

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

Minutes of the meeting held on 15th May 2008 at Freeman Hospital, Newcastle upon Tyne

Present: Mr K W Smith (Chairman)
Appointed Governors 6 (out of 11)
Staff Governors 4 (out of 7)
Public Governors (Constituency 1): 6 (out of 9)
Public Governors (Constituency 2): 7 (out of 10)
Public Governors (Constituency 3): 1 (out of 3)
(Attendance record attached)

Mr D Allison, Operations Director
Mrs J Debnam, Service Improvement Manager (item 08/34 only)
Mr L R Fenwick, Chief Executive
Mrs M Hornett, Nursing & Patient Care Director
Mrs H Lamont, Deputy Nursing & Patient Care Director (item 08/35 only)
Mrs C McGarry, Patient, Carer and Public Involvement Co-ordinator (item 08/35 only)
Mr S R Reed, Trust Secretary
Mr G Schulz, Choose & Book Manager (item 08/34 only)
Mr B Steven, Finance Director

ACTION

08/31 Apologies for Absence

Apologies for absence had been received from Mr A Brown, Mrs F Butler, Mrs J Donnelly, Mrs M A Hargreave, Councillor B Hindmarsh, Dr M Holliday, Mr M Pettifor, Business Director, Professor R Stephens, Dr T J Walls, Medical Director, and Mrs J Wrenn.

08/32 Minutes of the Meeting held on 20th March 2008

The minutes of the meeting held on 20th March 2008 were agreed to be a correct record. It was noted that the requested briefing on the Private Patients policy had been delayed in consequence of impending consultation by Monitor on the Private Patients income cap. It was also highlighted that Trust policy did not permit private patients to purchase treatments or drugs which were not available to NHS patients and which had a robust evidence base.

08/33 Matters Arising

i) Our Vision for Shared Care – “Vertical Integration”

The Chairman reported that the Trust was continuing to talk to and work with Primary Care Trusts as the bigger picture emerged. It was likely that the PCTs

would seek to provide services at arm's length and once the bidding process was clear the Trust would respond as appropriate, working in partnership where this could be effective. The key objective was to deliver benefit for patients.

ii) Infection Control

Mrs Hornett reported that the year-end position for MRSA bacteraemias had been 59, against a target of 37 for 2007/08 and this had been very disappointing. For *C. difficile*, the outturn had been 494 cases versus a target of 606. Incidents of norovirus had been diminishing in recent weeks.

With regard to Pantone Valentine Leukocidan (PVL)-MRSA, two patients in Maternity had been found to be PVL-MRSA positive in February, as were their babies. One staff member common to both patients had been screened and found to be negative and no other link had been found. One further Women's Services patient was found to be positive through GP screening in March. The Trust Infection Control team had met with Women's Services and the Health Protection Unit and an action plan drawn up. Further meetings were planned and surveillance continued. It was noted that Maternity admissions were not routinely screened for MRSA at present. An increased incidence of Hospital Acquired MRSA on wards 5, 8 and 12 at the Freeman Hospital had necessitated staff screening for MRSA. To date, 4 staff members (medical and nursing) had been identified as MRSA positive. The screening was ongoing and the Infection Control Team continued to monitor the situation. It was noted that random screening of staff was not an effective or productive approach.

The final report of the recent Healthcare Commission inspection was still awaited. Targets for 2008/09 were a 10% reduction in *C. difficile*, giving a target of 445 cases, and a target for MRSA of 50% of the 2003/04 outturn, giving a figure of 46. These targets were embedded in commissioners' contracts with the Trust and the subject of scrutiny by Monitor.

Significant investment had been made in infection prevention and control over the last two years in terms of financial and other resources. Details of the financial investment had been reported previously and the additional funding to date was £2,413,238 (including £553,943 from the SHA), for additional staffing, consumables and equipment in Infection Control, Microbiology, Hotel Services and Wards. Financial support continued to be available but the issues in terms of further success lay in clinical practice rather than substantial further investment.

The Trust had endeavoured to learn from those organisations which had demonstrated success in addressing Infection Control, including Sheffield and Leeds. The issues and risks were similar to those in Newcastle and had underpinned the development of the action plan for 2008/09, of which a significant element was the Ward Accreditation Programme, along with the need to work more closely with community care services and other providers. Recent inspections had highlighted what had become known as the "five moments of care", focusing on specific activities with patients such as insertion of cannulae or lines.

iii) Future Development of the Council of Governors

The Chairman reported that the April 2008 meeting of the Board of Directors had received the report considered and approved by Governors in March and had endorsed it unanimously. The Development Group would continue to meet, to work through the action plan and then produce a written report for the Council of Governors. It was noted that library access was already available to Governors. The Head Librarian, Mrs Valentine, was happy to introduce Governors to the library facilities, including internet access.

All to noteiv) NHS "North of Tyne" Urgent Care Strategy

Mrs Hornett reported that the formal consultation document had been received in late March. There were significant implications for the Trust in terms of types and volumes of activity and hence income. The strategy proposed that the emphasis for delivery of urgent care be on quality and consistency, rather than patient choice. The removal of this element of patient choice in seeking minor illness/injury services in particular would require a comprehensive public education and awareness campaign if service users were to become compliant with strategic thinking. It was also apparent that NHS "North of Tyne" continued to advocate PCO providers of such services, which was of fundamental concern to the Trust as host of a well-established portfolio of urgent care services.

Mrs Hornett

The consultation was to run for three months and Mrs Hornett was to lead a sub-group of Governors to assist in developing the Trust's response. Mrs Abrahams suggested that a single NHS contact number for non-999 urgent cases would be welcomed by the public. Professor Potts was concerned that the Trust's proposals for vertical integration could be overlooked or ignored and hence there was perhaps a role for engaging the Membership in responding. Governors resident in Northumberland had concerns about where residents might end up receiving specialist care and there were issues to be addressed with the Ambulance Service. Mr Ward commented that a similar consultation exercise in County Durham had produced a similar strategy and identified that around 50% of A & E attendances were essentially issues which could be addressed in a primary care setting. It was noted that the North of Tyne strategy did not mention children or the Trust's Children's Hospital development.

v) Business Plan, 2008/09 - Update

Mr Allison tabled a paper which gave an update on development of the annual plan, to be submitted to Monitor by 30th May 2008. Significant progress had been made in developing the document and taking into account the feedback received from Governors at the previous meeting. Highlights included the increasing uptake of dialysis sessions in recent years, which meant that the new Renal Services Centre would essentially be full on the day it opened. The birth rate had risen by 11% in the past year. Waiting lists had been reduced by 24% in the same period and by around 50% over the past five years. Key risks in terms of activity and hence income had been identified.

Mr Atkinson commented that little was said about staff and their training and development. The content of the plan was intended for Monitor and responded

to their requirements. The Chairman thought that the vision, aims and values statements could be developed into a more accessible document for both staff and public information.

vi) April 2008 Elections

Mr Reed reported that the current ballot closed on 29th May and the results would be known by close of play on 30th May. There were three seats being contested in both the Newcastle Upon Tyne and Northumberland, Tyne and Wear constituencies, with 27 candidates standing in the former and 26 in the latter.

Mr Harvey, who was standing for re-election, said that he was grateful for the opportunity to have been a Governor and that the Council of Governors had made significant progress. The Trust was an organisation to be proud of. The Chairman thanked Mr MacDonald and Councillor Brain, who were not standing for re-election, for their sterling work and in particular their efforts with the Nominations Committee, of which Professor Kendall-Taylor had also been an excellent member.

08/34 “Choose & Book”

In response to requests from Governors, Mr Schulz, Choose & Book Manager, and Mrs Debnam, Service Improvement Manager, gave a presentation setting out the key elements of “Choose & Book”. This was an electronic appointments system which allowed a patient, with their GP, to select a hospital and appointment time to suit them. Having an effective system, with appropriate clinic capacity, was crucial in terms of ensuring that patients would make Newcastle hospitals their first choice.

Mrs Bates asked whether this was bringing electronic communications between primary and secondary care. Choose & Book did not offer a test results service or access to patient records, other than core demographic data. Mr Atkinson enquired about the 14% of GPs reportedly not yet using Choose & Book. The key issues in uptake of the system were time, familiarity, and availability of appropriate IT. Dr Prentice commented that the initial system had not been fit for purpose and hence there had been a degree of disillusionment amongst GPs and subsequent resistance, particularly given the variability of the range of services which could be booked via Choose & Book and the differential implementation rate by hospitals around the region. It was also noted that login to the system had originally been protracted but this had now been resolved. The system now also automatically passed the GP referral letter to the receiving hospital. The patient would see details of available hospitals, indicative waiting times, and distance from their home Postcode. Available clinic times, including weekends, were also identified. There was scope for patients to book at a later date and to amend bookings. It was noted that choice of consultant was also being introduced but that the national rollout rate was slower. Mr Allison commented on the need for hospitals to achieve a balance of referrals where these were pooled.

08/35 Healthcare Commission – Inpatient Survey 2007

Mrs McGarry, Patient, Carer and Public Involvement Co-ordinator, presented an overview of the findings of the 2007 survey of Inpatients, setting the results for the Trust in the wider national context and offering comparisons with other Trusts. It was noted that each Trust had been issued with 850 questionnaires, regardless of its volume of patients seen. The 56% response rate for the Trust was in line with the national average. It was very pleasing to see that the Trust was in the top 20% for a significant number of indicators and had received an overall 95% positive rating. For the areas of concern identified, action plans had been produced to address these and in the case of copying discharge letters to patients significant improvement had already been made.

In relation to Outpatients, the Trust conducted its own audits, including delays in clinics and communication of these to patients. The Equality and Diversity Working Group was addressing issues such as access to interpreters and other needs. It was noted that all clinics gave each patient a specific timeslot and there were no block bookings. Mr Ward commented that Primary Care Trusts had a responsibility to encourage GPs to offer patients a choice of hospitals. In terms of what Governors could do to assist the Trust in this arena, there were Governors on the Patient and Public Involvement Committee already.

Dr Prentice commented on the small size of the samples and pointed out that other service providers would make far greater numbers of enquiries of their users. Mrs Hornett said that the Trust was looking at whether the PatientLine TVs could be used to get interactive responses from Inpatients.

08/36 Appointment of Non-Executive Directors

Mr MacDonald introduced a tabled paper on the recently concluded work of the Nominations Committee in seeking candidates to appoint as Non-Executive Directors. The first key appointment needed to be a Non-Executive Director to take over the chairing of the Audit Committee and hence there had been a clear need for candidates to hold a suitable finance qualification and to be able to demonstrate relevant commercial/business experience. There was also a requirement for all candidates to be based in the region.

The posts had been advertised in the Newcastle Journal, the Northern Echo and on the Trust website, to ensure open competition. The advertisements offered the opportunity for any of the existing Non-Executive Directors to express an interest and for the Nominations Committee to review their application and interview them alongside the other candidates. The Nominations Committee did not use executive search on this occasion but this might now prove necessary in relation to the longer-term appointment of a further Non-Executive Director with an appropriate finance qualification and relevant financial experience in a commercial environment.

By the closing date of 23rd April 2008, twenty five applications had been received, including from five of the existing Non-Executive Directors (one of whom had recently retired from an appointed post and had already been replaced). The Committee met on 25th April to review the applications and drew up a shortlist of eight candidates.

Interviews were held on 9th and 13th May and the Committee used an agreed schedule of questions (in order to secure consistency of approach in each interview), allied to a simple scoring sheet to facilitate the selection process. The Committee sought to arrive at a consensus view on the selection of candidates. The candidate for the finance-oriented post was asked additional questions in relation to the role and function of the Audit Committee.

The Nominations Committee was unanimous in recommending for appointment the following candidates:

- Professor Oliver James (retired Pro Vice Chancellor of the Faculty of Medical Sciences, University of Newcastle upon Tyne and Consultant Physician; formerly the University-appointed Non-Executive Director) – appointed with effect from 1st August 2008
- Mr John Kirkby (retired; former County Treasurer, Durham County Council) – appointed with effect from 1st June 2008
- Mrs Hilary Parker (Partner and practising solicitor, Sintons Law Firm and Chair of Three Rivers Housing Association; and a current Non-Executive Director) - appointed with effect from 1st June 2008.

Should the Council of Governors approve these appointments, it would leave the Board facing a further vacancy after 31st October 2008. In addition and in consequence of the transitional arrangements in 2006 when the Trust was licensed as a Foundation Trust, there had been an additional Non-Executive Director on the Board, i.e. a complement of eight including the Chairman. It would be for the Council of Governors to determine, in the light of a briefing at the next meeting, whether to amend the Constitution to continue this position.

Governors were reminded that authority had been delegated to the Chairman of the Nominations Committee, in conjunction with the Trust Chairman and the Chief Executive, to extend the term of office of those existing Non-Executive Directors whose term was due to expire in 2008, should this prove necessary in terms of the number of appointees and the stability of the Board. The Nominations Committee had determined that there was no need to exercise that power.

The report was received and the recommended candidates for appointment as non-Executive Directors endorsed by the Council of Governors nem con.

08/37 Infection Control Sub-Group: Feedback

Professor Potts reported that the inaugural meeting of the sub-group had identified terms of reference for its role and purpose and key steps for action planning in the course of the year. The terms of reference were approved by the Council of Governors.

Mrs Hornett tabled an invitation to all Governors to attend an Infection Control seminar on 30th May.

All to note

Councillor Brain asked how the Trust could ever have met its MRSA bacteraemia target of 37 cases in 2007/08 when there had been 33 “unavoidable” instances. These had arisen within the first 48 hours of patients arriving in hospital and were a clear indicator of the need for work required with other bodies to address MRSA at source. Ms Tiller commented that commissioners did recognise the challenges and needed to influence in areas where there was no direct control. At the same time, it was important that the communications flow did not overwhelm the public. In relation to the greatest risk area, which was patients with venous lines inserted, it was noted that such patients had usually already been screened and found to be MRSA positive. Dr Gascoigne, newly appointed Director of Infection Prevention and Control, was leading the development of line care protocols.

08/38 **Governors’ Visits**

i) Catering Department, Royal Victoria Infirmary, 27th March 2008

Ms Harvey presented the report of this visit, which had been attended by six Governors. Overall impressions had been positive but Mrs Bates commented on the poor quality of bread. Some issues had been identified regarding staff outfits and frequency of laundering and there was a particular issue in relation to the outfit worn by staff in the chilled area, which Mrs Hornett agreed to follow up.

**Mrs
Hornett**

The Catering Manager was commended for his drive and enthusiasm. It was noted that the Children’s menu had now been agreed but was still to be introduced.

ii) Patient Food Tasting – Ward 32, Newcastle General Hospital, 9th April 2008

Ms Harvey presented the report of this visit. Three Governors had attended on this occasion. While the hot food sampled had been satisfactory, the sandwich was not and there continued to be an issue with regard to provision of rolls with soup.

iii) New Renal Services Centre and Northern Centre for Cancer Care

A number of Governors had recently visited the new buildings, which were being prepared for occupation and use by the Trust. The general impression was of space and light and overall the facilities were very impressive.

08/39 **Governors’ Questions and Items for the Next Agenda**

The following items were proposed for consideration at future meetings:

- i) Research and Development. Professor Burt and Dr Goodship agreed to give a presentation at the September meeting.
- ii) Progress with the Marketing Strategy. Mr Pettifor to provide an update for the September meeting.
- iii) Membership for Children (under 18). To be considered by the Development Group and reported at a later date.

08/40 Future of the Newcastle Healthcare Charity and The Newcastle upon Tyne Hospitals NHS Charity

A paper was tabled, which described the two charities related to the Trust. The purpose of both charities was the same, in that they administered “Non Exchequer” or “Trust” Funds and used these funds to complement NHS resources in a variety of ways. Most notably, funds were used to improve amenities, to purchase service-enhancing equipment and to enable research and development activities to be carried out. In essence they afforded what could not be afforded or expected from NHS resources. The funds stemmed from legacies, charitable donations and fundraising activities. The funds were invested to generate further returns.

It was proposed to establish a working group to examine the role and function of the charities in the context of Foundation Trust status. Dr Goodship and Mrs Duckett expressed an interest in joining the sub-group.

**Mr
Steven**

08/41 “Making Experiences Count” – Early Adopter Programme

Mrs Hornett introduced a detailed briefing on how the Trust would participate in a trial of a new approach to complaints management. While the programme was in its infancy, it was seeking to identify good practice and it was acknowledged nationally that the Trust was an exemplar in this field.

08/42 Slips, Trips and Falls

In response to a request from Governors, Mrs Hornett presented a report on slips, trips and falls, which were the most commonly reported incident in hospitals. The report set out a series of actions and recommendations to further improve patient, visitor and staff safety and to reduce the number of such incidents resulting in major harm or injury.

08/43 Executive Report: Current Issues

Mr Fenwick reported on a number of areas of current interest. The finance dashboard and report were tabled. The overall financial position of the Trust at the year-end had been very strong and all required targets had been met. Continuing progress on the 18 Weeks Referral to Treatment target was noted, with overall performance exceeding Department of Health requirements as at 31st March 2008.

With regard to Healthcare Acquired Infection, the draft report by the Department of Health Surveillance Team had now been received. There were no new learning points but it was clear that the Trust needed to do better and management changes were in progress to engage more fully with “shopfloor” staff.

The Transforming Newcastle Hospitals project was continuing well but the programme for the Renal Services Centre occupation had been delayed as a consequence of problems with the dialysis water supply and with paint finishes which were not washable. The Newcastle eRecord project with University of Pittsburgh Medical Center had been launched internally on 21st April and there

was great enthusiasm for the changes in practice and improvements in patient safety which it was expected to bring.

With regard to the future use of the Newcastle General Hospital site, Mr Fenwick reported that some optimism was emerging now for the future redevelopment, although the planning application had still not been registered by Newcastle City Council.

Other points of note included the recent publication of the National NHS Staff Survey 2007 and the Department of Health's Winter Report 2007/08. The Department of Health had also announced twelve new Biomedical Research Units, which were set to complement the existing twelve National Institute for Health Research centres in London, Oxford, Cambridge, Liverpool, Manchester and Newcastle. Each would receive £3.75 million over the next four years and were regarded to be "smaller but excellent research groups to increase significantly their ability to undertake translational research". These were:

Leeds	Musculoskeletal Diseases
Nottingham	Deafness and Hearing
Nottingham	Respiratory Disease
Nuffield, Oxford	Musculoskeletal Disease
Royal Brompton/Harefield	Cardiovascular Disease
Royal Brompton/Harefield	Respiratory Disease
Sheffield	Musculoskeletal Disease
Sheffield	Cardiovascular Disease
Southampton	Nutrition, Diet and Lifestyle
Bristol	Cardiovascular Disease
Birmingham	Gastrointestinal (including Liver)
Disease	

Monitor had published its Business Plan for 2008/09. Of greater importance to the Trust was the publication of the NHS Next Stage Review – Leading Local Change, by Lord Ara Darzi, Health Minister. This was being considered in terms of the opportunities and threats to the Trust's strategy, including the aspirations to develop vertical integration.

The Sir Bobby Robson Foundation appeal had been launched on 25th March 2008 to assist with the establishment and fitting out of a Cancer Trials Research Centre. To date £420,836 had been donated.

Turning to the Medical & Professional Education Training (MPET) allocation for 2008/09, Governors were aware from previous briefings of the risks facing the Trust in relation to erosion in real terms of the funding 'bundle' that was now allocated via the Strategic Health Authority rather than the Department of Health. The sum of £47,625,000 had been earmarked (£46,339,000 in 2007/08). As a consequence, an assessment of the impact on 2008/09 as well as securing a much greater understanding of future trend was underway. In addition, the SHA had been requested to disclose the calculation detail of the current sum offered.

Mr Steven put the allocation in the context of the rising costs of service provision and the fact that the SHA had deducted £696,000 from the MPET

allocation in 2007/08 and was likely to do so again this year. More than £1.0 million had been deducted for Academic Clinical Fellowships and the 25% on-cost was also at risk. Other elements of the training and education funding streams were under national review currently. Additional cost burdens in 2008/09 included £1.0 million additional pay bill arising from unsocial hours payments agreed under Agenda for Change. Achievement of the 18 Weeks target had cost £5.0 million. The Retail Price Index inflator for the PFI unitary payment was running about 2% ahead of the increase in NHS income.

The pinchpoint in 2009/10 was highlighted again, along with the continuing convergence of income with expenditure, affecting future scope for service developments and improvements. It was anticipated that the introduction of Service Line Reporting would offer a much clearer picture of activity, income and costs.

08/44 Recent Awards

Details of recent Health and Social Care and Innovations award nominations and prizes were received and noted. The Trust had also recently been named as a CHKS "Top 40 Hospital" for the eighth consecutive year.

08/45 Date and Time of Next Meeting

The next meeting would be held at 2.00pm on Thursday 17th July 2008.

MEMBERS COUNCIL

GOVERNORS ATTENDANCE, 15th MAY 2008

2	Mrs Heather Abrahams	Y
2	Captain Kenneth Appleby (<i>resigned</i>)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2	Mr Peter Atkinson	Y
1	Mrs Linda Bates	Y
3	Mrs Jennifer Binns	N
2	Mr Malcolm Brain	Y
A	Mr Paul Briggs	Y
A	Mr Alf Brown	APOLOGIES
A	Professor Alastair Burt	Y
S	Mrs Faye Butler	APOLOGIES
S	Mr David Crawford	Y
1	Mrs Jane Donnelly	APOLOGIES
S	Mrs Joan Duckett	Y
S	Mrs Christine Eddy	Y
S	Dr Tim Goodship	Y
1	Mr Eric Green	Y
2	Mrs Grace Haigh	Y
2	Ms Margaret Hall	Y
A	Mrs Mary Ann Hargreave	APOLOGIES
2	Mr Maurice Harvey	Y
1	Ms Sandy Harvey	Y
1	Mr Ray Hayes(<i>resigned</i>)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
A	Councillor Brenda Hindmarsh	APOLOGIES
S	Dr Malcolm Holliday	APOLOGIES
2	Professor Pat Kendall-Taylor (<i>resigned</i>)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2	Mrs Naomi Kenny	Y
3	Mr Laurie MacDonald	Y
3	Mrs Ruth Moore (<i>resigned</i>)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1	Mrs Elizabeth Ann Potts (<i>resigned</i>)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1	Professor Jean Potts	Y
A	Dr Mike Prentice	Y
1	Mrs Ethel Randall	Y
2	Mr Stanley Smith (<i>resigned</i>)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
S	[Staff Governor vacancy]	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
A	Professor Royston Stephens	APOLOGIES
A	Ms Gina Tiller	Y
A	Mr Raymond Venus	Y
A	Mr Cameron Ward	Y
1	Mrs Jacqueline Wrenn	APOLOGIES