

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MINUTES OF THE MEETING HELD ON 15th SEPTEMBER 2011

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

Mr D Allison, Chief Operating Officer
Mrs A Dragone, Finance Director
Sir Leonard Fenwick, Chief Executive
Mrs H Lamont, Nursing & Services Director
Mr S Reed, Trust Secretary

In Attendance:

Mrs B Reid, Assistant Director – Planning & Development (item 11/53(iii) only)
Mr D Thorne, Chief Executive – Newcastle Bridges Commissioning Consortium
(item 11/53(iii) only)

ACTION

11/51 Apologies for Absence

Apologies were received from Ms E Coghill, Mrs G Haigh, Mr P Ramsden, Mrs P Taylor, Dr T J Walls, Medical Director, and Professor A Wathey.

Mr K W Smith paid tribute to Mrs Heather Abrahams, Public Governor, who had died suddenly on 6th September 2011. He had written to her sons on behalf of the Council of Governors and the Board of Directors. Her sons were to arrange a memorial event and those governors who had known Mrs Abrahams would be invited to attend.

Newly elected governors in the Newcastle upon Tyne and Staff (Managerial, Admin & Clerical and Chaplains) constituencies were welcomed to the meeting and introduced.

11/52 Statutory Business

i) Governor Elections

Mr Reed presented an update on the outcome of the challenge to the conduct and outcomes of the Spring 2011 elections. Monitor had ruled that the results for the

Newcastle and Staff (Managerial, Admin & Clerical and Chaplains) constituencies should stand but that fresh elections should be called in the other two public constituencies and this was now underway.

Ms Harvey enquired as to the costs of the abortive and fresh elections. Mr Reed advised that both of these were under negotiation and the Trust had not paid anything for either to date.

ii) Nominations Committee

Mr Reed tabled a paper, setting out progress to date with the planning for the market test of the Chairman. In consequence of the sad and untimely demise of Mrs Heather Abrahams, Public Governor, on Tuesday 6th September 2011, there was now a vacancy on the Committee. In line with the Trust Constitution and past practice, nominations were sought from amongst the Public Governors for the place on the Committee. In the event that more than one nomination was received, the Trust Secretary would conduct a secret ballot of all Public Governors. Self-nominations were to be submitted to the Trust Secretary by 23rd September 2011 and, if a ballot was required, it would close on 7th October 2011.

**Public
governors
to note**

11/53 Key Presentations

i) Ward Accreditation

Mrs Lamont described the background to the Ward Accreditation scheme for infection prevention and control. The Chairman presented certificates of achievement to the following Wards and Departments: Outpatients, Northern Centre for Cancer Care; Medical Physics, Freeman Hospital; Main Outpatients, Freeman Hospital; Urology Outpatients, Freeman Hospital; Radiology Theatres, Freeman Hospital; Ward 26, Freeman Hospital; Radiology Theatres, Royal Victoria Infirmary; Theatres 9, 10 and 10a, Royal Victoria Infirmary; Dermatology Surgical Unit, Royal Victoria Infirmary; Ward 35 (Neonatal Unit), Royal Victoria Infirmary; Ward 5, Royal Victoria Infirmary; Ward 47, Royal Victoria Infirmary; and the Clinical Research Facility, Royal Victoria Infirmary.

Mrs Lamont reminded Governors that the achievement of accreditation was very much a team effort by all staff in each ward or department and not just by the Matrons or Sisters/Charge Nurses. This would be the last round of awards made under this scheme, which had now been replaced by the Clinical Assurance Toolkit.

ii) Biomedical Research Centre

Professor Burt, Dean of Clinical Medicine, presented an overview of the Biomedical Research Centre. Governors were well aware of the longstanding and strong partnership between the Trust and the Faculty of Medical Sciences at Newcastle University with regard to research. This partnership had generated an outstanding national and international reputation in a number of key areas of biomedical and clinical research. In order to maintain this strong position and to be competitive at the highest level, it was essential that the two organisations worked closely together to secure additional funding to support their research endeavours.

There were three major sources for such funding, namely i) Research Councils, in particular the Medical Research Council, ii) large charities such as the Wellcome Trust and iii) the National Institute of Health Research (NIHR). The last of these was of growing importance. This was the body that oversaw spending for research and development in the NHS. The Trust and Faculty had already demonstrated a strong track record in obtaining support from NIHR but were determined to see this continue to grow substantially.

One of the ways in which the NIHR dispersed its funds was through the establishment of Biomedical Research Centres (BRC) and Biomedical Research Units (BRU). Some four years ago Newcastle been awarded Biomedical Research Centre status, the highest accolade and was one of only initially two (then three) centres outside the “golden triangle” of London, Cambridge and Oxford to achieve this. The focus of the Newcastle BRC was on Ageing and Age-related diseases and recent data indicated that this BRC was more productive and better value for money than any other in the UK.

Earlier in 2011 the Department of Health had indicated that partnerships should seek renewal of their Biomedical Research Centre status and a bidding process was announced. Because of the strong track record, Newcastle was confident that this status would be renewed but this was certainly not automatic and both Liverpool and Manchester lost their status in the most recent competition.

The Biomedical Research Centre status was indeed renewed. Furthermore (and perhaps rather surprisingly) the amount of money awarded as part of the renewal process was double that which had been expected. The awarding panel had been so impressed by the work that had been carried out to date in Newcastle that they felt that good use would be made of additional substantial funding. Furthermore, funding was also awarded to establish a Biomedical Research Unit in dementia with a focus on Lewy Body Disease and Parkinson’s disease.

Taken together, this led to an award of more than £21million over the next five years to Newcastle. Having Biomedical Research Centre and Biomedical Research Unit status led to additional funding from other sources. Thus within a matter of days additional funding for clinical training posts was awarded, to underpin the Biomedical Research Unit.

Mr Bedlington spoke of the benefit to liver patients of being research subjects. Professor Potts thought that the award was a great result for Newcastle. Mrs Hargreave asked about translational research moving into clinical care and Professor Burt outlined the role of CRESTA clinics in this regard. Ms Hayden asked about anti-hypertensive drugs which were available now and which could also be used to diminish scarring. These drugs were already licensed and available and would go in to trial soon for treatment of scarring. Ms Harvey asked how governors could assist in the R&D field. Professor Burt indicated that a lead for Patient and Public Involvement had been identified.

iii) GP Commissioning Consortia

Mr David Thorne, Chief Executive of the Newcastle Bridges Commissioning Consortium, gave a presentation on the scope, scale and developing role of GP-led clinical commissioning and how the transition from Primary Care Trusts would

work. Clinical Commissioning Groups (CCGs) would in due course be Authorised and would become statutory bodies by April 2013. Mr Atkinson asked what qualities were required for Authorisation. The Department of Health prescribed six domains, which embraced inter alia a multi-professional focus, meaningful engagement with patients and carers, clear and credible plans which delivered QIPP, strong governance arrangements, collaboration with other commissioning bodies and strong leadership.

Ms Harvey asked who would regulate these Groups. The Health & Wellbeing Board and NHS Commissioning Board would take the lead in this arena, with subsequent annual assessment. The governance structures of CCGs varied at present. Miss Jones enquired about patient participation. Practices now received payment to have a patient forum. The cost impact of unscheduled hospital admissions would be a particular focus. Partnership would be required with local authorities and other bodies to build an integrated system. Revd Dr Saunders asked about the role and impact of Social Services. There was joint working on care homes, including via the Health & Wellbeing Board. Miss Jones reinforced the need for integration of health and social care.

Mr Atkinson asked how many GP practices were not currently members of a consortium and how they would be integrated in due course. In Northumberland and in North Tyneside all the practices were already in a CCG, while in Newcastle three practices were not. Dr Johnson wondered if there was uniformity of structure across England. There was not as yet. Mr Harvey enquired about the strategy behind the commissioning reforms. The philosophy was that those nearest patients should shape decisions about their healthcare.

11/54 Minutes of the Meeting held on 21st July 2011

These were agreed to be a correct record. Mr Venables raised the issue of governors access to webmail and the recently enhanced security measures, which Mr Allison and Mr Reed were to follow up.

11/55 Matters Arising

i) Level 1 Trauma Centre

Mr Allison advised that a regional network of trauma units was being developed in support of two trauma centres, the Royal Victoria Infirmary and James Cook Hospital, Middlesbrough. The centres were working with North East Ambulance Service to trial a new triage process and to assess the impact on patient flows and hence funding streams. The trauma centres might need pump-priming funding for the additional patient load. Negotiations were due to close by the end of September 2011. The National Trauma "tsar2 was assessing a Best Practice Tariff for trauma, to be introduced in April 2012. Senior clinicians were closely engaged in all of the processes. Carlisle was likely to be a trauma unit.

ii) "Safe and Sustainable" – Paediatric Cardiac Surgery

Sir Leonard advised of the impact of the Royal Brompton Hospital judicial review of the recent public consultation process, which brought possible delays into 2012. Bidders were currently developing their responses on infrastructure and

Newcastle's strength in this regard was of course the Institute of Transplantation. There was quiet confidence in a successful outcome. It was noted that Great Ormond Street Hospital referred patients to Newcastle. There would be a need for additional senior surgical staff. The Parliamentary debate had been constructive and Newcastle and North East MPs had made a positive contribution. The Joint Committee of Primary Care Trusts would make the final decisions on designation. Newcastle and Southampton were smaller centres but both had excellent clinical outcomes. Sir Leonard thanked the Children's Heart Unit Foundation for its assistance.

iii) Institute of Transplantation

Sir Leonard gave an overview of progress with the handover and commissioning of the Institute. It would bring improved capacity for the Freeman Hospital overall, including 24/7 availability of two theatres for organ transplantation, helping to reducing cancellations and delays.

iv) North Cumbria University Hospitals NHS Trust (NCUH)

Mr Allison tabled a paper which set out the current potential bidders and timescales for the acquisition of NCUH. There would be a requirement for detailed due diligence before any such transaction could move forward, with Monitor and Competition & Cooperation Panel involvement too. Board to Board meetings had been scheduled for 1st November 2011. The Trust was seeking to work with the Cumbria Partnership NHS Foundation Trust.

Mr Atkinson asked about the benefits to the Trust of an acquisition. Newcastle Hospitals were already actively engaged in service provision in North Cumbria. The potential for integration with community and mental health services was a once in a lifetime opportunity. There was scope to reverse some of the current flows of patients from Cumbria to Newcastle and Middlesbrough. Ms Hayden enquired about the future of Whitehaven Hospital. There was a government commitment to invest in new facilities but consideration of what services and how to provide them would be necessary. Dr Murthy wondered what the key risks were. These were thought to include undermining the current financial stability of Newcastle Hospitals; and the ambitious strategy of local GPs and its affordability. The Chairman spoke of the consequent need for careful due diligence and a clear focus on patient care. Dr Rajkumar asked if the same quality of care would be available in Whitehaven as in Newcastle. That was the ambition, if the Trust was the successful bidder.

v) Cramlington Specialist Emergency Care Hospital (SECH)

Sir Leonard advised that, on 25th August 2011, the underlying frustration of a significant number of Trust senior clinical staff at the continuing development of the SECH had resulted in a letter to local media. The Council of Governors had previously debated the SECH proposals on a number of occasions and had participated in the NHS North of Tyne consultation on those proposals. Mrs Hargreave raised a point of order with regard to whether Ms Tiller, as Chair of the Commissioning Board of that organisation, had a distinct conflict of interest in this debate. Mr Smith responded to advise that in his opinion there was not a conflict of interest and invited Ms Tiller to remain present for any ensuing debate.

Mr Smith highlighted the changed economic circumstances since Autumn 2009 and concomitant anxieties regarding the burden on the local health economy of the proposed SECH development. In this context it was noted that Rt Hon Simon Burns MP, Minister for Health, had directed NHS North East to reconsider the “five tests”. Any further engagement of the Strategic Health Authority in the process was not clear but the Trust would consider clinical working with Northumbria Healthcare NHS Foundation Trust. However, the latter had chosen over the past two years not to do so. The planning application illustrated a significant functional content. It was not clear what the impact would be on residents of north Newcastle and on Trust facilities. For example, a Great North Children’s Hospital ward was mothballed, which had been intended to provide a service for North Tyneside.

Development of the SECH raised the issue of trauma services configuration and the “to-ing and fro-ing” of ambulances across the Tyne Valley and South Northumberland. There was also a concern that, with the introduction of Clinical Commissioning Groups, competition and duplication was an inevitability via “Any Qualified Provider” provisions and hence the need for assurances on the ‘revenue neutral’ claim.

Mr Smith then gave an update on his correspondence with Simon Burns MP and with NHS North East. Sir Peter Carr, Chairman of the SHA, had now invited the Trust to a meeting on the “five tests”. Ms Tiller commented that there was likely to be a series of such meetings with interested parties. Sir Leonard advised that the fundamental detailed business case for the development had still not been disclosed. Mrs Hargreave spoke of the SECH taking activity away from other providers to achieve necessary critical mass and would also be an unnecessary duplication of services and facilities. Professor Potts noted that Northumbria had an A&E Department already at Ashington, which was now to be redeveloped strategically sited at East Cramlington.

Sir Leonard confirmed that the SECH proposal was significant in scale and impact and the business impact did need to be addressed, including the issue of north Newcastle residents being drawn in to the Northumbria catchment.

Ms Harvey spoke of the risks of sick children being stabilised at SECH, then transported on again to the Great North Children’s Hospital.

Mr Welch advised that the strategic concern of Newcastle clinicians was that, if there was only one Trust for North of Tyne, it would not seek to build a new centre just eight miles away from the Royal Victoria Infirmary. Mr Welch further explained that, in London, the Ambulance Service protocol was to take severely head-injured patients to a Level 1 Trauma Centre. However, SECH had no Neurosurgery back-up, nor specialist Paediatrics. Overall, it appeared to be badly planned.

A motion was tabled, which proposed that further detail be requested. The motion was proposed by Mr Harvey and seconded by Mrs Hargreave and spoke also of the need for independent scrutiny. Revd Dr Saunders asked to whom the motion was addressed. It was intended for the Minister. Sir Leonard advised that, if it was endorsed, it would authorise the Board to take all necessary steps to seek independent scrutiny. Ms Harvey commented that the public had only ever been

advised of the capital costs of the development, not the continuing running costs. Sir Leonard added that Mr Thorne's presentation had highlighted the intention of commissioners to reduce emergency admissions.

It was resolved nem con:

that i) an evidence-based independent scrutiny is established forthwith to address the requirement to set up a "Specialist Emergency Care Hospital" near Annitsford – East Cramlington, Northumberland and for this to include impact (scope, quality, safety, duplication and cost) on the current configuration of service provision in the populated catchments of Northumberland, north Tyneside and Newcastle upon Tyne and ii) for this action to be progressed as a matter of public interest with disclosure accordingly.

vi) Staff Survey 2010

A briefing from the HR Director was received, which set out the Trust response to the findings of the Staff survey. It was highlighted that the sample size had been very small relative to total staff numbers, at around 450 respondents out of a workforce of some 11,000 at the time.

Mr Harvey tabled a paper, for consideration by HR and Directorates, to help to improve patient care. Dr Sanders commented that 'long day' (12 hour) shifts by nurses might not be appropriate for patient care.

vii) Post-Away Day Actions

A briefing was received on the key outcomes from the 10th June 2011 governors' away day. A paper was tabled, setting out draft recommendations for actions which had arisen from the away day debate. Mrs Donnelly explained that the proposals were for consideration, before approval by Council. One such was to pilot a 'Governors Together' meeting on 27th October 2011, to discuss the recommendations and the possibility of continuing those meetings. The majority of those governors present were in favour of this idea.

11/56 **Executive Report: Current Issues**

Sir Leonard presented an overview of topics of current interest and key impact documents received from government and regulators. Attention was drawn in particular to the risks to the Foundation Trust movement in the Health and Social Care Bill, including the likelihood of more bureaucracy in the NHS.

11/57 **Business Development**

i) Working Group Report

Mrs Hargreave presented the report on the recent work of the Business Development working group, including preparation for a Member's Event later in the year with regard to the Annual Plan 2011/12.

ii) Finance Report – Month 4

Mrs Dragone presented an overview of the financial position as at 31st July 2011. It was noted that the Monitor Financial Risk Ratio stood at 3, in line with the plan and the Income & Expenditure surplus was £4.5 million.

Attention was drawn to the Cost Improvement Programme for 2011/12. With a target of £37.2 million, inclusive of £2.2 million relating to Newcastle Community Services, recurrent plans of £35.3 million had been identified to date. A number of schemes had been identified as having a risk of non-delivery, however, which would be monitored as the year progressed. The Trust would need to identify alternative schemes to meet this shortfall. Energy costs were also expected to be a pressure this winter.

iii) Annual Plan 2011/12

A briefing was received on implementation and monitoring of the Plan. Mr Allison commented on governor involvement in communication of key elements and the development of a summary overview of the Plan, to be issued to all Members.

11/58 Membership and Community Relations

Ms Harvey presented the report on the recent work of the Group, which had been focused on the next Members Event, to be held at 6-00pm on 13th October 2011, on the topic of the Great North Children's Hospital.

11/59 Quality of Patient Experiencei) Working Group update

Professor Potts presented the report on the recent work of the group, encompassing a study of the quality of patients experience on care of the elderly wards, a survey of the quality of experience of 100 inpatients at the Royal Victoria Infirmary and planning for a series of Governor visits, involving a sample of Outpatient clinics, Medical and Surgical wards in the Trust with the aims of monitoring patients' experiences, the implementation of 'improvement' action plans and promoting examples of excellent practice.

ii) Healthcare Associated Infection

Mrs Lamont presented a report on progress in the year to date on reportable infections. It was pleasing to note that there had been only one MRSA bacteraemia so far, against a target for the year of 12, while for Clostridium difficile the number was 39 to date, versus 152 for the year.

iii) Quality Report Month 5

Mrs Lamont presented the report and highlighted that patient falls were still 'red' rated for the number of occurrences but that levels of harm were reducing steadily. A Falls Co-ordinator had now been appointed, to work with wards and departments on implementation of the Falls strategy and the "no falls on my patch"

campaign. Needlestick and sharps injuries had also shown a reduction in number over the reporting period.

iv) Care of the Elderly

Professor Potts presented an overview of a recent survey of the quality of patients' experience based upon a study of the Care of the Elderly wards at Freeman Hospital from February to July 2011. Highlights of the findings included the following.

31.5% of the patients surveyed had rated comfort and environment as 'very good'. The governors conducting the study believed that the Trust should expect that all patients should rate their comfort and environment as 'very good' and hence this was an area requiring further improvement.

83.3% of patients rated the food as within the ranges of 'satisfactory' to 'very good' and 37% had rated food as 'very good'. There was a view that the Trust should aspire to 100% of patients rating their food as 'very good' and there should be no 'unsatisfactory' ratings from patients.

75.9% of patients gave a rating of 'very good' for staff attitudes and efficiency. However, it was thought that this ought to be 100% in every ward.

A Care of the Elderly Support (Voluntary) Group would provide a means of supporting patients and their families. There was a number of support groups linked with clinical areas in the Trust which provided a valuable resource and it was recommended that the Trust should take action to establish this.

v) Patient Food Tasting – Freeman Hospital

The patient food tasting held on 11th August 2011 was received and it was noted that, overall, standards of presentation and flavour had once again been very good and there had been no complaints from patients. It was not thought that any changes were required in either presentation or content.

vi) Patient Food Tasting – Royal Victoria Infirmary

The patient food tasting held on 14th July 2011 was received. On the whole the patients had been very happy with the meals provided and were grateful to have had the opportunity to comment upon them.

11/60 Items for Discussion

i) LiverNorth - Autumn Fair

Mr Bedlington gave details of the Fair to be held in aid of LiverNorth on 17th September 2011 in the Education Centre, Freeman Hospital.

ii) First Aid

In response to an enquiry, Mrs Lamont explained that there was not a formal body of staff with First Aid training, as the response to a medical emergency would be to

call 2222 for the crash team to attend. Clinically qualified staff would use their own judgement in relation to the treatment of staff and visitors and could, where required, refer them to the Emergency Assessment Unit or Emergency Department for review and treatment.

iii) Airport Poster

Mr Harvey advised of current work to produce a promotional poster for the Trust, to be displayed opposite the British Airways check-in desks at Newcastle Airport.

11/61 Items to Receive

i) Foundation Trust Governors Association (FTGA) Election Results

The results of the recent elections for the Chair, Vice-Chair and Executive Committee of the FTGA were received and noted.

11/62 Date and Time of Next Meeting

The next meeting would be held at 2.00pm on Thursday 17th November 2011.

GOVERNORS ATTENDANCE, 15th SEPTEMBER 2011

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|---|---------------------------------|------------------------------|
| 2 | Public Constituency 2 [vacancy] | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| 2 | Public Constituency 2 [vacancy] | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| 2 | Mr Peter Atkinson | YES |
| A | Mr Derrick Bailey | YES |
| 3 | Mr John Bedlington | YES |
| A | Professor Alastair Burt | YES |
| S | Ms Elaine Coghill | APOLOGIES |
| 1 | Ms Yvonne Cookson | NO |
| 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 | Miss Eleanor Houliston | YES |
| 3 | Dr Alan Johnson | YES |
| 1 | Miss Gwyneth Jones | YES |
| A | Councillor Liz Langfield | NO |
| 1 | Ms Roushy Soto-Levy | NO |
| 1 | Mr Birindwa Lunja | 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 | APOLOGIES |
| S | Mr Wayne Reed | YES |
| 1 | Dr Gill Sanders | YES |
| 3 | Revd Dr Michael Saunders | YES |
| 2 | Public Constituency 2 [vacancy] | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| A | Mrs Pat Taylor | APOLOGIES |
| 1 | Mr Paul Taylor | YES |
| A | Ms Gina Tiller | YES |
| 2 | Mr Christopher Venables | YES |
| A | Mr Raymond Venus | YES |
| A | Professor Andrew Wathey | APOLOGIES |
| S | Mr Andrew Welch | YES |