Agenda item 4

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

GOVERNORS' COUNCIL MEETING

Minutes of the Governors' Council Meeting
At 4 pm on 1 August 2017 - in the Conference Room at the Queen Elizabeth Hospital

Governor	Constituency
Libbey, Edward (EL)	Trust Chair
Barber, Darren (DB)	Staff Non Clinical
Brodie, Jennifer (JB)	Public - Cambridgeshire
Broke, Robin (RB)	Public - West Norfolk
Bruce, Malcolm (MB)	Public - Cambridgeshire
Calton, Julie (JC)	Staff Clinical
Chadwick, June (JCh)	Public - South East Lincs
Clark, Steve (SC)	Public - West Norfolk
Clarke, Simon (SCl)	Public - West Norfolk
Coe, David (DC)	Staff Non Clinical
Corner, Esmé OBE (EC)	Public - West Norfolk – Lead Governor
Dossetor, Jonathan (JD)	Public - West Norfolk
Evans, Jane (JE)	Appointed – West Norfolk Carers (WNC)
Hicks, Aimee (AH)	Public - South East Lincs
Hipkin, Penny (PH)	Public - West Norfolk
Johnson, Ray (RJo)	Appointed - Freebridge Community Housing
Kunes, Paul (PK)	Appointed – Borough Council of King's Lynn & W Norfolk
Lewis, Betty (BL)	Public - Cambridgeshire
Monk, Clive (CRM)	Public - Breckland, North Norfolk & Rest of England
Outred, Robert (RO)	Public - West Norfolk
Sherwood, Ian (IS)	Appointed - Breckland Council
Tarratt, Nigel (NT)	Staff Clinical
Tasker, Peter (PT)	Public - West Norfolk
Taylor, Barrie (BT)	Public - West Norfolk
Tickner, Patricia (PTi)	Public - Breckland, North Norfolk & Rest of England
Attendee	
Green, Jon (JG)	CEO
Hardwick, Emma (EH)	Director of Nursing
Jackson, Roy (RJa)	Director of Finance
Wade, Jonathan (JW)	Director of Strategy & IT
Carson, Maureen (MC)	Non-Executive Director
Harvey, Ian (IH)	Non-Executive Director
Pinches, Ian (IP)	Non-Executive Director
Rejzl, Gill (GR)	Trust Secretary
Denmark, Mary (MD)	FT Membership Officer and minute taker

Action

29/17 1. Chair's introductions and opening remarks

It was Appointed Governor Ray Johnson's last meeting. On behalf of fellow governors and the Board, Edward Libbey (EL) thanked Ray for his

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contributions and also for his chairing of the Business Committee.
The following directors/governors were welcomed:

- Karen Charman: Director of HR;
- Sandra Squire: Newly appointed Norfolk County Council governor.

Farewell and thanks to Non-Executive Director (NED) John Rees, who would be finishing his term of office at the end of September.

30/17 2. Apologies for absence:

Governors: Sophia Buckingham, Hilary de Lyon, Paul Dansie, Ann Compton, Mark Abbott.
Directors: Ciara Moore, Nick Lyons, John Rees, Dave Thomason.

31/17 3. Declarations of Interest & updated Register of Governors' Interests:

Governors were asked to note the declarations of interest and were requested to notify any future updates to MD/GR.

32/17 4. a. Governors' Council Minutes – 06 June 2017

With the exception of p. 3, initials NL to be amended to NT, the Governors' Council agreed the minutes as an accurate account of the meeting.

b. Matters Arising - none
c. Actions –
Pressure Ulcers (PUs) update – Emma Hardwick (EH) reported that good progress has been seen:

- Only 1 avoidable PU was reported; hospital-acquired, grade 2. Two other grade 2 ulcers were unavoidable;
- There is a month on month decrease in the number of PUs declared;
- The Trust had invested in some different chairs / pressure relieving aids – equipment ordering is being prioritised;
- Key is to ensure that assessments are carried out.

Patient Buggy update. Jon Green (JG) reported:

- The patient buggy scheme trial had been suggested as a potential solution to deal with the issue of getting patients with mobility issues from car park to Trust and back again.
- However, health and safety concerns had been raised regarding the movement of patients, in a range of weather conditions, at times of poor lighting (winter evenings/morning) whilst taking into account some poor driving witnessed; the Trust did not feel sufficiently comfortable to go ahead with the trial, taking into account the risks;
- It was recognised there was a transportation issue for some patients; however, it was felt that this might not be the right solution;
- Areas close to hospital for dropping off patients might prove to be more beneficial for patients and the Trust needs to consider alternatives such as this;
- JG advised he would update on future proposals at the next meeting and apologised for the protracted decision making.

EC requested that the Trust informs the public about decisions taken as governors had faced challenge and questions from the public and members about the lack of progress seen since this buggy trial was first reported to the press/media last year.

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Wheelchairs update:

- There are still insufficient numbers of wheelchairs;
- The purchase of additional wheelchairs has been discussed and suggestions for funding this have included:
  - A QEH Fundraising Scheme;
  - League of Friends support; or from
  - Charitable Funds.

NED recruitment update: EL reported:

- NED John Rees, as already reported, was leaving at the end of his term of office in September;
- A job profile had been agreed and advertised in the local press, on NHS jobs and through local networks;
- There were 43 expressions of interest;
- 4 good candidates had been shortlisted;
- An interview date of 9 August had been agreed and all candidates had been advised and confirmed their attendance;
- The Interview panel would meet prior to this to review the applications;
- The interview panel was agreed as: Edward Libbey, Esme Corner, David Coe and Steve Clark with Penny Hipkin as sub;
- EL was hopeful that at least 1 appointment would be made;
- An Extraordinary GC meeting would be required to approve the appointment; as soon as possible after interview. **MD to Action.** **MD**

Additional comment:

- *Dave Coe (DC) commented on his and other governors disappointment that they had not been able to review the Annual Report (AR) prior to the Annual Members' Meeting (AMM) to be able to question or comment upon this;*
- EL responded that it was a legal requirement for the AR to be laid in parliament prior to public release and this took place only 2 days prior to the meeting. A July rather than September AMM date is the QEH preference however, EL suggested the meeting be pushed back a couple of weeks in future to resolve this issue;
- EL thanked everyone who helped organise the AMM which was well received. Thanks were also given to Roy Jackson (Director of Finance) for providing a Finance Training Session on Monday 31 July, which was also well received.

STRATEGY

33/17 5. STP update (Sustainability Transformation Partnership)

The GC considered the presentation report and JG reported:

- The Healthwatch Norfolk led 'Introduction to the Norfolk & Waveney STP', was an open audience event and was a fairly lively meeting;
- The presentation was given by Patricia Hewitt;
- The presentation set out structures, yet provided little detail, particularly in respect of acute work streams;
- Demand management – there was a sizeable financial gap of £450m overall. Each year, the Trust makes savings as does every part of the system. Demand control is for a 20% reduction in A&E attendances on an assumed level of 5-7% growth. This, in effect, holds levels where they are rather than taking demand out of the system;
- Locally – the potential for the Trust to be part of an integrated accountable care system to be considered– building the services

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around the patient. There are 44 STPS, rated from 1 'outstanding 'to 4'needs improvement'– the Trust is rated 2 (advanced). This means the STP is eligible for the first wave of capital investment. There is a £325m transformation budget. £4m of funds was granted to West Norfolk; this money is being provided to enable the Fermoy Unit (West Norfolk Mental Health Unit) relocation from the QEH site to Chatterton House in King's Lynn within the next 12-18 months;

- With many STP requests for funding rejected there are more trusts looking to access central capital funding therefore, it is important that the QEH is already well engaged in this process and that governors are aware of progress;
- Wendy Thompson, CEO of the County Council, announced 6 weeks ago she would no longer lead STP Norfolk. Following interview on 31 July, NHS England would announce the new lead in the next couple days;
- Ian Mack is stepping down as Chair of West Norfolk CCG;
- The STP has a good leadership model;

Questions:

- *Jonathan Dossetor (JD) Following the announcement of the move of the Fermoy Unit to Chatterton House, did this offer any opportunities for this trust;*
- JG responded that every move creates opportunity; but the questions were what and how? The Trust does not have capital investment nevertheless, the STP might;
- *Simon Clarke (SCl) requested clarification of what an accountable care organisation (ACO) would look like;*
- JG responded that at this early stage, this was difficult to define in detail as there are several models; however, it was principally the bringing together of organisations into one system to ensure that care provided is patient centric. What was important was that there should be closer engagement with GPs to ensure that patients receive seamless care. SCl commented that this sounded like retro-innovation;
- *Nigel Tarratt (NT) – Governors were keen to understand implications for the Trust as a result of the STP process and queried whether there was any timescale / impact of changes to date;*
- JG responded there was no timescale or known outcome at present. It was difficult to make decisions because at the moment there is a collective of independent bodies. Finance remains contentious, therefore financial sustainability over the longer period must be a key goal of any system change, although there is an expectation this will require some radical change to be effective;
- *Jane Evans (JE) – Queried plans to establish hubs and what impact that might have on the Trust;*
- JG responded that many GPs are already positioning themselves to set up emergency clinics, which could have the potential to increase rather than reduce demand for A&E services, What would be most useful to help support patient flow would be initiatives such as better working relationships with community matrons across care homes etc. to ensure 'wrap-around' patient support;
- *EC commented on the relatively slow progress of STP;*
- JG responded that this was not surprising because it was still a relatively young collaborative.

THE GOVERNORS' COUNCIL NOTED THE STP UPDATE

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GOVERNANCE

34/17 6. Chair's Report

The GC considered the report and discussion included:

- Staffing - external:
  - The inability to provide assurance to European staff is unhelpful. UK economics are slowing down and European increasing and there are insufficient doctors in the system. The UEA, for the first time will be accepting 'clearing' students to train as medics;
- Fire safety:
  - Focus on fire safety since the Grenfell House disaster. Following review, assurance has been given that the Trust has no retro fit cladding and meets all fire-safety requirements;
- Staffing – internal
  - Meetings have taken place with the UEA in light of the changing environment. The Trust has a good relationship with the UEA and with Cambridge University. Until there are sufficient doctors in the system, posts must be filled in creative ways.

Questions:

- *BT queried whether the Trust should remove the consultants name board in the corridor as this had not been updated for some time.*
- In light of new technology, it was suggested that this list could be placed on the website instead. **EL to review.** **EL**

THE GOVERNORS' COUNCIL NOTED THE CHAIR'S REPORT

35/17 7. CEO's Report

The GC considered the report and discussion included:

- The Board was now fully and substantively established;
- There has been a high degree of flow pressures on the Trust over the last 2 months;
  - Challenging staffing issues are being closely monitored by the regulators. HR Director KC advised that the priorities were both recruitment and retention; stating that the new TRAC recruitment system the Trust is implementing will help with this;
- Focus is on the front door and patient flow. The Trust is working with the wider system to address this;
- Recruitment is a clear part of that work and the new Director of HR has led on a number of immediate actions to help ensure the Trust has the right number of staff in place;
- JG endeavoured to be as visible as possible to staff; making himself available in the Hub and Costa Café. Both patients and staff had raised a number of issues with him during these engagements;
- JG talked about his vision to re-organise local services so they are wrapped around the patient, focusing on their needs regardless of location or organisational boundaries.

Questions:

- *Paul Kunes (PK) – At the governors' pre meet, concern had been raised regarding the deterioration in A&E performance recently. How confident was the Board was that this would soon recover.*
- JG responded that whilst figures of 90/91% were recorded in May, by June this has deteriorated because of measures to close and decant wards to enable in-depth cleaning to take place which meant the

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Trust was running with 30 fewer beds. This, alongside staffing issues were why this had slipped. JG was confident that this could be turned around in August to begin an upward trajectory. There would be no doubt however, that it would be an extremely difficult time for every A&E over the winter season.

- *Clive Monk (CRM) queried whether the previous Director of Finance had now left the employment of the Trust.*
- DoF, Roy Jackson (RJa) responded that David Stonehouse left the employment of the Trust in July.
- *Nigel Tarratt (NT) sought NED assurance that the Trust now has a grip on staff recruitment and retention issues; not just medical/nursing staff but also management staff. Were the Board aware of issues and what actions will take place to address this?*
- NED Maureen Carson (MC) responded that she had attended a meeting that morning to discuss staffing issues generally and what could be done to improve on recruitment and retention. There had been some concern that turnover, vacancies and sickness levels had all increased and the Trust was committed to do further work to improve this. Discussion was not about any specific staff groups but about being more open and transparent regarding staffing concerns.
- *Peter Tasker (PT) commented that at previous organisations, where he had worked, when staff morale was low and sickness levels high they had instigated a 'buddy' system. Would trust consider thinking along those lines – offering more middle management support?*
- JG responded that this was a good suggestion, which the Trust would look into.
- *June Chadwick (JCh) Queried whether the lack of career progression could be impacting on the turnover figures and if so, was this inevitable?*
- KC responded that the NHS had many and varied career progression opportunities. What was important was effective communication between staff and their line managers early on, so that these discussions could take place before any move was made.
- *NT welcomed KC to the Trust commenting that her input to date had been well received, with much positive feedback.*

THE GOVERNORS' COUNCIL NOTED THE CEO'S REPORT

36/17 8. CORPORATE GOVERNANCE REVIEW

The GC considered the report and discussion included:

- Betty Lewis (BL) advised that the Corporate Governance Review regarding Governors' Council/Board meetings scheduling had been discussed at the GC pre meeting;
- The proposal to hold the meetings on one day did appear to be a more effective way of integrating Board and GC meetings;
- Whilst commenting that it would be a long day, the governors had supported the idea of trialling this approach;
- EL proposed this take place sooner, rather than later. It was subsequently agreed to start the new scheduling from the next public Board meeting date (November 28) and that the December GC meeting would be cancelled. The meetings would be trialled for 2 or 3 cycles, following which the Board/GC would review.

THE GOVERNORS' COUNCIL NOTED AND APPROVED THE CORPORATE GOVERNANCE REVIEW

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PERFORMANCE

37/17 9. Performance Data pack

- Finance exception update
- Workforce exception update

Finance:
Capital Expenditure – The highest priority was the roof repair work. RJa advised the Trust would work swiftly to submit the capital loan application as there was an increasing amount of competition for funding. The Trust had applied to NHSI for £23.1m to repair the Trust roof and other related infrastructure works. If approved the Trust would receive £5m in the first year (as part of a 5-year plan);

Finance update - The finances were challenging and disappointingly behind plan. The Trust needed to recover the position going forward, sooner rather than later. As per the summary:

- The Trust was measuring its financial performance against a 2017/18 deficit plan of £16.3m, as submitted to NHS Improvement (NHSi) in March 2017.
- The Trust had made a loss of £1.8m in June 2017, and £5.7m year to date. This is £1.1m adverse to plan in June and £0.8m adverse to plan year to date, of which £0.2m is explained by the timing of a one-off receipt.
- Whilst still needing to progress recurrent CIP savings delivery, the off plan month 3 performance now requires further divisional and corporate mitigation to recover the position over the remaining financial year period to March 2018.

EL commented that the Trust is in an uncomfortable financial position and that delaying taking action would only make the situation worse.

- *David Coe (DC) queried after the failure to pick up early on the deterioration of the financial position last year; did the NEDs feel there was a tighter grip on finances this year?*
- Ian Pinches (IP) responded that the NEDs were sighted but that they were not assured that there would not be a financial problem at the year end. The Executives and NEDs were working closely to draw up plans to bring the situation back under control. The big difference from this point last year was that the NEDs were sighted earlier in the year and therefore had a greater opportunity to put changes in place to address the situation. It was acknowledged that this would be challenging.

Workforce:

- *Penny Hipkin (PH) commented on the high sickness level and queried whether the Trust would continue to use the outside agency First Care to manage this; as it did not appear to have helped improve the sickness levels.*
  KC responded that notice has been given to the outside agency and in the meantime, the surgery division was trialling taking responsibility for their sickness absence. The Trust would learn from their experience until the new policy was in place.

THE GOVERNORS' COUNCIL NOTED THE BOARD AND FINANCE AND WORKFORCE EXCEPTION REPORTS

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COMMITTEE AND TASK AND FINISH GROUPS

38/17 10. Committee and Task & Finish Group Reports / Update :

a. Patient Experience Committee (PEC)

The Report was taken as read.

Patient Participation Group (PPG) information - BL highlighted that she had been in contact with 2 Lincolnshire surgeries in a move to integrate with bordering GPs. Two other governors might go along on the basis of future attendance of one of these PPG meetings.

b. Membership & Communications Committee

- The last newsletter had been distributed in April and the next one was scheduled for September.
- The Coronary Disease Health Care event had gone well – feedback was positive and Jonathan Dossetor thanked staff and governors for their help. A COPD Event was scheduled for 28 September, working with the backing of the Breathe Easy support group.
- There were a number of recruitment opportunities. Governors were requested to contact MD if they were willing to attend any events.
- The Committee had discussed the possibility of an event for younger members (in partnership with the College of West Anglia).

c. Business Committee

Ray Johnson (RJo) advised that the Committee met on 31-07-17; it was a mainly looking forward meeting as RJa had provided a written update on everything discussed at the May meeting. Areas of discussion included:

- The roof repair plan – costing and importance of proceeding with some speed to try to secure the capital loan for this important work;
- Concern at the Board Finance report with projected end of year totals yet being satisfied that work was in hand to address the situation and at the open discussion;
- Some assurance that the Trust was in control of its finances and felt relatively confident that next year's finances should be closer to target;
- Fire risk – the Trust has seven different types of cladding. None of the cladding was flammable and none was retro-fitted;
- Fire risk - As refurbishments take place compartmentation will be addressed. The fire alarm system is due to be upgraded;
- Assurance that a ward could be evacuated in 5 minutes (a video was available showing a recent test evacuation);
- Front of hospital issues regarding smoking / cigarette butts / litter on ground;
- Self-Assessment of Compliance with the Trust's Provider Licence Conditions (In support of the Board declaration required by General condition 6 of the NHS provider Licence) 2016/17. This regulatory statement regarding the Trust's self-certification in compliance with its licence, showed 2 partial and only 1 non-compliant (for inadequate working capital – which was no surprise) had been reviewed and agreed as an accurate picture.

Front of Hospital issue raised. Governors commented on the poor condition of the grounds from the car park to the hospital front entrance, in particular the cigarette butts / litter on the ground which is not good for

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the reputation of the Trust and also sets a precedent for other people to litter. Discussion included:

- The complications of enforcing a 'no smoking' policy;
- The fact that the smoking shelter did not have any lighting (which discouraged people from using it when dark);
- Empowering staff to challenge people smoking in inappropriate areas;
- RJa response. The Trust was working to address this situation; one which he felt strongly about. Extra signage would be put in place; security guards requested to patrol the front entrance; volunteers requested to hand out leaflets etc. It was felt; however, that it would be best to tackle this on a set date, to ensure everything was in place and to highlight the message of having 'pride in your hospital'.

Wild garden planted area (walk through area from car park). Concerns were raised that this wild flower area had been cut back early. It was explained that this was due to the previous hot weather leading to the flowers dying back early and looking unkempt. Following advice from estates (garden section) the area was mown as they advised that the plants would grow back again next year.

Papers copies of GC meeting packs. Paul Kunes (PK) raised the issue of printing packs for governors and queried whether governors would be willing to receive these electronically only to review on laptops / Ipads etc. **It was suggested that MD send an email to governors, asking them to confirm their preference for receiving the information.** **MD**

THE GOVERNORS' COUNCIL NOTED:

- **THE PATIENT EXPERIENCE COMMITTEE REPORT;**
- **THE MEMBERSHIP & COMMUNICATIONS REPORT &**
- **THE BUSINESS COMMITTEE REPORT &THE APPROVAL OF THE TRUST'S SELF-ASSESSMENT OF COMPLIANCE WITH MONITOR'S LICENCE CONDITIONS (IN SUPPORT OF THE BOARD DECLARATION REQUIRED BY GENERAL CONDITION 6 OF THE NHS PROVIDER LICENCE) 2016/17**

39/17 **11. Forward Plan**

THE GOVERNORS' COUNCIL NOTED THE FORWARD PLAN

Exclusion of the Public (GC Standing Orders – para. 4.1)

The Governors' Council resolved 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.

40/17 **12. Governors' Council Minutes – 02-02-17 (In private)**

The Governors' Council reviewed and agreed the minutes as an accurate account.

There being no further business, the meeting closed at 5.40 pm

Date of next Governors' Council Meeting – Tuesday 3 October 2017 at 4 pm in the Conference Room

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August 2017 Action Plan

Date	Action No.	Minute & Item ref	Action	Who	When	Progress	Done ✓
06-06-2017	25/17	12b	Pressure Ulcers; 4 of the 5 were seen as avoidable. Reassurance was sought regarding equipment issues as nearly all cases were the result of lack of equipment. To be brought to next meeting.	VN	~~August~~ October 2017	VN to review	
06-06-2017	26/17	13	The issue of a) the outstanding buggy transportation trial and b) wheelchair purchase required expediting. The Chair agreed to look into both of these.	EL	August 2017	JG advised that the Trust has decided not to proceed with the buggies because of health and safety / risk issues. The wheelchair issue is still to be decided – i.e. whether to fund this by Fundraising.	✓
01-08-2017	32/17	4	Extraordinary Governors' Council meeting to be arranged as soon as possible after interviews (09-08-2017).	MD	ASAP	Completed	✓
01-08-2017	34/17	6	Consultants board in main corridor. Review into whether this should be removed and names placed online.	EL	October 2017		
01-08-2017	38/17	10	Ask governors whether they would be willing to receive their GC papers, hard copy	MD	October 2017	Completed	✓

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