.

- iii) Should the Committee consider that the Trust is best served by the reappointment of the current incumbent they may recommend that a further re-appointment be made annually thereafter up to a maximum of three years (thereby serving a maximum total of 9 years as a NED). The Trust would be required to explain why it had decided to act outside Monitor guidance. Any appointment of more than 1 year should in any case be subject to annual review which will include evidence of satisfactory appraisal.
- 4 There should not normally be an appointment of more than 9 years.
- 5 Where the Committee decides that the Trust is best served by a new appointment the Committee will be responsible for an open recruitment process.
- 6 Where the recruitment process is for a new chairman there should be a very rigorous and transparent recruitment process which should include the opportunity for a focus group of governors and senior staff to meet the candidates prior to the final interview. The NHSE/I Provider Chair Development Framework should be considered.
- 7 All recommendations of the Nominations Committee relating to the appointment of NEDs shall be considered by the Council of Governors who will decide whether to follow the recommendation made.

2. Trust Chair/NED Succession Policy (including succession plan)

The Code of Governance specifies:

B.2.c The Board of Directors and the Council of Governors should also satisfy themselves that plans are in place for orderly succession for appointments to the Board, so as to maintain an appropriate balance of skills and experience within the NHS Foundation Trust and on the Board.

B.2.1. The Nominations Committee or Committees, with external advice as appropriate, are responsible for the identification and nomination of Executive and Non-Executive Directors. The Nominations Committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them.

Good succession planning:

- ensures a continuous supply of suitable individuals (or a process to identify them), who are ready to take over when NED terms of office end or in a range of unexpected situations e.g. illness;
- achieves continuity to deliver strategic plans by aligning the Trust's human resources and business planning; and
- demonstrates a commitment to developing careers as NEDs which will be attractive from a recruitment and retention perspective.

The absence of a robust succession policy (for Board members and staff) and plan can undermine an organisation's effectiveness and its sustainability. It can also be a sign that the organisation is not sufficiently clear about its purpose, and the culture and behaviours it wishes to promote in order to deliver its strategy.

The Trust Chairman recently agreed that the Trust participate in the Gatenby Sanderson 'Insight Programme' – this is a new programme being run in the North East to increase the pool of quality Non-Executive Director (NED) candidates from under-represented areas, by:

- a. Identifying and selecting potential NED candidates;
- b. Providing a central induction event (24th July 2019) to introduce the NHS to candidates;
- c. Giving participants the opportunity to experience 'life as a Non-Executive Director' in a mix of NHS Trusts by shadowing an existing NED;
- d. Mentoring and developing participants' skills with the support of experienced NEDs and Chairs; and
- e. Arming participants with guidance, networks and testimonials that support future applications.

Once selected onto the Programme, participants are attached to two Trusts in succession, in each case under the sponsorship of the Trust Chair. The first placement is for six months and the second for three months.

The desired outcome from the programme is that this will identify potential future Trust NEDs and create a diverse pipeline of NEDs in the North East.

Key elements of the Trust Succession Plan:

- The existence of the Nominations Committee, the annual appraisal of NEDs and the continuous review of terms of office for NEDs and Board skills aids in discharging the principles specified within the Code of Governance.
- The Committee reviews the skills of the NEDs when a NED term of office is due to end.
- The Code of Governance highlights that the Committee should also take account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them. This is factored in to the Trust NED appointment/reappointment process.
- Following on from the conclusion and evaluation of the Insight Programme, consideration will be given as to whether a mentoring/shadowing programme should be explored to assist with the succession plan for NEDs.
- With regard to succession of the Chair of the Board and also the Chairs of the Committees, each Committee/Trust Board Vice-Chair – in conjunction with the Chair, be offered the opportunity to chair at least one Committee/Board meeting during their term of office.

Appendix A.1:

Criteria for Independence of Non-Executive Director (extract from Monitor Code of Governance)

The Code of Governance advises that NEDs should be independent, specifically:

*B1.1 The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent. The Board should determine whether the Director is **independent in character and judgement** and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement. The Board of Directors should state its reasons if it determines that a Director is independent notwithstanding the existence of relationships or circumstances which may appear relevant to its determination, including if the Director:*

- *has been an employee of the NHS Foundation Trust within the last five years;*
- *has, or has had within the last three years, a material business relationship with the NHS Foundation Trust either directly, or as a Partner, Shareholder, Director or Senior Employee of a body that has such a relationship with the NHS Foundation Trust;*
- *has received or receives additional remuneration from the NHS Foundation Trust apart from a Director's fee, participates in the NHS Foundation Trust's performance related pay scheme, or is a Member of the NHS Foundation Trust's pension scheme;*
- *has close family ties with any of the NHS Foundation Trust's Advisers, Directors or Senior Employees;*
- *holds cross-directorships or has significant links with other Directors through involvement in other Companies or Bodies;*
- *has served on the Board of the NHS Foundation Trust for more than six years from the date of their first appointment; or*
- *is an appointed representative of the NHS Foundation Trust's University Medical or Dental School.*

Appendix A.2: Legal and constitutional requirements

Any appointments process must

- **comply** with the Trust's Constitution
- **take account of** the Guidance set out in the Code of Governance
- **satisfy** the legal, organisational and business needs of the Trust

What the Trust constitution says

- Non-Executive Directors shall be appointed by a duly authorised Nominations Committee.
- The maximum tenure for any Non-Executive Director (including the Chair) shall be 9 years in aggregate.

Appendix A.3: The Code of Governance

The Code of Governance is 'guidance' rather than mandatory. Whenever the Trust chooses not to comply it must put an explanation of why it decided not to comply in its Annual Report.

The Code of Governance states that

B.7.a. All Non-Executive Directors and elected governors should be submitted for re-appointment or re-election at regular intervals.

B.7.4 Non-Executive Directors, including the Chairman, should be appointed by the Board of Governors for specified terms subject to re-appointment thereafter at intervals of no more than three years and to the 2006 Act provisions relating to the removal of a Director.

B.7.1 The Chairman should confirm to the governors that, following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role.

Any term beyond six years (e.g. two three year terms) for a Non-Executive Director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the Board.

Non-Executive Directors may in exceptional circumstances serve longer than six years (E.g. two three-year terms following authorisation of the NHS Foundation Trust), but subject to annual re-appointment. Serving more than six years could be relevant to the determination of a Non-Executive Director's independence.

The Code of Governance advises that NEDs should be independent.

Appendix A.4: Membership and duties of the Nominations Committee

The Nominations Committee consists of the Chairman, SID, and designated Public Governors and a Staff Governor. The Nominations Committee is a formal Committee established by the Council of Governors to make recommendations to the Council of Governors on the appointment and remuneration of the Chair and Non-Executive Directors of the Trust and on plans for their succession.

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

- that the requirements of the Foundation Trust Constitution are adhered to in regards to the recruitment of the Trust Chair and Non-Executive Directors; and
- 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.

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

The Nominations Committee is authorised by the Trust's 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.

Appendix B

PROPOSED NED EXPENSES GUIDANCE FOR COUNCIL OF GOVERNORS APPROVAL

1. Introduction

- 1.1 The annual cost of the Chair and Non-Executive Director (NED) expenses is included in the Trust's Annual Report as part of the wider Board reporting requirements in line with Monitor's (now NHS Improvement) Code of Governance.
- 1.2 This document sets out the guidelines under which the Trust Chair and NEDs may be reimbursed for expenses incurred in the course of their duties. This is in addition to the remuneration levels as set out in the Trust's Annual Report.

2. Trust Principles

- 2.1 Trust staff are permitted to claim expenses when incurred as part of Trust business. The Trust's Travel and Expenses Policy seeks to reimburse any 'out of pocket' expenses which are reasonably, wholly, exclusively and necessarily incurred in the performance of duties for the Trust.

- 2.2 Regarding Trust related travel, the Trust policy specifies that travel should be by the most cost effective and environmentally friendly effective means, having regard for:

- time and duration of journeys (and connecting travel);
- requirement for flexibility of itinerary;
- our commitment to reduce carbon emissions; and
- booking as early as possible to attract discounts.

- 2.3 The Trust will reimburse the following expenses for the Trust Chair and NEDs (and Associate NEDs):

i. Travel expenses to attend:

- All Board of Directors' Meetings, Annual Members' Meetings and Board Seminars/Workshops/Development sessions;
- All Board Committee Meetings as required by the relevant Terms of Reference;
- External Chair/NED training sessions as agreed with the Trust Secretary; and
- Any other meeting or event that the Chair or NEDs attend as part of their duties as a Board Member of this Trust.

Where travel by public transport is not possible or feasible, then mileage will be reimbursed.

ii. Parking expenses

- If required, NEDs will be provided with a Trust-wide car parking permit. The provision of a parking permit will be managed through the Trust Travel Team.

iii. Subsistence allowance/overnight accommodation

The Trust policy will be followed with reimbursement for the necessary extra costs of meals, accommodation and travel arising as a result of official duties away from the Trust.

Any costs incurred for meals, incidental expenses, night allowances etc., whilst on Trust business will be reimbursed at the level of actual expenditure but no more than the maximum rates detailed in the appropriate section of the relevant NHS Terms and Conditions of Service Handbook. All costs must be accompanied by associated receipts, actual costs (up to the maximum rates) will be reimbursed.

In general, the booking of hotels and travel is undertaken by the Corporate Services Team in consultation with the relevant NED and the Trust Secretary.

Under no circumstances will claims for alcohol be reimbursed.

3. Travel Expenses

- 3.1 For a NED, home is their office and where the majority of their preparation for Trust meetings takes place, and is restricted to the geographic boundary of the North East and Cumbria Integrated Care System footprint.
- 3.2 The Trust will pay expenses, including home to work mileage, at the same rates as for staff as detailed in the appropriate section of the NHS Terms and Conditions of Service Handbook.
- 3.3 For rail travel, journeys at the Trust's expense should normally be standard class.
- 3.4 For taxis, where the use of a taxi is agreed, these should be pre-booked using the Trust's taxi provider on the Trust account by calling 0191 2231818. Reference should be made to the Trust Taxi Policy prior to any booking being requested. If the taxi is required outside of the Newcastle area, a local taxi should be used and costs reclaimed via this policy, supported with an original receipt.
- 3.5 The Trust will not reimburse expenses incurred by a spouse or partner accompanying an individual on business travel.

4. Submission of Claims

- 4.1 Claimants remain responsible for the accuracy and appropriateness of their claims and ensuring that the claim complies with the guidelines outlined above for reimbursement of reasonable expenses. Claim forms are available from the Corporate Services office.
- 4.2 All claim forms are to be presented to and approved by the Trust Secretary. Should

there be any anomaly the Assistant Chief Executive retains the discretion to permit the payment in exceptional cases.

- 4.3 Travel and expenses claims made by the Chair and NEDs are publicly available and this should be considered when making any claim. Every effort must be made to minimise both financial cost and the environmental impact of travel arrangements.

5. Receipts

- 5.1 The Trust's policy requires that, when claiming for expenses other than mileage, all receipts must be included with the claim form. Further, all claims must be completed, certified and submitted within six weeks of the date the costs were incurred.
- 5.2 Payment will be made by BACS direct into the claimant's nominated bank account at the earliest opportunity.

6. Review and monitoring

- 6.1 The Council of Governors' Nominations Committee will in future review the guidelines every two years along with the Terms and Conditions for the Chair and NEDs.

Drafted by: Trust Secretary, 24th September 2019

Approved by:

1. Nominations Committee – 15th October 2019
2. Council of Governors [Date TBA]

Appendix C

UPDATED CHAIR & NON-EXECUTIVE DIRECTOR OBJECTIVES 2019/2020

1. CORPORATE OBJECTIVES

The proposed common corporate objectives are as follows:

- i) To support the Trust-wide vision and values and ensure that significant progress is made in delivering the Strategic Objectives through demonstrating an awareness of the refreshed Trust Strategy and the risks to the objectives as detailed in the Board Assurance Framework;
- ii) To exercise appropriate challenge at Board meetings and question whether Executive Directors are providing adequate, appropriate and timely information to the Trust Board. To be evidenced through the minutes of Trust Board and Board Committee meetings; and
- iii) To ensure that the Trust takes steps to appoint the very best clinicians through involvement in Consultant Appointment Panels.

2. PERSONAL OBJECTIVES

The proposed objectives for each NED/Chair are as follows (in alphabetical order).

Ms Jill Baker

- i) Engage with the corporate governance team to develop a programme of activities aimed at providing a broad understanding of the operation of the Trust through attendance at Corporate induction and a local induction with the Trust Secretary within two months of joining.
- ii) Aim to attend meetings of the three main committees (People, Quality and Finance & Investment) as part of personal role development within the first four months following approval of objectives.
- iii) Join the Charitable Funds Committee as a member with a view to drawing upon own experience of working in the charitable sector to add value to the Committee.
- iv) Seek to incorporate attendance at the People Committee as a full member with a particular interest in equality and diversity issues, providing independent feedback on the Trust Annual Equality and Diversity (ED), Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Action Plans.

Professor David Burn

- i) Ensure there is consistency in presentation of the “Newcastle” brand, to secure collective benefit for the Trust and Newcastle University and the wider community through effective and regular communication between both organisations (routinely

- scheduled meetings) and exploring opportunities for e.g. funding bids for mutual benefit.
- ii) Ensure that the Trust and Newcastle University maximise the benefits of the Academic Health Science network and NHA through creating a mechanism for effective preparation to bid for AHSC status.
 - iii) Contribute to future strategy, key priorities and scope for investment in Research and Innovation across both the Trust and Newcastle University through reviewing the opportunities available and facilitation of a Research Strategy Task & Finish Group.

Professor Sir John Burn

- 1. Maintain a close working relationship with CEO, as a minimum through monthly 1:1 meetings and monthly formal Board/Board workshop agenda setting meetings.
- 2. Leading and Chairing the Board of Directors
 - A. Consolidate new Committee structure. To be monitored through feedback obtained from Board members on how the new Committee structure is working. Maintain close working relationships with individual NEDs through regular communication, 1:1 meetings and informal NEDs and Chair meetings held prior to the formal Board meetings.
- 3. Leading and Chairing Board of Governors
 - A. Refresh constitution, committee structure and terms of reference. To be achieved through working with the Trust Secretary, Trust legal advisors, Council of Governors and Trust Board to review and update the Constitution, ensuring the appropriate approval process is followed.
- 4. Continue regular visit schedule to all parts of organisation
 - A. Develop a programme of announced visits in conjunction with other NEDs. To be achieved through reporting back to the Trust Board and Council of Governors on feedback from the walkabout visits.
- 5. Reputation and Influence
 - A. Represent the Trust and develop partnerships at appropriate regional, national and international meetings
 - i. Member of Industrial Strategy Group
 - ii. Member of restructured Health, Wealth and Wellbeing Board
 - B. Maintain National networks of influence
 - C. Build key partnerships
 - i. Acute Providers Alliance
 - ii. Key chairs meeting organised by CCG
 - iii. FT chairs meetings
 - D. Explore Capital investment opportunities

To be achieved through attendance at the meetings outlined above and through scheduled Chair/CEO meetings for the Acute Providers Alliance.

6. Facilitate restructuring of Charity organisations in the Trust

To be achieved through involvement in the Tarnside review of the Trust Charity and scheduled attendance at a Trust Charitable Funds Committee meeting.

7. Maintain watching brief on the National Genomics Service and NUTH contribution as genomic Laboratory Provider Genomic Laboratory provider.

To be achieved through regular liaison with the Trust lead for the Genomics service.

8. Promote development of hotel accommodation if this is practical and cost effective.

To be considered as part of the Trust Estates Strategy – Chair to liaise regularly with the Trust Director of Estates and potential stakeholders.

Mr Keith A Godfrey

- i) It was agreed that Keith would continue as Senior Independent Director (SID) during the coming 12 months while the new Board structure beds in and acknowledged the need to explore rotation of roles in the subsequent year to maintain and develop expertise across the Board. This will be undertaken through regular liaison with the Trust Freedom to Speak Up Guardian and engagement with Trust clinicians through scheduled meetings.
- ii) Continue to Chair the Charitable Funds Committee and assist in its evolution to becoming more proactive in fundraising through drawing upon own knowledge and experience to contribute to the Charity Review project.
- iii) Remain an effective member of both Quality and People Committee, making contributions on meeting papers; while noting his split domestic arrangement between the North East and Spain would mean he would probably attend these on an alternating basis given their move earlier in the monthly cycle.
- iv) Continue to attend and contribute to the Nominations Committee and Remuneration and Appointments Committee as needed.
- v) Act as a sounding board for senior clinical staff through being available/contactable and meeting routinely with clinicians as part of a scheduled programme.
- vi) Continue to support the Executive in their work by constructively challenging and sharing knowledge at Trust Board meetings and appraise the Chair on an annual basis.

Mr Jonathan Jowett

- i) Continue to act as mentor to the Trust Board Secretary through being available/contactable to answer queries and meeting twice yearly to discuss/advise upon any areas of challenge.
- ii) Bring forward proposals for the development of the Governors role in Communications, Engagement and Membership* through attending at least one meeting of the Working Group annually and via liaison with the Working Group Chair at a 1:1 meeting.

- iii) Chair the People Committee and monitor its progress including bringing forward any recommendations on adjustments to its terms of reference as necessary. This will be achieved through regular review of the Committee Terms of Reference during the course of the year and through the reporting of People Committee activity to the Trust Board and Council of Governors.
- iv) Continue as Vice Chair of the Audit Committee, attending all meetings where practicable and contributing effectively (through constructive challenge) during such meetings.
- v) Contribute to the restructuring of the Charitable Funds Committee operations as part of the evolution of the Trust's approach to charitable fund raising. Attending all meetings of the Committee and the Charity Strategy workshop where possible; and drawing on own experience to share ideas regarding fundraising and the overarching Charity Strategy.

* The Committee agreed that in objective ii) the reference to the Business & Development Working Group be amended to the Communications Engagement and Membership (CEM) Group as the CEM Group had been aligned to the Trust People Committee of which Mr Jowett chaired.

Professor Kath McCourt CBE FRCN

- i) Lead the Quality Committee and ensure its terms of reference are fit for purpose through regular review of the terms of reference throughout the course of the year and seeking assurances from the sub-groups which feed into the Committee. This will be achieved through effective agenda planning.
- ii) Maintain active involvement with other Board Committees as before through regular attendance and contribution at meetings.
- iii) Continue to contribute to patient experience, training and education activities through
 - a. attendance at Patient Experience and Learning Education Group meetings; and
 - b. liaison with the Trust Head of Patient Experience and the Head of Workforce Development#.
- iv) Continue to support Trust engagement with the Armed Forces through presenting at the Trust Members Event on 12th September 2019 and regular liaison with the Trust lead for Armed Forces.
- v) Engage with the Executive Chief Nurse in providing advice and feedback on developing the Trust response to the Year of the Nurse.

Objective iii) has been amended to remove the reference to complaints and replace with Patient Experience, Training and Education which better reflects the changes in the Trust Committee and management group structure.

Mr Steven Morgan

- i) Chair the Finance and Investment Committee and ensure its integration into the broader corporate structure through regular review of the Committee terms of reference and ensuring assurances are received on areas within the Committees remit.

Agenda item 2.6

- ii) Engage as a mentor with Rob Smith, Director of Estates, especially in areas of large scale project management through regular liaison as part of the PFI Direction Group and the Finance & Investment Committee.
- iii) Work with the new Executive Director of Enterprise and Business Development to contribute to the programme in this new area of activity through meetings twice a year.
- iv) Act as an ambassador in contact with the North Cumbria NHS FT and provide feedback on the 'patient perspective' as a resident of Cumbria.
- v) Work with the Executive Team to ensure "risk" is coherently addressed in the new structure.
- vi) Engage in 3 leadership walkabouts with the Chair and/or independently to gain a deeper understanding of the organisation.

Mr David Stout

- i) Continue to chair the Audit Committee and seek to integrate the input from the chairs of the Quality, People and Finance & Investment Committees into the audit cycle through ensuring sufficient time is allocated on the Committee agenda.
- ii) Ensure that the full range of risk is included in the Audit Committee oversight while ensuring appropriate distance is maintained between the audit responsibilities and the other board committees. This will be achieved through ensuring the Committee receives routine reports on the Board Assurance Framework and Risk Register.
- iii) David will, in his capacity as Audit Committee Chair meet annually in the spring with the Chairs of the Governor Working Groups to provide his feedback on the Trust position, pertinent to the areas within the remit of the Audit Committee.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 November 2019						
Title	Governor Elections 2019 Update						
Report of	Kelly Jupp, Trust Secretary						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The report provides an update to the Council of Governors regarding the current Governor election process, including:</p> <ul style="list-style-type: none"> • Current Governor Vacancies; • Considerations regarding the General Election and impact of 'Purdah' on the Trust Governor election process; • The elections timetable; • The Communications strategy regarding the Governor elections; and • An update regarding the Charity Governor election process. 						
Recommendation	The Council of Governors is asked to receive the update.						
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 verbal update provided at the September 2019 meeting of the Council of Governors.						

GOVERNOR ELECTIONS NOVEMBER 2019 UPDATE

1. INTRODUCTION

This report provides an update to the Council of Governors regarding the Governor elections for November to February 2019.

2. GOVERNOR VACANCIES

Governors will recall that an additional round of Governor elections for 2019 was discussed and agreed due a small number of vacant seats remaining within some of the staff classes following the conclusion of the May 2019 elections.

The vacant seats at the end of May 2019 were:

- Medical & Dental
- Volunteers

In June 2019, Mr Derek Thompson, Public Governor for Northumberland, Tyne and Wear (excluding Newcastle), resigned his position and therefore this seat was now vacated.

Similarly, Mrs Barbara Goodfellow, Staff Governor for Nursing and Midwifery, resigned her position in the Trust and therefore her position as Staff Governor, vacating this seat in October 2019.

As such, it was agreed that the Public Governor seat for Northumberland, Tyne and Wear (excluding Newcastle) and the Staff Governor seat for Nursing and Midwifery, would be included in this round of elections.

3. ELECTION TIMETABLE

UK Engage, who undertake the election process on behalf of the Trust, have agreed the following timetable for the election to the vacant seats as outlined above:

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

4. THE GENERAL ELECTION

The Government has called a General Election on 12 December 2019. Governors will recall the original intention of the election timetable included a delay to allow for the UK's exit from the European Union.

There are strict rules around public bodies maintaining political neutrality during the period in the run up to elections (known as the purdah period). These rules can often impact the running of supplementary election processes, such as those for the Council of Governors.

NHS Providers released guidance in late October 2019 advising that there was no legislation stating that Foundation Trust Governor election were unable to proceed during the purdah period and it was at the discretion of the organisation as to whether the election would take place.

As outlined in the timetable in section 3 above, only the publication of the notice of election and the deadline for receipt of nominations falls within the period up to the date of the General Election. As the publication of the Statement of Nominations falls after the General Election date, the content of such Statements would not potentially be prejudicial to the General Election or cause any concerns regarding political lobbying. Therefore following discussion with UK Engage and NHS Providers, the Trust will continue with the timetable as outlined.

5. COMMUNICATIONS STRATEGY

Governors will note that the re-running of this election was due to the lack of nominations for election to the vacant Staff Governor seats.

In an effort to ensure that this was not repeated, a number of activities have been undertaken to raise the profile of the upcoming elections. Such activities include:

- The Medical Director contacted all Clinical Directors across the Trust to advise them of the vacancy within the Medical and Dental Staff Governor class. This resulted in a number of interested individuals contacting Corporate Services for further information.
- The vacancy within the Nursing and Midwifery class was highlighted at the recent Nursing, Midwifery and Allied Health Professional Conference.
- The vacancy within the Volunteer class was communicated to all volunteers within the Trust.
- The upcoming elections have been included within the Chief Executive's fortnightly blog and within the Trust's weekly bulletin.

During the election process, a number of additional communications will be sent out including via social media and on the Trust intranet. These communications will be used to remind individuals of the opportunity to put themselves forward for election and will also be used to remind members to vote in the New Year.

Agenda item 2.7

6. CHARITY GOVERNOR

The process to recruit an appointed Governor from a local charitable organisation continues. The letter requesting expressions of interest has been sent to all charities that were discussed at the Council of Governors meeting in May 2019. Expressions of interest will be gathered in early December and a vote will be scheduled in due course.

7. RECOMMENDATIONS

The Council of Governors is asked to receive the update.

Report of Kelly Jupp

Trust Secretary

13 November 2019

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COUNCIL OF GOVERNORS

Date of meeting	21 November 2019						
Title	Quality of Patient Experience (QPE) Working Group Report						
Report of	Carole Errington, Chair of QPE						
Prepared by	Carole Errington and Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input 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 WORKING GROUP REPORT

1. WARDS AND DEPARTMENTS VISITED

Please find below details relating to ward visits undertaken by members of the working group.

1.1 Ward 49 (RVI)

Mrs McCalman and Dr Lucraft visited Ward 49 RVI, a busy medical ward. Cardiology patients are admitted into the ward from the Emergency Department, the Assessment Unit and the Coronary Care Unit (CCU) on Ward 50.

Patients are admitted with heart failure and require end of life care. There is a Cardiac Rehabilitation Nurse who also works on the CCU. There are six Consultant Cardiologists who cross over on a shared rota with staff from the Freeman Hospital. Junior medical staff are based on the ward.

The ward practices dementia friendly policies as there are many patients admitted onto the ward with dementia. Discharge planning and cardiac rehabilitation has great importance with referral to the relevant place. The impression was of a very well-run ward with friendly hardworking staff who deliver efficient and effective care.

1.2 Department of Nuclear Medicine

Dr Lucraft and Mrs McCalman also visited the Department of Nuclear Medicine, a well-functioning department with impressive facilities operated by dedicated staff in every area. Patients appear to appreciate the friendliness and helpfulness of the staff, whose skills are vital to the diagnosis and management of many serious diseases.

It is not an easy department to find and a review of signage and of location information on the Trust website (when it is updated) would be helpful. Provision of benches in the garden area for staff breaks would improve the work environment. No further recommendations were made following this visit.

2. WORLD TRANSPLANT GAMES NEWCASTLE/GATESHEAD 17 – 24 AUGUST 2019

Mrs Yanez gave a fascinating account of her participation in the recent, highly successful Transplant Games. She was very involved in the preliminary organisation of the Games and was in the care of the athletes and supporters during the Games, as a member of the Medical Committee.

1,500 athletes and approx. 750 supporters attended the games from 50+ countries including 1 athlete from Ethiopia and 1 from Azerbaijan. The UK had the largest team. Local ambassadors were recruited to act as interpreters for the majority of languages spoken.

Agenda item 8(i)

There were drop-in clinics daily in the Hilton Hotel, Gateshead and in the Newcastle Civic Centre which were staffed by volunteers. These clinics were heavily used and were available to any participant with medical problems. Some participants required inpatient treatment, mainly in the RVI. Their treatment was funded either via the EHIC card system or via an Insurance Policy with Tokio Marine Insurance Federation.

Mrs Yanez commented that all the participants who had contact with Newcastle Hospitals were extremely impressed by the care they received.

3. UPDATE ON COMMITTEE MEETINGS ATTENDED

3.1 Clinical Audit and Guidelines Committee

It was advised that the committee had been renamed as the Clinical Audit and Guidelines Group (CAGG).

Dr Lucraft attended the meeting on 15 August 2019.

Instead of the usual format, 3 prizewinning presentations by Trust staff at recent conferences were discussed, being:

- Therapy Services Conference Achievement Award was presented to Kate Reilly (Clinical Psychologist) for 'Start making Sense – Development of a trauma psychoeducation Group for people living with HIV'.
- Medical Education Event Prize was won by Fiona Marshall (SALT) and Helen McCabe (Dietician) for 'Audit of dental hygiene in adults'.
- Medical Education Event Prize was awarded to Angela Telford (Nurse).

Dr Lucraft attended the meeting in September where the Group discussed:

- Management of Hip fractures in adults and Bisphosphonates for treating osteoporosis.
- VTE Prophylaxis for knee replacement.
- British Association of Spinal surgeons recommended that two surgeons operate on complex degenerative spinal deformity correction. Since implemented, the Trust's correction rates are better than in the published literature.
- Marked improvement in discharge letters sent out within 24 hours since nurse practitioners now help junior doctors.

3.2 Nutrition Steering Group

Mrs McCalman attended this meeting in July 2019.

The following topics were discussed:

- The meeting considered the importance of hydration and questioned whether the refilling of jugs only once a day had a negative impact on hydration.
- Catering matters, including catering trolley replacement.
- Audit of food waste, with the introduction of an electronic ordering system expected to reduce waste.

Agenda item 8(i)

- Food tasting sessions – it was advised that the current system required further development and the process was under review.
- Intravenous feeding difficulties – it was noted that an issue had arisen with the nutrition bag provider and patients in the community were having problems sourcing bags. In some cases, hospital care was required so feeding is ensured. It was noted that this was a national issue and not one particular to Newcastle Hospitals.

4. PRESENTATIONS

Lynne McDonald (Infant Feeding Co-ordinator), Sarah Brooker (Specialist Health Visitor – Infant Feeding) and Maria Douglass (Infant Feeding Support Lead) gave a presentation entitled ‘Baby Friendly Briefing from a Post-Natal, Neonatal and Community perspective’.

The following key points were noted:

- The benefits of breast feeding last a lifetime and the longer women breast feed, the greater the benefit It was noted that the way in which babies are fed is vitally important, as well as the cost implications associated with the use of formula.
- Studies by NICE and other organisations recommend the Baby Friendly Policy.
- Research looks at the impact of breast feeding and when increased, rates of Sudden Infant Death Syndrome (SIDS) decreased. Mothers who breast fed and develop breast cancer in later life, were more likely to survive.
- The UK has some of the lowest rates of breast feeding in the world, with huge variations across the country and across socio economic groups. It was noted that the North East has the lowest rate in the country, however 70% of Newcastle mother’s breast feed which while lower than the national average, it is the highest in the region.
- As well as nutritional benefits, breastfeeding, is also used for comfort, protection and communication between mother and baby. Mothers make milk specific to the needs of her baby and produce antibodies to protect the child.
- Newcastle Hospitals has implemented Baby Friendly standards and accreditation is in progress for staff in three stages. All mothers are given support and mothers with complex problems are offered appointments at a breastfeeding clinic.
- Health Visitors have implemented standards and training for staff. A recent audit showed that 100% of the women interviewed had had a breastfeeding assessment at their birth visit from their Health Visitor. A Health Visitor pathway for women experiencing complex difficulties has been established which has received positive feedback from new mums.
- The Neonatal Unit at the RVI is at Stage 2 of the three-stage accreditation and are the only one in the region so far to have achieved this.
- Further work is required to improve breastfeeding support for mothers in other areas of the hospital. Midwives do support these mums but a Trust wide strategy for implementing training and Baby Friendly standards is needed. Trust staff returning to work after maternity leave need support to ensure breastfeeding continues as long as the mother wishes.

5. RECOMMENDATIONS

Agenda item 8(i)

The Council of Governors are asked to receive the report.

Report of Carole Errington
Chair of the QPE Working Group
12 November 2019

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 November 2019						
Title	Business Development (BD) Working Group Report						
Report of	Dr Eric Valentine, Chair of BD Working Group						
Prepared by	Dr Eric Valentine, Chair of BD Working 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 type="checkbox"/>
Impact detail	Working group discusses matters pertinent to Trust 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 (BD) Working Group since the last meeting of the Council.

2. ATTENDANCE AT BOARD COMMITTEE MEETINGS

Dr Valentine attended the Trust's Finance and Investment Committee meeting on Wednesday 25 September 2019 and Mrs Yanez attended the Trust's Audit Committee on Tuesday 22 October 2019. These were the first opportunities to attend the Board Committees associated with the working group's interests. As discussed previously, a review of the observation of Committees from the first meetings would be undertaken in the form of a debrief/feedback meeting with the Trust Chairman. The arrangements for attendance at these meetings are being refined in the light of the new Trust Constitution.

3. TRUST ANNUAL MEMBERS MEETING

Members of the group attended the Trust's Annual Members Meeting (AMM) on 27 September 2019. The group chair proposed the amendments to the Trust Constitution which were subsequently approved. The group's involvement with the Trust strategy development was noted following the launch of the strategy at the event.

4. FINANCIAL IMPROVEMENT PRESENTATION

Mr Iain Bestford, Project Director – Financial Improvement, provided an excellent presentation at the September meeting of the working group.

The presentation included an overview of the approach, work and progress to date towards delivering benefits to the organisation, both in financial terms and in efficiency and quality of patient care.

This presentation was circulated by the chair following the meeting to working group attendees. The significant challenges were noted and the need to promulgate a 'bottom up' approach so that the energies and ideas of the Trust's 14,000 staff can be engaged.

5. NHS PLANNING ROUND

Ms Nicola Bruce, Assistant Director – Business Strategy and Planning, and Ms Jo Mason, Assistant Finance Director – Financial Planning, attended a working group meeting to provide an update regarding the NHS Planning Round.

Agenda item 3.2

The presentation noted the impending deadlines and requirements of the planning round at a Trust, 'North' Integrated Care Provider (ICP) and Cumbria North East Integrated Care System (ICS) level.

Covering the period 2019/20 to 2023/24, the plans are required to describe the population need, case for change and actions to deliver the Long Term Plan commitments. Planning returns include finance (including capital and cost efficiencies and savings), activity and workforce assumptions along with performance metrics and a supporting narrative. The guidance stresses that plans should be 'system-led, system owned and supported by all constituent organisations'.

The planning timetable has been challenging for all concerned with draft submissions required by 27 September 2019 and the final documentation submitted during November 2019. This is much earlier than in previous years.

The chair thanked Nicola and Jo for keeping the group abreast of the situation and assured them they could have access to the group at any time and at short notice, and if necessary, he would be prepared to call members together for a special meeting if need be.

6. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

Dr Eric Valentine

Chair of the BD Working Group

11 September 2019

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 November 2019						
Title	Community Engagement and Membership (CEM) Working Group Report						
Report of	Judy Carrick, Vice Chair of CEM						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The content of this report outlines the activities of the CEM Working Group.						
Recommendation	The Council of Governors are asked to receive the report.						
Links to Strategic Objectives	People – supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Working Group promotes the Trust to its Members and the wider population.						
Reports previously considered by	Regular Reports are received from the Working Group at each meeting of the Council of Governors.						

COMMUNITY ENGAGEMENT AND MEMBERSHIP (CEM) WORKING GROUP REPORT

1. INTRODUCTION

This report outlines the activities of the Community Engagement and Membership (CEM) Working Group since the last meeting of the Council.

2. WORKING GROUP MEETING

The last meeting of the working group was held on 9 October 2019. The meeting was chaired by the Vice Chair in the absence of the Chair and was attended by Mr Jonathan Jowett, Non-Executive Director, and Chair of the People Committee.

The meeting discussed the following matters:

- The success of the Members Event held in September 2019 was noted with positive feedback received from attendees.
- Attendees agreed that a survey to members regarding future events and communication preferences would be useful.
- Group members discussed feedback arrangements with members within their relevant constituencies and considered how these could be improved. It was agreed that it would be useful to schedule some informal Governor time at Member Events, such as a Governor 'surgery' over refreshments, to allow for an opportunity for members to meet and converse with the Governor elected for their constituency.
- It was agreed that a communication strategy for members would be required and would be drafted in collaboration with the Assistant Chief Executive to ensure consistency with wider Trust communications.
- It was agreed that the Members Events for 2020 would not be confined to the Freeman Education Centre and alternative venues across the Trust would be considered that showcases the Trust's innovative facilities.
- It was further agreed that staff events facilitated by staff governors would be useful in engaging staff members.
- It was suggested that Governors draft a mini biography/profile to further enhance the Governor page on the website.

The next meeting is scheduled for Wednesday 11 December 2019. The wider council are warmly invited to attend meetings as members or on an ad-hoc basis.

3. PEOPLE COMMITTEE

Mrs Carrick represented the CEM working group at the People Committee meeting on 15 October 2019. This was the first attendance at the Board Committee following the alignment to Council of Governor working groups.

4. MEMBER ENGAGEMENT

Following attendance at the People Committee, Mrs Carrick met with the Assistant Chief Executive and Deputy Trust Secretary to consider methods of engagement with members, both new and existing.

A meeting to consider the design of promotional materials has been scheduled, in consultation with the Trust's Communication department, with the initial drafts to be considered by the CEM meeting in December.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

Report of Judy Carrick
Vice Chair of the CEM Working Group
12 November 2019

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Integrated Quality Report



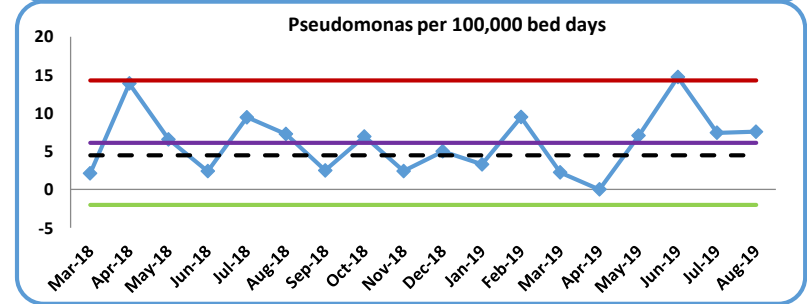
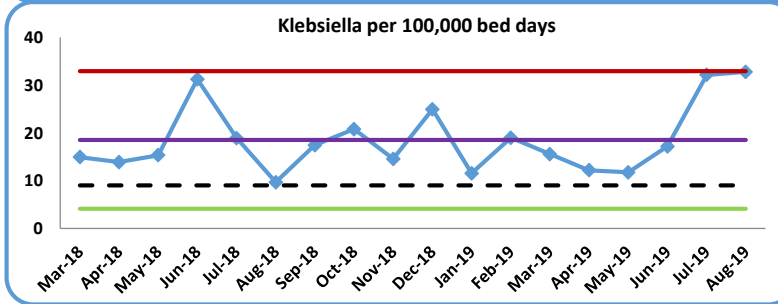
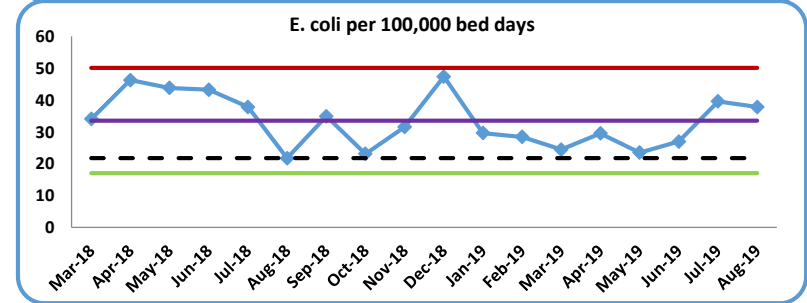
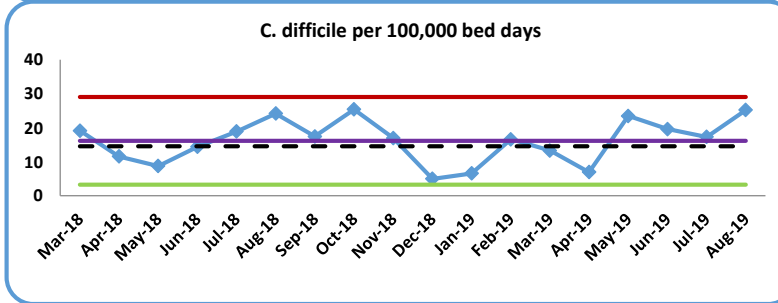
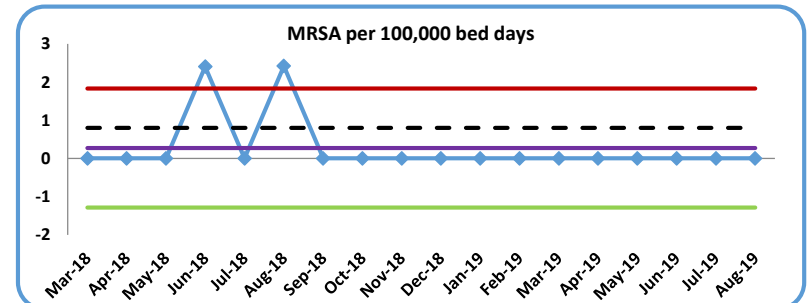
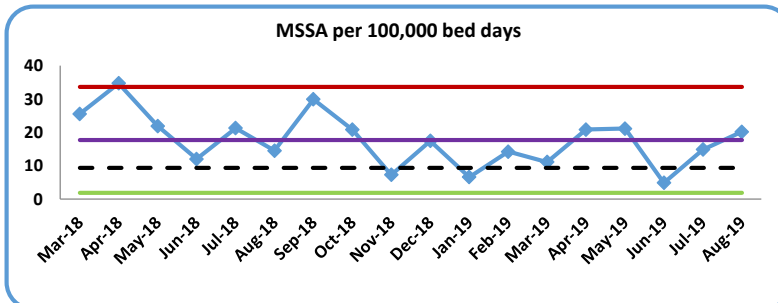
September 2019

Quality and Performance: Healthcare Associated Infections

At the end of August 2019, there have been no MRSA bacteraemia cases attributed to the Trust for one year; this is a significant achievement for the Trust.

There has been an overall reduction in MSSA and E. coli bacteraemia cases in comparison to the same period last year.

To the end of August *C. difficile* infections are below Trust trajectory with a total of 38 cases and a total of 16 cases have been successfully appealed.



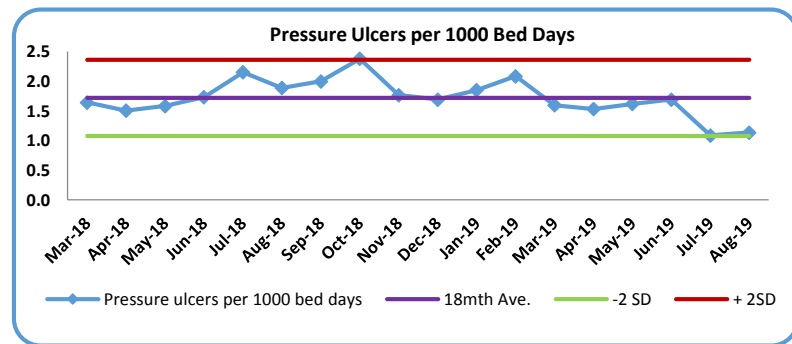
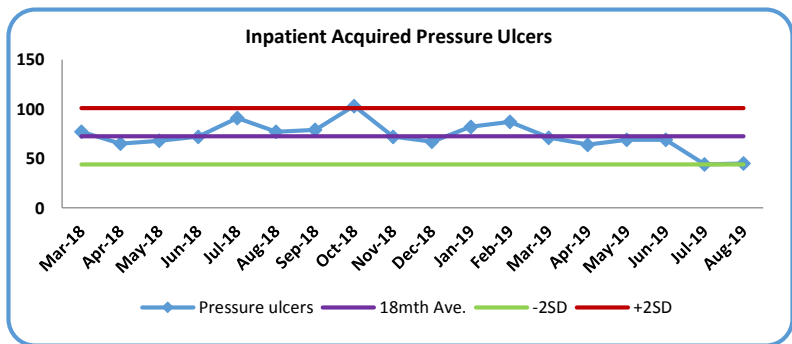
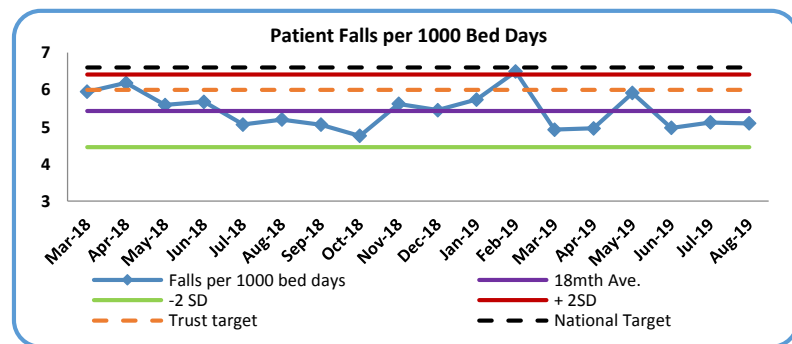
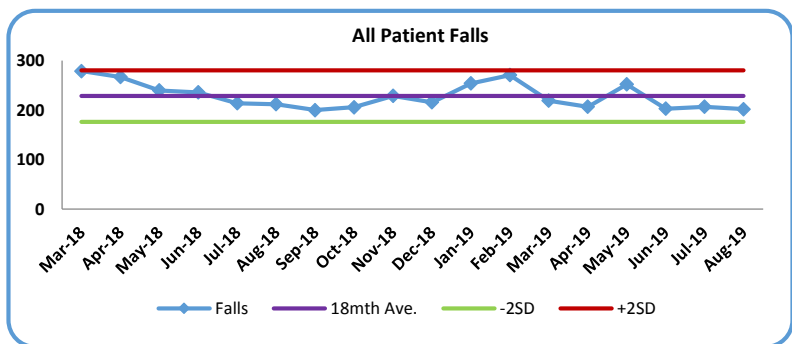
per 100,000 bed days 18mth Ave. -2SD +2SD - - National average

Quality and Performance: Harm Free Care

The Trust is currently demonstrating statistically significant reduction in Trust acquired pressure ulcers. There is a downward trend in incident and rate of Trust acquired pressure ulcers shown since February 2019 and a significant reduction shown between May and August 2019. This can be attributed to the work led by the Tissue Viability Team and Clinical Improvement Lead alongside ward teams to ensure improvement methodology is being used to drive change. There have been some excellent examples of reduction in pressure ulcers using Plan-Do-Study-Act cycles. The challenge now will be to sustain these improvements through the challenging Winter months.

In relation to inpatient falls, there was a statistically significant reduction in incidents between July and December 2018, however this has not been sustained this year. In June to August 2019 there has been a downward trend in incidents and rate of falls and currently this year the Trust have reported less falls resulting in serious harm than for the same period last year (currently 30% less than April to August 2018/19).

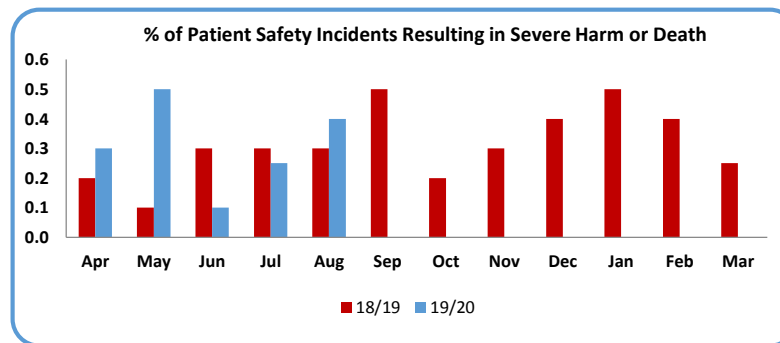
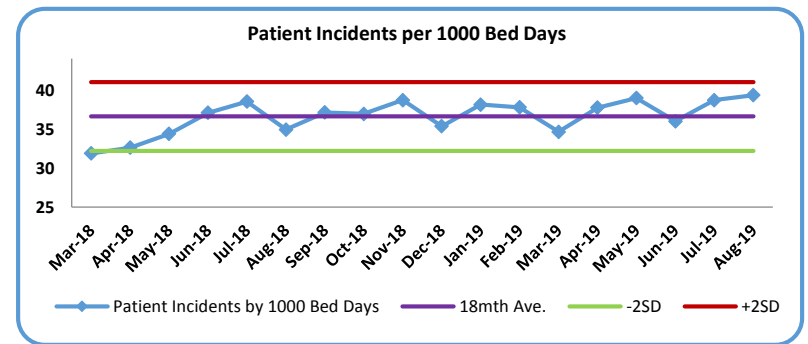
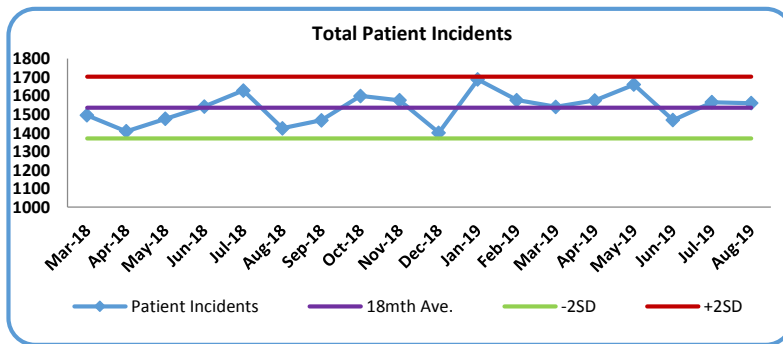
The incidents and rates of falls and PU are monitored closely and any serious incidents undergo a robust Root Cause Analysis (RCA) process which assists in the identification of quality improvement work streams which to date have been successful.



Quality and Performance: Incident Reporting

The percentage of incidents that resulted in severe harm or death reported in August 2019 is 0.4%. 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 August there were 11 cases reported as SIs. The Duty of Candour process has been initiated in all but one case to date.
(An additional Pressure Ulcer case was initially reported as an SI in August but was subsequently de-registered as had been incorrectly graded)

General

One delayed treatment - DoC to be initiated

Two delayed diagnosis - DoC in progress

One ******'Each Baby Counts' reportable case - DoC in progress

One incorrect pathology request - DoC in progress

Six Pressure Ulcers ; four grade III & two grade IV - DoC in progress in five cases; clarifying next of kin details in one case.

****** Incidents involving babies are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. This agreement is that all cases reported to the Royal College of Obstetrics & Gynaecology (RCOG) as fulfilling the criteria for the 'Each Baby Counts' national quality-improvement initiative should (by default) be notified as Serious Incidents. Since April 2019 all ******'Each Baby Counts' reportable cases are now externally investigated by the Healthcare Safety Investigation Branch (HSIB) as part of their national programme. DoC is initiated by the Trust in conjunction with the HSIB for these cases.

The trigger list includes the following:

All babies at 37+0 weeks onwards with

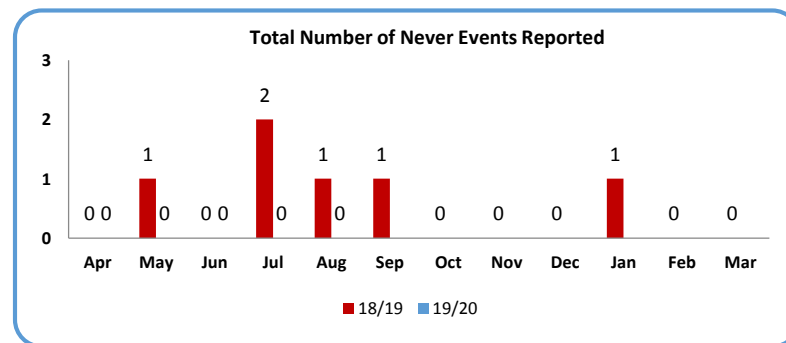
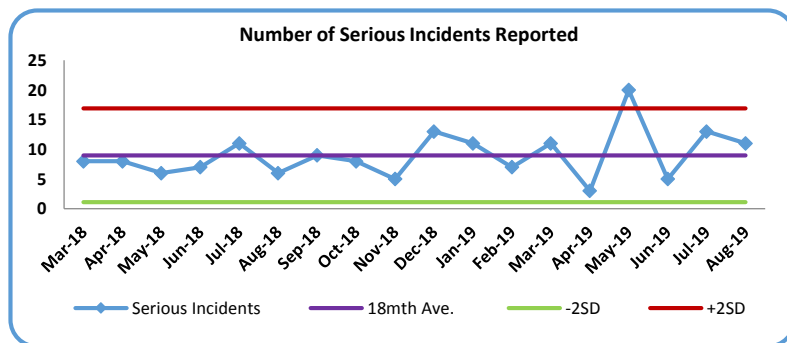
Intrapartum stillbirth

Early neonatal death (i.e. at days 0-6 from any cause other than congenital anomalies)

Severe brain injury diagnosed in the first 7 days of life, when the baby

Was diagnosed with grade III HIE, or was therapeutically cooled

Has decreased ventral tone AND was comatose AND had seizures of any kind



Quality and Performance: Serious Incident Lessons Learned

Learning from SIs & NEs (April 2019 - June 2019)

The following outlines key learning from completed SI investigations to date; any outstanding learning from Quarter 1 will be shared once investigations have been completed. This data excludes information on falls, pressure ulcers and cases subsequently de-registered.

Complication of treatment

There was no specific recommendations or learning identified.

Security incident effecting service delivery

Review of locking devices to ensure effective security is optimised
Local processes for senior on-call escalation have been strengthened

Incorrect diagnosis

Local operating procedures and process checks strengthened to ensure optimum accuracy of reporting.

Unexpected death

Care was as expected, there were no specific recommendations or learning identified.

Unexpected death – surgical complication

Re-enforced need for vigilance during surgical procedures shared locally.

Learning from SIs & NE (January 2019 - March 2019)

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

Delayed diagnosis

Local processes strengthened to ensure more robust handover for patient transfers between organisations
An effective system to coordinate on-going surveillance to be developed as part of Trust-wide GDE development work

Delay in follow-up

Standard local processes for onward referral of patients have been strengthened
Delivery of additional staff training to re-inforce importance of safeguarding escalation of concern

Delayed treatment

Agreed local procedures in place for standardised monitoring and escalation of concern

Baby born in unexpected poor condition

Care was as expected, there were no specific recommendations or learning identified.

Complication of treatment

Awareness of the need for vigilance when using essential surgical devices, raised locally and nationally.

Complication of treatment

Re-enforced the standards for informed consent conversations

Lost to follow-up

Agreed standardised processes to strengthen the monitoring of patient surveillance

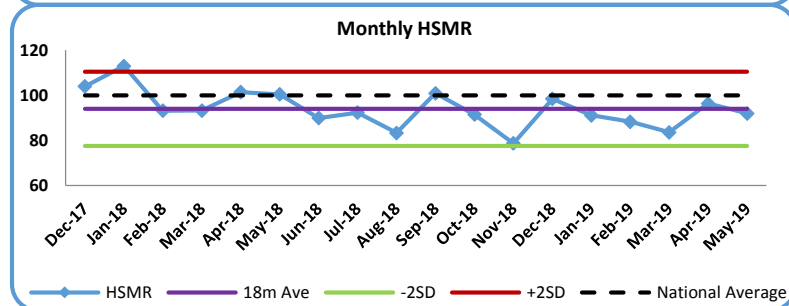
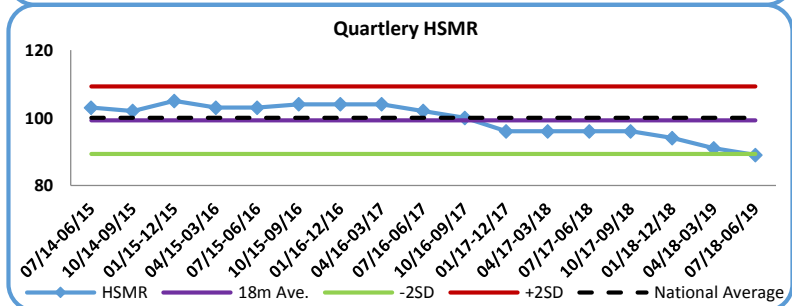
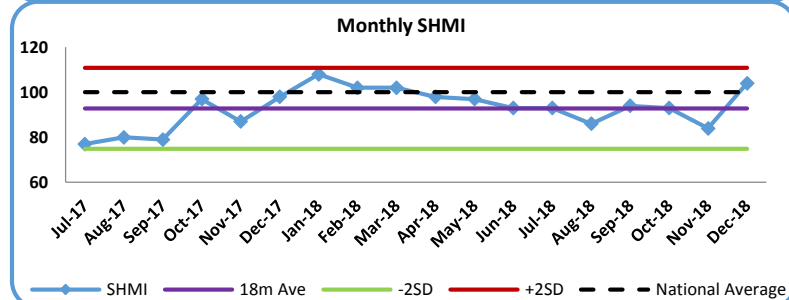
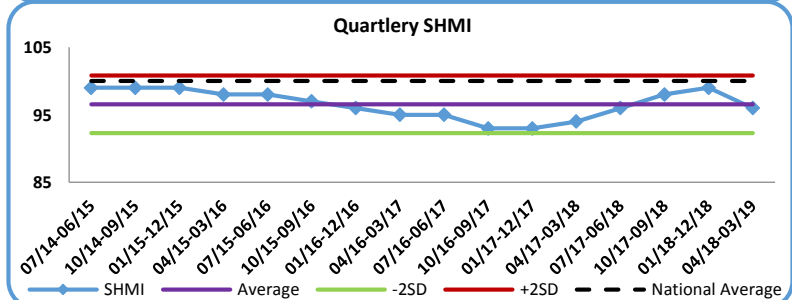
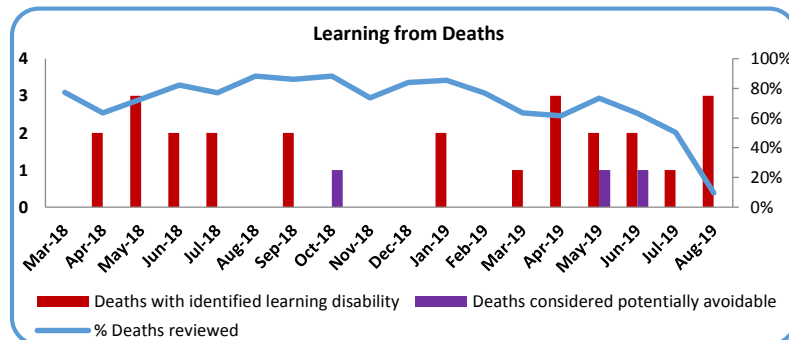
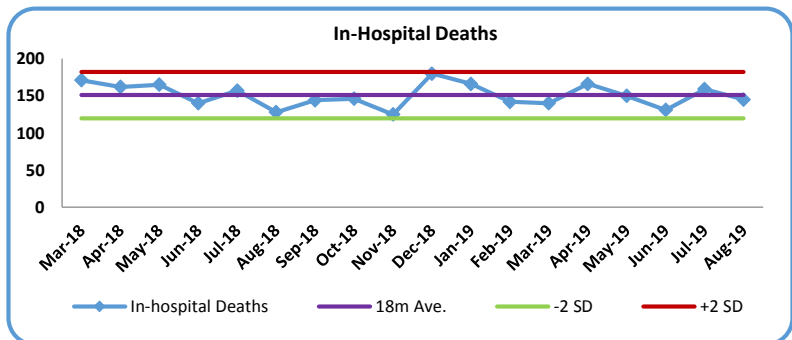
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 145 deaths reported in August 19 which is higher than the amount of deaths reported 12 months previously (n=128).

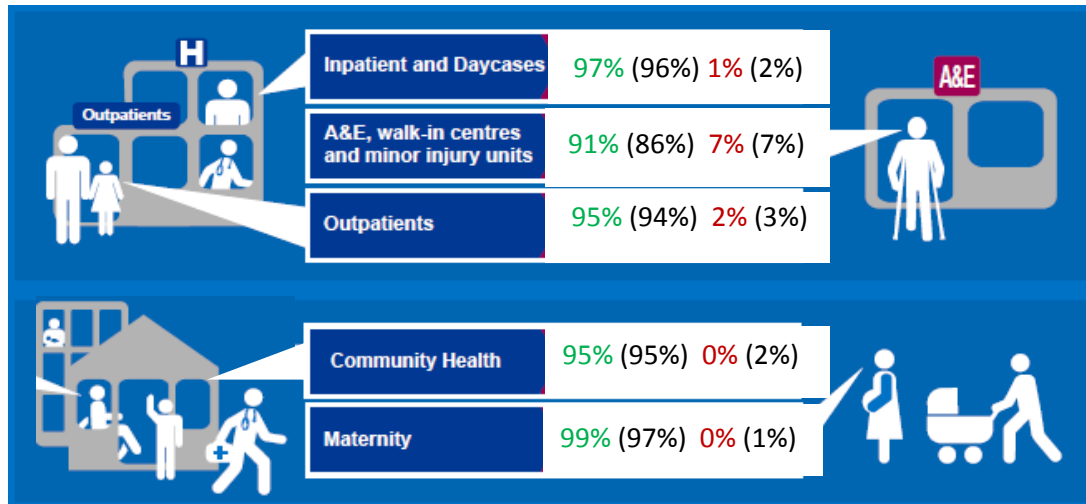
Learning from Deaths: In August 2019, 145 deaths were recorded within the Trust and to date, out of the 145 deaths 14 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.

SHMI: The most recent published SHMI data shows the Trust has scored 96 from months April 18 - March 19, this continues to be lower than the national average and is within the "as expected" category.

HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. All scores are within expected limits, however, this number may rise slightly as the percentage of discharges coded increases.



Quality and Performance: FFT and Complaints



Friends and Family Test

There were 3,926 responses to the Friends and Family Test in June 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.

Complaints

The Trust received a total of 168 formal complaints in Quarter One, which is quite an increase on the 150 complaints logged in Quarter 4. 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. This averages at approximately 14 complaints per week and is higher than last year's figures, at just over 10 per week.

Taking into consideration the number of patients seen, the highest percentages of patients complaining up to the month of June are within Children's Services with 0.06% (6 per 10,000 contacts) and the lowest is the Dental Hospital with 0.01%.

'All aspects of clinical treatment' remains the highest subject area of complaints at 56% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' combined make the next largest subject area.

Directorates	2018-19				18-19 Ratio (Full Year)	17-18 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)		
Cardiothoracic Services	13	27,085.00	0.048%	1:2083	1:2770	1:2274
Children's Services	14	22,227.00	0.063%	1:1588	1:2778	1:2012
Community	3	18,109.00	0.017%	1:6036	1:3505	1:3508
Dental Services	4	29,975.00	0.013%	1:7494	1:9392	1:6024
Directorate of Medicine	19	41,921.00	0.045%	1:2206	1:2996	1:2271
Directorate of Medicine - ED	14	40,567.00	0.035%	1:2898	1:4091	1:3163
ePOD	16	107,308.00	0.015%	1:6707	1:8799	1:6490
Musculoskeletal Services	13	29,162.00	0.045%	1:2243	1:2849	1:2255
NCCC & Specialist Haematology	10	42,313.00	0.024%	1:4231	1:7235	1:7806
Neurosciences	13	28,102.00	0.046%	1:2162	1:2543	1:2411
Patient Services	7	13,781.00	0.051%	1:1969	1:3415	1:5284
Peri-operative and Critical Care	2	9,258.00	0.022%	1:4629	1:3080	1:3467
Surgical Services	17	18,028.00	0.094%	1:1060	1:1607	1:1186
Urology and Renal Services	3	18,149.00	0.017%	1:6050	1:2668	1:2458
Women's Services	11	37,019.00	0.030%	1:3365	1:3307	1:3866
Trust (with activity)	159	483,004.00	0.033%	1:3038	1:3834	1:3249

Quality and Performance: Health and Safety

Overview

There are currently 1087 health and safety incidents recorded on the Datix system from the 31st Aug 2018 to 1st Sept 2019, this represents an overall rate per 1000 staff of 72.8. Patient Services reported the highest number of health and safety incidents over this period (162) with Corporate Services (1) incidents. Directorate rates per 1000 staff for the highest reporting services are Dental Services (118.1), Peri-operative and Critical Care (96), Women's Services (91.1), Pharmacy (88), Directorate of Medicine (84.9) and Surgical Services (81).

Incidents of Aggression on Staff

In addition to the health and safety incidents, there are 668 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 31st Aug 2018 to 1st Sept 2019; this represents an overall rate per 1000 staff of 44.7. Directorate rates per 1000 staff over this period for the highest reporting services of aggressive behaviour are Directorate of Medicine (183.5), Community (102.4), Musculoskeletal Services (85.5), Urology/Renal Services (81.8) and Neuroscience (81.1).

Sharps Incidents

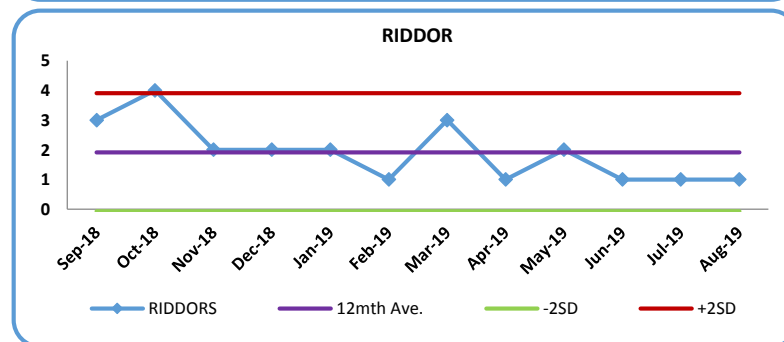
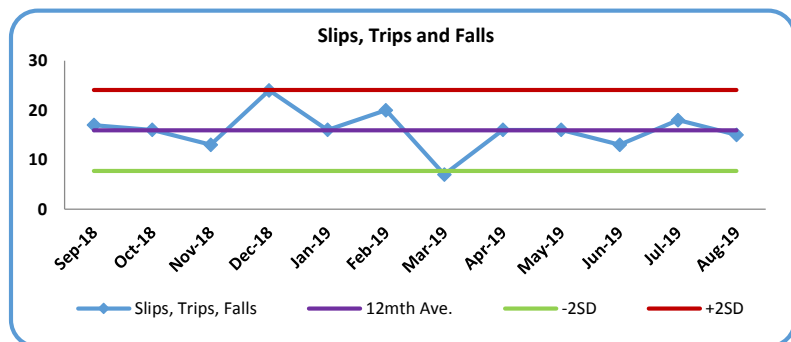
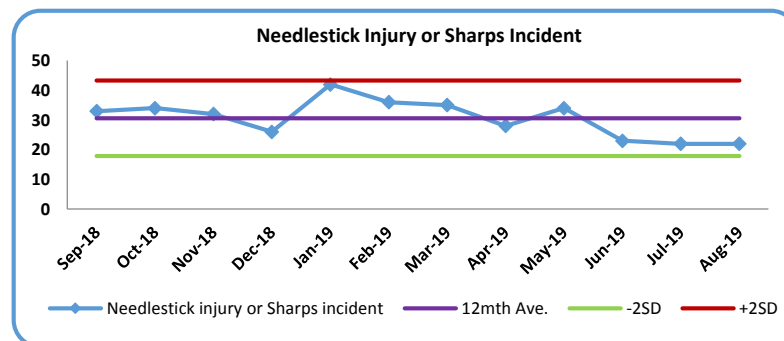
The average number of all sharps injuries monthly is 30.5 between Aug 18 and Aug 19 based on Datix reporting, with 13.3% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 25.2.

Slips, Trips and Falls

Slips on wet surface, fall on level ground and tripped over an object collectively account for 51.3 of falls between Aug 18 and Aug 19. Fall as a result of a faint, fit or other similar event, collision with an object and falls from a chair account for 17.2 of the incidents recorded. 19.3 % of the falls reported over the period relate to visitors/members of the public.

RIDDOR

The most common reasons for reporting accidents and incidents to the HSE between Aug 18 and Aug 19 include slips and falls (7) and lifting and handling (2). These account for 39.1% of reportable accidents over the period.



COUNCIL OF GOVERNORS

Date of meeting	21 November 2019						
Title	Month 6 Finance report						
Report of	Mrs Angela Dragone, Finance Director						
Prepared by	Mr David Reynolds, Deputy Finance Director						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	This report outlines a summary of the Trust financial position at Month 6.						
Recommendation	The Council of Governors are asked to receive the report for information.						
Links to Strategic Objectives	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 type="checkbox"/>
Impact detail	<p>Achievement of the I & E control total is dependent on a large number of factors including the cost improvement programme, quantity of activity delivered, sound budgetary control, data integrity, income generation and so forth.</p> <p>The aggregate impact of all of those issues is covered in this report.</p>						
Reports previously considered by	Standing agenda item.						

2019/20 MONTH 6 FINANCIAL REPORT

1. INTRODUCTION

This paper summarises the financial position of the Trust for the period ending 30 September 2019.

2. CONSOLIDATED RESULTS

At Month 6 the Trust has delivered an Income and Expenditure surplus of £5.0 million and is £970k ahead of Plan summarised as follows -

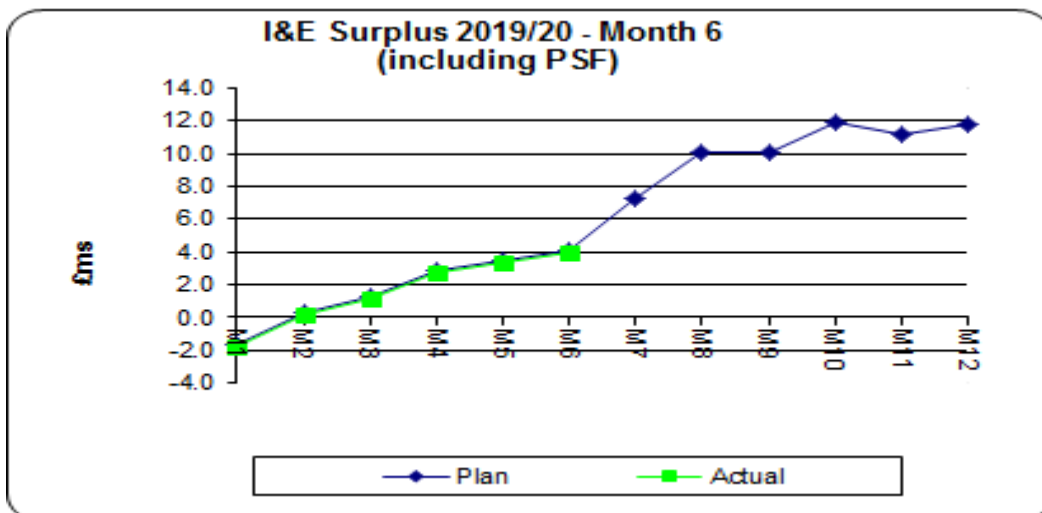
Table 1: Key Financial Performance Indicators - Overall Financial Position

	Annual Plan £'000	Month 6 Plan £'000	Month 6 Actual £'000	Month 6 Variance £'000
Income	1,100,358	545,283	556,994	11,711
Expenditure	1,083,454	541,189	551,921	10,741
I&E Position (exc impairment)	11,773	4,103	5,073	970
Closing Cash	92,059	96,705	130,841	34,136
Capital Programme	49,872	23,250	17,286	(5,964)

Key issues to note are:

- i) Operating income for the period ending 30 September 2019 is £557.0 million, £11.7 million ahead of Plan.
- ii) Total operating expenditure for the same period is £551.9 million, £10.7 million more than Plan.
- iii) The Trust reports an Income & Expenditure surplus of £5.1 million at Month 6, £970k ahead of Plan.

The Income & Expenditure profile as the year progresses remains on Plan as follows. However that position is only achieved by deploying £6.2 million non-recurrent funding to bridge a shortfall in activity and cost improvements delivered to 30 September 2019.



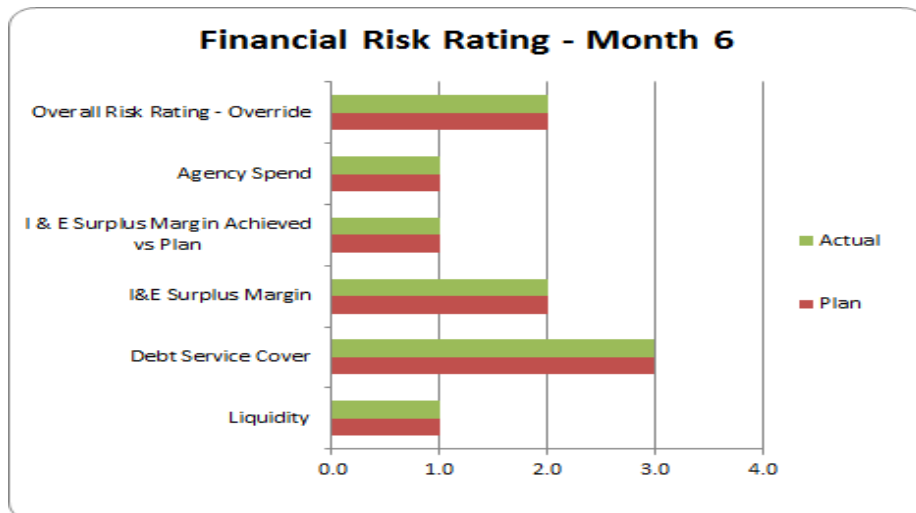
- iv) The Cost Improvement requirement for the year is £32 million, to date the Trust actioned £9.1 million for the year with an impact to date of £6.9 million. Further cost improvement measures are being developed to increase the likely full year effect.
- v) The Capital Expenditure to 30 September 2019 was £6 million behind Plan, primarily due to slippage on medical and IT equipment.
- vi) The Cash balance at 30 September 2019 was £130.8 million, significantly ahead of Plan due to slippage on the capital programme and the receipt of £12.7m PSF bonus funding that was not included in Plan. There are no adverse liquidity issues to report.

3. FINANCIAL RISK RATING

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

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

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



4. SUSTAINABLE IMPROVEMENT PROGRAMME

The Trust has faced some significant challenges in increasing the pace of delivery of sustainable improvement initiatives, primarily linked to a shortage in clinical and operational staffing. This has seen a number of initiatives slip from original timelines, and whilst there remains confidence that these initiatives will deliver in full, they won't deliver the in-year value originally estimated.

The present programme identifies in-year savings of £16.8 million. This is £15.2 million below the £32 million target, and the balance will be met by non-recurrent initiatives. The £16.8 million recurrent savings in 2019/20 will automatically generate additional full year effect recurrent savings in 2020/21 of £5.8 million.

5. RECOMMENDATION

To receive the overall financial position for the period up to 30 September 2019.

**Report of Mrs Angela Dragone
 Finance Director
 12 November 2019**

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