THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MINUTES OF THE MEETING HELD ON 15th MAY 2014

Present:  Mr K W Smith (Chair)
Public Governors (Constituency 1) 8 (out of 9)
Public Governors (Constituency 2) 8 (out of 11)
Public Governors (Constituency 3) 2 (out of 4)
Staff Governors 3 (out of 7)
Appointed Governors 2 (out of 5)
(attendance schedule attached)

Professor P H Baylis, Non-Executive Director
Mrs A Dragone, Finance Director
Sir Leonard Fenwick, Chief Executive
Mrs H Lamont, Nursing and Patient Services Director

In Attendance:
Mr S R Reed, Trust Secretary
Mrs K Coles, Nurse Staffing Review Project Lead (minute ref 14/32(i) only)
Mrs E Harris, Head of Nursing, Royal Victoria Infirmary (minute ref 14/32(ii) only)
Mrs A Gracey, Assistant Finance Director (minute ref 14/32(ii) only)

ACTION

14/23 Apologies for Absence

Apologies were received from Mrs E Armstrong, Professor P Corris, Councillor V Dunn, Dr H Lucraft, Dr D McKinnon, Dr V Oliver-Jenkins, Mr W Reed, Mrs L Robson, Business and Development Director, and Mr A Welch, Medical Director.

14/24 Statutory Business

i) Nominations Committee: elections

Mr Reed advised Governors that the membership of the Nominations Committee had needed to be refreshed, in the light of Mr MacDonald’s resignation as a Governor in December 2013 and the conclusion of third and final terms of office for Mrs Donnelly (current Chair of the Committee) and Mr Harvey. After 31st May 2014, this would have left only Mr Ramsden as a member of the Committee.

Consequently and in line with past practice, nominations had been sought in March 2014 from Public Governors who might wish to serve on the Committee. In the event of more than three nominations being received, a secret ballot of all Public Governors would have been held. By the deadline of Friday 28th March
2014, three nominations had been received: Mr Steven Cranston, Mrs Mary Ann Hargreave and Mr Paul Taylor.

These new members met with Mrs Donnelly and Mr Ramsden on 8th May 2014 for a handover and briefing on the forthcoming programme of work and to appoint a new Chair of the Committee. Mr Ramsden was chosen to take up the position, giving continuity to the Committee and bringing his past experience to the post.

Mr Harvey and Mrs Donnelly congratulated Mr Ramsden and wished him luck. Mr Ramsden replied that he hoped to be able to fulfil the duties appropriately. Tribute was paid by the Chairman to Mr McDonald, Mr Harvey and Mrs J Donnelly for all of their work in the Committee, demonstrating the true spirit of British public service.

It was resolved:

to i) receive the briefing and ii) note and endorse the new membership and Chair of the Nominations Committee.

ii) Governor Elections 2014 - update

Mr Reed advised that, for the first time, 2014 would see a number of Governors reach the conclusion of a third and final term of office and hence they would not eligible to stand in this year’s elections. Governors whose first or second terms of office would expire on 31st May 2014 were eligible to stand for re-election for a second or third term.

Due to the number of unfilled seats held over from 2013 and a number of resignations, some 14 Governorships were potentially up for election this year. By the close of nominations on 24th April 2014, three nominations had been received in the Newcastle constituency; one in the Staff – Ancillary & Estates constituency; and one in the Staff – Nursing & Midwifery constituency and hence the following nominees had been returned unopposed: Newcastle – Mrs D Eblett, Miss G Jones and Mr P Taylor; Ancillary & Estates – Mr R Fleming; Staff – Nursing & Midwifery – Mrs J Springthorpe.

In all other constituencies there was to be a ballot, with nine candidates for the Northumberland, Tyne & Wear constituency (four seats); four candidates for the County Durham and Tees Valley SHA constituency (two seats); and two candidates for the Staff – Admin & Clerical, Managerial and Chaplaincy constituency (one seat). The election timetable was as follows:

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<td>Notice of Poll / Issue of Ballot Packs</td>
<td>Monday, 12th May 2014</td>
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<td>Close of Poll – 5pm</td>
<td>Thursday, 5th June 2014</td>
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<td>Declaration of Result</td>
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14/25 Minutes of the Meeting held on 20th March 2014

These were agreed to be a correct record. Mr Harvey commented on minute ref. 14/15 and was glad that the Trust had secured the services of a former BBC reporter to assist with PR activities.
Sir Leonard advised of a number of topics of current interest. The new Royal Victoria Infirmary multi-storey car park had now received planning permission. It was noted that Sir Leonard and the Chairman had been excluded from visits to Trust services during the visit to Newcastle by the new NHS Chief Executive on 1st April 2014. Copies of his speech were tabled, for information. This was the second occasion on which a University representative had snubbed the Trust. In addition, the Leader of Newcastle City Council had not been invited to the speech but those of other Local Authorities had been.

With regard to North Cumbria University Hospitals, copies were tabled of recent press coverage of the Chairman’s challenge. It was difficult to maintain viable clinical relationships in consequence of Northumbria Healthcare’s engagement in North Cumbria, including for cancer services. The Chairman had been following this up with the Department of Health, Secretary of State, Monitor, Care Quality Commission, and NHS Trust Development Authority but it had proven difficult to elicit responses from any of them.

Mr Bedlington enquired what role Ms Gina Tiller had in relation to North Cumbria. She had been appointed Chair of NCUH. The Chairman noted that it was nearly three years since the original acquisition process had been launched. That Trust was now in special measures. The process should be reviewed in detail. It was not known how NCUH was being funded. In the meantime, Newcastle Hospitals were held to account for major trauma and cancer waits targets in particular. It was known that Northumbria Healthcare was head hunting to fill posts in NCUH and there was a mixed picture for NCUH staff, with some leaving, while others were seeking to develop new services.

The Newcastle Hospitals finances showed a good outturn for 2013/14 and a stable position for 2014/15, albeit the outlook was more challenging for 2015/16. With regard to contracts, agreeing these had been most challenging at national level, while Clinical Commissioning Groups had been weak.

The impact on Medical Education & Training of continued revisions to funding allocations was a continuing concern.

Integration of services with Newcastle City Council was highlighted. Mrs Hargreave asked if the Trust should become the overall service provider for Newcastle. That was indeed the vision. The CCG Alliance across Newcastle and Gateshead could be a significant benefit for the Trust. Allied to this area, continued development of eRecord included a primary care interface.

It was noted that the Trust had participated in a Monitor-sponsored Board governance review.

With regard to the Cramlington Specialist Emergency Care Hospital, this was noted to offer 250 beds from June 2015, which was far beyond what had been indicated in the original public consultation. There was likely to be a significant impact on the Trust via the local health economy. Commissioners lacked focus, including insistence on the original conditions being met. Ms Harvey added that there was incorrect information in the public arena, including the North East
Ambulance Service claim that SECH would be a Level 1 Major Trauma Centre. Mrs Hargreave requested a detailed briefing for the Council of Governors as more became known. The impact of SECH on the hospitals in Wansbeck and North Tyneside was not known. Monitor had advised that this was the biggest risk to the future of the Trust. The Chairman spoke of the promotion of patient choice as a counterbalance. Mr Ramsden thought it would be important to keep the focus on the interests of patients, including medical specialties being concentrated in regional centres, primarily Newcastle. It was increasingly obvious that failing NHS Trusts were being subsidised and as funds were restricted and redeployed in this manner, Foundation Trusts would suffer. Mr Taylor asked whether the Trust should consider acquisitions of other Trusts. Newcastle Hospitals were in the top five already and it was probably better to work in partnership in specialist areas and to build alliances.

Attention was drawn to the recent Congenital Heart Disease Review Team visit. It was noted that an extension to the Regional Cardiothoracic Centre was already being designed, for an expansion of children’s heart surgery services.

The Regent Point offices would be occupied from August 2014 and then Cheviot Court could be demolished.

A number of key impact documents received from Government and regulators were scheduled, for information. Mr Ramsden asked, in relation to the ‘Hard Truths’ commitment what penalties there were for non-compliance. Sir Leonard replied that this was not negotiable and presumably Trusts which fell short would be ‘named and shamed’.

Mr Taylor noted the move of the eating disorders clinic to South Tees and asked what the impact would be. The relocation released some accommodation at the Royal Victoria Infirmary for use by emergency medicine; and a move of the eating disorders service to an Outpatient or community setting was undoubtedly required.

14/27 Business Development

i) Working Group Report

Mr Bedlington advised that the Group had had a short engagement with the Trust in the development of the Operational Plan for 2014/15; but was having greater involvement in the development of the Strategic Plan.

With a watchful eye on regional developments, the Group was regularly considering the issues in Cumbria, Leeds and Cramlington, as highlighted in the Chief Executive’s report.

Mr Bedlington also noted that the Governors’ key performance indicators for the external auditors were currently 70% delivered, on time and competently.

ii) Finance Report

Mrs Dragone presented the outturn position for 2013/14. Last year, the Trust had been the highest performer in England and the expectation was for a similar
outcome this year. An Income & Expenditure surplus of £23.6 million had been achieved and cash balances stood at £96 million.

It was noted that a recurrent I&E balance supported resilience. Cash and hence liquidity was a strength. The Cost Improvement Programme target of £35 million had been delivered. The only disappointment in the year had been the shortfall on capital expenditure. The overall financial risk rating for the year had been 4, which was the best achievable under the Monitor system.

14/28 Membership and Community Relations

i) Working Group Report

Ms Harvey advised Governors that the next Members’ Event would be held on 3rd July 2014, on emergency care. Further promotion of the work of the Dental Hospital and School had included issuing of an invitation to the annual Dental School lecture.

New promotional materials for Membership were now available, perhaps especially for the Governors in the Northumberland Tyne & Wear constituency to use. Public engagement was to focus on North Newcastle in the light of current developments.

14/29 Quality of Patient Experience

i) Working Group Report

Mr Venables introduced the report. Key points of interest related to ‘Care Quality Commission’-style pilot inspections. A number of Governors had attended the recent North East Ambulance Service public meeting, which had raised some disquiet about future funding and the costs of inter-hospital transfers in South Northumberland. It was highlighted that there was no signage from the Freeman Hospital multi-storey car park to Musculo-skeletal Outpatients. The Sisters’ Office in that department was very cramped.

Mrs Lamont advised that actions were being taken with regard to the Sisters’ Office; Estates were following up the signage; and the Outpatient appointment letter format was being reviewed.

The Working Group had had a meeting on 13th May 2015 with Mr D Ward, on Estates & Facilities management across the Trust, which had been most informative.

Mrs Lamont highlighted that the Governor’s visits protocol was not being followed on every occasion, including the courtesy notice to her office that a visit was scheduled.

ii) Healthcare Associated Infection

Mrs Lamont informed Council that there had been a total of eight MRSA bacteraemia cases in 2013/14, with 86 reportable cases of Clostridium difficile against a target of 66. However, 11 cases had been appealed successfully, giving
a true total of 75, which compared favourably with 76 cases in the previous year. The 2014/15 target for C. diff was no more than 80. There had been six cases in April 2014. Commissioners would apply a fixed penalty of £10,000 per case for breaches.

Mr Bedlington commented that when a deep clean of a ward was undertaken, this often involved the destruction of posters and leaflets, often provided by charities and hence incurring some cost to them. It was noted that sealed noticeboards were to be introduced in future.

iii) **Clinical Assurance Toolkit**

Mrs Lamont advised that the Trustwide score continued to be around 97%. From April 2014, the Toolkit would include nurse staffing numbers, once the national guidance had been published.

With regard to isolation of infectious patients, access to an adequate number of cubicles was hampering the most effective care on occasion. Mr Ramsden noted that medical staff fared badly on ‘staff knowledge’ of Infection Prevention & Control. This was a focus for further education across the Trust.

iv) **2013/14 Quality Account Month 12**

Mrs Lamont presented the report for March 2014 and highlighted that the Trust had met all targets except for reduction in the rate of needlestick injuries. There had been no ‘never events’ in the month. There had been three Serious Untoward Incidents, of which two had been patient falls with harm. Mortality rates for the Trust remained good.

All CQUIN targets for the year had been met and the Trust expected to receive the associated payments. The annual Quality Account for 2013/14 had been presented to commissioners recently and good feedback had been received.

v) **Friends & Family Test**

Mrs Lamont presented an update and tabled an additional briefing paper. It was noted that the Net Promoter Score for the Trust as a whole was consistently >80, the highest in the region and one of the best in England.

Emergency Department response rates had been improved, by using a token system. Maternity Services had applied the Test since October 2013, at four ‘touch points’. The Staff Friends & Family Test would be mandatory for Trusts from this year and work was underway to facilitate this.

14/30 **Other Items for Discussion**

The Chairman paid tribute to Mr Harvey and Mrs Donnelly, two of the longest serving Governors, who were standing down upon completion of the maximum of three consecutive terms of office. Mr Harvey had been instrumental in the development of the original and subsequently refreshed hand hygiene campaign, which had been copied widely across the region by other Trusts. He had also served on the Nominations Committee; and he had devised the Trust strapline
“Healthcare at its very best – with a personal touch”. Mrs Donnelly had for many years served on the Nominations Committee and, indeed, Chaired it, assisting the Trust in making appropriate and robust appointments of Non-Executive Directors. The Chairman presented each with a framed picture as a token of the appreciation of the Trust for all their work.

Sir Leonard added that both had been a key part of the original foundation of the Foundation Trust, and, through them and others like them, our governors were nationally recognised. Both had offered wise counsel, with tenacity and commitment to the Trust and to the principles of Foundation Trusts.

Mr Bedlington spoke of Mrs Donnelly as the voice of moderation; and of the towering intellect of Mr Harvey, noting that when one speaks quietly, people listen.

Mr Venables reiterated the commendations and highlighted the quiet and effective style of Mrs Donnelly. He had been struck by Mr Harvey’s attitude to making sure people were involved with the Trust and engaged with the working groups.

Ms Harvey noted that the working group Chairs, including Mrs Donnelly, had originally been “The Four Girls”. With regard to Mr Harvey, it had been a privilege to work with her father – both had been elected originally unbeknownst to each other. She commended them both for the skill and experience they had used for the benefit of the Trust.

Mrs Hargreave echoed these sentiments and, as one of the original Four Girls, had enjoyed working with both of them, recalling Mrs Donnelly’s sense of humour and Mr Harvey’s expertise from his Proctor & Gamble days in relation to soap and the hand hygiene campaigns. Ms Harvey advised that she had also received an email from Jean Potts (a former working group Chair) offering her warmest regards to both.

Mr Thompson reminded Governors of the recent Palliative Care team presentations at a Members’ Event and the Council of Governors and noted that the Royal College of Physicians national review had been scathing about end of life care. Mrs Lamont advised that this was currently a Monday to Friday service but the team was closely linked to St Oswald’s Hospice and there was a service available throughout the week.

Ms Harvey enquired when the formal Governor visits programme might recommence. Mr Reed was hopeful that this might be reinstated from September 2014, upon completion of the induction of newly elected Governors.

14/31 Items to Receive

i) Monitor’s Strategy

A briefing was received for information on Monitor’s strategy 2014 to 2017: Helping to redesign healthcare provision in England.
14/32 Key Presentations

i) Nurse Staffing Review

Mrs Harris, Head of Nursing, Royal Victoria Infirmary, introduced an overview of the Nurse Staffing Review. National guidance now required that wards displayed planned and actual numbers of staff for each shift (Registered and unregistered), along with details of who was in charge of the shift.

The Senior Nursing Team reviewed the staff available on a shift by shift basis, which was discussed with Sisters / Charge Nurses Matrons and Heads of Nursing. Where shortages were identified, the escalation policy was followed.

Trust Boards were to receive monthly updates on staffing information. This should then be discussed at public Board meetings and also displayed on the Trust webpage or NHS Choices. In future, the Care Quality Commission would monitor how well these requirements were being met, as part of their inspections.

Mrs Lamont advised that the Area Team was seeking assurance that the Trust could meet the reporting requirements but without knowing what these were yet. NICE had also issued guidance, for consultation, which was some 73 pages long.

Mrs Coles, NSR Project Lead, gave an overview of Phase I of the Review. Key elements had included agreeing staffing establishments with Directorates for adult inpatient areas, using the professional judgement of Matrons, Sisters / Charge Nurses and the NSR Team. The Safer Nursing Care Tool (SNCT) had been used to validate results. Sister / Charge Nurse supervisory time had also been identified. Development of a Nurse Staffing Strategy was underway, supported by the establishment of a Nursing and Midwifery Recruitment and Retention group.

There was a high degree of confidence in staffing levels in consequence of this Review. It was highlighted that there was no financial pressure in the Review, as the Executive Team had been apprised of initial findings in 2013 and had authorised additional staffing where required.

Mr Wyres commented that the feedback he had from patients and visitors during ward visits was that the Review had been a wonderful idea. Mrs Lamont added that staff saw it as supportive. Phase II was now underway, to examine Children’s, Outpatients and critical care areas.

ii) Operational Plan 2014/15 - Overview

Mrs Gracey, Assistant Finance Director, presented an overview of the Plan for the current financial year.

Key messages included the following. There was an unprecedented affordability challenge facing the NHS, with a financial shortfall of £30 billion expected by 2021. Hence there was a clear need for improved productivity in Foundation Trusts, which would largely come from service configurations. Transformational change would be required, to deliver the right care in the right setting and Trusts would also need to develop new ways to deliver high quality care.
There would be a significant shift in resources through the Better Care Fund, moving NHS monies into local authorities. Emphasis was placed on a co-ordinated approach to strategic planning, mirrored by a joint review process involving Monitor, NHS England, the NHS Trust Development Authority and the Local Government Association. For the first time, five-year plans would also have to be produced, in addition to the detailed operating plans for the next two years.

The key to the Operational Plan would be getting the right balance between specialist services, acute care – the local hospital role, and care and treatment outside of hospital.

Governors had been engaged in the development of the Plan via the Business Development Working Group, with representation also from the Quality of Patient Experience Working Group.

14/33 Date and Time of Next Meeting

The next meeting would be held at 1.30pm on Thursday, 17th July 2014 in the Function Rooms, Education Centre, Freeman Hospital.
GOVERNORS’ ATTENDANCE, 15th MAY 2014

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<td>Mr Derrick Bailey</td>
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<td>Mr John Bedlington</td>
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<td>Mrs Kay Cartner</td>
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