

# THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS

### Minutes of the meeting held on 20<sup>th</sup> March 2008 at Freeman Hospital, Newcastle upon Tyne

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

Mr D Allison, Operations Director  
Mr P Brewis, Operational Services Manager (item 08/26 only)  
Mr L R Fenwick, Chief Executive  
Mrs C Holland, Head of Personnel (Freeman Hospital) (08/17 only)  
Mrs M Hornett, Nursing & Patient Care Director  
Mr S R Reed, Trust Secretary  
Mr B Steven, Finance Director  
Dr T J Walls, Medical Director

## ACTION

### 08/14 Apologies for Absence

Apologies for absence had been received from Mrs H Abrahams, Mr P Briggs, Mrs J Duckett, Councillor B Hindmarsh, Professor P Kendall-Taylor, Mr M Pettifor, Business Director, Dr M Prentice, Mrs E Randall, Ms G Tiller, Mr C Ward and Mrs J Wrenn.

### 08/15 Minutes of the Meeting held on 17<sup>th</sup> January 2008

The minutes of the meeting held on 17<sup>th</sup> January 2008 were agreed to be a correct record.

### 08/16 Matters Arising

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

It was noted that Mr Barker, strategic lead for the SHA in this arena, had visited the Trust in February 2008 but there had been no sense of encouragement for the Trust's strategy and proposals. The Trust's vision document was in great demand from other Trusts. The intention was to continue the collaborative work with primary care colleagues.

Governors reaffirmed their commitment to the strategy, as endorsed in September 2007.

ii) Appointment of Non-Executive Directors

Mr Reed reported that the Nominations Committee had been convened on 20<sup>th</sup> March 2008 to consider the job description and person specification for the Non-Executive Director positions, four of which needed to be filled in coming months.

Mr MacDonald paid tribute to the contribution made by Professor Kendall-Taylor in both the Nominations Committee and Members Council and elsewhere in the NHS. The advertisement for the posts would appear on the Trust website, in the Newcastle Journal and the Northern Echo. The Council of Governors approved nem con to give delegated authority to the Chairman of the Nominations Committee, advised by the Trust Chairman and Chief Executive, to propose extensions to the terms of office of existing Non-Executive Directors if not all of the four posts could be appointed to at the initial round of interviews; and the payment of an additional £5,000 per annum for the Chair of the Audit Committee.

iii) IM&T

It was clarified that the term “Anglicisation” referred to adaptation of the American software to fit with the Trust’s new working methods and practices, where these were different from American practice.

iv) Infection Control

Mrs Hornett reported that steam cleaning of walls and curtains was currently being tested. There had been 54 MRSA bacteraemia cases in the year to date.

Comparative graphs showing the performance of other north East hospitals were tabled for information and demonstrated that the Trust was slightly above the local average for MRSA bacteraemias at 1.4 / 10,000 bed days, with the third highest rate; but in comparison with selected Foundation Trusts nationally had the third lowest rate. Amongst teaching Trusts it ranked at the median.

The Trust was now under daily scrutiny by the Department of Health and Monitor with regard to MRSA. The Healthcare Commission had made an unannounced visit to the Trust on 21<sup>st</sup> February 2008 to inspect cleanliness and infection control in the context of the national Code of Hygiene. It was not known whether there would be a follow-up visit.

For C. difficile, performance remained below trajectory and hence there was confidence that the year-end target would be undershot. The target for 2008/09 would be more challenging.

It was proposed that a Governor sub-group should now be convened and it was also agreed that all Governors should have training in Infection Control. Governors interested in joining the sub-group were to contact Professor Potts.

**ALL**

Professor Potts gave feedback on the recent visit to Sheffield Hospitals, where the strategy for compliance with the national targets was based upon a ward and departmental accreditation scheme, which put the onus on them to provide

the evidence that standards were being met. Sheffield and Newcastle were broadly similar but the former was further advanced in its infection control work in the wider community. It was noted that in this respect Mrs Hornett and Dr Walls and the Chief Pharmacist were engaging closely with primary care and community-based care providers, where knowledge and understanding of infection control and prevention was variable.

v) Healthcare Commission Appeal

It was noted that the appeal to the Commission with regard to the Quality of Services rating being adversely affected by the waiting list for digital hearing aids in 2006/07 had been unsuccessful. The Commission had taken the view that the responsibility was shared between the Trust and Newcastle Primary Care Trust but to have implemented the necessary measures to eliminate the list would have cost the Trust £800,000 for which no matching income was available, hence risking a breach of the Terms of Authorisation and incurring investigation by Monitor. In the current year the position had been improved dramatically.

vi) Inappropriate and Obscene Material

Councillor Brain asked whether there had been any evidence of a criminal aspect to the acquisition and distribution of this material by staff and whether there had been any Police involvement. The Police had shown no interest to date. It was noted that some cases of dismissal were now being taken to Employment Tribunal.

## 08/17 Equality and Diversity

In response to requests from Governors, Mrs Holland, Head of Personnel (Freeman Hospital) gave a presentation which set out the statutory requirements with which the Trust was obliged to comply.

Equality and Diversity (E&D) awareness was included in the Knowledge and Skills Framework for the evaluation of jobs and hence was also part of annual performance reviews for staff. A number of Governors had attended the conference "Benefits not Barriers" hosted by the Trust on 15<sup>th</sup> January 2008.

E&D was also considered as part of the Healthcare Commission Annual Health Check, to ensure dignity and respect and also equality of access to jobs and services. The Chairman commended the scope and scale of the work being undertaken in this arena.

## 08/18 Business Plan, 2008/09 - Update

Mr Allison tabled a briefing paper, setting out details of progress in developing the annual business plan for the new financial year and including a risk assessment and a timeline for production of the plan, which needed to be submitted to Monitor by 30<sup>th</sup> May 2008. Risks and opportunities were identified, as well as activity projections for the next three years. The activity, costs and projected income would be reflected in legally binding contracts with commissioners and hence the plan needed to be reiterative and dynamic at this

stage. The first working draft would be considered by the Board of Directors on 2<sup>nd</sup> April. Mr Allison reported good progress, with the plan further developed at this point than had been the case at the same time the previous year.

“Transformational” schemes included the proposed Institute of Transplant Surgery, development of new services in the Northern Centre for Cancer Care, and stimulating additional private patient work (although this was capped by Monitor at 1.2% of patient-related income). It was noted that a sub-group of Governors had been briefed on the plan and the key issues and had been happy to lend its support to the direction of travel and the proposed developments.

It was noted that Private Patients waiting times depended upon the specialty but given the achievement of the 18 Weeks Referral to Treatment target, waiting times overall were falling and hence the quality of facilities was becoming significant and hence the Trust was trying to retain its existing business. Where feasible, the Trust worked in collaboration with the private sector, in order to exploit opportunities for additional income and where this was not in conflict with core aims and values.

The Trust had been identified as centre of excellence for Children’s Services but referral patterns did not reflect this as yet. Consultants were increasingly reaching out to educate and inform, include the use of the independently produced “Dr Foster” data. Mr Fenwick reported that NHS North East had been advised of the need to address quality and outcome in the context of the Children’s Hospital for the North East and to avoid duplication of services.

## **08/19 Future Development of Members Council**

The Chairman introduced the report on the future development of Members Council and which was the culmination of the work of the Governors who had voluntarily formed the Future Development Group and the two awaydays for Governors. Mrs Hargreave was thanked in particular for her close involvement and leadership and for drafting the Overview.

The key recommendations were as follows:

- there should be some slight amendment to statutory responsibilities in relation to appointments
- a two-way communications strategy should be devised to enable input *from* users as well as dissemination of information *to* users
- in the light of the acknowledged difficulty for volunteers to carry out effective public consultation, assistance would be required such as a dedicated member of staff appointed for press and communications activities
- there should be an alignment of Governors with Executive Directors, according to interests and skills

- there should be a system in place applicable to the role of Governors to enable them to carry out their monitoring role, such as continuation of the rolling programme of ward and department visits
- the name of the Members' Council should be altered to reflect member representation through Governors, to become the Council of Governors
- Members' Council should have a set of Standing Orders
- there should be greater Governor participation in Council meetings
- there should be a reporting mechanism to keep Governors informed between meetings
- there should be a high profile annual event, entitled 'Now and the Future'
- a structured programme and guidance for Governor education, training and development should be set up
- there should be some form of assessment of performance both of individual Governors and of the Council as a whole
- to support administrative tasks, there should be strengthening of the Trust Secretary function
- the Members Council Development Group should continue and be formalised.

The next steps would be for the Board of Directors to receive and consider the report, comment as required and implement those actions which they agreed.

**Board**

The report was received and all of its recommendations approved by the Council of Governors nem con.

## **08/20 Annual Health Check 2007/08**

Mr Reed presented feedback from the Governors' sub-group which had considered the Annual Health Check core standards and had subsequently resulted in the production of two sets of statements, which the Trust could include in its eventual submission to the Healthcare Commission. It was agreed that Mr Reed would synthesise the two statements on behalf of Governors.

**Mr Reed**

## **08/21 Governors' Visits**

### i) Emergency Admissions Unit, Royal Victoria Infirmary, 24<sup>th</sup> January 2008

Mrs Bates presented an overview of this visit. The current problem of A&E being located at Newcastle General Hospital would be resolved in a few years time when the Transforming Newcastle Hospitals project would relocate it in purpose-built facilities at the Royal Victoria Infirmary, with greatly improved adjacency to the emergency admissions service. This was a critical relationship and difficult to manage across split sites. A pilot scheme was underway to rotate Nursing staff between the two departments. It was highlighted that the

cleaning service finished at 3-00pm, whereas the peak of activity was later in the evening. Mrs Hornett agreed to follow this up.

Mrs Hornett

ii) “Nursing Now” 30<sup>th</sup> January 2008

A detailed report of the conference was received. Professor Burt suggested that Governors should attend the “Being with Patients” sessions and the schedule of dates was to be appended to the minutes. Professor Stephens offered a visit to Northumbria University to see the education and training programmes for healthcare.

Mrs Hornett advised Governors of a further conference, to be held on 14<sup>th</sup> May and to which all were warmly invited.

iii) Walkergate Hospital, 30<sup>th</sup> January 2008

Mr Atkinson presented the report of his visit and stressed the need for the Trust to continue to ensure that patients and staff felt part of the Trust and were cared about by Governors. The six action points from his previous visit had been followed up and Mr Atkinson thanked Directors for taking them seriously.

There was a clear sense of fresh momentum in the newly created Directorate for Care of the Elderly. Walkergate was an essential component of the service, providing both step-down and respite care. Ward 4 provided continuing care, which would at some point need alternative provision in the community. There could be some rationalisation in future as ward space was freed up at Freeman Hospital but the Trust intended to keep a presence on the Walkergate site.

iv) Women’s Services, 28<sup>th</sup> February 2008

Ms Hall reported on this visit and commented on the increasing pressures on space as the number of patients continued to rise. Security and hand hygiene had both been observed to be very good.

v) Food tasting, Freeman Hospital, 27<sup>th</sup> February 2008

Mr MacDonald thought that the key point raised in this visit had been the importance of maintaining the flavour of patients’ food. Mrs Bates commented that the breakfast menu could be varied more each day and should allow more “mixing and matching” from the menu. It was noted that patients were generally very appreciative of the quality of the meals.

vi) Children’s Menus

Ms Harvey described the work undertaken since August 2007 to develop specific menus for children and also in response to certain clinical needs and patient preferences, culminating in two bespoke menus for children. The working group was also addressing obesity. Mrs Kenny proposed Ms Harvey as the link Governor with the working group on the National Service Framework for Children and this was approved.

vii) Monitor – Governors' Conference, 13<sup>th</sup> March 2008

Mrs Hargreave tabled an overview of the conference, which had considered responses to the recent national survey of Governors, explored methods of local engagement, examined some examples of good practice and debated how to develop the role of Governors further. It had been heartening to discover that Newcastle was in large measure “ahead of the curve” in this last respect. The key message from Monitor had been the need to engage more with the Membership and wider public.

**08/22 Governors' Questions and Items for the Next Agenda**

The following items were proposed for consideration at future meetings:

- i) Research & Development - Dr Goodship offered to provide a briefing to a future meeting on the current initiatives in NHS Research & Development.
- ii) TNH Opening Ceremonies – Governors wished to be advised, in order to attend and to facilitate through “meeting and greeting” where possible.
- iii) Corporate Manslaughter Act 2007 - it was agreed that Mr Reed would provide a briefing for Governors at a future meeting.
- iv) Falls strategy – for the next Agenda.
- v) Current and Future policy for Private Patients.
- vi) PR and Communications – this would tie in with the implementation of the Future Development recommendations.

**08/23 Election Results and April 2008 Elections**

Mr Reed reported the outcomes of the January 2008 elections and presented the timetable for the April round.

It was noted that, due to the abolition of PPI Forums nationally, Mrs Hargreave's position as an appointed Governor was now in jeopardy. The Council of Governors approved nem con an extension to her term of office on a personal basis to 30<sup>th</sup> June 2008.

**08/24 Draft Standing Orders**

Mr Reed presented the draft Standing Orders for the conduct of meetings of the Council of Governors. These were endorsed nem con.

**08/25 Holiday Dialysis**

Governors were briefed on a recent issue regarding the provision of dialysis for patients while on holiday outside of EU member states. In this particular instance, the patient had bought a holiday home in a non-EU state and was seeking financial provision by the Trust for several weeks of dialysis. The Executive Team had considered the issues and proposed that care be funded up to a limit of the received income, in this instance £4,000, or to a cap agreed with Newcastle Primary Care Trust. Governors supported the approach proposed by the Executive Directors.

**08/26 Freeman Hospital: Car Parking Strategy**

Mr Brown reported that the advice of the Community Advisory Panel (CAP) had been sought and considered in the past, including at its meeting in July 2007 and at Members Council in November 2007. Some neighbouring Trusts offered cheaper parking tariffs and it was felt that "blue badge" holders were to some extent disadvantaged. CAP had advised on the Trust's marketing strategy and had highlighted ease of access and parking charges as key to the perceptions of patients and visitors about the Trust. CAP, on behalf of patients and the public, now wished the proposed strategy to be reviewed, particularly with a view to scope for any discounts or for regular attenders, such as dialysis or transplant patients. There was also the issue of the enforcement by Parkforce of the site parking restrictions.

Mr Brewis highlighted that public parking charges for stays of seven hours or more would be reducing from 1<sup>st</sup> April and that concessions were to be introduced for cancer patients, bereaved relatives and hardship cases. The Parkforce contract had replaced wheel clamping and had improved site access and freed up disabled parking spaces, which had been increased by 24 since December 2007. Mr Fenwick pointed out that patient care funding could not be used to subsidise parking. It was acknowledged that it was difficult to strike the right balance with regard to patients with chronic conditions, who needed to return regularly. The City Council had determined that no further parking spaces were to be created beyond the current capacity. The Green Travel plan included the largest subsidised season ticket scheme for staff, in conjunction with Nexus.

Governors supported the proposed strategy for the Freeman Hospital site, in terms of the additional capacity for public parking as the multi-storey car park was opened up as the new buildings were occupied.

**08/27 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 was very strong and it was highly likely that all required targets would be met by the year-end. The A&E waiting times issue in January 2008 was highlighted. Progress on the 18 Weeks Referral to Treatment target was noted.

With regard to Healthcare Acquired Infection, Mr Fenwick reported that Monitor had sought a personal assurance from himself and the Chairman that all possible measures were being pursued.

The Transforming Newcastle Hospitals project was noted to be continuing to time and quality and the imminent challenge of two-site working for Radiotherapy was being addressed. With regard to the Newcastle eRecord project with University of Pittsburgh Medical Center, if the Trust was eventually able to sell licences to another six to ten Trusts the project effectively paid for itself.

The Trust had been awarded Level 3 for Maternity Services and Level 2 for General Acute Services in the recent NHS Litigation Authority risk management standards inspections, a considerable achievement.

With regard to the future use of the Newcastle General Hospital site, Mr Fenwick pointed out that the press statement made by Newcastle City Council on 20<sup>th</sup> March was not factually correct in terms of the proposed scale of development. The planning applications should have been registered by the Council by 4<sup>th</sup> February 2008 at the latest but this had still not occurred. The proposed healthcare-related facilities were in fact of greater scope than the retail development.

Other points of note included the recent publication of "Learning from Investigations", which would be brought to a later meeting; and the final report of the Tooke inquiry into medical training and career development. Finally, it was noted that the Sir Bobby Robson Foundation appeal was to be launched on 25<sup>th</sup> March, aiming to raise £500,000 towards the development of a 12-place Clinical Trials Unit in the new Northern Centre for Cancer Care.

**08/28 Monitor NHS Foundation Trusts Sector Overview – Quarter 3**

The executive summary of the Trust's nine-month position and the sector analysis of all Foundation Trusts were both received and noted. The key issues had been highlighted under item 08/27 above.

**08/29 Inpatient Survey 2007**

The summary overview of the national survey was received and noted.

**08/30 Date and Time of Next Meeting**

The next meeting would be held at 2.00pm on Thursday 15<sup>th</sup> May 2008.

## MEMBERS COUNCIL

### GOVERNORS ATTENDANCE, 20<sup>th</sup> MARCH 2008

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