Agenda item 2

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

ANNUAL MEMBERS' MEETING

Minutes of the Annual Members' meeting held on Thursday 12 July 2017 at 4 pm in the Inspire Centre at the Queen Elizabeth Hospital King's Lynn

Present:

Edward Libbey (EL) Chair	Trust Chair
John Green (JG)	Chief Executive Officer
Emma Hardwick (EH)	Chief Nurse
Roy Jackson (RJ)	Director of Finance
Ciara Moore (CM)	Director of Transformation
Jon Wade (JW)	Chief Operating Officer
Alan Brown (AB)	Non-Executive Director
David Dickinson (DD)	Non-Executive Director
Ian Harvey (IH)	Non-Executive Director
Ian Pinches	Non-Executive Director
David Thomason (DT)	Non-Executive Director

Guest:

Dr Louise Smith	Director of Public Health, Norfolk County Council

Governors:

Malcolm Bruce (MB)	Public Governor – Cambridgeshire
Sophia Buckingham (SB)	Staff Governor – Non – Clinical
Julie Calton (JC)	Staff Governor – Clinical
David Coe (DC)	Staff Governor – Non-Clinical
Esmé Corner OBE (EC)	Public Governor – West Norfolk – (Lead Governor)
Jonathan Dossetor (JC)	Public Governor – West Norfolk
Penny Hipkin (PH)	Public Governor – West Norfolk
Betty Lewis (BL)	Public Governor – Cambridgeshire
Clive Monk (CRM)	Public Governor – Breckland, North Norfolk & Rest of England
Robert Outred (RO)	Public Governor – West Norfolk
Nigel Tarratt (NT)	Staff Governor – Clinical
Peter Tasker (PT)	Public Governor – West Norfolk
Barrie Taylor (BT)	Public Governor – West Norfolk
Andy Walder (AW)	Appointed Governor – Freebridge Community Housing

Staff In attendance:

Gill Rejzl (GR)	Trust Secretary
Dominic Chessum (DCh)	Communications Lead
Mary Denmark (MD)	FT Membership Officer & minute taker

Attendees

David Bennett	Gilli Galloway	Russell Pearson
Kate Blake	Paul Greenhill	Frank Reid
Sheila Borrman	Lisa Le Count	Lindsey Tibble
Carl Brodie	Joanna Hannam	Steve Waldron
David Collis	Kristine Kulikova	Pat Watts
Carol Crake	June Leamon	Stuart & Margaret Wilkie
Mrs Dossetor	Bev Mann	Sheila Young
Debbie Frost		

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01/18 1. INTRODUCTION AND WELCOME **Action**

Trust Chair, Edward Libbey (EL) welcomed members of the public, staff, governors and volunteers to the meeting.

Welcome to:

- Guest speaker, Dr Louise Smith, Director of Public Health at Norfolk County Council
- Sheila Young, Chairman, West Norfolk Patient Partnership / Norfolk Health Overview & Scrutiny Committee.
- 2 new Non-Executive Directors (NEDs), Alan Brown and David Dickinson, who started at the Trust in May and July respectively;
- NED Prof. Mandy Ashton, who joined the Trust last August and;
- Joanna Hannam who had joined as an Associate NED.

Thanks were given to:

- Former NEDs John Rees and Maureen Carson;
- NED, Ian Pinches, who was attending his last Annual Members' Meeting (AMM), as he was coming to the end of his 2nd term of office
- Former governors; Ray Johnson (Freebridge), Hilary de Lyon (WN Clinical Commissioning Group) and Public Governor, June Chadwick;
- Volunteers / League of Friends colleagues – sincere thanks for their magnificent support, both in and around the Trust over the last 12 months
- Governors Jonathan Dossetor and Malcolm Bruce who had given up their time to help with the Trust's recent 'Litter Pick-up' session.

There would be Governors' Council elections in January 2019 and this would see a number of governors ending their terms of office / standing down, with new governors being elected to the Council in 2019.

The main aim of the Annual Members' Meeting (AMM) was to update on the Trust's business for 2017/18, reviewing the Annual Report, the Financial Accounts, the Quality Report, the Auditor's Opinion and Governors' Council report.

Keynote:

- It had been a particularly challenging year for the NHS and for the Trust and a particularly challenging winter. The Trust staff teams deserve the Board / Governors' Council's gratitude for their hard work
- A CQC (Care Quality Commission) Inspection had recently taken place – initial feedback was expected shortly;
- NHS 70 anniversary. The Trust held an event at St Nicholas' Chapel in King's Lynn, which was well organised and highly moving. All those involved were thanked for facilitating such a unique event.

02/18 2. MINUTES OF THE ANNUAL MEMBERS' MEETING (AMM): 04 July 2017

The minutes were reviewed and agreed as an accurate account of the meeting.

03/18 3. LOOKING BACK – 2017/18 – Annual Report, Financial Accounts, Quality Report, Auditor's Opinion and Governors' Council report

The CEO, John Green (JG) advised that the Annual Report had been laid in Parliament and that these reports were available for those who wished for a copy.

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At the time of the last AMM, JG had only been in post for 10 weeks and had not anticipated quite such a challenging winter. He remarked on how humble he was to be leading an organisation whose staff were so dedicated and caring.

JG advised that the Board had reviewed its corporate objectives and these were now:

1. To deliver care that is safe, effective and provides patients with the most positive experience possible
2. To develop and sustain a well-led, effective, motivated and productive workforce
3. To secure financial sustainability
4. To develop, maintain and maximise the potential of the Trust's infrastructure and assets
5. To engage effectively in system-wide transformation planning / re-design and plan implementation for the benefit of our patients and the community we serve

Amongst the Trust's Key achievements for 2017/18, JG highlighted:

- The continuation of the Trust's recruitment drive, which has seen the implementation of a more streamlined recruitment system and several successful recruitment events for Allied Health Professionals (AHPs) and nurses

The key challenges remained:

- Financial stability
- The emergency pathway
- Nurse and medical staff recruitment
- Embedding and sustaining quality improvements

However, the QEH and the NHS more broadly had difficulties in finding the staffing numbers and skills mix to meet demand.

The Quality report:

The Quality Strategy, for a number of years, has focused on the main premise that:

- Our patients are safe
- Our patients have the best possible experience of care
- Care and treatment is effective and compliant
- We build and sustain excellence as a care provider

Areas that the Trust needs to improve upon / address:

- Respond positively to the recommendations of the CQC when their report on their inspection is finalised; (the CQC draft report should be with the Trust around August / September for the Trust to respond to regarding factual accuracy by early autumn)
- Continue the two main streams of work to make improvements to patient flow on the clinical pathway for emergency patients and to support the collaborative work with Primary Care, Community Services and Commissioners to ensure more appropriate care for frail, elderly patients;
- Enhance our complaints handling process;
- Improve engagement with the Friends and Family Test to increase response rates as well maintaining >95% level of recommendation;
- Maintain a programme of staff training and support to assist staff in preventing inpatient falls and achieving a further reduction where possible, in those leading to patient harm.

- Focus on strategies to improve infection control within all inpatient areas;
- Review our current documentation in relation to resuscitation so that it better supports patient and family consultation and provides clear guidance to staff;
- Maintain a real focus on recruitment and retention to address the challenges of recruitment in a changing environment.

Financial Performance:

- The Trust delivered a bottom-line revenue deficit of £20m for the Financial year 2017/18.
- The Trust spent £4.1m on capital investment 2017/18
- The investment areas included:
  - Installation of a replacement CT scanner
  - Installation of pharmacy robot
  - IT hardware
  - GP streaming development

- The Trust faced (and continues to face) significant unplanned cost pressures, notably temporary staffing, and a significant cost savings challenge.
- The Trust has applied for a loan to address the issues with the roof, which hopefully should be available in 2019.

Auditor's Report - In the Auditor's opinion:

- The financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and Trust's income and expenditure for the year then ended; and
- The Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2017/18 and the Department of Health Group Accounting Manual 2017/18.

Governor Activities in 2017/18:

Statutory functions for the Governors' Council:

- Reappointment of Trust Chair (April 2017)
- Non-Executive Director recruitment (3 appointments made)
- Involvement in the development of the Quality Strategy

Other activities:

- Healthcare events for FT Members and the Public (Cardiology & COPD in 2017/18) – thanks to all the clinicians for their contributions at these events
- Representation at GP Patient Participation Groups
- Patient-Led Assessments of the Care Environment (PLACE) Inspections
- Mock CQC Inspections
- Busy agendas for committees – Patient Experience, Membership and Communications and Business Committees
- Liaison with Matrons across the Trust
- Membership of other Trust committees and groups e.g. Ethics, Organ Donation, Charitable Funds, Incident Review Panel
- 'Trust Matters' – newsletter for FT Members – has been well received
- FT Member Recruitment – remains on-going

THE ANNUAL MEMBERS' MEETING NOTED:

- **The Annual Report**
- **Financial Accounts**
- **Quality Report**
- **Auditor's Opinion &**
- **Governors' Council report**

04/18 4. QUESTIONS for the Board

- Q - S Waldron, FT Member: With the Trust planning to spend millions on repairing its roof, what future redevelopment was being considered, i.e. the building of a new hospital?
- A - Roy Jackson (Director of Finance) responded that the roof repairs (cost c£20m) should give the Trust another 20 years' service and therefore the planning of a new hospital build was still some years ahead.

- Q - S Wilkie – FT Member: Commented that whilst the 'End PJ Paralysis' initiative was excellent, the outcomes could become too abrupt for some patients. He suggested that the length of time a patient is up and dressed should be staggered throughout the day/week with patients' needs matched with appropriate physio treatment; which is not always the case with dementia patients; as was the case with his father. Sometimes physio was not forthcoming at all.
- A - Ciara Moore (Chief Transformation Officer) advised this was her initiative and that it was much better for patients to be up and dressed because 'de-conditioning' of patients happens quickly. Patients could physically deteriorate 10 years within 10 days of inactivity. This initiative also helps to speed up the discharge process.
- Emma Hardwick (Chief Nurse) responded that End PJ Paralysis was a good initiative however; it should be tailored to the needs of each patient. She would take the comments back to the team.
- JG suggested that this issue be discussed further outside the meeting.

- Q - K Blake, FT Member (Director of Operations, Co-Founder and Trustee of Edith Ellen Foundation Charity), queried how the Trust's Corporate Objectives defined ' safe care' and 'the best experience of care' (particularly relating to patients with dementia); how was this measured against outcomes and how this was communicated to staff?
- A - EH, Chief Nurse responded that it was important to understand the patient's view by focusing on both compliments and complaints/Friends and Family feedback to ensure that all viewpoints are heard, actioned, and taken forward as appropriate. It was important to track progress made, to evaluate and reformat processes if necessary and to ensure staff are aware and involved in the process. EH advised she would be happy to discuss this further after the meeting.

- Q - Query regarding eviction letters to patients who have been in the hospital for many months – why are these being sent?
- A - The CEO responded that this is part of a national scheme regarding patient choice. When there are no beds available for incoming patients this reduces patient flow and patient choice. Patients select a care home that they wish to be discharged to and sometimes there is a long wait for this. It is inappropriate for that patient to occupy a hospital bed, when they are medically fit, because they are awaiting their first choice of home. Therefore, sometimes it is necessary to write a letter, advising the patient that they are being discharged to an alternative nursing/care home in the interim, whilst

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waiting for their chosen placement. When patients are medically fit and no longer require hospital care, it is in the best interests to all patients that this Choice Policy is adhered to across the country, as aligned with the Regulators' guidance. JG offered to discuss this further after the meeting.

THE ANNUAL MEMBERS' MEETING NOTED THE QUESTIONS TO THE BOARD

05/18 5. THE CONSTITUTION

Gill Rejzl (Trust Secretary), advised that the Constitution Working Group had identified several proposed provision amendments which she detailed to the meeting. The proposed changes being:

- Change of role title of the Director of Nursing to Chief Nurse
- Removal of West Norfolk Clinical Commissioning Group representative as an appointed governor (STP and Alliance work has created numerous opportunities for working with the CCG / potential for perceived conflict of interests / proposal made with the support of the CCG)
- Appointed Governor – maximum time in office increased from 6 to 9 years (3 terms) (In alignment with elected governor arrangements and in recognition that really well engaged appointed governors can be very helpful to the Trust in terms of broadened networks and deeper understanding of the needs of the public served by the Trust)
- Power and duties of the Governors'' Council updated to capture all powers and duties, including 2 statutory duties
- Standing Orders for both Board and Governors' Council updated to reflect Trust's very firm position on fraud and bribery

GR advised that the recommendations had been approved by both the Governors' Council and the Board: however, the law states that any proposed changes that may impact on Governors duties must be approved by the Annual Members' Meeting (AMM). Subsequently, the Chair requested a show of hands for those in favour of the changes (foundation trust members only), following which the changes were unanimously approved.

THE ANNUAL MEMBERS' MEETING APPROVED THE CONSTITUTION AMENDMENTS

06/18 6. DR LOUISE SMITH – DIRECTOR OF PUBLIC HEALTH, NORFOLK COUNTY COUNCIL

Dr Louise Smith advised that she had been in post for almost three years and that during this time, as part of her role, she had been reviewing epidemiological data in Norfolk, and would be presenting her findings in respect of the health of King's Lynn and West Norfolk in relation to Norfolk and Nationally.

An overview was provided on:

- Population and life expectancy
- Changing patterns of death
- Causes of ill health
- Addressing the causes of ill health
- Inequalities in health

The top causes of death for women in the King's Lynn area (2016) being:

- Dementia and Alzheimer's disease
- Heart disease
- Chronic lower respiratory disease
- Breast Cancer

- Influenza and pneumonia
- Lung cancer
- Leukaemia and lymphomas
- Colorectal cancer
- Cirrhosis and other liver diseases

The top causes of death for men in the King's Lynn area (2016) being:

- Heart disease
- Dementia and Alzheimer's disease
- Chronic lower respiratory disease
- Lung cancer
- Influenza and pneumonia
- Prostate cancer
- Stroke
- Colorectal cancer
- Leukaemia and lymphomas
- Cirrhosis and other liver diseases

Many of the illnesses listed were preventable through smoking cessation, lower alcohol consumption, greater fitness levels, weight loss, improved diets (i.e. lifestyle choices) lower stress levels, a healthy childhood and decreased pollution levels.

With the population overall living longer, it had higher levels of co-morbidities which is very costly to the NHS. There are areas of King's Lynn and West Norfolk which have higher levels of illness / death rates than the rest of Norfolk and this cannot be explained at present because whilst West Norfolk has pockets of deprivation, so too do other areas of Norfolk.

Dr Smith, summed up the presentation informing the meeting that:

- The Population is ageing: improving life expectancy and reducing death rates; however, the total number of deaths and the age at death, are increasing
- The causes of death are changing with more frailty and dementia seen. Increasing numbers of people have multiple long-term conditions
- Many underlying causes of ill health are preventable e.g. diet and smoking. Important impact of adverse experiences in childhood on long-term outcomes. Inequalities and poverty drive risks for ill health.
- There is a striking difference in diagnosis of long-term conditions and emergency admissions in West Norfolk - greater than the deprivation profile.

07/18 7. QUESTIONS / COMMENTS FOR Dr Smith

- Land pollution – arable farming areas with a high use of pesticides may well impact on respiratory / lung conditions etc
- Improved lifestyles are necessary to prevent / reduce long term illnesses
- Mental Health illness on the increase yet budget restraints in place
- Childhood wellbeing has a long-term impact on future health
- Deprivation issues / goals and aspirations – integrated working required
- A&E admissions / avoidance – better ways of working
- Loss of Admiral Nurse for West Norfolk (specialist Dementia Nurse)
- Air pollution issues locally
- Smoking cessation
- Multi discipline team approach to help improve health quality (Sustainability and Transformation programme should help going forward)

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The Chair thanked Dr Smith for her extremely interesting and informative presentation.

THE ANNUAL MEMBERS' MEETING NOTED 'THE HEALTH OF KING'S LYNN AND WEST NORFOLK' PRESENTATION

08/18 8. HEAR FROM THE QEH CHIEF EXECUTIVE OFFICE (CEO)

JG highlighted the challenges that the QEH and the NHS more broadly is facing in its 70th year. If activity levels continue to grow at the current rate, the NHS would see itself having to build a further 80 hospitals to keep pace; which is not feasible.

Transformation of services is key; continuing to deliver today and to change going forward; becoming ever more productive.

- The mission of the QEH is to Act Well, Listen Well, Care Well;
- The QEH needs to improve both its performance levels and finances;
- The QEH needs high calibre staff to deal with all the challenges;
- The QEH needs to integrate with its key partners;
- The QEH needs to ensure it remains patient-centric.

THE ANNUAL MEMBERS' MEETING NOTED THE CEO'S REPORT

09/18 9. QUESTIONS/ COMMENTS for the CEO

Q - Mental / physical health are interlinked – there should be greater integration between Norfolk and Suffolk Foundation Trust and the QEH.

A - JG agreed that all organisations needed to work more closely together and to break down barriers for greater integration. The QEH is fortunate to have trained mental health staff and ideally, would like further mental health staff, going forward.

Following a request, JG agreed that Dr Smith's presentation on the Health of King's Lynn and West Norfolk would be uploaded onto the QEH website.

Regarding the loss of an Admiral Nurse for West Norfolk, Kate Blake, of the Edith Ellen Foundation Charity, advised she would be happy to progress this issue.

10/18 10. CLOSE

The Chair brought the meeting to a close, thanking everyone for attending and for their support; all staff, the Board, Governors, Volunteers, the League of Friends, partner organisations and Dr Louise Smith.

Members of the Board / governors would be available for questions after the meeting if required.

The meeting closed at 6 pm

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