

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MINUTES OF MEETING HELD ON 20TH JULY 2017

Present:

Mr K W Smith, Chairman (Chair)
Public Governors (Constituency 1)
Public Governors (Constituency 2)
Public Governors (Constituency 3)
Staff Governors
Appointed Governors

Mr A Welch, Medical Director
Mrs A Dragone, Finance Director
Mrs H Lamont, Nursing and Patient Services Director
Professor K McCourt, Non-Executive Director
Mrs H Parker, Non-Executive Director
Mrs K Jupp, Trust Secretary

In attendance:

Mr R Smith, Director of Estates

17/34 Apologies for Absence

Apologies received from Mrs L Robson, Business and Development Director.

17/35 Statutory Business

i) Nominations Committee

Mr Ramsden presented the report and explained that since the previous Council meeting interviews had been held to recruit to the vacant clinical Non-Executive Director post previously filled by Dr Patrick Kesteven who had stood down on health grounds.

An appointment process was undertaken and two candidates were shortlisted on 7th June 2017 and then interviewed on 21st June 2017.

The Committee unanimously recommended that Mr Keith Godfrey, a former Medical Director at Gateshead Health NHS Foundation Trust be appointed as a Trust Non-Executive Director in July 2017.

Mr Ramsden highlighted that the Trust had a Newcastle University appointed Non-Executive Director post, held by Professor Chris Day. Professor Day had recently been appointed as Vice Chancellor and President of the University and had decided to stand down as he had also reached the maximum 9 year recommended term for a Non-Executive Director.

Professor David Burn was identified to replace Professor Day in July 2017 and Mr Ramsden confirmed that he was a very appropriate successor.

It was noted that Mr Ewen Weir had indicated his intention to stand down as a Non-Executive Director in September 2017 due to difficulties with time commitments as a consequence of his full time Director role at Newcastle City Council. Mr Weir was the Trusts Local Authority appointed Non-Executive Director. Mr Ramsden explained that the Trust would therefore be working closely with Newcastle City Council to identify a successor to Mr Weir.

Mr Ramsden advised that Dr Saunders had been involved in the Non-Executive Director performance appraisals for the year and confirmed that the meetings identified that the Non-Executive Directors were performing in line with their objectives and further areas for development were discussed on an individual basis. He added that the objectives would be reported to the Council of Governors for ratification at the 21st September Council meeting.

It was resolved:

to i) receive the report ii) note that David Burn has been appointed as the Trusts University Non-Executive Director; and iii) ratify the appointment of Mr Keith Godfrey as the Trusts clinical Non-Executive Director.

ii) Governor Elections 2017 Update

Mr K W Smith presented the report and reminded Governors that in the 2017 Governor elections there were 2 seats available in the Newcastle upon Tyne Public Constituency, 6 seats available in the Northumberland, Tyne and Wear Public Constituency, 2 seats available in the Durham, Tees Valley, Cumbria and beyond Public Constituency, 1 seat in the Ancillary and Estates Staff Constituency and 1 seat in the Nursing and Midwifery Constituency.

Ballots were held for both the Newcastle upon Tyne and Northumberland, Tyne and Wear Public Constituencies. There was ballot required for the Durham, Tees Valley, Cumbria and beyond Public Constituency and the Staff Nursing and Midwifery Constituency as the number of nominees matched the number of available seats.

Mr K W Smith advised that Ms Gwyneth Jones had not been successful in the ballot for Newcastle and therefore would not be returning as a Governor as part of this year's elections. He added that he had written to Ms Jones to express his thanks for all of her work as a Trust Governor.

Mr K W Smith confirmed that some of the existing Governors had successfully retained their seats, being Mr Graham Blacker, Mr Derek Thompson, Mr Fred Wyres and Mr Michael Saunders.

As there were no nominees for the Staff – Ancillary and Estates constituency then this seat was now vacant.

Council members expressed their get well wishes to Mr Wyres.

Mr K W Smith expressed his congratulations to the newly elected Governors, being Miss Ruth Draper, Dr Eric Valentine, Mr Terence Coleman and Mrs Carole Perfitt, Mr Steven Cranston and Mr Paul Briggs. He added that both Mr Cranston and Mr Briggs had both previously been appointed as Trust Governors and welcomed them back.

It was resolved:

to i) receive the briefing and ii) note the election outcomes.

17/36 Minutes of the Meeting held on 18th May 2017

These were agreed to be a correct record.

17/37 Current Issues

i) Executive Report

Mr Welch presented the report and welcomed the new Governors. He explained that the Trust had moved into a new era of Board and Governor working relations and welcomed the advice and challenge that Governors gave.

It was noted that the Trust-wide Quality Initiative Programme had been established as part of a wider National Initiative which encouraged 'grass roots' involvement.

Mr Welch provided an update on the progress of the 'White Board' installation process for NEWS assessments of patients. Dr Laws explained that this was a patient safety initiative to prevent deteriorating patients. An NHS Innovations Grant had been received in order to implement succinct touch screen boards which displayed real time information and drew key items to the attention of Ward staff.

The White Boards had been installed in 26 Wards in the Freeman Hospital and the remaining White Boards were due to be installed in the RVI Wards by 21st August.

Feedback from the White Board installations had been very positive and suggestions made during the installation process had been fed back as part of the development process and incorporated. Sugar alerts for diabetic patients had been a real success story.

Mr Welch explained that a query had arisen regarding confidentiality of the information displayed on the White Boards, particularly when two patients had the same surname. Mrs Lamont commented that patients and carers were generally more concerned about safety than some aspects of confidentiality.

As previously reported the Trust had participated voluntarily in the NHS Improvement Financial Improvement Programme Phase 2 and had been working with Ernst & Young as part of the Programme. The work to date had not identified any new areas of significant but had focussed on increasing delivery in certain areas. A decision was required as to whether to progress to Phase 3 of the Programme and the Trust Board of Directors were scheduled to consider this at their next meeting in July.

Mrs Dragone commented that the Trust had learned a lot as a consequence of involvement in the Programme and had benefitted from the experience that Ernst & Young had gained from doing the same work in other Trusts.

Mr Ramsden queried what in particular the Trust had learnt from the Programme to which Mrs Dragone explained that Ernst and Young provided credibility and had validated the baseline in the Financial Plan which gave assurance to NHS Improvement that the Financial Plan was based on the correct underlying assumptions. In addition the Phase 2 element had identified a further potential £5m more in savings.

Mr Welch advised that the Trust had invested in three new interim Senior Managers to be included within the Transformation Team to focus on further streamlining of tasks to reduce expenditure and to increase delivery of outcomes. He added that it was important to note that the Trust was not prepared to compromise on quality.

It was noted that there were significant difficulties with patient flow in terms of availability of step down care and in getting patients home when their treatment was complete. This was due mainly to Local Government Authorities being financially challenged however the Trust was working closely with Newcastle City Council in order to facilitate and improve patient flow.

Mr Welch referred to the ongoing dialogue and challenges faced with Clinical Commissioning Groups relating to the so-called 'Procedures of Limited Value' and 'Advice and Guidance'. He added that the CCGs had advised that certain procedures would not be paid for such as hernias, varicose veins, benign skin lesions and abdominoplasty. In addition the advice and guidance requirement had been implemented in order to avoid unnecessary referrals.

Mr Welch highlighted that the results of the GMC Trainee Survey had been very positive, particularly given the size and complexity of this Trust. He commended the work of the clinical staff for the positive survey results.

Mr Welch referred to the issues identified with the Trust Estate, highlighting that it was evident that insufficient attention had been given to such issues previously. These issues were now being addressed in order to improve the Trust infrastructure, particularly with regards to water supply, power supplies and piped gases.

Following the Grenfell Tower tragedy it had been identified that the Trust had a small amount of cladding which matched that of Grenfell Tower. This was situated mainly on the first floor of the Outpatients department at the Freeman Hospital. In addition cladding samples had been taken from the RVI samples and results were awaited. Additional fire security had been implemented whilst the cladding rectification work was ongoing.

In relation to the STP, Mr Welch commented that the Trust had representatives involved or leading in all areas of the STP and advised that Mrs Robson was part of the Oversight Group.

Mr Welch explained that the Trust had recently received a major incident call following an incident on the West Road in Newcastle which was identified as a possible terrorist incident. Dr Laws, Mrs Dragone and Ms Newton had been on call at the time and Mr Welch commended the fantastic Trust response to the call. As evidence came to light it was clear that the incident was not a terrorist incident and did not meet the full definition of a major incident. Many Trust staff came in to work to help who were on annual leave.

Mr Welch expressed reassurance to Trust Governors that the Trust was well prepared for dealing with major incidents. The Trust liaised closely with all emergency services and implemented the lock down policy. Some lessons were learned following a positive debrief.

Dr Laws highlighted that he had received the call and it transpired that the incident was a tragic accident. The Emergency Department was fully staffed in minutes and whilst numbers were unknown at the time it was reassuring to know capacity was there if needed. Mr Welch commented on the effective team work displayed.

It was noted that the CQC had changed its approach regarding inspections to focus more on Trusts being 'well led' with focussed clinical inspections for the poorer performing areas.

Mr Ramsden commented that in his view some of the identified procedures of limited value were not appropriate and stated that the matter should be discussed and agreed nationally. Mr Welch explained that Trusts had been advised that the listing of such procedures had been identified following evidence from NICE. Reference was made as to whether patient choice would be impacted.

Mr Briggs queried whether the listing of procedures included tonsillectomies to which Mr Welch confirmed it did.

Mr Briggs queried whether any GPs had objected to the listing of procedures to which Mr Welch explained that a number of GP practices were forming Federations and it was hoped that this would result in a 'stronger voice' from GPs.

It was resolved:

to receive the report.

ii) Update on Congenital Heart Disease Public Consultation

Mrs Lamont provided a verbal update and explained that the process had been ongoing for 16 years. A further consultation had commenced in February 2017 and concluded in July 2017. The Trust had been informed that a significant number of responses to the consultation had been received and therefore it was unlikely that a decision would be made until the end of the calendar year or even early next year.

It was noted that an objection had been submitted by the equivalent unit in Leicester.

Mrs Lamont advised that the Trust had recently started to treat congenital heart patients from Manchester which had increased the number of patients treated within this Trust.

The Newcastle consultation event hosted by NHS England on 27th June had been well attended with over 40 people in attendance, some travelling from as far as Leeds and Salford, and members of the press were also present. The consultation event in Teesside on 28th June was less well attended however overall feedback was very positive and informal feedback from NHS England during the events was that they wanted to make excellent services better. There was no indication given of a desire to move services away from Newcastle.

Mrs Perfitt queried whether there was an expectation that the Trust would meet the remaining non-compliant standards to which Mrs Lamont explained that one of the main challenges was in terms of achieving the required numbers of patients. An issue had also been identified regarding how the activity was counted; particularly when there were two surgeons in one operation, this matter was still to be addressed.

Mrs Lamont explained that a significant amount of work had been undertaken in ascertaining the options available however it was noted that the feedback from Parents at the consultation events were that colocation was not as important to them.

Mr Welch commented that it was difficult to attract intensivists when the services were not co-located.

It was resolved:

to receive the report.

iii) Update on Fire Safety and Estates Matters

Mr Robert Smith provided a verbal update and referred to the tragic event at Grenfell Tower on 14th June. Following the tragedy NHS England and the Department of Health had requested the completion of an urgent return request further detail as to whether the Trust had any cladding above two storeys high, whether any cladding was located in in-patient areas. Following the completion of this return NHS England and NHS Improvement identified those Trusts were priority action was required.

Mr Robert Smith explained that this Trust did have some cladding, and some of which was above two storeys high in the RVI however this Trust was not placed on the 'priority' list at that time. The Department of Health then undertook a further review and confirmed that NuTH would be moved to the priority list on 9th July and that this would be announced on 14th July.

It was confirmed that samples of the cladding had been taken and only a very small section of potential concern was identified in the podium block. This was not identified as a significant risk.

Fire and rescue services had been involved in the discussions around the Trust cladding and additional training had been performed, with additional use of Fire Wardens.

Mr Robert Smith advised that the cladding at the Freeman Hospital would be removed within the next few days and a plan was being developed for the removal and remediation for the cladding at the RVI.

The ageing infrastructure was discussed and it was noted that there were a number of old estates related audit reports which had not been acted on appropriately/timely. In addition the fire compartmentation was an area which required further investigation following the Grenfell incident.

It was noted that the Trust had experienced a number of major incidents recently regarding water pipe failure and Mr Robert Smith explained that a briefing paper had been submitted to the Executive Team and Board regarding reviewing the infrastructure and the need for appropriate phasing of work.

Mr Robert Smith advised that he had met with Mr John Bedlington and discussed the position regarding the number of fire safety advisors. He added that Mrs Dragone and Mr Welch had been very supportive in recognising the need for additional fire safety officers.

Councillor Streater referred to the Local Authority responsibility for housing and commented that there were 45 tower blocks in the area. A key area of focus was on ensuring adequate evacuation plans were in place and whether fireproof lifts should be installed.

Mr Robert Smith confirmed that the Trust did have an Evacuation Policy in place covering horizontal evacuation, along with detailed Risk Assessments. A joint exercise to review the risk assessments was due to be commenced.

Councillor Streater queried whether the work would be completed within budget or was extra resources needed to which Mr Robert Smith advised that the demands were significant and it was dependent on patient throughput and the availability of alternative areas. Mrs Dragone added that the Trust had made a provision for the works required and that these would need to be phased.

Mr Ramsden highlighted that decanting opportunities were limited to which Mr Robert Smith confirmed that there were no decant options available at the RVI. In addition the Naylor and Carter reviews placed added emphasis on the removal of any surplus land.

It was resolved:

to receive the update.

17/38 Business and Development

i) Working Group Report

Mr Bedlington welcomed the new Trust Governors and explained that he was the Chair of the Governor Business Development Group. Mr Bedlington invited the new Governors to attend the next Group meeting on 17th August at the Royal Victoria Infirmary at 2.00pm and highlighted that the agenda for the meeting would cover STP progress, an update on fire safety and estates and a review of the external auditor key performance indicators.

Mr Bedlington advised that he had recently met Mr Robert Smith and expressed his concern that the Trust did not have enough Fire Safety Advisors for the size of the Trust, especially when compared with other Trusts such as Sunderland, Teesside and Northumbria. He added that there were risks associated with not having a sufficient number of fire advisors and advised that he thought the most appropriate number would be a minimum of 6.

Mrs Perfitt queried the legal requirement to which Mr Bedlington explained that the legal requirement was to undertake fire safety training for all staff.

Mr Robert Smith explained that the Trust will be increasing its numbers of Fire Safety Advisors in order to ensure compliance with HTMOS guidance which requires Ward risk assessments to be taken and the development of evacuation strategies by Ward.

Mr Bedlington stated that at the last Group meeting Mrs Sheila Alexander and Mr Iain Bestford outlined the role of the Trust Transformation Team.

Mr Bedlington reminded Governors that they had a role in approving any mergers to which Mr K W Smith clarified that it was the 3 STPs to be merged into one rather than any Trust mergers.

Mr Bedlington expressed his concerns over the governance of STPs to which Mr Welch confirmed that he had attended a number of STP meetings and governance had been considered appropriately.

Mr Bedlington referred to the role of Governors in appointing the Trust external auditors and explained that the Trusts current auditors, PwC, were in their last year of a five-year contract (an initial 3 years plus an extension of 2 years). He commented that the external audit manager, Mr Simon Clegg, had left PwC however he was not informed of this.

Mr Bedlington advised that his term of office would be coming up to nine years next year and therefore he would not be present for the external auditor appointment process. He added that the Working Group had reviewed the external auditor key performance indicators and determined that on the whole they had been met other than in the provision of training for Governors and in providing added value through sharing lessons learned from other Trusts. Mrs Jupp agreed to schedule a training session to be delivered by PwC at the September Council of Governors meeting (**ACTION01**).

Mr Bedlington requested that a Board and Governors Away Day be scheduled – Mrs Jupp agreed to liaise with Mr K W Smith and Dr Saunders to arrange (**ACTION02**). In addition it was requested that a presentation from Mr Iain Nesbitt

be arranged regarding the Trust Major Incident Plan – Mrs Jupp agreed to arrange for the November Council of Governors meeting (**ACTION03**).

Mr Bedlington commended the staff involved in the ‘near miss’ major incident on West Road.

It was resolved:

to receive the update.

ii) Finance Report – Month 2

Mrs Dragone presented the financial position for the period ending 31st May 2017.

Mrs Dragone explained that operating income for the period was £6.7 million behind Plan and operating expenditure was £5.7 million behind Plan.

Mrs Dragone explained that the Trust reported a deficit of circa £0.5 million in month 2, which was disappointing, albeit planned.

The Trust had previously made a year on year surplus however the financial environment had changed with many of the Trusts commissioners suffering from significant financial strain and cost pressures had increased from the junior doctor’s contract changes, the apprenticeship levy introduction and an ageing estate. In addition income was declining as a consequence of changes to the tariff/payment mechanism.

The Trust was predicting a £10 million deficit at the end of the financial year and Mrs Dragone commented that the Trust was one of the last Foundation Trusts to move into deficit.

Mrs Dragone advised that the Trust’s Plan required a challenging £27 million in cost improvements. She added that the Trust was reviewing plans to deliver the target and engaging with Ernst & Young as part of the NHSI-led Financial Improvement Programme to firm up existing CIP plans and develop additional CIP opportunities.

The Capital Plan was in the region of £32 million and year to date expenditure was running ahead of plan. This relates to a Linear Accelerator that was initially planned for September 2017 but the purchase was brought forward to provide flexibility for drawing down PDC funding in 2016/17.

The Cash balance at the end of April 2017 was strong at £121.5 million; £8.9 million higher than Plan. Working capital movements improves cash by £10.3 million, partly off-set by capital programme overspend of £0.9 million.

Mrs Dragone explained that in relation to the use of resources metrics the Trust would attain an overall risk rating of ‘2’. However because a Control Total has not been signed an override means a score of 3.

Mr Ramsden queried whether activity levels were down to which Mrs Dragone confirmed that activity was down, in part due to the earlier bank holidays but also

due to reductions in referrals from CCGs as a consequence of their demand management.

Mr Cranston queried whether the fire safety additional expenses would be subject to additional national funding to which Mrs Dragone explained that it was possible that funding may be made available however none had been made available currently.

Mr Cranston asked whether consideration was given to undertaking 'joint work' such as when areas are dug up for pipework then any cabling work is also undertaken at the same time to avoid digging up areas twice to which Mr Robert Smith said that this was considered and a backlog maintenance schedule was in place.

It was resolved:

to receive and acknowledge the overall financial position for the period to 31st May 2017.

17/39 Community Engagement and Membership

i) Working Group Report

Mr Thompson provided a verbal update and also welcomed the new Governors. He added that they were more than welcome in joining the Community Engagement and Membership working group.

Mr Thompson advised that the next meeting would be focussed on activities to try and increase the Trust membership level and a member of staff from the Communications Team would be attending to discuss how to use Social Media to increase membership.

Mr Thompson provided an update on the members' event held on the 28th June which covered two very important topics; dementia and radiosurgery. He added that both presentations were fascinating and the event was well attended.

Mrs Lamont commented that the Trust was one of few Trusts with a Specialist Nurse Consultant for Dementia and explained that the Trust had recently created a Memory Clinic which was proving really successful.

Mrs Perfitt queried the attendance level for members' events to which Mrs Jupp explained that normally between 80 to 100 people accept the invite however the number of actual attendees ranged between 60 to 80. The event can take up to 150 members.

Miss Draper commented that the invite was received quite late, giving only one week notice and queried whether they were held at the same time each year. Mr K W Smith commented that there were three events scheduled per year and Mrs Jupp advised that details of the events were posted on the Trust website one year in advance.

It was resolved:

to receive the update.

17/40 Quality of Patient Experience

i) Working Group – Update

Mrs Errington presented the report and explained that she had visited the Musculoskeletal Unit (MSU) and observed that it was a very busy Department and staff were very proud of the work they did in the Unit. She added that staff were very patient focused and the Unit was very tidy.

Mrs Errington highlighted that the department included a number of special clinics who worked together very well.

It was noted that the main concern highlighted by staff in the Unit was the lack of space and it was reported that sometimes clinics were delayed due to a shortage of rooms to see patients in.

Mrs Errington advised that the patients with whom she spoke to had no concerns and spoke very highly of staff.

It was noted that the food tasting sessions had evidenced an improvement in the quality and taste of hospital food.

Reference was made to the Excellent Sign up to Safety presentation and New Governors were invited to attend the Group meetings.

Mrs Houlston commented that she was a patient of MSU and chaired the Rheumatoid Arthritis Group (RAG). She commended the work of the Unit and RAG. Mrs Lamont asked that Mrs Houlston consider nominating the Unit for a Personal Touch Award.

It was resolved:

to receive the report.

ii) 2017/18 Integrated Quality Report

Mrs Lamont confirmed that there had been one case of Trust-acquired MRSA bacteraemia in May and confirmed that the final year-end total for 2016/17 was now 9 cases.

There were 17 cases of E. coli bacteraemia identified post 48 hours of admission in May. This is compared with 45 by the end of May 2016 which demonstrated good progress.

Mrs Lamont advised that there were 2 cases of C.difficile infection in May and the first quarter showed 15 cases against a target of 19.

There were 7 MSSA bacteraemia in May, bringing the year-to-date total to 15 cases. She added that MSSA was still a challenging area for the Trust but

highlighted that when comparing the results for the quarter, there were 20 cases in the first quarter for 2017/18 compared to 27 cases for the equivalent quarter in 2016/17. A new IV nursing specialist role was being introduced and further training had been undertaken on skin preparation to facilitate the reduction of line-related MSSA bacteraemia.

Mrs Lamont explained that there had been a 5% reduction in the total number of falls in 2016/17 compared to 2015/16. However overall the number of falls was still high and on average 250 patients per month fall whilst on Trust premises.

It was noted that there had been an increase in the number of pressure ulcers reported this month when compared to last month which remained a high priority for the Trust. Some Wards had demonstrated a fantastic improvement in reducing the number of pressure ulcers.

The most recent data available from the 'Safety Thermometer' shows that the Trust continues to achieve the 95% harm free care target.

Mrs Lamont highlighted that due to a large number of staff starting in post in March and April there had been a noticeable improvement in the vacancy factor and turnover rate. She added that it was encouraging to note that in April the total nursing vacancy factor was 7.6% which was the lowest to date.

It was noted that in some Directorates such as Cancer Services were fully staffed as opposed to the Medicine Directorate which had a high number of vacancies and a high turnover rate.

The CAT results demonstrated a stable set of results over the last six months, with total scores between 95% and 96%.

Mr Welch explained that incident reporting and near miss reporting continued to rise which indicated a good blame free, safer, open and transparent culture.

It was pleasing to note that there were no Never Events reported during May.

There were seven serious incidents reported during May which related to 5 falls causing fractured femurs, one delayed diagnosis of malignancy and one extravasation of intravenous fluid leading to serious tissue damage. In addition radiation incidents had continued to decrease.

The most recent SHMI results showed that the Trust had scored 96 which was lower than the previous quarter. This remains lower than the national average and within the 'as expected category'.

HSMR results highlighted that there had been an increase in HSMR for the month of January 2017; however this may change as the percentage of discharges coded increased. Mr Welch confirmed that HSMR rates would continue to be closely monitored.

Mr Welch referred to the satisfactory Sentinel Stroke National Audit Programme (SSNAP) and advised that the Trust currently provided thrombolysis and was

currently considering undertaking thrombectomy and embolectomy services however this required further specialist expertise.

Mr Bedlington queried why the Governors received the May report rather than a June report to which Mr Welch explained that this was due to the timing of the Board meeting schedule as the June report would not be available until the Board meeting scheduled for next week.

Mrs Perfitt queried the difference between SHMI and HSMR to which Mr Welch explained that HSMR was based on clinical coding data and therefore HSMR was reported 6 months behind. The SHMI was based on diagnosis.

It was resolved:

to note the content of the report.

iii) Patient Experience Report

Mrs Lamont presented the report and advised that the Family and Friends Test results showed a continued positive performance by the Trust with high recommendation rates for most areas. It was noted that the recommendation rate for Community services had fallen and work was being undertaken to better understand the possible reasons for the change.

Formal complaints continued to fall in comparison to the same period last year (13% fewer this year to date) and the number of complaints per patient contact ratio also had continued to improve in comparison to 2015/16.

Initial findings from the National Inpatient Survey Programme demonstrated a continued high level of performance. Opportunities for improvement had been identified and workshops had been organised to discuss the findings in more detail and generate action plans.

Mrs Lamont referred to the ongoing work detailed on pages 6 and 7 of the report.

It was resolved:

to note the content of the report.

iv) 2016 Inpatient Survey Publication and Results

Mrs Lamont presented the report and advised that the 2016 benchmark results were published on 31st May 2017 on the Care Quality Commission (CQC) website. She explained that the NHS Patient Survey Programme was intended to be a mechanism for making the NHS more patient focused and provided a quantifiable way of measuring and achieving this.

The Trust's Survey was undertaken by Picker Institute Europe in Autumn 2016, with the initial results received in January/February 2017.

The results demonstrated that the Trust performed better than other Trusts in 22 of the 65 questions and had improved significantly in one area compared to the 2015 survey. The Trust was positioned 8th overall.

The Trust does not score worse than other Trusts in any question although the results had significantly worsened in seven questions, and this is being kept under review to determine whether this is a trend.

The Trust performance was very favourable when compared to the local Trusts and Trusts in the national peer group.

It was resolved:

to note the content of the report.

v) Delivering Harm Free Care – Falls and Pressure Damage Update

Mrs Lamont presented the report and highlighted that the use of patient stories was very effective in communicating to staff the importance of ensuring all interventions are in place and documented. She referred to the two patient stories detailed in the report which demonstrated the challenges staff faced and the complexity of work involved. She added that these would be used in education sessions with staff.

It was resolved:

to note the content of the report.

vi) Quality Report 2016/17 – Audit Report

Mrs Jupp provided a verbal update and explained that the external auditor had provided a detailed report from their work on the Trusts Quality Report for 2016/17. The report had been shared with Mrs Errington as Chair of the Quality of Patient Experience Working Group so that the Working Group could review the report and discuss the findings of the report.

Mrs Jupp advised that the report stated that no issues had come to the external auditors attention that lead them to believe that the Quality Report did not incorporate the matters required to be reported on as specified in the relevant guidance. An unqualified limited assurance report was issued and the external auditors found no issues when testing the Trust's underlying data in relation to the selected local indicator.

It was resolved:

to receive the update.

17/41 Other items for discussion

i) Members Events – 28th June 2017 Event – Dementia and Cancer

Covered earlier under agenda item 17/39(i).

ii) Any Issues which Governors wish to raise/Any Other Business

Mr Bedlington queried the position with regard to the Trusts Freedom to Speak up Guardian role to which Mrs Jupp explained that Mrs Parnell had been appointed as the interim guardian whilst the role was reviewed. She added that the Trust intranet site had been updated to reflect the change in the Guardian.

17/42 Items to receive for information

- i) NHS Providers: Brexit Briefing
- ii) Kings Fund Publication: Organising Care at the NHS Front Line

Items i) and ii) were received.

17/43 Governors' Education and Training

i) Promoting Safe Proactive Discharge

Mrs Cunningham provided a detailed presentation which highlighted a number of key points included:

- Challenges in Staffing levels meant that patients were not accompanied as often and therefore there was an increased risk of falls.
- Repatriation to host Trusts was difficult and the guidance for patients regarding the 'time to think' about where they were discharged to had resulted in an increased number of hospital boarders.
- The Trust had funded a number of beds within care homes for patients to decide on where they wanted to be permanently relocated to.
- Every patient should have an estimated discharge date visible for all staff to see and therefore significant work had been undertaken in developing a 'ticket' home i.e. agreeing up front a discharge date where possible.
- The Trust was working closely with North Tyneside CCG regarding the discharge out of area patients.
- There was a desire to undertake 85% of assessments outside of hospital as research had shown more positive outcomes for patients returning home sooner. In addition this would facilitate better patient flow as patients would be discharged in a timely and most appropriate manner. Mrs Lamont referred to the last thousand days video developed by NHS England.
- The Trust received some complaints regarding patient discharge not being sufficiently organised.

Mrs Cunningham was thanked for her presentation.

17/44 Date and Time of Next Meeting

Thursday, 21st September 2017 at 1:30pm.

GOVERNORS' ATTENDANCE, 20TH JULY 2017

1	Dr Amit Aggarwal	Y
A	Mr Derrick Bailey	Y
3	Mr John Bedlington	Y
2	Mr Graham Blacker	Y
3	Mr Paul Briggs	Y
1	Mr Adam Chaffer	Y
S	Ms Elaine Coghill	Y
2	Mr Terence Coleman	Y
2	Mr Steven Cranston	Y
1	Miss Ruth Draper	Y
2	Mrs Carole Errington	Y
A	Professor A Fisher [Newcastle University]	Apologies
S	Mrs Barbara Goodfellow	Y
S	Mrs Eleanor Houliston	Y
1	Mr Bill Ions	Y
3	Dr Alan Johnson	Apologies
S	Dr Phil Laws	Y
2	Dr Helen Lucraft	Apologies
1	Mrs Jean McCalman	Apologies
2	Dr Duncan McKinnon	N
S	Mrs Victoria Mitchinson	N
1	Mrs Susan Nelson	Y
2	Mrs Carole Perfitt	Y
2	Mr Peter Ramsden	Y
S	Mr Wayne Reed	Apologies
1	Mrs Elsie Richardson	N
2	Mr Paul Richardson	N
3	Dr Michael Saunders	Apologies
1	Mr David Stewart-David	Y
A	Councillor Jane Streater	Y
2	Mr Derek Thompson	Y
1	Dr Eric Valentine	Y
A	Professor Andrew Wathey	N
2	Mr Fred Wyres	Apologies