

## MEETING OF THE COUNCIL OF GOVERNORS

THURSDAY 22 MARCH 2012

The next meeting of the Council of Governors will take place on Thursday 22 March 2012 at 2pm in the Boardroom of the Norfolk and Norwich University Hospital

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### AGENDA

1. Apologies
2. Minutes of meeting held on 16 November 2011 *Enclosure*
3. Matters Arising
4. Chief Executive's Report *Presentation*
5. Charitable Activities Update *Presentation*
6. Governor, Member and Public Activities *Enclosure*
7. Report from Lead Governor
8. Governors' Advance Notice Questions
9. Questions from Members of the Public
10. Any Other Business

Members of the public and press are excluded from the remainder of the meeting due to the confidential nature of the business to be transacted.

### **Date and Time of Next Meeting**

The next meeting of the Council of Governors will be held at 5pm on 26 May 2011 in the Boardroom of the Norfolk and Norwich University Hospital

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**Distribution:** Council of Governors, Board of Directors. Public papers available on the website on the Monday prior to the meeting.

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**MINUTES OF COUNCIL OF GOVERNORS MEETING**

**HELD ON WEDNESDAY 16 NOVEMBER 2011**

<b>Present:</b>	Mr N Brighthouse	- South Norfolk (public)
	Ms S Burt	- Nursing and Midwifery (staff)
	Dr J Cooper	- North Norfolk (public)
	Mr T Davies	- Volunteers/Contracted (staff)
	Ms C Edwards	- North Norfolk (public)
	Ms S Fletcher	- Broadland (public)
	Ms P Ford	- Norwich (public)
	Mrs I Grote	- Great Yarmouth/Waveney (public)
	Mrs M Gurney	- Broadland (public)
	Prof I Harvey	- University of East Anglia (partner)
	Ms M Headicar	- NHS Norfolk (partner)
	Ms E Hinks	- Breckland (public)
	Prof K Hobbs	- Breckland (public)
	Ms L Hogbin	- Admin & Clerical (staff)
	Dr L Kerr	- Medical (staff)
	Dr G Peeke	- Norwich (public)
	Mrs S Powell	- West Norfolk (public)
	Ms J Scarfe	- South Norfolk (public)
	Mrs F Sharples	- Breckland (public)
<b>In attendance:</b>	Mrs J Bradfield	- Senior Communications & Membership Manager
	Mr N Coveney	- Director of Nursing and Education
	Mrs A Dugdale	- Chief Executive
	Mr J P Garside	- Board Secretary
	Mrs L Ollier	- Non-Executive Director
	Ms V Rant	- Assistant to Board Secretary
	Mrs A Robson	- Non-Executive Director
	Mrs A Crispe	- for item 11/058
	Members of the public and press	

11/053 **APOLOGIES**

Apologies were received from Mr Prior, Miss Ginty, Councillor Harwood, Mrs Kennan, Mr Nye and Councillor Steward.

In the absence of Mr Prior due to illness, Mrs Ollier chaired the meeting of the Council.

11/054 **MINUTES OF PREVIOUS MEETING HELD ON THURSDAY 22 SEPTEMBER 2011**

The minutes of the Council meetings held on 22 September 2011 were agreed as a true record and signed by Mrs Ollier as Chair of the meeting.

11/055 **MATTERS ARISING**

The Council reviewed the Action Points arising from its last meeting as follows:

11/044 At item 11/058 Mrs Crispe provided an update on the Trust's progress in implementing its QIPP projects.

11/045 The Council was informed that a modified version of the surgical safety checklist is currently being prepared for use in clinical areas where invasive procedures are performed outside of the theatre complex.

11/045 Governors interested in assisting with auditing standards on the wards have made contact with Mrs Hogbin.

11/046 The Auditors will report to the Governors concerning the Trust's financial accounts as part of the Annual Report process.

11/056 **CEO REPORT**

The Council received a report from Mrs Dugdale concerning the performance of the Trust in key areas and strategic developments.

(i) **Cromer Redevelopment**

The redevelopment of Cromer Hospital is progressing well and the fitting-out of the ground and first floors commenced in November. It is expected that the construction of the new building will be completed in March 2012 and that relocation of services into the new building will commence during April and May 2012. The final phase of the redevelopment will be the construction of the car park and landscaping and the site's redevelopment should be completed by July 2012. Mrs Edwards informed the Council that she and Dr Cooper had visited the site with Mr Prior and had been very impressed.

(ii) **Performance and Clinical Quality and Safety**

Since the last report to the Council in September there have been no further cases of hospital acquired MRSA bacteraemia. Following a review of the Trust's processes all patients are now screened on admission to establish if they are colonised with MRSA.

There have been 34 cases of C Difficile in the year to date against the 2011/12 ceiling target of 71 cases. This is a good performance and audits on cleanliness of equipment continues and all CD positive patients are ribotyped to determine if there has been any cross contamination between patients.

The Trust continues to meet the target that 95% of A&E patients should be seen within 4 hours of arrival. Senior staff cover has been extended to cover 12 hour periods over the weekends and this has helped to cope with the high level of demand.

The Trust achieved performance of both the 18 week RTT and 95<sup>th</sup> percentile targets in October and the targets will continue to be closely monitored.

The Trust is achieving the required performance in relation to cancer targets but the position is challenging. There has been an increase in referrals which is thought to have been due to a number of publicity campaigns and a number of other foundation trusts are struggling to meet the level of demand.

The Council was informed that the format of the quality and safety report has been revised to include three separate tables with mortality data, patient safety data and safety and quality process measures. The table on mortality has been expanded to include the number of deaths after elective admission, deaths in low risk groups and still births and can be used to benchmark against national performance.

As expected, following the introduction of an electronic reporting system the number of medication errors and incidents reported every month has increased. A detailed analysis has been undertaken of the systems and processes in place to prevent recurrence of medication errors and a robust structure of medicines management has been introduced via the Drug Safety Committee.

Professor Sethia will be invited to attend a future Council meeting to provide further information on the monitoring of mortality and on the underlying causes of medication errors.  
**Action: Professor Sethia**

There have been no cases of ventilator acquired pneumonia for the last 100 days. The target of <1.4 per 1,000 patient days for central venous cannula infections is based on 'Matching Michigan' US best practice and the Trust's performance is well within this at 0.87.

The rate of PE/DVT has not been reduced despite the use of the assessment tool for VTE. All thrombotic events are reviewed on a monthly basis to identify any process changes that can be made and additional focus will now be given to repeat VTE risk assessment 7 days following admission to hospital

The process following a patient fall has been revised and a root cause analysis is completed for every fall that results in harm, to identify any learning outcomes and actions that can be taken to prevent recurrence. A review is also being undertaken of the falls risk assessment process.

The Council was informed that there has been an increase in the number of stillbirths seen in the Trust. Every stillbirth is subject to a review by the obstetric and gynaecology risk management committee. To provide additional assurance the Trust has also commissioned an external review through the Royal College of Obstetricians and Gynaecologists to look at the incidence of stillbirths and to review risk management and governance structures in place in the Obstetric and Gynaecology Department.

The stroke target of 60% of TIA patients to be seen and treated within 24 hours is performing at 50%. The Council was informed that performance can suffer as a result of slow referrals by GPs or patients who do not present to their GPs following a TIA. Events have been held to raise awareness in the community and with GPs about the importance of timely patient referrals. 80% of patients spent 90% of their time on the Stroke unit against the target of 90%.

Under its contract with NHS Norfolk, the Trust is not paid for readmissions within 28 days of discharge and all readmissions are reviewed by the specialties concerned to consider any actions that can be taken to avoid future readmissions. The Council discussed the 6.4% of patients that are readmitted within 28 days of discharge. This figure includes patients with social and mental health problems including patients with drug and alcohol related issues. The Trust is discussing with Norfolk and Waveney Mental Health Trust and NHS Norfolk whether it is possible for patients with drug or alcohol related problems to be reviewed sooner by a psychiatrist following attendance at NNUH.

In order to increase middle grade doctor cover during the night the Trust is recruiting doctors to work in acute care, Medicine for the Elderly and the Intensive Care Unit with the intention of improving the medical care given to patients in the hospital at night.

### (iii) Patient Experience Survey

The Council received a report of the outcome of the Patient Experience survey which was carried out in the Trust on 26 September.

Patient experience is measured by the Trust in a number of different ways both internally and externally such as the PROMs national inpatient survey and the Dr Foster Patient Experience Tracker. The Trust also has in place a governance process whereby all complaints are reviewed to identify lessons that can be learnt or changes in practice that can be made.

The patient experience survey was compiled in conjunction with Serco and John Lewis based on how they measured their customer experience. With the help of volunteers, staff and governors over 2,200 surveys were completed by inpatients, outpatients and

patients in the day procedure unit.

Patients were asked how likely they would be to recommend the hospital to a friend or a family member according to a scale from 0 to 10 with 0 being not at all likely and 10 being very likely. Patients scoring 0-6 were classified as 'detractors'; 7-8 'passives' and 9-10 'promoters'. The NNUH Net Promoter Score for this survey was +61.1% which is considered to be very good.

Various aspects of patient experience were included in the survey including physical and personal comfort, kindness and compassion, dignity and respect, how timely and well coordinated care was, levels of information received as well as cleaning standards and food satisfaction. Further analysis is being undertaken of the comments provided by patients as to why they had given their score, to determine what drives satisfaction or dissatisfaction.

Overall the results were supportive of the services provided by the Trust. A number of patients indicated that they would not recommend this Trust with the main reasons being waiting time (not keeping to appointment times and long waiting times in clinics) and car parking (shortage of spaces, having to allow extra time to get parked and limited disabled parking spaces). 8 people mentioned poor staff attitude.

The Council will be provided with an update on the position concerning provision of parking on the NNUH site at a future meeting. **Action: Mrs Dugdale**

It was **agreed** that the results of the Patient Experience survey were an appropriate basis for establishing the Trust's strategic quality objectives for the coming year.

The Council was informed that the next stage is to develop a more detailed survey that will allow for greater identification of potential improvements. The Trust is working with Serco to develop a further survey to include detailed questions to aid in understanding what influences positive and negative patient experiences. The new survey will have particular focus towards the experience of inpatients and it is hoped to develop the system to collect information in 'real time' so that any issues can be acted upon quickly at an appropriate level to improve patient experience.

Capturing the experience of carers has also been improved and the Trust received a prize in recognition for the work performed in developing its Carer's Strategy.

#### (iv) Care Quality Commission

The Care Quality Commission is the statutory regulator across health and social care with focus on outcomes and experience for patients. Performance is rated against specified outcomes and is monitored by way of a programme of inspections looking at:

- delivery of care which is consistent and to a reliable standard;
- demonstration that effective systems are in place for the delivery of care;
- documented evidence that care has been delivered appropriately;
- achievement of clear and consistent quality standards.

Following the CQC's inspection in March the Trust put in place an internal audit programme to provide a mechanism to monitor standards on an ongoing basis and to ensure continued improvement. The process of audits involves Trust staff, governors and external partners and charities and is believed to be a robust process which has been copied in other trusts.

The CQC released its report in June and has very recently released revised rating definitions which have expanded on the wording previously used to define the ratings given following inspections.

On 7 October the Trust received a further unannounced visit from the CQC during which inspectors assessed compliance across 7 standards. In addition to reassessing Outcomes 1 and 5, Outcomes 4 (care and welfare of people who use services), Outcome 7 (safeguarding people who use services from abuse), Outcome 13 (staffing), Outcome 16 (assessing and monitoring the quality of service provision) and Outcome 21 (record keeping) were also assessed.

In November the CQC report published its report of the findings following its visit in October. The report stated that the Trust had made significant improvements since the last CQC visit and the Trust scored compliant (no concerns) for 3 outcomes and compliant (minor concerns) for 3 outcomes and non-compliant (moderate concerns) for 1 outcome (record keeping).

Attention in the Trust will be focussed on the completion of documentation to show evidence of personalised care, respect of dignity, use of call bells and the red tray system and ensuring that the right processes are in place to deliver the best outcomes for patients.

Governors who had been involved in the audit process reported that they had been impressed by the engagement of ward staff with the auditing process and by the collaboration between the Trust and Serco.

11/057 **PUBLIC MEETING RE QUALITY OF CARE**

The Council received a report from Mr Garside providing feedback following the Medicine for Members event which was held on the evening of Thursday 3 November. The event had been held to discuss the reports by the Care Quality Commission into care provided in the Trust and to set out the Trust's response to those reports.

Over 100 people attended the event including public, staff, press, Governors, Executive and Non-Executive Directors. Presentations were given explaining the work programmes for ensuring ongoing improvement in the quality of care. The key role that the governors and external partners had played in the patient experience survey and the ongoing audit and inspection process was recognised. Two governors also reported their experience in visiting the wards when auditing the care of patients.

The presentations were followed by an opportunity for informal discussion and a question and answer session which was led by the Chairman.

The feedback following the meeting was that people welcomed the openness with which the Trust had addressed this issue and the commitment to improving quality of care. Strong support was given to the approach adopted by the senior management team.

11/058 **QIPP PROJECTS UPDATE**

The Council received a presentation from Mrs Anna Crispe (Associate Director of Service Improvement) providing an update on progress that has been made in implementing the Trust's Quality Innovation Productivity and Prevention (QIPP) projects.

The Trust's QIPP projects are aimed at making processes more efficient and reducing costs whilst maintaining and improving patient care and services. The programme was introduced because of rising demand due to an increasingly elderly and dependent population, rising costs of drugs and techniques and the £20bn national savings challenge.

In 2011/12 the Trust aims to achieve costs savings of around £30m which is around 8% of turnover. By the end of September the Trust had achieved £2.7m surplus compared to a

planned surplus of £2.8m which is a good performance and will enable some future capital improvements.

QIPP projects are also being performed at national, Strategic Health Authority and Primary Care Trust level. NHS Norfolk QIPP schemes include projects around referral management and admission avoidance but there has been little impact for the Trust so far.

It is believed that the tariff for 2011/12 may be reduced by 1.5%. The Trust is paid only 30% of the tariff for emergency admissions over and above 2008/09 levels. In the year to date this has cost the Trust around £3m and is one of the reasons that the Trust hopes that NHS Norfolk will succeed in reducing the number of referrals to the Trust.

The Trust's QIPP projects include reduced theatre cancellations, urgent scans for cancer patients, improved booking processes, rapid response to therapy requests, management of sickness absence, review of use of specific pieces of clinical equipment and review of clinical pathways to reduce readmission rates. Each QIPP project has clear quality aims and measures in place alongside its financial aims to ensure that quality is maintained and that patients are cared for safely and would wish to be treated at this hospital.

An example was presented to the Council of a QIPP project in theatres in which a change in practice in line with NICE guidance has reduced spending on equipment to reduce DVT without any detriment to patients.

11/059 **REPORT FROM LEAD GOVERNOR**

The Council received an update from Professor Hobbs in his capacity as Lead Governor.

Professor Hobbs explained that he had continued to liaise with the Chairman and Chief Executive in relation to issues of concern raised by governors. It had been particularly pleasing to note the efforts that have been made to improve the operation of the emergency admissions unit and the provision of medical cover at night.

The Council was also informed that a pain score for patients with cognitive impairment was being developed by the Trust in order to determine if a patient is suffering pain and to what extent. The Council will be updated when further progress has been made.

11/060 **GOVERNOR ACTIVITIES AND MEMBERSHIP UPDATE**

The Council received for information a report from Mrs Bradfield outlining governor, member and public activities across many areas of the Trust. The report detailed Governors' briefings and activities since September 2011.

A visit to the Trust's main food supplier, Anglia Crown has been arranged for 5 December and further details will be circulated to governors who have expressed an interest in attending.

A Christmas Fayre will be taking place at the hospital on Thursday 8 December 2011 in the Plaza and East Atrium and governors were invited to attend.

11/061 **GOVERNORS ADVANCE NOTICE QUESTIONS**

No advance notice questions had been submitted by Governors.

11/062 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

11/063 **ANY OTHER BUSINESS**

(a) Industrial Action

The Council was informed that staff unions have been balloting their members for industrial action over proposed changes to the NHS pension scheme. 25% of union members have responded to the ballot with 81% voting to take industrial action. Strike contingency plans are under development to avoid disruption to patient care in priority areas.

(b) Midsummer Ball

A Midsummer Ball will be held at the Royal Norfolk Showground on Friday 22 June 2012 in aid of the Friends of NNUH. Any governors who would like to join a table at the Ball were invited to contact Janice Bradfield.

(c) Sudan

Mrs Edwards will be travelling to Sudan as part of the ongoing link project and will provide the Council with further details on her return.

11/064 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Council of Governors will be at 2pm on Thursday 22 March 2012 in the Boardroom of the Norfolk and Norwich University Hospital

Signed by the Chairman: ..... Date: .....

**Action Points Arising:**

	<b>Action</b>
10/056(ii)	Professor Sethia will be invited to attend a future Council meeting to provide further information on the monitoring of mortality and on the underlying causes of medication errors. <b>Action: Professor Sethia</b>
10/056(iii)	The Council will be provided with an update on the position concerning provision of parking on the NNUH site at a future meeting. <b>Action: Mrs Dugdale</b>

## REPORT TO COUNCIL OF GOVERNORS

**Report from:** Janice Bradfield, Membership Manager

**Subject:** Governor, member and public activities

**Purpose:** Update for Governors

**Date:** 22<sup>nd</sup> March 2012

**Summary:**

- See list of activities overleaf.

**Summary of Key Recommendations:**

- *The Governors are asked to note the activities taking place for both Governors and members.*

## **A flavour of our recent activities is set out below:**

### **Governors**

- Governors have attended a number of regular groups operating within the Trust such as the reducing patient falls, Travel Committee, Nutrition on the Wards, and the Infection Control Committee etc.
- Several Governors have been involved in inspections on the wards in relation to the standards set by the Care Quality Commission.
- A visit took place in December when Governors visited Anglia Crown which is the Trust's main food supplier. Another visit is planned for 23<sup>rd</sup> April.
- Following on from the Anglia Crown visit, a number of Governors had an on-site briefing about patient catering and how it works on the in-patient wards.
- Some of the Governors are supporting the Norfolk Show Ball as this year's charity is the Friends of the Norfolk and Norwich University Hospital.
- A number of catch up sessions have taken place with the Chairman.
- Several Governors attended the open tasting day demonstrating improvements to inpatient food on 7<sup>th</sup> February.
- A tour took place of the new Cromer Hospital just after it had opened to the public.

### **Members/Public**

- Two Medicine for Members events are planned as follows:
- 6pm to 8pm on 19<sup>th</sup> April – Talk on trauma care
- 6pm to 8pm on 31<sup>st</sup> May – Talk on glaucoma
- A series of events have been taking place in partnership with Chapelfield shopping Centre to bring health information to the public. Events so far include National Heart Month, World Glaucoma Week and World Kidney Day.
- In next month's Pulse, members will be invited to nominate staff in the annual staff awards.

## **Council of Governor meetings for 2012**

- 5pm to 7pm 17<sup>th</sup> May 2012
- 5pm to 7pm 26<sup>th</sup> July 2012
- 12pm to 2.30pm 27<sup>th</sup> September 2012, followed by AGM
- 2pm to 4pm on 22<sup>nd</sup> November 2012

## **Documents/messages sent to Governors since last CoG meeting in November:**

- Anglia Crown invitation
- Bacteria levels fall in water supply on neonatal unit
- Press release; Focus on glaucoma at Chapelfield this week
- Testing shows no cross infection on neonatal unit
- Press release: Norwich supports closer links with Philippines
- Press release: Eighth Elsie Bertram Lecture
- Press release Chapelfield to help raise the profile on kidney disease
- Press release: Hands on pathology event
- Routine testing shows Pseudomonas on Neonatal Unit
- Press release: Health watchdog finds NNUH meets standards of quality and safety
- Care Quality Commission report
- Press release: First patients for new Cromer and District Hospital
- Press release: Chapelfield and hospital heart team celebrate National Heart Month
- Serco and NNUH share top cleanliness award
- Press release: Volunteers sought to collect patient feedback
- Press release: Thousands of patients will be asked for views in new style hospital survey
- Team Brief – January 2012
- Press release: 500th baby born at new birthing unit
- Press release: Clinical Imaging and Research Centre: a magnet for research
- Press release: Investing in volunteers at the Norfolk and Norwich University Hospital
- Press release: NNUH launches 'Feel Free 2 Ask' campaign
- Press release: Hearing aid services closer to home
- Press release: Dietary flavonoids could provide health benefits for patients with type 2 diabetes
- Press release: Organ Donation with a difference
- Press release: Starlight brings a dose of fun to poorly children with a panto
- Press release: Patients benefit thanks to donations from Friends of NNUH
- Press release: Acoustic night for Sparks4Hearts
- Press release: End of an era for hospital twins
- Press release: Cots for Tots Appeal reaches target
- Press release: NICU in lights
- Press release: "Choose well" this Christmas
- Team brief – December 2011
- Press release: Nora's 40 years as a hospital volunteer
- Press release: Carers' information day at NNUH

