

Enc 1

**Council of Governors' General Meeting  
27 January 2021  
Via MS Teams**

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

**Public governors:**

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

**Staff governors:**

Louise Parry	North Tyneside Community
Judith Stonebridge	North Tyneside Hospital/Cobalt
Doreen Davidson	Northumberland Community

**Co-opted governors:**

Dianne Ford	Northumbria University
Margaret Hall	North Tyneside Council
Muriel Green	North Tyneside Council
Ed Hutton	North East Ambulance Service
Abi Conway	Northumberland VCS

**In attendance:**

Claire Riley	Executive Director of Communications and Corporate Affairs
Bernie McCardle	Non-Executive Director
Jennifer Coe	Head of Foundation and Community Engagement
Jeremy Rushmer	Executive Medical Director
Andrew Besford	Non-Executive Director

Martin Knowles	Non-Executive Director
Paula Shandran	Head of Safeguarding
Marion Dickson	Executive Director of Nursing, Midwives and AHPs
Moira Davison	Non-Executive Director
Laura Olsson	Acting Company Secretary
Malcolm Page	Non-Executive Director
Annie Laverty	Chief Experience Officer
Alistair Blair	Medical Director
Prof Sir Alan Craft	Non-Executive Director
Lucy Thomson	Community Engagement Officer
Ruth Connorton	Non-Executive Director
Ann Stringer	Executive Director of Human Resources and Organisational Development
Joanne Forster	PA to Executive Director
Chris Jenkins	Head of Performance

### 01/01/2021 Welcome, apologies for absence and declarations of interest

Alan Richardson, Chair, welcomed everyone to January's general meeting. There were no declarations of interest.

**Apologies** for absence were received from:

Roger Barton	Non-Executive Director
Anna Watson	Northumberland community staff governor
Adam Chedburn	Whitley Bay public governor

### 02/01/2021 Non-executive directors' attendance

Non-executive directors were acknowledged as in attendance including: Moira Davison, Ruth Connorton, Martin Knowles, Andrew Besford, Bernie McArdle, Prof Sir Alan Craft and Malcolm Page.

### 03/01/2021 Approve the minutes of the council of governors' general meeting dated 21 October 2020 (Enc 1)

Sean Fahey, Blyth Valley public governor, asked for the additional wording to be added to page 6, paragraph 4 'Malcolm Page was specifically asked to give the assurance and he gave it'. The meeting minutes were approved as an accurate record of proceedings following the agreed amendment.

### 04/01/2021 Matters arising

There were no matters arising.

### 05/01/2020 Governors' questions on notice

There were no governors' questions on notice.

### 06/01/2021 Receive the chief executive officer's performance and financial report – quarter three

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 highlight the Trust's good safety and quality priority performance for quarter three, despite the challenges of Covid-19 and stated that there is work beginning on next year's safety and quality priorities.

Jim summarised the Covid-19 activity, including bed occupancy rates over the last quarter, comparing data from September and October and highlighting the maximum number of Covid positive patients (190 reducing to 170 in January). Although this was a challenging time for the critical care teams, they have coped well. There were some minor elective cancellations and the Trust continued to support Cumbria by taking in a small number of patients. Jim stated that the new Covid-19 variants have resulted in a need for more complex care provision and following a rise in community infections resulting in some hospital admissions, the Trust has increased its efforts to cope. Survival rates are improving this quarter, down from 35% to 22%. The vaccination programme is going well and will support a reduction in

mortality given time. The activity levels have resulted in very tired staff but they remain confident in their abilities to continue to provide high quality care to our patients.

The key performance indicators show a strong performance and the Trust remains the best in the country in terms of emergency department (ED) performance this year (currently at 95.4%). Cancer achievements are making steady progress as is referral to treatment performance. Regionally, there is significant work needed to recover.

Jim provided a summary of the financial position at month 9 in the financial year. For the first 6 months, the Trust balance was a break-even position. At months 7-12 there is a planned deficit of £12m (awaiting confirmation of national funding to balance to break-even). This position assumes funding of the PPE factory, which the Trust is currently awaiting guidance on; Jim will update governors when further information is available. The latest actual financial position at month 9 is a deficit of £2.8m, this represents a broadly balanced position compared to the planned deficit of £12m (based upon new central control as of 27 January 2021). The cost implications of supporting Covid was outlined in detail. Jim summarised the Trust cash balance position at £167m, which includes £37m cash advance in respect of the national support mechanism and capital investment of £27.2m to the end of month 9. In summary, the Trust is very much on target to deliver a balanced position against new national control total, subject to receiving outstanding funding confirmations. Planning has commenced for next year across the system and within the Trust, with the target to have set refreshed baseline budgets by March 2021.

Patient experience continues to achieve excellent results. The Northumbria Voice responses from 3,000 staff has highlighted a lot of fatigue, which is expected. Annie Laverty, Chief Experience Officer, and Claire Riley, Executive Director of Communications and Corporate Affairs, are discussing ways to support staff further.

Jim provided a brief overview of further activity, such as the Berwick hospital redevelopment, which will go to Trust Board this month for final sign off. There are developments in primary care, which governors will be updated on as well as further information regarding the development of the health and wellbeing hub at The Northumbria. Finally, Jim stated that although the national picture shows many critical challenges, including the new Covid variants and issues with vaccine supplies, the North East continues to work well and collaboratively and this puts us in a stronger position for the future.

Sean Fahey, Blyth Valley public governor, queried slides 10 – 12 in relation to bed occupancy rates and asked if the Trust was in a position to continue to support Cumbria if there is a shortage of equipment and staff. Jim Mackey responded that it was necessary to support Cumbria to even out the discomfort felt across the NHS regionally. The bed occupancy rate is consistently falling, so no impact has been felt and there was also no option to allow issues to gather in one area of the system, as that would slow down the process of recovery across the region.

Muriel Green, co-opted governor for North Tyneside Council, queried if the annual flu issue had been felt this year. Jim Mackey responded that there has almost been none this year and also no recorded norovirus, which is likely to be the result of improved hygiene. Jim stated that Covid could be with us again next year and all of this needs to be considered as part of winter planning.

Jenny Firth-Cozens, Hexham public governor, asked if there was anything governors could do to help improve staff morale. Jim agreed to discuss this in more detail with Claire Riley.

Peter Topping, Hexham public governor, asked if Jim could elaborate on the rumours regarding the structural reforms of the NHS. Jim responded that the likelihood is a more collaborative arrangement with a reduced role for the Clinical Commissioning Groups. Jim agreed to update the governors in a couple of months' time following closure of the national consultation process and when the definition of the ICS as a legal entity is more formalised.

#### **07/01/2021 Assurance questions to non-executive directors**

Assurance questions on the quarter three report were put forward by the chair of the council of governors' pre-meeting, Paul Crook, Wansbeck public governor.

National financial regime, reimbursement of Covid-19 costs and future financial arrangements across the Integrated Care System, particularly 2021-2022 - are the non-executive directors assured that:

1. The required action is being taken to ensure that confirmation is received to return the Trust's financial position to break-even and that the assumption about funding for the PPE factory is included.
2. Reimbursement for Covid-19 costs have been secured.
3. The mechanism for funding trusts across the Integrated Care System will be clarified in sufficient time to allow the Trust to do its financial planning for 2021-2022.

Martin Knowles, Non-Executive Director, provided assurance on these three questions and responded that detailed presentations have taken place at the Finance, Investment and Performance (FIP) Committee each month outlining the current financial position and forecast outturn position. Positive discussions are taking place with national colleagues regarding the funding of the PPE factory and in addition the Trust are awaiting confirmation of national funding to fund the gap created by the national calculation methodology underfunding the block contract.

With regards to the reimbursement for Covid-19 costs, this is linked to the detailed presentations at FIP Committee each month where Covid-19 costs are identified separately and continue to be fully funded.

Work is ongoing within the Integrated Care Partnership regarding financial arrangements for 2021-22. The Trust has an established financial strategy, which covers five financial years, and the Trust is ensuring the targets outlined within the strategy are achieved. Nationally, they have announced that the current financial arrangements will continue until 1 July 2021.

At the pre-meeting, there were points raised for clarification where written responses will be sent out, these were:

1. HMRC refund of tax - the governors would appreciate it if the position, with respect to the refund of tax from HMRC, could be clarified.

The Trust were successful in their claim with total funds due to the Trust in excess of £23m. The claim is in two parts up to January 2017 and from January 2017 to December 2020. HMRC is currently validating the second part of the claim. Funds will be reimbursed to organisations who are clients of NHS Fleet Solutions.

2. Staff sickness absence - the governors would be grateful for clarification on whether sickness absence amongst the staff is increasing and if the proportion linked to Covid-19 is accounting for an increased proportion of the absence. If known, whether this is due to catching the virus or having to self-isolate because staff have been in contact with someone else who has caught the virus. Is it known if this is related to more recent Covid variants.

Sickness absence is currently very high, although we do have one of the lowest rates in the region. It is a combination of staff with a positive Covid test result, staff who are shielding and staff who are required to isolate because they have been in contact with someone who has tested positive (when not wearing full PPE). December figures were:

- Sickness absence excluding Covid - 5.44%
- Covid related sickness absence - 0.84%
- Covid related non-sickness absence (shielding, isolation etc.) - 0.87%

3. Surgical waiting lists - the governors would be grateful for clarification on whether managing the Covid-19 pandemic has increased surgical waiting lists.

The Trust has had to cancel elective lists over the last few weeks but continue to preserve cancer, acute and urgent elective cases as a priority. This is discussed every Wednesday with the clinical teams to

forward plan when all remaining elective cases are prioritised by clinical need or waiting list order as per normal process. Lists have increased but we have plans in place to monitor this closely.

**08/01/2021 Approval of following reports:**

**Membership strategy committee (Enc2)**

The council of governors received the membership strategy committee report, which was approved.

**Nomination, remuneration and development (NRD) committee, including revised terms of reference (Enc 3)**

The council of governors received the nomination, remuneration and development (NRD) committee report, including revised terms of reference, and these were approved.

**Governor committee membership (Enc4)**

The council of governors received the governor committee membership report, which was approved.

**The following reports were received:**

Trust committee membership (Enc5) update was received and noted.

Council of governors' casual vacancy update was received and noted.

Linda Pepper, Berwick public governor, queried why there had not been a casual vacancy option for Berwick. Jennifer Coe, Head of Foundation, responded that due to there being no one else put forward to make this a casual vacancy, this was not applicable.

**09/01/2021 Annual safety and quality priorities 2021/22**

Chris Jenkins, Head of Performance, provided an update on the Trust's activity in relation to the annual safety and quality priorities for this coming year. Chris stated that annually the Trust, in collaboration with business units, governors and other stakeholders, identify a number of safety and quality priorities.

For next year, the Trust has identified eight possible quality improvements, with many of these priorities building on previous improvement work. Chris summarised the timeline for the process, culminating with sign-off by the Board by May this year. Chris listed the eight priorities, which include: access standards, outpatients, deteriorating patient, delirium, patient group directives, child & adolescent mental health services, patient experience and staff experience.

Chris highlighted that in terms of external audit requirements, initial guidance issued in January 2021 states that foundation trusts do not need to instruct external audit firms to conduct assurance work on their Quality Account. This is in line with the guidance issued for last year's Quality Account in light of the Covid-19 pandemic. Further guidance is expected to clarify the indicators that must be reported.

This year, the council of governors will not be required to select an additional indicator to be audited. The priorities have been shared with the governor working group, who agreed with the proposed priorities. This will be followed up by a questionnaire to gain wider feedback from all governors, stakeholders and staff to be sent out in late January, with the aim of the Trust agreeing and signing off the priorities by May 2021.

**10/01/2021 Any other business**

There being no other business, Alan Richardson thanked everybody for attending this virtual general meeting and for governors continued support. Alan also asked if anyone had any comments on how the meeting was run or had any was the Trust could improve these meetings to contact the foundation team.

**Meeting close**

**The next council of governors' general meeting will be on 28 April 2021.**