

# THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS

### Minutes of the meeting held on 18<sup>th</sup> September 2008 at Freeman Hospital, Newcastle upon Tyne

**Present:** Mr K W Smith (Chairman)  
Appointed Governors 5 (out of 11)  
Staff Governors 5 (out of 7)  
Public Governors (Constituency 1): 8 (out of 9)  
Public Governors (Constituency 2): 8 (out of 10)  
Public Governors (Constituency 3): 2 (out of 3)  
(Attendance record attached)

Mr D Allison, Operations Director  
Ms S Cornick, Assistant Director – Planning and Development  
Mrs A Dragone, Deputy Finance Director  
Mrs M Hornett, Nursing & Patient Care Director  
Mr S R Reed, Trust Secretary  
Dr T J Walls, Medical Director

#### 08/66 Apologies for Absence

**ACTION**

Apologies for absence had been received from Professor A Burt, Mrs F Butler, Mrs J Donnelly, Ms J Duckett, Sir Leonard Fenwick, Mr M Harvey, Dr M Prentice, Professor R Stephens and Mr C Ward.

#### 08/67 Minutes of the Meeting held on 17<sup>th</sup> July 2008

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

#### 08/68 Matters Arising

##### i) The “Darzi” Review

Mr Allison tabled a briefing paper which served as a reminder of the activities of the Trust which already demonstrated alignment with the initial report by Lord Darzi, in terms of provision of care outside of hospital settings. An overview of the final Darzi report would be brought to the next meeting, focusing on the eight patient care streams identified.

**Mr Allison**

##### ii) Draft NHS Constitution - Consultation

A briefing was received from Mr Reed on the purpose of and timetable for the current consultation by the Department of Health on the first-ever NHS Constitution. The Trust had used an “e-broadcast” (mass emailing) to canvass the views of the Membership and in order to inform the eventual formal

response by the Trust. The consultation would close on 17<sup>th</sup> October 2008. It was noted that there was a significant degree of congruity between the Constitution and the Darzi proposals.

iii) Healthcare-Acquired Infection

Mrs Hornett gave a presentation on current performance. All Governors were invited to attend a repeat of the workshop on Infection Control, to be held on 28<sup>th</sup> October 2008.

For C. difficile, the Trust had a target of 550 or fewer cases in 2008/09 for patients over 2 years of age and where the infection was diagnosed more than 48 hours after admission. It was pleasing to note that the Trust was well below trajectory in the year to date but this was as expected for the summer months and it was likely that the number of infections would rise as winter approached.

With regard to MRSA bacteraemias, the national target for the Trust was 46 cases, while the Board had set an internal target of 30. The Trust was now in formal arbitration with Newcastle Primary Care Trust, which was seeking to set a lower target. There had been no bacteraemias in September to date. It was highlighted that the screening programme had increased six-fold in the past year in terms of the numbers of swabs taken and analysed. The Department of Health had recently issued new guidance as to which patients should be screened. The year-on-year trend in cases was downwards. Patient risk factors were identified in each case through root cause analysis.

The ward accreditation programme was progressing well, with two services now fully compliant. Hand hygiene had also now reached or exceeded the Department of Health's 95% target for compliance.

Mrs Hornett reminded Governors that Phase I of the "Saving Lives" campaign had been completed in July 2008 and more than 2,500 staff had attended. Phase II would continue the core themes and was available to all staff, supported by e-learning and audit. There had been more than 3,000 hits on the e-learning website to date. Next steps would include a public hand hygiene campaign. Mrs Binns commented that personal experience elsewhere suggested there was a real need for such a campaign. Control of visiting and visitors could perhaps be reviewed further, although there was already a policy in place for this.

Councillor Langfield commented on the data for July and August, when it was possible that there were more relief staff on duty during the holiday period and also a greater likelihood of more children visiting more frequently. There was scope for joint working with Newcastle City Council in terms of infection control education and training for nursing and care homes. Mrs Hornett thought that this could also be extended to other external bodies, including providers of agency staff. Ms Tiller said that NHS North of Tyne acknowledged the frustrations of the Trust, which had a target set by the Healthcare Commission but which was not always in accordance with Monitor's wishes. Mr Smith added that there was a shared objective of driving down healthcare-acquired infection and it was encouraging that performance to date was maintaining that trend. Mrs Haigh wondered whether all patient contact staff should wear scrubs. Mrs

Hornett replied that the “bare below the elbows” policy drove the underlying need and there was no evidence base for a move to scrubs.

iv) NHS “North of Tyne” Urgent Care Strategy

Previously circulated for information, Governors had received copies of the Trust response to the recent consultation on urgent care. The final strategy was now awaited. Ms Tiller reported that the Trust comments would be included in the publication of feedback received on the consultation.

v) ENT Services for Gateshead - Consultation

Mr Allison reported that NHS South of Tyne and Wear was consulting on the provision of ENT services in Gateshead and it was possible that the outreach services currently provided by the Trust might be lost to Sunderland City Hospital and hence there could also be a loss of related inpatient activity. A response to the consultation was expected in October 2008 but the shift of service provision was thought likely to be a fait accompli and hence the Trust intended to provide alternative outreach services. Mr Venus drew attention to some of the adverse material issued by NHS South of Tyne and Wear. Dr Walls commented that the Trust strongly disagreed with the statements made and could refute all of them. Professor Arthur thought that Governors might have a role in helping to rebut these sorts of claims. Councillor Langfield thought that there was a risk that patients could be severely disadvantaged by the proposals and hence the Trust should seek to provide a robust service. Dr Walls commented that the Sunderland service was inferior, in that it used nurse practitioners rather than consultants for the outreach clinics and hence GPs in Gateshead and South Tyneside had invited the Trust to provide an outreach service. Mrs Abrahams noted that this service played directly to Lord Darzi’s concepts and to national policy for care to be provided closer to home.

vi) Business Continuity Planning

Dr Walls described the requirement for all NHS Trusts to have major incident plans and a more recent requirement to have contingency plans for failures of infrastructure such as key utilities and IT systems. The Department of Health had issued resilience planning guidance and this was now being worked through in detail. An update would be brought to a future meeting.

## 08/069 Key Strategic Projects

Mr Allison presented an overview of the key strategic building projects under consideration or in development by the Trust, including the proposals for an integrated Institute of Transplantation, which could be built in the “Freeman South” development footprint. The Board of Directors had approved this latter scheme in principle and a detailed business case was being developed.

Mr Atkinson enquired whether any element of any project would be a Private Finance Initiative. It would not and the Trust would seek central funds or apply its own resources. The idea for the Institute of Transplantation had been developed in response to the changing external environment, new technologies, competition and market intelligence. In this regard, the Institute would need to

develop significant capacity as the national picture in terms of organ donation and transplantation was transformed. There had been close monitoring of theatre productivity, which had improved significantly in the past 12 months.

Dr Sanders commented that the midwife-led birthing unit on the Royal Victoria Infirmary site responded directly to public demand in terms of what women wanted and Mrs Hornett added that the intention was to provide a “domestic” environment but with all the hi-tech support available in the Leazes Wing. There were no difficulties in recruiting midwives at present and hence there was the ability to offer continuity of service.

#### **08/70 Appointment of Non-Executive Directors**

Mr Reed presented a report on the need to reconvene the Nominations Committee in order to search for and appoint (subject to Council of Governors ratification) three Non-Executive Directors. The vacancies arose in consequence of expiry of the term of office of an existing Non-Executive, the resignation of another, and the need to fill the eighth post which had been proposed by the Council of Governors and endorsed by Monitor. It was noted that Mrs Donnelly, Public Governor, had been appointed to the Chair of the Committee by the other Governor members.

#### **08/71 Future Development of the Council of Governors – Progress Report**

It was noted that Ms Harvey, Public Governor, had been appointed to the Chair of the Future Development Working Group by the other Governor members. The Group was leading on implementation of the action plan associated with the detailed report on Development which had been produced in March 2008. Ms Harvey reported that the digital screens in Outpatients would now include a message regarding Membership. With regard to appointment of a Press and Communications Officer, there was a need for the Communications strategy to be developed first and then determination of whether to appoint to the post, or to use an external agency. Mr Harvey was preparing a proposal in this respect.

Dr Holliday was working with Mrs Hargreave, co-opted member of the Working Group, on a newsletter. The Executive Team was to address the issue of a Governor Support post. A proposal was tabled with regard to the alignment of individual Governors with an Executive Director. It was noted that a Governors' Room had been designated at the Royal Victoria Infirmary and would be kitted out appropriately. The next Governors awayday was to be held on either 28<sup>th</sup> November or 4<sup>th</sup> December.

Mr Atkinson commented that the content of the July 2008 Council of Governors meeting had been reminiscent of early meetings in terms of the dearth of contribution by Governors themselves. Ms Harvey pointed out that following the awaydays in November 2007 and February 2008, Governors had been better able to participate. It was agreed that Governors Questions and Items for the Agenda should appear earlier on the Agenda.

With regard to the recent Young Patients Survey, it was noted that a response was being produced by the Trust and would include the introduction from 2<sup>nd</sup> October of a bespoke menu for children.

**08/72 Infection Control Working Group: Feedback**

Professor Potts tabled a briefing which reported on the work of the Group to date, including the Trust meetings attended, the audit undertaken and planned and the action plan for the remainder of 2008/09.

**08/73 Governors' Visits**i) Patients' Food Tasting, Ward 3, Walkergate Hospital

Mr Green reported on the visit to Ward 3, Walkergate Hospital on 30<sup>th</sup> July 2008. The only issue of substance identified related to the size of the food container trolley. Mr Green noted that in six months of carrying out food tastings, he had yet to receive any complaints from patients. He encouraged other Governors to join him on the tasting panel and noted that the next food tasting would take place at the Royal Victoria Infirmary on 24<sup>th</sup> September.

ii) Walkergate Hospital Visit

Mr Atkinson reported on his visit to Walkergate Hospital on 14<sup>th</sup> August 2008. There were no issues of substance other than care of the grounds adjacent to the access road (which were maintained by another Trust); and a plea to upgrade the visitors' vending machine.

iii) Patients' Food Tasting, Ward 21, Newcastle General Hospital

Mr Green presented the findings of the visit to Ward 21, Newcastle General Hospital, on 27<sup>th</sup> August 2008. There were no issues of substance to report and patient feedback was positive.

**08/74 Governors' Questions and Items for the Next Agenda**i) Steam Cleaning

In response to a question raised by Mrs Haigh, Mrs Hornett explained that steam cleaning had been trialled but was not effective in terms of infection control.

ii) Newcastle eRecord and University of Pittsburgh Medical Center (UPMC)

In response to a question, it was noted that no prepayment had been made by the Trust to UPMC for 2008/09. Rather, an escrow account had been established and funds were released to UPMC as agreed milestones were reached.

iii) Future Agenda Items

It was agreed to address the following items at the next or a subsequent meeting, as the Agenda allowed:

- publicising the Trust outside of Newcastle Upon Tyne Hospitals NHS Trust

- what volume of patients originated in each of the public constituencies
- key performance indicators in comparison with peers, including value for money
- spiritual support for patients and staff
- Criminal Records Bureau checks for Governors

#### **08/75 Future of the Newcastle Healthcare Charity and The Newcastle upon Tyne Hospitals NHS Charity**

Professor Goodship reminded the Council that it had endorsed the Terms of Reference for the working group which was reviewing the two charitable funds. The working group had met in the past week and had resolved to co-opt a Trustee from each of the charities, along with one Non-Executive Director and one Directorate Manager. The enhanced group would then address implementation of the Terms of Reference. This was likely to involve inviting interested parties to make representations to the working group, which would then compile a report for the Council of Governors and thence the Board of Directors.

#### **08/76 Executive Report: Current Issues**

Mrs Dragone reported on the financial position of the Trust. The overall Risk Rating was 4.4, demonstrating very satisfactory performance. The 'EBITDA' surplus at the end of July 2008 was £19.786 million, against a plan for £20.294 million and the Income & Expenditure surplus was £8.411 million, against a plan of £8.106 million. The improvement on the prior period was due to greater income, primarily a credit resulting from the impact of the 'Emergency Activity Adjustment.' Expenditure pressures served to reduce the resultant surplus, however, with a number of substantial cost pressures beginning to filter through, notably energy costs, supplies and Waiting List Initiatives. Workshops were planned to identify recurrent savings. Mr Atkinson requested an exposition of some of the detail in the accounts and also asked for itemisation of the impact of the Unitary Payment for the Transforming Newcastle Hospitals project. Mrs Dragone agreed to furnish these details outside of the meeting. Mr Briggs asked for some indication to be given in future of the scale and trend for the identified risk areas.

Mrs Hornett gave an overview of the patient care performance data, noting that it was for the period to the end of July 2008 as a report was not produced in August and the September data would only be available in early October. Overall, national performance targets continued to be met but the challenges of meeting and sustaining the 62-day cancer target were not to be underestimated. There was an expectation that the Trust would achieve the 18 Weeks Referral to Treatment target in the round by December 2008, as required but there were one or two specialties which were likely to fall short and would need to be compensated for by over-achievement in others. Sir Leonard reported on the redevelopment of the Newcastle General Hospital site, noting that the planning application was now expected to be heard in November 2008.

The Sir Bobby Robson Appeal fund had now reached some £757,000.

The national drive to improve organ donation and retrieval and thus transplantation rates was highlighted. A Donation Committee was to be established, which Mrs Abrahams had agreed to Chair and a clinical “donation champion” was to be identified, to assist in the drive to improve organ donation rates. Professor Goodship commented on the outstanding success rates in the North East, which was a net exporter of organs to other parts of England.

With regard to the Sanderson Hospital site, Sir Leonard informed Council that regrettably the intended sale to Taylor Wimpey Ltd would not now progress and the Trust was examining options for the future of the site.

Mrs Hornett described how the Trust had been shortlisted to tender for a number of projects in the North East, as part of the national “Equitable Access” scheme to improve availability of primary care services. Shortlisting was due to take place in early December 2008, with schemes expected to go live in April 2009, from a “zero list” position.

Sir Leonard advised of the proposal to restructure the Executive Team, by converting the vacant Business Director post to that of Chief Operating Officer (COO) and amending the Operations Director post to that of Business and Development Director, which had proven to be particularly successful in the early days of Foundation Trust status. The COO would directly assist and deputise for the Chief Executive in a range of operational and strategic matters, as well as taking the lead in new business, external relations and membership development, along with the lead role for HR and IT.

The proposed restructuring was approved unanimously by Governors.

#### **08/77 Private Patients Strategy**

Mr Allison gave an update on provision for private and overseas patients. The Bishop Ward at the Royal Victoria Infirmary was due to close in March 2009 as a consequence of the demolitions associated with the Transforming Newcastle Hospitals new build. The Trust was seeking to replace the facility both to preserve income and to sustain consultants’ interest. A six-bedded Plastics and General Surgery unit (the Park Suite) was proposed in the Leazes Wing, with Outpatient facilities in the old Lodge. New management arrangements had been put in place, bringing the Private Patients Office into the Plastic Surgery and Ophthalmology Directorate, since Plastic Surgery accounted for around a third of all private patient work.

A second phase of development was under discussion with private health service providers and it was thought that there was scope for future expansion and opportunities to enhance market share, without diverting management or staff time.

#### **08/78 Monitor – Quarter 1 2008/09 Review of Foundation Trust Performance**

The national overview of Foundation Trust performance in Quarter 1 of 2007/08 was received and it was noted that Newcastle Hospitals did very well in terms of the key indicators.

**08/79 Date and Time of Next Meeting**

The next meeting would be held at 2.00pm on Thursday 20<sup>th</sup> November 2008.

Governors were also invited to attend the Trust Annual General Meeting at 6-00pm on Wednesday 24<sup>th</sup> September 2008.

## COUNCIL OF GOVERNORS

### GOVERNORS ATTENDANCE, 18<sup>th</sup> SEPTEMBER 2008

2	Mrs Heather Abrahams	YES
2	Professor Fenwick Arthur	YES
2	Mr Peter Atkinson	YES
A	Mr Syd Atkinson	YES
3	Mrs Jennifer Binns	YES
A	Mr Paul Briggs	YES
S	Mr Peter Brigham	YES
A	Professor Alastair Burt	APOLOGIES
S	Mrs Faye Butler	APOLOGIES
1	Dr Jennifer Court	YES
S	Mr David Crawford	YES
1	Mrs Jane Donnelly	APOLOGIES
S	Ms Joan Duckett	APOLOGIES
S	Mrs Christine Eddy	YES
S	Professor Tim Goodship	YES
1	Mr Eric Green	YES
2	Mrs Grace Haigh	YES
2	Ms Margaret Hall	YES
2	Mr Maurice Harvey	APOLOGIES
1	Ms Sandy Harvey	YES
S	Dr Malcolm Holliday	YES
2	Dr Alan Johnson	YES
2	Mrs Naomi Kenny	APOLOGIES
A	Councillor Liz Langfield	YES
1	Professor Jean Potts	YES
A	Dr Mike Prentice	APOLOGIES
1	Mrs Ethel Randall	YES
1	Dr William Ryder	YES
1	Dr Gill Sanders	YES
3	Revd Dr Michael Saunders	YES
2	Mrs Deborah Staley-Bush	YES
A	Professor Royston Stephens	APOLOGIES
A	Ms Gina Tiller	YES
2	Mr Christopher Venables	YES
A	Mr Raymond Venus	YES
A	Mr Cameron Ward	APOLOGIES
1	Mrs Sally Webster	YES
3	(vacancy)	XXXXXXXXXXXXXXXXXXXXXXXXXXXX