Agenda item: 4

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

DRAFT COUNCIL OF GOVERNORS' MEETING (IN PUBLIC)

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Minutes of the Council of Governors Meeting (in public)
held on Wednesday 18 October 2023 at 10.30am in the Boardroom at
The Queen Elizabeth Hospital, King's Lynn PE30 4ET

Attendance	Role
Chris Lawrence	Chair and Trust Chair (Chair)
Alice Webster	Chief Executive Officer (CEO)
Chris Benham	Director of Finance (DoF) (T)
Rachel Boast	Appointed Governor College of West Anglia (1030-1230hrs)
Chris Brewis	Public Governor South East Lincolnshire
Paul Brooks	Director of Estates and Facilities (DoEF)
Alan Brown	Non-Executive Director (NED
David Chittenden	Public Governor, Breckland, N Norfolk and the Rest of England
Esmé Corner	Public Governor, West Norfolk
Jane Evans	Appointed Governor, West Norfolk Carers (T)
Dr Claire Fernandez	Non-Executive Director (NEDQC)
Pru Fox	Public Governor, West Norfolk
Gilli Galloway	Public Governor, West Norfolk
John Greyson	Public Governor, West Norfolk
Dr Antonia Hardcastle	Lead Governor, Breckland, N Norfolk and the Rest of England
Sue Hayter	Non-Executive Director (NEDQC)
Simon Illingworth	Chief Operating Officer (COO) (T) (1107-1119hrs)
Sheena Johnson-Banks	Staff Non-Clinical Governor
Leanne Kendrick	Staff Non-Clinical Governor
Betty Lewis	Public Governor Cambridgeshire/Fenland
Julian Litten	Public Governor West Norfolk
Dr Sue Madden	Appointed Governor, University of East Anglia (T)
Alan Maltby	Public Governor South East Lincolnshire
Rebecca Martin	Medical Director
Garry Monger	Public Governor Cambridgeshire/Fenland
Stewart Nimmo	Staff Governor non-clinical (T) (10.30-1100hrs)
Mike Press	Public Governor, West Norfolk
Simon Roberts	Non-Executive Director (NEDPE)
Sara Shaw	Public Governor, West Norfolk (T) (absent 0950-1050hrs)
Pippa Street	Chief Nurse
John Syson	Director of People
Barbara Turner	Public Governor, West Norfolk
Andy Walder	Appointed Governor, Freebridge Community Housing
Graham Ward	Non-Executive Director (NEDFA)
Peter Wilkinson	Appointed Governor, Breckland Council
Tim Allen	Chief Digital Information Officer (CDIO)
Merwyn Agcaoili	Chief Nursing Information Officer (CNIO)
Dr Lisa Cooke	Chief Clinical Information Officer (CCIO)
Emma Larcombe	Audit Director KMPG
Alex Stewart	CEO Healthwatch Norfolk
Andrea Prime (AP)	Trust Secretary
Jill Hall (JH)	Governance Consultant (T) (left at 1252hrs)
Sarah Renwick (SHR)	Governor and Membership Officer (minutes)

No	Item	Action
66/23	1. **CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed attendees to the Council of Governors meeting. Apologies were received from Public Governor: Kenneth Wicks, Appointed Governor: Lesley Bambridge, NEDs: David Dickinson, Executive Team: Carly West-Burnham	
67/23	**2. DECLARATIONS OF INTEREST** The Council received the Register of Governor Interests. There were no declarations of interest in items on the agenda.	
68/23	**3. MINUTES OF THE MEETING HELD (IN PUBLIC) 21 JUNE 2023** The minutes of the meeting held 21 June 2023 were agreed as a correct record.	
69/23	**4. ACTIONS LOG** **Actions 6 and 7** were agreed as complete and moved to the completed actions log. **Action 5:** the Stoke Improvement Plan was being reviewed by the relevant committees and a timeline for completion would be included. The outcome would be shared with the Council of Governors. Action 5 was agreed as complete.	
70/23	**5. CHAIR'S UPDATE** The Council of Governors received the Chair's report on key external/internal events and activities in August and September 2023 The Chair highlighted the key events: • The Minister of State and senior NHS officials visited the Trust in August following the new build hospital announcement. The new hospital programme (NHP) team visitors welcomed the positive visit and acknowledged the challenge of building the new hospital within the financial restraints. • The new substantive Directors had taken up their roles and the Chair looked forward to building the new board. • The recruitment process for a NED with clinical experience was underway and had resulted in a long list of strong candidates for interview in November. • The Trust was keeping up with the East of England performance figures which was a tribute to the skills and professional resilience of TeamQEH given the challenges of Industrial Action (IA) and work to failsafe the Reinforced, Aerated, Articulated Concrete (RAAC) roof. • The Norfolk and Waveney (N&W) Integrated Care System (ICS) conference the previous day had demonstrated the pace of change in health provision and connectivity in the NHS. The Integrated Care Board (ICB) was working through its restructure. The Chair emphasised the important role for QEH to support stability and consistency across the system.	

- The Staff Awards 2023 at the King's Lynn Corn Exchange been a happy occasion. The Chair welcomed the opportunity thank staff and celebrate their achievements.

Governors asked whether there was a mechanism to share outcomes from the ICS level meetings. The Chair agreed to feedback to the system on communicating outcomes from ICS level activities.

The Council of Governors noted the report.

71/23 6. CEO's UPDATE

The Council of Governors received the CEO's report which informed of key external/internal events and activities in August and September 2023. The CEO highlighted:

- Engagement with the public in August 2023, through roadshow presentations about the new hospital programme roadshows, had been positive and the question and answer element well received. More would be held in 2024 with Swaffham and Long Sutton on the list.
- The NHP team was focussing on efficiency, timescales and cost. The Trust programme had not been affected by the RAAC recently found in schools and failsafe work was progressing to walls.
- The Trust's 'Grow' programme has been recognised nationally by NHS England. The Trust was liaising with local schools and sixth form colleges to encourage young people to consider a health care support worker role in the NHS. The training programme was supporting the Trust to 'grow' the workforce.
- The Trust's team worked on a critical incident basis during IA to ensure that patients received the care needed.
- The October flu and COVID boosters had seen 7,000 attendees on site and at the drop-in centre in the Vancouver Centre in King's Lynn. Vaccination numbers were rising and Governors were encouraged to be vaccinated.
- National Staff Survey (NSS) responses were above the national average, to date, at 31.2%.

Governors sought assurance regarding receipt of funds for the multi-storey car park (MSCP). It was noted the funding has not yet been received, however the DoEF informed that this continues to be a key focus for the Trust.

Governors queried how the Trust ensures it has a 'live' waiting list given the current challenges in waiting times across the NHS. It was noted that the waiting list was validated monthly as a national requirement which ensured that the waiting list was as 'live' as possible. As patients are booked there is an opportunity to update their details. Patients waiting over 52 weeks are usually contacted by telephone which also enables the list to be maintained with up-to-date information. Two patients waiting over 78 weeks were due to patient choice.

- The Council assurance that there were sufficient staff to support the new extension to the Emergency Department (ED). The CEO informed that the changes had been about reconfiguration and realignment of available space to enable better management of patient flow. The CEO added that the aim was to ensure that ambulances can unload patients within 15

minutes. The Trust was working with the Cambridgeshire/Fenland, South East Lincolnshire and East Midlands ambulance crews to ensure the crews can be supported equally. The CEO responded to governor question by confirming that the ambulances from Cambs and Lincs tended to be diverted to the Peterborough hospital (NWAFT) and QEH mainly received patients diverted from the NNUH.

The Council of Governors noted the report

COMMITTEE BUSINESS

72/23 7. ANNUAL REPORT FROM THE INTERNAL AUDITOR

The Council of Governors received the Annual Report 2022/23 from the External Auditor. The Auditor highlighted that:

- The Trust's level of revenue 2022/23 had been correct
- Key audit risks were similar across all hospitals. All Trusts had been challenged by efficiency targets in 2022/23 but the QEH had managed well and hit its control targets
- The Auditor reported that the accounts were given a clean finding with an 'unmodified opinion' which is the best audit outcome. The Governance Statement had been prepared in line with Department of Health and Social Care (DHSC) requirements.
- The Auditor found the QEH team was responsive to audit and risk. The Auditor commended the Trust's approach, being willing to adjust if issues were identified.

- On the Value for Money (VFM) audit, there has been a lot of pressure on the Trust and the NHS as a whole. The trust delivered its efficiency targets last year. This was likely to be more challenging for the current financial year. In relation to governance, the Auditor considered that risks were appropriately managed. On efficiency, economy and effectiveness the Trust exceeded its savings targets in 2022/23.

Governors asked whether the need for agency staff was understood across the system and suggested that it might be a good investment to train people. The Auditor informed that the VFM audit looked at and tested agency spend, mitigations and savings. Executive Directors discussed the importance of inspiring people to take career paths in the NHS and informed Governors on the good level of interest that had been shown by the public in the recruitment event at the Job Centre in the last week.

Governors queried NED assurance of the audits. NEDs confirmed that the Audit Committee had scrutinised the reports of the Auditors through the Committee's considerations of 2022/23 year-end documentation and processes.

The Chair thanked the External Auditor for attending in person to present the Annual Report 2022/23 from the External Auditor.

73/23 8. PATIENT EXPERIENCE COMMITTEE AND QUALITY COMMITTEE

The Council of Governors received the Chair's Assurance Reports from the Patient Experience Committee. The committee Chairs highlighted that:

Patient Experience Committee

- Attendance from clinical staff had been minimal and staff sickness had affected the agenda unfortunately.
- Some Patient Participation Groups (PPG) had raised that some hospital consultant letters were precise with clear instructions for ongoing care, whilst others were long with difficult jargon. The latter required lengthy GP scrutiny before a treatment plan could be established.
- Some people had understood that the hospital would be built immediately which could need to be addressed in media detail going forward.
- Nursing staff had seemed reluctant to ask patients to turn down the volume on mobile devices if they were playing them loudly at night, keeping others awake. The committee sought assurance that this message would be conveyed to nursing staff at night. The Helping U Sleep Healthy (HUSH) survey would be carried out in November and this would form part of the feedback.

Quality Committee

- Positive learning had been gained from the maternity and neonatal audit. The audit of induction of labour had provided a useful overview and learning on haemorrhage, to ensure a clinically appropriate action plan. Feedback from patients and families would form a crucial part of the action plan which would include neonatal and paediatric provision.
- The PALS team had seen an increase in small claims for dentures, hearing aids and clothing. An action plan to record patient property and manage lost property was in preparation. Boxes for the safe keeping of dentures and hearing aids were planned.

Governors sought assurance that the Trust was considering a solution to the provision of television and radio for patients without Bluetooth devices. The DoEF informed that there would be positive changes to entertainment and WiFi provision on wards in 2024 following a patient survey and a detailed business case.

74/23 9. MEMBERSHIP & COMMUNICATIONS COMMITTEE WITH PEOPLE AND CULTURE COMMITTEE

The Council of Governors received the Chair's Assurance Reports from the Membership and Communications Committee. The committee Chairs highlighted that:

Membership and Communications Committee

- The educational strategy appeared to be off course but it was not clear why.
- The patient buggy service had started well.
- The communications team had shared a video and presentation on the new hospital with governors
- The Committee recommended 'healthy pregnancy' as the topic for the spring Healthcare Event, possibly to be held in Wisbech
- Community events in 2024 would be planned with the Communications Team to support membership recruitment. The Committee proposes that Governors would be expected to recruit 6 new members annually.

People and Culture Committee

- There was scrutiny of workforce metrics including mandatory training, consultant job planning, and staff appraisals.
- Staff appraisals were under constant scrutiny with improved focus.
- The Trust has a no tolerance policy to bullying and harassment and was responding with a detailed action plan to the outcomes from last National Staff Survey (NSS).
- There are encouraging signs on the completion rates for the next NSS which was underway currently. Divisions have been asked to ensure all staff have access to a computer and time to complete this anonymous survey.

It was noted the FT Office and Governors had joined the QEH careers event in the Job Centre on Saturday 14 October 2023. There had been many people looking to join the NHS. The Chair thanked Governors for their public engagement work.

Governors queried the Trust's staff turnover rate. It was recognised the rate was higher than would be liked, and this was a challenge which was not specific to QEH. NEDs get assurance by monitoring the steps that are being taken to reduce the turnover rate.

75/23 10. BUSINESS COMMITTEE AND FINANCE & ACTIVITY COMMITTEE

The Council of Governors received the Chair's Assurance Report from the Business Committee. The committee Chairs highlighted that:

Business Committee

- The number of patients presented at ED were still high and some patients' stays were longer than needed. The Committee sought assurance that the ICB was supporting the Trust's efforts to improve the patient experience with funding from the system.
- The Committee was not assured that the stroke improvement plan actions were all being delivered, and data was out of date once validated. The committee looked forward to receiving live data going forward.
- The Committee was concerned elective work had been impacted by cancellations given the Industrial Action.
- Diagnostic performance was improving gradually which was welcomed.

Finance and Activity Committee

- The Committee would be carrying out a deep dive into Urgent and Emergency Care (UEC). There had been significant improvement in the ED environment following the reconfiguration works. Governors had been invited to look around the new, improved ED on 21 or 22 October 2023. The next stage was to improve the resuscitation area with funding support from the ICB.
- The NEDs continued to seek assurance that discharge of Pathway 1 (P1) patients to reablement services in their home and P2 patients to residential care within the independent or community sector was improving to help patient flow.
- Validation of stroke data was impacting on timely receipt of data. Future reports to the Committee would include unvalidated data to enable more timely review of the improvements being made.

Finance

The DoF informed that an expected year end deficit would mean some financial restrictions would be placed on the Trust and it would be important to maintain grip and control. The key financial challenges are in relation to pay and the challenging Cost Improvement Programme (CIP). The Chair of the Finance & Activity Committee informed that, when agreeing the breakeven financial plan for the Trust for 2023/24, the Board had raised concern on the level of risk in relation to the stretching CIP saving requirement which would be hard to deliver. Maintaining the additional open beds requires continued agency workforce which will have a significant financial impact over the year.

Internal Audit has looked at rostering and how the Trust contracts for agency and bank staff. An action plan was in place to tighten controls in these areas.

There would be an in-depth analysis to predict year end figures. The DoF advocated grip and control and cautioned that second half of the year would be financially challenging. The Finance & Activity Committee would monitor the financial position closely monthly.

Governors sought assurance that patient safety and quality of service would not be compromised. It was confirmed that the Board was clear that patient safety would not be compromised.

It was noted the Future Systems Committee recognised the potential risk to the Trust on the capability and capacity to deliver on some of the big work programmes for the hospital. The Trust would be looking to the ICB to support the long term transformational programmes such as Electronic Patient Record (EPR) and would work with the other Acutes on these programmes.

Governors queried whether the breakeven position predicted by the ICB was achievable. Governors were informed that Month 9 would give a clearer picture. The QEH deficit position, relative to size, was the biggest deficit in the ICB. Region has been made aware that the Trust was unlikely to hit a breakeven position. The Trust Chair wrote to the ICB at the start of the financial year to raise the risk of the likelihood that the Trust would be unable to meet the challenging CIP target.

Governors sought NED assurance that the Trust was taking action to reduce agency staff. Governors were informed that the additional open beds necessitated agency staff as the additional beds were open on a temporary basis. The Trust was working to make the hospital an attractive workplace for permanent staff.

76/23 11. HOW THE INTEGRATED PERFORMANCE REPORT (IPR) IS USED

The COO informed that the Integrated Performance Report (IPR) was the Trust's performance report which collated the key performance metrics across the organisation for the domains of safe, effective, caring, use of resources and well-led. This included the range of HR metrics for quality and safety and the statutory performance metrics to deliver on cancer care, waiting times, stroke and referral to treatment (RTT).

The IPR was used by the Trust Board and its committees. The DLTs also use the IPR to monitor the performance elements within their responsibility.

The COO informed that work has been undertaken to condense the IPR report and make it more focussed. The new version will start to come through to Trust Board over the next six months.

- Governors queried why appraisal rates were behind the required standard when sickness and industrial action was given as a reason yet the medics have achieved operational rates. It was acknowledged that the IA was not the sole reason for poor appraisal figures; critical incidences and operational pressure affect non-medical activity too. Hospital productivity, meetings and appraisals had also been adversely affected by the RAAC failsafe programme which was reflected in the IPR. The Trust was supporting staff affected by the RAAC work.
- Governors identified that CDiff and E.coli reporting had been red for some time and sought assurance that the Trust Board was intent on improvement in this area. The COO assured Council records whether E.coli, CDiff and MRSA incidents were hospital or community acquired.
- It was noted a new dashboard has been incorporated into the IPR. It required further refinement but was proving helpful in enabling better, constructive use of the IPR. The new IPR allowed the NEDs to check and challenge, request and monitor trajectories and look at trends. It also helped the NEDs challenge planning by providing quality data

It was noted the IPR shows where the hospital was achieving its outcomes and not just hitting its targets and where there were gaps and any mitigations. The inclusion of benchmarking data enabled evaluation of the Trust's performance regionally and nationally.

Governors were advised that targets could be misleading, for example, a patient could choose to postpone their treatment and therefore remain on the waiting list. There was always room for improvement even in outstanding Trusts.

The Chair welcomed the intelligent use of the data and assured the Council that the Trust was doing what it could with the data presented.

77/23 12. SEASONAL PREPAREDNESS FOR WINTER

The Council of Governors received the overview of seasonal resilience planning for winter 2023/24 and the COO highlighted that:

- The seasonal resilience plan has been developed with the five clinical divisions and was key for winter patient care. Demand was based on last year's figures and nationally expected activity levels and would be reviewed weekly. The plan is for continued high bed occupancy at 97%, which was over the 85% national target. More beds were needed.
- The Hospital Management Board (HMB) would have oversight of the plan with the Finance & Activity Committee providing updates to the Board.
- The UEC Place Board would be responsible for oversight with system partners across West Norfolk. The Trust needs to be able to discharge into bed capacity in the community and is working on different models for patient support and discharge.

The Norfolk and Waveney seasonal resilience plan would require coordination between local authorities and system partners to feed into a system plan.

Governors queried the potential impact on the plan of the recent rise in COVID. The COO informed that the plan includes the ability to add in extra beds, and capacity through the virtual ward and other initiatives. It was noted the plan will be checked and challenged at Finance & Activity Committee meetings with the Committee reporting to Board.

Governors asked whether the Electronic Patient Record (EPR) would extend to other hospitals in addition to the three regional acutes. The COO informed that EPR was a single platform for the three sites. It was noted that the timeline for EPR was long and included considerable liaison with other organisations. The COO informed that the EPR teams represent all three hospitals.

The CEO who was the EPR Senior Responsible Officer (SRO) confirmed that future development of EPR included linking up with hospitals in Cambridgeshire, Lincolnshire and Peterborough. A data migration strategy would be developed to transfer the minimal amount of patient data onto the system and additional staff would be recruited to maintain the system with digital champions becoming subject matter experts (SMEs). A change control committee would establish the governance structure and data management across the three sites. In due course patients would have access to their own medical information through a portal.

In response to governor challenge, the COO informed that there was no clinical value in running the old patient record system alongside the new EPR for a trial period.

78/23 13. UPDATE ON ELECTRONIC PATIENT RECORD (EPR)

The CDIO, CNIO and CIO attended to present an update on the EPR. A preferred bidder had been selected to provide the EPR and finalising of the business case, concurrent work and broader workstreams was informing the progress of this fundamental transformational programme. The formal implementation phase was planned for April 2024 and, following initial operation and implementation for roll out, EPR was expected to go live in March 2026.

The team was working with other trusts who are further ahead with their EPR programme and had established that a robust training strategy was imperative. Retention of staff was vital so that the digital clinicians and SME's can share their knowledge. Progress had been steady but the significance of the clinical time this would take was not to be underestimated.

The Chair thanked staff members for attending in person to present to the Council of Governors.

79/23 **14. Questions from the Public**

There were no questions from the public.

Closing business:

The Council was mindful of its responsibility to hold the NEDs to account effectively by using the agenda effectively:

- The Lead Governor informed that a task and finish group of West Norfolk public governors had met to identify governor engagement opportunities. Informal governor catchup meetings had been re-established.
- The Chair welcomed collective working between governors to enhance and increase the effectiveness of their role.
- With the agreement of Governors, the executives were invited to stay on for the second half of the meeting which would be held in private.

DATE OF THE NEXT MEETING: Thursday 14 December 2023 in the QEH Boardroom

The public meeting closed at 12.30pm and the Council moved to the private session following a short break.