Agenda item 4

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

GOVERNORS' COUNCIL MEETING

Minutes of the Governors' Council Meeting 10.30 am on Wednesday 31st July 2019 in the Conference Room at the Queen Elizabeth Hospital, King's Lynn. PE30 4ET

Chairman & Governors	Constituency
Barnett, Steve (SB)	**Trust Chairman**
Brodie, Jenny (JB)	Public - Cambridgeshire
Bruce, Malcolm (MB)	Public - Cambridgeshire
Clark, Steve (SC)	Public – West Norfolk
Clarke, Simon (SCl)	Public – West Norfolk
Coe, Dave (DC)	Staff – Non-Clinical
Corner, Esmé OBE (EC)	Lead & Public Governor, West Norfolk
Easton, Ann (AE)	Public - West Norfolk
Hipkin, Penny (PH)	Public - West Norfolk
Lewis, Betty (BL)	Public - Cambridgeshire
Maltby, Alan (AM)	Public – S E Lincolnshire
Monk, Clive (CM)	Public – Breckland, N Norfolk & Rest of England
Scholefield, Chaz (CzS)	Staff – Non-Clinical
Smith, Thomas (TS)	Appointed – Norfolk County Council
Taylor, Barrie (BT)	Public – West Norfolk
Walder, Andy (AW)	Appointed – Freebridge Community Housing
Welch, Dale (DW)	Public - Breckland, N Norfolk & Rest of England
Wicks, Kenneth (KW)	Public – West Norfolk
Wilkinson, Peter (PW)	Appointed – Breckland Council
Attendee - Director - Guest	
Shaw, Caroline (CS)	**CEO**
Jackson, Roy (RJ)	Director of Finance
Smith, Denise (DS)	Chief Operating Officer (left the meeting at 11.40)
Rejzl, Gill (GR)	Trust Secretary
Denmark, Mary (MD)	FT Membership Officer & Minute taker

		Actions
40/19	**1. Chairman's welcome and opening remarks**	
	• The Chairman welcomed everyone to the meeting. • Introductions were made to the two new appointed governors Thomas Smith and Peter Wilkinson. • The Chairman apologised for the lack of Non-Executive Directors present and explained this was a 'one off' due to a number of factors including: NEDs attending off-site meetings running at the same time, annual leave and sickness.	

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GOVERNANCE / REGULATORY		
41/19	**2. Apologies were received from:** **Governors**: J Dossetor, P Kavanagh, S Robinson, J Calton, P Dansie, J Evans, P Kunes, D Todd and A Wilson **Directors:** L McManus, A Brown, S Roberts, M Ashton, D Dickinson, I Mack, S McClelland	
42/19	**3. Declarations of Interest & updated Register of Governors' Interests:**	
	The declarations of interest were considered with updates from B Lewis and S Clark noted. Governors' were asked to advise new updates to MD/GR. **<u>The Governors' Council noted the updated Declarations of Interest</u>**	
43/19	**4. Governors' Council (GC) minutes – 30-05-2019 (1)** The minutes were reviewed and agreed as an accurate account of the meeting held on 30 May 2019. **Actions:** 1) Staff Recruitment Campaign – this has been confirmed as already progressing; to be removed from the actions list. 2) NED candidate brief recrafting and meeting organisation – has been completed; to be removed from the actions list. 3) Review of staff induction programme. HR advised this has already been actioned; to be removed from the actions list. 4) Syringe Drivers – DS believed this issue was closed however, JB felt as there were still a number of missing syringe drivers this should remain open. CS suggested this remain on the actions list. 5) Constitution Working Group meeting to be organised. The meeting was held on 3rd July; to be removed from the actions list. 6) 'Buggy' transportation issue. This was raised with Ian Hinitt and meetings were held and discussions took place to review. The outcome was unknown and it was therefore suggested this item remain on the actions list and the outcomes be advised to the next GC meeting.	
	<u>The Governors' Council approved the 30-05-2019 minutes</u>	
44/19	**5. Forward Plan** – attached **–** to note • GR advised that the Forward Plan was updated / amended as and when required. • EC queried the date of the Annual Members' Meeting (AMM) and asked what the tone for this meeting would be in light of the current position of the Trust. GR confirmed this was 12 September as shown on the Plan, advising the intention was for a 'light' touch this year, looking at the statutory business for the previous year however, with a focus on the future, along with Constitutional changes. • CS advised it was a short time-frame until the AMM therefore the Trust needed to be clear on agenda items. In respect of the AMM in 2020, Laura Skaithe-Knight will be in post to drive a more dynamic AMM. CS advised a Working Group would be formed in 2020, which would include governor attendance. It was suggested that an external venue be used to host the 2020 AMM, such as the Town Hall. EC commented that positive presentations would be well received. Future	

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	presentations suggested included topics such as Research (Antonia Hardcastle) / Critical Care (Maryanne Mariyaselvam / Pete Young) as these presentations would be interesting to staff and the public alike. • SC suggested a possible consultation with members to ascertain their views on what should be presented at the 2020 AMM.	
	<u>The Governors' Council noted the Forward Plan</u>	
45/19	**6. Chairman's Report**	
	The Governors' Council considered the report and discussion included: • CQC report – the Trust remains in Special Measures, which is very disappointing. The CEO would comment on this further in her report. • Health and Wellbeing Board (HWB) – The 3 key objectives of the Joint Health and Wellbeing Strategy 2018-22 are: Prioritising prevention, Tackling Inequalities in communities and Integrating ways of working. • Norfolk and Waveney STP (N&W) – Five Year Plan - The QEH has an important part to play in shaping the agenda for this work. Independent Chair of the N&W Health and Care Partnership, Rt Hon Patricia Hewitt, invited people's contribution to the development of the STP's 5-year plan. • The Trust continues to engage well with the STP. • The digital upgrade plan has been prioritised by the STP and is expected to align plans across all 3 acute trusts. • SB had welcomed positive feedback from the STP regarding the Trust's engagement. • Governors Jonathan Dossetor and Jane Evans were attending the STP 5-year Plan meeting, along with NED Alan Brown (on 31st July). • League of Friends' (LoF) generous contribution of almost £500,000 in the purchase of a Radiology Information System, plus, funding of the DEXA-Scanning Suite (measuring bone density) - The Chairman thanked the LoF Chair, Penny Hipkin, for the generous LoF support for the Trust, particularly at a time of austerity and limited capital funding. • DC commented that in the past, Patricia Hewitt and Melanie Craig had visited the Trust to discuss the 5-year plan with the Board/Senior Managers' and that this visit was both useful and reassuring. He queried whether any similar meetings in the future could be 'open to all' to inform/engage with staff. CS responded this was an excellent idea and that a larger capacity venue should be sought for this. **<u>The Governors' Council noted the Chairman's Report</u>**	
46/19	**7. CEO's Report**	
	The report was considered – discussion included: The Trust's values: • whilst not changed have been slightly refreshed, from Act Well, Listen Well, Care Well, to We Act, We listen, We Care. Staff at briefing sessions expressed support for this development. Recent appointments - Welcome to: • Libby McManus, Chief Nurse. Libby is already driving up standards of care and clamping down on uniform inattentiveness. • Laura Skaithe-Knight, Deputy CEO, who will be joining the Trust in	

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October.

- Chris Benham, appointed to the role of Director of Finance and Resources; Chris will commence in his role in January 2020.

Leadership Forum:

- Chris Hopson, CEO of NHS Providers, NHSI, Ian Dalton and Peter Homa, have been programmed to visit the Trust to speak to and inspire our leaders.

Staff Engagement:

- The Trust is continuing with its 'Team of the Week' awards and a monthly outstanding achievement accolade.
- Commendation: to Fire Safety Manager, Mark Collins, who safely talked a patient with mental health issues down from the roof.
- Annual Staff Awards will be held on Thursday 7th November at Knights Hill; 90 nominations have been received to date.
- Following a review, the Long Service Recognition Awards will be reinstated in due course.

Engagement:

- Listening Events have been held to enable staff the opportunity to raise issues with Executive Team members.
- Quality Improvement Workshops were held on 16th July – feedback was positive.
- Briefings and 'Drop-in' Sessions were held – over 90 verified cost improvement ideas were logged in 3 weeks.

Performance:

- The 4-hour A&E wait target improved to 84.67% in June (from 83.80 in May).
- 15 minute ambulance handovers improved to 65.96% (from 59.73% in May), marking the strongest performance delivered in over 12 months.
- At the end of Q1, the Trust achieved a favourable position of £118,000 to its operational plan for the year.
- Receipt of £2.97m of in-year support funding.
- CS thanked staff and partners for their hard work over the last few months to enable delivery of key performance indicators.
- Radiology Funding – CS once again thanked the LoF for this generous funding.
- CQC report – CS to update under the next agenda item.

The Governors' Council noted the CEO's Report

47/19 **8. CQC Update**

The report was considered – discussion included:

- The Trust received section notices in Maternity, Emergency Department, Radiology and Medicine.
- The Trust remains in special measures – with a further 74 'must do' and 34 'should do' actions.
- The Trust has already started and continues to work on 7 strategic improvement priorities:
  - Investing and Improving leadership development
  - Improving staff engagement and culture change
  - Strengthening clinical and corporate governance
  - Recruitment and retention
  - Improving Emergency Department environment and layout
  - Closer working with external partners

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	➢ Reviewing and improving our medical education • The Three top strategic priorities are ➢ Safe, consistent care. ➢ Staff Engagement. ➢ Financial Stability. • If we don't control our future destiny; someone else will. We can only do this together with our internal and external partners. • There are 'green shoots' of recovery. • The CQC will return to the Trust, probably at the end of the year, to assess core standards and to assess whether the Trust is Well-led, when they will expect to see evidence of considerable improvement. • AM commented on the high sickness level (having increased to 5.25% in June) and asked what plans were in place to reduce this. CS responded that the Trust is reviewing what is needed in order to work differently/effectively in each area, to help reduce agency spend, to bring substantive staff into the work place and ultimately improve quality of care; this piece of work is being led by the Associate Director of HR. • Staff have been requested to ring the ward lead rather than matron when discussing sickness leave/return to work. The Trust is working to reduce serial sickness absentees and offer support for long-term sickness absence staff to help them back to work. • DC commented that it should be taken into account, that there are currently a number of staff on long-term sick leave with serious illnesses, such as cancer, impacting on this data. • SCl commented on the high levels of mental health issues sickness absence, querying how this matches levels nationally. SB advised that it would be useful for **HR to take a sickness report/trend-line update to the next Governors' Council meeting. Action: Cath Castleton**. • SB commented that the CQC report had been damning in not being 'good' for caring, for the first time and that staffing levels may have contributed to this. The key to this is monitoring and for information, it was suggested that **the QIP report be taken to the next Governors' Council meeting. Action: Louise Notley.**	**CC** **LN**
	<u>The Governors' Council noted the Non-Executive Director update</u>	
48/19	**9. SID (Senior Independent Director) Appointment** The report was considered – discussion included: Alan Brown (AB) was already the Vice Chairman and one of the longer standing NEDs and he therefore fitted the criteria for SID very well. The Board appointed AB as the Trust's SID at its meeting in June 2019, subject to the consideration of the views of the Governors' Council. SC remarked that he was concerned as to whether AB would be taking on too much. SB responded that the Trust had recently appointed 3 new NEDs and there were two further candidates in the pipeline. A reallocation of NED responsibilities has already taken place with AB being relieved of some duties. In response to conversations regarding the time allocation/willingness to carry out this role, AB had confirmed that he was happy to do so.	

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	Following further discussion, SB asked the Governors' Council if they were willing to endorse this appointment, which was unanimously agreed. **<u>The Governors' Council unanimously agreed the appointment of Alan Brown as Senior Independent Director.</u>**	
49/19	**10. Constitution Review**	
	The report was considered – discussion included: In July, the Trust's Constitution Working Group met to discuss potential changes to the Trust's Constitution, relating to: • Governor terms of office (currently capped at 3 terms of 3 years – options: 1 – No change, 2 – number of terms to be amended /extended – by how long to be determined, 3) Restriction to the number of terms a governor may serve, be removed altogether or 4) Extension to the number of terms served to be at the discretion of the Chairman, taking into account the view of the GC and Board of Directors. • FT membership for volunteers –1 – automatic membership for volunteers would mean a 'Volunteer Class' would have to be added to the Governors' Council staff constituency, 2 – alternatively no change to the Constitution. • The Lead Governor role – 1 – clarification of the number of years, 2 – add a constitutional provision for the election of a Deputy Lead Governor. SB asked the governors for their thoughts and support of the various options. DC responded by asking that this item be held in abeyance as this paper had not been discussed at the Governors' Council pre meeting, and he felt there were some serious issues that should be discussed in greater detail. AM agreed the Constitution changes suggested required further discussion. GR queried whether governors felt that a Pre-meeting, followed by an Extraordinary Governors' meeting should be organised to discuss both this issue and to potentially approve the appointment of new NED(s), as the interviews were imminent. It was agreed that **MD organise 1) a Governors' Council pre-Meeting (to the extraordinary meeting), to enable discussion of the issues and 2) arrange an Extraordinary GC meeting to discuss and agree potential changes to the Constitution and NED appointment. Action MD.**	**MD**
	<u>The Governors' Council noted the Constitution review.</u>	
50/19	**11. Governor Involvement**	
	The report was considered – discussion included: Following the 2019 CQC Inspection, feedback following the governor interview was very positive, acknowledging the knowledge and experience of the governors. The Inspection team observed the governors were well-informed and suggested the Trust might look to involve them more effectively. The report set out the following proposals: • Membership of the committees of the Governors' Council • Governor development • Opportunities for closer working with the Board, particularly the non-	

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executive directors (NEDs)

- Improved communication with governors
- Governor involvement in NED 'shadowing' of specific areas of the Trust
- Review of the membership of Governors' Council committees
- Opportunities for Board/Governor joint development workshops
- Governor involvement in NED 'shadowing' of specific areas of the Trust
- The effectiveness of new arrangements to be assessed after 6 months (Board / Governors' Council)

It was highlighted:

- This work would not take the place of current governors' visits to wards / areas of interest
- The shadowing arrangement would require some flexibility. Governors were expected to have a 'light touch' – to observe and speak with patients in order to provide intelligence on the patient experience and to encourage and assist patients to complete Friends and Family test feedback. Governors are not 'auditors'
- Governors would be required to complete a proforma after the visit, to capture observations. This information will be communicated to leaders/managers in the areas visited and more broadly.

The Governors' Council endorsed the report

51/19 **12. Non-Executive Director update (NED) – including recruitment and selection process**

GR advised that the Nomination and Remuneration Committee had arranged interviews for 3 candidates who met the criteria for the 2 NED roles advertised. The interviews were scheduled for Monday 5th and 12th August. A NED with 'Quality' experience is required to replace Mandy Ashton, and a NED with NHS financial experience, is required to replace D Thomason, who stood down earlier in the year.

The outcome of the interviews will be assessed and preferred candidate(s) reported to an Extraordinary Governors' Council meeting for discussion and decision regarding appointment.

The Governors' Council noted the Non-Executive Director update

PERFORMANCE

52/19 **13. Integrated Performance Report**

The report was considered. Discussion included:

Finance:

- The final position for Quarter 1 (Q1), year to date (ytd), is £118,000 favourable variance to plan.
- The positive Q1 variance ensured the Trust accessed £2.97m of Financial Recovery Funding / Performance Sustainability Fund, dependent on the delivery of Q1 financial plan, and a further £883,000 of Marginal Rate Emergency Threshold funding, (total £3.85m tranche of the total £29.3m of national/STP funding) being the first time the Trust has secured national in-year quarterly funding support.
- The Trust must achieve an operational deficit of £28.1m in order to release the total £25.8m of additional support from the Department

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of Health and Social Care and our STP.

- There was a £150,000 adverse variance due to unbudgeted nursing bank rate supplement trial during Q1, which has now ended.

- SC, Chair of the Business Committee, congratulated the Trust for securing the tranche of national/STP funding for the first time.
- DC commented it was good to see the green shoots of recovery and asked the Chairman how assured he was that this was not a 'one off' result. SB reflected this was a fair question. This was not a trend line but a point in time outcome. Nevertheless, the Trust was working to control agency spend, to provide more accurate, regular data (for closer monitoring) plus greater 'holding staff to account'. All of these measures would help to continue the recovery pathway.
- SC agreed that in the past there had been too long a delay in financial data updates and that more regular, closer monitoring would help. He stressed that the Trust cannot let the performance slip as it is imperative the Trust meet the £5.3m CIPs to ensure the full £29.3m of national/STP funding is achieved.
- CS stated that whilst staff had been coming forward with various ideas to help the Trust meet its target, challenging conversations would be necessary to ensure the CIP target is met.
- CIPs activity is closer to forecast than has been previously seen and this is critically important.
- RJ advised that regulatory Progress Review Meetings' objective is for activity / income to be on plan and he expected NEDs to be challenging all data / projections.
- The QEH is at the bottom of the ICT table, labelled 'digitally immature'. The Trust has insufficient real time data and therefore forecasts require much greater examination.
- SB responded that NEDs are already challenging robustly and CS added that EDs met weekly to ensure there was a grip on safe care, and operational and financial performance and that the Chairman and NEDs were briefed regularly.

Performance Report – Responsiveness

- Delayed transfers of care – 2.98% (June), exceeding the national standard of 3.5%.
- Four-hour emergency performance improved from 83.80% in May to 84.67% in June. A sustained performance improvement has been seen since January although the Trust remains below its 90% trajectory.
- Ambulance handover within 15 minutes has improved from 59.73% in May to 65.96% in June and remains the strongest performance delivered in over 12 months. Patients are sometimes assessed whilst waiting in the ambulance, which is helpful.
- Elective pathway – (non-clinical) cancelled operations as a proportion of elective activity improved from 0.69% in May to 0.45% in June (against standard of 0.80%).
- There were no urgent operations cancelled more than once in June.
- There were no 52-week breaches in June.

Cancer pathway

- The Trust achieved the 31-day subsequent treatment (drug) and 31 day subsequent treatment (surgery) and 62 day screening to treatment standard for May
- 2-week wait performance improved from 81.05% to 91.94% in May, against the standard of 93%. Performance is forecast to recover in June (reported in August).

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- 31-day diagnosis to treatment performance deteriorated from 96.12 in April to 93.16% in May, against a standard of 96%.
- 62-day referral to treatment deteriorated from 70.9% in April to 63.69% in May, against the standard of 85%. As noted, at the April Board, due to the current backlog across a number of tumour sites, the Trust had forecast performance deterioration whilst this backlog is being cleared.

- ≥21-day length of stay remains above the baseline (60) and ambition (46). Improvements have been demonstrated since April 2019.
- 18-week Referral to Treatment (RTT) deteriorated from 82.55% in May to 81.77% in June, however; performance remains ahead of the June trajectory which was set at 80.21%.

- PW commented that ambulance waiting times was broader than a Trust issue. A trial is taking place in Norwich, with ambulance crews carrying out greater levels of treatment in-situ, reducing the number of A&E ambulance attendances.
- CS stated the Trust works in conjunction with its Regulators, A&E Board (which DS chairs), primary care, the community, ambulance and pharmacy, to help provide the best patient pathway.
- KW queried why the Trust takes so long to discharge patients, often not until the evening. DS responded that staff were working to improve patient discharge in a timely manner to ensure patients are at home in time for lunch; this is about better organisation/coordination.
- EC commented that whilst she was pleased to hear that the Trust was successful in meeting targets in some areas, in others this is not the case and sought assurance that the Trust was sharing best practice to help improve challenged areas. CS responded that this was already beginning to happen.
- The Trust is working with all its partners to build a better/more efficient patient care pathway and to ensure treatment is provided in the best place, which is not always in hospital. Managers need to improve grip and pace to ensure best practice, to reduce the patient length of stay.
- TS, Norfolk County Council appointed governor, advised he would be happy to discuss any social care issues outside of the meeting if this would be helpful. CS responded that social care was not the real problem here and that the Trust needs to work more flexibly and effectively when under pressure.
- SCL commented on the Complaints themes, of which staff attitude and behaviours remain consistent, despite root cause analysis and action plans. What is the Trust doing to rectify this, as to date, nothing appears to have worked? CS responded this is a valid point however, much of this is culture- related which will take some time to change. Active staff engagement will help to address ongoing issues.
- AM commented that on his visit to the Macmillan/Chemo Unit, he had observed that the treatment room was full and queried whether there were plans in the future for expanding this.
- DS responded that demand had not gone up. Work was being done to speed up diagnostics, improve the pathway and adopt best practice, which will better manage capacity.
- SC commented on the Cancer tumour site performance data which showed breaches in many areas, with the exception of 'breast', asking whether this was of concern.
- DS responded that there was a historical backlog, which was already

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being addressed, the outcome of which meant that performance outcomes had temporarily been compromised. As the backlog is cleared, the trajectory is for performance to improve.

- BT commented on the Neonatal Deaths Rate, which increased in June and the 'Avoidable Term' admissions to the Neonatal Unit at 30%, querying whether this was a concern. DS responded that the Avoidable Term Admissions data collection was new to the Trust with some information unavailable; however, the lead midwife was working with the information team to address this and there was no concern. CS advised that the Medical Director was working closely with the maternity team and there had been many improvements, including work to reduce the number of C-Sections.
- SC commented that the Integrated Performance Report was much improved, the success of this demonstrated by the increased level of questioning.

The Governors' Council noted the Integrated Performance Report

STRATEGY / QUALITY

53/19 **14. STP Update**

CS advised this had already been covered in previous agenda items.

The Governors' Council noted the STP update

COMMITTEE AND TASK AND FINISH GROUPS

54/19 **15** **a Membership & Communications Committee report** 16-07-2019
b Patient Experience Committee report - 20-06-2019
c Business Committee report – 10-07-2019

The reports were considered.

Membership & Communications Committee report – Nothing to report in addition to the report.

Patient Experience Committee – EC reported:

- The feasibility of establishing a maternity contact hub at RAF Marham might well be in the interests of patients and the QEH. This is an on-going item.
- Governors were asked to note the updated Terms of Reference.
- Governors' reports included the Fire Drill Exercise in June 2019 – Governors felt that improvements to the process should be explored.

Business Committee report – SC reported:

- It was good to see that the Trust had achieved the Q1 target.
- Finance Training to be organised. GR advised that she had raised this with Phil Tydeman and a date for this would be set in due course with governors advised.

The Governors' Council noted the Committee and Task and Finish Groups report and the PEC updated Terms of Reference

There being no further business the meeting closed at 12.15 pm

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Governors' Council Actions Monitoring July 2019

Date	No.	Agenda No	Issue	Who	When	Progress	Completed
30-05-2019	6	37/19 – 14	'Buggy' – to take patients from car park to the hospital – to be revisited Outcome of review to be reported to the next GC meeting.	MD to contact Ian Hinitt Denise Smith	31 July GC Meeting 3 Oct GC Meeting	Completed Request to DS – outcome to be reported	✓ O/s
31-07-2019	7	47/19 - 8	HR to take a sickness report/trend-line report to the next Governors' Council meeting.	Cath Castleton	3 Oct GC Meeting	Request to CC – report awaited	O/s
31-07-2019	8	47/19 - 8	QIP report to be taken to the next Governors' Council meeting.	Lou Notley	3 Oct GC Meeting	Request to LN – report awaited	✓
31-07-2019	9	49/19 - 10	Pre GC Meeting (to discuss Constitution) and Extraordinary GC Meeting – dates to be agreed and distributed.	Mary Denmark	ASAP	Completed – meetings held on 7 & 15 August respectively.	✓

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