The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

ANNUAL MEMBERS' MEETING

Minutes of the Annual Members' meeting held on Thursday 12 September 2019 at 4 pm in the Conference Room at the Queen Elizabeth Hospital King's Lynn

Present:	
Steve Barnett (SB)	Trust Chairman
Caroline Shaw (CS)	Chief Executive Officer
Libbey McManus (LM)	Chief Nurse
Liz Sanford (LS)	Interim Director of Finance
Denise Smith (DS)	Chief Operating Officer
Frankie Swords (FS)	Medical Director
Alan Brown (AB)	Non-Executive Director
David Dickinson (DD)	Non-Executive Director
Ian Mack (IM)	Non-Executive Director
Siobhan McClelland (SMc)	Non-Executive Director
Simon Roberts (SR)	Non-Executive Director
Graham Ward (GW)	Non-Executive Director
Governors:	
Jenny Brodie (JB)	Public Governor – Cambridgeshire
Julie Calton (JC)	Staff Governor – Clinical
Simon Clarke (SCl)	Public Governor – West Norfolk
David Coe (DC)	Staff Governor – Non-Clinical
Esmé Corner OBE (EC)	Public Governor – West Norfolk – (Lead Governor)
Jonathan Dossetor (JD)	Public Governor – West Norfolk
Ann Easton (AE)	Public Governor – West Norfolk
Penny Hipkin (PH)	Public Governor – West Norfolk
Betty Lewis (BL)	Public Governor – Cambridgeshire
Alan Maltby (AM)	Public Governor – South-East Lincolnshire
Clive Monk (CRM)	Public Governor – Breckland, North Norfolk & Rest of England
Thomas Smith (TS)	Appointed Governor – Norfolk County Council
Barrie Taylor (BT)	Public Governor – West Norfolk
Andy Walder (AW)	Appointed Governor – Freebridge Community Housing
Dale Welch (DW)	Public Governor – Breckland, North Norfolk & Rest of England
Kenneth Wicks (KW)	Public Governor – West Norfolk
Ant Wilson (AW)	Staff Governor - Clinical
Staff In attendance:	
Gill Rejzl (GR)	Trust Secretary
Mary Denmark (MD)	FT Membership Officer & minute taker
Attendees – (names provided)	
Theresa Banks	Malcolm Powell
Judith Berry	Ronald Westrup
Chris Brooker	Mr and Mrs Wicks
Peter Coates	Monika York
Hazel Fredericks	
Ian Gutteridge	
Aidan Hoey	
David Llewellyn	

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01/19	1. WELCOME AND INTRODUCTIONS	Action
	Trust Chair, Steve Barnett (SB) warmly welcomed everyone to the meeting and informed there would be an opportunity for attendees to ask questions during the meeting. SB advised he had been delighted with his decision to join the Queen Elizabeth Hospital King's Lynn and with an almost new Board in place, the following introductions were made: Non-Executive Directors (NED): • Alan Brown, NED & Vice Chair of Trust – previously a NED at Hinchinbrook • Ian Mack, NED since April, a GP and previous Chairman of West Norfolk CCG by background • Simon Roberts, NED since May, with a healthcare advisory business and industry background • Graham Ward, NED since August, an accountant by background • David Dickinson, NED for just over year, Audit Chair with a public sector finance background Executive Directors: • CEO Caroline Shaw, new substantive CEO, with previous CEO experience, started in January 2019 • Frankie Swords – Medical Director – an endocrinology specialist, started in April • Denise Smith – Chief Operating Officer, started in April • Libby McManus – Chief Nurse – a nurse of 34 years; started in July • Liz Sanford, Acting Director of Finance, started in August The Chairman emphasised the point that the Board is leading the organisation by encouraging a wider team effort to ensure that the QEH becomes an outstanding Trust and for this to happen patient care must be put first. The Board would ensure staff were supported to carry out the necessary improvements to drive progress.	
02/19	**2. MINUTES OF THE 2018 ANNUAL MEMBERS' MEETING (AMM)**	
	The 04-07-2018 Annual Members' Meeting minutes were reviewed and agreed as an accurate account of the meeting. **<u>The Annual Members' Meeting approved the 04-07-2018 minutes.</u>**	
03/19	**3. LOOKING BACK – 2018-19 – Annual Report, Financial Accounts, Quality Report and Auditor's Opinion**	
	Caroline Shaw (CS) – Chief Executive Officer (CEO): CS advised that the first part of the meeting would look back to the work of the previous year. To begin, CS apologised to all patients and families who had felt let down by the QEH because the care they had received had not been delivered to the highest standards and she advised that the Trust is determined to learn from complaints, to improve and to make a difference; this is hugely important. **2018-19 – at a glance** • Total Income was £185.8 m • Total deficit was £35.8m • Number of Whole Time Equivalent Nurses, Midwives and Health-visiting staff - 800 nurses • Number of Consultants and Doctors - 339 doctors • Number of babies born – 2,197 • Number of Emergency Department attendances – 68,677 (up from 65,003 in 2017-18) • Number of Inpatients Treated – 41,080 (up from 39,007)	

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The QEH has 3000+ staff (full time equivalent) delivering all core services. The Trust is determined to keep as many services as possible, including maternity.

Achievements

- Stroke services, best in region and 6th best in country – great recommendation
- Clinical trials – increased by 10% - which is good for the local population
- Award winning Cancer research Team
- The Trust was working closely with Norfolk and Waveney health system and other providers

Performance Summary

- National targets 2-week wait and 31 day standards were achieved
- Diagnostics 6 week standard achieved
- Waiting lists improved
- There were plans in place to address the 4 hour target

Quality Overview – Libby McManus

LM commented on the strong community feel at the QEH and stated that she would work hard to ensure delivery of the best patient experience. LM highlighted:

- Venous Thromboembolism – the Trust is an exemplar site – this is a very important patient safety issue.
- Clostridium difficile infections have reduced by 50%. The Trust is on target to reduce this further which is something for staff to be proud of.
- Reduction in inpatient falls has been seen which is good however; there is further work to do to keep patients safe.

CQC Inspection 2018 – 19

- Rated 'Inadequate' overall and returned to Quality Special Measures
- Issued two Section notices for Maternity Services during the 2018 inspection
- Full core services and well-led inspection undertaken in March and April 2019
- Maternity had seen some improvements and this was continuing
- The End of life care domain rating went down to inadequate which was not good enough and LM was adamant this would be put right.

The Board has drawn up 9 Strategic Improvement Objectives to help move the organisation out of special measures and to become outstanding.

- Investing in and improving leadership development
- Improving staff engagement and culture change – new people will shortly be joining the QEH including a new Deputy Chief Executive Officer, Laura Skaife-Knight with a background in Communications and Staff Engagement
- Strengthening clinical and corporate governance
- Recruitment and retention – the Trust worked hard to ensure a pipeline of nurses the total of which had increased month-on-month
- Improving the Emergency Department environment and layout
- Closer working with external partners – the Trust was already playing a greater role within Norfolk and Waveney STP (system strategy)
- Reviewing and improving our medical education (an Education Committee has already been established and chaired by the Chairman)
- Improving End of Life Care
- Managing the acute and deteriorating patients. Quick and prompt treatment is essential. A lead has been established and action plan agreed.

Finance Overview 2018-19 – Acting Director of Finance – Liz Sanford

- £35.8m deficit (versus £21.1m planned deficit)
- Savings: £1.2m (versus £8.2m target) delivered
- £4.8m Capital Programme
- Cash balance: £4.4m (end of year)

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Meeting patient safety needs and continuity of services is the priority.

Looking to 2019-20

- A £2.6m deficit control total had been set for 2019-20 and the Trust was on track to achieve quarter 1 - which was an improvement
- There was a £5.5m cost improvement plan for 2019-20

Audit Report 2018-19 – Stephanie Beavis – KPMG findings
KPMG had been the Trust's QEH auditors for a number of years
3 key areas are audited on a yearly basis:

- Financial Statements
- Value for Money &
- Quality report (limited work on this aspect)

Financial Statements – an audit was carried out on the valuation of the land / buildings. There was recognition of non-pay expenditure with a focus to ensure all costs were complete.
Findings:

- KPMG were happy to give a clean audit opinion on the Financial Statement. There had been no adjustments and the Trust had done a good job with a clean set of accounts.

Value for money – the audit looked at three areas

- Financial sustainability
- CQC rated inadequate and
- Use of resources – requires improvement (Governance processes)

Findings:

- Trust incurred deficit of £35.8m
- The Trust prepared a financial strategy setting out its plans and initiatives to improve its financial position was reliant on further cash support from NHS Improvement in order to meet its obligations
- Sustainability was not where it should be.
- CQC rated Inadequate – qualified opinion on value for money

Quality Accounts

- Achieved limited assurance opinion on content of Quality Report
- Clean opinion achieved on two mandated indicators ("A&E 4 hour wait" and "Cancer treatment – 62 day wait")

No opinion required on local indicator ("SHMI"). The Summary Hospital-Level Mortality Indicator is a Governor selected indicated was given a clean bill of health.

- No concerns over data.
- No new recommendations in the year

Everything was checked in the report including the 2 mandated indicators:

- A&E 4 hours wait &
- Cancer treatment – 62 day wait

Findings: There were no issues with the data

<u>The Annual Members' Meeting noted the 'looking back' 2018-19 presentation</u>

04/19 4. QUESTIONS for the Board

- FT Member Christine Wicks told the meeting she had moved from London to West Norfolk having suffered 20 years with an undiagnosed illness. Following a visit to her then new and sympathetic GP at Long Sutton and subsequent referral to the QEH, the Trust finally identified Mrs Wick's illness as being caused by the rare bacterial infection actinomycosis. Whilst the condition was not curable, the treatment provided by the Trust had been excellent. Mrs Wicks added that she felt it hugely important that the

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Trust moved forward with electronic prescribing which she stated makes such an improvement to patient care.

- The Chairman SB thanked Mrs Wicks for sharing that insightful story. The Chief Nurse, LM, advised the Trust would be adopting electronic prescribing in the future however; this was still some way off. With closer working between the three local acute Trusts it was important that the QEH selected the best provider to work across all 3 Trusts.

- Peter Coates – retired haematologist highlighted his concern that a candidate for a consultant haematology job had been lost to the Trust because the Human Resources Department had been not prompt enough in dealing with the paperwork. It remains vitally important to attract top class staff. He also commented on staff rotation across local Trusts which he felt was an excellent idea.
  - SB agreed and recognised that the Trust needed to be quicker and slicker at the recruitment process. The MD advised that an advert for a haematologist was currently publicised and the Trust was very keen to carry out rotation. Joint appointments for Urology at the Norfolk and Norwich and Vascular at Addenbrookes, were out to advert.
- Peter Wilkinson queried the Trust's perspective on training local nurses.
  - Chief Nurse LM responded that the Trust was keen to work with local people to train as nurses. A week prior to the AMM, the Trust held a successful Job Fair to attract people to take on nursing apprenticeships / increase numbers of nursing/training nursing associates. The CEO would be meeting with the College of West Anglia to try to reinstate a School of Nursing on site which could make a huge difference.
- Governor BL queried whether the QEH 'Inside the Operating Theatre' series on Channel W had helped with recruitment.
  - CS responded that the series had been a fantastic morale boost for staff and it was anticipated that a second series would be filmed. The Trust had not taken full advantage of the first series regarding recruitment but would certainly do so if a second series materialised.
- FT Member Monica York referred to the 2018 AMM minutes regarding the presentation given by Public Health Speaker Dr Louise Smith, and the statistics regarding top causes of death, including Sepsis. She commented that her husband had died of sepsis 3 years ago and at that time the hospital had stated that it was taking measures to raise the profile of potential sepsis and she queried what measures had been taken.
  - LM responded that all NHS staff needed to be clear about potential sepsis either pre hospital or on arrival and to recognise symptoms and treat the sepsis immediately. All doctors and nurses are trained linked to a national training programme and improved outcomes are the Trust's aim.
  - FS stated she was very sorry to hear that Mr York had died of sepsis and acknowledged that timing of diagnosis was critical. There was now a formulaic approach to treatments and this was leading to a reduction in Sepsis death rates. A member of the public complimented the Trust on the rapid treatment that her husband had received; praising A&E and AMU.
- CS thanked everyone for their comments.

05/19 5. THE CONSTITUTION & MEMBERSHIP STRATEGY

The Governors Constitution Working Group had met earlier in year to discuss potential amendments to the Constitution. In light of the significant turnover of the Board members and subsequent loss of organisational memory and in light of the CQC's recognition of the Governors' experience, it was felt that the Governors' term of office should be reviewed. On that basis, and as had been discussed and approved by both the Trust Board and Governors' Council, the proposed amendments related to:

A. Removal of the restriction on the number of terms of office a Governor may serve. NB - the legislation is silent concerning how many terms of up to 3 years a governor may serve.

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- **Rationale -** Rather than there being any constitutional restriction on the number of terms a governor may serve, the FT Members should be able to decide how long a governor may serve, through the election process
- The Trust has at times; found it challenging to attract nominations for election to the Governors' Council from some constituencies / classes. Restricting the terms of Governors willing to continue to serve, may result in more vacant or uncontested seats on the Governors' Council
- A restriction on the number of terms a governor may serve and the resulting loss of long-serving Governors, may result in the loss of a significant body of governor experience
- There may be times when the Board of Directors is undergoing a period of rapid change at both executive and non-executive director-level. The loss of experienced Governors at these times may further de-stabilise the Trust's governance arrangements

B. The appointment of a Deputy Lead Governor

Rationale - The appointment of a Deputy Lead Governor would provide an opportunity to share the workload of the Lead Governor and provide the potential for succession planning.

Legally, any changes made which affect the duty or activity of Governors, must be agreed by the Governors' Council, the Board and by members at the Annual Members' Meeting. Therefore, following a vote by a show of hands it was recorded:

1) 27 members were for the motion – none against
2) 31 members were for the motion – none against

The recommendations were thereby both approved.

The Annual Members' Meeting approved the Constitution amendments a) Removal of the restriction on the number of terms of office a Governor may serve and b) The appointment of a Deputy Lead Governor

Membership Strategy

Our Foundation Trust public membership currently stands at 7, 812.

Forthcoming Governor elections will begin with nominations in December for election to Governors' Council in February 2020.

Elections will be held in all constituencies:

- West Norfolk
- Cambridgeshire
- Lincolnshire
- Breckland, North Norfolk & Rest of England

- Clinical Staff
- Non-Clinical Staff

Nominations from members to stand for election will be warmly welcomed.

The Annual Members' Meeting noted the Membership Strategy

06/19 6. LOOKING FORWARDS

The Chief Executive Officer's (CEOs) Vision

- CS stated it was a privilege to be the CEO of the QEH and its special workforce. The Trust was now moving in the right direction in making improvements and transforming services; this had been helped with an almost new Board in place.

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2019-20 – Values: There has been clear role modelling from the team and consistency on the values; We act, We care, We listen. Previously the values had been overcomplicated. These 3 clear objectives are understood by all.

- As an organisation we must learn from our mistakes and live by our values and behaviours.

2019-20 Strategic Objectives:

Priority 1 - Safe consistent care

- The Trust had not been responding to Complaints in a timely enough manner and continued to work to address this.

Priority 2 – Staff Engagement

- Staff survey. The latest staff survey outcomes report was highly challenging. The Trust was addressing the issues of work streams around recruitment and retention development and to improve staff morale and engagement.
- Values awards
- The Annual awards ceremony

Priority 3 – Financial stability

- The Auditors – ensured the Trust had sustainable financial plans.
- Quarter 1 had been achieved. The Trust is on plan to achieve its savings programme and receive around £29m if successful.
- Board approved nurse staffing establishment
- Improvements: Radiology Department – Improved staff communications Emergency Department – Environmental improvements are taking place. Further improvements are needed with capital requirement.
- Surgical Extended Recovery Unit. Feedback from patients has been excellent.
- Maternity: The North Cambs purpose built hub is an excellent resource.
- #Better together – Collaboration with partner organisations and the importance of Social media.

07/19 7. QUESTIONS for the Chief Executive Officer (CEO)

- Historically there have been issues with palliative care / End of Life services; was End of Life being diagnosed in a timely fashion? CS responded that End of Life care is one of the Trust's top priorities with a wide range of actions in place to address issues of delayed diagnosis. The Trust was working to ensure the staff had the right skill set to do this properly. The Trust must and will do better with its End of Life care and was committed to ensuring the best pathway was in place and would access expert help in order to do so.
- Hearing Loop. It was queried whether a hearing loop in the Conference Room could be put in place as it is very difficult to hear the presenters. CS responded that the Trust would investigate whether the hearing loop system was available and working and if not, to put measures in place to address this.

<u>The Annual Members' Meeting noted the Questions for the CEO</u>

08/19 8. CLOSE

CEO thanks

- CS voiced a heartfelt thank you to staff, Volunteers and Governors. The Trust had over 300 Volunteers and without their help the Trust would be unable to deliver the appropriate care to patients.
- The Trust's appreciation of both their staff and Volunteers would be demonstrated within the Awards Event to be held on 7 November 2019 at which there is a category for Volunteer nominations as well as staff nominations.
- Volunteers would be invited to the annual Volunteers 'Thank you' Christmas Lunch.
- The Trust is reinstating its 'Long Service Years award' to thank the large numbers of staff who have dedicated many years' of service to the QEH.

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Chairman Thanks

- Chairman SB thanked his Board and Governor colleagues for their support and paid tribute to the wonderful staff, Volunteers and supportive community.
- SB praised the Trust's outstanding Volunteers who regularly go beyond the confines of their roles, on an unpaid basis.
- Members were thanked for their vitally important role as portals into community who looked for assurance that the local healthcare service provision is the best it could be and who provided comment and challenge to ensure that services continue to improve.
- SB thanked everyone who had helped with organising the Annual Members' Meeting and thanked Governors for their provision of refreshments.
- SB thanked the League of Friends whose generosity 'knows no bounds'. The QEH is very fortunate to have the League of Friends, not just for their magnificent fundraising but for all the work they do.
- SB concluded by thanking everyone for attending the meeting.

The Annual Members' Meeting noted the CEO's and Chairman's closing remarks

The meeting closed at 6 pm

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