

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

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

Agenda				
Item		Lead	Paper	Timing
Business Items				
1	Apologies for Absence and Declarations of Interest	Senior Independent Director (SID)	Verbal	5 mins
2(i)	Minutes of the Meeting held on 17 th January 2019 and Matters Arising a. Trust Charity Governor	SID Dep. Trust Secretary	Attached Verbal	
2(ii)	Matters Arising from the Informal Governors Meeting	Working Group Chairs	Verbal	
3	Meeting Action Log	SID	Attached	
4	Senior Independent Director's (SID) Report	SID	Attached	10 mins
5	Medical Director's Report	Medical Director	Verbal	10 mins
6	Nominations Committee Update	Committee Chair	Attached	10 mins
7	Governor Elections 2019	Trust Secretary	Attached	5 mins
Reports from Governor Working Groups				
8(i)	Quality of Patient Experience Working Group Report	Working Group Chair	Attached	10 mins
8(ii)	Business Development Working Group Report	Working Group Chair	Verbal	10 mins
8(iii)	Community Engagement and Membership Working Group Report	Working Group Chair	Verbal	10 mins
Quality and Patient Safety				
9(i)	Integrated Quality Report	Medical Director	Attached	5 mins

9(ii)	Quality Account for Governor Review <i>Mr A Pike, Head of Quality Assurance & Clinical Effectiveness, and Mrs AM Troy-Smith, Quality Development Manager, to attend at 2:45pm to present.</i>	Director of Quality & Effectiveness	Attached	10 mins
Performance & Delivery				
10	2018/19 Month 9 Finance Report	Finance Director	Attached	5 mins
Items to Receive				
11(i)	Any Other Business	SID	Verbal	2 mins
11(ii)	Date and Time of Next Meeting: Thursday 16 th May 2019 in Function Rooms 137 and 138, Education Centre, Freeman Hospital	SID	Verbal	

Following a short break for refreshments:

Governors' Education and Training:

- *3:15pm: 'Trust Staff Survey Results 2019' – Dani Colvin-Laws, Staff Governor and Staff Experience and Engagement Officer.*
- *3:35pm: 'Financial Plan and Efficiency Programme 2019/20' – Iain Bestford, Project Director – Financial*

Governor Education and Training to be followed by a brief Trust Secretary Update.



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THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

DRAFT MINUTES OF MEETING HELD ON 17 JANUARY 2019

Present: Professor Sir John Burn, Chairman (Chair)
Dame Jackie Daniel, Chief Executive
Public Governors (Constituency 1 – see below)
Public Governors (Constituency 2 – see below)
Public Governors (Constituency 3 – see below)
Staff Governors (see below)
Appointed Governors (see below)

In Attendance: Professor K McCourt, Non-Executive Director
Ms M Cushlow, Executive Chief Nurse
Mr S Smith, Assistant Director of Finance (on behalf of Mrs A Dragone)
Dr I Pedley, Associate Medical Director (on behalf of Mr A Welch)
Mrs K Simpson, Interim Director of Business and Development
Mrs C Docking, Director of Communications and Engagement
Mrs D Fawcett, Director of HR
Mrs K Jupp, Trust Secretary
Mr M Wood, Good Governance Institute (GGI)

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

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

18/49 **BUSINESS ITEMS**

i) Apologies for Absence and Declarations of Interest

Apologies were **received** from Governors Mrs J McCalman, Mr P Richardson, Mr D Thompson, Cllr M Williams, Professor A Wathey, Mrs C Heslop, Dr L Murthy and Mrs V Mitchinson.

Further apologies were **received** from Dr A Welch, Medical Director (Dr I Pedley to attend on his behalf), Mr M Wilson, Chief Operating Officer, Mr R Smith, Director of Estates, Mrs A O'Brien, Director of Quality and Effectiveness, Mrs A Dragone, Finance Director (Mr S Smith to attend on her behalf) and Non-Executive Directors - Professor D Burn, Mr J Jowett and Mr S Morgan.

No additional Declarations of Interest were made.

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

ii) Minutes of the Meeting held on 15 November 2018 and Matters Arising

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

No additional matters arose from those minutes.

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

iii) Matters Arising from the Informal Governors Meeting

Dr Valentine **provided** an update detailing the discussions undertaken during the inaugural Informal Governors meeting:

- 19 Governors attended the meeting and an agreement was reached that a further meeting would take place in advance of the next Council meeting on the 21 March 2019.
- The group discussed the level of Governor participation in the Trust and agreed that it would be useful to obtain a matrix of Governor roles and responsibilities to ascertain individual involvement in working groups, meetings and other areas of Trust business. The Deputy Trust Secretary agreed to produce the matrix and share with Governors in advance of the next meeting [**ACTION01**].
- It was suggested that a mentoring scheme be established to align new Governors to existing Governors following the induction process to provide a further information sharing and support mechanism. The Trust Secretary agreed to consider mentoring options during the Governor Elections process for 2019 [**ACTION02**].
- The group endeavoured to further support the Community Engagement and Membership working group given the low attendance and infrequent meetings in order to ensure membership levels were maintained.
- Members of the group requested that the profile of Trust Governors be raised via promotion on the website and other platforms. The Deputy Trust Secretary agreed to discuss with the Trust Communications Team [**ACTION03**].
- Diversity of Governors currently in establishment was noted. The Deputy Trust Secretary agreed to consider as part of the Governor Elections process for 2019 [**ACTION04**].
- It was noted that the frequency of the informal meeting would be discussed at the next meeting, which Mr Stewart-David had agreed to Chair.

Agenda Item 2(i)

- Governors requested as much notice as possible be given in advance where Governor attendance at meetings and events was required and noted some difficulty in applying to attend the local Safeguarding Training as shared following the last meeting. The Deputy Trust Secretary agreed to support where required **[ACTION05]**.
- Governors requested that future Council meeting minutes refer specifically to the name of the Governor raising a query or particular matter during the meeting. The Deputy Trust Secretary agreed to accommodate the request going forwards **[ACTION06]**

The Chairman submitted his apologies for the 21st March 2019 meeting and confirmed that Mr Keith Godfrey would Chair the meeting on his behalf as Trust Senior Independent Director.

It was resolved: to (i) **receive** the update from the Informal Governors Meeting, (ii) **note** the actions required for the Trust Secretary and Deputy Trust Secretary and (iii) for the Deputy Trust Secretary to **support** those Governors wishing to apply to attend local Safeguarding Training.

iv) Meeting Action Log

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

Mrs Perfitt queried the position regarding Action 37 to which the Deputy Trust Secretary advised that in relation to the action (provision of complementary TV on Children's Wards), the Executive Team discussed the matter in December 2018 and had requested that a review be undertaken. The current contract was under review along with the consideration to lift the limitations of the Trust's Wi-Fi service. A further update would be given at the next meeting of the Council.

Mrs Houlston highlighted that the action relating to improvements required on doors on Ward 19 (ACTION30) referred to the RVI rather than the Freeman as stated in the action log. The Deputy Trust Secretary agreed to update accordingly and clarify the situation.

It was resolved: to (i) **receive** the action log and note the progress and (ii) for the Deputy Trust Secretary to **clarify** the situation in relation to doors on Ward 19 at Freeman rather than the RVI.

v) Chairman's Report

The Chairman presented his report and noted the following points:

- The Trust continued to perform well during winter.

Agenda Item 2(i)

- Partnership working with neighbouring organisations continued to be an area of focus.
- The Chairman detailed his own recent experience as a patient, having undergone robotic surgery and commended the Trust and the quality of care he received from Trust staff.

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

vi) Chief Executive's Report

The Chief Executive provided the report and highlighted the following areas to note:

- The Trust continued to manage patients with Flu and the positive impact of the uptake of the staff Flu vaccination across the organisation was noted.
- NuTH was partway through the Care Quality Commission (CQC) inspection process. An unannounced CQC inspection commenced on 15 January 2019 and covered End of Life Care, Radiology and Emergency Department services. The inspection included staff focus groups, which were held in early January 2019, and were overwhelmingly positive and well attended. The process would culminate at the end of February 2019 where the Board of Directors would be interviewed as part of the 'well-led' element of the inspection, along with those who undertake key roles across the Trust. No immediate concerns had been raised to date.

The Chief Executive provided a presentation for the Council in relation to the recent publication of the NHS Long Term Plan (LTP) and the potential impact for the Trust. The Deputy Trust Secretary agreed to share the presentation with Council members **[ACTION07]**. The following highlights were noted:

- An overwhelming theme in the LTP was organisations working in partnership to provide the optimal care to patients based on patient's needs. The Trust was currently working in collaboration with a number of Trusts within the region and with its partners across the city of Newcastle, such as Newcastle City Council and Newcastle University.
- Contracting arrangements were expected to change to enable specialised services to be delivered under a prime provider model.
- Further clarity was required nationally in order to address workforce challenges, which was not detailed currently within the LTP.
- A greater focus on the delivery of care out of hospital was noted as well as utilising digital technologies more effectively.
- Prevention and population health and well-being emerged as key themes.

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- Funding for the first five years of the LTP had been agreed by H M Treasury, which equated to a circa 3% increase per annum. Investment would be made particularly in primary and community care, which would alleviate pressure on Emergency Departments and direct patients to other more appropriate services such as 111 and GP Out of Hours.
- National standards in relation to Cancer and Emergency Department performance were likely to be reset to account for changes in care and treatment since their introduction.
- Due to the introduction of new and developing technologies, the LTP included an overall aim for a 30% reduction in Outpatient appointments.
- Clinical Commissioning Groups (CCGs) and other regulatory frameworks would become leaner however; legislative changes were required to accommodate such changes.
- NuTH was well placed in relation to research and development and detail included in the plan aligned with the Trust's own refreshed strategy. The refreshed strategy would be published during Summer 2019.
- The LTP outlined the intention to provide 5,000 more nurses this year, along with more medical and Allied Health Professional (AHP) staff. Innovative training delivery models were noted.
- Organisations were expected to enter financial balance within 5 years. It was noted that the Trust was anticipating meeting its Control Total this year and would go into the next financial year in a comparatively strong position.

Mr Briggs queried the proportion of collaboration undertaken without investment and asked about the role that McKinsey's would play in assisting the Trust's financial sustainability.

The Chief Executive advised that despite the Trust's strong financial position, it was becoming increasingly difficult to identify financial efficiencies through recurrent means. McKinsey's had been asked to assist the Trust over the next 3 to 5 years to create a Sustainability Plan which would eliminate waste through removing duplication and reducing costs. She added that no additional investment had been made in collaboration work.

McKinsey's would work closely with the Trust Service Improvement Team and Transformation Financial Improvement Team, and explore the development of an Innovation Faculty.

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The Chief Executive advised that Governor involvement would be required in a variety of aspects of the McKinseys work such as Estates and Clinical Services.

Dr Saunders commented that improvement in Out of Hours GP services was crucial to the success of the plan and would require better integration of service providers. The Chief Executive advised that conversations with GP colleagues were ongoing and in the future GPs may become employed directly by Foundation Trusts.

Mr Warner queried whether the 3% increase included the NHS staff pay award to which the Chief Executive advised that it did not. The Trust was currently working on its Control Total and Financial Plan for 2019/20 however, it was highlighted that the LTP introduced a number of changes to formulas and tariffs and further efficiencies would be required to address the pay rise and increased insurance premiums. The Finance Director agreed to provide a presentation at the next Council meeting.

In relation to the digital agenda, Professor Fisher queried how this could be utilised to manage demand more efficiently. The Chief Executive advised that the aim was for patients to access their own data with the necessary controls in place to ensure that information was held and accessed securely. It was noted that such measures would bring the NHS into line with other industries.

The Chairman noted that the Trust was a digital exemplar site and was at the forefront of digital developments through the Great North Care Record development.

[The Executive Chief Nurse left the meeting at 2:25pm]

Mr Cranston queried whether there would be a standardised model across the country or whether more local discretion could be applied. The Chief Executive advised that some models and standards would be set nationally however others would enable local discretion to be applied.

[The Chief Executive left the meeting at 2:30pm]

It was resolved: to (i) **receive** the report and (ii) for the Deputy Trust Secretary to **share** the LTP presentation slides with the Council

vii) Nominations Committee Update

Mr Stewart-David provided the update, providing in the first instance details regarding his own positive personal experience following surgery for cataract removal.

- The Committee continued to be focussed on Non-Executive Director recruitment, with a clear view that Board member diversity required improvement. The advert for the role would be published shortly.
- Further to this, the Committee would then look to improve its own diversity.

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- In relation to remuneration, the Trust's external auditors Mazars would provide a comparison survey for NEDs in other Trusts for the Committee to consider at a future meeting.

The Chairman echoed Mr Stewart-David's sentiments to ensure that the Trust senior leadership was representative of the population it serves.

It was resolved: to receive the report.

18/50 REPORTS FROM GOVERNOR WORKING GROUPS

i) Quality of Patient Experience Working Group Report

Mrs Errington provided the report with the following areas to note:

- Ward 21 (RVI) – Dr Lucraft advised that the ward was managed very effectively but demand outweighed capacity which resulted in a 3-4 month waiting list for services.
- Ward 23 (RVI) – Dr Lucraft noted that she was impressed with this ward, particularly those facilities intended for those with patients with Dementia (such as the Forget Me Not folder). The provision of a day room and accommodation for relatives was recommended.
- Ward 34 (FH) – Ms Houliston noted in particular the calm atmosphere on the ward and the positive relationship patients had with staff. TV usage was funded through the Teenage Cancer Trust and a telephone helpline enabled direct access to advice and guidance from ward staff. The ward also provided reflection sessions for staff to discuss difficult experiences. It was suggested that the adjoining courtyard be developed to be used for patients to have the benefit of outside space.

Mrs Nelson advised that this ward was in receipt of one of the Trust's Personal Touch awards at the most recent ceremony.

Dr Pedley stated that as co-chair of the Charlie Bear Foundation, he would take this forward as an area that the charity may consider funding regarding the courtyard usage **[ACTION08]**.

Dr Saunders queried the provision of integrated orthogeriatric staff to which Dr Laws advised that there was an integrated Care of the Elderly physician. Dr Lucraft noted that two extra sessions were provided but 100% could not be achieved. Plans were in place to develop this further.

- Wards 44a, 45 and 45a (RVI) – Mrs Errington confirmed that the staff were excellent in all of these wards. A recommendation arose to ensure that mattresses were readily available when required.

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- Ward 9 (FH) – Upon request of the Council, Mrs Errington visited the ward which now housed the Cherryburn unit following transfer from the Campus for Ageing and Vitality (CAV) site. It was noted that while the ward could not replicate the facilities in the previous location due to the reduced amount of space, staff were determined to provide a positive patient experience. It was also acknowledged that being onsite at the Freeman allowed for better cross-Directorate working and support, with more secure facilities. Mrs Errington noted the following recommendations following her visit:
 - There was no electricity in the assessment kitchen to allow for capability assessments to be performed on patients prior to discharge.
 - There was no heating in the assessment treatment room.
 - There was a requirement for a one-to-one private rehabilitation room. A nearby post-room had been identified as a possible location.
 - There was a requirement that some outdoor space be identified.The Deputy Trust Secretary agreed to follow up the recommendations with the Executive Chief Nurse and report back to the Council [**ACTION09**].

Mrs Errington concluded the report noting that the QPE group had received presentations from Mr Gordon Elder (Directorate Manager, Medical Records and Outpatients) regarding the patient portal, Ms Stacey Palfreeman (Project Manager – Transformation and Financial Improvement) regarding the Appointment Booking Centre and Mrs Angela O'Brien (Director of Quality and Effectiveness) regarding the CQC inspection process.

It was resolved: to (i) **receive** the report and (ii) for the Deputy Trust Secretary to **investigate** progress with recommendations raised following Mrs Errington's visit to Ward 9(FH).

ii) Business Development Working Group Report

Dr Valentine provided the following points to note:

- Mr Briggs would chair the next two group meetings in Dr Valentine's absence.
- The group had success in improving its gender diversity.
- The group had received an engaging and honest presentation from the Trust's external auditor Mazars. Feedback from Trust finance staff on the change in external auditors had been positive.
- The group had been reflecting on its own remit in light of the working group review. It had ambitions to engage better with the wider Trust staff, particularly Non-Executive Directors and Executive Directors. To that end, Dr Valentine noted some challenges with contacting the Director of Estates. The Deputy Trust Secretary agreed to assist [**ACTION10**].
- Three Governors from the Group attended the QA Publication event.

It was resolved: to (i) **receive** the report and (ii) for the Deputy Trust Secretary to **assist** in arranging for the Director of Estates to attend a working Group meeting.

iii) Community Engagement and Membership Working Group Report

The Deputy Trust Secretary provided the following update, in the Chair of the working group's absence:

- The last meeting of the group was held in October 2018 where the dates for the 2019 Members Events were agreed.
- It was agreed that the working group meetings need to be held with greater regularity and the wider council were invited to attend meetings going forward.
- It was noted that it was a priority to improve Trust membership and explore the ways in which the Trust engages with its membership and better explains the benefits of membership.
- The next meeting of the group was scheduled for late January 2019 and the next Members Event scheduled for 7 March 2019. The Members Event in March would consist of a market place event and a presentation from the Medical Physics department.

The Council discussed the potential to amend the Trust Constitution to allow for Members under the age of 18, particularly given the fact that the Trust allows for volunteers under the age of 18. Further discussion was held as to whether staff should be automatically 'opted in' as Trust members. The Trust Secretary advised that this would be considered as part of the Constitution Review work following conclusion of the governance structure work.

It was resolved: to receive the report.

18/51 QUALITY AND PATIENT SAFETY

i) Integrated Quality Report

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

- An increase in c.difficile had been observed during the winter months.
- The Trust was an outlier in relation to MSSA performance. ANTT training compliance had improved, partly through the recruitment of an IV Specialist Nurse. HCAI performance was noted to be an agenda item at every Medical Directors Group meeting.

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- The Hospital Standardised Mortality Ratio (HSMR) and SHMI (Summary Hospital-level Mortality Index) were within the expected range.
- The Trust was 5th in the country in relation to bowel cancer outcomes; this was despite more complex referrals being made to NuTH.
- There had been an increase in uptake of the Friends and Family test.
- The Trust continued to learn from patient feedback and reviewed complaints themes during the Complaints Panel meetings.
- In relation to the CQC inspection, the process itself had been particularly onerous on staff however, feedback from staff demonstrated that they had felt very positive about the interactions with CQC.

It was resolved: to receive the report.

18/52 STRATEGY

i) Governor Working Group Review

The Deputy Trust Secretary provided an update, as follows:

- A meeting was held in early December 2018 to discuss the matter more broadly with a wider group of governors.
- Michael Wood, of the Good Governance Institute, provided further detail and context with structures in other NHS Foundation Trusts.
- The paper outlined actions to be completed, which include a revision of the Terms of Reference. The Deputy Trust Secretary agreed to follow up responses from each working group and collate opinion to further inform the Trust wide governance review [**ACTION11**].

It was resolved: to receive the report.

18/53 PERFORMANCE AND DELIVERY

i) 2018/19 Month 8 Finance Report

The Assistant Finance Director presented the Month 8 finance report, noting the following key points:

- At Month 8, the Trust had an Income and Expenditure surplus of £4.7 million The Trust was in line to meet its projected year-end position of breakeven. Provider

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Sustainability Fund (PSF) of £7,121k had been agreed with NHS Improvement for the year to date.

- The break-even position was contingent on the sale of land being completed in the last quarter of the financial year.
- The Trust was progressing with Cost Improvement initiatives and the shortfall in recurrent savings would be addressed through non-recurrent means.
- The Capital Plan for the year was £32.1 million and year to date expenditure was £19.1 million.
- McKinsey had been procured to work with the Trust to generate a Sustainability Plan and an update would be provided at the next Council meeting.
- The Control Total had been agreed with NHS Improvement.

It was resolved: to receive the report.

18/54 ITEMS TO RECEIVE**i) Any Other Business****a. Charity Governor Update**

The Deputy Trust Secretary advised that the application narrative was under development and in a bid to improve diversity amongst Governors; the Director of HR was being consulted to ensure that positive action was taken. An update would be provided at the next meeting.

It was resolved: to receive the report.

b. Update from the Director of HR

The Director of HR provided an update in relation to Trust staffing:

- In relation to the Flourish initiative, the Director of HR explained that it was intended to assist staff in liberating their potential with leadership setting the tone and context for such action. There had been a noticeable cultural change across the organisation in response to the initiative.
- The Good Governance Institute had assisted the Trust in reviewing the Trust Governance Structure to ensure that duplication was removed to allow for a more streamlined structure. Additionally, the Trust had developed a variety of networks, coalitions and groups of activity, driven by the workforce who had been empowered to share their ideas.

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- Flourish had also been utilised as a framework and the Trust aspired to be an employer of choice, which was key to the current and future workforce of the organisation. The Flourish brand was to be developed to include creating a healthy workforce by taking a holistic approach through measures such as flexible working initiatives.
- The full staff survey results would be available to the Trust at the end of February/early March 2019. The response rate had significantly improved from last year; from 33% to 47%. Early indications showed a positive improvement across a range of metrics. Including:
 - Staff felt secure to raise concerns and were confident that they would be addressed.
 - The organisations focus was on patients as a priority.
 - Metrics in relation to recommending the organisation as both a place of work and a place to receive care demonstrated an improvement on the previous year.
- Yvonne Coghill, Workforce Race Equality Standard (WRES) lead for NHS England and Deputy President of the Royal College of Nursing (RCN), recently visited the Trust and referenced the enthusiasm of Trust staff she met. The Trust was aware that there was further work to be undertaken to improve Black, Asian and Minority Ethnic (BAME) representation in senior leadership positions, particularly amongst the Board of Directors.

There was a 9% BAME representation rate in the Trust, which was down from 14% in the local population. It was acknowledged that the Trust workforce should accurately reflect the population it serves.

The Trust would continue to actively support and welcome applications from women and those from BAME backgrounds to leadership roles.

- In relation to volunteers, the Trust was keen to develop a strategy and had applied to Helpforce (an initiative run through the Daily Mail) to gauge whether further funding could be secured.
- The Director of HR drew the Council's attention to an NHS Employers and Institute for Employment Studies case study which used the Trust as an example to demonstrate that an enhanced staff experience had a direct correlation to an enhanced patient experience.
- The Trust had also refreshed and relaunched the Newcastle Hospitals Careers website. Ms Colvin –Laws advised that the relaunch took place in October 2018 to showcase both the Trust and the city of Newcastle as an organisation and destination of choice. Despite no advertising, the website had since had circa 120k hits and had reached 84 countries.

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

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

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

The Chairman reminded Council members that Mr Keith Godfrey, Senior Independent Director would chair the meeting in his absence.

Meeting closed at 15:30

GOVERNORS' ATTENDANCE 17th JANUARY 2019

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	Y
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	N
1	Dr Vanessa Hammond	Y
2	Ms Catherine Heslop	Apologies
S	Mrs Eleanor Houlston	Y
1	Mr Bill Ions	Y
S	Dr Phil Laws	Y
2	Dr Helen Lucraft	Y
2	Mr Matthew McCallum	Y
1	Mrs Jean McCalman	Apologies
S	Mrs Victoria Mitchinson	Apologies
3	Dr Lakkur Murthy	Apologies
1	Mrs Susan Nelson	Y
2	Mrs Carole Perfitt	Y
2	Mr Paul Richardson	Apologies
3	Dr Michael Saunders	Y
1	Mr David Stewart-David	Y
2	Mr Derek Thompson	Apologies
1	Dr Eric Valentine	Y
3	Mr Michael Warner	Y
A	Professor Andrew Wathey	Apologies
A	Councillor Marion Williams	Apologies
2	Mr Fred Wyres	N
1	Mrs Pam Yanez	Y
A	Vacant (Charity)	Vacant seat
S	Estates and Ancillary	Vacant seat

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Council of Governors Meetings Actions

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
30	ACTION08	18/20 Quality of Patient Experience (i) Working Group	27th March 2018	Mr Ions confirmed that he had visited Ward 19 (FH) 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	F Darville	<p><u>11/09/18</u> - Mrs Darville emailed Mr Smith regarding status of action - awaiting update.</p> <p><u>01/11/18</u> - Reminder email sent to Mr Smith.</p> <p><u>09/11/18</u> - Mr Smith to provide an update at the November 2018 meeting.</p> <p><u>20/11/18</u> - No update provided at meeting.</p> <p><u>05/12/18</u> - Mr Smith advised that the matter had been reviewed with the PFI service provider, the Trust Fire Safety Manager and the Ward. No issue of concern is known to exist following maintenance and adjustment of door springs. The action is now closed.</p> <p><u>17/01/19</u> - During the meeting, it was advised that the action related to ward 19 at the Freeman, not the RVI. The Deputy Trust Secretary agreed to follow this up and clarify.</p> <p><u>12/02/19</u> - Email sent to query issue further.</p> <p><u>15/03/19</u> - PA to Estates Director advised that current fire doors offer 30 minutes protection which may not be possible with lighter doors.</p>	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
45	ACTION01	18/36 Statutory Business iv) Chairman's Report	19th July 2018	Council of Governors agreed with the proposal for all current, existing and future Governors to have DBS checks. Mrs Jupp agreed to action.	K Jupp/ F Darville	<p><u>11/09/18</u> - Action in progress. HR to attend prior to September meeting to assist with documentation required for check to be undertaken.</p> <p><u>20/09/18</u> - HR attended prior to the CoG to assist Governors with applying for DBS clearance. Further sessions will be arranged to ensure all Governors have completed the necessary checks.</p> <p><u>09/11/18</u> - This action is still in progress as the remaining Governors undergo the relevant checks.</p> <p><u>05/12/18</u> - As of this date, there are two Governors who are required to complete their DBS checks.</p> <p><u>07/01/19</u> - Further reminders have been sent to those Governors that have yet to complete the DBS approval process.</p> <p><u>12/02/19</u> - There were still two Governors that require completion. One had been submitted but no response received as yet and the other was yet to be commenced.</p> <p><u>07/03/19</u> - There is only one Governor who needs to complete the process. A reminder has been sent out this week with the offer to complete the process in advance of the March meeting.</p>	
46	ACTION02	18/36 Statutory Business vi) Trust Constitution Update with proposed changes	19th July 2018	Mr Briggs highlighted that there were further areas to be considered and agreed to discuss these separately with Mrs Parnell.	P Briggs/C Parnell	<p><u>14/09/18</u> - Mrs Parnell met with Mr Briggs following the Council meeting to discuss the matter further. Mr Briggs agreed to email Mrs Parnell a list of areas which he believed required further consideration.</p> <p><u>09/11/18</u> - Item is on hold to be considered as part of GGI review outcomes.</p> <p><u>07/01/19</u> - Item will be reviewed following the finalisation of the Trust's Governance Structure in April 2019.</p>	ON HOLD

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
58	ACTION06	18/46 Performance & Delivery i) 2018/19 Month 4 Finance Report	20th September 2018	Mr McCallum proposed that a presentation to explain the Trust's financial situation would be beneficial to the Governors which the Finance Director agreed to facilitate (ACTION06).	A Dragone	<u>01/11/2018</u> - This will be scheduled for inclusion in early 2019 due to the inclusion of other requested presentation topics for November's meeting. <u>07/01/19</u> - Item has been provisionally scheduled for the March 2019 meeting of the Council. <u>12/03/19</u> - Presentation scheduled for the March meeting of the Council.	
61	ACTION02	18/43 Business Item ii) Minutes and Matters Arising c. Trust Charity Review Update	15th November 2018	The Trust proposed to tender for the services of an external consultant to perform an independent review. It was anticipated that the Council would receive an update on the work of the external consultant before the Spring 2019 (ACTION02).	C Docking	<u>09/01/19</u> - External advisor yet to be appointed by the Trust's Charitable Funds Committee. An update will be provided at the next Committee meeting. <u>14/03/19</u> - Update to be provided at the next meeting of the Council.	
37	ACTION 1	18/27 Minutes of Meeting held on 27th March 2018, Matters Arising and Action Log (i) ACTION14	17th May 2018	Mrs Perfitt asked whether a contribution could be sought from the associated charities to fund the extension to free TV usage in Childrens Wards to which Mr Bedlington explained that the charity did provide a number of 10% discount cards for patients. Mrs Perfitt agreed to discuss the matter further via the Quality of Patient Experience Working Group	F Darville	<u>09/11/18</u> - Mrs Perfitt noted that this was not a Governors' matter and it was agreed to remove the action from the Council of Governors action log and progress through Executive action. <u>07/01/19</u> - Action reinstated to track progress. Matter discussed at a Trust Executive Team meeting in December 2018 and agreed to consider running a survey for patients following a review of the contract. An update will be given at the next meeting of the Council. <u>17/01/19</u> - It was advised at the meeting that the contract was currently under review. <u>15/03/19</u> - Following discussion with the Head of Patient Experience, the Deputy Trust Secretary to attend the Young Persons Advisory Group to discuss TV provision.	
66	ACTION01	18/49 Business Items iii) Matters Arising from the Informal Governors Meeting	17th January 2019	The group discussed the level of Governor participation in the Trust and agreed that it would be useful to obtain a matrix of Governor roles and responsibilities to ascertain individual involvement in working groups, meetings and other areas of Trust business. The Deputy Secretary agreed to produce a matrix and share with Governors in advance of the next meeting [ACTION01].	F Darville	<u>12/02/19</u> - Matrix produced and shared with Trust Governors.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
67	ACTION02	18/49 Business Items iii) Matters Arising from the Informal Governors Meeting	17th January 2019	It was suggested that a mentoring scheme be established to align new Governors to existing Governors following the induction process to provide a further information sharing and support mechanism. The Trust Secretary agreed to consider mentoring options during the Governor Elections process for 2019 [ACTION02] .	K Jupp	<u>14/03/19</u> - Governors election process due to commence in April 2019 therefore Trust Secretary to meet with the Trust Nominations Committee Chair during April to discuss the matter further.	
68	ACTION03	18/49 Business Items iii) Matters Arising from the Informal Governors Meeting	17th January 2019	Members of the group requested that the profile of Trust Governors be raised via promotion on the website and other platforms. The Deputy Trust Secretary agreed to discuss with the Trust Communications Team [ACTION03] .	F Darville	<u>14/03/19</u> - Meeting scheduled for the 15th of April with the Trust Communications Team to discuss strategies for raising profile of Trust Governors. Update to be provided during the Trust Secretary update for Governors on 21st March 2019.	
69	ACTION04	18/49 Business Items iii) Matters Arising from the Informal Governors Meeting	17th January 2019	Diversity of Governors currently in establishment was noted. The Deputy Trust Secretary agreed to consider as part of the Governor Elections process for 2019 [ACTION04] .	F Darville	<u>14/03/19</u> - Diversity explicitly mentioned in the Charity Governor advert.	
70	ACTION05	18/49 Business Items iii) Matters Arising from the Informal Governors Meeting	17th January 2019	Governors requested as much notice as possible be given in advance where Governor attendance at meetings and events was required and noted some difficulty in applying to attend the local Safeguarding Training as shared following the last meeting. The Deputy Trust Secretary agreed to support where required [ACTION05] .	F Darville	<u>12/02/19</u> - Updated version of booking form shared with Governors.	
71	ACTION06	18/49 Business Items iii) Matters Arising from the Informal Governors Meeting	17th January 2019	Governors requested that future Council meeting minutes refer specifically to the name of the Governor raising a query or particular matter during the meeting. The Deputy Trust Secretary agreed to accommodate the request going forwards [ACTION06] .	F Darville	<u>14/03/19</u> - The Deputy Trust Secretary has actioned.	
72	ACTION07	18/49 Business Items vi) Chief Executive's Report	17th January 2019	The Chief Executive provided a presentation for the Council in relation to the recent publication of the NHS Long Term Plan (LTP) and the potential impact for the Trust. The Deputy Trust Secretary agreed to share the presentation with Council members [ACTION07] .	F Darville	<u>21/01/19</u> - Presentation was circulated to Trust Governors.	
73	ACTION08	18/50 Reports from Governor Working Groups i) Quality of Patient Experience Working Group Report	17th January 2019	Dr Pedley stated that as co-chair of the Charlie Bear Foundation, he would take this forward as an area that the charity may consider funding regarding the courtyard usage [ACTION08] .	I Pedley	<u>12/02/19</u> - Update requested. <u>12/03/19</u> - Matter to be discussed at the next Charlie Bear meeting scheduled for the 5th of April.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
74	ACTION09	18/50 Reports from Governor Working Groups i) Quality of Patient Experience Working Group Report	17th January 2019	In relation to recommendations outlined on Ward 9 (FH), the Deputy Trust Secretary agreed to follow up with the Executive Chief Nurse and report back to the Council [ACTION09] .	F Darville/M Cushlow	<u>12/02/19</u> - Email communications with Ewan Dick, Directorate Manager of Medicine advised that the matters pertaining to the provision of electricity which was affecting use of the assessment kitchen and heating in the assessment treatment room has been resolved. The other issues (relating to the provision of a one to one private room and the provision of some outdoor space) are a result of the move from CAV to FH. The re-provision of these are under review by the Head of Therapies and Estates accordingly.	Amber
75	ACTION10	18/50 Reports from Governor Working Groups ii) Business and Development Working group Report	17th January 2019	The group had been reflecting on its own remit in light of the working group review. It had ambitions to engage better with the wider Trust staff, particularly Non-Executive Directors and Executive Directors. To that end, Dr Valentine noted some difficulty in contacting the Director of Estates. The Deputy Trust Secretary agreed to assist [ACTION10] .	F Darville	<u>14/02/19</u> - The Director of Estates presented at the B&D Meeting on the 14th of February 2019.	Green
76	ACTION11	18/52 STRATEGY i) Governor Working Group Review	17th January 2019	The paper outlined actions to be completed, which include a revision of the Terms of Reference. The Deputy Trust Secretary agreed to follow up responses from each working group and collate opinion to further inform the Trust wide governance review [ACTION11] .	F Darville	<u>12/03/19</u> - Terms of References have been discussed at 2 of the 3 working groups - CEM to discuss at the April meeting of the group. Following feedback of comments, amendments will be considered collectively in light of the wider Trust governance review.	Amber

Key:

Red =	No update/Not started
Amber =	In progress
Green =	Completed

Future Presentation Topics:

Staff Survey - March 2019
Trust Finances/Role of McKinsey's - March 2019
The Role of the External Auditor (Mazars) - May 2019
Car Parking - TBC

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 st March 2019		
Title	Senior Independent Director's (SID) Report		
Report of	Mr Keith Godfrey – Non-Executive Director and Senior Independent Director		
Prepared by	Fay Darville – Deputy Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input checked="" 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	At the request of the Council of Governors, this report specifies the role and responsibilities of the Senior Independent Director, as well as recent activity.		
Recommendations	The Council of Governors are asked to note the contents of the report for information.		
Links to Corporate Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety	X	
	Legal	X	
	Financial	X	
	Human Resources	X	
	Equality and Diversity	X	
	Engagement and communication	X	
	Sustainability	X	
	If yes, please give additional information: The role of the SID ensures that the Trust's Board acts in accordance with all areas outlined.		
Reports previously considered by	First report to the Council of Governors, in response to action raised.		

SENIOR INDEPENDENT DIRECTOR'S REPORT

1. INTRODUCTION

Trust Governors have previously requested further information regarding the role of the Senior Independent Director (SID). This report provides a summary of the key role of the SID.

Further as communicated previously, Mr Keith Godfrey, the Trust SID will be chairing the 21st March 2019 Council of Governors meeting in the absence of the Trust Chairman to provide further insight and clarity into the role.

2. KEY ROLE AND RESPONSIBILITIES OF THE SID

The SID is a Non-Executive Director (NED) appointed by the Board of Directors in consultation with the Council of Governors.

The SID has a key role in supporting the Trust Chairman in leading the Board of Directors and acting as a sounding board and source of advice for the Trust Chairman. The SID also has a role in supporting the Trust Chairman as Chair of the Council of Governors. This is specified within the NHS Foundation Trust Code of Governance Provision A.4.1.

The key role and responsibilities of the SID are outlined below:

1. To lead a meeting of NEDs at least annually (without the Chairman) to evaluate the Chairman's performance, in consultation with the Nominations Committee.
2. To attend sufficient meetings of the Council of Governors or to maintain sufficient contact with it to obtain a balanced understanding of the issues and concerns.
3. To meet with other members of the Board as and when deemed appropriate and act as an alternative point of contact for Executive Directors, if required, in addition to the normal channels of the Chairman and Chief Executive.
4. To be a member of the Trust's Nominations Committee and contribute to any discussions regarding succession planning for the role of Trust Chairman.
5. To be available for Members and Governors if they have concerns, which contact through the normal channels of the Chairman, Chief Executive or Finance Director have failed to resolve or for which such contact was appropriate.
6. To act as the Lead NED in engaging with the Council of Governors when it has concerns about the performance of the Board of Directors, compliance with the Terms of Authorisation or the welfare of the NHS Foundation Trust.
7. To liaise with the Chairman and Trust Secretary in relation to setting the Agenda of the Council of Governors.
8. To be a member of a Dispute Resolution Group which will resolve any formal disagreements between the Council of Governors and the Board of Directors.

Agenda Item: 4

3. APPOINTMENT AND TENURE

Mr Godfrey was confirmed in his role as SID by the Board of Directors during their meeting held on the 22 November 2018, with his term of office being effective from this date. He was appointed for an 18-month period and is subject to appraisal by the Trust Nominations Committee as part of the routine Chair and NED appraisals process.

4. RECENT ACTIVITY

Recent SID activity has included:

- Leadership walkabouts including Ward 32, Renal Services, Freeman Hospital. A further leadership walkabout is scheduled for the Acute Stroke Centre and Stroke Wards in March 2019.
- Meetings with Trust Consultants to discuss the role of the SID and promote awareness of Mr Godfrey as Trust SID across the Trust.

5. RECOMMENDATION

The Council of Governors are asked to receive this report and note the contents.

**Report of Keith Godfrey
Senior Independent Director
15 March 2019**

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 st March 2019		
Title	Nominations Committee Update		
Report of	Mr David Stewart-David, Nominations Committee Chair		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in January 2019.		
Recommendations	The Council of Governors are asked to approve the recommendations outlined within this report, specifically concerning the appointment of a new Trust Non-Executive Director.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	No direct risk identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial	X	
	Human Resources	X	
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Appointment of a Trust Non-Executive Director has a financial implication and requires a number of HR procedures to be undertaken prior to appointment.		
Reports previously considered by	Regular report.		

NOMINATIONS COMMITTEE UUPDATE

1. NON-EXECUTIVE DIRECTOR APPOINTMENT

Since the previous Council meeting, the Committee met to undertake shortlisting on 1st March 2019 and subsequently undertook interviews as part of the recruitment process for an additional Non-Executive Director. Governors will recall that the Trust Constitution was amended to provide flexibility to recruit up to two further Non-Executive Directors. The changes to the Trust Constitution were approved by both the Council of Governors and subsequently the Annual General Meeting (AGM) held on the 27 September 2018.

Five candidates were shortlisted for interview, of which four candidates were interviewed on 13 March 2019. A confidential report regarding the interviewees has been circulated to Governors privately for consideration. The report recommends the appointment of candidate 2 as a Non-Executive Director for the Trust.

2. COMMITTEE ACTIONS

A further Committee meeting is being scheduled to consider:

- a) Committee membership due to challenges with ensuring the Committee quorum level is met.
- b) Succession planning for Non-Executive Directors, particular as Mr Ewen Weir's term of office is scheduled to conclude in September 2019.

Report of Mr David Stewart-David
Committee Chair
15 March 2019

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 st March 2019		
Title	Governor Elections 2019		
Report of	Kelly Jupp, Trust Secretary		
Prepared by	Fay Darville, Deputy Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines the Governors Elections process for 2019.		
Recommendations	<p>The Council of Governors are asked to:</p> <ul style="list-style-type: none"> • Receive the briefing. • Note the election timetable outlined. 		
Links to Corporate Objectives	Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle.		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		x
	Legal	x	
	Financial		x
	Human Resources		x
	Equality and Diversity	x	
	Engagement and communication	x	
	Sustainability		x
	If yes, please give additional information: The election of Governors ensures the Trust complies with its legal requirements as a Foundation Trust. The Trust is aware of its obligation to ensure that its Governorship is representative of the community it serves and actively promotes Equality and Diversity.		
Reports previously considered by	Reports are received by the Council of Governors on an annual basis, last received at the meeting held in March 2018.		

GOVERNOR ELECTIONS 2019

1. INTRODUCTION

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

2. NUMBER OF SEATS

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

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

The seats available are listed in Appendix 1.

Governors will be aware that the Staff Governorship for Nursing has been vacant for a year following election of Miss L Lawson in 2018 who subsequently withdrew from the post.

Further to this, the Staff Governorship for Ancillary and Estates has been vacant since 2017 as there were no applicants for the position in the 2018 round of elections.

3. APPOINTED GOVERNORSHIPS

Following the review undertaken in the last year, the Charity Governor position is currently under review by the Newcastle Council for Voluntary Service (NCVS) with a view to shortlisting and holding interviews in the coming weeks.

4. TIMETABLE FOR ELECTION PROCESS

The proposed timetable for the 2019 election is proposed as follows:

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

Turnout for past elections have largely been in line with those of other similar NHS Foundation Trusts, but we are keen to encourage as many members as possible to both stand for election and cast their votes.

The Trust will utilise the many communication channels available such as promotion on social media channels such as Twitter and Facebook and the Trust’s website. A media release will also be prepared along with the provision of further information about the Trust on the election website.

In addition to ensuring that the election process is actively promoted, the Trust is cognisant of the need to improve the diversity of the Council of Governors and would welcome and positively encourage nominees from all age groups (noting that members of the trust must be over 18 years old) and Black, Asian and Minority Ethnic (BAME) backgrounds.

5. RECOMMENDATIONS

To i) receive the briefing and ii) note the election timetable for 10 Governorships.

Report of Kelly Jupp
Trust Secretary
14 March 2019

Appendix 1 – Seats Available

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

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

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 st March 2019		
Title	Quality of Patient Experience Working Group Report		
Report of	Carole Errington, Chair of Group		
Prepared by	Fay Darville, Deputy Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines the activities undertaken by the working group including ward visits made and meetings and presentations attended.		
Recommendations	The Council of Governors are asked to receive the report.		
Links to Corporate Objectives	<ul style="list-style-type: none"> • Putting patients first and providing care of the highest standard focusing on safety and quality. • Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle. • Enhancing the reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do. 		
Links to Strategy and Clinical Risks	NA		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
	Sustainability		X
	If yes, please give additional information: Ward visits undertaken allow Governors to engage with staff and patients to ascertain what works well and what could be improved.		
Reports previously considered by	Regular reports on the work of this Working Group are given to the Council of Governors.		

QUALITY OF PATIENT EXPERIENCE WORKING GROUP REPORT

1. WARDS AND DEPARTMENTS VISITED

1.1 Ward 7 (FH)

Mrs Errington visited Ward 7 at the Freeman Hospital (FH), which is situated, on the fourth Floor and is primarily a surgical ward dealing with patients who have Liver disease, hepatobiliary problems, intestinal failure and colorectal problems. Further, some patients with liver problems who do not required surgical intervention are also cared for in Ward 7.

The ward was very clean and tidy and had a lovely atmosphere with smiling, happy staff. Both patients spoken to had nothing but praise for the friendly, caring team. There were no recommendations arising from the visit.

1.2 Ward 31 (FH)

Mrs Houlston and Mr Ions visited Ward 31 at the Freeman Hospital, which is an outpatient Urology/Renal Ward (Haemodialysis). Patients attend for dialysis on pre-booked days. The ward is open six days per week and is very busy with approximately 45 patients attending each session.

Pharmacy provides the ward with great support. The patients spoken to had nothing but praise for the staff. The only concerns raised were when patients have to wait for ambulances and parking difficulties, with insufficient dedicated parking for renal dialysis patients.

1.3 Ward 19 (FH)

Mr Ions and Mrs Houlston also visited Ward 19 at the Freeman Hospital.

Ward Sister Goddard was extremely helpful. The Ward is essentially a 34 bed elective Orthopaedic Ward typically replacing Hips, Knees and Ankle joints. The ward is open Monday to Saturday and they usually have around four theatre lists per day.

Ward 19 are now receiving patients from Ward 20 to release Ward 20 for winter requirements and have also taken on Ortho Oncology. They have a wide range of patients covering a vast age range, including patients with dementia. It is also a teaching ward and some pupils return after qualifying which is a tribute to the existing ward staff.

The ward was very clean and all facilities appeared to be available and working. The electronic whiteboards seem to be much appreciated and now have routine observations incorporated and are building in smoking and alcohol assessments. The ward staff pride themselves on creating a “plan” for each patient which includes special meals where

Agenda Item: 8(i)

required. For example, young patients are often transferred from the RVI and children's meals are arranged for them. Snack meals are very popular.

Physiotherapists and Occupational Therapists provide an excellent level of support and have recently introduced a twilight shift with good results. There is excellent support from Pharmacy. The patients spoken to were delighted with the care received.

The toilet doors in the bays could be improved by removing the outer doors similar to Ward 17; this would provide improved access for disabled patients. Showers are difficult to access as they have raised trays.

This is a very happy ward with caring staff. The only recommendation would be to remove the outer doors in the Bays and convert the showers into walk-in type.

1.4 Ward 22 (RVI)

Dr Lucraft visited Ward 22 at the Royal Victoria Infirmary (RVI).

Ward 22 is a busy orthopaedic surgical ward admitting trauma patients mainly from the A&E department. The ward has a close working relationship with ward 23 which usually admits patients <65 years with fractures whereas trauma patients >65 years are preferentially admitted to ward 22. Ward 23 also has the major trauma rehabilitation unit. A high proportion of patients admitted to ward 22 are "frail elderly", often with femoral neck fractures and multiple co-morbidities, which may include dementia. All elderly patients are assessed on the ward by an ortho-geriatrician.

The ward is led by Senior Sister Gray supported by Junior Sister Holliday and Sister Alexander and a team of staff nurses, health care assistants, physiotherapists, occupational therapists, domestic staff and a ward clerk. There is a junior doctor attached to the ward and other medical staff attend as necessary. Nurse recruitment is good, retention less so, partly because some staff gain experience on ward 22 and then move on to work in A&E. Staffing gaps are covered by the nurse bank. The ward was tidy and spotlessly clean. Many of the frail elderly patients arrive poorly nourished and underweight. The nursing staff try to encourage them to eat well to gain weight and strength. The Junior Sister felt that encouraging these patients to eat a cooked breakfast may help but, at present, there is no heated trolley facility available at breakfast time.

Some patients are rehabilitated on the ward and discharged home with appropriate support and some are discharged to ward 14 at the Freeman Hospital for rehabilitation. Discharge planning begins soon after admission supported by the "Care coordination team". All five patients spoken to had lots of praise for the staff and no complaints.

The impression of Ward 22 is of a very efficiently run ward, with hard working friendly staff who work well as a team. The facilities for frail elderly patients with dementia will be enhanced by the forthcoming alterations to provide a dementia friendly dayroom. Measures such as the provision of a hot trolley to serve hot breakfasts to improve the nutrition of

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undernourished elderly patients are worth exploring. There was consistently good feedback from the patients observed.

2. UPDATE ON COMMITTEE MEETINGS ATTENDED

2.1 Food Tasting

Mrs Houlston attended the food tasting sessions in January and February 2019. No recommendations were made at this time.

2.2 Clinical Effectiveness and Audit Group (CEAG)

Dr Lucraft attended the CEAG meeting in February 2019, as the January meeting was cancelled. The following points were highlighted:

- Excellent results were reported from the Bowel Cancer Audit. The Trust has the lowest surgical mortality in the North East at 3.2% at 90 days and the highest 2 year survival in the North East at 85.3%.
- For the A & E Audits, almost all of the 2018 results were better than 2016/17 and better than the national average. Documentation is improving. The 2019 results are expected to show further improvements.
- Directorate annual reports for Medical Physics, Community and Therapy were discussed.
- In relation to NICE Guideline 50 (Assessment and Management of cirrhosis of the liver in adults), the Trust was fully compliant.

2.3 Patient Experience Steering Group (PESG)

Mrs Errington attended the PESG meeting.

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

2.4 Patient, Carer and Public Engagement Group

Mrs Draper attended the Patient, Carer and Public Engagement Group, taking the place of Mr Stewart-David. The Patient Portal was discussed, as well the regional position regarding the additional funding for NHS organisations for the Health Information Exchange.

Tracy Scott, Head of Patient Experience, gave Governors an update on Complaints. Lots of work has been done with Directorates to ensure complainants receive more timely responses. This has been very successful but concerns have been raised regarding the quality of responses. Training opportunities relating to the Investigation of Complaints by Directorates are to be considered. The value of a thorough investigation from the beginning is vital.

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Ms Scott gave the group an update on the Trust Website development. A new website is currently in process of being set up. The old website is difficult to update, not user friendly and contains some out of date information. It does not link to other sites. A Trust website suitable for all that is easy to access is being planned. There will be a Patient Experience page.

Ms Scott informed the Governors about the Interpretation Services (IS) delivered by The Big Word. Directorate staff have engaged with local and regional services traditionally, using whichever they preferred. The options of face to face or telephone contact were available, with face to face the preferred choice.

The cost of IS for face-to-face appointments is relatively high and some challenges have been experienced concerning dialect. Ms Scott was asked to ascertain whether the overall quality of the service could be improved at the same time as identifying any cost efficiencies. After discussing patient needs, a plan for face to face interpreter for first visits and bad news appointments and for telephone interpreting services thereafter was developed. Some staff expressed concerns with this approach initially however often when appointments overrun the interpreter had to leave before the patient was seen and a telephone service was then used in this scenario.

The other advantage of telephone services was that specific dialects could be sourced immediately therefore removing the risk of the “wrong” interpreter attending.

Deaf link is also provided by the Big Word who have five subcontracts to access. At present 38% of consultations are performed by using telephone interpreters and 62% are face to face.

Other Trusts use telephone services as standard and only use face to face on the rare occasion. In Women’s Services, the telephone services works well, especially when women are in labour. Every three months, Directorate Managers are informed of the cost of interpreting services in their Directorate. The Community Directorate are frequent users of IS.

Ms Scott also provided an update on the recent CQC inspections.

3. PRESENTATIONS

There was no presentation at the February meeting of the QPE group. Helen Whittaker, Service Improvement Facilitator, gave a presentation on Service Improvements in the Emergency Department (ED) to support the delivery of the 4 hour waiting time. She described the ED in depth and the rationale for change:

- Increased demand for services.
- Increased life expectancy.
- GP Contracts which reduced the capacity for patients to attend local surgeries at weekends and evening.
- An increase in more complex cases.

Agenda Item: 8(i)

Walk in patients are triaged then assessed. Ambulance patients are fast tracked as they are usually acutely unwell. They have a full assessment by a Consultant.

The Ambulance Service staff spoken to were very positive about the service they receive from ED as Ambulance queuing does not occur therefore freeing up ambulances. ED does not close its doors, which is a credit to the skilled, hard-working staff.

The introduction of a GP within the ED has been a great success. The GP can provide treatment straight away and therefore potentially avoid patients being admitted.

4. TERMS OF REFERENCE FOR QPE

The QPE Governors reviewed and suggested some amendments to the Terms of Reference be considered further. These have been shared with the Trust Secretary.

Report of Carole Errington

Chair of QPE

12th March 2019

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Integrated Quality Report



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

January 2019

Included this month:



The Integrated Quality Report

Executive Summary:

Safe

- There were no cases of MRSA bacteraemia in January 2019 bringing the total for the year to date to 2 cases.
- There were 4 cases of C. difficile in January 2019, bringing the total for the year-to-date to 64 cases reported, with 22 successful appeals so far this year.
- January saw a decrease in MSSA Bacteraemia (4 cases) rates. This brings the total number of cases this year to 80 which is 4 cases more than the same time last year.
- There were 18 cases of E. coli bacteraemia identified post 48 hours of admission in January 2019.
- The total number of falls for January 2019 was 254 and the falls/1000 occupied bed days rate was 5.7.
- The total number of patient incidents reported this month is 1,688.
- Eleven SIs and one Never Event were reported in January 2019.

Effective

- In total there were 166 deaths reported in January 2019 HSMR & SHMI remain within expected range. Please find attached a Hospital Mortality Monitoring Report 39: July 2017 to June 2018, published in January 2019 by the North East Quality Observatory System (NEQOS).

Caring

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

Responsive

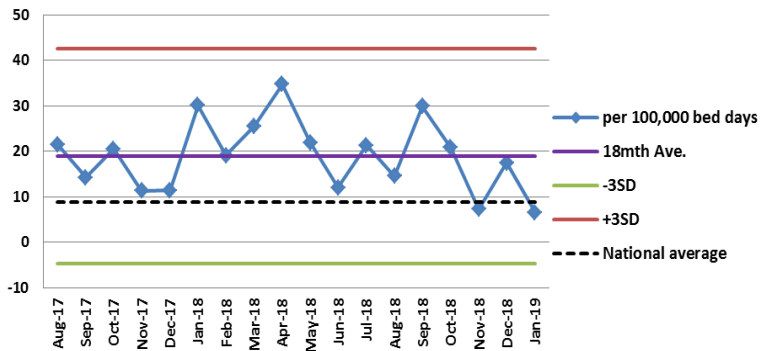
- The Trust continues to provide robust responses to all complaints and claims, ensuring themes are identified and actions taken to improve the patient experience wherever possible. Efforts continue to address the timeliness of complaint responses.

Well-Led

- An overview of the internal Peer Review process is included.

After reviewing and revising the HCAI data to cover an 18 month period, it is presented to the Board using Statistical Process Control charts (SPC). This allows an analysis of current Trust performance against last year's average and against national average performance. Where cases of HCAI have occurred a Root Cause Analysis (RCA) is completed by the clinical staff involved in the case and the IPC Team. The findings of these individual reviews and trends are discussed at a Serious Infection Review Meeting (SIRM). For these meetings the Directorates create and own an HCAI Action Plan which include timelines for when identified issues are to be completed.

MSSA per 100,000 bed days



MSSA Bacteraemia (no objective)

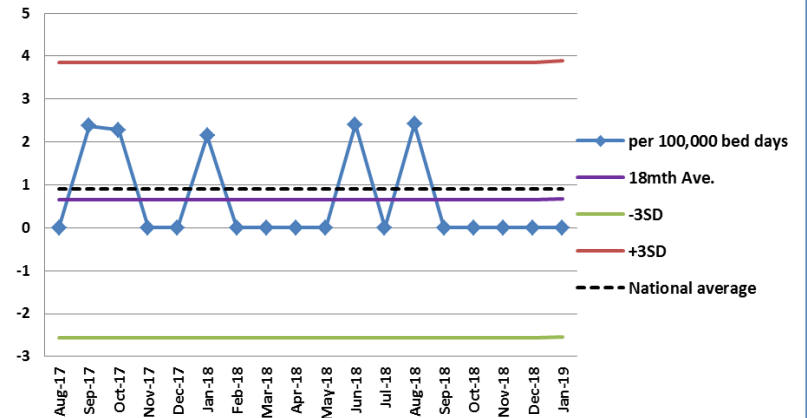
This graph shows the Trust average rates (between 15 and 20 cases per 100,000 bed days) against the national rate (around 5 per 100,000 bed days). January saw a decrease (4 cases) in rates. This brings the total number of cases this year to 80 which is 4 cases more than the same time last year.

In January, Cancer Services & Clinical Haematology, Children's Services, Neurosciences and Urology & Renal Services all had 1 bacteraemia case each.

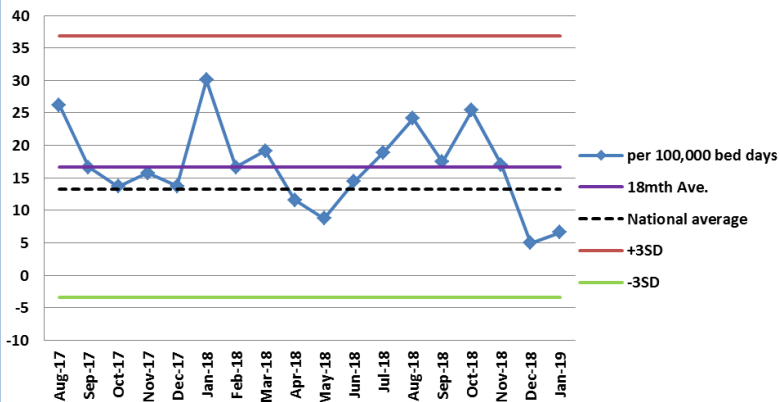
MRSA Bacteraemia (Objective: zero tolerance)

This graph shows the Trust average rates against the national rate. This is a positive position. There were no cases of MRSA bacteraemia in January 2019 attributed to the Trust. The total for the year to date is 2 cases.

MRSA per 100,000 bed days



C. difficile per 100,000 bed days

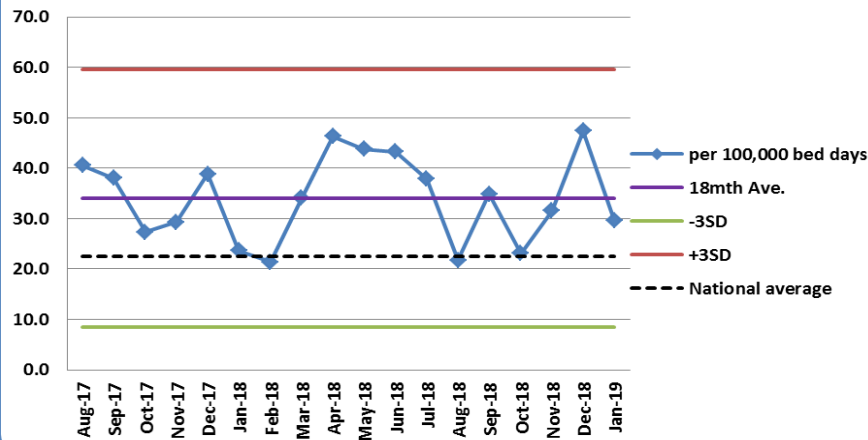


C. difficile (Objective: ≤ 76)

This year, the Trust's objective has been reduced by NHS Improvement to no more than 76 cases for the 2018/19 period.

There were 4 cases of C. difficile in January 2019, bringing the total for the year-to-date to 64 cases reported, with 22 successful appeals so far this year (with potentially a further 5 cases being considered for appeal in February). This results in 42 cases counted against the Trust's objective. This compares with 63 (72 cases minus 9 successful appeals) in the same period 2017/18 and meets the current year's trajectory (objective is no more than 63 cases). The cumulative C. difficile rate per 100,000 bed days in January 2019 is 14.56 which is slightly below the objective for this year of 16.1 or less.

E. coli Per 100,000 bed days



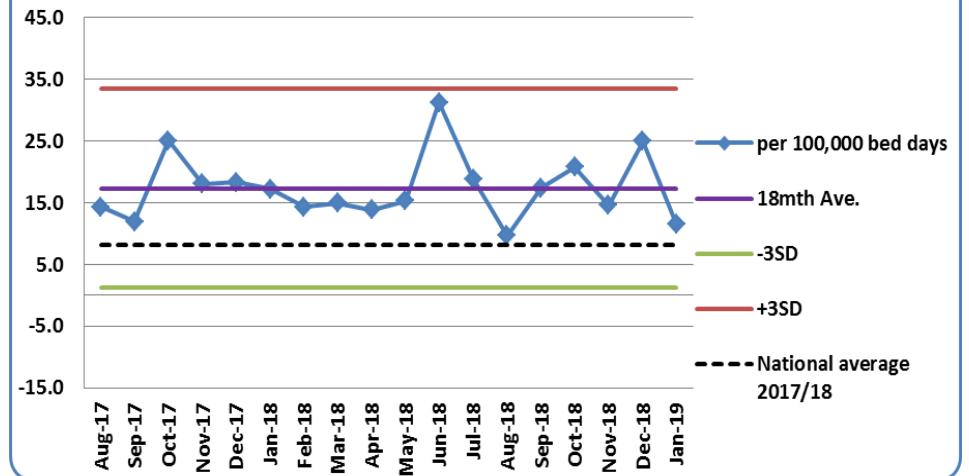
Gram Negative Bacteraemia - E. coli

This graph shows the Trust average rates against the national rate. There is a national ambition to achieve a 50% reduction in cases by 2021, as advised by DH. There were 18 cases of E. coli bacteraemia identified post 48 hours of admission in January 2019 compared to 11 cases in January 2018.

Gram Negative Bacteraemia - Klebsiella

There is a national ambition to achieve a 50% reduction in cases by 2021, as advised by DH. The Trust started collecting data for Klebsiella in April 2017. There were 7 cases of Klebsiella bacteraemia identified post 48 hours of admission in January 2019 compared with 8 in January 2018.

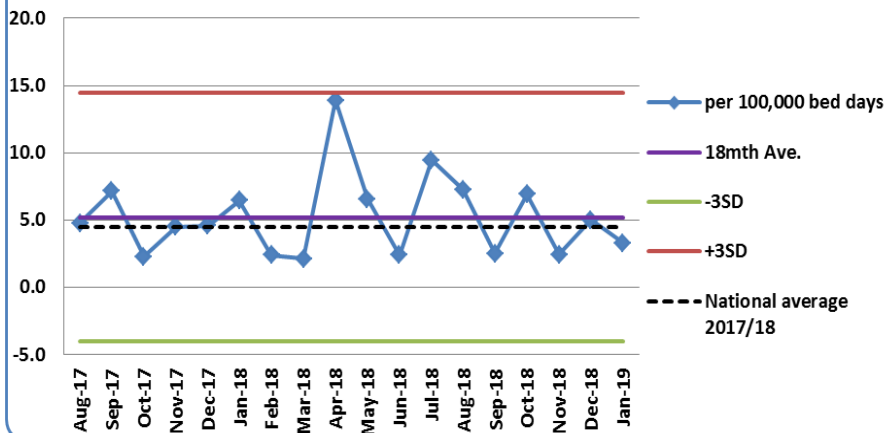
Klebsiella Per 100,000 bed days

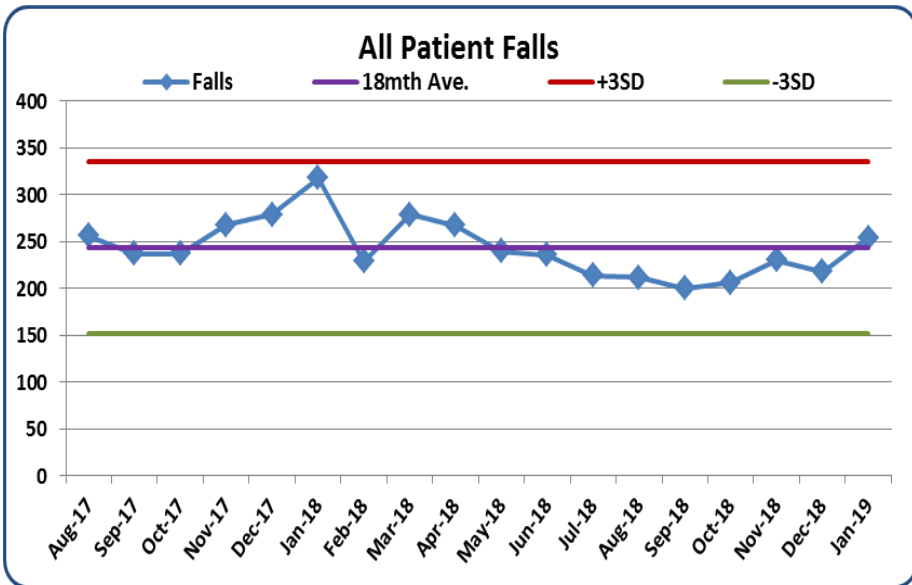


Gram Negative Bacteraemia - Pseudomonas

There is a national ambition to achieve a 50% reduction in cases by 2021, as advised by DH. The Trust started collecting data for Pseudomonas in April 2017. There were 2 cases of Pseudomonas bacteraemia identified post 48 hours of admission in December 2018 which is the same as December 2017.

Pseudomonas Per 100,000 bed days



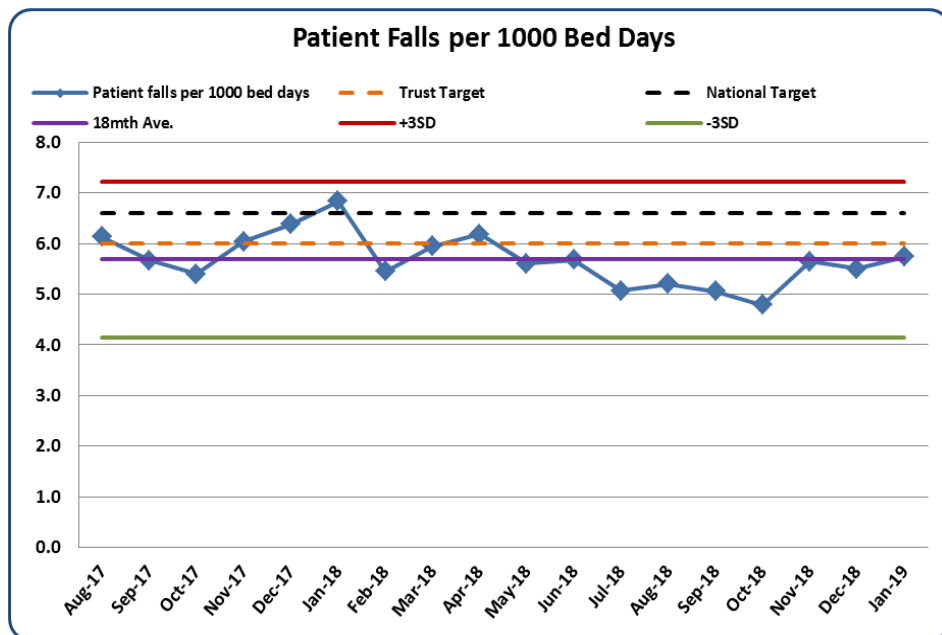


The total number of falls for January 2019 was 254 and the falls/1000 occupied bed days rate was 5.7. The falls/1000 occupied bed days rate (average) for 2017/18 was 6.0, therefore the lower rate of 5.7 achieved in January 2019 is under target and brings the running average for 2018/19 to 5.4. This sustains the falls/1000 occupied bed days rate target of 6.0 or below.

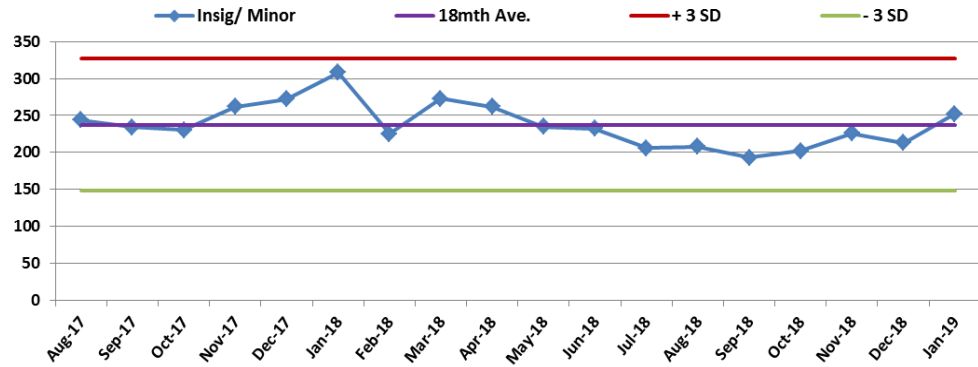
The Trust is reporting a statistically significant reduction in falls/1000 bed days which has been achieved since May 2018. This is a considerable achievement since the number of highest risk patients for falling (patients aged 65 years and older) and the number of patients with a diagnosis of frailty (highest risk of harm from falls) being admitted into the organisation is increasing.

The total number of falls of 254 in January takes the data points just above the average line on the top left graph, however, this is still within normal levels of variation and would be expected with increased activity within the organisation .

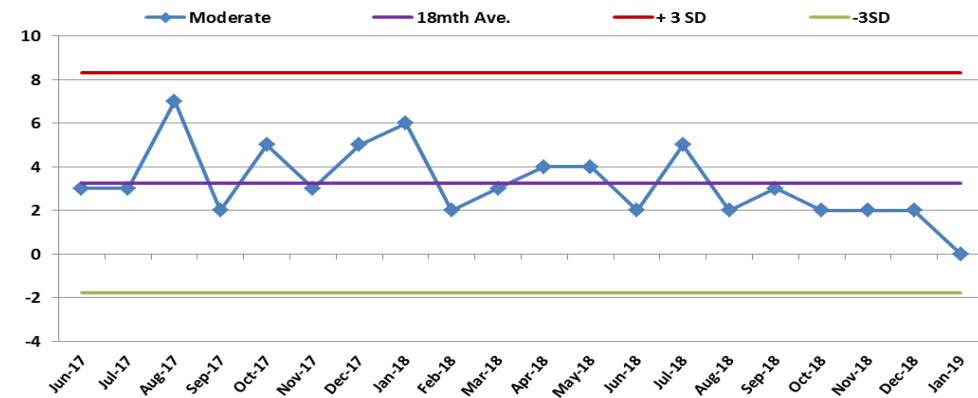
It is expected that as we move further into the winter period that it will become more of a challenge to sustain the reduction in the rate of falls. However, this will be closely monitored.



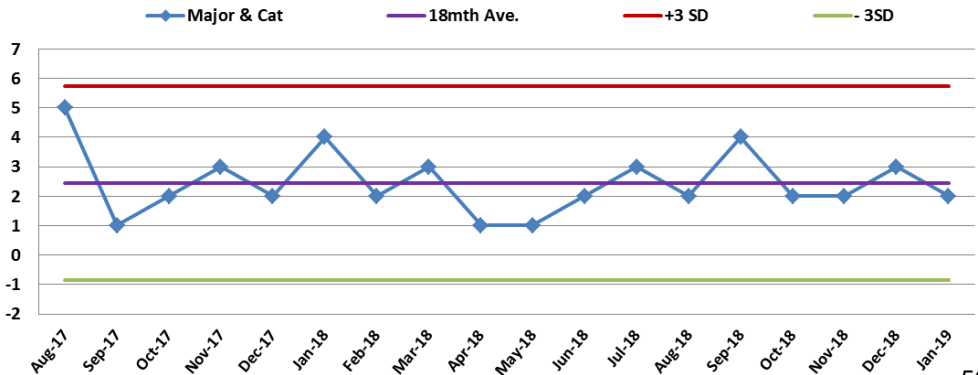
Insignificant & Minor Falls Run Chart



Moderate Falls Run Chart



Major & Catastrophic Falls Run Chart

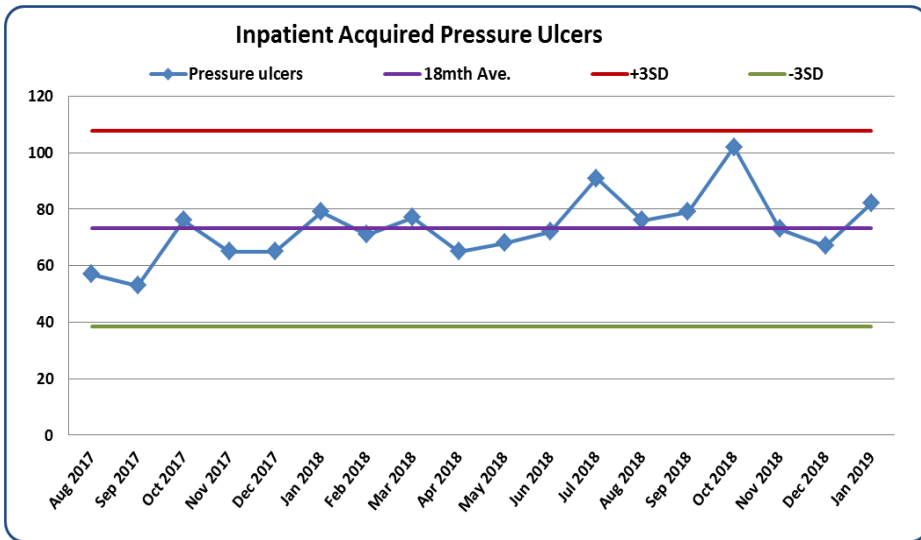


A reduction in harm from falls has been seen predominantly in the category of insignificant and minor. These categories of fall make up the majority of the total numbers and are important to prevent because a non-injurious or minor fall is often the precursor to more falls and potentially greater harm. It is also an indicator of a reduction in confidence and reduced mobility which if prevented means patients' length of stay and associated costs of social care can be reduced; with more patients returning to their own home rather than care homes.

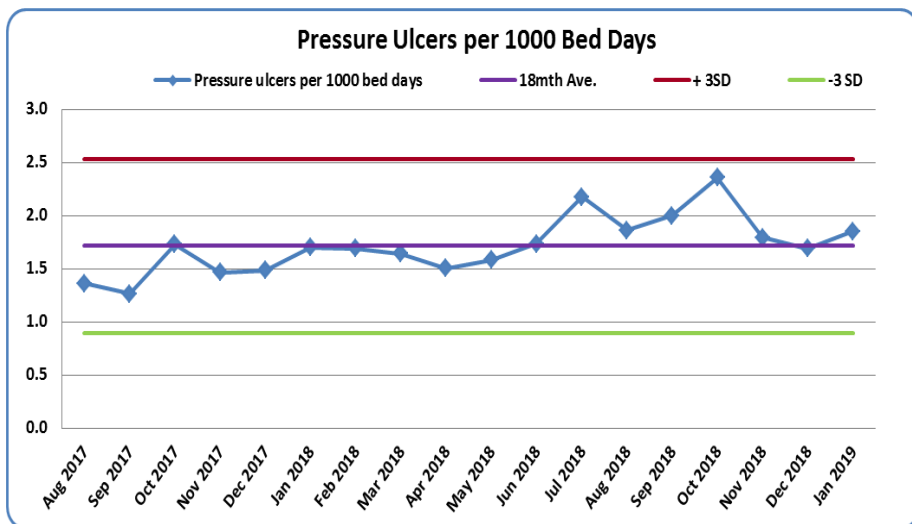
In the month of January there were no falls graded as moderate. This is often the category which is hardest to reduce as it can include a wide range of injuries which makes it more difficult to develop an action plan which targets specific injuries. Achieving zero falls with moderate harm in January means the Trust is demonstrating a statistically significant reduction in moderate harm.

In the categories of major and catastrophic falls, the Trust has not yet been able to sustain a significant reduction but these remain within the normal limits of variation. Seasonal variation historically has shown an increase during winter months.

In January there were 2 falls graded as major or catastrophic and these incidents both occurred in medical patients but within different directorates. During the RCA process it was identified that both patients had a high risk of falls and high risk of harm from falls due to age and comorbidities. The RCA process continues to identify actions and specific learning. The action plans have been agreed with the ward teams and will be monitored by the Trust Clinical Improvement Lead for Falls and Pressure Ulcers.



The incidence of Pressure Ulcer (PU) in acute care has increased this month to a total of 82 incidents (category II to category IV) which is just above average but remains within the normal limits of variation. This was not unexpected due to the increased activity within the organisation. However, it is slightly disappointing having previously seen a downward trend in the previous 2 months.

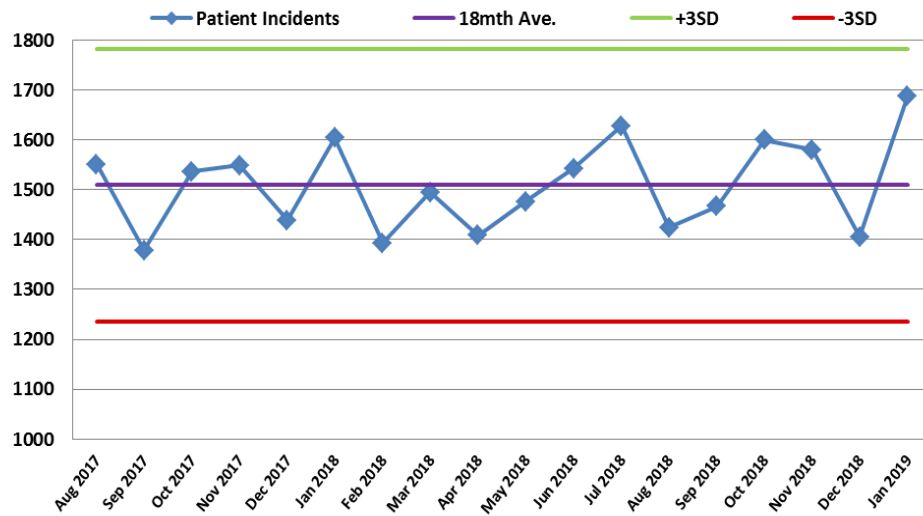


The Clinical Improvement Lead for Falls and PU is coordinating a joint approach to harm reduction from falls and PU. Whilst it is too early to say that this is having an effect on PU incidence it is expected that the impact will be shown over the coming months. The specialist team does not currently have the capacity to target all of the areas that need support, or training and education around quality improvement methodology to reduce pressure ulcer and falls.

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

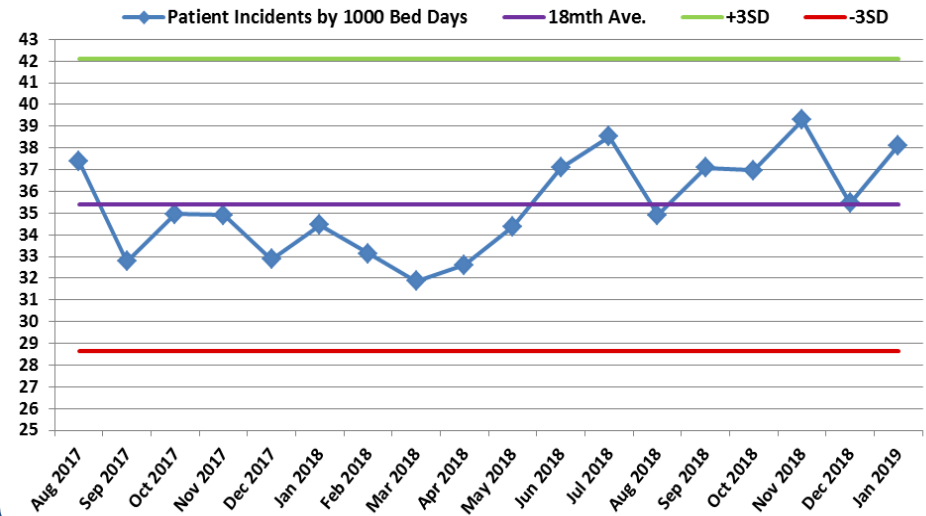
Running alongside these initiatives will be the continued Root Cause Analysis (RCA) process for acquired PU category III or above. This will continue to inform areas of improvement and recurrent themes/learning will be regularly reported back to Trust Board.

Total Patient Incidents



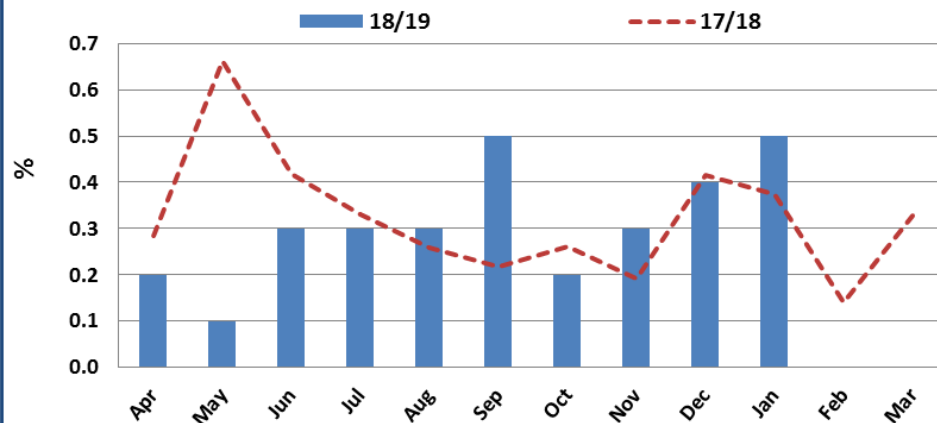
The total number of patient incidents reported has increased this month (1,688).

Patient Incidents per 1000 Bed Days



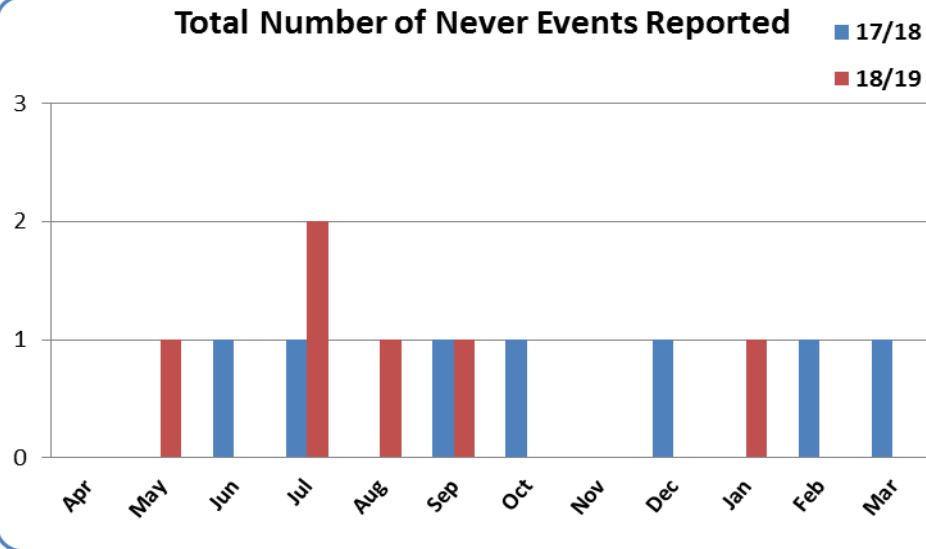
Incident rates continue to exceed the Trust average rate reported in 2017/18. There is an increase in trend this month.

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



The percentage of incidents that resulted in severe harm or death in January 2019 is 0.5%. Nationally we report fewer incidents that result in severe harm or death than other similar providers.

Total Number of Never Events Reported



Never Events

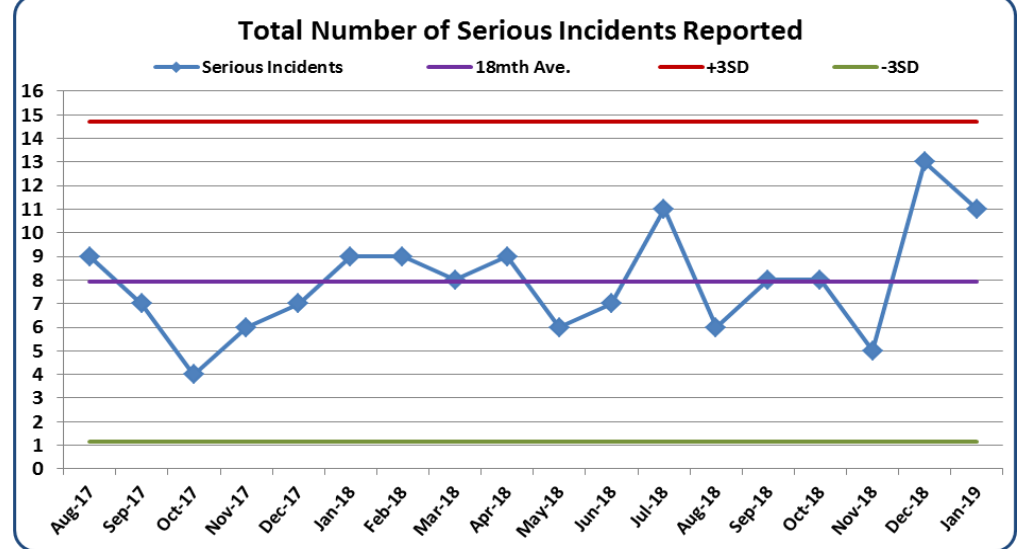
There was one Never Event reported in January:

- Retained guidewire.

This brings the number of Never Events for this year to six. For the period April 2018 to December 2018 compared with the Shelford group the Trust were in the mid-range. 15 non-Shelford Trusts reported between 5 -13 Never Events in this period. See the Shelford Group comparative in the table below:

Trust	Number of Never Events
Kings College	9
University Hospitals Birmingham	8
Guys and St. Thomas NHS Foundation Trust	7
Oxford University Hospitals	6
Manchester University Hospital NHS Foundation Trust	5
The Newcastle upon Tyne Hospitals NHS Foundation Trust	5
University College Hospitals	4
Imperial College	4
Sheffield Teaching Hospitals NHS Foundation Trust	2
Cambridge University Hospital NHS Foundation Trust	2

Total Number of Serious Incidents Reported



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

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

In January there were 11 cases reported as SIs. The Duty of Candour process was initiated in all cases.

General

- Two Falls resulting in harm - DoC in progress
- Two Pressure Ulcers - DoC completed
- Two patients suffered from delayed treatment - DoC completed
- Two patients experienced delayed diagnoses - DoC completed
- One retained guidewire (Never Event) - DoC completed
- One unexpected death - DoC completed
- One IT systems failure - DoC not applicable

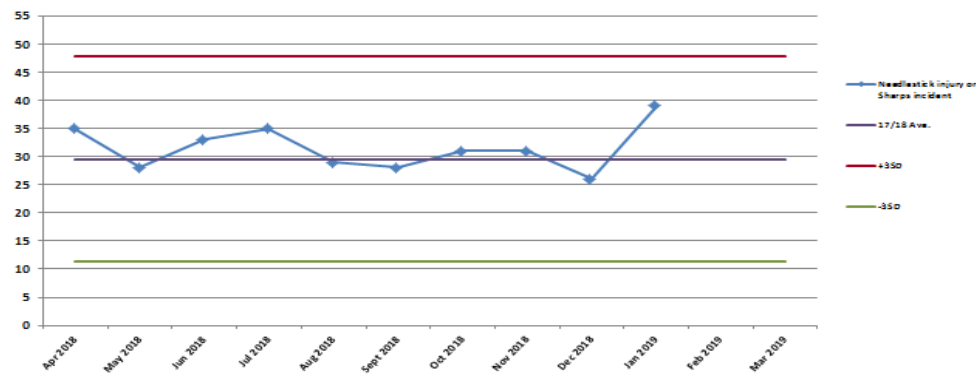
Overview covering the period April 2017 to 1st February 2019

There are currently 2091 health and safety incidents recorded on the Datix system from the 1st April 2017 to 1st February 2019, this represents an overall rate per 1000 staff of 145.6. Patient Services reported the highest number of health and safety incidents over this period (327) with Finance registering a single incident.

Incidents of Aggression on Staff

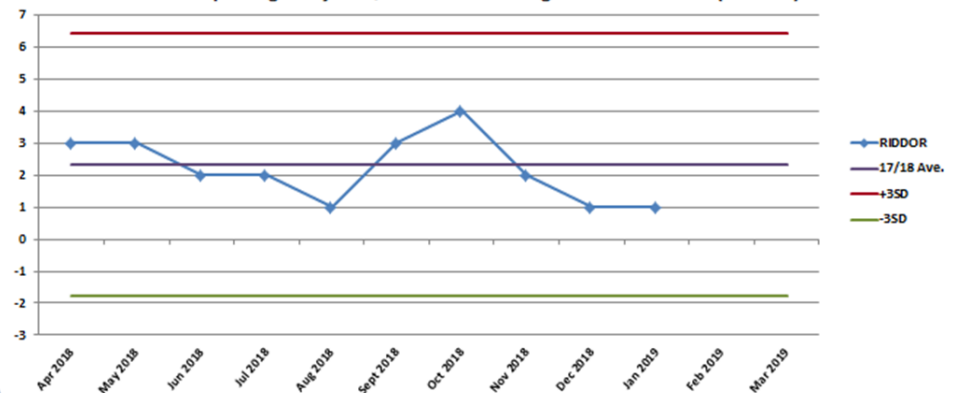
In addition to the health and safety incidents, there are 1319 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st April 2017 to 1st February 2019, this represents an overall rate per 1000 staff of 91.9. Directorate rates per 1000 staff over this period for the highest reporting services of aggressive behaviour are Directorate of Medicine (398.5), Neurosciences (211.4), Community (157.9), MSU (142.5), Surgical Services (132.8), and Urology and Renal (106.6).

Needlestick injury or other incident connected to Sharps



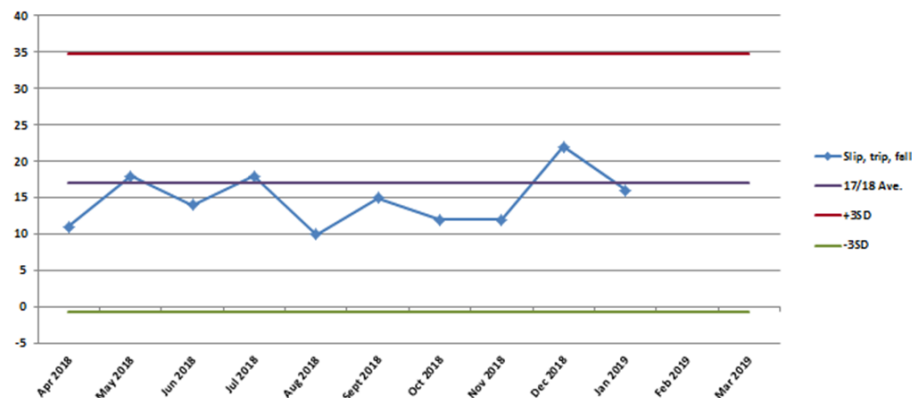
The average number of all sharps injuries monthly is 30.5 over the period April 2017 to February 2019 based on Datix reporting. 14.28% of the reports over this period relate to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period April 2017 to February 2019 is 25.18. The increase in sharps reporting during January 2019 has been reviewed, there is an increase in dirty sharps for this period. This is under further review by the Safer Sharps Review Group.

Reporting of Injuries, Diseases and Dangerous Occurances (RIDDOR)



The most common reasons for reporting accidents and incidents to the HSE over the period April 2017 to February 2019 include slips and falls (17), and lifting and handling (13). These account for 60% of reportable accidents over the period.

Slip, Trip, Fall






































Slips on wet surface, fall on level ground and tripped over an object collectively account for 55.8 % of falls over the period April 2017 to February 2019.




Fall as a result of a faint, fit or other similar event, collision with an object and falls from a chair account for 19.1% of the incidents recorded.

17.9% of the falls reported over the period April 2017 to February 2019 relate to visitors/ members of the public.

The Trust Policy and action plan relating to non-clinical falls contains a range of measures to prevent falls. Each department has a falls related risk assessment. Monitoring is undertaken by the health and safety team periodically and on identification of any areas on concern. A review of the increase in December 2018 has not identified a specific trend. However, increased monitoring of key areas is being undertaken by the H&S Team during February and March.

Trend

Month	Environmental Cleanliness - Total	Assurance Measures - Total	Clinical Assurance - Total	Staff Knowledge - Total	Total CAT
Jan 2018	97.07% 	96.14% 	97.03% 	93.74% 	96.21% 
Mar 2018	97.88% 	95.34% 	96.59% 	92.96% 	96.14% 
May 2018	97.57% 	96.24% 	97.74% 	93.59% 	96.50% 
Jul 2018	98.22% 	95.97% 	97.86% 	93.80% 	96.74% 
Sep 2018	97.45% 	95.88% 	96.84% 	93.20% 	96.18% 
Nov 2018	97.31% 	96.37% 	97.44% 	93.57% 	96.43% 
Jan 2019	97.71% 	96.28% 	97.09% 	92.14% 	96.23% 

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

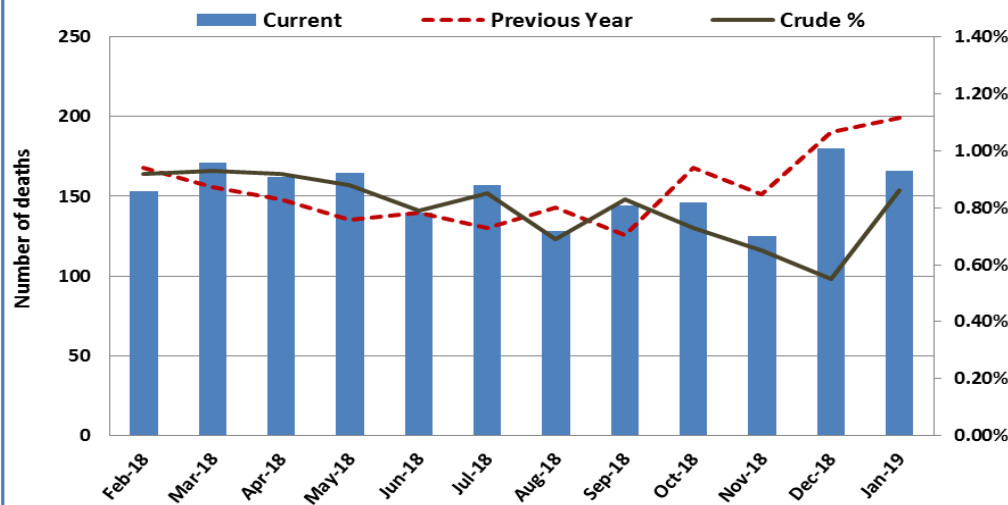
Clinical Assurance Toolkit

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

Trend

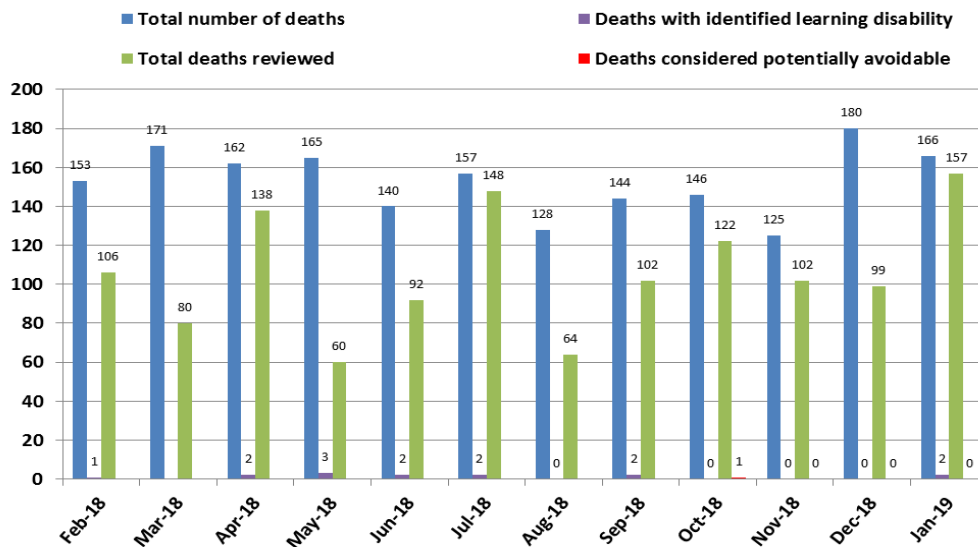
For the last reports, the trend has been around 96% for the overall CAT score. The staff knowledge score trend is around 93%.

In-hospital Deaths (rolling 12 months)



In total there were 166 deaths reported in January 19 which is lower than the amount of deaths reported 12 months previously (n=199).

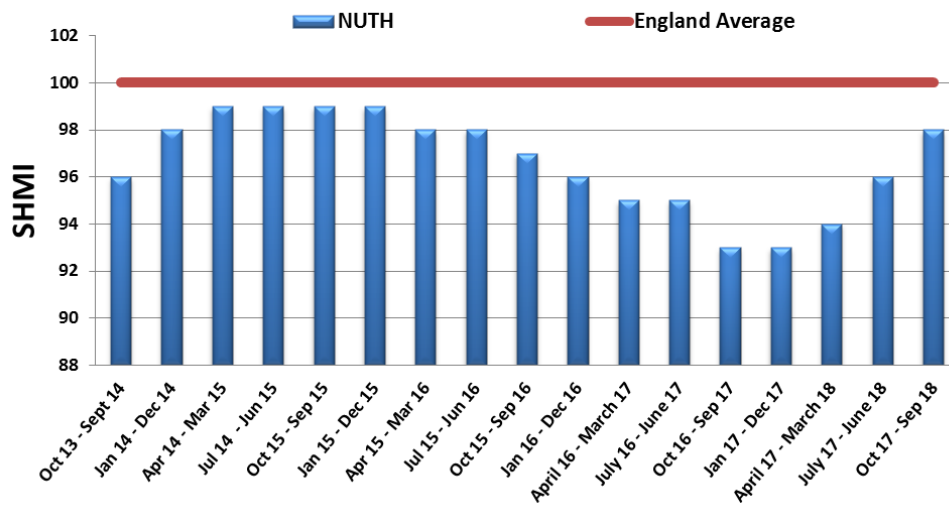
Learning from Deaths (12month rolling)



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

In January 2019, 166 deaths were recorded within the Trust and 157 patients received a full in-depth review. The variation between monthly reviews can be explained by some specialities reviewing deaths bi-monthly or quarterly. Two deaths were identified as having a learning disability and no deaths were recorded as being potentially avoidable.

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

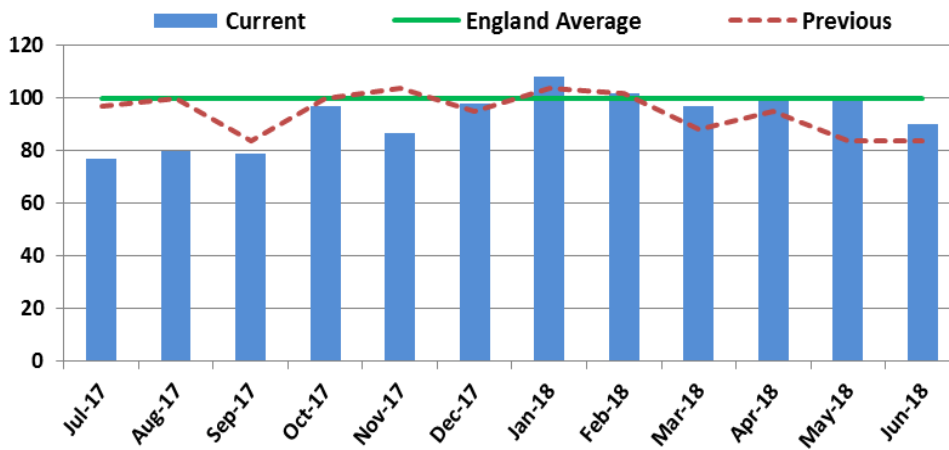


Summary-level Hospital Mortality Indicator (SHMI)

The most recent published SHMI results show that the Trust has scored 98 for the months Oct 2017 - Sep 2018 which is higher than the previous quarter. However, this still remains lower than the national average and is within the 'as expected category'.

Please find attached a Hospital Mortality Monitoring Report 39: July 2017 to June 2018, published in January 2019 by the North East Quality Observatory System (NEQOS).

SHMI for Newcastle upon Tyne Hospitals Vs National Average

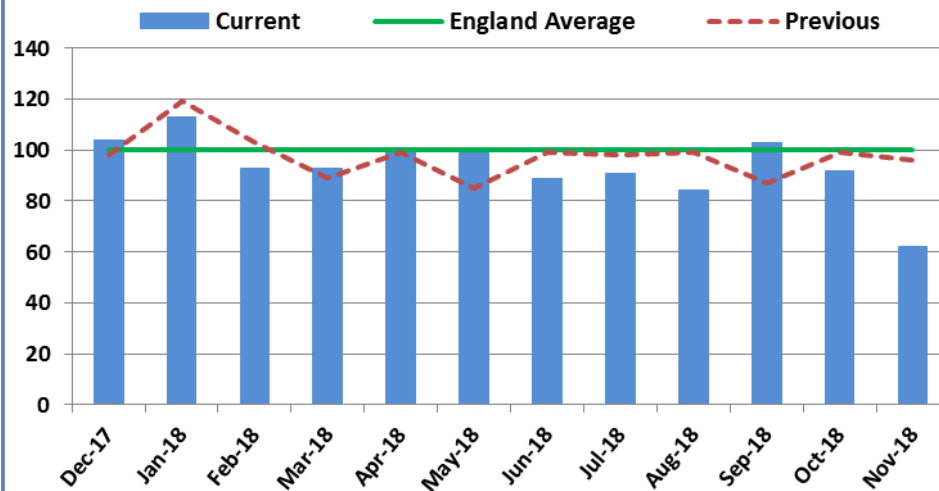


Summary-level Hospital Mortality Indicator (SHMI) by month

The latest SHMI result in June 2018 of 90 is slightly lower than the previous month and remains lower than the national average. This may change as the percentage of discharges coded increases.

SHMI rates will continue to be closely monitored.

HSMR for Newcastle upon Tyne Hospitals vs National Average



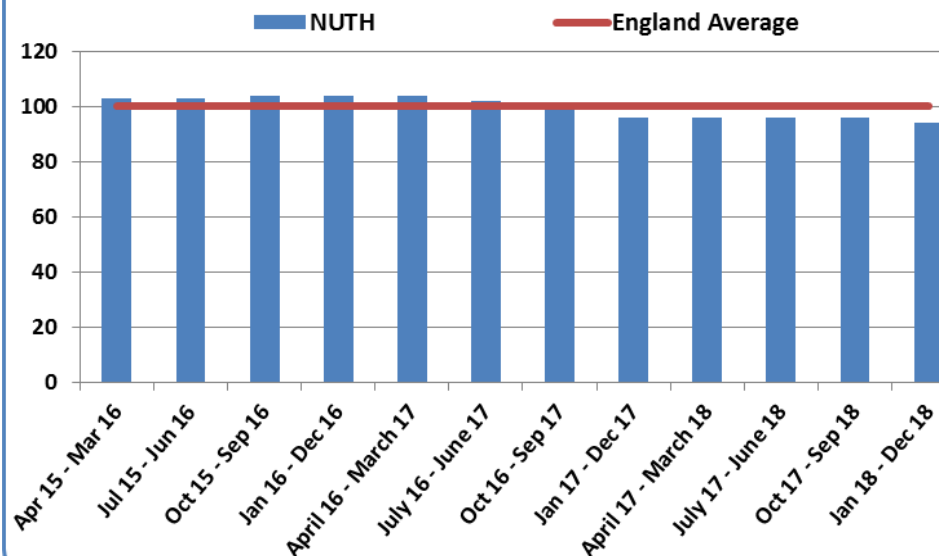
Hospital Standardised Mortality Ratio (HSMR)

The graph to the left shows HSMR by month, which for Nov 2018 is lower than the national average and continues to be within expected limits. However, this number may rise slightly as the percentage of discharges coded increases.

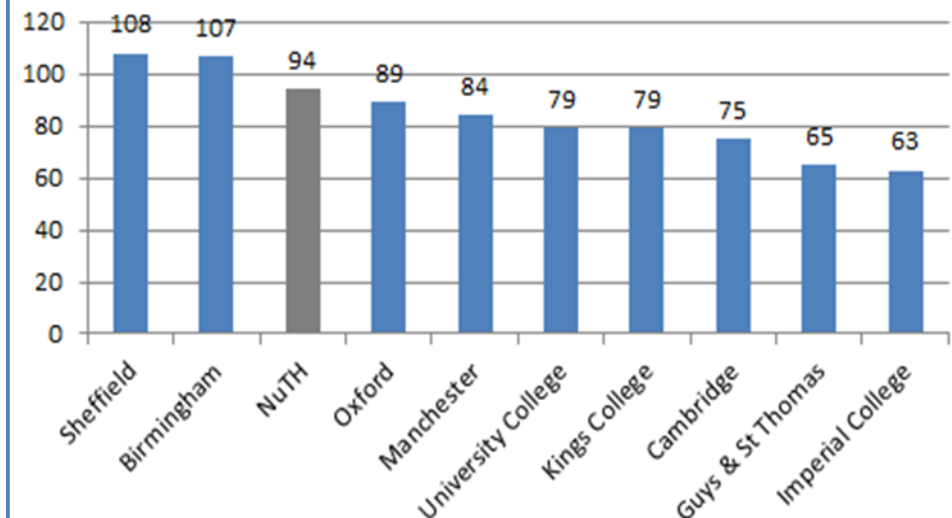
The graph below, left, shows a 12 month rolling HSMR score by quarter. The most recently available quarterly data shows a score below the national average. All scores are 'as expected'.

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

HSMR for NUTH vs National Average for England



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



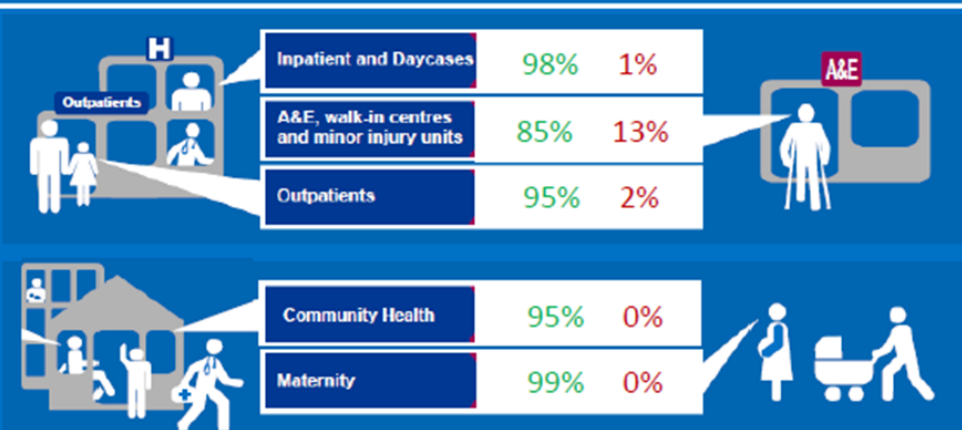


The Newcastle upon Tyne Hospitals
NHS Foundation Trust

The NHS Friends and Family Test

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

We got 2,547 responses to the Friends and Family Test in December 2018. The following numbers show the proportion of people that would recommend or not recommend these services to a friend or family member if they needed similar care or treatment.



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

Thank you

Healthcare at its very best - with a personal touch

Summary for December 18 (compared to November 18 worse/better/same):

Area	Recommendation rate
Inpatients	98% (+1%)
ED	85% (-9%)
Outpatients	95% (-1%)
Community	95% (+10%)
Maternity (birth)	99% (-%)

Points of note:

The total number of responses overall has decreased this month from 4,974 in November to 2,547 in December.

Inpatients: A response rate of 10.7% was achieved in December which has decreased 3.4% on last month and is the second lowest rate in the last 12 months. 98% of respondents stated that they would recommend the Trust with 1% stating that they would not. The recommendation rate continues at 97% or above for 36 consecutive months.

Emergency Department: The results from 141 patients give us 85% recommendation rate for the Emergency Department. The Walk-in centres and Eye ED contribute to this performance. The response rate has decreased from 1.4% last month to 0.8% of Emergency Department patients.

Outpatients: This month there were 1,151 responses which has dropped for the fourth consecutive month. The recommendation rate has dropped 1% and the number of responses remains the highest figure in the local area (Shelford group is the second lowest).

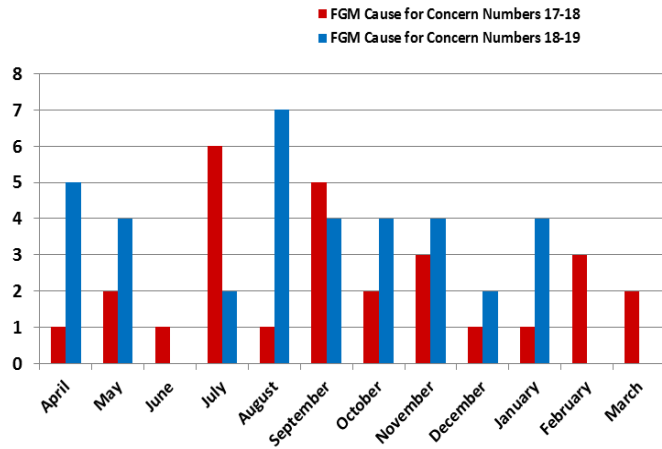
Community Services: The number of responses has dropped 11 down to 37. The Community recommendation rate has increased 10% to 95% recommended (following 10% drop previous month), with 0% not recommended.

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 from 22% response rate and 98% in relation to the 'Postnatal ward' question from 115 responses. However a score was not provided for question 1 (no responses) or Q4 (no responses). The Trust only needs to get 5 responses or more for these questions in order for a recommendation rate to be published.

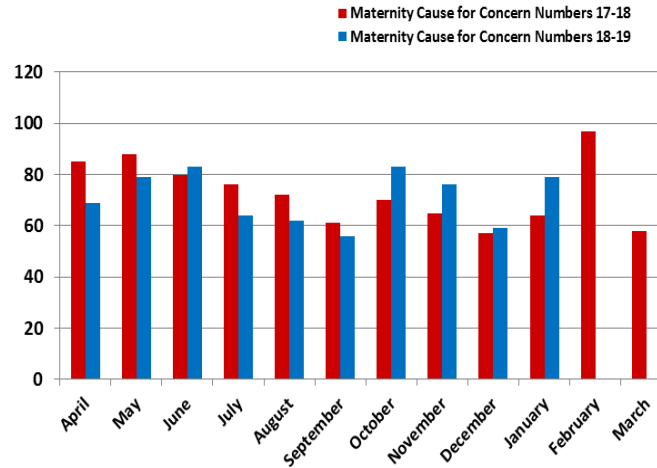
If you would like to see the results in full detail – the easiest way is via the NHS England website at the link below.

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

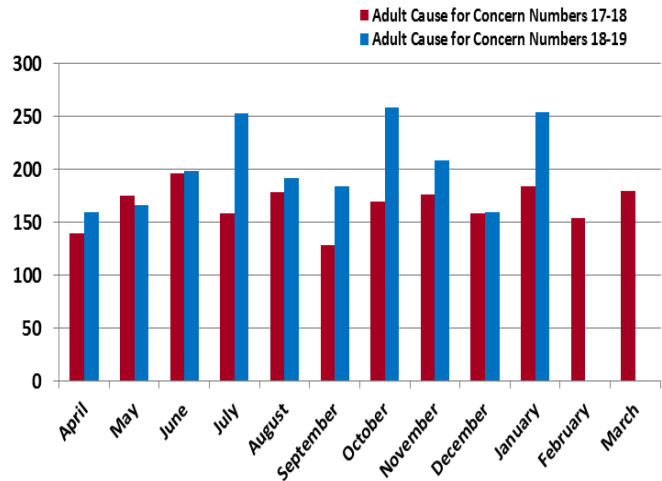
Female Genital Mutilation Cause for Concern Numbers



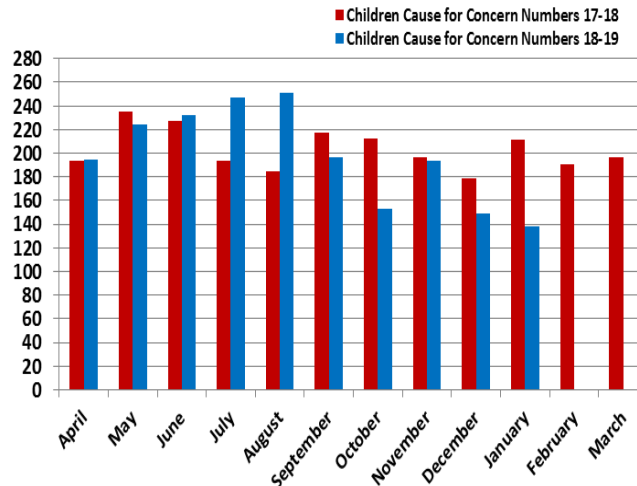
Maternity Cause for Concern Numbers



Adult Cause for Concern Numbers



Children Cause for Concern Numbers



Safeguarding

The Intercollegiate Document (ICD) for 'Safeguarding Children; roles and competences for healthcare staff' was published on the 30 January 2019, almost 2 years after it was due to be reviewed. This guidance has broadened the parameters for Level 3 Safeguarding Children which has implications for all Trusts in terms of the additional resources that would be needed to meet this requirement.

A Training Needs Analysis (TNA) for Safeguarding & Prevent was completed in January 2019 following a lengthy review and wide consultation across the Trust. This has been submitted to the Training & Education Group for approval at the February meeting. A pragmatic approach to implementing the ICD guidelines for both adults and children's training has been recommended with the view that additional learning opportunities are promoted for staff to enhance personal and professional learning as part of Continuing Professional Development.

Responsive

Safeguarding Deprivation of Liberty

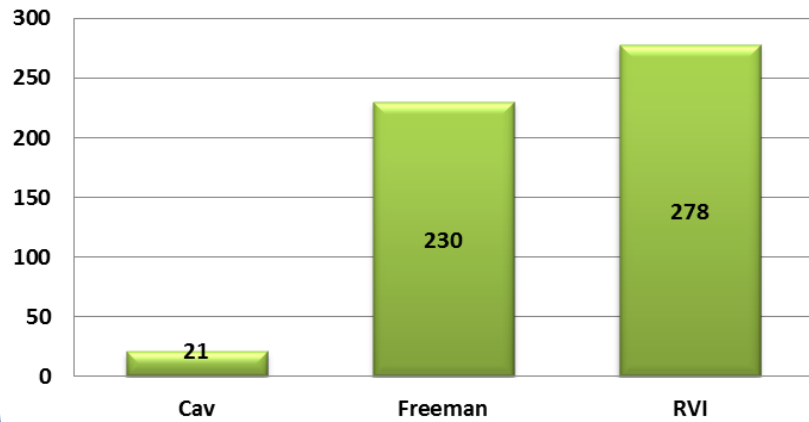
Deprivation of Liberty Safeguards (DoLS) increased in December with 65 applications. This was further improved in January 2019 with 106 applications. This makes a total of 525 applications for the year to date which has substantially exceeded the total number of DoLS applications for 2017/18.

There has been an impact on the Mental Capacity Act (MCA)/ DoLS Lead, Admin Staff and the wider Safeguarding Adults Team in terms of supporting the applications, processing them and monitoring the outcomes. Although the quality of some applications has necessitated some additional input from the MCA / DoLS Lead, it is rewarding to see the positive response from clinical services during a particularly busy time of the year. It is anticipated that the number of DoLS applications will level out at a reduced number but it must be noted that sustaining the increased numbers will require additional resources within the safeguarding teams. The DoLS flowchart is being revised and updated to reflect learning from a small number of incidents.

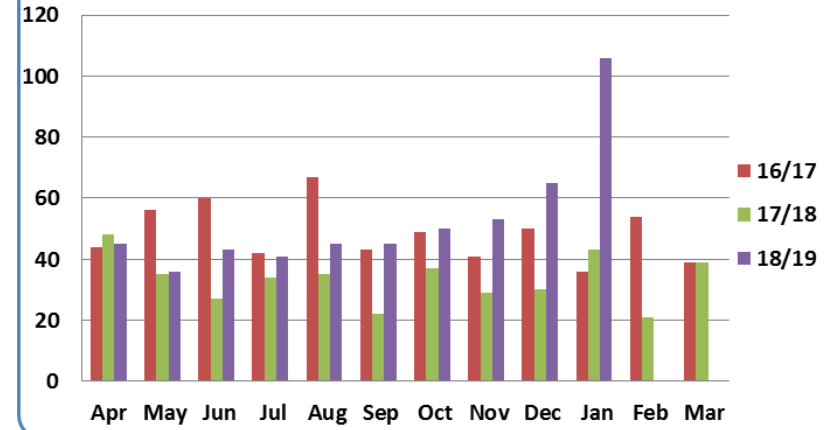
The team will continue to:

- Report Deprivation of Liberty Applications monthly to Directorate Managers.
- Continue ward based audits & feedback results to Matrons & DM's when the results are available.
- Continue to provide training sessions for MCA & DoLS.

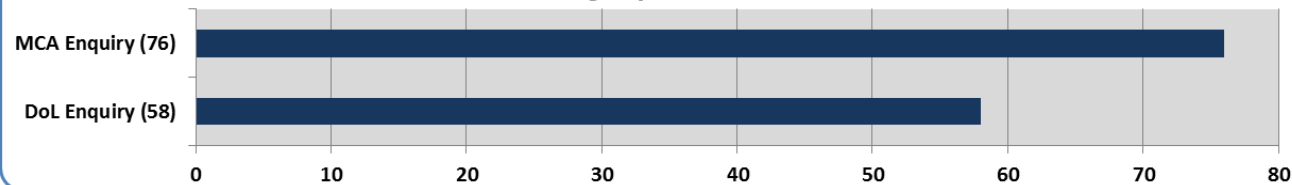
DoL Applications 2018/2019 - By Site (Total 529)



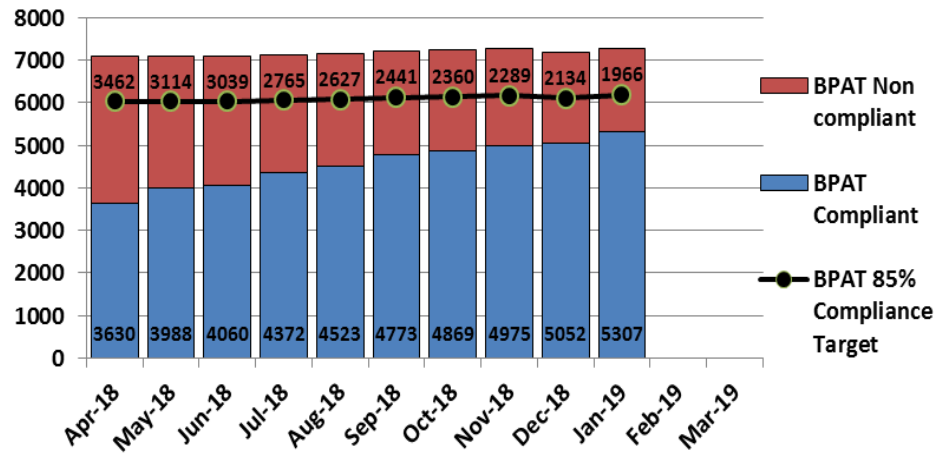
DoL Application Comparison Year on Year



Category of Concern



BPAT Training Compliance 2018-2019



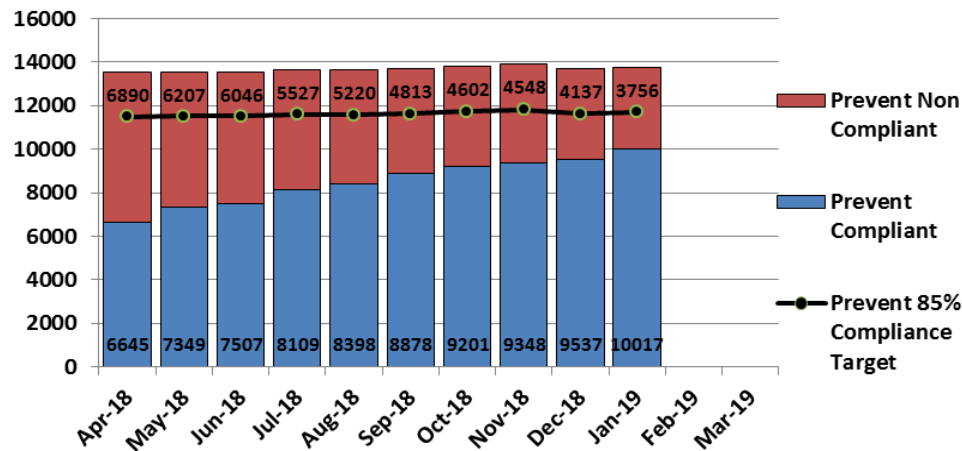
Prevent training

1017 staff have completed Prevent training (to the end of January) taking the total compliance to 72.73% against a national target of 85%. The Trust's internal trajectory for the end of January was 75%. Approximately 1690 staff need to complete Prevent to achieve the 85% target.

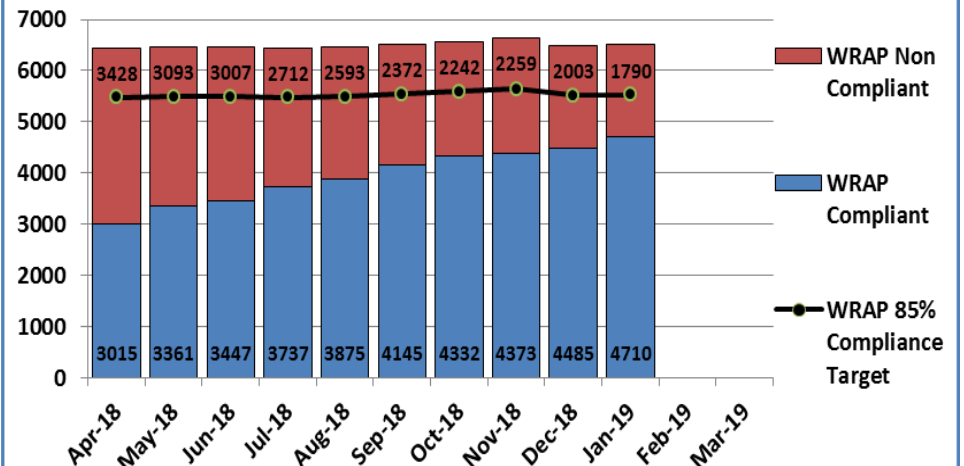
Additional dates for Prevent training have been disseminated for February and March offering extra sessions on both the RVI and Freeman sites.

The new TNA includes recommendations from the Adult Intercollegiate Guidance published in 2018. The Children's Intercollegiate guidance was published on the 30 January 2019 after a two year delay and this does have some impact on the proposed TNA.

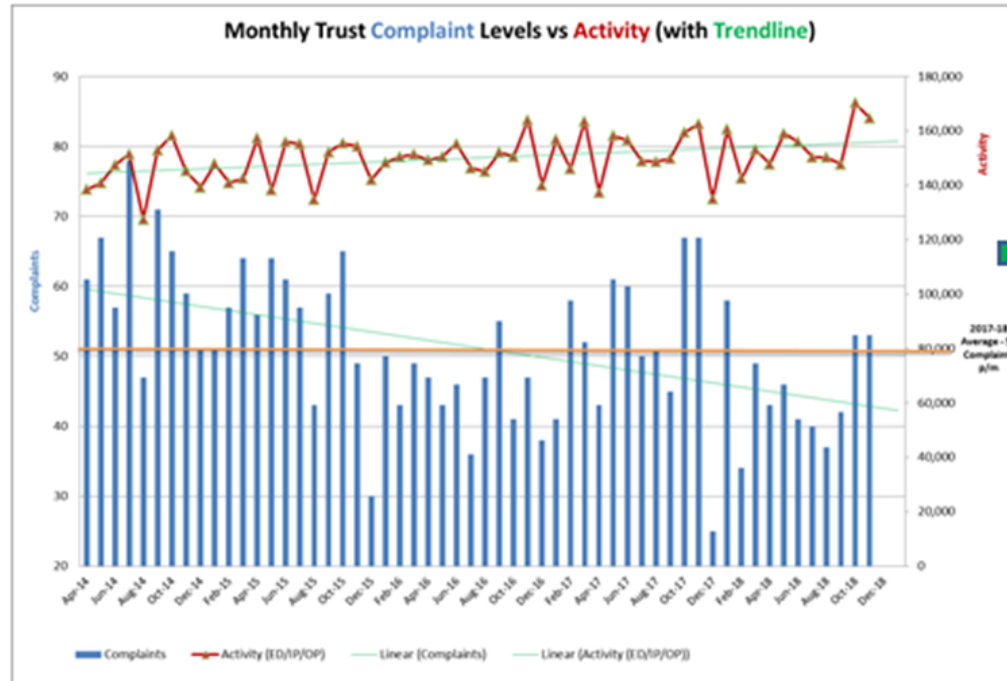
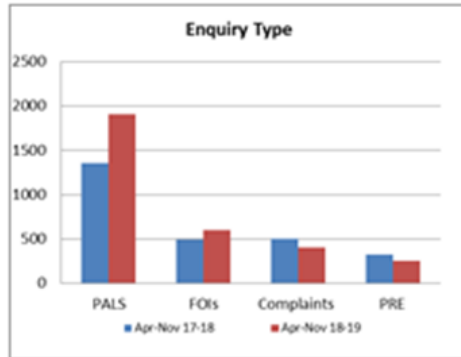
Prevent Training Compliance 2018-2019



WRAP Training Compliance 2018-2019



Complaints Activity Apr to Nov 18-19 (8 mth)

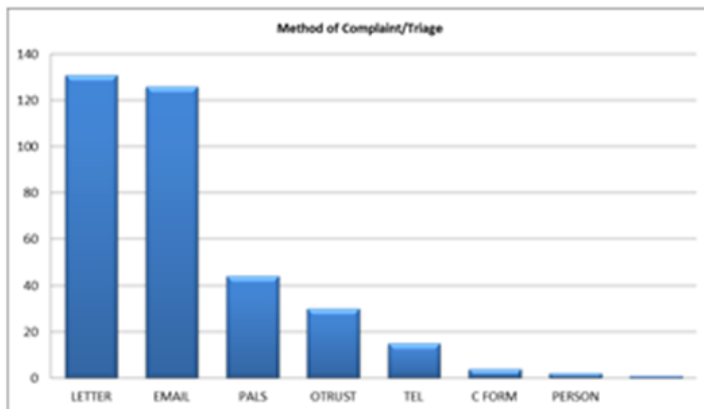
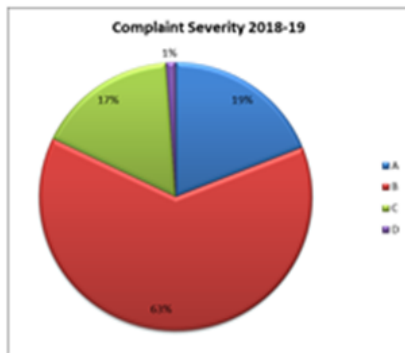


For the period to date:

For every **3,511** patients attending the Trust we have received **1** complaint, which is **539** more patients per complaint compared to last year (2972:1 for previous full year FCEs/OP/ED).

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

The average monthly activity currently stands at **155,803** up **3,511** on previous year's monthly average.



Top 5 Subject Areas	16/17	17/18	18/19	Totals
All aspects of clinical treatment	338	465	265	1068
Communication	41	48	26	115
Attitude of staff	26	35	21	82
Appointments, delay/cancellations - Out-patients	29	16	10	55
Appointments, delay/cancellations - In-patients	17	9	3	29
Totals	451	573	325	1349

Monthly Complaints Panel Feedback February 2019

Sharing information and seeking support

Some complaints have highlighted missed opportunities when early signs of dissatisfaction were not responded to or escalated in a timely manner. On some occasions senior staff were not made aware of the ongoing dissatisfaction and have commented that they would have liked to have known earlier to offer their support to staff and the patient in resolving the concern.

We recognise that staff are very responsive and empathetic to patients when they have identified a breakdown in relationship, or patients are sharing that they are not satisfied .

It is the right thing to attempt to resolve the situation as soon as possible. However we would like to remind staff to seek further advice and support from senior colleagues.

The HELP protocol maps out the escalation process for complaints which you might also find helpful.

<http://www.newcastle-hospitals.org.uk/downloads/policies/Operational/HELPServiceProtocol201712.pdf>

Unreported Incidents

A number of complaints have been dealt with in recent months which have included incidents or near misses. These incidents have been acknowledged and apologised for in written responses or during resolution meetings however, it has become apparent that no Datix report was submitted at the time of the incident.

Panel would like to remind staff of the importance of recording incidents and near misses on Datix. This ensures that robust investigations are carried out and action is taken to ensure the same incident is not repeated. The reporting of an any incident does not lead to blame but rather patient safety being ensured.

If an investigating team is made aware of an incident via feedback, concerns or complaints a check should be made that a Datix was submitted at the time. If not, this should be completed retrospectively and a discussion should be held to understand what prevented the reporting in the first instance and encourage future reporting of incidents and near misses.

Quality Assurance Strategy—Internal Peer Reviews 2018-19

To date the Clinical Governance and Risk Department have facilitated 17 internal peer reviews, with a review of pharmacy scheduled in February. This robust quality surveillance programme aligned to the CQC inspection methodology provides assurance to the Board that high quality care is being delivered across all services and quickly identifies areas for improvement.

This review process provides detailed scrutiny of the Directorate with reference to an updated Data Pack containing a variety of indicators. During the inspections clinical practice is observed, documentation is reviewed and frontline staff and patients/carers are interviewed in relation to the five CQC domains (Safe, Effective, Caring, Responsive and Well-led).

A common theme throughout the review process is that staff are always very welcoming and receptive when the inspection team arrive unannounced. The review process provides a valuable opportunity for services to be observed by 'a fresh pair of eyes' and also offers an opportunity for learning and sharing for both the clinical teams being reviewed and the inspection team, who often report having observed innovations or ideas which they will take back to their service.

Examples of innovations resulting from peer reviews are as follows:

- Patient safety-introduction of electronic VTE risk assessment which links to prescribing of thrombo-prophylaxis reducing the risk of avoidable thromboembolism, increased length of stay and costly drug treatments.
- Patient Safety -Enhanced Patient ID with wristbands introduced in Rheumatology Day Unit –this is to reduce the likelihood harm caused by errors resulting in inadvertent administration of drugs to the incorrect patient.
- Patient Experience-NCCC/Haematology are exploring the introduction of electronic communication to patients waiting for appointments.
- Patient Experience- Improved signage in a number of areas to reduce late arrivals for clinics, DNA's and to minimise distress to patients.
- Patient Safety-shared learning and wider distribution of best practice has led to Directorates adopting innovative ideas they have observed during the Peer Review process e.g. newsletters introduced to cascade information.
- Improved staff experience and increased efficiency by clearly defining roles and responsibilities and providing protected time for disseminating key safety messages during and after ward rounds.
- Patient Safety- Promotion of best practice in Infection Prevention and Control. Introduction of initiatives to minimise the likelihood of cross-infection and provision of specific training to clinical teams in ANTT.
- Patient Experience- Raised awareness of reasonable adjustments made to accommodate carers and where appropriate include them in the provision of care

These internal reviews could not take place without the support of multi-disciplinary staff from all services across the Trust who volunteer as inspectors. In 2018/19 138 staff have acted as inspectors, some of them multiple times. An additional 34 staff have registered to participate in the next annual cycle of reviews. The Trust is extremely grateful to all staff involved throughout the year for their commitment to the process.

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 st March 2019		
Title	Quality Account for Governor Review		
Report of	Anne Marie Troy-Smith, Quality Development Manager, and Andy Pike, Head of Quality Assurance & Clinical Effectiveness.		
Prepared by	Anne Marie Troy-Smith, Quality Development Manager,		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>		
Purpose of Report	For Decision	For Assurance	For Information
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines: 2017/18 Quality Account progress against priorities and lists priorities for 2019/2.		
Recommendations	<p>The Council of Governors are asked to:</p> <ol style="list-style-type: none"> 1. Review the presentation enclosed. 2. Prepare any questions in relation to presentation content for discussion at the 21st March Council meeting. 3. Be aware of the local indicator for Assurance by Mazars is SHMI. Indicators for assurance by Mazars include mandatory indicators which are (1) A&E four hour wait (2) 62 day cancer wait and one local indicator which is SHMI. 		
Links to Corporate Objectives	Nationally required Trust Reporting		
Links to Strategy and Clinical Risks	Linked to Trust Strategy and Quality Strategy		
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	
	Failure to meet Quality and Safety targets can create a patient safety risk. Financial penalties will be incurred if HCAI/CQUINN targets are not met.		
Reports previously considered by	Six monthly progress reports are provided to the Trust Board.		

COUNCIL OF GOVERNORS REVIEW OF QUALITY ACCOUNT PRIORITIES

1. QUALITY ACCOUNT

Each year the Trust is required to produce and publish a Quality Account. Contained within this is a review of the previous 12 month performance against the agreed Quality Priorities, as well as a narrative detailing the identified priorities for the coming year.

The Governors are asked to review this paper which summarises the content of the 2019-20 Quality Account which is in the final phase of development currently.

Staff from the CGARD (Clinical Governance and Risk) team will be attending the March Governors Meeting to answer any questions about the past 12 months' performance or the proposed priorities for 2019-20.

2. PRESENTATION

Due to limitations on the powerpoint, the detail relating to Priority 4 and Priority 6 are detailed below to allow for Governors to review in further detail.

Agenda Item 9(ii)

2.1 PRIORITY 4

Local Safety Standards for Invasive Procedures (LocSSIPs)

Template for Local Safety Standards for Invasive Procedures (LocSSIPs) based on National Safety Standards for Invasive Procedures (NatSSIPs)

This template has been produced as part of NHS Improvement's [National Safety Standards for Invasive Procedures \(NatSSIPs\)](#) initiative.

A number of organisations have indicated that a template would be useful to help them write their [LocSSIPs](#), however there is no requirement to use it if you have developed your own local template or would prefer to use a different approach.

We have also produced a template for [LocSSIPs](#) developed for specific procedures.



[NatSSIP](#) on which this [LocSSIP](#) is based:

Document control:

Author	
Version and review date	
Sign off by	

Aims of the [LocSSIP](#) and key factors for consideration:

Other relevant/related organisational policies or [LocSSIPs](#):

Procedural [LocSSIPs](#) to which this generic [LocSSIP](#) is relevant:

LocSSIP details:

- Must contain all key elements of the NatSSIP
- May contain additional elements for implementation across the organisation
- Can be modified to suit local circumstances: document should note exceptions and deviations and should detail the areas in which these exceptions and deviations are permitted

Training requirements:

Documentation and audit processes:

- To include processes for feeding back information to organisation's NatSSIPs group

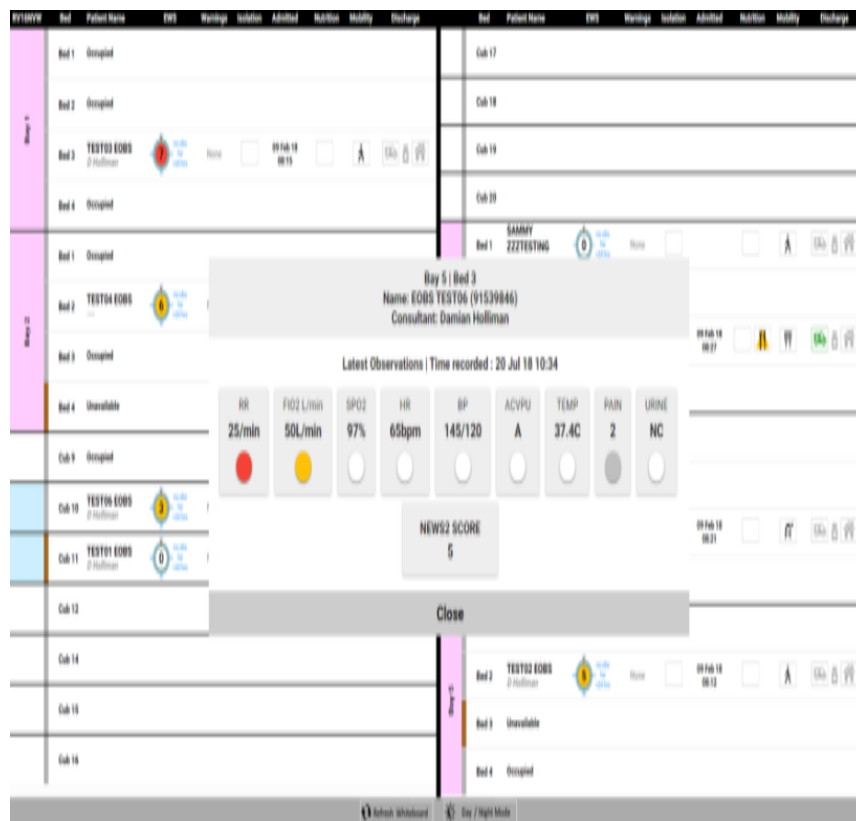
Development credits:



Details of patient involvement:

Agenda Item 9(ii)
2.2 PRIORITY 6

Digital Enhancements to Care – screenshot of the e-Observations system.



Report of Andy Pike
Head of Quality Assurance & Clinical Effectiveness
13 March 2019

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QUALITY ACCOUNT 2018/19

Angela O'Brien - Director of Quality and Effectiveness
Liz Harris - Deputy Director of Nursing and Patient Services
Andy Pike - Head of Quality Assurance & Clinical Effectiveness

Healthcare at its very best - with a personal touch

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

- 10% year on year reduction of MSSA Bacteraemias.
- 50% reduction of E.Coli and other Gram negative bacteraemias by 2021.

Two
MRSA
bacteraemia
cases

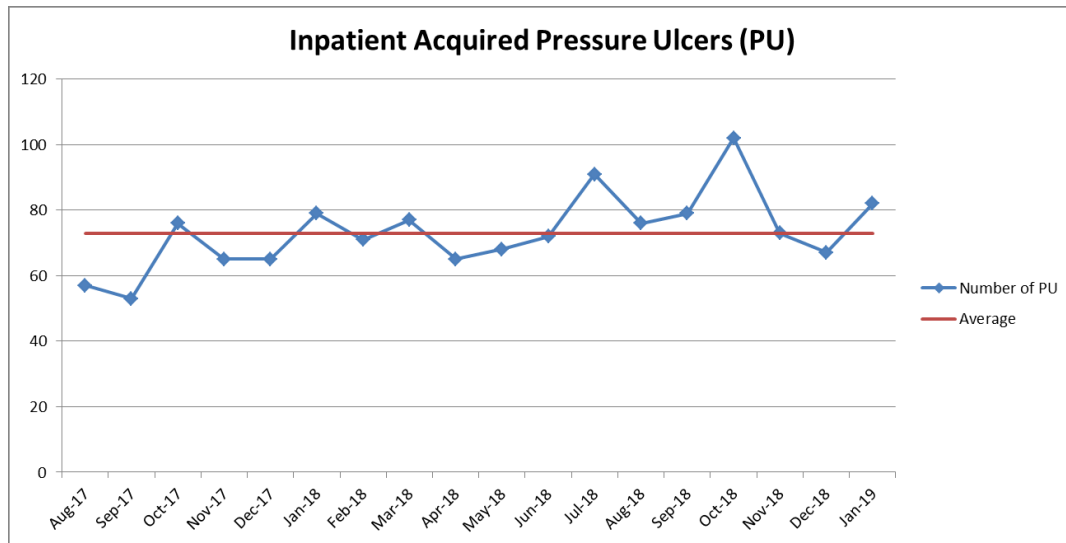
64 cases of
hospital
acquired *C.
difficile*

80 cases of
MSSA
bacteraemia

157 cases E.coli
77 cases Klebsiella
27 cases Pseudomas
bacteraemia

Figures as at end January 2019

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



Year to date PU by Category (Apr – Jan 2019)	
Cat I	118
Cat II	657
Cat III	40
Cat IV	1

Quality improvement priority – targeted work with wards to reduce PU and Falls

Priority 3

Management of Abnormal Results

- Abnormal results (red flag) to the requesting Consultant, viewable in Erecord message centre.
- Red flag messages can only be deleted by the Consultant. Action may have been taken by another member of the team and this will be viewable.
- Red flag messages will move with the patient through their admission journey.
- Red flag message in a Consultants inbox for more than a defined period (e.g. 5 days) it will automatically be forwarded for action to another team member.
- Ongoing discussions in relation to thresholds.
- Focus on IT implementation and development of reporting thresholds with a shared vision of how the abnormal diagnostic results system will operate and how it will look to users in parallel with the delivery of the GDE project.

Priority 4

Local Safety Standards for Invasive Procedures (LocSSIPs)

Template for Local Safety Standards for Invasive Procedures (LocSSIPs) based on National Safety Standards for Invasive Procedures (NatSSIPs)

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A number of organisations have indicated that a template would be useful to help them write their [LocSSIPs](#), however there is no requirement to use it if you have developed your own local template or would prefer to use a different approach.

We have also produced a template for [LocSSIPs](#) developed for specific procedures.



NatSSIP on which this LocSSIP is based:

Document control:

Author	
Version and review date	
Sign off by	

Aims of the LocSSIP and key factors for consideration:

Other relevant/related organisational policies or LocSSIPs:

Procedural LocSSIPs to which this generic LocSSIP is relevant:

LocSSIP details:

- Must contain all key elements of the [NatSSIP](#).
- May contain additional elements for implementation across the organisation
- Can be modified to suit local circumstances: document should note exceptions and deviations and should detail the areas in which these exceptions and deviations are permitted

Training requirements:

Documentation and audit processes:

- To include processes for feeding back information to organisation's [NatSSIPs](#) group

Development credits:



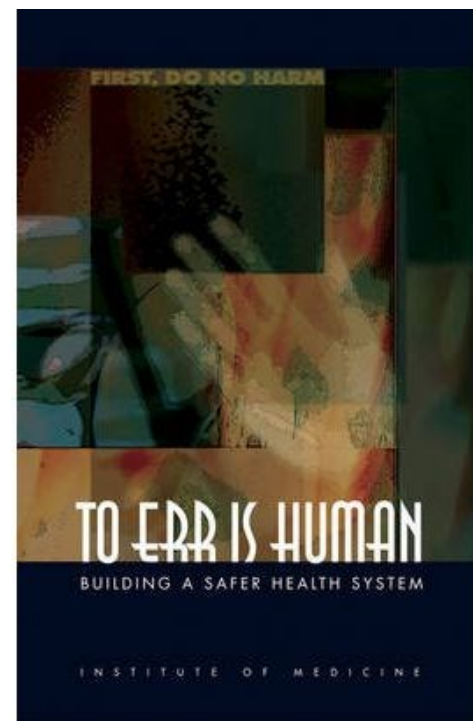
Details of patient involvement:

Priority 5

Human Factors Training

Human Factors Defined: The study of all the factors that make it easier to do the work in the right way and harder to make mistakes

- apply wherever humans work
- also known as Ergonomics

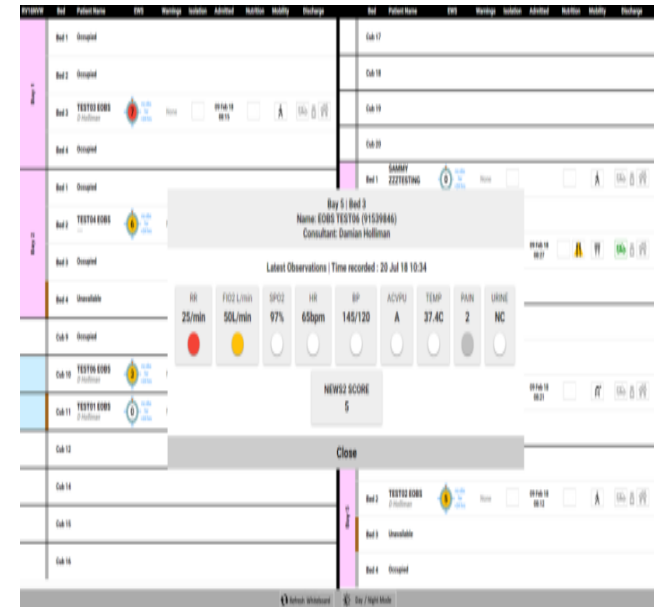


Healthcare at its very best - with a personal touch

Priority 6

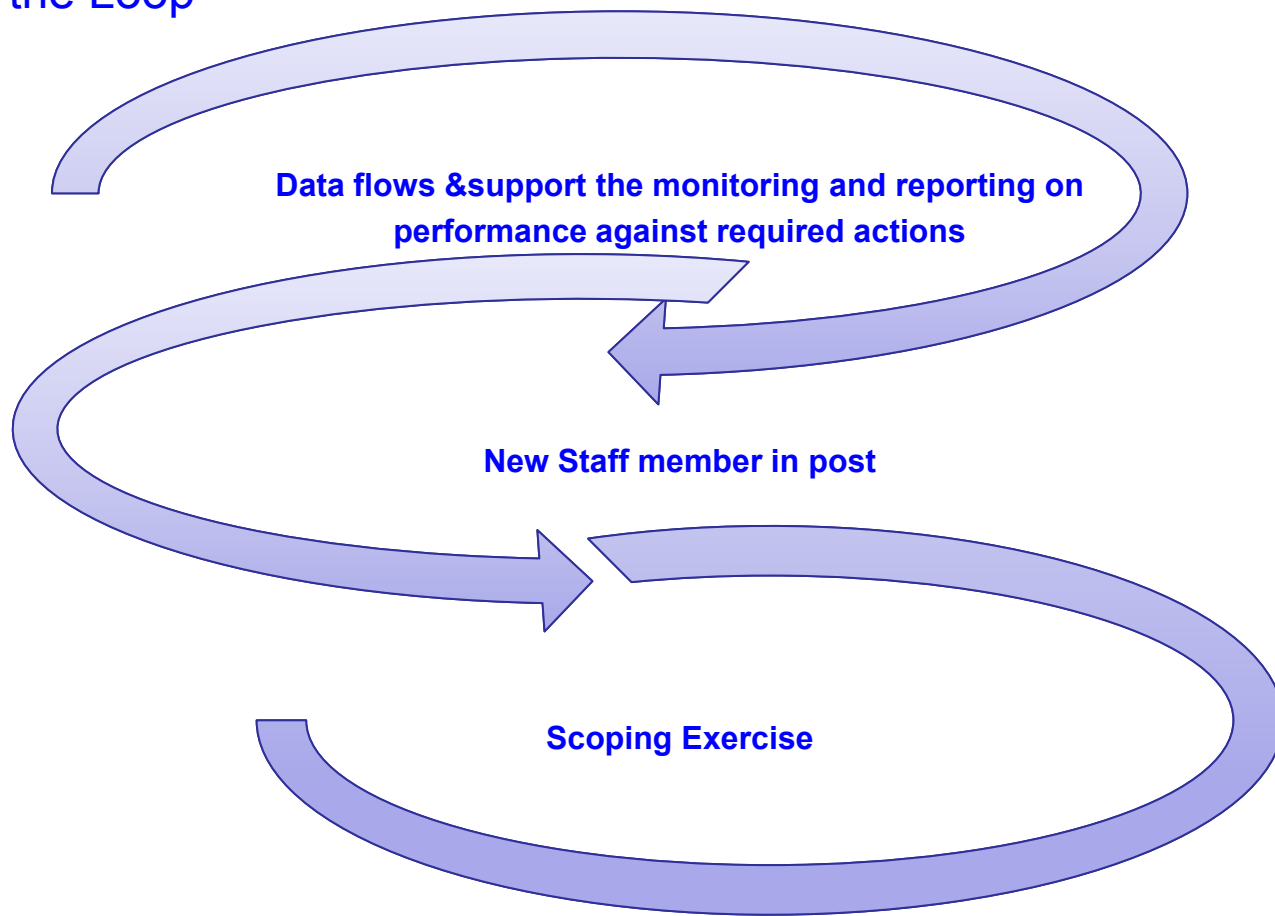
Digital Enhancements to Care

- E-Obs rolled out to 25 wards on the RVI site and 28 wards on the FH site.
- Plan to pilot in Childrens Services in January 2019.



Priority 7

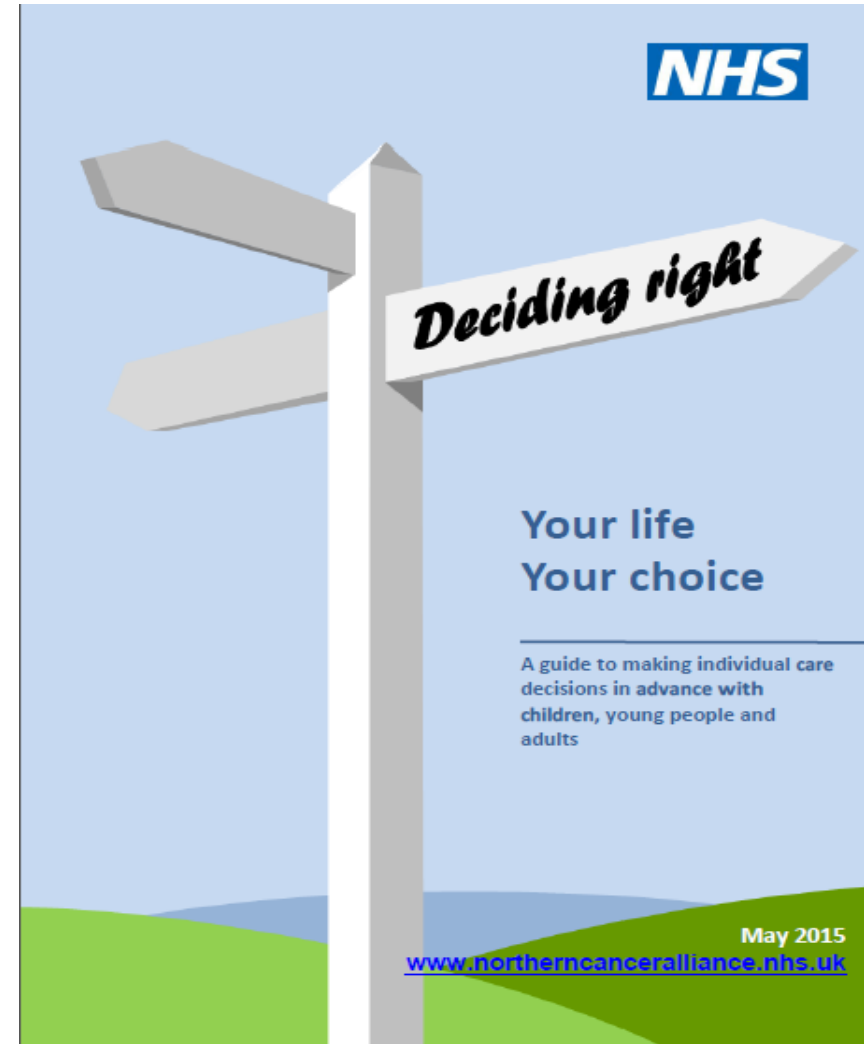
Closing the Loop



Priority 8

Deciding Right

- Baseline survey
- Audit of acute admissions
- Increased Consultant presence on Older Peoples Medicine
- Awareness programmes



Healthcare at its very best - with a personal touch

Priority 9

Enhancing Patient and Public Involvement in Quality Improvement

Community Advisory Panel



APEX (Advisors on Patient Experience)

- includes offering feedback and patient insights to QI projects
- volunteer workforces who have also been invited to attend APEX and feedback on projects and specific role profiles have been created to support this responsibility

Priority 10

Improving the experience of vulnerable patients

Joint Newcastle upon Tyne Hospitals Trust & Mental Health Trust Governance group, 'Newcastle Upon Tyne Hospitals NHS Foundation Trust (NuTH) & Northumberland, Tyne and Wear NHS Foundation Trust (NTW) combined Quality forum'.

Improving the experience of vulnerable Patients

A joint Trust working group with cross Trust representation
-looking at record sharing between the Mental Health Trust and Newcastle Hospitals.
-reviewed and updated the 'In-Patient Enhanced Care Observation Policy'

Exploring options for improving staff accessibility to Liaison Psychiatry referral information and referral forms.

Service Level Agreement has been formally agreed with the Mental Health Trust

Staff training is being explored in order to raise awareness of mental health conditions for all levels of staff working in the Trust



2019/20 Proposed Quality Priorities:

Patient Safety

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

Clinical Effectiveness

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

Patient Experience

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

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 st March 2019		
Title	2018/19 Month 10 Financial Report		
Report of	Angela Dragone, Finance Director		
Prepared by	Finance Department		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines a summary of the Trust financial position at Month 10.		
Recommendations	The Council of Governors are asked to receive the report for information.		
Links to Strategic Goals	Maintaining sound financial management to ensure the ongoing development and success of our organisation.		
Risks identified			
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial	X	
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication		X
	Sustainability		x
	If yes, please give additional information: Details finance position.		
Reports previously considered by	Standing agenda item.		

2018/19 MONTH 10 FINANCIAL REPORT

1. INTRODUCTION

This paper summarises the financial position of the Trust for the period ending 31st January 2019.

2. 2018/19 FINANCIAL PLAN

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

The annual cost efficiency requirement is £30 million.

3. CONSOLIDATED RESULTS

At Month 10, the Trust has an Income and Expenditure surplus of £3.9 million. This result is reported as:-

Table 1: Key Financial Performance Indicators - Overall Financial Position

	Annual Plan £'000	Month 10 Plan £'000	Month 10 Actual £'000	Month 10 Variance £'000	Forecast Outturn £'000	Forecast Variance £'000
Income	1,047,519	870,851	889,757	18,906	1,073,962	26,443
Expenditure	1,036,100	868,232	886,394	18,162	1,062,543	26,443
I&E Position (including PSF)	11,419	2,619	3,363	744	11,419	0
I&E Position (after impairment)	12,946	3,223	3,850	627	12,947	0
Closing Cash	100,760	82,841	114,840	31,999	95,762	4,998
Capital Programme	32,128	26,576	23,995	(2,581)	32,128	0

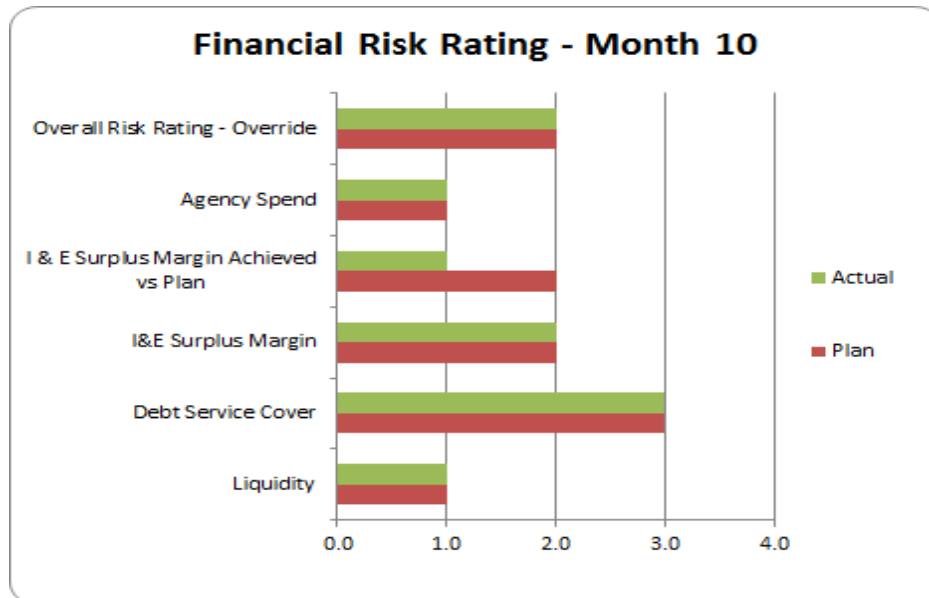
The Income & Expenditure position now includes Provider Sustainability Fund (PSF) agreed with NHSI at £9,925k year to date. (Full year funding: £12,947k).

4. FINANCIAL RISK RATING

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

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

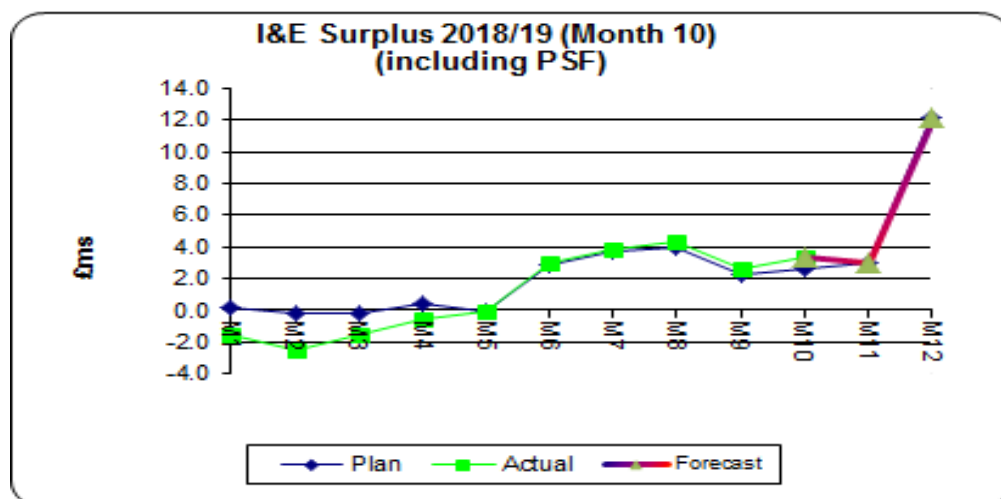
Based on these metrics the Trust would attain an overall Risk Rating of '2' which is a strong outcome. The profile is as follows:-



5. KEY ISSUES

Key issues to note are:

- i) Operating income for the period ending 31st January 2019 is £889.8 million £18.9 million ahead of Plan.
- ii) Total operating expenditure for the period to Month 10 is £886.4 million, £18.2 million more than Plan.
- iii) The Trust reports an Income & Expenditure surplus of £3.9 million at Month 10 (Control Total basis). The Income & Expenditure profile as the year progresses is as follows:-



Agenda item 10

- iv) The Trust is planning to fully-deliver the £30.1 million Cost Efficiency requirement albeit with a reliance on non-recurrent schemes that result in a £6.0 million carry-forward into 2019/20. This is in part due to CNST increases in 2018/19 not being recognised in Control Total calculations until 2019/20.
- v) The Capital Plan for the year is £32.1 million and year to date expenditure is £24.0 million. This is £2.6 million less than expected at this time.
- vi) The Cash balance is healthy and ahead of Plan.
- vii) It is anticipated that the Trust will deliver to the required year end Control Total.

6. MCKINSEY AND COMPANY

We have been working with colleagues from McKinsey over the past 2 months to identify transformational efficiency opportunities across the organisation. This work has identified up to 17 work-streams that may be progressed to assist in the delivery of the Trust's £32 million financial efficiency programme.

Work-stream Leads, Executive Sponsors and other support staff have been identified to facilitate an increased pace of change and efficiency delivery with weekly work-stream meetings now diarised.

7. RECOMMENDATIONS

To receive the overall financial position for the period up to 31st January 2019.

**Report of Mrs Angela Dragone
Finance Director
11th March 2019**

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