

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

Thursday 20th of September 2018 in Function Rooms 137 and 138, Education Centre, Freeman Hospital, Newcastle upon Tyne
Start time 13:30pm

Agenda			
Item		Lead	Paper
Business Items			
1	Apologies for Absence and Declarations of Interest	Chairman	Verbal
2	Minutes of the Meeting held on 19 th July 2018 and Matters arising	Chairman	Attached
3	Meeting Action Log	Chairman	Attached
4	Chairman's Report	Chairman	Verbal
5	Chief Executive's Report	Chief Executive	Attached
6	Charity Governor Position	Trust Secretary	Attached
7	Nominations Committee Update	Committee Chair	Attached
Quality and Patient Safety			
8(i)	Quality of Patient Experience Working Group Report	Working Group Chair	Attached
8(ii)	Integrated Quality Report	Medical Director	Attached
Strategy			
9	Business Development Working Group Report	Working Group Chair	Verbal
10	Trust Strategy Development Update	Deputy Chief Executive	Verbal
Performance & Delivery			
11	2018/19 Month 4 Finance Report	Finance Director	Attached
Engagement			

12	Community Engagement and Membership Working Group Report	Working Group Chair	Verbal
Partnerships			
13	27 th September 2018 Annual General Meeting - Update	Trust Communications Lead	Verbal
Items to Receive			
14	Date and Time of Next Meeting: Thursday 15 th November 2018 in Function Rooms 137 and 138, Education Centre, Freeman Hospital	Chairman	Verbal

Governors' Education and Training:

20th September 2018 presentations:

- i) External Audit briefing on the Trust Annual Report and Financial Statements - Victoria Smith and Kerry Wallace, PwC, will attend at 3-00pm to present this item*
- ii) Pressure Ulcer Presentation – Frances Blackburn, Deputy Director of Nursing and Patient Services, will attend at 3.30pm to present this item*

Future Presentations:

- i) 15th November 2018 – Healthcare Associated Infections and Carers provision in Newcastle*
- ii) Car Parking [Date TBC]*



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THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MINUTES OF MEETING HELD ON 19th JULY 2018

Present: Professor Sir John Burn, Chairman (Chair)
Dame Jackie Daniel, Chief Executive (until 2.20pm)
Public Governors (Constituency 1)
Public Governors (Constituency 2)
Public Governors (Constituency 3)
Staff Governors
Appointed Governors
Mr A Welch, Medical Director
Mrs A Dragone, Finance Director
Ms M Cushlow, Executive Chief Nurse
Mr J Jowett, Non-Executive Director
Mrs K Jupp, Trust Secretary
Mrs F Darville, Deputy Trust Secretary (Minutes)

18/36 Statutory Business

i) Apologies for Absence and Declarations of Interest

Apologies were received from Mrs Hilary Parker, Dr Michael Saunders, Mrs Louise Robson, Mr Keith Godfrey, Professor Kath McCourt, Professor David Burn, Mr Steven Cranston, Mrs Barbara Goodfellow and Mr Fred Wyres.

The newly elected Trust Governors were welcomed to their first Council of Governors meeting.

Sir John took the opportunity to extend the Council's best wishes to Mr Godfrey's wife following a recent accident and wished her well in her recovery.

Sir John informed the Council of Governors that Mr Andy Payne from the Good Governance Institute (GGI) was observing the Council meeting today as part of a piece of working being undertaken by the GGI on reviewing the Trust's Governance Structure.

There were no declarations of interest on this occasion.

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ii) Minutes of the Meeting held on the 17th of May 2018 and Matters arising

The minutes of the meeting were agreed as an accurate record subject to the following amendments:

- Page 4 - Mrs Jupp noted that Ruth Draper had sent her apologies for the May 2018 meeting and agreed to incorporate.
- Page 7 - Mrs Perfitt recommended that Action01 outlined in the last paragraph be allocated to an Executive Director rather than to herself as it was not within the remit of Trust Governors. Dame Jackie agreed to take forward the action and Mrs Jupp agreed to amend the minutes accordingly.
- Page 12 – Mrs Jupp agreed to amend the minutes to refer correctly to Dr Valentine rather than Mr John Bedlington in the last sentence of the last paragraph.

There were no other matters arising from the minutes of the May 2018 Council meeting.

iii) Meeting Action Log

Sir John reminded members that only those actions categorised as ‘red’ would be discussed.

The actions detailed in the log were discussed. The following updates were noted:

- i) Log Number 36 (ACTION14) - Mrs Jupp advised that the presentation size was too large to circulate via email therefore an alternative method of transfer was being explored.
- ii) Log Number 37 (ACTION1) – it was noted that an update had been requested regarding the funding of TV usage on Children’s Wards. Mrs Jupp agreed to follow up the status of this action for the September 2018 Council meeting.
- iii) Log Number 38 (ACTION2) - Ms Cushlow confirmed that refurbishment of Ward 1 (Freeman Hospital) was not included in the current Trust capital programme however was included in the longer term Ward refurbishment cycle. Agreed action completed.
- iv) Log number 40 (ACTION4) – Ms Cushlow confirmed that a presentation on pressure ulcers would be provided to the September 2018 meeting of the Council.
- v) Log Number 41 (ACTION5) – Ms Cushlow referred to the original query regarding the two percentages reported in the Family and Friends Test (FFT) figures and explained that the two reported figures related to two

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different matters. She agreed to amend the presentation of the two percentage figures reported in Integrated Quality Report to aid clarity.

iv) Chairman's Report

Sir John provided a verbal update of recent Chairman activity.

Sir John informed Governors that he had launched the Great North Children's Hospital (GNCH) 'pop up' hospital in the Herschel Building at Newcastle University. He added that the creation of the 'pop up' hospital was to coincide with the many projects being run in the region as part of the Great Exhibition of the North in order to showcase historic developments such as the 'iron lung' and 'virtual reality' body.

Sir John referred to a recent overseas lecturing visit he had made to the Far East which had included a visit to Dubai on behalf of Humani, a Capital Investment Fund, following an invitation to be an advisor for the organisation. Sir John confirmed that the fees he had received for his advisory role had been donated to the charity Global Variome. The visit also included time spent with a Far East Hospital Group who had a number of sites operating in the Middle East and Africa. The purpose of the visit was to further understand potential opportunities for increasing overseas investment in healthcare in the North East.

Reference was made to the recent annual NHS Confederation conference held in Manchester and a presentation given by Healthcare UK. Sir John highlighted that the Trust was not widely known internationally despite its position in the Shelford Group and the organisation's research expertise. He highlighted the importance of the Trust in raising its profile and promoting itself as a centre of excellence.

Sir John explained that the amount of private patient income that could be generated by the Trust was 'capped' to a percentage of income as specified in the Trust Constitution. The percentage was based on the amount of turnover when the Trust became a Foundation Trust. Currently the Trust generated approximately 25% of the maximum overseas income permitted.

Sir John asked Governors to consider whether the private patient income 'cap' should be raised to which Mr Stewart-David recommended that the Trust should first explore ways to reach the cap at its current level before increasing the cap further to which the Council of Governors agreed. Mr Murthy highlighted the importance of assessing that any increase in private patient work would not have a negative impact on NHS patients.

Sir John highlighted that the Trust had a world class surgical training centre on site at the Freeman Hospital and that there was scope to expand this facility to generate further income for the Trust.

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Sir John explained that for all new Trust employees a Disclosure Barring Service (DBS) check was required and proposed that such a check be introduced as mandatory for all Trust Governors. Ms Cushlow advised that such checks were recommended for all volunteer positions following the Jimmy Savile Inquiry. Mrs Jupp advised that the current process required DBS checks for all new Non-Executive Directors and Governors undertaking Ward visits as part of the Quality of Patient Experience Working Group. The Council of Governors agreed with the proposal for all Governors to have DBS checks performed to which Mrs Jupp agreed to action (**ACTION01**).

It was resolved: to receive the report and to endorse the introduction of mandatory enhanced Disclosure Barring Service (DBS) checks for current and future Governors.

v) 18/40 Chief Executive's Report

Dame Jackie presented the report and asked for Governors to provide feedback on what areas and matters they would like to be included as part of Council of Governor meetings going forwards.

Dame Jackie referred to the recent announcements regarding the new funding settlement for health and the appointment of Matt Hancock as the Secretary of State for Health and Social Care. A discussion ensued as to whether the new funding settlement was sufficient and whether there was equity of funding for both health and social care.

It was anticipated that further changes in performance targets would be identified as part of the funding settlement, particularly for Cancer Standards and Mental Health Standards.

The Trust was in the process of refreshing its 10 year strategy and Dame Jackie confirmed that the Trust strategy would be aligned to the national priorities included within the 10 year plan. She added that work was underway in reviewing the Trust priorities and that alongside this work; the Good Governance Institute (GGI) was conducting a review of the governance structures that exist within the organisation to ensure that they remained fit for purpose to support Trust strategy.

Dame Jackie advised that following her appointment it was evident that there were capacity constraints within the Executive Team. A decision was taken to recruit a dedicated Trust Chief Operating Officer (COO) as the current Executive Team members shared the responsibilities usually associated with this role. Dame Jackie advised that the recruitment process was underway and that there was a strong field of candidates from which the Trust was looking to appoint. Interviews were also scheduled on Monday for a new Director of Communications and Engagement post.

Reference was made to the Care Quality Commission (CQC) Inpatient Survey which showed an excellent set of results for the Trust.

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Councillor Williams referred to the positive feedback she had received from staff regarding the 'Flourish at Work' initiative. Dame Jackie highlighted the importance of supporting staff to bring their 'best self' to work; advising that evidence has shown that this results in better outcomes for both staff and patients.

The inaugural Flourish event was held earlier in the week with circa 80 staff volunteers in attendance to try to establish what 'Flourish' means for staff within this Trust. Many ideas were generated, ranging from 'small' items such as greater access to water coolers and providing healthier meals and options in vending machines. More 'impactful' ideas were identified such as providing access to fitness trackers and supporting breastfeeding mothers following their return to work.

A further Flourish event will be scheduled for the Autumn for the ideas to be quantified, any themes shared and to establish an action plan to convert the ideas into reality. Dame Jackie extended the invitation to the event to any Trust Governors who were interested in attending.

Mrs Nelson highlighted that the increased communications from Dame Jackie had made a positive impact and staff feel well informed.

Mr Warner enquired whether there were any facilities to offer staff discounts or vouchers for local restaurants and other experiences. Ms Colvin-Laws responded that as part of the staff social club, and through the Benefits Everyone website, a host of benefits such as restaurant offers, gym memberships and trips were available to staff but identified that there was a gap to fill in terms of fitness and health and wellbeing opportunities.

Mrs Perfitt referred to the Trust generating a surplus in the financial year 2017/18 and noted her concern that organisations who had not exercised the same financial caution as NuTH may receive greater funding. Mrs Dragone explained that in the financial year 2017/18, the Trust reported an underlying financial deficit of £4.5m.

Sir John advised that further consideration be given in bringing additional income into the Trust and that there was a need to develop the Trust's charitable endeavours more fully, following the example of other organisations such as University College London Hospitals and Great Ormond Street Hospital. He recommended that a review of the Trust charity and charities associated with the Trust be undertaken in order to explore potential income streams.

It was resolved: to receive the report.

vi) Trust Constitution Update with proposed changes

Mrs Parnell presented the report and thanked those Governors who had assisted in reviewing the Trust Constitution. She explained that the version presented at the meeting

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today required the Council's agreement before it can be presented for consideration by the Trust Board.

Mrs Parnell noted the Trust Secretary agreed with all of the recommendations that the Group made with the exception of the recommendation regarding the use of the Trust seal. Mrs Parnell explained that this was the overall responsibility of the Board of Directors however historically the Trust Board had delegated authority for Mrs Jupp to apply the Trust seal due to the frequency of use within NuTH. It was therefore recommended that the delegated authority remain with Mrs Jupp as Trust Secretary.

Mrs Jupp explained that the next steps for the Constitution following agreement at this meeting was for it to be presented to the Board of Directors for endorsement prior to being put forward for approval at the next Annual General Meeting (AGM) in September 2018.

Mr Briggs highlighted that there were further areas to be considered and agreed to discuss these separately with Mrs Parnell (**ACTION02**).

The Council agreed the content of the updated Constitution.

It was resolved: to support the proposal not to amend the reference to the use of the Trust seal; and to approve the proposed amended constitution as attached in Appendix 1 of the report.

vii) Governors Elections 2018 Results

Mrs Jupp presented the report which detailed the outcome of the recent Governor Elections. She drew the Council's attention to page 79 of the papers which detailed the vacancy in an appointed Governor seat for the charity sector and asked for any recommendations for which charities could be approached to fill this vacancy. A list of 10 charities that were closely aligned with the Trust was provided as a starting point for discussion.

Mr McCallum enquired whether the Trust could write to out to charities more widely to ask for Expressions of Interest (EOI) to which Mrs Jupp suggested that this may not be feasible due to the large volume of charities both regionally and nationally which are associated with the Trust. Mrs Yanez highlighted that the list was not wholly representative of all the charities which regularly support the Trust.

Mrs Nelson recommended that an EOI be advertised on the Trust website. Sir John asked members to consider which particular charities they think should be approached and feed these back to Mrs Jupp directly.

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Mrs Nelson referred to the Newcastle Council of Voluntary Committees and recommended an approach be made to this Committee. She agreed to supply Mrs Jupp with Committee contact details (**ACTION03**).

A discussion ensued to consider how best the charity efforts that support the Trust could be better coordinated; especially in comparison to other organisations. It was noted that the Trust charity could be advertised further in order to generate a greater level of charitable income and that the strategic vision for the Trust charity be clarified.

Mr Richardson suggested that the discussion as to which charity to approach should involve patients and other end users of Trust services such as ex-service personnel.

Dame Jackie concluded that a review of charity work was required and that the outcome from the review be brought back to the Council of Governors following completion (**ACTION04**).

Sir John formally welcomed and introduced the newly appointed Governors.

It was resolved: to i) receive the report, ii) note the election outcomes, and iii) provide feedback to Mrs Jupp regarding potential charitable organisations that should be approached to fill the vacant appointed Governor seat.

viii) Nominations Committee Update

Mr Stewart-David presented the report in the absence of Dr Saunders.

Mr Stewart-David highlighted that the main area of business for the Nominations Committee was to oversee the appointment of a new Non-Executive Director (NED) for the Trust. Over 30 applications had been received for the position, five of which were shortlisted for interview.

Mr Stewart-David reported that when the interview dates were arranged, one candidate was unavailable to attend. Despite this, it was deemed more important to start the process of recruitment with those available than look to reschedule. Of the four candidates interviewed, two were deemed appointable but the panel were unanimous in their selection of one candidate, being Mr Steven Morgan. Sir John expressed his support for the appointment of Mr Steven Morgan and the Council of Governors endorsed the appointment.

Mr Stewart-David highlighted that Mr Weir had agreed to remain as a NED in the short term to aid continuity due to the recent changes in Board Members. He added that the Trust was working closely with Newcastle City Council to identify a successor to Mr Weir.

Mrs Perfitt referred to the previous Council of Governors discussion regarding whether the number of NEDs that the Trust had was sufficient, especially as Mrs Hilary Parker, a

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long standing NED with legal expertise was due to leave the Trust at the end of her term of office in September 2018. Sir John noted that the risk of losing legal expertise was less in this regard as Mr Jonathan Jowett, who was appointed as NED in 2016, brought a wealth of legal expertise.

Reference was made to the Governance Structure Review work being undertaken by the Good Governance Institute (GGI) and Dame Jackie advised that the current NED capacity would be considered by GGI and they may recommend changes to the composition of the Trust Board. It was anticipated that GGI would issue a report to the Trust in September 2018.

Sir John noted that the Trust Constitution states that the Trust can have up to eight Non-Executive Directors and the Trust currently only has seven plus the Chairman.

Mr Stewart-David thanked Mr Briggs in joining the Nominations Committee but suggested that the Council consider whether the membership of the Committee is further expanded.

Non-Executive Director appraisal meetings had been scheduled during August 2018.

Mr Stewart-David asked that the Council endorse his new role as Chair of the Nominations Committee from 1st October 2018. The council endorsed this appointment.

Mrs Jupp asked the council to confirm the appointment of Mr Steven Morgan as Non-Executive Director from the 1st of October 2018 and the Council endorsed this appointment.

Sir John advised the Council that Mrs Jupp was reviewing the membership of the Governor Working Groups and Nominations Committee. He requested that Governors approach Mrs Jupp with any suggestions of Committees or Groups which they would be interested in joining.

It was resolved: to (i) receive the report, (ii) endorse the appointment of Mr Steven Morgan as Non-Executive Director from the 1st of October 2018 and (iii) endorse the appointment of Mr Stewart-David as Chair of the Nominations Committee from 1st October 2018.

18/37 Quality and Patient Safety

i) Quality of Patient Experience Working Group

Mrs Errington presented the report and highlighted the salient points.

Dame Jackie left the meeting.

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Reference was made to the lack of toilet facilities in Ward 8B (RVI) and the fact that these were cleaned once in the morning, despite a significant number of patients passing through the ward. Despite this, Dr Lucraft and Mrs McCalman were extremely impressed with the management of the ward and the environment created. Sir John recommended that the matter be discussed with Mr Robert Smith, Director of Estates and Mrs Jupp agreed to feedback (**ACTION05**).

Mrs Heslop suggested that the admission times for Ward 8B is staggered to allow for a more comfortable patient experience and Ms Cushlow agreed to investigate (**ACTION06**).

Mr Stewart-David referred to his visit to the Sir Bobby Robson Centre and stated that it was run similarly to the CRESTA clinic, with a very comfortable and relaxed atmosphere and it was found to be an inspiring unit. He also reported that discussions were ongoing as to the treatment of patients from out of the area.

Mr Welch clarified that this point was still in discussion with Cumbria and the terms were still being negotiated. He added that it was paramount that there would be no compromise to the quality of care given to the Trust's existing patients.

The Group had received two presentations being a Complaints Update given by Ms Tracy Scott, Head of Patient Experience, and the Outpatients Transformation Project given by Ms Sheila Alexander and Ms Stacy Palfreeman from the Trust Transformation Team. It was agreed that the Group would receive an update on the Outpatients Transformation Project in December 2018.

It was resolved: to receive the report.

ii) Integrated Quality Report

Mr Welch presented the report and noted the salient points.

Healthcare Acquired Infections (HAIs) were still an area of challenge for the organisation, partly attributed to newly resistant strains. Mr Welch advised that teams across the Trust were working hard to minimise the impact.

Six Serious Incidents (SIs) and one Never Event were reported in May 2018. Mr Welch explained that in general, there had been a slight increase in the numbers reported due mainly to the changes in the criteria for reporting. The Never Event involved the insertion of an incorrect coil which was soon removed and then the correct coil reinserted. As discussed previously, the definition of a Never Event has changed and therefore includes those incidents that would not ordinarily contribute to the harm of a patient.

Mortality Indicators continued to be in the as expected range and the Hospital Standardised Mortality Ratio (HSMR) was slightly higher as expected during the Winter season but still within the anticipated range.

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The Trust continued with its robust quality surveillance programme, using the CQC methodology to conduct peer reviews. Such reviews ensure high standards are maintained and the peer review process has been very well received by the Directorates. The Trust has been asked to conduct such reviews at other organisations in the Shelford Group which reflects the value seen by other Trusts in the NuTH process.

Mr Murthy asked what the criteria were to review deaths given the increased number reported in May 2018. Mr Welch stated that all deaths related to patients with learning disabilities, children and unexpected deaths were reviewed and none were categorised as 'avoidable' due to inadequate or poor care. From a small number of reviews, some cases were identified where the care could have been improved however this was not found to have had an impact on the patient outcome.

Mr Welch referred to the new Medical Examiner System which was due to be implemented by April 2019.

Mr Murthy further queried whether feedback on the mortality reviews was shared with the deceased's Next of Kin to which Mr Welch stated that this was not standard practice but information was shared upon request.

Mr McCallum asked whether the HCAI figures presented a cause for concern for the Trust to which Mr Welch responded stating that the causes for the higher than expected figures were currently unclear but the organisation was working hard to define the root causes.

Ms Cushlow stated that the case mix and complexity of patient conditions could contribute to an increased number of infections due to the specialised services delivered within NuTH. She added that further mandatory training had been implemented with regard to long line catheters as there was a greater risk of infection when the skin was broken.

Mr Welch noted that despite the complexity of the Trust's caseloads, the Trust was still an outlier for HCAIs. The Trust is working closely with NHS Improvement (NHSI) who will be undertaking a review of HCAIs within NuTH to ascertain whether any further improvements could be identified.

Mr Welch reported that a number of patients required treatment for a Urinary Tract Infection (UTI) following acquisition of such an infection in the community or in care homes. Work was underway on identifying a solution with the Newcastle-Gateshead Clinical Commissioning Group (CCG).

Mr Welch suggested it may be helpful for the Director of Infection Prevention and Control to conduct a presentation on HCAIs for the Council of Governors to which Mrs Jupp agreed to facilitate (**ACTION07**).

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Mrs Perfitt enquired as to the Trust's position within the rest of the Shelford Group in terms of HCAI performance to which Mr Welch responded that this Trust was still a significant outlier.

It was resolved: to receive the report.

18/38 Strategy

i) Business Development Working Group Report

Dr Valentine presented the report, highlighted the salient points and drew the attention of the Council to the confidential tabled report regarding the tender for Trust external auditors.

The Group led the process for procuring an external audit provider for the Trust on behalf of the Council of Governors.

Dr Valentine explained that the Trust's current expenditure with PricewaterhouseCoopers (PwC) LLP on external audit fees was circa £99k per year. Six firms were invited to bid for the contract and three tenders were received. It was noted that the Trust's existing auditors PwC did not express an interest in renewing the contract.

The Panel consisted of five Governors and 3 staff members.

The evaluation for the tenders was 40% quality and 60% price.

Dr Valentine informed Governors that two of the three firms were deemed appointable. The difference being price, primarily due to the lower number of 'man hours'. This matter was queried as part of the evaluation and assurance was provided from Mazars LLP as to the level of hours included within the tender documentation.

After undertaking the process to ensure the tenders provided a quality service and seeking satisfactory references, the Group recommended that the contract be awarded to Mazars LLP.

It was noted that the appointment of Mazars LLP would result in a £12,000 saving on the Trust's annual external audit cost.

The Council endorsed the recommendation to appoint Mazars LLP as the Trust's external auditor.

Dr Valentine also noted the current progress with regards to updating the Trust's Strategic plan, which was last completed in 2014. This activity was being led by Ms Nicola Bruce, Assistant Director of Business Planning and Strategy.

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The Strategy review process had involved facilitating six workshops and the creation of 36 directorate level strategies. Members of the Council were present at a feedback workshop held this week and Dr Valentine commented on the good level of engagement from staff and the thoroughness with which they had all approached the task.

Dr Valentine highlighted that the Business Development Working Group required further members and would particularly welcome female Governors to attend to address the gender imbalance.

Sir John invited Trust Governors to attend the Public Board meetings on a rolling programme basis. He explained that much of the Private Board meeting content was being moved to the Public Board meeting. Mrs Jupp agreed to schedule a rolling invitation programme (**ACTION08**).

It was resolved: to receive the report.

18/39 Performance & Delivery

i) 2018/19 Month 2 Finance Report

Mrs Dragone presented the report and explained it had been expanded to include further narrative. She added that feedback on the layout and content were welcomed.

Mrs Dragone reminded Governors that the Trust's 2018/19 Financial Plan included a £14.3m deficit with no Control Total having been agreed. If a Control Total was agreed then it was anticipated that there will be an improvement on the £14.3m predicted deficit.

The Trust reported a deficit of £2.4m at the end of May 2018. This was as expected due to the impact of the Easter bank holidays on staffing and activity levels.

Mrs Dragone noted the unique position of the Trust having £107m in cash which was needed for investment in services and infrastructure. In addition, the Capital Programme of £32m for 2018/19 was strong.

The Trust's current financial risk rating was a 3, to which Mrs Dragone explained that this was due to the impact of the Trust's Private Finance Initiative (PFI) programme.

Mrs Dragone referred to the challenges faced by having a £30m Cost Improvement Programme (CIP) and advised that the Board of Directors was committed to not making any cost improvements that would compromise the quality of patient care.

Sir John highlighted the substantial increase in A&E activity and advised that the Trust was exploring selling land that was no longer required in order to assist in the delivery of the CIP. Sir John referenced the recent article in the local press regarding the Trust's

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financial position and advised that the £1m reported deficit at that time was not of concern given the Trust's £1bn budget.

Mr McCallum queried whether the £2.8m ahead of plan for expenditure was expected to which Mrs Dragone confirmed that this was the case.

Mrs Dragone advised that when considering whether to agree a Control Total, the Board of Directors set a number of principles in place to adhere to which included continuing to support the region in terms of Accident and Emergency (A&E) provision, continuing to be a speciality provider of services and training and to never compromise of the quality of the care the Trust provides.

Mrs Perfitt enquired if the Control Total was agreed, would the situation improve to which Sir John noted that it would as the Trust would not be liable for penalties for non-achievement of performance targets. Mrs Dragone suggested that the figure would reduce from £14.3m to £11.9m.

Mr Richardson enquired whether the money required for staff pay awards would come from central Government to which Mrs Dragone stated part of the award would be centrally funded however there was a £300k gap that the organisation must fill.

Mr Warner enquired what level of funding had been provided for Winter planning to which Mrs Dragone explained that preparations were already underway to develop the Trust's Winter Plan.

It was resolved: to receive the report.

18/40 Engagement

i) Community Engagement and Membership Working Group Report

Mr Thompson presented a verbal update to the Council and explained that the responsibility of the chair of the group was to assist in raising the profile of the Trust and provide the bridge between the organisation and the public. In addition to this the group was responsible for recruiting and maintaining the number of Trust members, the current membership level standing at around 8,000 members.

Mr Thompson requested that other Governors consider joining the Group as membership levels were low.

Mrs Jupp stated that dates for meetings of the Governor Working Groups going forward would be circulated and that Miss Colvin-Laws and Mrs Darville would be heavily involved in assisting with increasing Trust membership levels. It was noted that Miss Colvin-Laws had particular experience in this area due to her role in increasing the membership of the Trust Staff Social Club.

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Mr Thompson also invited the Council to the Members Event which was to be held on Tuesday 24th July 2018 which included speakers on the aHus service, cataract surgery and innovations in polyp surgery.

It was resolved: to receive the report.

18/41 Partnerships

i) Communications and Media Interest

Mrs Parnell presented this item and advised that as part of the BBC's commitment to providing a public service, they had recruited two local journalists to report on local public authorities such as the Trust. This had resulted in a journalist attending the public Board meeting and publishing articles in local press.

Mrs Parnell queried how the Council of Governors would like to be kept up to date with press stories to which Mrs Perfitt suggested it would be best to receive an email alert as and when a story arose to which the Council agreed. Sir John stated that while best endeavours would be made to do this promptly, there may be a slight delay in providing the alerts due to the 24/7 nature of news reporting.

It was resolved: to receive the item and agreed that Governors be provided with timely alerts when more negative news articles relating to the Trust are published.

18/42 Items to receive for information

i) Inpatient Survey Results

ii) Governance Review

It was resolved: to receive items i) and ii) for information.

iii) Policies Update

Mrs Jupp presented the report for information and explained that the policies update had been developed as a quarterly report for the Trust Board.

It was resolved: to receive the report for information.

iv) External Auditor report on the Quality Report

v) External Audit Letter – Annual Report and Accounts 2017-18

Mrs Jupp presented the reports for information and advised that the Trust's External Auditor would be attending the September meeting of the Council of Governors to provide a presentation on the Trust financial performance for 2017/18.

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It was resolved: to receive items iv) and v) for information.

vi) Date and Time of the Next Meeting

The next meeting will be held on Thursday the 20th of September 2018 in Function Rooms 137 and 138, Education Centre, Freeman Hospital.

The meeting closed at 3.15pm.

GOVERNORS' ATTENDANCE 19th JULY 2018

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

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2	Mr Fred Wyres	Apologies
1	Mrs Pam Yanez	Y
A	Vacant (Charity)	Vacant seat
A	Estates and Ancillary	Vacant seat

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Council of Governors Meetings Actions

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Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
10	ACTION03	18/04 Minutes of the Meeting held on 16th November 2018	18th January 2018	Mrs Robson referred to the outstanding action relating to the circulation of the STP decision tree and advised that a meeting was scheduled tomorrow to discuss the STP structure and therefore it was likely that the decision tree would be refreshed. Mrs Robson agreed to circulate the revised decision tree to the Council of Governors.	L Robson	Discussed at Council meeting in March 2018 - decision tree being further refined. To be circulated when available. <u>11.09.18</u> - No further update	
14	ACTION07	18/05 Current Issues (i) Executive Report)	18th January 2018	Mr Briggs commented that better management of social media would allow more effective communication with Trust members. Mr Ions asked that consideration be given to developing a shorter, more regular communication to Trust members to which Mrs Jupp agreed to investigate.	K Jupp	<u>11.09.18</u> - Mrs Darville and Ms Colvin-Laws met on 6th August to discuss use of social media for current and prospective members. A number of ideas were identified which require further consideration such as increasing email communications to members utilising existing staff communications and developing an online exhibition of Trust historical items to be sent via email to members and appear on Trust social media channels on a weekly basis. Further discussion to take place at next CEM meeting on 8th October 2018. Propose close action as being progressed through CEM.	
16	ACTION09	18/06 Business & Development - (i) Working Group Report	18th January 2018	Mrs Perfitt asked what the end point was following the strategy workshops and whether a presentation would be made to the Council of Governors. Mrs Robson agreed to run a single workshop session for Trust Governors.	L Robson	<u>11.09.18</u> - Staff feedback sessions held in July/August 2018. Deputy Chief Executive developing a timeline for stakeholder engagement. Update to be provided at 20th September 2018 Council meeting.	
24	ACTION02	18/17 Current Issues	27th March 2018	Mrs Robson advised that there was a large communications team in place for the STP and Sir John commented that it would be useful to invite the team to attend a future Council of Governors meeting. Mrs Robson agreed to facilitate with Mrs Jupp.	L Robson/K Jupp	<u>11/09/18</u> - This will be scheduled for the meeting in January 2019 due to the inclusion of other requested presentation topics for the September and November meetings.	
30	ACTION08	18/20 Quality of Patient Experience (i) Working Group	27th March 2018	Mr Ions confirmed that he had visited Ward 19 (RVI) and noted a request from the Ward Sister for the Ward entrance doors to be replaced with less heavy doors. He added that a potential solution may be to install automatic doors or the use of door opener-close devices. Mrs Lamont agreed to explore the options available for Ward doors	M Cushlow	<u>11/09/18</u> - Mrs Darville emailed Mr Smith regarding status of action - awaiting update.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
31	ACTION09	18/20 Quality of Patient Experience (i) Working Group	27th March 2018	Sir John highlighted that the Healthcare Assistants had highlighted concerns over the colour of the scrubs to which Mrs Lamont advised that the matter was in hand and agreed to provide feedback to Governors once the matter had been resolved	M Cushlow	<u>11/09/18</u> - Ms F Blackburn (FB), Dep. Director of Nursing (FH), provided the following update: FB has worked closely with the Head of Facilities to withdraw the patient pyjamas that the HCA reported were similar to their own scrubs. The Trust had already stopped purchasing the patient pyjamas that were of a similar terracotta colour and the stocks had been reducing. Working with our Laundry suppliers, able to confirm that NuTH now able to remove any remaining pyjamas from circulation or in stock. Have also ensured there are enough green and pink items to meet patients' needs. Any terracotta pyjamas that were in Ward linen rooms would be out of circulation by the beginning of June 2018. The HCAs were also reoffered the option to try the standard uniform rather than the terracotta colour. Any other options such as changing the colour would have significant cost implications as additional uniforms would need to be purchased (5 sets of uniform per HCA across all Critical care settings). Propose close action.	
32	ACTION10	18/20 Quality of Patient Experience (ii) Integrated Quality Report	27th March 2018	Sir John highlighted that in other Trusts a 'bed washing unit' was used to which Mrs Lamont advised that this could be possible in the Freeman Hospital but not at the RVI. She highlighted that information had been gathered from other Trusts regarding their bed cleaning arrangements which required further analysis and agreed to provide an update to a future Council meeting	M Cushlow	<u>11/09/18</u> - Ms L Harris, Dep Dir of Nursing (RVI) confirmed that the trial was still underway and going extremely well-staff like it and it works well, and very quickly - it is likely a business case will be developed to purchase UV systems. An update will be provided once the trial has concluded.	
36	ACTION14	18/23 Governors' Education and Training	27th March 2018	Dr Laws agreed to share an electronic copy of the presentation slides with Mrs Jupp for sharing with Governors who were not able to attend the presentation today	P Laws	Mrs Jupp stated that the slides have not yet been sent out due to their size and an alternative method of transfer will be explored. <u>13/09/18</u> - Mrs Darville sent an email to Phil Laws to ascertain best method of making slides available for Governors.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
37	ACTION 1	18/27 Minutes of Meeting held on 27th March 2018, Matters Arising and Action Log (i) ACTION14	17th May 2018	Mrs Perfitt asked whether a contribution could be sought from the associated charities to fund the extension to free TV usage in Childrens Wards to which Mr Bedlington explained that the charity did provide a number of 10% discount cards for patients. Mrs Perfitt agreed to discuss the matter further via the Quality of Patient Experience Working Group	C Perfitt	An update has been requested regarding the funding of TV usage on Children's Wards. A follow up of the status of this action will be provided at the 20 September 2018 meeting of the Council.	
42	ACTION 06	18/29 Quality of Patient Experience ii) Integrated Quality Report	17th May 2018	In terms of Safeguarding performance Mr Richardson queried the reduction in the number of cases of female genital mutilation appeared positive. Ms Cushlow confirmed that Safeguarding was a City-wide priority and agreed to investigate the query (ACTION06).	M Cushlow	<u>11/09/18</u> - Ms F Blackburn confirmed that the reduction was intentional to reduce duplication and in line with national system changes. Item to be closed.	
45	ACTION01	18/36 Statutory Business iv) Chairman's Report	19th July 2018	Council of Governors agreed with the proposal for all current, existing and future Governors to have DBS checks. Mrs Jupp agreed to action.	K Jupp/ F Darville	<u>11/09/18</u> - Action in progress. HR to attend prior to September meeting to assist with documentation required for check to be undertaken.	
46	ACTION02	18/36 Statutory Business vi) Trust Constitution Update with proposed changes	19th July 2018	Mr Briggs highlighted that there were further areas to be considered and agreed to discuss these separately with Mrs Parnell.	P Briggs/C Parnell	<u>14/09/18</u> - Mrs Parnell met with Mr Briggs following the Council meeting to discuss the matter further. Mr Briggs agreed to email Mrs Parnell a list of areas which he believed required further consideration.	
47	ACTION03	18/36 Statutory Business vii) Governor's Elections Results	19th July 2018	Mrs Nelson referred to the Newcastle Council of Voluntary Committees and recommended an approach be made. She agreed to supply the contact details to Mrs Jupp.	S Nelson	<u>11/09/18</u> - Mrs Nelson sent the contact details to Mrs Jupp on the 6th of August. Update paper provided for 20th September 2018 Council meeting.	
48	ACTION04	18/36 Statutory Business viii) Governor's Elections Results	19th July 2018	Dame Jackie concluded that a review of charity work was required and that outcome from the review be brought back to the Council of Governors upon completion.	C Parnell	<u>11/09/18</u> - Proposal has been drafted for consideration by the Trust Board of Directors at the September 2018 meeting.	
49	ACTION05	18/37 Quality and Patient Safety i) Quality of Patient Experience Working Group	19th July 2018	Reference was made to the lack of toilet facilities in Ward 8B at RVI. Sir John recommended that the matter be discussed with Mr Robert Smith, Director of Estates and Mrs Jupp agreed to facilitate.	K Jupp	<u>11/09/18</u> - Mrs Darville emailed Mr Smith regarding status of action - awaiting update.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
50	ACTION06	18/37 Quality and Patient Safety i) Quality of Patient Experience Working Group	19th July 2018	Mrs Heslop suggested that the admission times in Ward 8B (RVI) be staggered to allow for a more comfortable patient experience and Ms Cushlow agreed to investigate	M Cushlow	<u>11/09/18</u> - Mrs Melvin, Directorate Manager for Childrens Services confirmed that the children arrive at the start of the session (8am or 12 pm) to see the surgeons and anaesthetists and have consent taken/checked before the lists start running. The Trust play specialist works with the children during the wait and fasting times have been reduced, so although there is a small wait from check in to operation, the Directorate try and keep all patients as comfortable as possible. Propose close action.	
51	ACTION07	18/37 Quality and Patient Safety ii) Integrated Quality Report	19th July 2018	Mr Welch suggested it may be helpful got the Director of Infection Prevention and Control to conduct a presentation on HCAs for the Council of Governors to which Mrs Jupp agreed to facilitate.	K Jupp	<u>11/09/18</u> - Presentation scheduled for the November meeting of the Council.	
52	ACTION08	18/38 Strategy i) Business Development Working Group Report	19th July 2018	Sir John invited Trust Governors to attend the Public Board meeting on a rolling programme basis, explaining that much of the content from the Private section is being moved to Public. Mrs Jupp agreed to schedule a rolling invitation programme.	K Jupp	<u>11/09/18</u> - Mrs Darville sent out email to Governors on 7th August 2018 regarding the rolling programme.	

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 September 2018		
Title	Chief Executive's Report		
Report of	Dame Jackie Daniel, Chief Executive Officer		
Prepared by	Caroline Parnell, Interim Communications Support		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>The content of this report outlines:</p> <ul style="list-style-type: none"> • The Chief Executive Officer's overview • Finance • Recruitment • Visibility • News • Awards 		
Recommendations	The Council of Governors are asked to note the contents of the report.		
Links to Corporate Objectives	<ul style="list-style-type: none"> • Putting patients first and providing care of the highest standard focusing on safety and quality. • Maintaining sound financial management to ensure the ongoing development and success of our organisation. • Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do. 		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		x
	Legal		x
	Financial		x

Agenda item 5

	Human Resources		x
	Equality and Diversity		x
	Engagement and communication	x	
	Sustainability		x
	If yes, please give additional information: Provides an update on key matters.		
Reports previously considered by	Bi-monthly update report		

Chief Executive's Report

1. CEO OVERVIEW

1.1 NHS 10 Year Plan

In March 2018, Prime Minister Theresa May committed to a sustainable long term plan for the NHS backed by a multi-year funding settlement. Since then, NHS England and NHS Improvement have led on the development of a ten year plan setting out how the NHS will deliver major improvements.

A number of work streams have been set up to inform and support the development of the plan and I am one of the senior leaders in the NHS heavily involved in shaping key elements of the plan.

We expect the plan's publication to coincide with the Autumn Budget announcement and a delivery plan is also being developed.

1.2 Our strategy

It is fortunate that we are looking at a ten year plan for the NHS nationally as a Trust we are also developing our own long term strategy. I am sure my involvement in the national work will provide a valuable insight that will help with the development of our strategy which builds on our existing plan that continues to guide the maintenance and development of our services and the wider organisation.

Many of our senior clinical and managerial leaders have contributed to the development of our strategy that we should be able to share more widely by the end of the year.

1.3 Performance

While there is so much concentration on the future of the NHS, it is important that we also maintain a tight focus and grip on the on-going delivery of services for our patients. This is particularly important as we head towards winter.

It is clear that there will be no let-up nationally on the drive for Trusts to achieve key targets. We have always had a good track record of performance - often when other organisations have struggled - and it is right for our patients that we should continue our drive to achieve mandatory targets.

Recently, we've been taking a close look at our underlying performance and it is clear that some areas are finding it harder to cope with the increasing demand for our services, coupled with the reduced capacity due to staff shortages in certain specialities. But they are not the only reasons for our performance challenges so I have written out to all the senior leadership in the Trust asking for their support in understanding and tackling the underlying issues.

The Board of Directors appreciates the challenges involved in delivering everything expected of us – balancing demands for emergency and urgent care with elective care and cancer priorities. But however challenging it is, this is something that we have to deliver on because our patients have a right to expect timely, high quality care when they most need it.

The Executive Director Team and the Board of Directors will continue to closely monitor our performance against key targets, and as we head towards winter, we will do all we can to work with services to address performance challenges.

Agenda item 5

1.3 Partnerships and profile

Since taking up this role in May 2018, one of the key areas I have focused on is strengthening existing external partnerships and building new working relationships. From my experience, it is through strong partnerships that we can rise to some of the challenges facing health and social care services.

Recently Sir John Burn, Trust Chair, and I travelled to meet colleagues at Sheffield Teaching Hospitals NHS Foundation Trust. Strong networks with other providers of specialist services and greater alignment of services across a region will be increasingly important to Trusts such as ours. We already have much in common with Sheffield, including our genomics work, and this was a great opportunity to explore how we may work more closely together.

I have also had the pleasure of welcoming a number of high profile visitors to the Trust and these are always a great opportunity to showcase the work of our services. These included Ted Baker, the Chief Inspector of Hospitals with the Care Quality Commission (CQC). He was really impressed by the staff he met when he visited the RVI and he was particularly keen to hear about the work we're doing in our A&E, as well as in the rest of our hospitals and community services to manage an increasing demand for our emergency care.

Simon Stevens, the Chief Executive of the NHS, also visited the RVI while he was in the city at the invitation of Newcastle University's Medical School to talk to students. He chose to use our hospital as the backdrop for a national announcement on a ground breaking cancer treatment for young people with leukaemia. This was particularly good news for us as we are one of three Trusts in the country to go through the accreditation process to provide CAR-T, a personalised cancer treatment.

On the back of his announcement, we had a huge amount of local, regional and national media interest in the new treatment and it was great to see the work of the team that led our bid for accreditation profiled in this way. It was a fitting testament to their commitment to a treatment that will make a huge difference to patients who do not benefit from current regimes.

Many of our staff formed part of the audience to hear Simon Stevens' speech at the Medical School in which he shared his views on healthcare and the NHS around the themes of pride, pressure and possibilities. He highlighted the things we should all be proud of in the NHS' 70 year history not least the improvements to public health; the pressures that services face from an increasing population of frail people with complex needs and challenges around funding to meet growing demand, and the many possibilities that come from technological advances. He also took time to answer questions from the audience on a wide range of themes.

1.4 Research

Research is a theme that has repeatedly come up through the work to develop our new Trust strategy. So I was delighted that, for the seventh year running, the Trust topped the national league for the volume of clinical research studies we carry out. We are supporting 550 research studies, have increased the number of patients taking part in research by 34% and reported the country's biggest increase in research activity. This is an amazing achievement that reflects the Trust's and Newcastle's growing reputation as a global hub for life sciences.

I believe the Trust's future success will be built on the quality of our research and innovation, coupled with providing outstanding care for our patients.

Agenda item 5

2. FINANCE

The Trust has now agreed a control total with NHS Improvement for 2018/19. That control total requires the Trust to break-even and, if all targets are met, the Trust will receive £11.050 million Provider Sustainability Funding (PSF) that must feed through to the bottom line. As a result the required I & E position including PSF is a surplus of £11.050 million (See agenda item 11).

3. RECRUITMENT

It is important that we have the leadership and infrastructure to deliver on our long term plans. Part of that involves appointing to key director posts so I am pleased to report that we have appointed to two roles in our senior leadership team. After a rigorous recruitment process, Mr Martin Wilson has been appointed to the post of Chief Operating Officer and Mrs Caroline Docking to the role of Director of Communications and Engagement. I expect both to join the Trust in early October.

4. VISIBILITY

As part of my rolling programme of visits to services and teams, since my last report to the Council of Governors, I have visited the Renal and Nephrology units, as well as the Surgical Training Centre. I have met members of our Staff Network, which does so much to support the Equality and Diversity agenda; met staff in a number of different services on the CAV site, and thoroughly enjoyed a visit to the pop-up hospital created by the Great North Children's Hospital as part of the Great Exhibition of the North.

I have also met with a number of charities who do such great work in supporting many of our services, and I am looking forward to us working much more closely with them in the future.

4.1 Annual General Meeting

We are holding our Annual General Meeting on Thursday, 27 September at 3pm in the Scotswood Suite, Centre for Life. As well as the opportunity to reflect on the highlights and challenges of 2017-18, a number of our services and staff will be setting up stalls to showcase their work to members, governors, staff and the public. I do hope you will be able to join us for the meeting.

4.2 Flourish at Work

Flourish at Work is an initiative that aims to liberate the full potential of our staff so they can bring their best self to work and provide the best care for patients, as well as successfully lead change and innovation.

It was launched on 17th of July 2018 with an event that attracted over 70 staff from across the Trust, who generated lots of ideas, and interest in Flourish has gathered pace over the summer with three focus groups held during September 2018 working on the themes of well workforce, valuing and recognising staff, and the development of a behavioural charter.

The outputs of those focus groups will be shared with a larger group of Flourish At Work staff supporters at our next major event on the 2nd of October 2018, when they will also do further work on the remaining themes that came out of our first Flourish event – unlocking potential, innovation, leadership and culture.

From the workshops and next major event, we hope to agree a series of tangible ideas that we should begin to implement by the end of the year.

Agenda item 5

4.3 Organ Donation Week

I was delighted that the Trust was able to give whole hearted support to this year’s Organ Donation Week. As we know from our own experience of taking part earlier this year in the BBC2 documentary that focused on our transplant services, media exposure can have a hugely positive impact on the number of people joining the organ donation register.

Our staff also know first-hand the positive impact that organ donation can have on the lives of our patients. Over the last ten years, 304 people have donated their organs in this Trust enabling 834 transplants to take place. But three people still die every day in need of an organ and we have 166 patients, including 15 children, on our waiting list. This is why it’s so important that people sign up to the register and discuss their wishes with relatives.

We started the week by flying the Organ Donation Week flag on our sites and followed it up every day with news and social media stories featuring our staff who work in this field and patients who have benefited from a transplant, or are still on the waiting list. This attracted lots of local and national media coverage, and helped to boost the national campaign to encourage people to sign up to the register.

5. NEWS

The work of the Trust and its services regularly features in the local and national media and highlights since my last paper for the Council of Governors include:

- 40 years of the Freeman Hospital – Evening Chronicle
- 40 years of Charlie Bear for Cancer Care – Evening Chronicle
- Meet the best doctors in Britain – Daily Mail
- Opening of the pop-up hospital – BBC North East, Tyne Tees, Evening Chronicle
- Neuroblastoma drug approved by NICE – Tyne Tees
- Work on RVI historic chapel – Evening Chronicle
- 4 year old born with malignant tumour starts school – ITV News
- Diabetes breakthrough – Evening Chronicle
- Baby given 1% change of survival has transplant – Daily Mail
- Max’ law donation fight wins Theresa May’s praise – Daily Mirror

6. AWARDS

With so many innovative services and skilled staff, it is no surprise that the Trust should feature in regional and national award programmes and receive high level recognition of their work, including the following:

- The Trust’s Perioperative team was named Perioperative Team of the Year 2018 by the Association of Perioperative Practice;
- The Northern Centre for Cancer Care’s clinical haematology team was awarded the Myeloma UK Clinical Service Excellence Programme Accreditation;
- Laura Noble, Nurse Specialist in Urology, was shortlisted for the Cancer Nursing Award in the Nursing Times Awards 2018;
- The Vascular Team, led by Sister Angela Adams on ward 8Freeman Hospital, was shortlisted for the Patient Safety Improvement Award in the Nursing Times Awards 2018.

Agenda item 5

- The Trust was awarded a Gold Award, the highest badge of honour given by the Defence Employer Recognition Scheme, for the organisation's long term commitment to the Armed Forces Community;
- Neonatologist Nick Embleton, has been awarded a professorship by the University of Newcastle. This is a well-deserved tribute to him and the neonatal team;
- Colleagues who have worked on improving palliative care in the heart and lung transplant programme at The Freeman Hospital are to be awarded the Dundas Medal from the Royal College of Surgeons of Edinburgh and PATCH (Palliation and The Caring Hospital). This prestigious national award, which will be presented at the College in November 2018, is given in recognition of work to improve the provision of palliative care for surgical patients.

Report of Dame Jackie Daniel

Chief Executive Officer

20 September 2018

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 September 2018		
Title	Charity Governor Position		
Report of	Kelly Jupp, Trust Secretary		
Prepared by	Fay Darville, Deputy Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary	<p>The content of this report outlines:</p> <ul style="list-style-type: none"> • The position of the Trust Constitution in relation to the recruitment of a charity appointed Governor. • A proposed solution to recruit using a service provided by the Newcastle Council of Voluntary Service. • An outline of the recruitment process. 		
Recommendations	<p>The Council of Governors are asked to receive the report and endorse the recommendation made.</p>		
Links to Corporate Objectives	<ul style="list-style-type: none"> • Putting patients first and providing care of the highest standard focusing on safety and quality. • Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle 		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		x
	Legal		x
	Financial		x
	Human Resources		x
	Equality and Diversity		x
	Engagement and communication		x

Agenda item 06

	Sustainability		X
	If yes, please give additional information:		
Reports previously considered by	None, paper produced from action raised at the meeting of the last Council of Governors.		

COUNCIL OF GOVERNORS

CHARITY APPOINTED GOVERNOR VACANCY

1. BACKGROUND INFORMATION

Governors will recall that there is currently vacant Charity Appointed Governor seat for the Trust.

At the Council of Governors meeting on 19th July 2018, a discussion was held regarding potential charities to be approached in order to fill the vacant seat. At that meeting, Mrs Susan Nelson referred to the Newcastle Council of Voluntary Sector Committees and recommended an approach be made to this Committee. Subsequent to the meeting an approach was made to Newcastle Council of Voluntary Committee (CVS). The details of which are noted in section two below.

The Trust's Constitution does not specifically refer to the requirement for a Charity appointed Governor and refers instead to a Partnership Governor. This is defined in the constitution as "a member of the Council of Governors appointed by a partnership organisation other than a university providing a medical or dental school to the Trust".

Further to this point, the Trust Constitution does not make any recommendation on the appointment of a Charity Governor or which Charity this should be drawn from.

2. UPDATE

The Support and Development Manager from Newcastle CVS has confirmed that they carry adverts on their website for local voluntary organisations when they are looking for new trustees (<https://www.cvsnewcastle.org.uk/jobs>).

Newcastle CVS also recruit voluntary sector representatives to multi-sector partnerships, including the Newcastle's Wellbeing for Life Board and the new, Newcastle Child Friendly City Board. They often do this through conducting a formal interview process to better ensure identification of a good representative of the local sector. An example advert is attached for information.

When recruiting a representative, the CVS work with an organisation to understand what is needed in terms of the knowledge and experience for the appointed individual to fully contribute to the business. Following this, a person specification is created which includes the responsibilities of the individuals. This is then advertised through the CVS' networks where an Expression of Interest form is returned to them by interested parties. A shortlisting and interview process then follows with an appointment of the most appropriate candidate made. The CVS can also provide support to the individual in their role if required.

The cost of such a recruitment exercise is £170+VAT.

Agenda item 06

The Council of Governors are asked to recommend that a recruitment process is undertaken with the Newcastle Council for Voluntary Service with a view to appointing a Charity Governor for the Trust.

3. RECOMMENDATION

To i) receive the report ii) endorse the recommendation to commence a recruitment process with the Newcastle Council for Voluntary Service with a view to appointing a Charity Governor for the Trust.

Fay Darville
Deputy Trust Secretary

Kelly Jupp
Trust Secretary
10th September 2018

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Child Friendly City Board Voluntary and Community Sector representative role and responsibilities May 2018

What is the Child Friendly City Board?

The Child Friendly City Board's has been set up to make Newcastle a great place to grow up, where every child and young person is safe, loved, healthy and happy, free from harm and with the chance to make the most of their talents. In short, we want Newcastle to be a city that children and young people would choose to live and grow up in.

Newcastle is the first city in England to participate in UNICEF's Child and Young Person Friendly Cities programme. Over the next three to five years, the Council and partners will work with UNICEF to develop and improve six agreed areas of children's rights. This will lead to Newcastle being recognised by UNICEF as a Child and Young Person Friendly City.

What will I have to do?

The Child Friendly City Board includes a place for a voluntary and community sector representative. The first meeting of the Child Friendly City Board is scheduled for 5 June. The Board has a Terms of Reference, which includes a list of organisations that will be represented on the Board, however at the moment we do not know how often the Board intends to meet.

As a voluntary and community sector representative you will have good understanding of the voluntary and community sector in Newcastle and be able to talk confidently about the sector. You will be a strategic thinker and be able to contribute to the direction of the Child Friendly City Board. You will be able to articulate the views of the city's voluntary and community sector. You will have a sound understanding of the issues, challenges and opportunities facing children and young people and have a good working knowledge of current public policy drivers, at both local and national level.

Please understand that the voluntary sector representative position is not an opportunity to promote your organisation, or even your particular area of interest, but instead to use your skills and experience to reflect the wider sector.

Voluntary and community sector representatives have a significant leadership role and it is to you that other Board members will look to be the voice of the voluntary and community sector. You will need to demonstrate a commitment to representing the best interests of the voluntary and community sector and must be able to express and explain the values

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and ideas of the sector. You will need to give a lead on how the sector can (and maybe in some cases cannot) contribute to the development of a Child Friendly City.

Being a voluntary and community sector representative demands a high level of commitment. It is important that representatives make all reasonable attempts to attend Child Friendly City Board meetings and to fulfil the expectations of partnership members on the Board (paragraph 5.1 CFCB Terms of Reference). In addition representatives will have an active and visible role in the voluntary sector networks and forums supported by Newcastle CVS.

You will use the Networks, forums and bulletins provided by Newcastle CVS to report on the work of the Board to the wider voluntary and community sector. You will be accountable to the wider sector through Newcastle CVS forums and should use them as the way to understand the current views, ideas and issues from the wider sector.

Representatives will clearly have a key role in shaping and presenting the interests and needs of the wider sector to Child Friendly City Board partners.

Support will be available to you from Newcastle CVS to enable you to meet the expectations of being a representative.

Key responsibilities for voluntary and community sector representatives include:

- Advocating on behalf of the voluntary and community sector in Newcastle
- Ensuring other partners from the public and private sector are aware of the key issues and priorities for the voluntary and community sector, both locally and nationally
- Promoting the value of maintaining the ethos, independence and diversity of the voluntary sector in context of collaborative partnership working
- Being accountable to the voluntary and community sector in Newcastle using the networks provided by Newcastle CVS
- Promoting the new Newcastle Compact
- Taking an active role in Newcastle CVS networks, forums and events when the subject is relevant to the Child Friendly City programme.
- Promoting the expertise and the value of the voluntary and community sector in strategic development and in service provision
- Giving sufficient time, consideration and effort to carrying out the role of representative; this will include reading meeting papers, regular attendance at appropriate meetings and voluntary and community sector events and active participation in voluntary and community sector networks
- Comply with the Seven Principles of Public Life as established by the Nolan Committee (see appendix 2)

- Provide written updates to the wider voluntary and community sector through Newcastle CVS's newsletters, bulletins and website

Who is eligible to stand?

Nominations are open to representatives from voluntary and community organisations that are members of Newcastle CVS. You will ideally have experience of representing the voluntary and community sector in formal multi-sector partnerships and be able to demonstrate a strong track record of attendance and commitment to working on behalf of the voluntary and community sector and acting in its best interests in partnership settings.

We expect the successful applicant for the voluntary and community sector place to hold a senior position in their own organisations. Your application must also be supported and signed off by your nominating organisation.

How will reps be chosen?

Newcastle CVS has undertaken to ensure that the Newcastle Child Friendly City Board voluntary and community sector representative is able to offer a balanced account of the sector's interests. We are inviting all applications submitting an application form and who meet the eligibility criteria to an interview.

What should I do if I want to apply?

You should complete the application form, and return it by email or post by 12 noon Thursday 10 May 2018 to

Martin Gollan
Newcastle CVS
Higham House
Higham Place
Newcastle upon Tyne
NE1 8AF

Email martin.gollan@cvsnewcastle.org.uk

Appendix 1

Nolan Committee's Seven Principles of Public Life

- Selflessness – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- Integrity – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- Openness – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- Honesty – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- Leadership – Holders of public office should promote and support these principles by leadership and example.

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 September 2018		
Title	Nominations Committee Update		
Report of	Dr Michael Saunders, Chair of Nominations Committee		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>The content of this report outlines:</p> <ul style="list-style-type: none"> Chairman and Non-Executive Director appraisals. Update on matters discussed at the meeting held on the 7th of September 2018. 		
Recommendations	The Council of Governors are asked to receive the report and endorse the recommendations made.		
Links to Corporate Objectives	<ul style="list-style-type: none"> Putting patients first and providing care of the highest standard focusing on safety and quality. Maintaining sound financial management to ensure the ongoing development and success of our organisation. 		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		x
	Legal		x
	Financial		x
	Human Resources		x
	Equality and Diversity		x
	Engagement and communication		x
	Sustainability		x

Agenda item 07

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

COUNCIL OF GOVERNORS

NOMINATIONS COMMITTEE

1. CHAIRMAN AND NON-EXECUTIVE DIRECTOR APPRAISALS (NED) 2017/18

Appraisal meetings have now been undertaken for the Trust Chairman and all of the Trust NEDs. For the NEDs the meetings involved a one hour meeting, with Dr Michael Saunders in attendance, supported by written submissions.

For the Chairman, the meeting involved a one hour meeting with the Trust Senior Independent Director (SID) and the Vice Chairman, with Dr Michael Saunders in attendance, supported by a written submission.

The Nominations Committee met on 7th September 2018 and considered two detailed reports, one prepared by the Chairman on the NED appraisals and one prepared by the SID on the Chairman appraisal. In summary the Chairman and NEDs had progressed well in achieving their objectives and there were no areas of concern to report to the Council of Governors.

The proposed Chairman and NED objectives recommended for endorsement by the Council of Governors are shown in Appendix A to this report.

Sir John attended part of the Committee meeting on 7th September to discuss the appraisals undertaken. He highlighted that the Trust currently has 7 NEDs, two of whom are ex officio appointments from Newcastle Council, Mr Ewen Weir, and Newcastle University, Professor David Burn.

Sir John explained to the Committee that inevitably, both Mr Weir and Professor D Burn were of immense value to the Trust but had limited bandwidth in participating in the wider range of activities expected of Trust NEDs. He therefore requested that the Nominations Committee consider offering support to the appointment of a new NED position to add strength to the Board, noting that a cost would be associated in terms of the required remuneration.

The Committee considered and discussed the request in detail and agreed to support the recommendation to create a new NED post.

2. UPDATE ON OTHER MATTERS FROM THE 7TH SEPTEMBER 2018 MEETING

Sir John and Mrs Jupp provided the Committee with an update on the recent changes to the Trust Board Composition, regarding the appointment of the Chief Operating Officer and Director of Communications and Engagement.

The Committee were informed of the current status of NED Terms of Office, noting in particular that Professor McCourt's first three year term of office was due to end on 30th

November 2018. The Committee agreed to meet in October 2018 in order to consider the re-appointment of Professor McCourt for a further three year term of office.

Mrs Jupp provided Committee members with a summary of Shelford Group Chair and NED Remuneration levels. The Committee requested further information in order to undertake a thorough review of Trust NED remuneration levels.

3. RECOMMENDATION

To i) receive the report ii) endorse the proposed objectives for Non-Executive Directors for 2018/18 and iii) endorse the recommendation of the Nomination Committee to create a new NED post, acknowledging that the Trust Constitution would need to be amended and approved at the AGM on 27th September 2018 in order to accommodate this.

Michael Saunders
Chairman – Nominations Committee
10th September 2018

PROPOSED NON-EXECUTIVE DIRECTOR OBJECTIVES 2018/19

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;
- ii) To exercise appropriate challenge at Board meetings and question whether Executive Directors are providing adequate, appropriate and timely information to the Trust Board; and
- iii) To ensure that the Trust takes steps to appoint the very best clinicians.

2. PERSONAL OBJECTIVES

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

Professor David Burn

Professor D Burns appraisal meeting was scheduled on 7th September 2018 therefore the Nominations Committee has not yet had the opportunity to discuss the outcome of the appraisal meeting and to review the draft objectives for Professor D Burn. This will be considered by the Committee at their next meeting in October 2018 and therefore an update provided for the November 2018 Council meeting.

Professor Sir John Burn

Governors will recall that Sir John was appointed on 1st December 2018 and therefore has not been in post for a full 12 month period. The appraisal meeting therefore discussed performance against objectives to date and a further appraisal meeting will be scheduled in December 2018/January 2019 to discuss the full 12 month period since appointment.

- i) Establish yourself as a well-respected Chair of the Trust Board and Council of Governors.
- ii) To lead the appointment process for the new chief executive.
- iii) Building relationships with key organisations and individuals.
- iv) Support the acting chief executives during the transition period until a new trust Chief Executive commences employment.
- v) Build an appropriate and effective relationship with the new chief executive.
- vi) Prepare a plan for personal training / development.

The Chairman attends the Nominations Committee by invitation and will also attend all three of the Governors' working groups, as appropriate. In addition to chairing the Board

Agenda item 07

and Council of Governors meetings, the Chairman also chairs the Trust Finance & Investment Committee and the Appointments and Remuneration Committee.

Mr Jonathan Jowett

- i) Contribute to the alignment of future Board practice with the standards and practices expected of Boards in the private sector.
- ii) Contribute to a review of the overlapping functions of the Joint Business Executive, the Governors Business & Development Working Group, the Joint Research Executive and the Newcastle University Research Committee as part of the review of the Trust committee structure.
- iii) Chair the Trust Supplies and Procurement committee while contributing to a review of its membership and terms of reference.
- iv) Act as a mentor to the Trust Secretary and offer guidance in role development during the current review of structure.
- v) Maintain current committee memberships while contributing to the review and reorganisation of Trust governance.

In the light of the Health and Social Care Act 2012 requirements, Mr Jowett's skills, expertise and experience lend themselves to alignment with the Business and Development governors' working group. Mr Jowett chairs the Trust Supplies and Services Procurement Committee, the Joint Business Executive and the Health and Safety Committee. Mr Jowett is also:

- a member of the Audit Committee, Finance & Investment Committee and Appointments and Remuneration Committee; and
- responsible for the provision of Non-Executive Director support in Trust succession planning.

Mr Keith A Godfrey

- i) Continue to support the Medical Director and other senior clinicians in their roles and development.
- ii) Maintain current committee memberships while contributing to the review and reorganisation of Trust governance.
- iii) Provide continued assurance on data management during the transition to a digital records system

In the light of the Health and Social Care Act 2012 requirements, Mr Godfrey's skills, expertise and experience lend themselves to alignment with the Communication, Engagement and Membership Governors' working group. Mr Godfrey chairs the Trust eRecord Delegated Sub Committee and the Information Governance Committee. He is also the NED lead for EPPR. Mr Godfrey will also become a member of the Trust Charitable Funds Committee.

Professor Kath McCourt

- i) Continue to lead and participate in committees with which she is currently involved

Agenda item 07

while contributing to the review of governance structures.

- ii) Continue to lead the Trust Education Group and help develop a closer relationship with our neighbouring universities in building an effective future workforce.
- iii) Continue to provide oversight to complaints management by the Trust.
- iv) Continue to act as liaison with the Armed Forces health related activities.

In the light of the Health and Social Care Act 2012 requirements, Professor McCourt's skills, expertise and experience lend themselves to alignment with the Quality of Patient Experience Governors' working group. Professor McCourt chairs the Trust Complaints Panel, the Clinical Governance and Quality Committee and the Safeguarding Committee. Professor McCourt is also:

- a member of the Audit Committee, the Appointments and Remuneration Committee and the Finance & Investment Committee
- responsible for the provision of Non-Executive Director support in relation to:
 - o Medical Defence Union matters;
 - o Mortality and Morbidity matters; and
 - o NIHR – including the PEARL project.

Mrs Hilary Parker

Mrs Parkers term of office concludes on 30th September 2018 therefore an appraisal meeting was undertaken however objectives were not set for 2018/19.

Governors will recall that Mr Stephen Morgan will replace Mrs Parker as a Trust NED with effect from 1st October 2018 and therefore objectives will be discussed with Mr Morgan following his commencement as a NED. In the short term Mr Morgan will take over Mrs Parkers NED portfolio of responsibilities including chairing the Trust Risk Management and Assurance Committee and the Trust Charitable Funds Committee. He will also become a member of the Trust Audit Committee, Finance & Investment Committee and Appointments and Remuneration Committee.

Mr Morgans skills, expertise and experience lend themselves to alignment with the Business and Development Governors' working group.

The role of the SID will be considered by the Trust Chairman and discussed at a meeting of the Non-Executive Directors on 1st October 2018.

Mr David Stout

- i) Maintain focus of audit committee on risk mitigation with a particular focus on the issue of bad debt management.
- ii) Contribute to the review of governance structure with a particular focus on the division between audit and risk committee portfolios.
- iii) Contribute to the review of the statutory roles of the Governors and their optimal contribution to the governance process.
- iv) Continue to help align Trust policy and governance with national policies.

Agenda item 07

In the light of the Health and Social Care Act 2012 requirements, Mr Stout's skills, expertise and experience lend themselves to alignment with the Business and Development Governors' working group. Mr Stout chairs the Trust Audit Committee and is a member of the Finance and Investment Committee.

Mr Ewen Weir

- i) Explore opportunities to improve intermediate care provision in the city including assessing the potential role of the private and voluntary sector.
- ii) Contribute to the development of an integrated approach to health ageing including support for research and innovation in this space.
- iii) Facilitate knowledge sharing in relation to use of online engagement between the Trust and the community.

In the light of the Health and Social Care Act 2012 requirements, Mr Weir's skills, expertise and experience lend themselves to alignment with the Quality of Patient Experience working group. Mr Weir is a member of the Supplies and Services Procurement Committee.

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 September 2018		
Title	Quality of Patient Experience Working Group Report		
Report of	Carole Errington, Chair of Group		
Prepared by	Fay Darville, Deputy Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>The content of this report outlines:</p> <ul style="list-style-type: none"> The activities undertaken by the working group including ward visits made and meetings and presentations attended. 		
Recommendations	The Council of Governors are asked to receive the report.		
Links to Corporate Objectives	<ul style="list-style-type: none"> Putting patients first and providing care of the highest standard focusing on safety and quality. Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle. Enhancing the reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do. 		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		x
	Legal		x
	Financial		x
	Human Resources		x
	Equality and Diversity		x

Agenda Item: 8i

	Engagement and communication		x
	Sustainability		x
	If yes, please give additional information:		
Reports previously considered by	Regular reports on the work of this Working Group are given to the Council of Governors.		

COUNCIL OF GOVERNORS

QUALITY OF PATIENT EXPERIENCE WORKING GROUP REPORT

September 2018

WARD/DEPARTMENT VISITS

- Emergency Department, RVI – 28th August 2018 visited by Mrs Errington. Sister Kate Whitehead facilitated the visit and followed a patient journey. The department was found to be impressive with 11 qualified staff and numerous medical staff on duty. The facilities were clean and tidy despite being almost constantly attended by patients. All eventualities were catered for from Critical Care to Ambulatory patients. It was noted that the triage system works extremely well and all patients are treated with privacy and dignity. Mrs Errington extended her thanks to Sister Whitehead for the visit.
- Ward 10, Great North Children’s Hospital – visited by Mrs Susan Nelson. A verbal report will be provided at the Council meeting on 20th September 2018.

COMMITTEE MEETINGS ATTENDED:

- Complaints Panel, August 2018 - Mrs Errington and Mrs Nelson attended the Panel. In June 2018, there were 42 complaints managed by the Trust. In terms of themes arising from those complaints, ‘communication’ and ‘attitude of staff’ were both highlighted, accounting for 12% of the primary subject areas. This equated to 16 complaints in the past three months.
- Patient Experience Steering Group, 7th August 2018 – attended by Mrs Errington. The 15 Steps Challenge, which encourages Trusts to adopt a toolkit to assess wards to ensure that good standards of care are evident within 15 steps, has been assigned to S Medows, Senior Nurse – Practice Development, for review and to complete a mapping exercise. The Maternity Survey 2018 is underway with results expected by the end of the calendar year. The results of the National Cancer Patient Survey have been received nationally but have not currently been received by the Trust. The National Friends and Family Test Consultation recommendations are underway.
- Clinical Effectiveness and Audit Guidelines Committee, 16th August 2018 – attended by Dr Helen Lucraft where the following topics were discussed:
 - There is a national recommendation for children with learning difficulties.
 - There were higher instances of stillbirths and neonatal deaths in the City of Newcastle which could be due to causes such as lifestyle choices and deprivation.
 - Newcastle Hospitals currently contributes the highest number of cases to the National Oesophago-Gastric Cancer Audit programme.
 - The Trust’s surgical morbidity and mortality are lower than the national average.

Agenda Item: 8i

PRESENTATIONS

Professor Kath McCourt gave a talk on the Role of the Non-Executive Director (NED).

Professor McCourt began her presentation with an overview of her career. She commenced her career as a State Registered Nurse, then became a Midwife and then went on to become Executive Dean and Pro Vice Chancellor of Northumbria University. Professor McCourt has also worked for the World Health Organisation (WHO) and received a CBE from the Queen. The Governors were impressed by her diverse career and consider that this contributes to Professor McCourt's eminent suitability in her role as NED.

Professor McCourt went on to describe that NEDs who bring a range of diverse experiences to their role helps to ensure the best possible performance for the Trust. The Group discussed the importance of NEDs being truly independent, not being put off by technical information and being entrepreneurial to help explore different ways of doing things. They need to understand the workings of the organisation; keep up to date with current issues and understand specifically Finance, Risk and Audit.

NEDs must be sensitive to local issues but also be able to look at the wider picture. They must act responsibly and focus on needs of the whole organisation and be compliant with legislation such as Health and Safety. NEDs give direction by encouraging staff to decide for themselves by thinking wider and broader. NEDs must have independence of thought and have different sets of thinking styles yet get all to work as one and be comfortable to debate issues. NEDs must give time to the role and take time to learn the role. All of these will help to provide a safe, diverse, forward thinking and successful Trust.

Carole Errington

Chair of the QPE Working group

September 2018

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Integrated Quality Report



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

June 2018

Included this month:



Executive Summary:

Safe

- There was one case of MRSA bacteraemia in June 2018.
- This year, the Trust's national target for C. difficile has been reduced by NHS Improvement to 76 cases. There were six cases of C. difficile in June 2018. The cumulative C. difficile rate per 100,000 bed days in June 2018 is 11.49 with a target for this year of 16.1 or less.
- May and June have seen a decrease in the number of MSSA bacteraemia bringing our figures closer to the national average.
- There were 18 cases of E. coli bacteraemia identified post 48 hours of admission in June 2018 compared with 24 in May 2017.
- The total number of falls for June 2018 was 234 and the falls/1000 occupied bed days rate was 5.6.
- The total number of patient incidents reported this month is 1,583, comparable to the same period last year.
- Seven SIs and no Never Events were reported in June 2018.

Effective

- In total there were 140 deaths reported in June 2018. The most recent SHMI results show that the Trust has scored 93 which is within the 'as expected category'.

Caring

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

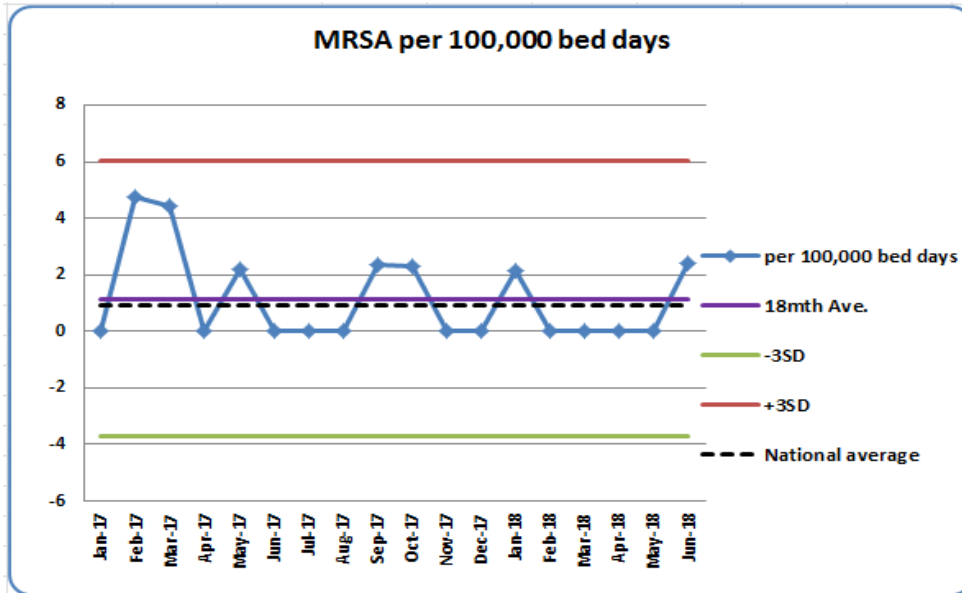
Responsive

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

Well-Led

- An assessment of the Trust position against the recently published "CQC Guidance Regarding the Assessment of Quality Improvement" is provided within this section.

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



MRSA Bacteraemia (Target: zero tolerance)

This graph above, shows the Trust average rates against the national rate. There was one case of MRSA bacteraemia in June 2018 compared with no cases in June 2017. This was a complex case of a patient who is still under our

C. difficile (Target: ≤ 76)

This year, the Trust's national target has been reduced by NHS Improvement to 76 cases.

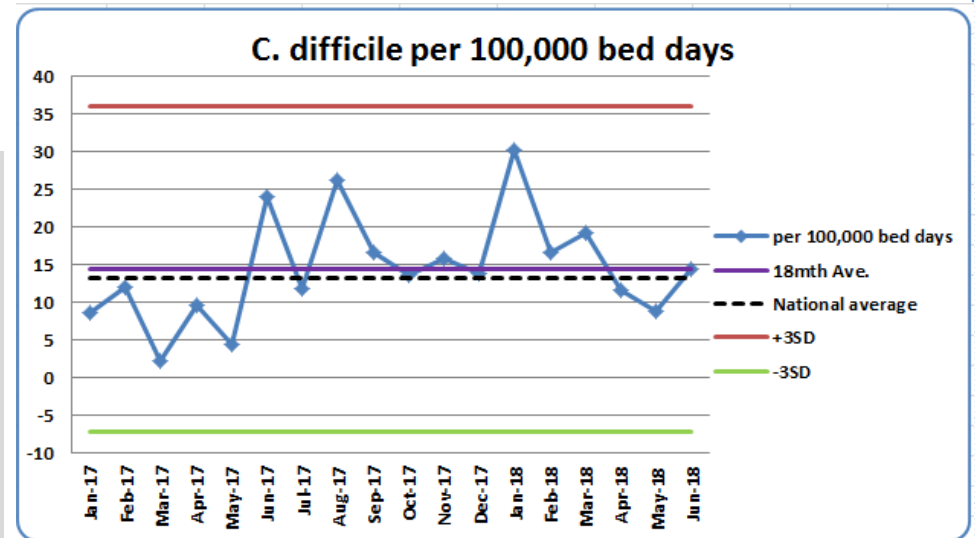
There were six cases of C. difficile in June 2018. Fifteen cases have been reported for the year-to-date, with one successful appeal so far this year (with a potential further three cases being considered for appeal) resulting in 14 cases counted against the Trust's target. This compares with 12 in the same period 2017/18 and is within the current year's trajectory (target is 19).

The cumulative C. difficile rate per 100,000 bed days in June 2018 is 11.49 with a target for this year of 16.1 or less.

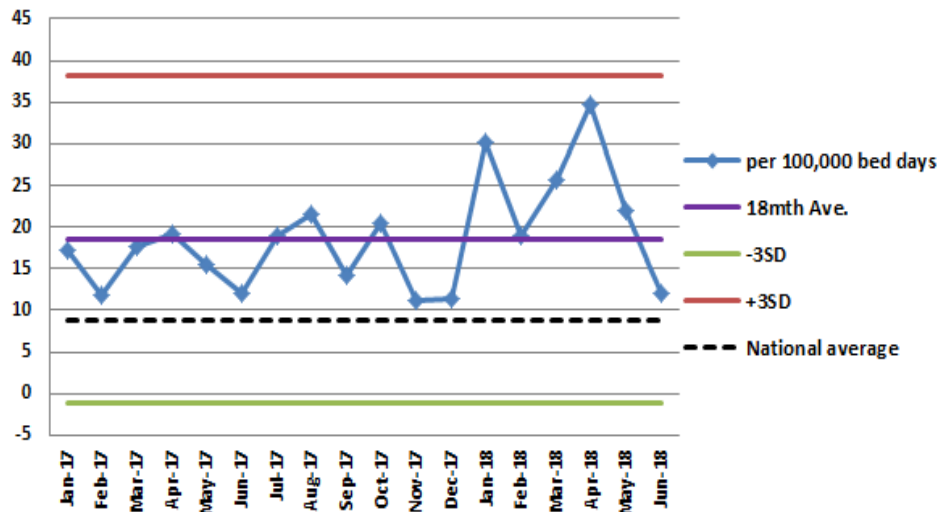
Where cases of HCAI have occurred a Root Cause Analysis (RCA) is completed by the clinical staff involved in the case and the IPC Team. The findings of these individual reviews and trends are discussed at a Serious Infection Review Meeting (SIRM).

The following lessons were learned from cases recently discussed at a SIRM:

- ANTT to be followed every time for invasive procedures
- IV devices are to be removed as soon as possible
- Daily antiseptic washes to be administered appropriately and documented
- Antibiotics to be prescribed and commenced as per Microbiology advice
- Consistent completion of documentation
- Stool samples to be sent for testing in a timely manner
- Clear communication of infection alerts on transfer and handover
- Ensure proactivity with Diarrhoea and C. difficile Care Pathways and that they are completed
- Ensure correct prescription of laxatives
- Ensure timely isolation of patients.



MSSA per 100,000 bed days



MSSA Bacteraemia (no target)

The graph to the left, shows the Trust average rates (between 15 and 20 cases per 100,000 bed days) against the national rate (around nine per 100,00 bed days).

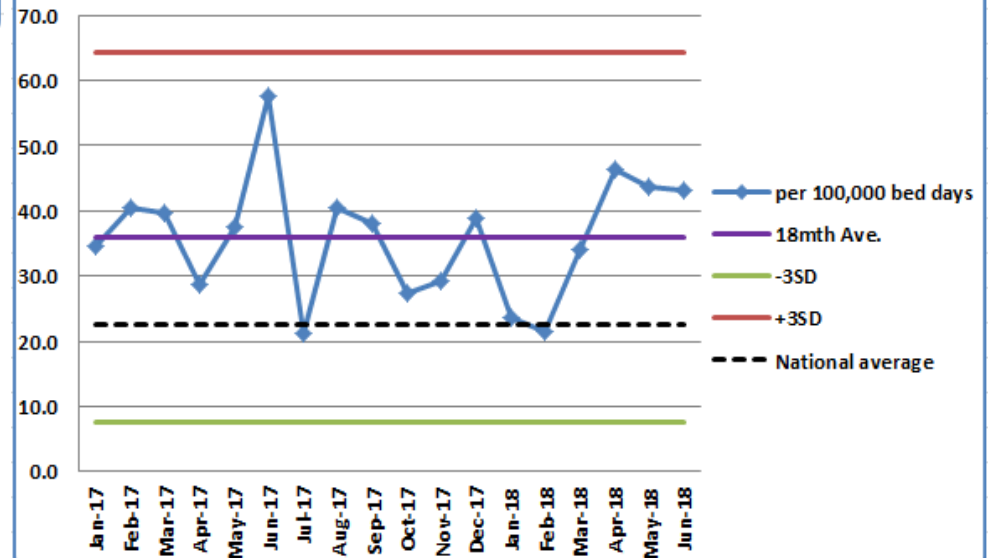
The increase in rates seen in March and April were due to clusters of infections in two directorates. Themes were identified and addressed. May and June has seen a decrease in rates bringing our figures closer to the national average.

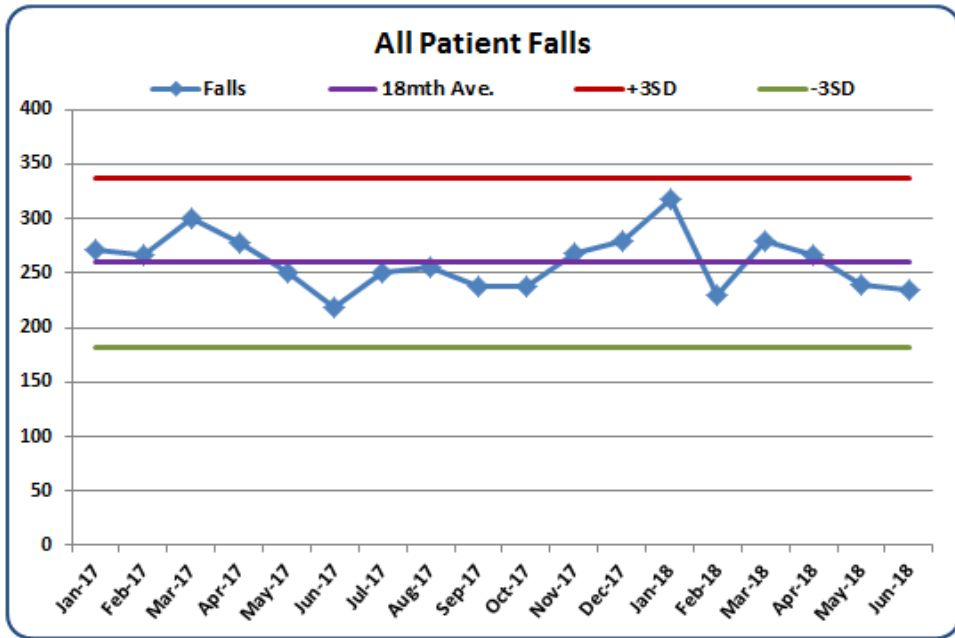
Gram Negative Bacteraemia (no target)

The graph to the right, shows the Trust average rates against the national rate. There is a national ambition to achieve a 50% reduction in cases by 2021, as advised by DH.

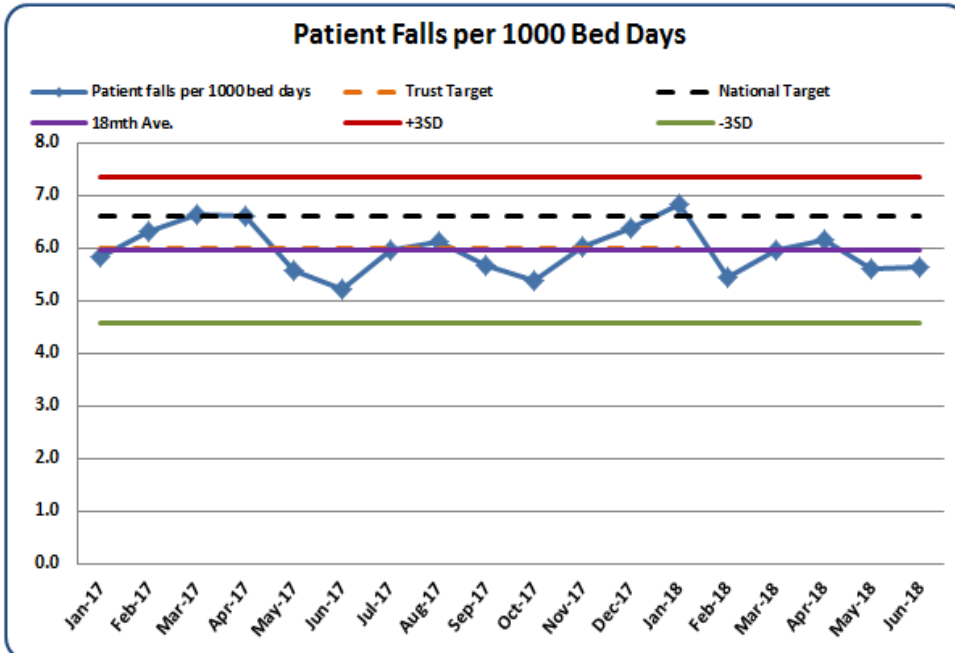
There were 18 cases of E. coli bacteraemia identified post 48 hours of admission in June 2018 compared with 24 in June 2017. The most common sources of infection are UTIs and hepatobiliary sepsis.

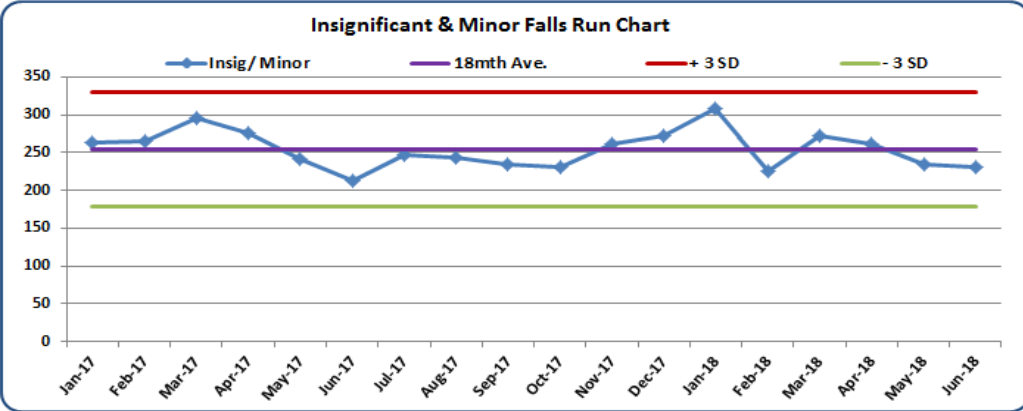
E. coli Per 100,000 bed days





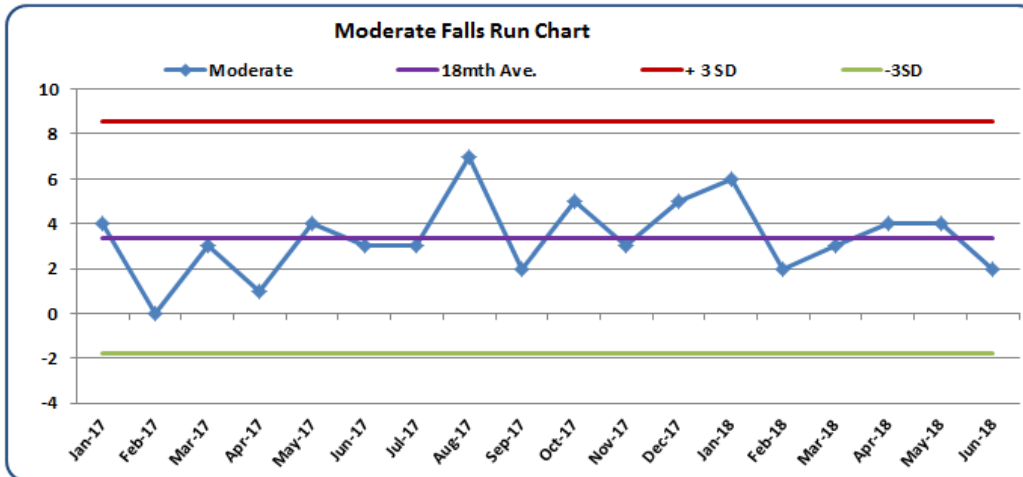
The total number of falls for June 2018 was 234 and the falls/1000 occupied bed days rate was 5.6. The falls/1000 occupied bed days rate (average) for 2017/18 was 6.0 therefore the lower rate of 5.6 achieved in June 2018 is under target and brings the running average for 2018/19 to 5.8 to date, sustaining the falls/1000 occupied bed days rate target of 6.0 or below.





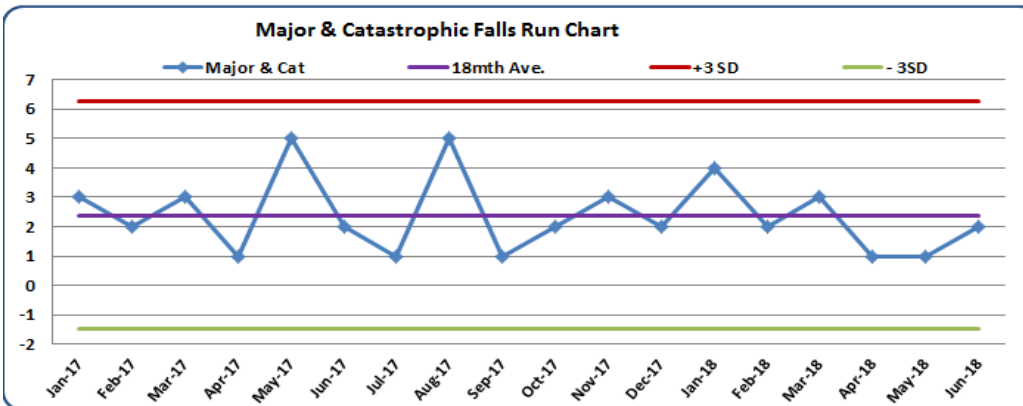
Having achieved a sustained reduction in falls with no harm or minor harm between May and October 2017, it is clear that this has been difficult to sustain since this period, however from March 2018 there has been a downward trend continuing into June 2018.

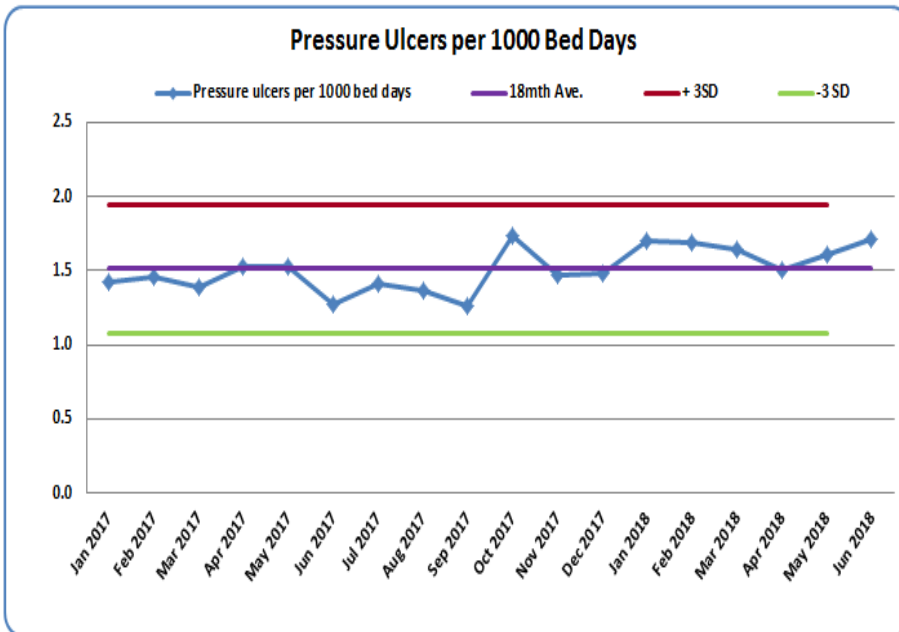
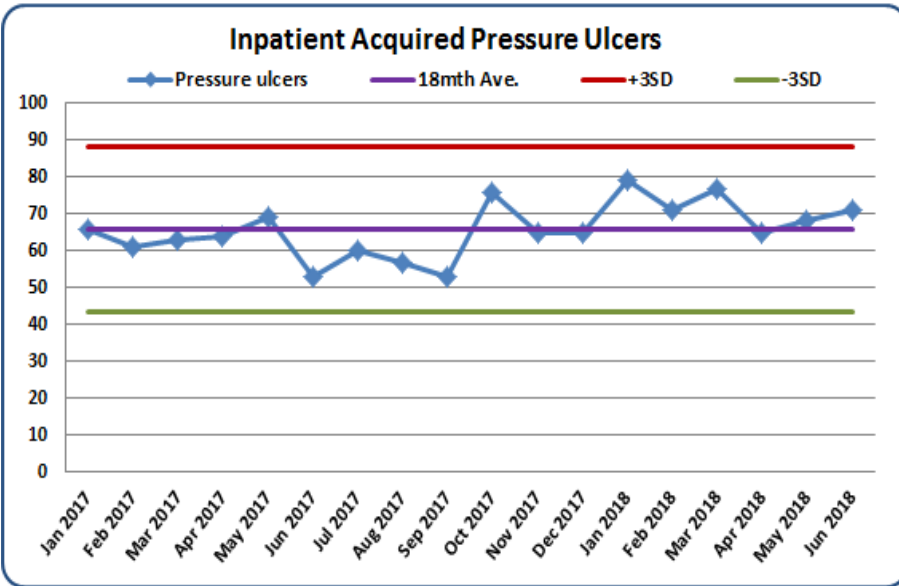
In June there were 2 falls with a grading of 'moderate'; 1 patient opened a surgical wound following a fall from bed which required further surgery and significantly increased the patient LoS. The other incident was a fall in a bathroom which resulted in conservatively managed pelvic fracture. The diversity of types of injury in this category highlights the difficulty in making significant reductions to this category of falls as they often occur in a wide population of patients and across multiple directorates.



In June there were 2 falls with major harm. The first resulted in a fractured shaft of femur and the other was a fractured cervical spine. Despite these 2 incidents in June, 2018, there is a continued reduction in major harm since March 2018.

All of the moderate and major incidents have undergone a Root Cause Analysis. These are reviewed individually by the ward teams and also collectively by the Falls Prevention Coordinator every six months to identify recurring themes and learning opportunities.





Work continues to support clinical teams to prevent pressure damage occurring within the Trust. Data has been shared with all clinical teams to ensure they understand their incident profile compared to peers. Wards have been asked to achieve a 20% reduction relative to the incidents that occurred in their areas in 2017/18.

The Trust guidelines for pressure damage prevention are in line with the best practice guidance available. A new E-learning package which covers the core requirements and interventions required to prevent pressure damage will be available to staff in July 2018. E-learning will ensure all staff are aware of best practice and the focus at local level needs to be the delivery of this in practice.

The Executive Chief Nurse is leading a project to take a ward team through a formal Quality Improvement intervention with a focus on team engagement and development to lead quality improvement in their area.

Learning from Pressure Ulcer incident Investigations

Damage to Heels continues to occur within the trust and a significant number of patients are at increased risk due to conditions such as Diabetes. During the last 12 months, 15.3% of all pressure damage occurred to the heel and foot.

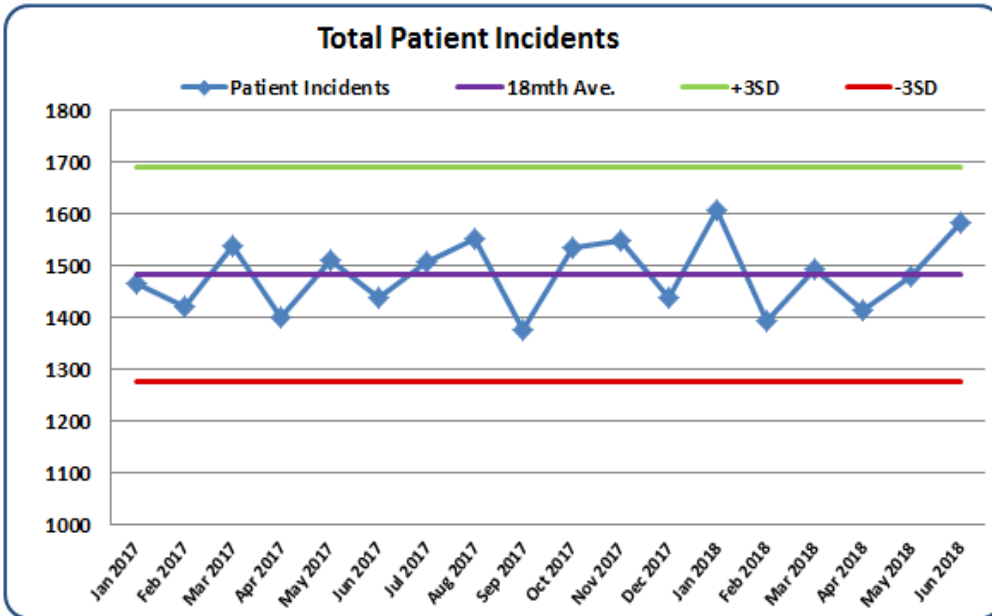
Significantly, 29.8% of all foot ulcers were in patients with diabetes.

Working in collaboration with podiatry, the guidance on Foot Health has been refreshed and circulated to all clinical staff. Foot Health awareness and 'How to assess a foot at risk' has been incorporated in the E-learning package which will be released in the next few weeks."

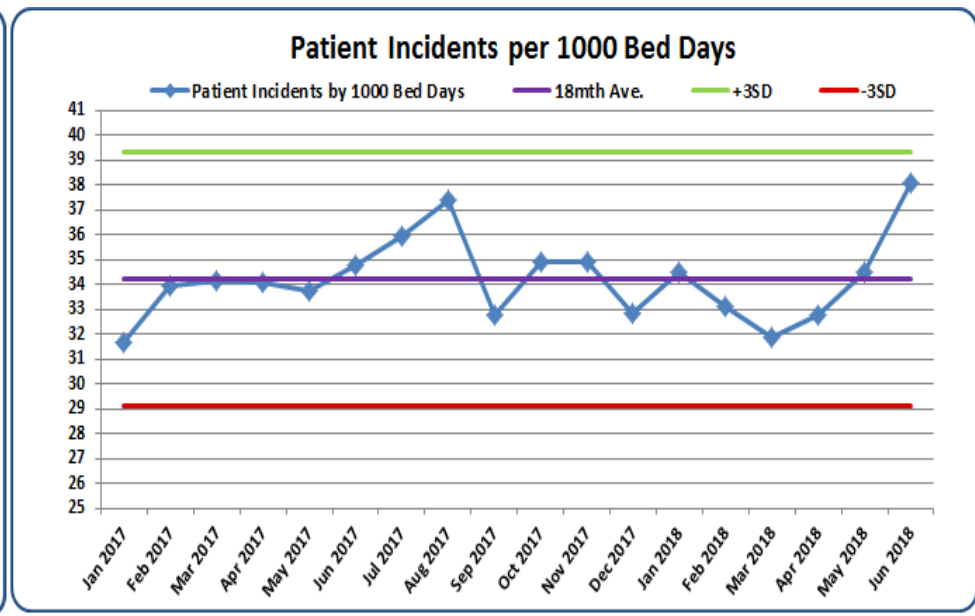
Foot health for in-patients

Feet should be checked including between toes and around heels according to FOCUS chart, Braden, Diabetes care plan and DOCUMENTED

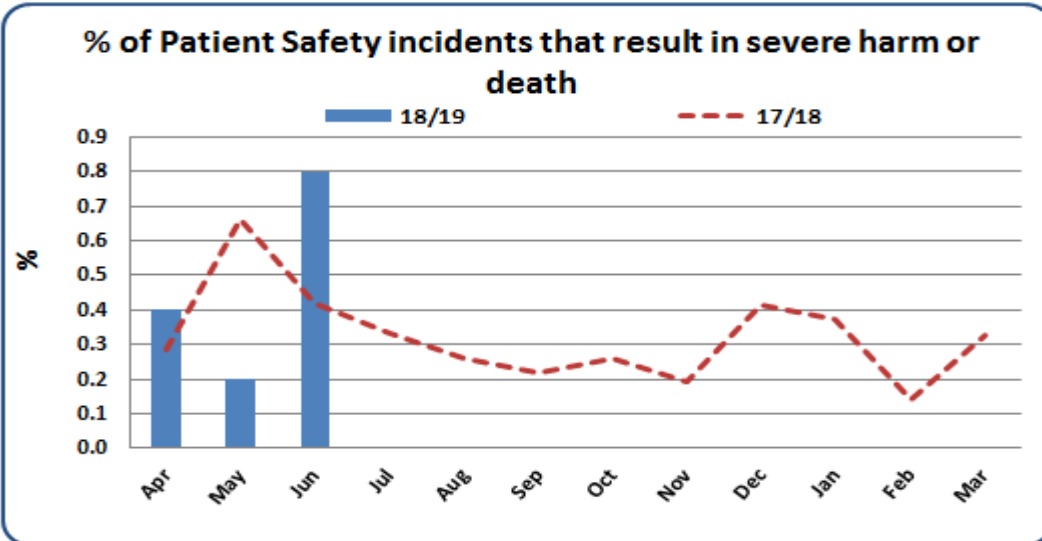
	<p>No foot health concerns- feet are intact with no pressure damage.</p> <ul style="list-style-type: none"> No underlying risks for developing pressure damage to feet Patient is wearing suitable footwear for their hospital stay <p>ACTION- WARD STAFF TO ENCOURAGE NORMAL FOOT HYGIENE AND WEARING APPROPRIATE FOOTWEAR</p>
	<p>Patient has no risk factors for foot ulceration but has long toenails.</p> <p>ACTION- MEMBER OF WARD STAFF WHO HAS COMPLETED NAIL CUTTING TRAINING TO CUT TOENAILS USING DISPOSABLE TOENAIL CARE PACK</p> <p>Toe nail care packs are available from ward 8 at Freeman and ward 4B at RVI and will be recharged to your ward. (approx. £3.) These need to be signed for when collected</p>
	<p>Patient has corns, callous or damaged toenails but no foot pressure damage</p> <p>ACTION- REFER TO PODIATRY IN- PATIENT TEAM VIA TISSUE VIABILITY WEBSITE. THIS REFERRAL WILL BE TRIAGED, BUT IS NOT A PRIORITY</p>
	<p>Patient has intact well kept feet, but has underlying risk factors for developing foot ulceration e.g. Diabetes, Peripheral Arterial Disease, Braden below 17, History of foot ulcer.</p> <p>ACTION- THIS PATIENT MUST BE ON A FOCUS CHART. WARD STAFF TO ENSURE HEEL PRESSURE RELIEF IS IN PLACE. ENSURE SUITABLE FOOTWEAR IS BEING WORN. WARD STAFF MAY NEED TO ORDER SLIPPERS FROM DECANTING STORES OR MAXXCARE HEEL BOOT STANDARD (1578539) OR EXTRA LARGE (1603219) IF INSTEP IS +43CM Non-shed item. PATIENT IS NEVER TO WALK BAREFOOT.</p> <p>NOTE- SLIPPER SOCKS ARE NOT APPROPRIATE TO WALK IN FOR PATIENTS WITH DIABETES OR NEUROPATHY</p>
	<p>Patient has pressure damage on feet, dressings on feet or active foot ulceration.</p> <p>ACTION- THIS PATIENT MUST BE ON A FOCUS CHART. COMPLETE DATA, PUT FOOT PRESSURE RELIEF IN PLACE E.G. FOR HEELS USE PILLOWS AND OR MAXXCARE BOOT (see above), CHECK FEET ARE NOT PRESSED AGAINST THE END OF THE BED. APPLY APPROPRIATE STERILE DRESSING TO ANY ULCERATION AND COMPLETE A WOUND CARE PLAN. REFER TO PODIATRY VIA THE TISSUE VIABILITY WEBSITE</p>



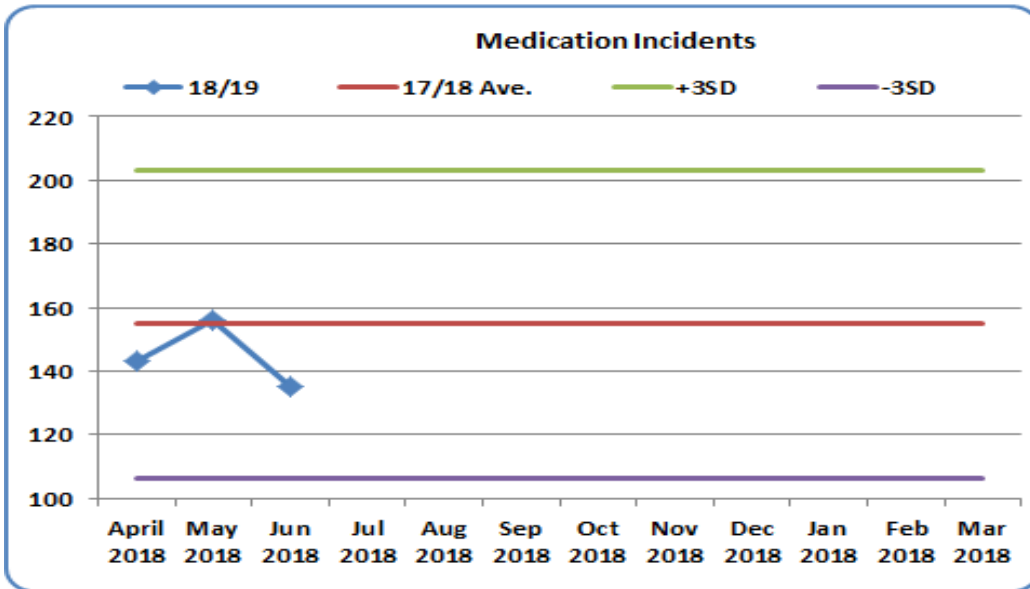
The total number of patient incidents reported has increased slightly this month (1,583). This is comparable with the same time period last year.



Incident rates continue to meet the Trust average rate reported in 2017/18. There is a continued focus on improving incident reporting rates by promoting incident reporting and sharing lessons learned. Following a steady increase in reporting rates over past 4 years appears to have plateaued. From March 2018 trajectory appears to be upwards.



The percentage of incidents that resulted in severe harm or death in June 2018 appears high at 0.8%. Nationally we report fewer incidents that result in severe harm or death than other similar providers. It is worth noting that not all incidents have been fully investigated so the percentage is likely to reduce further once severity is confirmed.



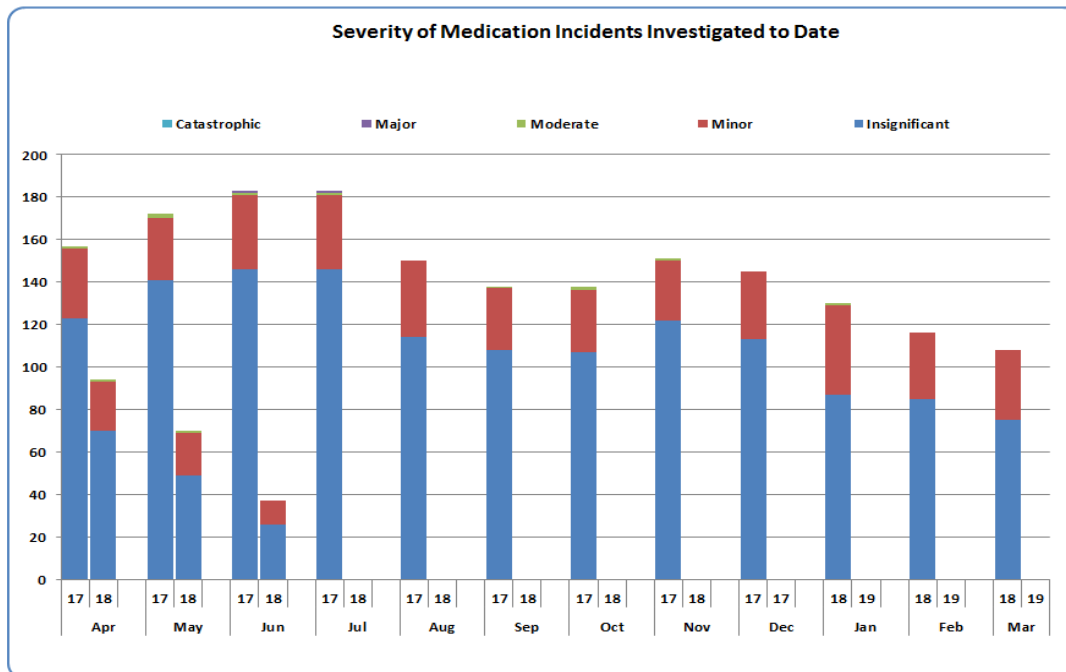
Medication Incidents: Lessons Learned

Learning from incidents January to March 2018

Medication incidents are described as any incident where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or provision of medicines advice (NHS England 2014).

In cases classified as moderate and above, where there has been medication-related harm, the findings of the investigations have revealed the following learning:

- Poor communication between healthcare professionals can lead to medication errors
- Discharge letters must include accurate information regarding patients medication including any changes made during hospital stay and reason for change.



An Update on the Medication Incident Investigation Process

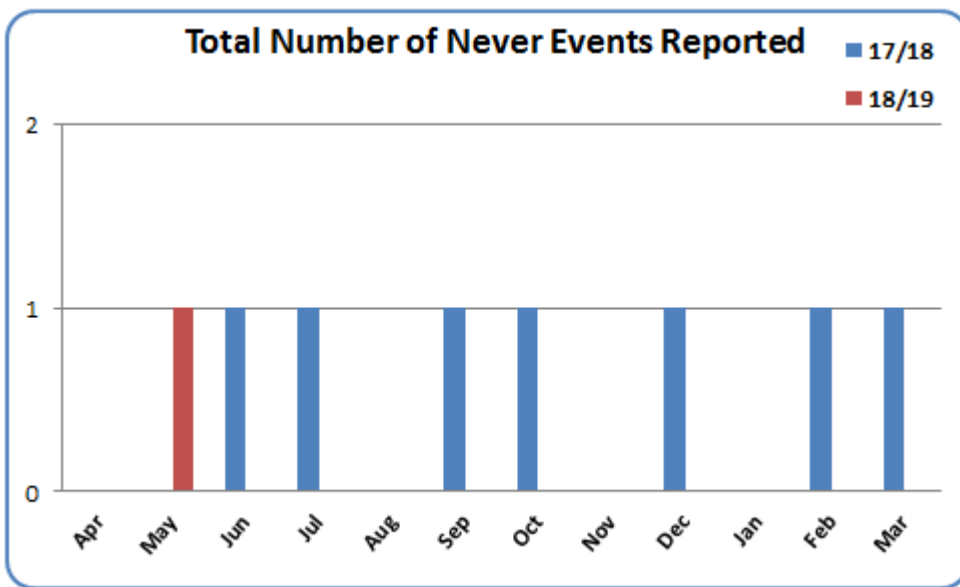
There are four ways in which an incident can be investigated within the Trust. The method chosen does not necessarily relate to the actual grading of the incident but more to what might have happened and the potential for learning from the event.

There are five levels of incident grading. The five levels of grading are insignificant, minor, moderate, major and catastrophic. These are based on the actual level of harm caused. Insignificant incidents result in no harm, require no additional patient monitoring and are limited to one patient. Minor incidents are likely to result in no harm but require additional patient monitoring or result in harm which is short term and resolves within one month, these incidents are limited to one to two patients. Moderate incidents increase hospital stay by 3-15 days and/or result in semi-permanent damage (takes one month to one year to resolve), incidents are also considered moderate if they affect 3-15 patients. Major incidents are incidents which cause permanent damage or contribute to a patient death or affect 16-50 victims. Catastrophic incidents directly cause patient death or affect over 50 patients.

It is noteworthy that there are occasions where incidents result in little or no harm but have the potential to cause significant harm or to be repeated on multiple occasions. These incidents may require a more in depth level of investigation. The following table illustrates the minimal level of investigation required for each severity of incident.

Guidance for incident investigators

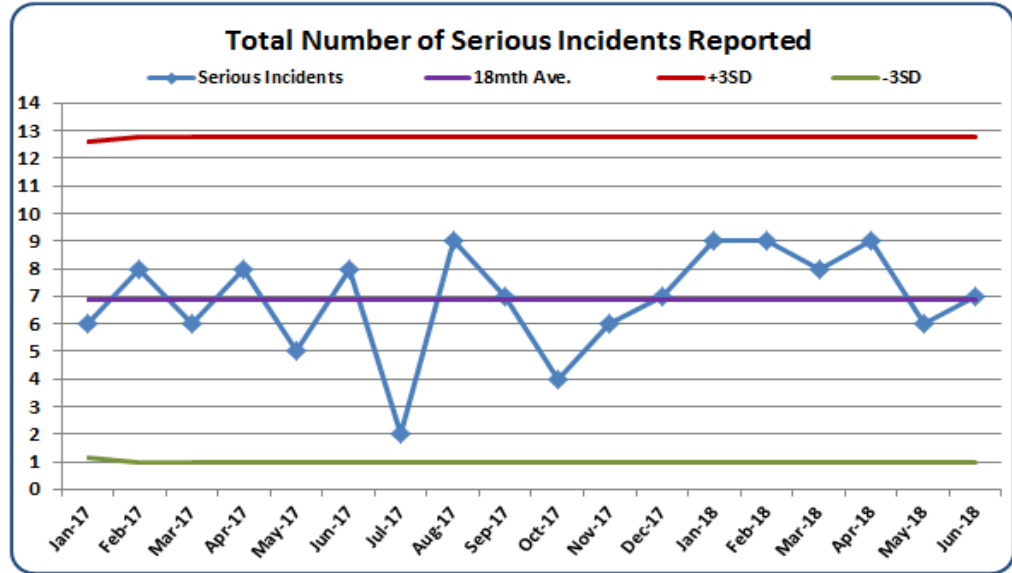
Incident Severity	Description	Minimum level of response
Insignificant	Result in no harm, require no additional patient monitoring and are limited to one patient.	<i>Discussion with staff to gather information.</i>
Minor	Likely to result in no harm but require additional patient monitoring or result in harm which is short term and resolves within one month, impact of incident limited to one to two patients.	<i>Completion of a reflective report by staff involved and discussion.</i>
Moderate	Increase hospital stay by 3-15 days and/or result in semi-permanent damage (takes one month to one year to resolve). Incidents are also considered moderate if they affect 3-15 patients.	<i>Reflective reports, discussion and use of the medication incident investigation tool.</i>
Major	Cause permanent damage or contribute to a patient death or affect 16-50 patients.	<i>Full investigation with serious incident meeting, tool, reflections and full report.</i>
Catastrophic	Directly cause patient death or affect over 50 patients.	<i>Full investigation with serious incident meeting, tool, reflections and full report.</i>



Never Events

There were no Never Events reported in June.

Learning from SIs
 Learning from SIs will be reported retrospectively. The following schedule is planned for the next year:
 Lessons from SIs in Quarter 1 2018/2019 will be reported in September, Quarter 2 2018/2019 in December, Quarter 3 2018/2019 in March 2019, and Quarter 4 2018/2019 in June 2019.



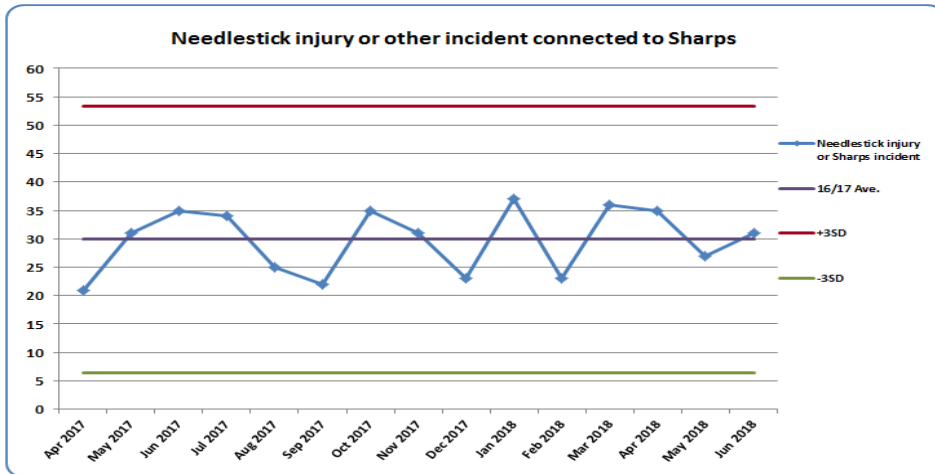
Serious Incidents (SIs)

There were seven SIs reported in June 2018:

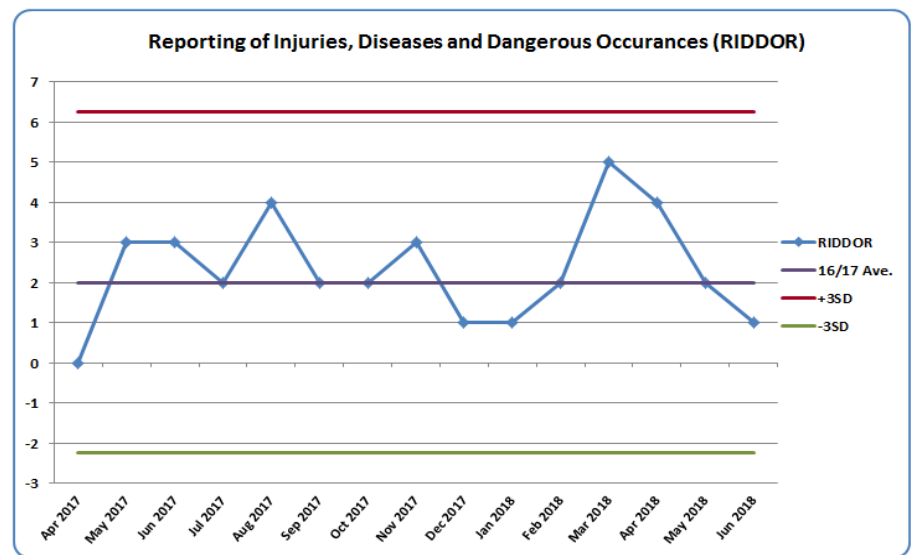
General

- Severely asthmatic patient suffered a cardiac arrest and death following acute exacerbation of asthma secondary to chest infection.
- One fall resulting in a fracture
- Five Grade 3 pressure ulcers.

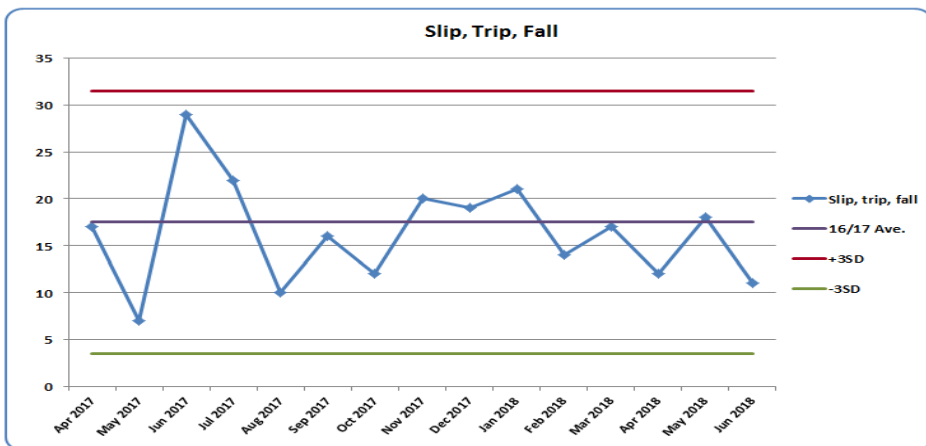
There are currently 1414 health and safety incidents recorded on the Datix system from the 1st April 2017 to 1st July 2018, this represents an overall rate per 1000 staff of 100.17. In addition to the health and safety incidents, there are currently 748 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded from the 1st April 2017 to 1st July 2018, which represents an overall rate per 1000 staff of 52.9. The highest reporting services of aggressive behaviour are Directorate of Medicine (243.9), Neurosciences (105.1), Surgical Services (92.6), many of the incidents reported are secondary to confusion/cognitive impairment in elderly patients.



The average number of all sharps injuries monthly is 27.9 over the period April 2017 to July 2018 based on Datix reporting. 15.0% of the reports over this period relate to clean or non medical sharps incidents. The average number of dirty sharps incidents over the period April 2017 to July 2018 is 23.7



The most common reasons for reporting accidents and incidents to the HSE over the period April 2017 to July 2018 include physical assault (4) slips and falls (11), and lifting and handling (4). These account for 59.4% of reportable accidents over the period.

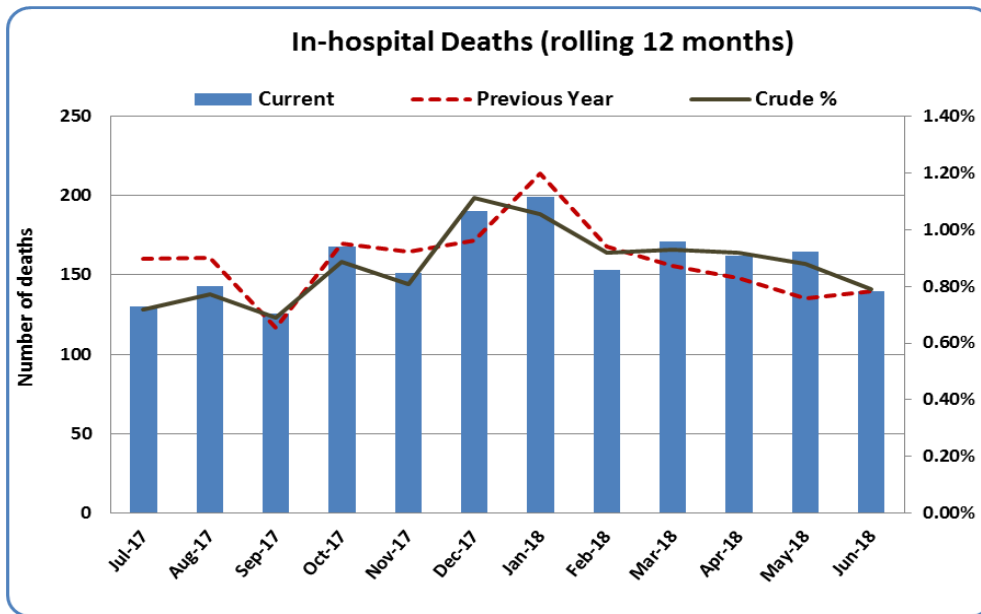


The most common types of staff and visitor fall are slips on wet floor, fall on level ground and tripped over an object. Collectively these account for 57.1% of falls over the period April 2017 to July 2018.

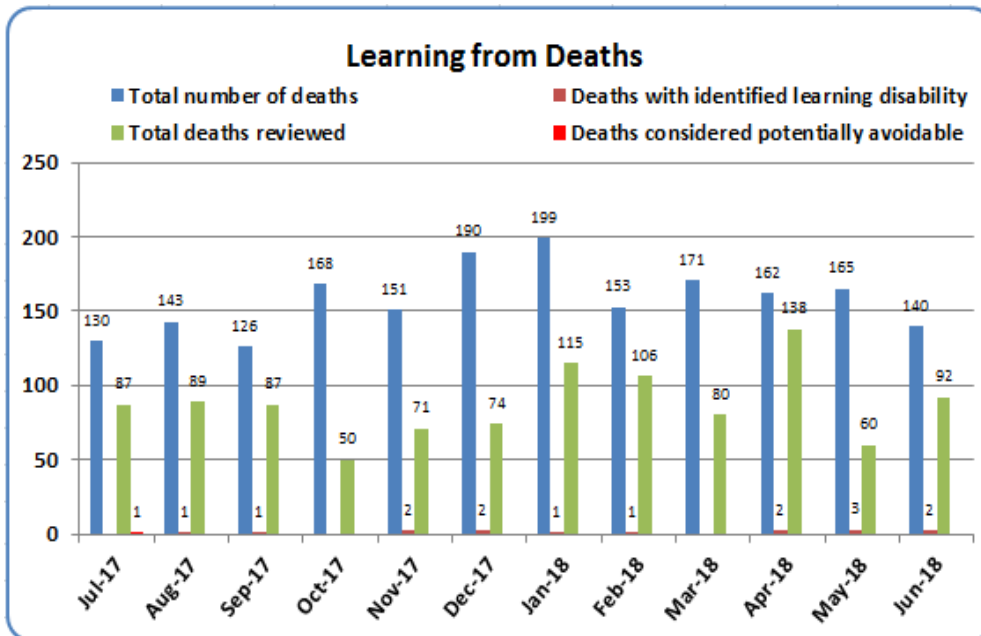
Fall as a result of a faint, fit or other similar event and falls from a chair account for 15.5% of the incidents recorded.

19.5% of the falls reported over the period April 2017 to July 2018 relate to visitors/members of the public.

The Trust strategy action plan for slips, trips and falls contains a range of measures to prevent falls. Each department has a falls related risk assessment. Monitoring is undertaken by the health and safety team periodically and on the identification of any areas on concern.



In total there were 140 deaths reported in June 2018 this is the same number of deaths reported 12 months previously, (n=140).

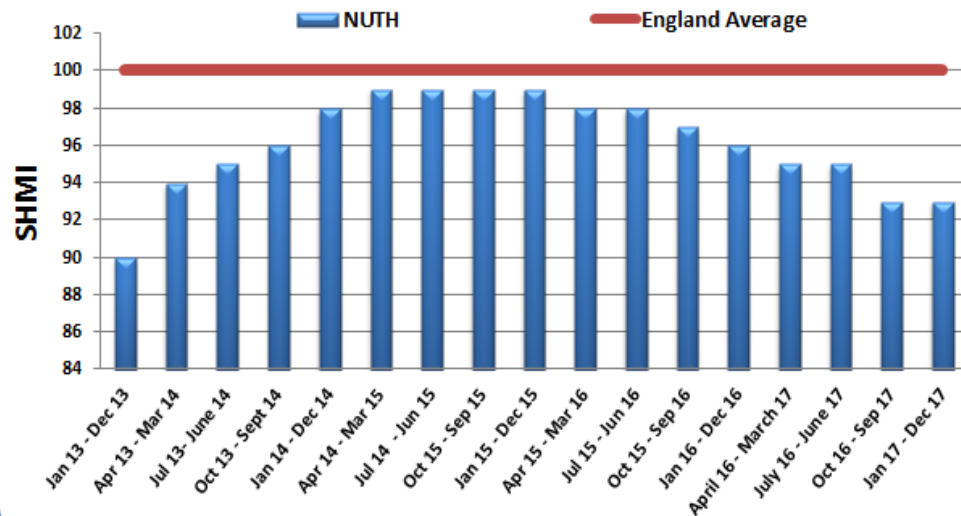


The data opposite shows the total number of all inpatient deaths, total number of reviews recorded into the mortality database from M&M meetings as well as deaths in patients with a learning disability for the past 12 months.

In June 2018, 140 deaths were recorded within the Trust with 92 receiving a full in-depth review. Two patients were identified as having a learning disability and no deaths were recorded as being potentially avoidable (HOGAN ≥ 4).

A separate report "Learning From Potentially Modifiable Factors" will also be included for the public Board meeting.

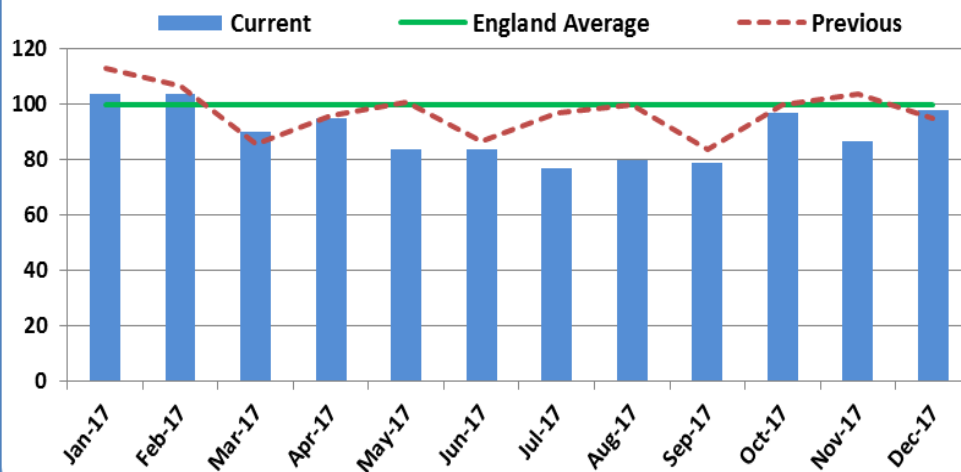
SHMI for Newcastle upon Tyne Hospitals (NUTH) Foundation Trust vs National Average for England



Summary-level Hospital Mortality Indicator (SHMI)

The most recent published SHMI results show that the Trust has scored 93 for the months Jan 17- Dec 17, this is identical to the previous quarter. This remains lower than the national average and is within the 'as expected category'.

SHMI for Newcastle upon Tyne Hospitals Vs National Average



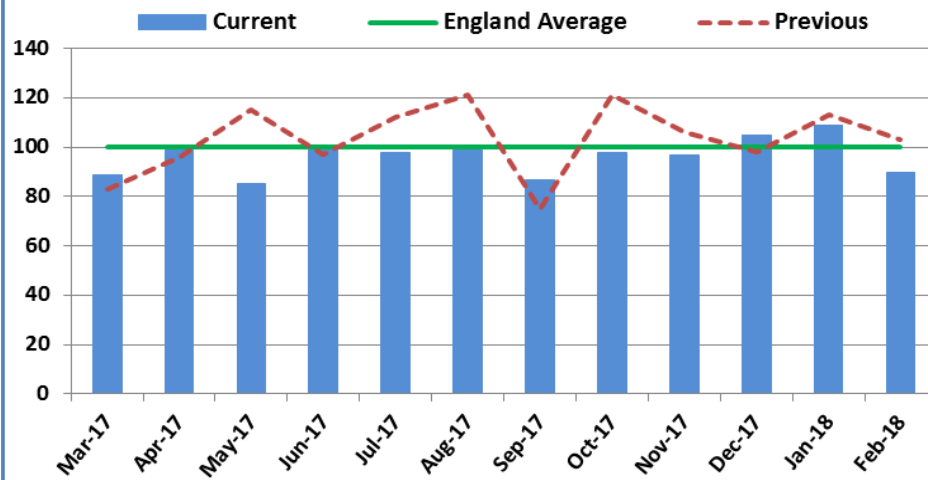
Summary-level Hospital Mortality Indicator (SHMI)

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

SHMI rates will continue to be closely monitored.

Please note: A problem has occurred with retrieving the latest published SHMI mortality data out of the national database HED. HED has informed all Trusts of the problem and therefore is unable to publish any new data for the foreseeable future. The latest published data is Dec 2017.

HSMR for Newcastle upon Tyne Hospitals vs National Average



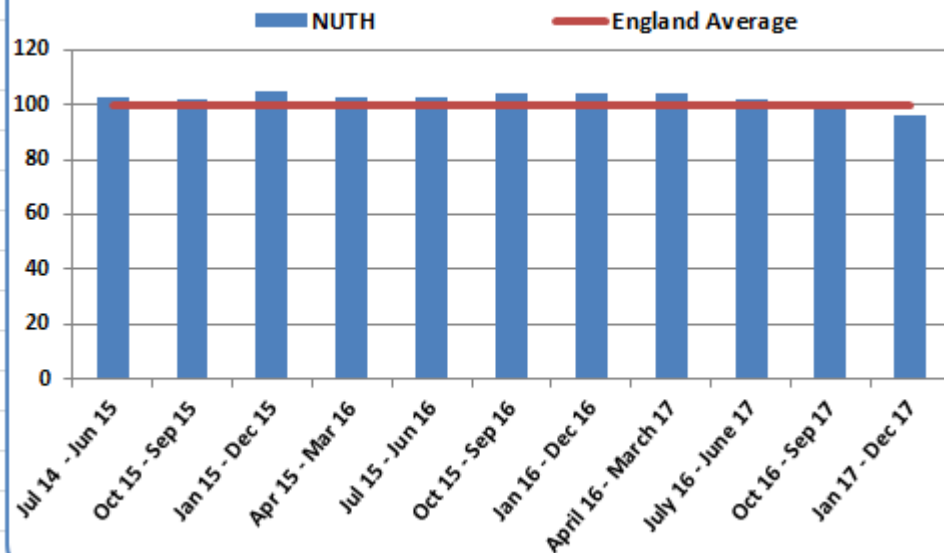
Hospital Standardised Mortality Ratio (HSMR)

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

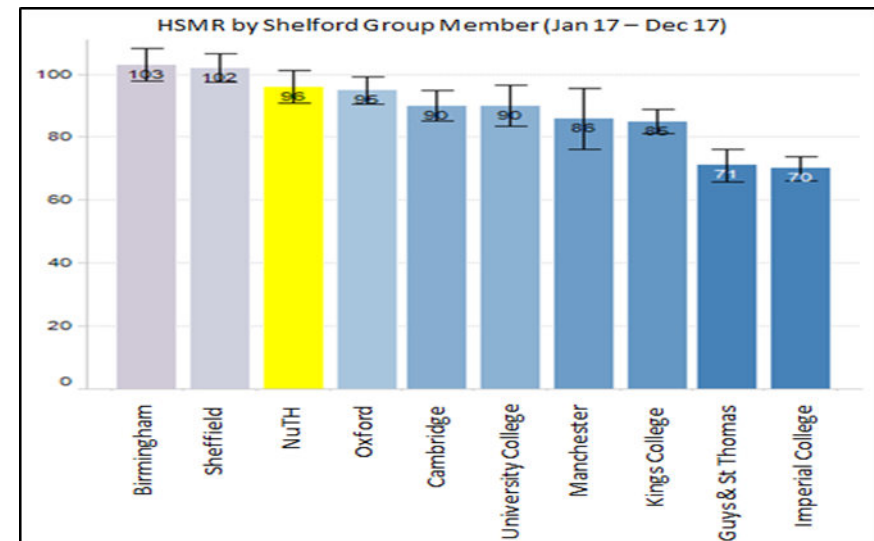
The graph below, left, shows a 12 month rolling HSMR score by quarter. The most recently available quarterly data shows a score below the national average. All scores are 'as expected'.

The graph below shows the Trust's position in relation to our Shelford colleagues. Historically the London Trusts have always performed well on the HSMR measure – it is believed that this can be explained by their case mix (i.e. the number of elderly people in their population compared to other locations in the UK).

HSMR for NUTH vs National Average for England



HSMR by Shelford Group Member (Jan 17 – Dec 17)



Audit / NCEPOD	Date of Release	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Audit for Breast Cancer in Older Patients	September 2017	<ul style="list-style-type: none"> • Trust day case mastectomy rate is 70%, which is the highest in the UK. The BADS (British Association of Day Surgery) target is 15%. • Trust overall day case rate is 75.2%. The England Top 10% of trusts is 67%. The Shelford group average is 64.5%. • The Trust is a national pioneer of the radioactive iodine seed technique for localising cancers. The Trust remains the only centre in the UK offering this technique. Over 1150 seeds inserted. • The Trust immediate reconstruction rate following mastectomy is ~50%. The UK average is ~30%. The RVI rate in 2009/10 was 1.5%. • All Trust mastectomy patients receive peri-operative regional anaesthetic block for post-operative pain relief. • Growing expertise in offering regional anaesthesia to allow surgery in patients too unfit for general anaesthesia • De-escalating breast and axillary surgery • 24% of patients receiving chemotherapy have this in neoadjuvant setting to downstage disease and minimise surgery needed • Nearly 40 cases of targeted axillary dissection performed (90% avoid subsequent axillary clearance). • Academic output – recruit to at least 6 National Institute for Health Research portfolio studies • Income growth of £311,000 versus previous year. 	<ul style="list-style-type: none"> • Review the ratio of Breast cancer nurse specialists to breast cancer patients. • The UK national average in terms of the ratio of Breast Cancer Nurse Specialists (CNS) to breast cancer patients is 1:90. The Trust is 1:158.5. • The Trust had a lower level of patient satisfaction in terms of the ease of accessing CNS at 71%. • Review the ratio of surgeons to breast cancer patients –Units typically treating >350 patients per year have 3-4 surgeons. The RVI currently treats 650+ cancer patients per year with 3 consultant surgeons providing the service. • Review ratio of the lists: Breast surgeons. Range nationally was 1.4-2.2 and the RVI is currently at 2.66. • Consider reviewing COSD (Cancer Outcomes & Services Dataset) data returns on a monthly basis and this is seen as the most accurate way forward. 	Discussed at June 2018 Clinical Effectiveness, Audit and Guidelines Committee.

Audit / NCEPOD	Date of Release	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
2017 UK Parkinsons Audit	March 2018	<ul style="list-style-type: none"> • 100% of patients were seen within the 12 month period. • Almost 100% patients were assessed for non-motor symptoms. • 100% of patients were assessed for motor symptoms and the side-effect of drugs. • 100% of patients had multidisciplinary involvement. • PREM (patient reported experience measure) Patient survey had very good feedback – 100% of patients were informed of the need to contact the DVLA and patients reported that they were able to see healthcare professionals when required. • 83% of patients ranked their care by consultant as Good or excellent, and from nurse 76%. • 93% of patients felt listened to. 	<ul style="list-style-type: none"> • Leaflet on advanced care planning to be available on stand in the clinic and patients directed to the stand when required. This was to assist discussion and inform decision-making. • Need to improve the measurement of regular lying and standing BP. There is currently not enough nursing capacity within the clinic to undertake this. • Need for greater access to cognitive thinking in the clinic. There is currently not enough nursing capacity within the clinic to undertake this. • Use of Fracture risk assessment Tool (FRAX) and bone density scan (DEXA) for addressing enquiries regarding fracture risk and osteoporosis. 	Discussed at June 2018 Clinical Effectiveness, Audit and Guidelines Committee.

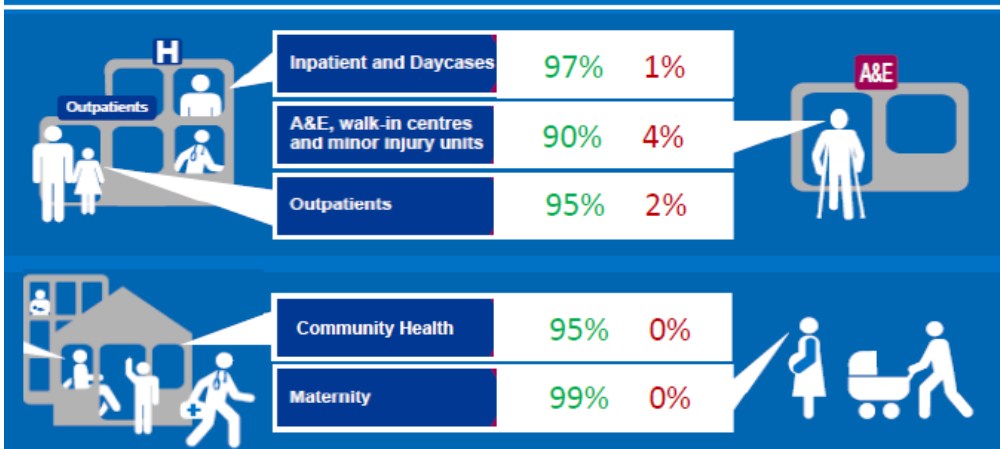
The Newcastle upon Tyne Hospitals
NHS Foundation Trust



The NHS Friends and Family Test

Take 2 minutes ... See how we did in April 2017

We got 3,824 responses to the Friends and Family Test in April 2017. The following numbers show the proportion of people that would recommend or not recommend these services to a friend or family member if they needed similar care or treatment.



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

Summary for April 2017 (compared to March 17):

Area	Recommendation rate
Inpatients	97% (-1%)
ED	90% (-3%)
Outpatients	95% (-1%)
Community	95% (-1%)
Maternity (birth)	99% (+1%)

Points of note:

The total number of responses overall has decreased this month from 4,259 in March to 3,824 in April 2017. It is disappointing to note that all areas (with the exception of maternity), experienced a slight decrease in the percentage of patients who would recommend the ward/department to their friends or family.

Inpatients: The response rate has also slightly decreased from 16.0% in March to 14.6% in April. 97% of respondents stated that they would recommend the Trust with 1% stating that they would not. The recommendation rate has continued at 97% or above for over 12 months.

Emergency Department: The response rate has increased this month from just 1.6% in March to 5.5% in April. The inclusion of cards within the walk-in centres has helped this service area. The recommendation rate of 90% is the lowest since June 2016.

Outpatients: Using a combination of kiosks, postcards and online survey, 675 responses were received with a recommendation rate of 95%. Specific areas which are utilising the postcard solution such as Breast Clinic RVI and Pre-assessment clinic Freeman are using the cards with good effect.

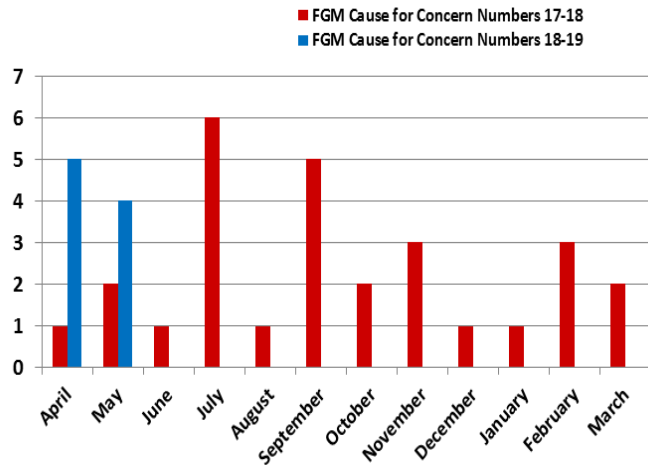
Community Services: Only 20 responses were received this month, which is disappointing following the increase in March 2017. A slight time lag has been identified in the inputting of returns from one Community service, this will be rectified in subsequent months to ensure the timely reporting of FFT results. Further reminders have been given to teams using the sealable version of the FFT card.

Maternity Services: Response rates vary significantly between the questions relating to 'Antenatal Community', 'Birth', 'Postnatal Care' and 'Postnatal Community' which is consistent for all Trusts. A recommendation rate of 99% was received in relation to 'birth' services. However a score was not provided for Question 1 as only no responses were collected and only two responses received for question 4.

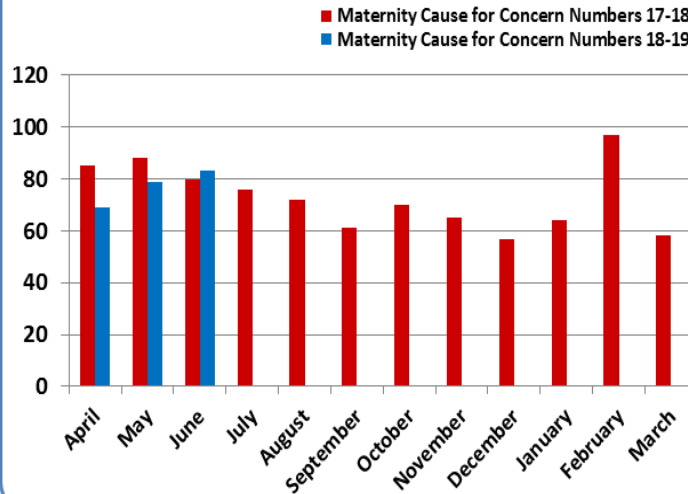
If you would like to see the results in full detail – the easiest way is via the NHS England website at the link below.

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

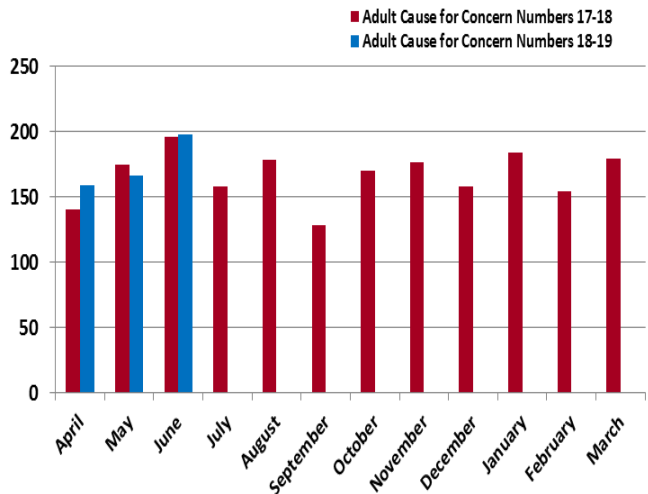
Female Genital Mutilation Cause for Concern Numbers



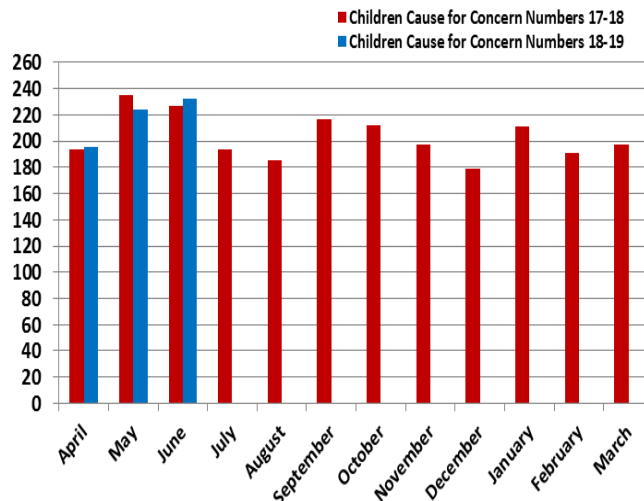
Maternity Cause for Concern Numbers



Adult Cause for Concern Numbers



Children Cause for Concern Numbers



Safeguarding

The safeguarding teams are highly responsive to a high volume of cause for concerns across all areas. Safeguarding enquiries are becoming increasingly more complex and time consuming due to the ever changing context of safeguarding.

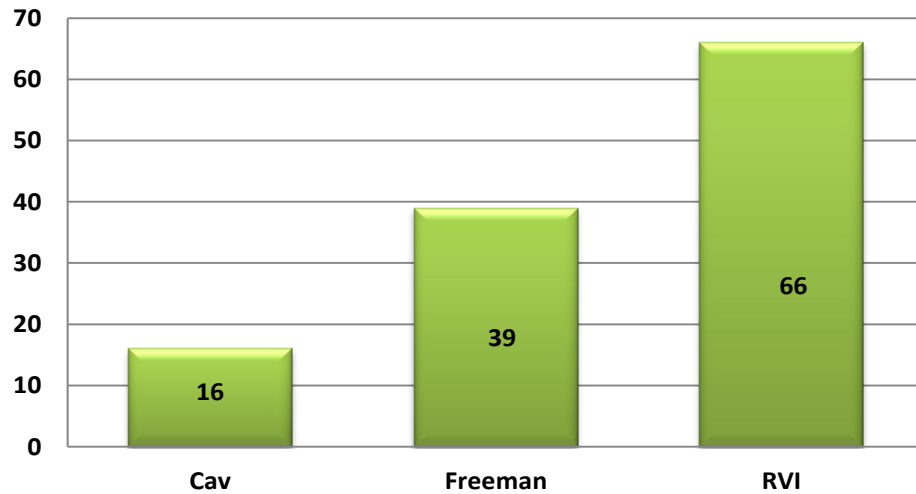
Adult safeguarding has a high number of younger adults where substance misuse, mental health, chaotic lifestyles and homelessness are factors. The highest number of contacts is for self-neglect with 438 concerns raised in 2017/18.

Sexual exploitation is more evident as demonstrated in the Joint Serious Case Review. We are also seeing concerns relating to trafficking and modern slavery within adults, children's and maternity safeguarding.

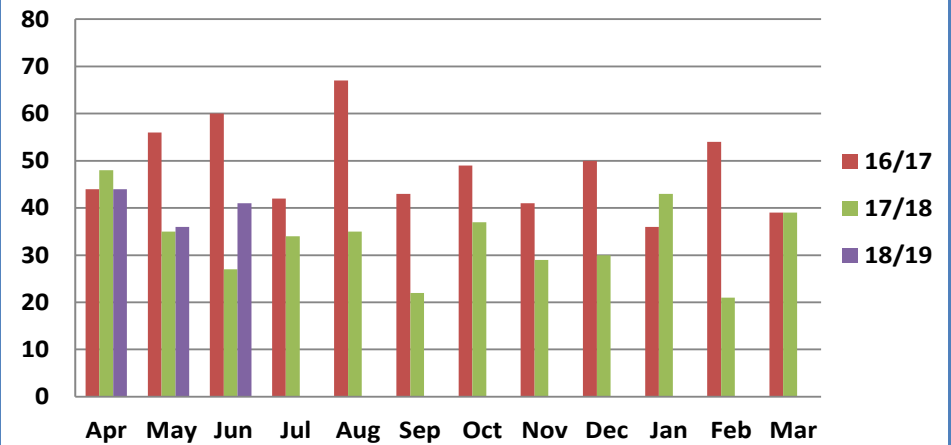
Although there have been no reported FGM figures for June, this is not of concern. The Trust is live with the national FGM-IS within maternity services and this is reported to be very positive. FGM cases will always vary depending on new patients who attend services.

Deprivation of Liberty Safeguards (DoLS) applications reduced from May 2017 when ward staff were asked to complete the DoLS applications for their own patients. These continue to be processed and monitored by the MCA/DoLS Lead and the Adult Safeguarding Team and there is a very detailed action plan in place to support ward staff and provide additional training opportunities. This continues to be monitored by the MCA Steering Group and the Trust's Safeguarding Committee. There was a slight increase in DOLs applications for June 2018.

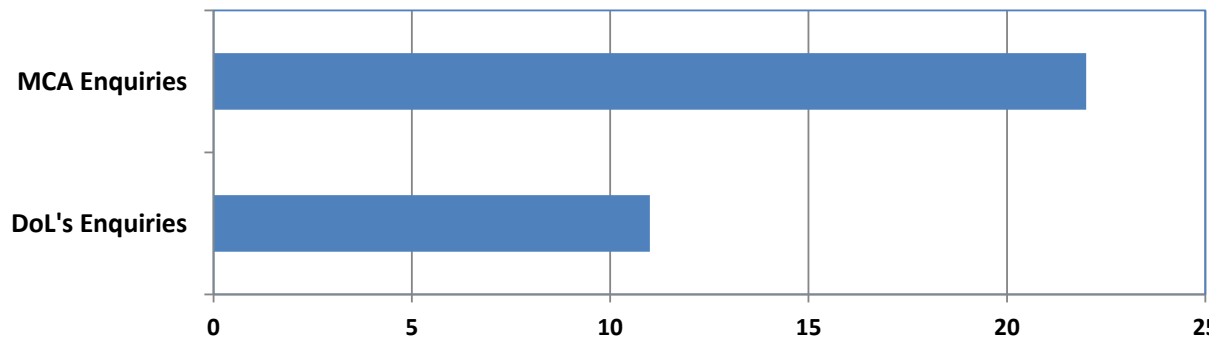
DoL Applications 2018/2019 - By Site (Total 121)



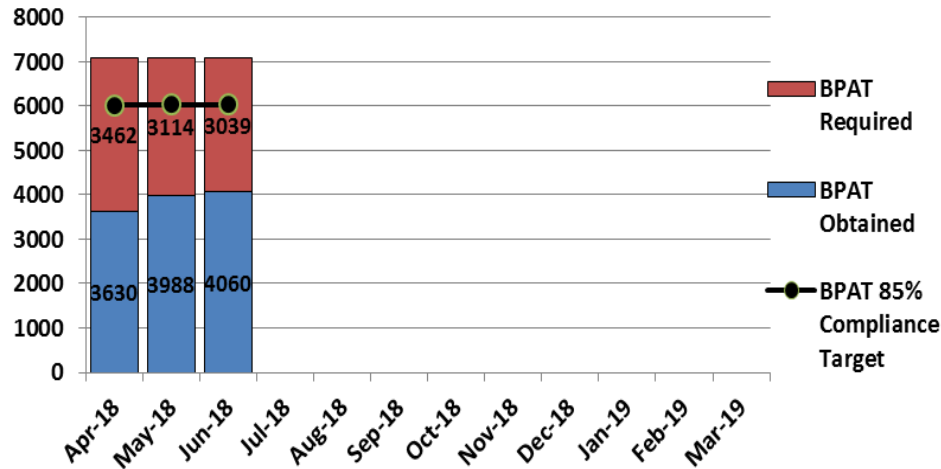
DoL Application Comparison Year on Year



Category of Concern June 2018



BPAT Training Compliance 2018-2019



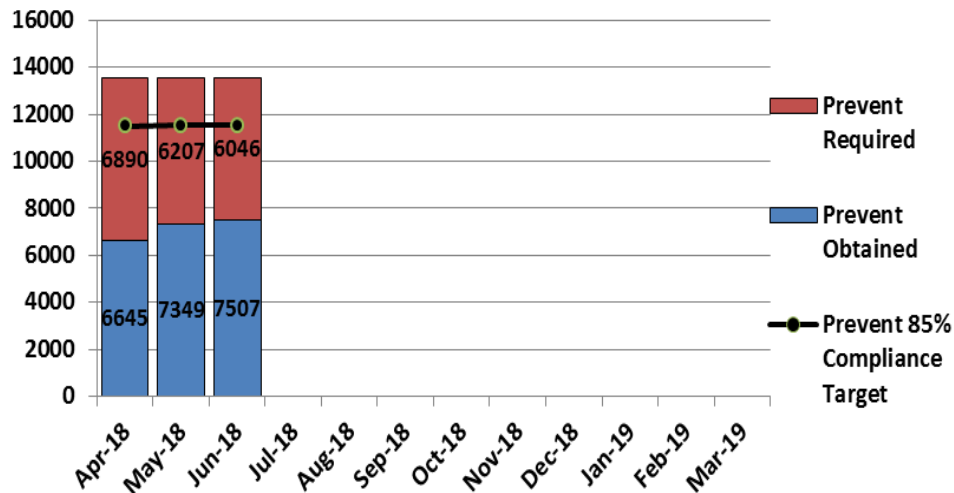
Prevent training

It is reassuring to note that an additional 2,281 staff across the Trust have completed Prevent training during the first quarter of this year. The total number of staff now trained is 7,507. However, this still falls below the 80% national target for WRAP compliance.

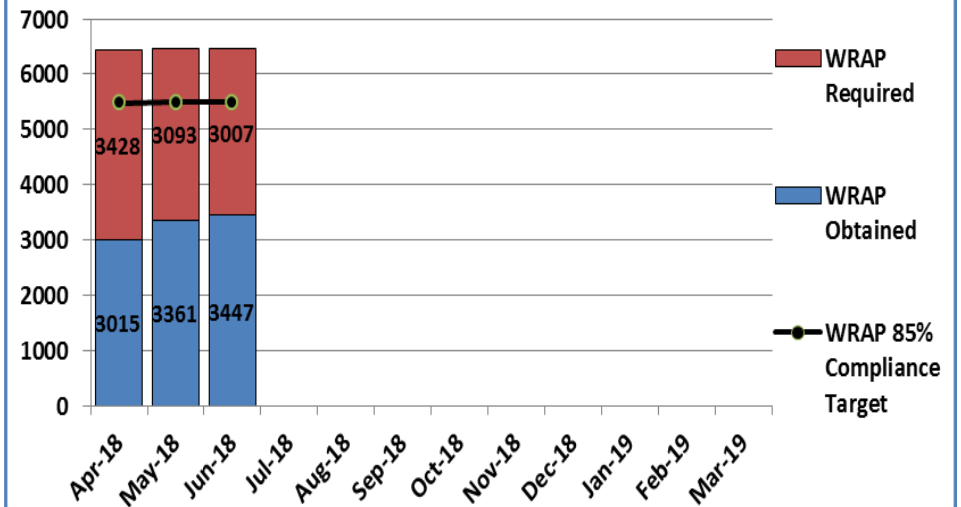
To achieve the 80% target by the end of Q2, another 3,300 staff need to complete Prevent training in the next 3 months. This is an almost even split with half needing to complete BPAT and half WRAP.

Prevent training continues to be actively promoted throughout the Trust and can be completed by e-learning or face to face. Additional face to face sessions are being delivered with dates currently being made available up to the end of October.

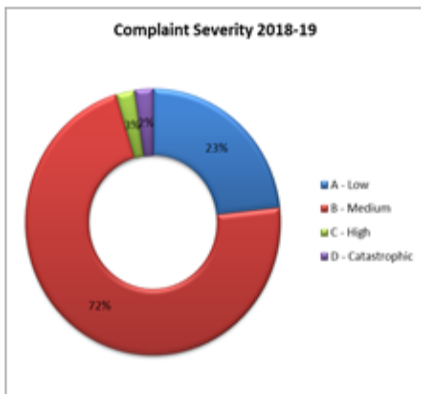
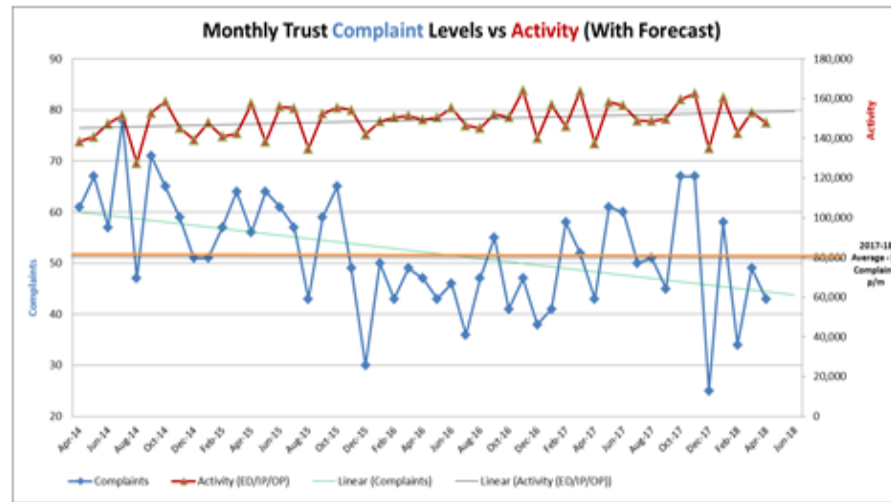
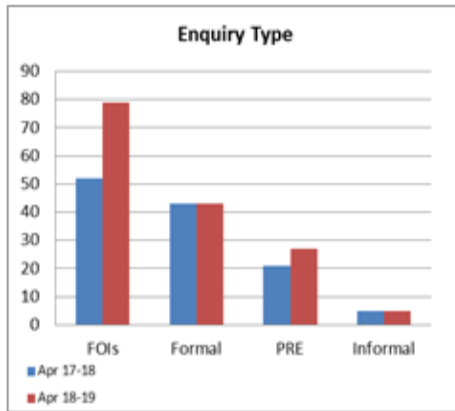
Prevent Training Compliance 2018-2019



WRAP Training Compliance 2018-2019



Complaints Activity Apr 18-19 (1 mth)



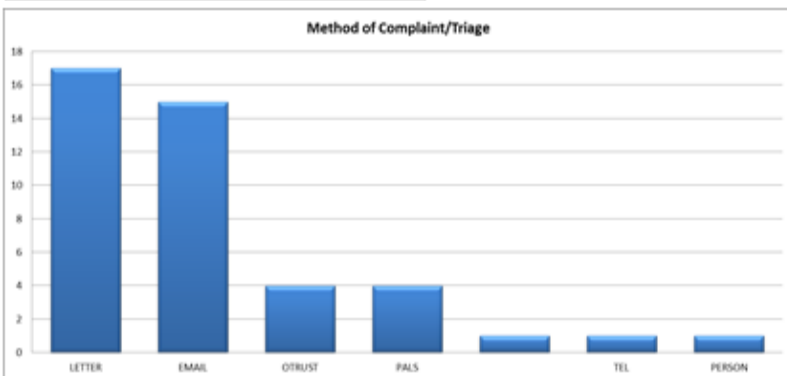
Top 5 Subject Areas	16/17	17/18	18/19	Totals
All aspects of clinical treatment	338	465	31	834
Communication	41	48	4	93
Attitude of staff	26	35	2	63
Appointments, delay/cancellations - Out-patients	29	16	0	45
Appointments, delay/cancellations - In-patients	17	9	0	26
Totals	451	573	37	1061

For the period to date:

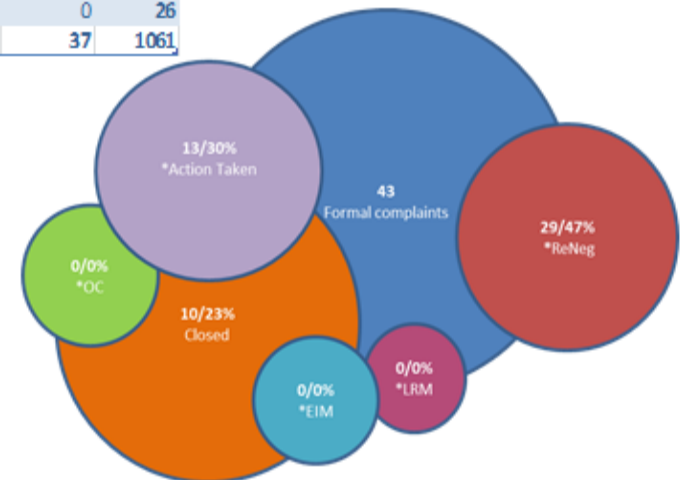
For every 3437 patients attending the Trust we have received 1 complaint (3303:1 for previous full year FCEs/OP/ED).

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

The average monthly activity currently stands at 147,809 down - 3281 on previous year's monthly average.



*OC - Outstanding Concern i.e. second response required
 EIM - Early Intervention Meeting
 LRM - Local Resolution Meeting
 ReNeg - Re Negotiated timescales for response
 Action Taken - Evidence of any action to address complaint



Complaint Panel Mailer July 2018

Are we really listening to our patients?

The Panel have reviewed a complaint which flagged a gender miscommunication between a patient and their care team. The patient was unhappy that the content of a clinic letter referred to her as a man when she had fully transitioned as a woman with full legal documentation.

Gender is a really important part of who we are and how we identify ourselves, for people who are going through a period of transition or have transitioned it is especially important that we respect and acknowledge their stated gender. Gender diversity exists in many forms, across many communities and cultures. It is often encompassed by the umbrella term trans, or transgender, which is used to describe people who do not identify, or do not completely identify, with the sex assigned at birth.

Evidence demonstrates that Trans people experience a range of prejudice and discrimination when accessing health care. The Trust strives to ensure that Trans people's contact with us is professional, respectful and avoids transphobia.

What can we learn or do differently as a result?

The practical steps we can all do and remember:

- Avoid unnecessary gendered terms such as Sir/Madam
- Do not assume gender on appearance.
- If clarification is needed, this should be based on genuine need, not curiosity.

A Trans NE partnership with 'Be' a Trans support and development organisation and across public sector organisations has been developed to address some of the negative experiences Trans people face. Practical guidance is available for speaking to Trans people on the phone – a time when they are often mis-gendered. Advice on changing names, titles, and gender on medical records is also available.

<http://nuth-intranet/cms/SupportServices/EqualityDiversityHumanRights/ResourcesLinks/GenderIdentity.aspx>

Please contact Lucy Hall if you would like further information or advice.

Well-led CQC Guidance Regarding the Assessment of Quality Improvement

A7(i)

The Care Quality Commission has recently published guidance on how they assess the presence and maturity of a Quality Improvement (QI) approach as part of the Well-led inspection of Trusts.

They offer a clear definition of QI as ‘the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. It applies a consistent method and tools, engages people more deeply in identifying and testing ideas, and uses measurement to see if changes have led to improvement.’

Below is a summary of the Trust’s current status against some of the CQC evidence required to assess whether a Trust has a mature, developing or absent QI approach:

QI Strategy available on intranet and website

- The Trust’s Quality Strategy for 2018-2021 is currently being finalised and will be published on the intranet and website imminently

QI is a priority at Board and represented in agendas and minutes

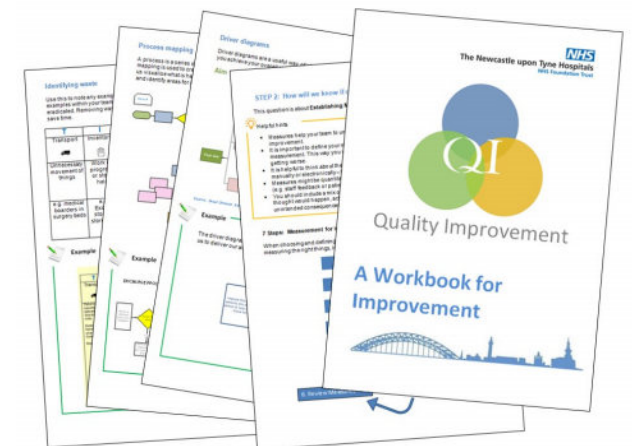
- Quality remains of primary importance to the Board and is represented in agendas and minutes

Established clinical leadership for QI

- The Medical Director is central to the development of QI in the Trust and senior clinicians have been provided with protected time to drive QI development forward

Staff providing care are engaged in QI, trained appropriately and recognise and value it

- Initiatives such as the Quality Improvement workbook, which has been publicised Trust-wide and via the intranet, and Human Factors training sessions, have increased awareness and engagement. More work will continue to enhance capability across the workforce in line with the Trust Quality Strategy.



There is a single QI methodology and language across the Trust

- The Quality Strategy follows the ‘Seven Steps’ to improving quality as outlined by the National Quality Board (with modification to align with the Trust’s goals and expectations) as shown in the image opposite. Training and awareness sessions will be held Trust wide following publication of the Strategy.

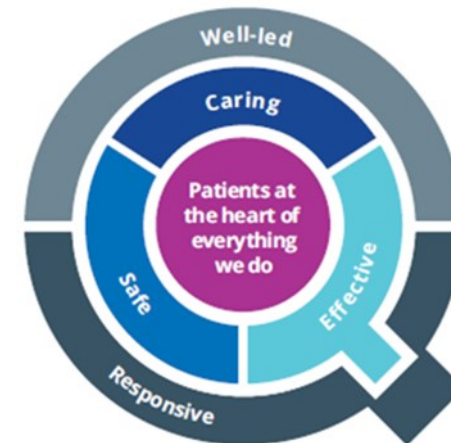
Presence of a central team dedicated to supporting quality improvement, with expertise in the improvement method and tools

- A Quality improvement Group has been established with sub-groups dedicated to developing the three key strands of the Quality Strategy: Human Factors, Enhancing QI capability across the workforce and Patient and Public Involvement in QI. The resources dedicated to moving forward the QI agenda remains an on-going area for development.

Although this is not a comprehensive list of each requirement, it demonstrates that the Trust has made excellent progress in the development of QI which, has laid firm foundations for a mature QI culture.

Full details of the CQC guidance can be found at:

https://www.cqc.org.uk/sites/default/files/20180404_9001395_briefguide-quality_improvement_healthcare_provider%20v1.pdf



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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 th September 2018		
Title	2018/19 Month 4 Financial Report		
Report of	Angela Dragone, Finance Director		
Prepared by	Finance		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines a summary of the Trust financial position at Month 4.		
Recommendations	The Council of Governors are asked to receive the report for information.		
Links to Strategic Goals	Maintaining sound financial management to ensure the ongoing development and success of our organisation.		
Risks identified	The Trust has signed a 2018/19 Control Total.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial	X	
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication		X
	If yes, please give additional information:		
Reports previously considered by	Standing agenda item.		

2018/19 MONTH 4 FINANCIAL REPORT

1. INTRODUCTION WARDS AND DEPARTMENTS VISITED

This paper summarises the financial position of the Trust for the period ending 31st July 2018.

2. 2018/19 FINANCIAL PLAN

The 2018/19 Financial Plan forecasts an Income & Expenditure (I & E) deficit outturn position of £11.9 million (£14.3 million including CCG Penalties). A Control Total has been agreed with NHS Improvement (NHSI) and a revised Financial Plan is being prepared.

The annual cost efficiency requirement is £30 million.

3. CONSOLIDATED RESULTS

At Month 4, the Trust has an I & E deficit of £0.5 million.

Table 1: Key Financial Performance Indicators - Overall Financial Position

	Annual Plan £'000	Month 4 Plan £'000	Month 4 Actual £'000	Month 4 Variance £'000
Income	1,033,573	344,260	351,086	6,826
Expenditure	994,708	327,020	334,233	7,212
EBITDA*	38,865	17,240	16,853	(386)
Income outside EBITDA	1,000	333	304	(29)
Expenditure outside EBITDA	54,255	11,163	11,248	85
I&E Position (before impairment)	(14,390)	(449)	(508)	(59)

Closing Cash	73,708	105,518	116,269	10,751
Capital Programme	32,128	10,365	9,261	(1,104)

**EBITDA - Earnings before Interest, Tax, Depreciation and Amortisation*

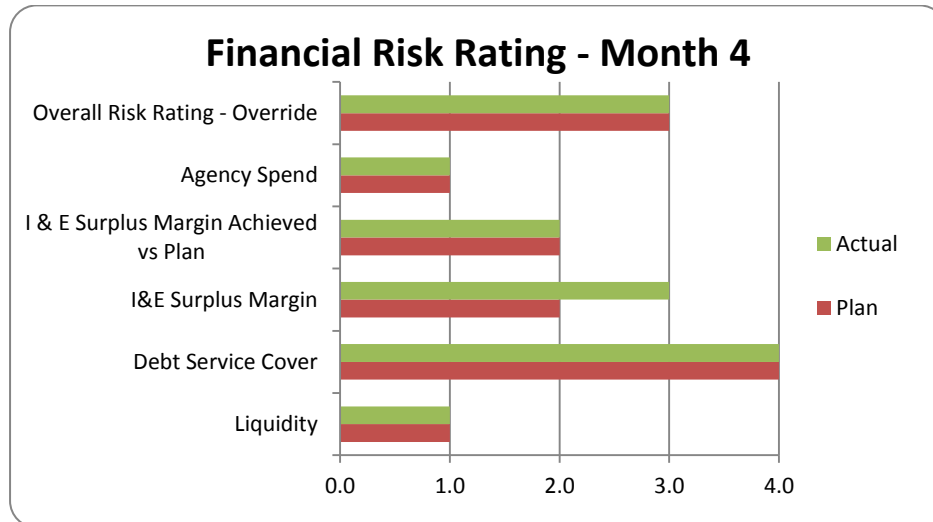
Agenda item: 11

4. FINANCIAL RISK RATING

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

The metrics consolidate into a single Risk Rating which rates an organisation on a scale of 1 to 4, where ‘1’ reflects a low Risk Rating and ‘4’ reflects the highest Risk Rating.

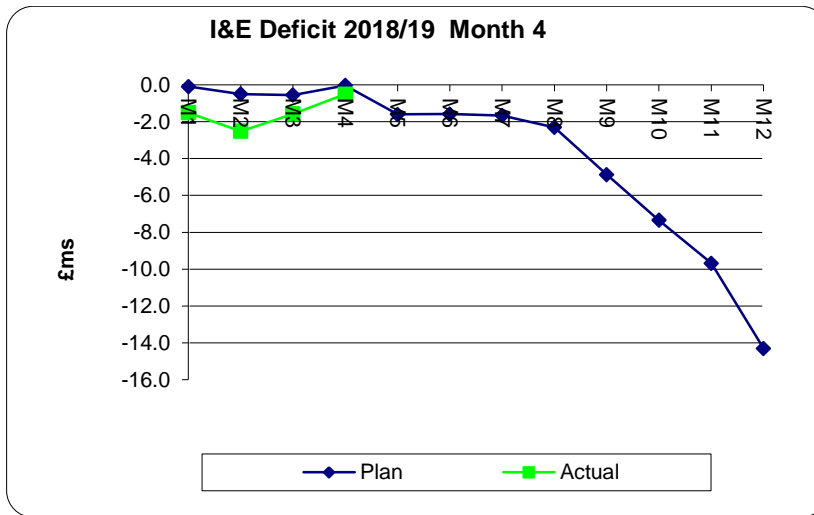
Based on these metrics the Trust would attain an overall Risk Rating of ‘3’. The profile is as follows:



5. KEY ISSUES

Key issues to note are:

- i) Operating income for the period ending 31st July 2018 is £351.4 million £6.8 million ahead of Plan.
- ii) Total operating expenditure for the period to Month 4 is £351.9 million, £6.9 million more than Plan.
- iii) The Trust has an EBITDA surplus of £16.9 million which is £0.5 million less than Plan.
- iv) The Trust reports an Income & Expenditure deficit of £0.5 million at Month 4. The Income & Expenditure deficit profile as the year progresses is as follows:



- v) The Trust's Plan requires a very challenging £30 million cost improvement target. The Trust has a Transformation and Financial Improvement team who are focused on identifying and driving out all efficiency opportunities.
- vi) The Capital Plan for the year is £32.1 million and year to date expenditure is £9.3 million behind Plan by £1.1 million.
- vii) The Cash balance at the end of July 2018 is £116.3 million; £10.8 million higher than Plan.

6. RECOMMENDATION

To receive the overall financial position for the period to 31st July 2018.

Report of Mrs Angela Dragone
Finance Director
13th September 2018

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