

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

EXECUTIVE REPORT – CURRENT ISSUES

**1. Executive Team**

Particular attention is drawn to:

- i) 'Partnership with Newcastle in Cumbria' – experience so far
- ii) Maternity Services – Clinical Negligence Scheme for Trusts (CNST) – top level secured
- iii) 'Transforming Community Services' and 'Better Together' – implementing essential change
- iv) Risk of National industrial action (30<sup>th</sup> November 2011) – contingency arrangements
- v) Business Delivery & Performance – satisfying commissioner expectations
- vi) Quality Issues and Clinical Assurance – pro-active engagement
- vii) Financial Status – ensuring a platform of stability
- viii) Campus for Ageing & Vitality – development issues
- ix) Institute of Transplantation – commissioning programme
- x) Competition and 'any willing provider' – emerging analysis

**2. Key Impact Documents from Government/Regulators/Others**

**(i) SHA clustering**

As of 3<sup>rd</sup> October 2011, NHS North East became part of a northern 'cluster' of Strategic Health Authorities along with NHS North West and NHS Yorkshire & Humber. The new entity is labelled NHS North of England and shall be operational until SHAs proper are abolished on 31<sup>st</sup> March 2013. The SHA functions are to be sustained until abolition via an overarching 'Cluster Board'. Operational bases remain in the three headquarters that are to be found in Manchester, Newcastle and Leeds.

Other than some comings and goings brought about by a new set of designated leaders it is business as usual. Whilst not yet heralded there is every expectation that when formally set up, the NHS Commissioning Board will spawn a set of regionwide outposts to underpin the envisaged bureaucratic vacuum in 2013.

The Appointments Commission has announced the Non-Executive Directors who are to serve on the SHA Cluster Boards. It is to be noted Professor Oliver James

(former Non Executive Director of the Trust) has been selected to be a NHS North of England Board Director.

NHS North of England senior appointments include amongst others:

Chairman – Kathryn Riddle – NHS Yorkshire & Humber  
Chief Executive – Ian Dalton – NHS North East  
Chief Operating Officer – Richard Barker – NHS North East  
Chief Nurse – Jane Cummings – NHS North West  
Director of Finance – Mark Ogden – NHS North West  
Medical Director – Professor Stephen Singleton – NHS North East  
Director of Workforce & Education – Tim Gilpin – NHS Yorkshire & Humber  
Director of Public Health – Professor Paul Johnstone - NHS Yorkshire & Humber

**(ii) Leading Large Scale Change (Department of Health)**

Publication of a guide describing the experience of the NHS Institute's Academy for Large Scale Change.

Theory, tools and approaches to delivering change at a scale, pace and across organisational boundaries are promulgated. A learning programme is also included.

**(iii) Implementing a 'Duty of Candour' (Department of Health)**

A consultation has been launched on implementing a duty of candour ie. to be contractual requirement on *'NHS providers to be open with patients when things go wrong with their healthcare'*. It is proclaimed – *'this forms part of the Government's plans to modernise the NHS by making it more accountable and transparent'*.

**(iv) 'Signals' – Emerging Patient Safety Issues  
(National Patient Safety Agency)**

Published following a review of serious incidents. Topics include risk of self harm from ingestion of Vernagel; risk of harm from retained guidewires following central venous access; prevention of harm with alfacalcidol preparations; and rapid deterioration of patients with Systemic Lupus Erythematosus.

**(v) Dignity and Nutrition – Older People Inspection Programme  
(Care Quality Commission – 13<sup>th</sup> October 2011)**

This review was a targeted inspection programme of NHS hospitals. It looked at whether older people are treated with respect and whether they get food and drink that meets their needs.

The review took place between March and June 2011 and used teams made up of CQC inspectors, a practising and experienced nurse and an 'expert by experience' – someone with experience of caring or receiving care, trained and supported by Age UK.

100 NHS hospitals were selected some based on extant knowledge and others at random. All the inspections were unannounced.

Of the 100 hospitals inspected:

- 45 hospitals met both standards ie. *'fully compliant'*
- 35 met both standards but needed to improve in one or both ie. *'compliant, with improvements suggested'*
- 20 hospitals did not meet one or both standards ie. *'non-compliant, with improvements required'*

Some of the important issues were:

- Patients' privacy not being respected – for example, curtains and screens not being closed properly
- Call bells being put out of patients' reach, or not answered soon enough
- Staff speaking to patients in a dismissive or disrespectful way
- Patients not being given the help they needed to eat
- Patients being interrupted during meals and having to leave their food unfinished

Directors are aware of the unannounced visit by the CQC to Walkergate Hospital and which produced what can be regarded to an exemplary report and findings.

The review when published did engender significant national media coverage. In the North East, South Tyneside NHS Foundation Trust was cited to be of *'moderate concern'* ie. respecting and involving people who use services.

The Nursing & Patient Services Director shall comment further at the meeting.

Agenda item 11(i) refers.

**(vi) Listening and Learning – Review of Complaint Handling by the NHS in England 2010-11 (Parliamentary & Health Service Ombudsman 17<sup>th</sup> October 2011)**

*'Patchy and slow'* is how the Health Service Ombudsman, Ann Abraham, describes the progress the NHS is making to improve the way it deals with patients' complaints. The warning is explicit *'The NHS is still not dealing adequately with the most straightforward matters'* with too many minor disputes escalated to the Ombudsman before they are resolved.

The document features previously unpublished information about complaints that the NHS has failed to resolve locally. It reveals which NHS Trusts and which regions in England generated the most complaints to the Ombudsman's Office (the second and final stage in the NHS complaints system) during the year. It also highlights the most common reasons for people to complain.

The Ombudsman's Office received over 15,000 complaints about the NHS in 2010-11. As the stories in the report illustrate, last year relatively minor disputes about unanswered telephones or mix-ups over appointments ended up with the Ombudsman because of knee-jerk responses by NHS staff, and poor complaint handling.

In particular, the Ombudsman highlights an increased number of complaints about the removal of patients from their GP practice's list, sometimes without warning. Last year, 21 % of all complaints about GPs investigated by the Ombudsman were about patient removals, a rise of 6 % compared to the previous year. In one case, a terminally ill woman was removed from the GP's list following a dispute between the practice and her daughter. In another case, a woman was removed from the GP's list after a *'simple disagreement'* about unanswered telephone calls.

The report also reveals that in 2010-11:

- London and the North West were two regions that generated the most complaints
- More complaints were received about hospital, specialist and teaching Trusts (acute) than any other group – 6,924 complaints (46 %)
- Primary Care Trusts and GPs accounted for 18 % and 17 %, respectively of all complaints
- More complaints were made about Heart of England NHS Foundation Trust than any other
- The two most common reasons people gave for being dissatisfied with how the NHS had handled their complaint were poor explanations and no acknowledgement of mistakes
- 230 complaints were resolved quickly and informally through the Ombudsman's 'intervention', and a further 351 complaints were accepted for investigation
- The Ombudsman secured nearly £500,000 for patients to help remedy injustice caused by poor care or poor complaint handling

The Complaints Panel shall need to address the data and findings and then reflect upon trend in the Trust.

**(vii) University Hospitals of Morecambe Bay NHS FT – Significant Breach of Authorisation and Intervention (Monitor 11 October 2011)**

This set of actions by Monitor led to the withdrawal of Morecambe Bay FT from the process to acquire North Cumbria University Hospitals NHS Trust.

From both an information and learning consideration the notice and supporting schedules served on the Chairman of the Board of Directors are of distinct interest from a good governance perspective. The Chairman does wish to reflect upon

these documents at the meeting and which can be accessed via the Monitor website – [www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk).

**(viii) Consultant Physicians working with patients  
(Royal College of Physicians September 2011)**

A 259 page manual that embraces the duties, responsibilities and practice of physicians in medicine.

The publication is spoken of as a “*vital source of information for commissioners, planners, regional advisers, hospital trusts, individual doctors and non-medical clinicians*”

The emphasis is placed on high quality patient care and multi-professional team working.

Of distinct value are the speciality and sub-speciality descriptions which address method, scope and ongoing modernisation, including the boundaries between primary and secondary care that ‘Better Together’ is endeavouring to address.

**(ix) Are We There Yet? A review of Organisational and Clinical Aspects of Children’s Surgery (NCEPOD October 2011)**

A new report by the National Confidential Enquiry into Patient Outcome and Death.

This describes the organisational structure of surgical services for children and a more detailed review of the care received by children aged 17 and younger, who died in hospital within 30 days of surgery.

Key findings and recommendations serve to reinforce the development of clinically managed networks for children’s surgical and anaesthetic care and the risk of district general hospitals ‘reaching a tipping point’ is highlighted with several professional bodies calling for an urgent national review of paediatric surgical and anaesthetic services.

Overall the study aims to provide valuable peer reviewed data on the current state of clinical practice which can then be used to inform and provide recommendations from planning the future direction of services for children.

**(x) The Cold Weather Plan (Department of Health)**

Published 1<sup>st</sup> November 2011. This is part of a range of measures the NHS is set to undertake to protect individuals and communities from the effects of severe winter weather.

**(xi) Government response to the Munro Review of Child Protection**

The Departments of Health and Education published a work programme on 31<sup>st</sup> October 2011 to ensure that effective arrangements to safeguard children are central considerations of the health reforms. The programme was co-produced with the NHS, Local Government and other partners.

## **(xii) NHS Information Centre – New Indicator Portal**

Involves 1000 indicators covering a wide range of population health topics being brought together. Includes indicators previously on the Clinical and Health Outcomes Knowledge Base; the Local Basket of Inequalities Indicators; and the Summary Hospital – level Mortality Indicator.

## **(xiii) Management of Adults with Diabetes undergoing surgery and elective procedures (NHS Diabetes)**

The document covers all stages of the patient pathway from primary care referral to surgical outpatients; pre-operative assessment; hospital admission; surgery; post-operative care; and discharge.

The evidence base for the recommendations, discussion of controversial areas and references, are provided.

It is also to be noted that NHS Diabetes (who are based in Newcastle upon Tyne) have also launched the new 'National Inpatient Network'. The virtual network is aimed at providing an online forum bringing together healthcare professional with the aim of "reducing variation and improving the quality of life and outcomes for people with diabetes".

## **(xiv) Health Committee Inquiry into Complaints and Litigation**

The committee would wish to receive written evidence on the following issues in particular:

### **(a) Complaints**

- The reasons for the recent sharp rise in NHS complaints
- The effectiveness of the new complaints system introduced in 2009
- The effectiveness of the constituent parts of the complaints system; local resolution (supported by the Independent Complaints Advocacy Services); and referrals to the Ombudsman
- The role of Patient Advice and Liaison Services as a 'gateway' to the complaints system
- The failure of some Foundation Trusts to report numbers of complaints
- The Government's plans for future complaint handling; for example 'local authorities will be able to commission local Healthwatch or Healthwatch England to provide advocacy and support'
- How data from complaints will feed into the planned new commissioning arrangements

### **(b) Litigation**

- The cost of litigation against the NHS

- Reasons for the inflation of litigation costs in recent years
- The impact of conditional fee (no win – no fee) arrangements
- The effect of litigation on the development of an open reporting and learning culture in the NHS
- The Government's intentions regarding the implementation of the NHS Redress Act 2006
- The possible benefits of a statutory right to compensation for 'treatment injury' from an independent fund, without the need to prove negligence, as required under tort law
- Encouraging the use of mediation before litigation is initiated

The Foundation Trust Network is also gathering feedback.

**(xv) The Annual Reporting Manual 2011/12 (Monitor)**

The Monitor consultation document is available here:

<http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/consultations/live-consultations/consultation-proposed-amendme>

The issues that are likely to be of most interest to Governors include:

- The new requirement which brings FTs within the scope of Department of Health resource accounts, which gives rise to new approaches on the capitalisation thresholds for fixed assets; and recharges within mandated agreement of transactions and balances
- Treatment of government grants and donated assets
- Accounting for carbon reduction commitment transactions
- References to the Statement of Internal Control being replaced by references to the Annual Governance Statement
- The arrangements for external assurance of quality reports ( a further consultation is anticipated on the content of Monitor's quality reports once the Department of Health has made clear their requirements for quality accounts, including and mandated indicators.

**Sir Leonard Fenwick  
Chief Executive  
11<sup>th</sup> November 2011**