

GOVERNORS' COUNCIL MEETING

Minutes of the Governors' Council Meeting 10.30 am on Thursday 3rd October 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
Calton, Julie (JC)	Staff – Clinical
Clark, Steve (SC)	Public – West Norfolk
Clarke, Simon (SCI)	Public – West Norfolk
Coe, Dave (DC)	Staff – Non-Clinical
Corner, Esmé OBE (EC)	Lead & Public Governor, West Norfolk
Dossetor, Jonathan (JD)	Public – West Norfolk
Easton, Ann (AE)	Public - West Norfolk
Evans, Jane (JE)	Appointed – West Norfolk Carers (WNC)
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
Maltby, Alan (AM)	Public – S E Lincolnshire
Monk, Clive (CM)	Public – Breckland, N Norfolk & Rest of England
Taylor, Barrie (BT)	Public – West Norfolk
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
Wilson, Ant (AW)	Staff – Clinical
Attendee - Director - Guest	
Shaw, Caroline (CS)	CEO
Smith, Denise (DS)	Chief Operating Officer
Sanford, Liz (LS)	Director of Finance
Castleton, Cath (CC)	Deputy Director of HR
Dickinson, David (DD)	Non Executive Director
Mack, Ian (IM)	Non Executive Director
Roberts, Simon (SR)	Non Executive Director
Rejzl, Gill (GR)	Trust Secretary
Denmark, Mary (MD)	FT Membership Officer & Minute taker

		Actions
55/19	1. Chairman's welcome and opening remarks	
	The Chairman welcomed everyone to the meeting. He advised that deputy Chairman, Alan Brown had given his apologies as he was representing the Trust at the STP Oversight meeting.	

GOVERNANCE / REGULATORY		
56/19	2. Apologies were received from: Governors: C Scholefield, K Wicks, S Robinson, P Dansie, T Smith, A Compton Directors: L McManus, A Brown, S McClelland	
57/19	3. Declarations of Interest & updated Register of Governors' Interests: There were no updates to report. <u>The Governors' Council noted the Declarations of Interest register</u>	
58/19	4. Governors' Council (GC) minutes – 31-07-2019 The minutes were reviewed and agreed as an accurate account of the meeting held on 31 st July 2019. Actions: No 6 - 37/19 – 14 – Patients 'Buggy' – to be revisited. <ul style="list-style-type: none"> • DS advised that the 'Buggy' style transport system had been revisited by Estates and Facilities. It was concluded that it was not feasible for the Trust to pursue this at the current time. In response to SC's query as to why it was not feasible, DS advised it was a matter of both cost and staffing issues. (Remove action) • Regarding possible alternative arrangements, it was advised that wheelchairs are available for patients and their families at the front entrance; however, these are not for general outside use. • Outside wheelchair availability was queried. Dave Coe was tasked with ascertaining outside use wheelchair availability and to report this to DS. Action DC / DS. SB advised the area outside the front entrance is about to undergo some changes: <ul style="list-style-type: none"> • Relocating the smoking shelter away from the front entrance • Repainting and realignment of the pedestrian crossing directly outside the front entrance to help all patients cross safely. The second crossing to be removed. • SB gave his assurance that the Trust would look at both (outside) wheelchair provision and external changes together, to ensure the most appropriate action was taken to improve safety / the patient experience. No 7 - 47/19 – 8 - HR to take a sickness report/trend-line report to the October GC meeting – see agenda item 9. (Remove action) No 8 - 47/19 – 8 - QIP report to be taken to the October GC meeting – see agenda item 10. (Remove action) No 9 - 49/19 – 10 – Extraordinary meeting dates to be organised. This was actioned; the meetings being held on 15 August and 2 September. (Remove action)	DC/DS
	<u>The Governors' Council approved the 30-05-2019 minutes</u>	
59/19	5. Forward Plan <ul style="list-style-type: none"> • There were no items noted for October. 	
	<u>The Governors' Council noted the Forward Plan</u>	

60/19	6. Chairman's Report <p>The Governors' Council considered the report and discussion included:</p> <p>Appointments:</p> <ul style="list-style-type: none"> The substantive appointments of CEO, Caroline Shaw and Medical Director, Dr Frankie Swords. <p>Outward looking:</p> <ul style="list-style-type: none"> All five CCG Governing Bodies would receive a recommendation at their public meetings in September to support a merger. It is early days in the process. <p>Norfolk and Waveney STP</p> <ul style="list-style-type: none"> The Trust is committed to working more closely with a range of partners. Urology Services – 'Transfer and Transform'. A 'No Change' model has been agreed. The plans for moving to a common Electronic Patient Record (EPR) system across the STP are gathering momentum – SC commented that this was very good news for patients. <p>The Government's spending plans for 2020/21</p> <ul style="list-style-type: none"> The government set out its spending plans for 2020/21. There were various announcements mostly regarding capital and the Trust was pleased that a proportion of the Norfolk & Waveney capital would be shared with the QEH. Notification that some nearby trusts have building programme capital investment earmarked, yet the QEH received none. SB/CS had taken up the issue with MPs Liz Truss and Sir Henry Bellingham. <p>Annual Members' Meeting (AMM)</p> <ul style="list-style-type: none"> The Trust held a successful AMM in September. It was proposed that the 2020 AMM should be held off-site and showcase the Trust's innovation and research excellence. <p>Flu vaccination</p> <ul style="list-style-type: none"> In 2018-19 the QEH was one of a small number of trusts nationally that achieved the full Flu CQUIN. The Trust had currently run out of flu vaccine having delivered 1000 vaccines in the first week. Additional vaccines were due to be delivered within the next ten days. The Trust hoped to have as many people vaccinated as possible, particularly as there is the potential for the serious flu strain seen in Australia to be the one experienced in the UK this winter, and also to enable the Trust to meet its CQUIN target and thereby achieve the monies attached to the CQUIN. <p><u>The Governors' Council noted the Chairman's Report</u></p>	
61/19	7. CEO's Report <p>The report was considered – discussion included:</p> <ul style="list-style-type: none"> CS thanked governors for supporting her substantive appointment. She acknowledged the challenges ahead but nevertheless believed the new team could make a real difference. <p>The CEO:</p> <ul style="list-style-type: none"> Met with the Director of Strategy and Transformation at NHS Improvement and discussed the development of the Trust's corporate strategy. Governors' would have an opportunity to be involved with this. 	

	<ul style="list-style-type: none"> • Met with the CCG – this had been a very useful meeting. • Met with the Lorraine Gore, the new Chief Executive of the local Borough Council. The need for increased joint working was agreed. • Welcomed SW Norfolk MP, Liz Truss (LT) to the QEH. During LT's visit CS explained the need for additional funding, in particular in further improving the Emergency Department. The meeting was followed up with a letter to LT stressing the importance of additional capital funding being made available to the Trust. • Advised that the Trust has been allocated £1.5m for works on the Emergency Care pathway; this was excellent news. • Thanked the League of Friends for their generous donation to Radiology Department which had been welcomed by Dr Sarah Fleming and team. This had made a huge difference to patients. • Commented on the Quality Improvement Programme progress which had seen new staff trained in the QSIR improvement methodology, which would make a big difference to the patient experience. • Advised there have been high numbers of nominations for the Staff Awards. The Event is scheduled to take place on 7th November. 	
	<u>The Governors' Council noted the CEO's Report</u>	
PERFORMANCE		
62/19	<p>8. Integrated Performance Report</p> <p>The Governors' Council considered the report and discussion included:</p> <ul style="list-style-type: none"> • DS advised that actions were being taken to address areas of underperformance. • There has been increased Emergency Access demand and the ED is not fit for purpose. Capital investment is taking place in two strands and minor works phase 1a has been completed. There are 3 new rooms at the front of the hospital, which have increased capacity. • Phase 1b is imminent and this is to expand the ambulance service area. Additional work is planned for completion February 2020. • Some additional capital funding had been announced. Plans have already been worked up, which was helpful, as there is a mid-December time-limit on spend. <ul style="list-style-type: none"> • Ambulatory Emergency Care will be expanded by relocating and utilising the store room next door. • The Discharge Lounge will see the relocation of some offices to allow for patients on stretchers • These improvements will see greater number of patients discharged on the same day and improve the overall patient experience. • Work is ongoing to help improve the Emergency Care Plan with a focus on: improving board rounds and advanced discharge planning with same day diagnostics, which should help to improve patient flow. • There had been a recent deterioration in ultrasound diagnostics; however, there were two new radiologists and a new manager in post (a radiographer by background). By October, the department is expecting to be delivering to the standard. • The Trust delivered 6 out of 7 cancer standards • 62-day performance was ahead of trajectory yet concerns relate to Urology, Gynaecology and lower GI (gastrointestinal). Multi discipline team working is ongoing to ensure quicker decision-making. Two new urologists will be in post at the end of the year. • BL reported concerns raised at her local PPG regarding the 	

Dermatology Service, which the members thought had stopped. DS responded this was not the case. Discussions are taking place with the N&N regarding collaborative working to improve access.

- AM expressed his concerns regarding the reduction to 95% cleanliness target; particularly as that target had been 'red' for the last 12 months. CS agreed, advising that LM had been tasked with ensuring grip and control on this issue to ensure the target is met.
- DS responded that as other organisations now used a 95% target the Trust had recently agreed to follow suit. The Trust was also reviewing the situation regarding locked sluices process in respect of potential infection control issues.
- NED IM advised he had challenged the cleanliness outcomes at Board and had queried how the work to achieve a green rating would be delivered. This was to be followed-up through the Quality Committee.
- JD asked for an update on the longer terms plans for ED and whether the Fermoy Unit might be utilised as part of this plan.
- DS responded that money has been set aside this financial year to prepare a design for ED expansion. Discussions have taken place with NSFT regarding options regarding the Fermoy UNit. The plan is to expand ED and co-locate those staff who would be required to move. Alternatively, the Trust might receive new build capital funding.

Finance:

- LS advised that the Trust is ahead of plan for the year by £200k however, risks remain in delivering the plan. The main focus is on delivering the end of year control total. CIPs remain challenging. The focus is on reducing costs, developing savings schemes and keeping spending low, without impacting on quality of care.
- Chair of Finance & Resources Committee, NED IM, gave assurance that NEDs challenge the validity and accuracy of data at every meeting and discuss the ongoing requirement to deliver a full end of year CIP programme. As CIPs were not on target in the early months, all spends are being challenged in a fair-minded manner.
- The recent appointment of an additional NED, with strong financial background was enhancing the work of the Finance Committee.
- SC commented that the Business Committee governors felt they had greater assurance that this year's CIPs were not mainly 'one-offs', which they often had been in previous years. 'Green shoots' of recovery are being seen; however, this improvement needs to be maintained.
- AM observed that the Trust was not on plan regarding agency spend. LS advised there was an improving trajectory with grip and control measures to ensure current agency roles are replaced by substantive staff where possible, reducing the overreliance on costly agency staff.
- AW commented on the CIP variance between trajectory and current position and queried whether governors should be concerned. LS responded that there are some 'one-offs' which could be accessed to support the year-to-date position; however, these are not sustainable. Work is focusing on ensuring recurrent CIPs, which would lead to an improving underlying position and keep CIPs on track.
- PK commented on absenteeism and sickness levels. SB advised this would be covered at agenda item 9.
- AW commented that transformational change was difficult to achieve and maintain and queried whether NEDs were comfortable that the Board had the right balance and pace. SB responded that this issue had been raised by new NED GW at the last Board meeting, and it had

	been agreed that previously, many CIPs had been transactional rather than transformational; therefore the Board was pushing to ensure that transformational change does take place.	
	<u>The Governors' Council considered the Integrated Performance Report</u>	
63/19	9. Sickness Absence trends / trajectory	
	<p>The Governors' Council considered the report and discussion included:</p> <ul style="list-style-type: none"> • In August 2019 the monthly absence rate was 5.14% • A trajectory has been developed to ensure the Trust reaches the 4% absence target rate by 31st March 2020 • Absence as a result of stress and anxiety had increased for the fourth month in a row and now equated to 21.5% of the overall absence <p>Actions to address sickness absence rates include:</p> <ul style="list-style-type: none"> • Management guidance and support • All long-term sickness cases have been reviewed • Developing targeted work in reducing absence rates for worst 20 areas in both long-term and short-term absence • Developing incentives and rewarding individuals with no sickness • All Divisions and Corporate areas will be given 12 month sickness targets which will be monitored at performance review meetings • There has been a roll out of training relating to mental health • Mindfulness training is being made available to all staff during September and October. This is being funded and run in conjunction with Macmillan • Our Health and Wellbeing offering will be reviewed and updated, with closer working with the College of West Anglia. This will include students working at the Trust to offer treatments to members of staff. • Listening events will continue with all staff groups • Option for flexible working is being promoted across the Trust • A number of additional initiatives are in place or in the development stages to enhance the health and well-being offering of the Trust • AM felt that 15% 'unknown cause' of sickness rates was unacceptable. CC responded the Trust does have greater levels of data; however, this particular statistic was a recording issue rather than 'unknown' data due to time delays in uploading information. If the report was to be re-run through e-roster today, the information would be updated and the percentage rate considerably smaller • DC queried data accuracy because he believed the 1.83% Medical sickness rate to be incorrect. CC responded that in general, sickness rates were correctly recorded nevertheless she acknowledged that medical staffing recording was not as accurate as it should be and this was being reviewed by HR • PK asked whether following the restructure it would make sense to report sickness by division. CS agreed and CC responded that this data could be provided to the GC • SC queried what was being done to help staff retention. CS responded there were many engagement events taking place and the Trust was working to improve both recruitment and retention. There are aspirations to develop plans for a local School of Nursing • Performance reviews (via appraisals) are an excellent way to engage with staff, troubleshoot issues and set objectives. Every director will have a 360 degree appraisal • Radio advertising was suggested as a good platform for recruitment 	

	<ul style="list-style-type: none"> • BL reported the Inspire Centre recruitment event on 6th September had been well attended. CC confirmed this had been a successful event with 163 people through the door. <p>SB suggested that once the new format staff sickness absence report was available (by Division); that this be taken to Governors' Council. Action: CC</p> <p><u>The Governors' Council noted the Sickness Absence trends report</u></p>	CC
STRATEGY / QUALITY		
64/19	10. Integrated Quality Improvement Plan (IQIP) updated	
	<p>The Governors' Council considered the report and discussion included:</p> <ul style="list-style-type: none"> • CS advised that the paperwork was detailed. She was pleased to be working alongside Improvement Director, Alan Thorne, Financial Improvement Director Phil Tydeman and Associate Director of Quality Improvement, Louise Notley • The IQIP was in 3 sections and all 'Must' and 'Should Do' Actions across all three elements of the IQIP were in line with the completion trajectories set • There are Conditions in 4 areas: Maternity/gynaecology, A&E, Medicine and Radiology • There are 7 strategic priorities • 1 Condition and 8 'Must' and 'Should Do' actions were approved for internal closure in September • The conditions are reviewed weekly with the panel led by the MD • Reports will be amalgamated to remove duplication of actions • PK queried whether the message that the actions must be dealt with promptly had been delivered across the Trust. CS confirmed this was the case and that staff were made aware of the necessity for every patient to receive good, quality care. • SB concluded the Trust needs to provide, sustainable high quality care not just to report back to the CQC but to ensure a change in cultural behaviour so that the provision of excellent care is the norm. <p>IQIP will remain a standing agenda item and it is anticipated that improvements will be demonstrated within the November report.</p>	
	<u>The Governors' Council noted the Integrated Quality Improvement Plan</u>	
65/19	11. STP update	
	<p>The Governors' Council considered the report and discussion included:</p> <ul style="list-style-type: none"> • Urology pathway; the Board and senior leadership team are working in collaboration with the James Paget and the Norfolk & Norwich (N&N) hospitals, to provide one service over the whole of Norfolk beginning January 2020. • Patients will benefit from a greater number of routine procedures being carried out at the QEH and more intensive procedures being carried out at the N&N. • Board members are working in collaboration with their respective partners at the JP and the N&N to develop a clinical strategy for the whole of Norfolk over the next 12 months. • The Trust has made it clear that the QEH must always have a maternity unit and ED and these two areas of service delivery require a wide network behind that to deliver those services. 	

	<ul style="list-style-type: none"> The Dermatology model of care will be provided via primary and secondary care within all 3 hospitals. 	
	<u>The Governors' Council noted the STP update</u>	
COMMITTEE AND TASK AND FINISH GROUPS		
66/19	<p>12a Membership & Communications Committee report 10-09-2019 12b Patient Experience Committee report - 15-08-2019</p> <p>The reports were considered.</p> <p>Membership & Communications Committee report – JD reported:</p> <ul style="list-style-type: none"> The Trust Membership total stands at 7,799. A number of events have been attended in respect of recruitment and engagement Trust Matters newsletter should be produced and distributed in November. The Committee is working with the Gastro team to put on a 'Living with Inflammatory Bowel Disease' Event on 14th November. It had been suggested the new Deputy CEO, Laura Skaife-Knight be included in the M&C attendance – this had been actioned. <p>Patient Experience Committee – BL reported:</p> <ul style="list-style-type: none"> The PEC was pleased that NED Siobhan McClelland attended. 15 step initiative / NED with Governor shadowing was discussed. This had been slow to get off the ground. Louise Notley provided a QIP update – this was highly informative leading to wider discussion. Lisa Drewry gave a Complaints update – response times have seen a downward trend and work was ongoing to address this. AM felt the 15 steps NED / Governor visits were not taking place regularly enough. PK advised he had visited AMU and this had been successful. Peter Mercer accompanied members on a visit to the refurbished Log Cabin. <p>SB thanked AM for raising the issue of the 15-steps visits. This project has become over-engineered administratively nevertheless, the feedback has been relatively positive from both governors and NEDs. The methodology will be reviewed and simplified.. SB clarified that these visits are not audits or inspections; they provide an opportunity for greater connectivity.</p> <p>The Trust was looking to utilise the experience of NEDs and governors and had formulated 3 straightforward objectives for these visits;</p> <ul style="list-style-type: none"> Visibility – of the Board and Governors; To communicate key messages and to provide staff with the opportunity to raise issues to be brought back to do something to address those issues; To provide a platform for staff to showcase good practice and innovation. 	
	<u>The Governors' Council noted the Non-Executive Director update</u>	
	There being no further business, the public section of the Governors' Council meeting closed at 12 noon	

Governors' Council Actions Monitoring October 2019

Date	No.	Agenda No	Issue	Who	When	Progress	Completed
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	
03-10-2019	11	63/19 9	When available, Staff Sickness Levels report (by division)	Cath Castleton (CC)	06-02-2020	Report in progress	