Agenda item 4

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

GOVERNORS' COUNCIL MEETING

Minutes of the Governors' Council Meeting 10 am on Tuesday 3rd December 2019 in the Conference Room at the Queen Elizabeth Hospital, King's Lynn. PE30 4ET

Chairman & Governors	Constituency
Brown, Alan (AB)	**Deputy Chairman / Senior Independent Director**
Brodie, Jenny (JB)	Public - Cambridgeshire
Bruce, Malcolm (MB)	Public - Cambridgeshire
Calton, Julie (JC)	Staff - Clinical
Clarke, Simon (SCl)	Public – West Norfolk
Compton, Ann (AC)	Appointed – College of West Anglia
Corner, Esmé OBE (EC)	Lead & Public Governor, West Norfolk
Easton, Ann (AE)	Public - West Norfolk
Hipkin, Penny (PH)	Public - West Norfolk
Kavanagh, Pat (PKa)	Public – West Norfolk
Kunes, Paul (PK)	Appointed – Borough Council of King's Lynn & W Norfolk
Lewis, Betty (BL)	Public - Cambridgeshire
Madden, Sue (SM)	Appointed – University of East Anglia
Maltby, Alan (AM)	Public – S E Lincolnshire
Monk, Clive (CM)	Public – Breckland, N Norfolk & Rest of England
Smith, Thomas (TS)	Appointed – Norfolk County Council
Todd, Dan (DT)	Staff – Non-Clinical
Walder, Andy (AW)	Appointed – Freebridge Community Housing
Welch, Dale (DW)	Public - Breckland, N Norfolk & Rest of England
Wilkinson, Peter (PW)	Appointed – Breckland Council
Attendee - Director - Guest	
Shaw, Caroline (CS)	**CEO**
Swords, Frankie (FS)	Medical Director
Smith, Denise (DS)	Chief Operating Officer
Sanford, Liz (LS)	Director of Finance
Dickinson, David (DD)	Non Executive Director
Mack, Ian (IM)	Non Executive Director
Roberts, Simon (SR)	Non Executive Director
Ward, Graham (GW)	Non Executive Director
Rejzl, Gill (GR)	Trust Secretary
Denmark, Mary (MD)	FT Membership Officer & Minute taker

		Actions
67/19	**1. Chairman's welcome and opening remarks**	
	In the absence of Trust Chairman Steve Barnett, Deputy Chairman Alan Brown, chaired the meeting. Introductions and welcomes were given to newly appointed University of East Anglia governor Dr Sue Madden and to Non-Executive Director (NED) Graham	

	Ward both attending their first Governors' Council (GC) Meeting. Newly appointed NED, Jackie Schneider was welcomed to Team QEH in her absence. The GC was reminded that the Elections were due to take place imminently with the nomination period taking place between 3rd and 18th December and the voting period between 10th and 30th January. Governors standing for a further term of office were wished good luck in the elections. It was noted that the General Election was currently taking place with Purdah rules in force. However, it was not anticipated that any agenda items would be impacted by this.	
GOVERNANCE / REGULATORY		
68/19	**2. Apologies were received from:** **Governors**: D Coe, J Dossetor, J Evans, B Taylor, S Clark, C Scholefield, K Wicks and A Wilson **Directors:** S Barnett, L McManus, C Castleton and J Schneider	
69/19	**3. Declarations of Interest & updated Register of Governors' Interests:**	
	An update from Dr Sue Madden (UEA) was noted. **<u>The Governors' Council noted the Declarations of Interest register</u>**	
70/19	**4. Governors' Council (GC) minutes – 03/10/2019** The minutes were reviewed and agreed as an accurate account of the meeting held on 03 October 2019. **Actions:** **No 6 - 37/19 – 14 –** Wheelchair arrangements • DC had been tasked with finding out about wheelchairs, and the following information was provided: - The Porters have a small stock of folding wheelchairs suitable for outdoor use, plus a bariatric chair. Access to these is via Teletracking. The breast care unit have a wheelchair for external use and the volunteers have one at the main entrance as well. The majority of outdoor use wheelchairs are foldable in nature, which makes them a target for theft, which has been an issue here in the past. • **Further action: Check whether there is signage regarding wheelchair use at reception.**	**MD**
	<u>The Governors' Council approved the 03/10/2019 minutes</u>	
71/19	**5. Forward Plan** • There were no items noted for December.	
	<u>The Governors' Council noted the Forward Plan</u>	
72/19	**6. Chairman's Report**	
	The report was considered – discussion included:	

	• The Staff awards: This was an excellent evening. Thanks to those who worked hard to make the event such a success and to worthy award winners and nominees. • Visit by Patricia Hewitt, Independent Chair of Norfolk and Waveney Health and Care Partnership and John Webster, Director of Strategic Commissioning, NHS Norfolk and Waveney CCGs. Interesting dialogue regarding the system; its vision and objectives. • Board : Board : Board meeting in November with colleagues from across Norfolk and Waveney (Norfolk and Norwich, James Paget and the QEH) • The Trust has the go ahead for E-prescribing. **<u>The Governors' Council noted the Chairman's Report</u>**	
73/19	**7. Non-Executive Director (NED) update** • AB advised that NED Siobhan McClelland had resigned due to health issues. It has been agreed that in due course the Trust will replace Siobhan to keep a full NED complement. • There would be some debate regarding required skill sets and the Board would engage with governors regarding the recruitment process. • **EC advised that she had heard some concerns expressed regarding whether the appointment process was rigorous enough. EC agreed to meet with the Chairman to discuss the process outside the meeting.** **<u>The Governors' Council noted the NED update</u>**	**EC/SB**
74/19	**8. CEO's Report**	
	The report was considered – discussion included: • Focus on staff engagement. National research has demonstrated that better engaged staff provide a better patient experience and this was a 'must do' for the Trust. The Trust would be holding a series of events throughout the year. • The Annual Awards event was held on 7th November; this was an excellent evening with positive feedback. • Chris Benham, Director of Finance (DoF) commenced his role in January. Many thanks to Acting DoF, Liz Sanford for her excellent interim work. • Performance – DS and team are making good progress, particularly regarding the 4 hours performance. • Many thanks to the League of Friends for their continued support. • The Trust welcomed Inspectors from NHS England/Improvement and West Norfolk CCG for an Infection Prevention and Control inspection, which resulted in Team QEH being praised for improving standards of cleanliness and infection control practice across the Trust. Thanks to the nursing and domestic colleagues who have done a tremendous job. • Roy Lilley – Health writer/public blogger on the NHS and founder of the Academy of Fab Stuff, would be visiting the QEH on Thursday 5 December. • Meeting to hear more about the STP and five-year system plan • Excellent news that the new international nurses have arrived. The process has gone well. The vacancy rate is now just under 5%, down from 12% a year ago.	
	<u>The Governors' Council noted the CEO's Report</u>	

PERFORMANCE		
75/19	**9. Integrated Performance Report** The Governors' Council considered the report and discussion included: • P 23 – Mixed sex accommodation (MSA) – outcome red. PK queried why MSA keeps being raised when no concerns have been raised? FW explained this is a national target, which the QEH only fails to meet within Critical Care & Stroke areas due to the physical layout of the units and the need to move patients to base wards. If non-critical areas failed to meet the target then that would be concerning. Review / risk meetings are scheduled nevertheless; this is not a significant risk for our patients. • Finance – AW queried whether NEDs have a clear understanding as to why there had been a deterioration in the finances as raised at the October Business Committee meeting (Month 7 performance was £300k adverse to plan). IM responded that at the Finance and Activity Committee the NEDs had made appropriate and significant challenge. The Committee commended the work of interim Director of Finance LS, who had clearly delineated the Trust's position and highlighted robust actions. The Trust was pleased with the appointment of NED Graham Ward (GW) as he has a significant finance background and was taking over as Chairman of the Finance and Performance Committee. IM advised that the GC should take assurance that with the right skills-set complement of NEDs, they are making the right level of constructive challenge. • GW agreed with IM's comments; however, he added that a degree of realism was required around winter pressures when performance and finances would be the most challenged. He gave assurance that the NEDs would closely observe performance. The Trust is in a far better place now than it has been for some time, yet a level of risk remains in achieving end of year delivery of finance and performance forecasts. • CS gave assurance that all Board members take performance seriously and that there are robust plans in place, monitored weekly at the Chief Executive's meeting. Additionally, the Trust has recently been allocated additional funding to help with winter planning and pressures, and provided with additional capital for a £2.2m decant ward. • Complaints – Communication and staff attitude remain key issues mentioned in complaints. SCl queried whether root cause analysis (RCA) took place because there has been no change to the top complaints in recent years. CS explained that historically there had been some issues around compassionate care within the organisation and as part of the Quality Improvement Programme, this was being addressed. There would be more 'holding people to account' with a programme of work to help staff understand the impact of their actions. • A senior matron had been seconded to carry out governance work to help staff improve learning and handing of complaints as a top priority. • FS echoed CS's comments that the Trust must address the underlying issues within the culture of the organisation and not just follow process. There would be zero tolerance with full RCA and additional training. This is not about a blame culture; it is about learning and prevention. • CM – commented on the 5 serious incidents in one month (with no new themes identified). If no new themes were identified, did this demonstrate a lack of learning from previous incidents? FS responded that the summary was perhaps not clear and that each incident had been reviewed (p10) with immediate action, followed by the identification of	

themes and learning.

- CS advised that the Trust had recently appointed an interim Patient Safety Director (Carmel O'Brien) to help manage the process and to ensure that this becomes a continued learning environment.
- AM – commented that the sickness level has increased to 5.73% with no improvement seen this year. Similarly, it was observed that the mandatory training level percentage had decreased. NED, SR, Chair of People Committee responded that concern had been raised at the last committee meeting and that NEDs were less than assured with performance. All targets had been scrutinised, with specific concerns regarding sickness / mandatory training levels. Each division has been requested to report back to the committee about what actions are being taken to address areas of concern.
- LSK advised that there had been a forensic sickness level review and importantly a review of the Health and Wellbeing Programme, to help prevent people going off sick in the first place.
- PKa suggested that at some point staff managers would need to take difficult decisions regarding staff with repeated sickness absence patterns, which their colleagues have to cover, which is frustrating. If everything possible has been done to support those staff then eventually a decision to terminate contracts might be necessary. CS responded that contracts would be terminated when all options available had been exhausted.
- EC queried whether NEDS were assured that EDs are providing support to managers across the hospital in dealing with this difficult question. NED, SR responded that work is underway, in stages, to ensure that robust processes are in place to provide improved assurance. Currently, NEDs are not fully assured; however, they are assured that everything possible is being done, which has not always the case in the past. AB hoped that governors would take some assurance from this.
- EC queried whether the NEDs believe the estate works in ED would help with winter pressures. IM responded that the financing of this work was up to speed; however, ED staffing is a greater concern, particularly agency staff costs. A Business plan in respect of ED staffing is anticipated; this investment will align with capital investment.
- Expansion of the Discharge Lounge - Improvements to and expansion of the discharge lounge and same day emergency care area to include four bays for bedded patients – end of year completion date expected.
- Ambulatory Emergency Care Unit - Expansion of the Unit to include six new bays, a new consultation room and improved access – end of year completion date expected.

The Governors' Council noted the IPR report

STRATEGY / QUALITY

76/19 **10. Integrated Quality Improvement Plan (IQIP) updated**

The Governors' Council (GC) considered the report and discussion included:

LSK advised that following approval at the October Trust Board, work has commenced with the Divisions to re-prioritise the Must and Should Do actions that are to be delivered by March 2020 and the development of the new Divisional reporting templates. No significant concerns have been raised.

The QEH Strategic Priorities for 2019-20 are:

- Delivery of services which provide good quality and safe care
- Improved staff and external stakeholder engagement
- Delivery of our financial plan

There are 8 Strategic priorities (led by) –

- Leadership and Management – (Caroline Shaw)
- Safe and Compassionate Care – (Libbey McManus)
- Culture and Engagement – (Laura Skaife-Knight)
- Governance Assurance – (Carmel O'Brien)
- Recruitment and Retention – (Cath Castleton)
- Emergency Department Environment – (Denise Smith)
- Closer working relationships – (Laura Skaife-Knight)
- Medical Education – (Frankie Swords)

- There is a new Improvement Lead, April Brown from NHSE/I who will be working alongside LM and FS on professional standards
- Good progress has been made against the strategic priorities
- Re-prioritisation of Must and Should Do actions
- There are 202 actions, of which 50 have been approved as complete

TS queried how confident the Trust was that there would be no backsliding. CS responded the measures taken are ongoing and will be monitored through divisional performance meetings, testing sustainability and embedding. IM commented that Governors should be fully sighted on the End of Life Plan which was being refreshed. It was observed that the appointment of NED Jackie Schneider, with her nursing background, would be helpful in this respect.

GW highlighted the importance of embedding and tracking progress to ensure there is good staff engagement and that staff need the mind-set to want to perform and do better. JC commented that there is some improved clinical engagement now; however,, there is still some way to go.

The Governors' Council noted the Integrated Quality Improvement Plan

77/19 **11. STP (Sustainability and Transformation Programme) update**

The Governors' Council considered the report and discussion included:

There is a significant amount of work on-going in respect of the STP, and the QEH is building good relationships with its stakeholders; information will be shared with NEDs and Governors.

The Norfolk and Waveney (N&W) Health and Care Partnership's five-year plans emerging goals are:

- To ensure that how healthy you are, doesn't depend on where you live
- Make sure you only have to tell your story once
- Make Norfolk and Waveney the best place for health and care professionals to work

- IM highlighted (p. 4), the risk in respect of the financial LTP (long term plan). An updated draft was returned to NHSE/Ion 1st November. Due to the risk of delivery for the additional transformation schemes, the N&W STP will expect to have access to the N&W reserve i.e. the circa £16m of the regionally held risk reserve that has been provided by N&W STP organisations.

	• EC asked the NEDs if they took assurance from STP planning / goals and objectives. AB responded that the plans are not dissimilar to those as detailed by the previous regime. A change in parliamentary statute concerning organisational form / governance would be required if plans are to be moved forward at pace, otherwise this process might prove difficult. • EC queried how the STP work relates to QEH service provision and integration. CS responded that she and FS were attending a forum that afternoon to discuss the strategy and collaboration plans. There is an opportunity to set some foundations which are both feasible and sustainable. • NED, SR felt that progress in the region was no worse than seen elsewhere and that some more advanced Integrated Care (IC) systems were struggling with cohesion due to a lack of statutory process. • Some areas have progressed well, such as digital. • Areas such as Cambridgeshire and Lincolnshire will require closer liaison with counterparts in those areas.	
	<u>The Governors' Council noted the STP update</u>	
78/19	**12 Organisational 5 year Strategy**	
	The Governors received the Strategy presentation and the following issues were discussed: Why we need a Trust Strategy: • To give us clear direction, purpose and focus • To unite everyone towards achieving a common set of goals • To build trust and confidence in the QEH and our staff, and enhance our reputation (as a provider and place to work) • To align our strategic priorities with wider Norfolk & Waveney health and care system priorities (as set out in the 5-year system plan) • The Strategy is progressing - November-December 2019; listening to views from patients, staff and partners • January-February 2020 – listening exercise 2; hearing feedback from patients, staff and partners on our draft strategy • April 2020 – launch new 5-year strategy (following Board approval) • Demographic analysis is key for planning • A Minor Injuries Unit would be advantageous • Specialisms such as orthopaedics and care of the elderly should be considered closely • Closer liaison with other local organisations is key – working towards 24/7 care for patients • The reality of finite resources is important • PH thought the suggestion to bring back a school of nursing at the QEH was an excellent idea • TS remarked on the importance of reaching people who require the most help, such as those in Fairstead, if that surgery was to be closed. CS responded that key to ensuring optimal service provision is collaboration and that she had met with the local Council leaders for discussion on possible outcomes if local surgeries were to close. • SR pointed out that the Board / Staff and Governors' Council should all invest time in ascertaining what the QEH goals, mission and long-term plans are. The Estates Strategy would subsequently fall out of that work, answering questions such as, 'do we need a new hospital'?	

	• EC commented on the previous loss of vascular services to the N&N and the subsequent time lag for patients to be treated and the subsequent impact upon the patient experience. It is important that the Trust draws on this evidence and has clinical evidence prepared before future services decisions are taken, to ensure patients receive the best care. • CS responded that the QEH will work with the whole West Norfolk healthcare system, including the Voluntary Sector, care homes and private care providers to ensure the best service provision. • Mental Health Services - The Trust is working to achieve the best mix of system-wide and local services as mental health should not be reliant on one organisation. **The Governors' Council noted the Organisational 5 year Strategy**	
COMMITTEE AND TASK AND FINISH GROUPS		
79/19	**13** **a. Membership & Communications Committee report** 19-11-2019 **b. Patient Experience Committee report -** 23-10-2019 **c. Business Committee report** – 13-11-2019 The reports were considered. **Membership & Communications Committee report** – Deputy Chair, MB reported: • The Trust Membership total stands at 7,753. • The November Trust Matters had been printed and distributed. • Governors' appreciation of LSK's weekly update. • The IBD Event was well attended and well received. Thanks to everyone who helped with this. **Patient Experience Committee report** - Taken as read; EC reported: • Discussion regarding the Health & Well-Being Centre, with concern regarding the increased projected costs. • Planning review work (for the PEC Committee) will take place in January. **Business Committee** – Taken as read.	
	The Governors' Council noted the Committee group reports	
	14 Exclusion of the Public (GC Standing Orders – para. 4.1) **The Governors' Council is invited to resolve that members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.**	
80/19	**15. Minutes of Extraordinary Governors' Council meeting held in private 03-10-2019** The minutes were reviewed, discussed and agreed as an accurate account. **The Governors' Council approved the Extraordinary minutes 03-10-2019**	
	There being no further business, the public section of the Governors' Council meeting closed at 12 noon	

Governors' Council Actions Monitoring December 2019

Date	No.	Agenda No	Issue	Who	When	Progress	Complete
03-10-2019	10	58/19 4	Outside wheelchair provision	Dave Coe / Denise Smith	3-12-19	Emailing from DC to DS has taken place. DS to report back to the December GC meeting The Porters have a small stock of folding wheelchairs suitable for outdoor use, and a bariatric chair. Access to these via Teletracking. The breast care unit has a wheelchair for external use, and the volunteers have one at the main entrance. The majority of outdoor use wheelchairs are foldable in nature, which makes them a target for theft, which has been an issue here in the past	✓
03-10-2019	11	63/19 9	When available, Staff Sickness Levels report (by division) update	Cath Castleton	06-02-2020	Update in progress	
03-12-2019	10a	70/19 4	Wheelchairs: Check whether there is signage regarding outside use wheelchair provision at reception	Mary Denmark	06-02-2019	There is no signage regarding wheelchairs at reception; volunteers have one outdoor wheelchair which is provided on request. There had been 2 wheelchairs however one was stolen therefore, usage is micro managed.	
03-12-2019	12	73/19	NED recruitment process discussion	Esme Corner/ Steve Barnett	06-02-2019	EC/SB met to discuss the remit of the Nomination & Recruitment committee. A full committee meetings review will take place post-election.	