

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MINUTES OF THE MEETING HELD ON 15th MARCH 2012

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

Mr D Allison, Chief Operating Officer
Sir Leonard Fenwick, Chief Executive
Mrs H Lamont, Nursing & Patient Services Director
Mr S R Reed, Trust Secretary
Dr T J Walls, Medical Director
Ms W Jones, Senior Assistant Finance Director

In Attendance:

Mrs W Baker, Project Lead (minute ref. 12/19(iii) only)
Mrs D Palmer, Director – Quality & Effectiveness (minute refs. 12/21(iv) and 12/22(i)only).

ACTION

12/13 Apologies for Absence

Apologies were received from Mrs E Armstrong, Mr J Bedlington, Professor A Burt, Ms E Coghill, Ms Y Cookson, Mrs G Haigh, Mr I Kitt, Mr B Lunja, Ms G Tiller, Professor A Wathey, Mr A Welch and Mrs A Dragone, Finance Director.

12/14 Key Presentations

i) Ward Accreditation Certificates

Mrs Lamont advised governors of the background to the Ward Accreditation scheme for infection prevention and control. The Chairman presented certificates of achievement to the following Wards and Departments: Disablement Services Centre, Freeman Hospital; Newcastle Fertility Centre; and at the Royal Victoria Infirmary, Ward 31, the Haemophilia Centre, Women's Health Unit, Ward 41, Ward 44 and Ward 48.

Mrs Lamont reminded governors that the achievement of accreditation arose from a team effort by all staff in each ward or department and not just by the Matrons or Sisters/Charge Nurses. It was noted that the scheme had now been replaced by the Clinical Assurance Toolkit and that a Charter Mark was being developed.

12/15 Statutory Businessi) Nominations Committee Business

Mr Reed tabled a briefing which advised governors of the current activities in relation to the Chairman and the Committee membership. Mrs Donnelly, Committee Chair, informed the meeting of the continuing market test of the Trust Chairman position. Informal meetings with potential candidates were due to be held over the next six weeks.

With regard to the recent election for the vacant Committee seat, it was noted that Mrs Hargreave had been the successful candidate.

12/16 Minutes of the Meeting held on 19th January 2012

These were agreed to be a correct record.

12/17 Matters Arisingi) Level One Trauma Centre

Dr Walls advised that the clinical arrangements for the Trauma Centre would be in place for 1st April 2012 but there were still contracting issues with regard to funding. Mr Allison clarified that NHS North of Tyne was proposing a level of funding significantly below both the business case requirements and what the Trauma Network had proposed (which barely covered costs). £2.5 million had been expected but less than £900,000 was offered.

ii) “Safe & Sustainable” – Children’s Cardiac Surgery

Sir Leonard spoke of the judicial review by the Royal Brompton Hospital NHS Trust of the national review process. A High Court hearing in week commencing 19th March 2012 would consider whether the public consultation should be re-run. There was a continuing dialogue with the Department of Health. A third Paediatric Cardiac consultant had been appointed by the Trust to train here and abroad and a fourth post was under consideration. The expansion of the Paediatric Intensive Care Unit was under way.

A prospective issue would be developing and sustaining support networks, including with Yorkshire and Humberside and especially if the Leeds centre was not recognised at the conclusion of the national review.

It was noted that there were only two children’s heart transplant centres in the UK, namely Newcastle and Great Ormond Street Hospital; plus Extra-Corporeal Membrane Oxygenation with Leicester. The lead-time after the national review panel reached a decision was likely to be 12-18 months to “go live” with a larger scale of activity.

Ms Harvey commented that if governors could help in any way they would do so. Sir Leonard replied that this would be most welcome.

iii) North Cumbria University Hospitals NHS Trust (NCUH)

Sir Leonard tabled copies of a media release with regard to evaluation of the bid process for the acquisition of North Cumbria Hospitals. Officers of the Trust did not think it had been a proper process and hence a learning set had been proposed. The Alliance bid (of Newcastle Hospitals with Cumbria Partnership NHS Foundation Trust) had been unsuccessful and had been ranked third (behind Morecambe Bay Hospitals NHS Foundation Trust) by the Board of North Cumbria Hospitals. However, no correspondence had been received formally to that effect. 96% of North Cumbria consultants had preferred Northumbria Healthcare NHS Foundation Trust as the partner organisation. The Trust's due diligence had been frustrated but the Vendor Due Diligence documentation had disclosed the scale of the recurrent deficit, problems with the PFI scheme (including no deductions being made from the Unitary Payment), poor infrastructure, and low staff morale. GPs in Cumbria had been supportive and had preferred the Alliance bid.

The Trust would work further with Cumbria Partnership, including its governors and Members. The Alliance bid had played to national policy on Vertical Integration. It was odd that a manifestly failed organisation (NCUH) had acted as it did and not obviously in the best interests of patients. It would now require careful thought as to what clinical services would continue to be provided by the Trust in Cumbria and in the context of competition with Northumbria Healthcare. The Alliance might well publish its business case now.

The Chairman supported publication of the bid document. The relationship with Cumbria Partnership had been beneficial and the Trust expected to be able to build on it. Mr Venables asked how the business case was to be publicised. It would be sent to the media "as is". Mrs Hayden commented that the Cumbrian public was apparently largely unaware of any of the proposals by any of the bidders.

12/18 Executive Report

Sir Leonard presented an overview of items of current interest. With regard to the commissioning round for 2012/13, national and specialist services were looking good but the picture with NHS North of Tyne was not. The contract was due to be signed on 15th March 2012 but this had not been possible. The Strategic Health Authority would then exclude the Trust from access to development funds.

A key sticking point related to the Clostridium difficile target for the forthcoming year. The Trust had no objection to a ceiling of 95 cases but did object to the scale of the proposed financial penalties for any breach, with the 96th case attracting a fine in excess of £1 million and exceeding 105 cases would result in a total of £13 million of fines.

Turning to the Major Trauma Centre, the Trust was working with the Department of Health and specialist advisers to be able to treat polytrauma patients 24/7 but NHS North of Tyne was frustrating those efforts. Other moves by NHS North of Tyne included attempts to introduce block contracts for certain services, rather than payment for quality and performance; and scrutiny of all complaints received by the Trust.

It was noted that the 2011/12 financial year had been busy and overperformance had been funded, to the tune of some £21 million.

With regard to the Annual Plan for 2012/13, it was challenging to make progress on this when the finances for the forthcoming year were far from clear.

Implementation of the “Better Together” manifesto was going well. It was pleasing to note that the Benfield Park Healthcare and Diagnostic Centre, which had provided new accommodation for Heaton Medical Group, had opened officially on 5th March 2012.

Attention was drawn to the substantial National Institute for Health Research funding for the Biomedical Research Centre for Ageing and Biomedical Research Unit in Newcastle for a further five years, which was a significant achievement.

Key documents received from government and regulators included new guidance on Medical Revalidation. The Shelford Group of leading teaching Trusts was sharing information on reimbursement and national tariffs. The promotion of choice of GP by patients was of interest.

12/19 Business Development

i) Working Group Report

Mrs Hargreave presented a report on the recent activities of the Group, covering work on the appointment of the external auditor, a monitoring visit to Women’s Services at the Royal Victoria Infirmary, initial inputs to the Annual Plan for 2012/13, and the regular meeting with Executive Directors.

Associated activities undertaken included the induction and education sessions for new governors, involvement in the “Governors Together” meeting and the meeting of governors with Non-Executive Directors.

ii) Finance

Ms Jones presented the financial report for Month 10. Attention was drawn to the year-end settlement. The Financial Risk Rating stood at a very satisfactory 4 and was above the Plan position for the year-end. With regard to the Cost Improvement Programme (CIP), savings of £37.2 million had been achieved by the end of January 2012 non-recurrently and would be achieved recurrently by the end of March 2012. The target was the same again for 2012/13.

Mr Atkinson commended the achievement of the Cost Improvement Programme target. Mrs Hargreave enquired whether the capital expenditure slippage would affect the 2012/13 CIP target. It would not, as the outstanding capital sum would still be held by the Trust.

iii) Annual Plan 2012/13

Mr Allison introduced a briefing on the development of the Annual Plan, including governor engagement. Copies of the current Vision and Strategic Goals were tabled, for information. Mrs Baker presented an overview of the Monitor

requirements for the content of the Plan and the current themes the Trust wished to include for 2012/13.

Miss Jones spoke of the place of social care and the scope for shared working with the NHS. Mr Allison advised of the work already underway to minimise avoidable readmissions, which would engage closely with social care.

Mr Harvey thought that the Vision and Goals were too complicated and not aspirational enough and that perhaps the Trust should seek to be a leader in healthcare in Europe. The Chairman advised that the mechanism to address this was via the Business Development Working Group and thence to the Board.

Mrs Hargreave enquired about the development of Local Education and Training Boards. Mr Allison advised that these were to replace the allocation by Strategic Health Authorities of education and training funding streams and were in effect a sub-set of Health Education England. The Boards represented Foundation Trusts, GPs and others and would allocate funds and monitor the quality of education outcomes. They posed a substantial risk of “wealth redistribution” away from the established teaching centres. These Boards were due to commence formally in April 2013 but were already established in shadow form.

12/20 Membership and Community Relations

i) Working Group Report

Ms Harvey presented an overview of the current activities of the Group, which included working through the action plan for 2012 and planning for the next Members' Event, to be held on 5th April 2012. There was continuing and productive work in terms of engagement with both Newcastle University and the University of Northumbria. Planning was also underway for a “Join in June” campaign to increase Staff Membership numbers.

12/21 Quality of Patient Experience

i) Working Group Report

Professor Potts presented the recent activities of the Group. With regard to the recent wheelchair survey at Freeman Hospital, it was noted that an additional 20 had now been made available on the site.

Attention was drawn to the traffic congestion on Queen Victoria Road at peak times. The Chairman advised that he would write to the Leader of Newcastle City Council on this matter. Mr Venables highlighted that there was at present no indication of the availability of parking spaces in the Royal Victoria Infirmary multi-storey car park. Sir Leonard advised that the Trust and Newcastle University had sponsored a competition with the NE1 Company to design improvements to Queen Victoria Road but the Council did not appear keen to follow this through.

Miss Jones thought that there was scope for banisters/handrails for visually impaired patients and visitors, to reduce falls.

Mrs Hargreave asked about nurse staffing and minimum levels and skill mix in Care of the Elderly wards. Mrs Lamont advised that these would be revisited in the light of recent changes and then benchmarked against similar Trusts.

ii) Healthcare Associated Infection

Mrs Lamont presented the report. Regrettably there had been a further MRSA bacteraemia, bringing the total for the year to seven, versus a target of six cases. Six of the seven had occurred in General Surgery and hence reinforcement measures were being targeted in this specialty. The Chairman advised that the annual total was decreasing year on year and there had been none cases the previous year.

For Clostridium difficile, the number of cases was 95, against a target of no more than 155 for the year.

Mr Ramsden commented that the targets and fines for 2012/13 were ridiculous, as the absolute numbers were so small. Relative targets, based on bed-days or numbers of inpatients, would be more appropriate.

iii) Clinical Assurance Toolkit (CAT)

Mrs Lamont presented the latest scorecard and advised of the development of Community Services version of the Toolkit. The Chairman commented that the Toolkit was increasingly useful, especially for identification of any hotspots.

iv) Quality Account

Mrs Palmer presented the quality report. With regard to patient falls, the trend was improving but numbers were still high. Dr McKinnon asked if there was a link with dementia. Mrs Lamont advised that there were clear links with confusion and complex medication.

Needlestick injuries were apparently increasing, although this might be due to more reporting of incidents as awareness of the need to do so improved. There was a system in place for the rapid review of incidents, underpinned by the introduction of safer devices. There had been a number of instances of inappropriate disposal of sharps and needles in public areas and toilets, linked to illicit drug use.

One Serious Untoward Incident had been reported, in which a patient had fallen and subsequently died. This was the subject of a Coroner's inquest.

With regard to mortality indicators, the Standardised Hospital Mortality Index for the Trust was still the lowest in the North East region and the Trust was now aiming for a "better than expected" rating. Dr Walls advised that there were no concerns at mortality rates, i.e. there were no obvious risks to patients which were being overlooked.

12/22 Other Items for Discussion

i) CQUIN Targets and Performance

Mrs Palmer presented a briefing on the targets for 2012/13. Areas of concern included patients' perception of care, as this was difficult to influence and was often subjective. Mr Allison commented that the Trust had managed to agree CQUIN targets with both national and North of Tyne commissioners for the forthcoming year.

ii) Cancer 62-day Waiting Times

Dr Walls presented a briefing, which set out the issues in relation to late tertiary referrals to Newcastle, the approach to shared breaches of target waiting times, and the need for a more equitable system. A proposal had been submitted to the North East Cancer Network to adopt the Greater Manchester model. Mr Allison added that this was a major stumbling block in relation to the 2012/13 clinical contracting round, with a potential £48,000 fine in 2012/13 if the targets were not met. However, achievement was not always in the control of the Trust, as illustrated in the briefing.

iii) Monitor Q3 Overview

An overview of the 2011/12 Quarter 3 Monitor ratings of Foundation Trusts across the North East was received, for information. The Chairman highlighted that Newcastle was once again the best in the region.

iv) Other Issues

The Chairman advised governors that this would be Mr Allison's last Council of Governors meeting, as he was leaving to take up the post of Chief Executive at Wirral University Teaching Hospital NHS Foundation Trust. Tribute was paid to his skill and energy, as part of a very successful management team. Council joined the Chairman in wishing Mr Allison every success.

The Chairman commented on feedback from the recent visit by the Mid-Staffs Inquiry team, which had been very appreciative of governor involvement in the team's review of information-sharing and governance.

With regard to the start-time of Council of Governors meetings, a straw poll was taken for 1-30pm starts and a substantial majority of governors were in favour of this for future meetings.

Ms Harvey enquired as to what percentage of the Trust budget were fines. In 2011/12 fines had totalled £80,000, versus £850 million of income. 2.5% of income was reserved for achievement of CQUIN targets in 2012/13, which equated to some £17 million for complete achievement. Additional penalties, including those for Clostridium difficile breaches, were believed to be the largest proposed anywhere in England.

Mr MacDonald spoke of the "Any Qualified Provider" agenda and thought that tenders to date had been for very minor services so far and hence wondered if

there was any real threat to the Trust. Sir Leonard replied that there was evidence of increasing private sector involvement, including outside of 'traditional' Private Patient settings, often by NHS staff working outside of their contract hours. The Trust was registering for AQP provision in Surgery in the North West.

12/23 Items to Receive

i) Rheumatology Conference

The National Rheumatoid Arthritis Society North East Volunteer Group, based at Freeman Hospital and supported by the Musculo-Skeletal Department, was working with Consultant Rheumatologists and representatives of Arthritis Research UK and Arthritis Care, to organise a Rheumatology Patient Conference, to be held in the Education Centre, Freeman Hospital, on Saturday, 24th March 2012. The conference was open to everyone.

**ALL TO
NOTE**

ii) New Adult Care Menu

A briefing in response to queries raised at the January 2012 meeting about availability of lighter diets for adult patients was received, for information. Attention was drawn to recent work on development of a diet for patients with dementia.

12/24 Date and Time of Next Meeting

The next meeting would be held at 1-30pm on Thursday, 17th May 2012 [**please note earlier start-time**].

GOVERNORS' ATTENDANCE, 15th MARCH 2012

3	Mrs Ethel Armstrong	APOLOGIES
2	Mr Peter Atkinson	YES
A	Mr Derrick Bailey	YES
3	Mr John Bedlington	APOLOGIES
A	Professor Alastair Burt	APOLOGIES
S	Ms Elaine Coghill	APOLOGIES
1	Ms Yvonne Cookson	APOLOGIES
S	Mrs Bernadette Crittenden	NO
1	Mrs Jane Donnelly	YES
2	Mrs Grace Haigh	APOLOGIES
2	Mrs Mary Ann Hargreave	YES
2	Mr Maurice Harvey	YES
1	Ms Sandy Harvey	YES
2	Ms Vivienne Hayden	YES
S	Dr Malcolm Holliday	YES
S	Mrs Eleanor Houliston	YES
1	Miss Gwyneth Jones	YES
2	Mr Iain Kitt	APOLOGIES
A	Councillor Liz Langfield	NO
1	Mr Birindwa Lunja	APOLOGIES
3	Mr Laurie MacDonald	YES
2	Dr Duncan McKinnon	YES
3	Dr Lakkur Murthy	YES
S	Mr Ray Nuttall	YES
1	Professor Jean Potts	YES
A	Dr Mike Prentice	NO
1	Dr Ashish Rajkumar	YES
2	Mr Peter Ramsden	YES
S	Mr Wayne Reed	YES
1	Ms Roushy Soto-Levy	YES
A	Mrs Pat Taylor	NO
1	Mr Paul Taylor	YES
2	Mr Derek Thompson	YES
A	Ms Gina Tiller	APOLOGIES
2	Mr Christopher Venables	YES
A	Mr Raymond Venus	YES
A	Professor Andrew Wathey	APOLOGIES
S	Mr Andrew Welch	APOLOGIES
2	Mr Fred Wyres	YES