

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC
2 APRIL 2020

A meeting of the Council of Governors in public will take place at 10am on 2 April 2020

Due to the Covid 19 pandemic and associated government guidance:

- **the meeting will be held by video/teleconference;**
- **audio access to the meeting will be arranged for members of public, if possible.**

AGENDA

	Item	Lead	Purpose	Page
1	Apologies and Declarations of Interest	Chair	Information	
2	Minutes of the meeting held in public on 13.02.20	Chair	Approval	2
3	Matters arising	Chair	Discussion	
4	Chairman's Introduction	Chair	Information	Verbal
5	Chief Executive's Report	CEO	Information	Verbal
6	Feedback from Board of Directors meeting (inc governors who were in attendance)	Chair	Information	Verbal
7	Board Assurance Committees - Feedback from Governor Observers:		Information	align="center"> Verbal
	- Quality & Safety Committee	EB/JR		
	- Audit Committee	JH		
	- People & Culture Committee	CE/DDB		
8	Advance Notice Questions (if any)	Chair	Discussion	
9	Date and plans for next meeting	JPG	Information	Verbal
10	Reflections on the meeting and any other business	Chair	Discussion	

Date and Time of next meeting in public: The next Council of Governors meeting in public will be at 10am on 30 July 2020 in the Boardroom of the Norfolk and Norwich University Hospital (TBC)

Distribution: Council of Governors, Board of Directors and Trust website

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Our Vision
To provide every patient
with the care we want
for those we love the most

MINUTES OF COUNCIL OF GOVERNORS MEETING

HELD ON 13 FEBRUARY 2020

Present:	Mr D White	- Chairman
	Mrs E Betts	- Breckland (public)
	Mr R Boyce	- Clinical Support (staff)
	Mr P Bush	- Norwich (public)
	Ms A Cook	- Admin and Clerical (staff)
	Mrs K Cullum	- Nursing and Midwifery (staff)
	Prof D DeBell	- Norwich (public)
	Mrs N Duddleston	- Breckland (public)
	Miss S Ginty	- Nursing and Midwifery (staff)
	Mrs I Grote	- Great Yarmouth/Waveney (public)
	Mrs J Hammond	- Broadland (public)
	Dr P Harrison	- South Norfolk (public)
	Mr M Hitchcock	- University of East Anglia (partner)
	Mrs M Pandya	- Rest of England (public)
	Dr J Rees	- Broadland (public)
	Mr M Roe	- North Norfolk (public)
	Ms J Scarfe	- South Norfolk (public)
	Mrs J Stanley	- Breckland (public)
	Miss P Sutton	- Kings Lynn and West Norfolk (public)
	Mrs J Tuttle	- Broadland (public)
	Ms T Williams	- Clinical Commissioning Groups (partner)
In attendance:	Mrs F Devine	- Director of Communications
	Prof N Fontaine	- Chief Nurse
	Mr S Hackwell	- Director of Strategy
	Mr S Higginson	- Chief Executive
	Ms V Rant	- Assistant to Board Secretary

20/001 **APOLOGIES AND DECLARATIONS OF INTEREST**

Apologies were received from Mrs Bevington, Mr Davies, Mrs Edwards, Cllr Gurney and Mr Nolan. No conflicts of interest were declared in relation to matters for consideration by the Council.

20/002 **CHAIR'S INTRODUCTION**

Mr White reflected on the changes to the composition of the Board and Council, with new Governors and Non-Executive Directors. Governors were invited to continue to provide their thoughts on further development of their roles.

The Trust continues to be under significant pressure and our staff are continuing to work under difficult circumstances to maintain the best possible services to our patients.

20/003 **MINUTES OF PREVIOUS MEETING HELD ON 23 OCTOBER 2019**

Miss Sutton highlighted that her title in the Minutes required correcting.

As amended, the minutes of the meeting held on 23 October 2019 were agreed as a true record and signed by the Chairman.

20/004 **MATTERS ARISING**

There were no Action Points arising from the last meeting.

20/005 **CEO REPORT**

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

Mr Higginson expressed his gratitude to staff for all their hard work during this most pressured time of the year. Our staff are going above and beyond to keep patients safe and deliver the best care we can. There has been insufficient bed capacity for the number of patients requiring emergency admission and some wards have had to be reorganised in light of the outbreak of Norovirus.

The Council was informed that there will be negative media focus on January's performance in the Emergency Department. Performance towards the 4 hour target has improved since December following a reconfiguration of bed space which created 30 additional beds and allowed improved flow of patients out of the Emergency Department.

There has been an outbreak of Norovirus, affecting around 60 beds. There are ongoing challenges in communication to the public about Coronavirus. Members of the public are advised to self-isolate if they have been to any of the affected areas internationally and to contact the NHS 111 helpline for further advice. Staff are being reminded of key infection prevention and control measures.

It is anticipated that the final report from the CQC, following the inspection visits in December and January, will be published in March 2020. Initial feedback indicates that they found staff to be open and transparent and that the hospital has improved since their previous inspection.

The financial position is challenging due to increased emergency activity and use of escalation areas. The forecast outturn is £16.2m worse than Plan. The budget setting process is underway for 2020/21 and we are collaborating with partner organisations across the STP to try and address the financial challenge across the system.

87% of frontline staff have been vaccinated against flu and this places the Trust as having the highest vaccination rate in the East of England.

Ms Williams referred to the CQC service inspection in December and asked about the actions being taken to address the issues of concern in the Emergency Department (ED). Mr Higginson highlighted that the CQC have recognised positive cultural change in the ED. A programme of organisational development with external support is also underway to assist medical teams to improve systems and working practices. The CQC had raised concerns about consistent application of Standard Operating Procedures (SOPs) at times of peak pressure but a follow-up inspection found that the SOPs are being applied.

Ms Williams asked about the impact of the GP streaming service in ED. Mr Higginson explained that the service is helping but there is more work to do to embed rotas and to fully integrate the service within the ED and in partnership with the Walk-in Centre.

Dr Rees referred to the CQC concerns regarding poor medicines management. Professor Fontaine explained that compliance with fridge temperature monitoring is at 86%. The process for monitoring medicines management is a manual process and we are hoping to introduce an electronic system to automate monitoring but this will require capital expenditure. The Council was assured that issues raised by the CQC are responded to rapidly.

Mr White informed the Council that following its inspection, the CQC issues a series of 'must to' and 'should do' requirements that the Trust is required to address. Professor Fontaine reminded the Council that the Quality Programme Board had been established to oversee the actions to address recommendations arising from inspections/reviews and the programme of work towards achieving an 'outstanding' rating.

Mrs Betts referred to the RTT requirements within the NHS Operating Guidance and asked how these could be achieved. Mr Higginson indicated that the NHS Operational Planning and Contracting Guidance 2020/21 is available on the NHSE/NHSI website. The guidance will be used to inform our planning for the coming year. National support funding is being provided to ensure there are no patients waiting over 52 weeks by the end of March 2020. We will also need to work with our community healthcare partners to ensure patient pathways are appropriate and to look at alternatives for provision of services in the community.

Achieving the Urgent and Emergency Care standards will be challenging in light of ongoing increased levels of activity but we anticipate that the new ward block will assist the flow of patients through the ED. We are also looking to recruit an additional consultant in the ED.

Mr White highlighted that the optimal maximum occupancy rate is 92% but we are frequently challenged with an occupancy rate of around 96%. In order to ease pressure, we will need to work collaboratively with all systems partners to provide care for patients without excessive reliance on the Hospital and its ED. The STP is looking at how system requirements can be achieved within current financial constraints and moving from a historical competitive style of behaviour to one of collaboration to make more collective decisions about the care that it can and cannot provide.

Mr Higginson emphasised that the NHS is working towards introducing integrated services in order to improve outcomes for patients. We recognise that this will be challenging to achieve but there is recognition within the system that this needs to happen.

20/006 **UPDATE ON ESTATES STRATEGY AND DEVELOPMENTS**

The Council received a presentation from Mr Hackwell concerning the NNUH Estates Strategy.

Mr Hackwell informed the Council that we are now in the fourth year of our 5 year Strategy and are making preparations for its review and renewal. Capital constraints have limited the number of objectives that we have been able to progress but we are progressing a number of key developments:

- Interventional Radiology Unit expansion – due to open in May 2020;
- new ward block – due to open in March/April 2020;
- PET/CT scanner modular building – due to open in March 2020;
- radiotherapy equipment replacement;
- radiotherapy linear accelerator replacement;
- Nuclear medicine redevelopment;
- Refurbishment of two operating theatres;
- Temporary walk-in refrigerator for pathology;
- Car park drainage replacement.

The Council was reminded that the Board has developed a Board Assurance Framework which documents the threats to achievement of the Trust's Strategic Objectives. A theme is of the clear impact from estate issues which limit or impede our strategic development. The Estates Strategy is intended to address and remedy this.

There are 10 underlying principles that we are aiming towards:

- (i) clear NNUH site of temporary buildings;

- (ii) repatriate VFM NHS work from private sector;
- (iii) restrict activity on site to only that which needs to be on main site;
- (iv) maximise existing capacity and opportunities within the NRP/Trust portfolio to avoid need for new build accommodation;
- (v) adopt digital to transform working practices;
- (vi) improve staff amenities;
- (vii) improve hospital flows;
- (viii) quality of environments and patient experience;
- (ix) visibility of education/research;
- (x) optimise value for money and exploit commercial opportunities.

We are also exploring opportunities to utilise facilities in the community and other hospitals across the region. From April, we expect to use theatre capacity at the James Paget Hospital to treat NNUH patients.

The key priorities for our Estates Strategy are:

- new ward block;
- Diagnostic and Assessment Centre;
- Emergency Department (expansion and reconfiguration);
- Eye Hospital;
- Cromer expansion (with Macmillan Cancer);
- New Administration Block to replace portacabins;
- Enhanced staff rest and wellbeing areas;
- Consolidation of multi-specialty training/education (with UEA);
- Dermatology off site;
- Pharmacy Aseptic Unit off site;
- Expansion of Children's Hospital;
- Third floor – new ward block;
- Elective surgical centre and protection of surgical space.

Mrs Betts asked which of the projects would be prioritised and Mr Hackwell confirmed the Outline Business Case for the Diagnostic and Assessment Centre and the Emergency Department (expansion/reconfiguration) and being actively pursued. We also want to explore the feasibility of building a new Eye Hospital. Mr Higginson indicated that further work will be undertaken with our stakeholders to identify the areas of focus over the coming year but we recognise that it will not be possible to achieve everything in light of financial constraints.

Ms Scarfe asked about proposals to improve on site car parking capacity. Mr Hackwell indicated that the Integrated Travel Plan is under development but capital expenditure will be required in order to improve parking capacity. The Council will be updated as a future meeting.

Our digital transformation work is also looking to see how telemedicine can be utilised for patient consultations/outpatient appointments, in addition to enhancing what we provide at Cromer.

Mr Hitchcock asked about the opportunities to locate services on the Norwich Research Park (NRP). Mr Hackwell confirmed that we are exploring use of the Edith Cavell Building for training and education. Locating the Diagnostic and Assessment Centre near to the Quadram Institute would also be a unique opportunity.

Mr Boyce reflected on the patients waiting on the RTT pathway and asked if our plans will address issues to ensure patient flow is maintained for elective patients. Mr Hackwell explained that we are looking at pathways where patients can be seen in outpatients, undergo diagnostics, receive a diagnosis and have their theatre sessions booked, in one day. This could be achieved in two ways - a separate unit or protecting existing surgical

services within the hospital. The option of protecting surgical beds would continue to be at risk if we continue to experience very high levels of bed demand for non-elective/emergency patients. Mr Higginson reported that we have committed to ring-fencing the orthopaedic ward and DPU next year, so that the surgeons can be confident that they will have the capacity to operate.

20/007 **FEEDBACK FROM BOARD OF DIRECTORS' MEETING**

Governors reported indicated that the Non-Executive Directors had spoken openly at the Trust Board meeting on 5 February 2020. There was appropriate challenge on issues concerning research, finance and equality/diversity at management level. The Board also received feedback on the work of the Board's Assurance Committees, with issues escalated to the Board for further review as appropriate.

At its meeting, the Board also approved the Research Strategy which will strengthen our culture/development of research and partnerships towards becoming a leading NHS Trust in research and innovation.

The Board also approved the eObs Business Case for introducing the eObs system; implementation of a clinical messaging service; and refresh of the Trust's Wi-Fi infrastructure. These projects will positively impact on the quality of care and outcomes for our patients.

20/008 **FEEDBACK FROM MEETING WITH THE PATIENTS PANEL**

Governors indicated that there may be scope for the Governors and volunteers to work together but there is a need to understand and identify any overlaps between the two roles. Governors represent approximately 25,000 Members across the County.

The role of the Governors and volunteers is different. There is opportunity for Governors and volunteers to jointly take part in the annual Patient Led Audit of Clinical Environments (PLACE). It would also be welcomed if Governors identified areas of interest that they wished to be involved in.

20/009 **MEMBERSHIP REPORT**

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 October 2019.

Mrs Devine informed the Governors that the annual dementia fayre will be held on 4 May. Dates will be published shortly for the Members Events programme of early evening talks.

20/010 **FUTURE WAYS OF WORKING**

Mr White referred to the arrangement to establish link governors for the Board Assurance Committees. A briefing note was also circulated setting out key points about the link arrangements. There was also some key issues that governors may wish to bear in mind when attending committee meetings which may assist governors in forming views to feedback to Council meetings.

Some Committees were oversubscribed and others were not, but we have worked to ensure that there were two link governors for each of the committees, with the aim that at least one will attend each meeting. There will be other opportunities for governors to get involved and governors wishing to help with the N&N Hospitals Charity have been invited to contact Mr Garside.

Mr White emphasised that this new structure has been introduced to provide opportunities for Governors to engage with the Non-Executive Directors. Informal visits are undertaken at the start of each meeting and this will be a good opportunity to spend time with the Non-Executives. It will be reviewed as matters progress.

20/011 **ANY OTHER BUSINESS AND REFLECTIONS ON THE MEETING**

Miss Sutton asked if a breakdown of patients on the RTT waiting list by constituency. Ms Williams indicated that this information would be available through the Governor meeting papers on the CCG website.

Ms Cook asked about the impact of Brexit on research activities. Mr Hitchcock indicated that there has been an impact on research staff and it is anticipated that research funding may be impacted in the future.

20/012 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Council of Governors will be at 10am on Thursday 2 April 2020.

Signed by the Chairman: Date:

Action Points Arising:

There were no actions arising.