

Enc 1

**Council of governors' general meeting**  
**21 October 2020**  
**Via MS Teams / Rooms 1 - 4 Cobalt Conference Centre**

**Present: Alan Richardson (Chair), Sir James Mackey (Chief Executive)**

**Public governors:**

Mick McCarthy	Berwick
Linda Pepper	Berwick
Barry Allison	Berwick
Ken Patterson	Blyth Valley
John Ostle	Blyth Valley
John Gordon	Blyth Valley
Bill Dowse	Blyth Valley
Isobel Kerrigan	Blyth Valley
Sean Fahey	Blyth Valley
Louisa Deas	Hexham
Stephen Prandle	Hexham
Janet Shucksmith	Hexham
Jenny Firth-Cozens	Hexham
Anna Walsh	Hexham
Peter Topping	Hexham
Peter Blair	North Shields
Gill Close	North Shields
John Forsyth	North Shields
John Harrison	North West Tyneside
Jim Connolly	North West Tyneside
Tom Millen	Rest of England
Ian McKee	Wallsend
David Wilkinson	Wansbeck
Helen Lisle	Wansbeck
Brian Kipling	Wansbeck
Peter Bower	Wansbeck
Heather Carr	Whitley Bay
Pamela Hood	Whitley Bay

**Staff governors:**

Lucy Thompson	Hexham Hospital
Louise Parry	North Tyneside Community
Rexie Akwei	North Tyneside Hospital/Cobalt
Judith Stonebridge	North Tyneside Hospital/Cobalt
Anna Watson	Northumberland Community
Doreen Davidson	Northumberland community
Sakeenat Tijani	Wansbeck Hospital
Tayech Wubetu	Wansbeck Hospital

**Co-opted governors**

Muriel Green	North Tyneside Council
Margaret Hall	North Tyneside Council

**In attendance:**

Annie Laverty	Chief Experience Officer
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Laura Olsson	Acting Company Secretary
Claire Riley	Executive Director of Communications and Corporate Affairs
Birju Bartoli	Executive Director of Performance and Improvement
Paul Dunn	Executive Director of Finance
Ann Stringer	Executive Director of HR and OD
Marion Dickson	Executive Director of Nursing
Jeremy Rushmer	Executive Medical Director
Alistair Blair	Medical Director
Jennifer Coe	Head of foundation and community engagement
Joanne Forster	PA to Executive Director
Alex Carruthers	IT support
Ruth Connorton	Non-Executive Director
Andrew Besford	Non-Executive Director
Prof Sir Alan Craft	Non-Executive Director
Roger Barton	Non-Executive Director
Moira Davison	Non-Executive Director
Martin Knowles	Non-Executive Director
Malcolm Page	Non-Executive Director
Bernie McCardle	Non-Executive Director
Peter Sanderson	Subsidiary Non-Executive Director

#### **01/10/2020 Welcome, apologies for absence and declarations of interest**

Alan Richardson, Chair, welcomed everyone to the October council of governors' general meeting. There were no declarations of interest. Alan took the opportunity to welcome a number of new governors to the meeting.

**Apologies** for absence were received from: Christopher Price (co-opted governor), Paul Crook (Wansbeck public governor), Trish Williams (Berwick public governor), Adam Chedburn (Whitley Bay public governor), Catherine Carr (Berwick public governor) and Jackie Lackenby (staff governor).

#### **02/10/2020 Non-executive directors' attendance**

Non-executive directors were acknowledged as in attendance; Malcolm Page, Bernie McCardle, Moira Davison, Andrew Besford, Ruth Connorton, Prof Sir Alan Craft, Martin Knowles and Roger Barton.

#### **03/10/2020 Approve the minutes of the council of governors' annual members meeting/annual general meeting dated 23 September 2020 (Enc 1)**

The meeting minutes of the general meeting dated 23 September 2020 were approved as an accurate record of proceedings.

#### **04/10/2020 Matters arising**

There were no matters arising.

#### **05/10/2020 Governors' questions on notice**

Peter Bower, Wansbeck public governor, asked about routine testing of asymptomatic NHS staff - given the surge of the virus in the North East can we be assured that asymptomatic staff are being routinely tested.

Jeremy Rushmer, Executive Medical Director, responded that there is currently no government guidance to test asymptomatic NHS staff and we are not screening all asymptomatic staff. The Trust took the decision at the beginning of the Covid pandemic to create a Covid-lite service where our surgical teams are screened weekly for Covid (no-one else in the North East is doing this). This was done to improve patient confidence and to reduce nosocomial Covid in our

elective stream. Our surgery staff, including medical students, are part of this. We also screen our oncology day unit staff for a similar reason.

Sean Fahey, Blyth Valley public governor, asked about discharge to care homes from the Trust (East Riding “Blue Bell Ward” Morpeth) and do we have contractual arrangements with Four Seasons for the discharge of patients directly from the Trust’s care. Should patients have any complaint about care at this establishment, do the Trust have any liability or bare any responsibility for the care given.

Birju Bartoli, Executive Director for Performance and Improvement, responded, stating the contractual arrangements with Four Seasons were made by Northumberland County Council under delegated authority from Northumberland Clinical Commissioning Group. Primary responsibility for any complaints about the care provided in this unit by Four Seasons staff would rest with the company. Trust staff are providing therapy support to people in this unit, and the Trust is responsible for the quality of this element of the intermediate care service in the same way as for therapy and treatment provided by Trust staff in any other setting. We have close links with that particular home and ensure the rehabilitation care is being delivered to a high quality.

Sean queried if a patient needed to make a complaint about their care at the Blue Bell Ward, should this be directed to the Trust or the care home. Birju responded that any complaint would need to be directed to the care home in the first instance, however, if it was related specifically to the therapy services, it would be directed to the Trust to respond.

Sean Fahey, Blyth Valley public governor, asked can we be assured that policies, procedures, equipment and training are in place to maintain infection control and support the care needs of patients who are discharged from Trust care to a “hot home” (Covid dedicated care home)?

Birju Bartoli responded that the Care Quality Commission (CQC) has been given responsibility for designating care homes to confirm that they meet the latest CQC infection prevention control standards. The government's policy is that anyone with a Covid-19 positive test result being discharged into or back into a registered care home setting must be discharged into an appropriate designated setting and cared for there for the remainder of the required isolation period. Our current understanding is that this policy is expected to apply from the end of October, by which time local authorities, working with clinical commissioning groups, who will fund these services, are expected to have ensured that there is at least one designated care home available to each local authority. Currently, the Trust has agreed that, for as long as hospital capacity is sufficient to make it possible, anyone who is still believed to be potentially infectious – i.e. who is within 14 days of first having Covid symptoms – will continue to be accommodated in hospital. The Trust continues to work closely with care homes in both Northumberland and North Tyneside, providing advice and training and supporting with specific queries. Alastair Blair, Medical Director, added that although a patient can have the virus, they are only infectious for around eight days from their first symptoms.

Peter Bower, Wansbeck public governor, highlighted the limited number of “hot homes”, some with ‘requires improvement’ in North Tyneside; would it be safe to discharge to these venues? Sean Fahey, Blyth Valley public governor, also queried the patient’s autonomy of choice of care home. Birju Bartoli responded that there is a degree of flexibility in the process and it is worth being mindful that there is also some risk in remaining in a hospital environment. The Trust will always do the best for its patients.

#### **06/10/2020 Receive the chief executive officer’s performance and financial report – Q2**

Sir James Mackey, Chief Executive, provided an update on safety and quality priorities, Covid-19, performance and finance, staff and patient experience and future priorities. Jim took the opportunity to welcome new governors to this virtual general meeting. Jim confirmed that there

had been tangible improvement across all Trust safety and quality priorities although, not all at the point that we would wish, due to significant work supporting Covid.

Jim's presentation highlighted data from April to October for A&E attendances, admissions, as well as bed occupancy figures showing the trends in national activity. Jim provided comparison survival data from phase one and the current phase two data showing an increase in September, following the trends in Spain and France. Jim also reflected on the Corona Voice mechanism, which is the Trust's way of providing staff with a very quick and easy way of sharing information and also captures the mood and feelings of staff at this challenging time. Over 8,000 responses have been received so far.

Jim confirmed that the Trust currently has the best emergency department results in the country at 97% with an overall strong performance on key performance standards. Diagnostic services will also be on target by the end of the month. The Trust maintained cancer services access throughout the pandemic, this has been recognised nationally. We also continue to deliver elective surgery to patients. Good collaborative working across the Integrated Care Partnership (ICP) North patch continues, as well as excellent working across both councils. Regional performance is improving across the board however, there are challenges in many areas. Central funding is now phased, with a view to returning to normal funding by the end of the year and there will be a revised planned framework into the New Year.

The Trust's financial position at month 6 showed an actual deficit of £7.0m, which represents an adverse variance of £8.2m, compared to planned surplus of £1.2m before the central top up funding however, there is a general decline trend in the deficit amount, with performance at this point in line with the forecast for this month. Jim also highlighted a summary of the costs related to Covid-19. Jim took the opportunity to outline phase 3's new funding for the remainder of the financial year and confirmed that financial performance will now be assessed across the ICP, which includes North Tyneside, Newcastle, Gateshead and Northumberland, in addition to ensuring the Trust delivers agreed financial targets. Further funding agreements are being reached regarding the PPE factory and future strategies are agreed.

Due to Covid-19, the staff and patient experience teams have not been able to work as they would normally, due to the whole Trust restrictions. Despite this, there has been consistently very good performance in quarter 2, with high scoring in both patient perspective feedback and real time ward scoring. The Trust felt it important to gauge staff's health and wellbeing, therefore the 2019 health and wellbeing survey was repeated with some additional questions relating to emotional exhaustion and burnout added. Over 3,000 staff responded across the sites before the September closing date. The Trust will continue to monitor staff morale and wellbeing to ensure any resilience risks are captured early. The Trust's patient and staff experience work has been recognised through a number of national awards.

#### **07/10/2020 Assurance questions to non-executive directors**

The council of governors had three main assurance issues:

1. Restoration of services and quality of care during the Covid pandemic particularly in relation to cancer, heart and stroke.

Prof Sir Alan Craft, non-executive director, assured governors that the restoration of services in general in line with the national phase 3 letter has been discussed extensively at both finance, investment and performance (FIP) committee and at board development sessions. Our cancer performance has remained strong throughout this period and the team have paid close attention to providing an environment where patients feel safe to attend for procedures / diagnostic tests - this has also been discussed at the safety and quality (S&Q) committee. Similarly, we have discussed the importance of communicating with the public to provide them with reassurance that we want to see them and if they feel unwell to seek help. Our patients with cardiac irregularities have risen back to normal levels and we have also managed to clear most of our backlog for cardiac diagnostics by putting on lots of extra lists. Similarly, our stroke numbers are

back to what we would expect to see through our emergency departments. There is a regular update on the S&Q agenda and board agenda on Covid so non-executive colleagues have the opportunity to ask specific questions related to flow, infection control, acuity, pressures etc. related to the impact of Covid.

2. Finance: our finances are now seen in the context of the Integrated Care Partnership – are non-executive directors assured that the best financial interests of our Trust are maintained in this new context?

Martin Knowles, non-executive director, responded that detailed reports and discussions regarding the financial settlement and position of the Trust are discussed in detail at both Trust board and FIP committee. The reports focus on the importance of ensuring the Trust continues to maintain a strong financial footing.

Sean Fahey, Blyth Valley public governor, stated that there is some difficulty in interpreting the complex nature of the reports and asked if a more simplistic explanation be provided. Alan Richardson stated that both non-executive directors, Martin Knowles and Malcolm Page are experienced financial professionals who are able to evaluate how well the Trust is managing its finances and governors should be assured by their comments.

3. Patient experience: given that fewer interviews are being held because of Covid are non-executives assured about the methodology used and the validity of the outcomes?

Bernie McCardle, non-executive director, responded that non-executive directors attend workforce committee, Trust board, safety and quality committee as well as the patient experience sub group where data is shared. The data is collated in line with government guidelines, the data is also externally validated, which provides non-executive directors with the confidence that there is good assurance regarding the amount of patient experience work that is continuing, despite the reduction in the number of patients being seen face to face. Bernie further assured the meeting that Patient Perspective is not new – the Trust has always had it as part of their programme to supplement our real time approach on the wards. It is a survey that is sent to patients two weeks after discharge – the Trust deliberately targets this two-week period because research shows that it is at this time that patients are likely to be at their most dissatisfied and able to provide the biggest insight into improvement opportunities. This is known as ‘right time’ data.

Alan Richardson confirmed that governors should be assured that the non-executive directors of the Trust are diligent and instigate challenging conversations on behalf of the council of governors and will continue to work hard in the execution of their role.

### **08/10/20 Approval of:**

#### **Report of the governors’ external audit panel (Enc 2)**

Sean Fahey, Blyth Valley public governor, stated that he was unhappy regarding point 5 in the above paper, relating to the proposal to extend KMPG’s external audit contract for a further two years. Sean felt that the council of governors should be given the opportunity to vote for 1- or 2-year extensions after completion of the 3-year contract. Sean stated he was not criticising the process but felt that governors should be kept in the loop regarding the decision-making. Sean confirmed that following a conversation with John Ostle, fellow Blyth Valley public governor, John had agreed to the solution proposed by the governors’ external audit panel (GEAP) meeting on the basis that the final decision would be taken to the general meeting of the council of governors for a vote. The minutes of the governor audit panel have not been shared and ratified therefore members are unable to agree.

Stephen Prandle, Chair of the governors’ external audit panel highlighted that the proposal recommends an extension to March 2022 with a tendering process taking place through

2021. Stephen also highlighted that the council of governors do in fact appoint external auditors for the Trust through delegation of authority to GEAP panel to do this on their behalf and the 2-year extension was agreed by the panel at the GEAP meeting. Stephen provided some background to the process; the contract for KPMG did run out in 2019 and due to an over-sight, the process has been delayed. The panel, which is supported by Paul Dunn, Executive Director of Finance and attended by Malcolm Page, non-executive director and Audit Committee Chair, considered all the options, which included two 1-year extensions or one 2-year extension, the panel sought assurances on all aspects of the proposal and felt assured to agree the 2-year extension.

John Ostle, Blyth Valley public governor, confirmed that as a member of the governor's external audit panel that he was happy with the 2-year extension but felt the recommendation should be brought to the council of governors meeting on the option of a 1-year extension.

Malcolm Page, non-executive director, confirmed that the Trust's current arrangement with KPMG is robust and very competitive in the current climate. The current arrangement is value for money and having continuity in service is also helpful. Malcolm also felt there were associated risks going out to the market to tender in the current climate with a reduced interest in tendering from the market place, which is leading to a rise in pricing.

Sean Fahey asked for the following to be noted:

- Assurance that this type of lapse will not happen again and that checks and balances are in place. Malcolm Page was specifically asked to give the assurance and he gave it.
- The minutes were not ratified from the governor's external audit panel.
- That there is clarity over the meeting's discussion of the options of 1- or 2-year extensions and approval at a council of governors meeting.

Steven Prandle, Chair of governor's external audit panel and Hexham public governor, stated he could not answer the query regarding the unratified minutes and was unsure about the meeting's discussion regarding bringing the outcome to a council of governors meeting to vote but that the process had been thoroughly discussed and with the robust assurances in place a 2-year extension was agreed with a majority vote. Malcolm Page, non-executive director, confirmed he was fully assured at the governor's external audit panel meeting.

The Chair stated that this matter had been thoroughly discussed by the governor's external audit panel, which approved the 2-year extension and recommended it for approval. The Chair agreed to hold a vote to confirm the outcome and give full assurance. The meeting attendees provided a show of hands in a virtual manner; it was recorded as a majority vote with 18 approving, 1 rejection and 17 abstentions.

Claire Riley, Executive Director of Communications and Corporate Affairs, asked if there were any further comments, please could they be forwarded to the foundation team for a response.

### **Report of the membership strategy committee (Enc 3)**

The council of governors were asked to receive and approve the above membership strategy committee report. The chair reiterated the message for governors to encourage as many people as possible to become a member of the Trust. The report was approved.

### **Receive register of governors' interests (Enc 4)**

The council of governors were asked to receive the annual register of governor's interests. The register was received and noted.

### **09/10/20 Winter update**

Birju Bartoli, Executive Director of Performance and Improvement, provided a detailed update on the Trust's winter planning, with information around strategies to manage a number of different winter scenarios, including further Covid-19 surges as well as a bad flu winter. Significant effort

has gone into communicating with the public regarding the safest and best use of services through #Do your bit and 'Talk before you walk' to protect A&E and avoid overcrowding - the primary aim, through all our plans, is to maintain patient safety.

Birju highlighted how imperative it is that we take a collective partnership approach to tackle winter and that the Trust started early with July workshops attended by partners from the CCG, other trusts, NEAS, primary care, social care, GP Out of Hours to agree, plan and risk assess preparedness.

This year's plan is improved and more refined, reflecting on what we have learnt and the potential differences this year; we are dependent on each other including internally, between business units and externally, as a local system. There is work still to do regarding some of the details and it continues to be a developing picture but good relationships and dialogue will continue to support the over-arching process. All of the work is strongly supported by effective communications, both internally and externally over the coming weeks and by the public also playing their part.

**10/10/20 Any other business**

The Chair thanked everyone for their challenges and contributions through a difficult period and stated how much the work of the governors was appreciated.

**The next council of governors' general meeting will be on Wednesday 27 January 2021**