Minutes of the Governors' Council Meeting held at 4.00 pm on 02 June 2016
In the Conference Room, the Queen Elizabeth Hospital

Present:

Edward Libbey (EL)	Trust Chair
Steve Clark (SC)	Public Governor – West Norfolk
Simon Clarke (SCl)	Public Governor – West Norfolk
Esmé Corner (EC)	Public Governor – W. Norfolk – (Lead Governor)
Jonathan Dossetor (JD)	Public Governor – West Norfolk
Robert Outred (RO)	Public Governor – West Norfolk
Peter Tasker (PT)	Public Governor – West Norfolk
Clive Monk (CRM)	Public Governor – Breckland
Xavier Navarre (XN)	Public Governor – Breckland
Betty Lewis (BL)	Public Governor – Cambridgeshire
Paul Kunes (PK)	Appointed Governor – BC of King's Lynn & West Norfolk
Andrew Gedge (AG)	Appointed Governor – College of West Anglia
Ray Johnson (RJ)	Appointed Governor – Freebridge Community Housing
Jim Perkins (JP)	Appointed Governor – Norfolk County Council
Paul Dansie (PD)	Appointed Governor – University of East Anglia
Jane Evans (JE)	Appointed Governor – West Norfolk Carers
Hilary de Lyon (HdL)	Appointed Governor – WN Clinical Commissioning Group
Darren Barber (DB)	Staff Governor – Non Clinical
Sophia Buckingham (SB)	Staff Governor – Non Clinical
David Coe (DC)	Staff Governor – Non Clinical
Mark Abbott (MA)	Staff Governor – Clinical
Julie Calton (JC)	Staff Governor – Clinical
Nigel Tarratt (NT)	Staff Governor – Clinical

In attendance:

Dorothy Hosein (DH)	Chief Executive Officer
Russell Pearson (RP)	Deputy Director of Finance
Bev Watson (BW)	Medical Director
Val Newton (VN)	Deputy Director of Nursing
Charles Bruce (CB)	Interim Chief Operating Officer
Georgie Goodman (GG)	Head of Workforce
John Rees (JR)	Non-Executive Director
Gill Rejzl (GR)	Trust Secretary
Mary Denmark (MD)	FT Membership & Governor Officer & minute taker

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Action

29/16 1. Chair's introductions and opening remarks

EL welcomed everyone to the Governors' Council (GC) meeting.

Newly appointed UEA governor Paul Dansie was welcomed.
EL advised newly appointed governor, Ian Sherwood (IS) (unable to attend) appointed by Breckland District Council replacing Peter Wilkinson. PW was thanked for his contribution to the work of the Governors' Council.

Interim COO Trish Dunmore who had worked at the Trust for 18 months left

the Trust end of May.

30/16 2. Apologies for absence: Governors: B Taylor, Penny Hipkin, Robin Broke, Jim Perkins, Jenny Brodie, Aimee Hicks, Ian Sherwood
Directors: D Stonehouse, C Morgan, I Pinches, D Chessum

31/16 3. Declarations of Interest & updated Register of Governors' Interests:

Governors were thanked for recently received declaration of interest forms and were requested to notify future updates to MD/GR.

32/16 4. a. Governors' Council Minutes –05-04-2016– attached

With the exception of an amendment to clarify SCL's comments (p 5 – one day a ~~week~~ month), the minutes were agreed as an accurate account.

b. Matters Arising / Actions

All actions are in hand / complete and can be removed from the list.

33/16 5. Chair's Update

Observations:

- In the last 6 months the NHS has continued to be a busy and stressful work environment
- The NHS provider sector reported a deficit of £2.45 billion
- 157 (65%) out of 240 providers reported a deficit: the majority of these were acute trusts
- The Trust is pleased to have achieved its projected deficit
- Overall the Trust saw good performance and progress made with the exception of A&E
- The opening of the new Breast Unit is positive; the facility is a credit to the organisation
- The new theatres are state of the art – Governors should have the opportunity to view before they are operational (the first theatre upgrade completion date is July)
- The Breast Unit and Theatres upgrade tackle some of the investment backlog
- EL met with the Chair of the CQC to discuss performance and ensure that the \trust's position is understood in the broader context
- Regular contact takes place with NHS Improvement

<u>The Governors' Council noted the Chair's report</u>

34/16 6. CEO's Report

DH highlighted:

- The Trust is performing well – but with a long way to go. NHS has set targets that all Trusts should be 'outstanding' within the next few years and it is important to continue on the journey to get there. DH assured governors that she and her team were fully supportive in driving and achieving improvement.
- Overall performance good – A&E challenge is key
- A&E part of a wider health economy issue – issue with patient flow

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- Need to work closely with partners to achieve A&E target
- The Trust is not a rehabilitation unit – those patients not acutely unwell should be in other settings
- The Trust is operating at escalation level which is not sustainable – need to get back to core business
- The Trust achieved its predicted £13.9m deficit
- The Trust intends to continue to deliver its financial targets / budget for 2016/17 to ensure credibility
- Norfolk Provider Partnership - in 2015/16, we signed a Memorandum of Understanding (MoU) with our service provider partners, making a commitment to find more efficient and effective ways of providing services, together
- Sustainability Transformation Plan (STP) collaboration of 15 organisations throughout Norfolk and Waveney – to drive £175m of savings
- There are 44 STPs in the UK
- STP timeline – plans, which are workable and sustainable, must be outlined by 30th June (as per 5 year view)
- Contingency Planning Team (CPT) work outlined a structural deficit therefore things must be done differently
- DH is the STP Workforce Committee Chair – there is currently a shortage of nurses and in order for workforce to be sustainable there needs to be new and innovative ways of working
- The transformation monies available are reliant on the plan – without the plan monies will not follow

The STP involves five things:

1. Local leaders coming together as a team;
2. Developing a shared vision with the local community, which also involves local government as appropriate;
3. Programming a coherent set of activities to make it happen;
4. Execution against plan;
5. Learning and adapting.

Lead Governor EC noted how daunting the task ahead is. DH responded that the system is disjointed, nevertheless there has to be a plan in place by June 30th. The plans will not be granular; more a high level vision of a plan of working together and integrated commissioning.

EL - Everyone knows that the NHS in its current form is unsustainable and requires a transformational change. NT - this rhetoric has been around for some time yet nothing different has been outlined. For example, the QE struggles to have medically fit patients discharged in counties such as Lincolnshire and Cambridgeshire – how could this be addressed? EL responded that more integrated commissioning was required, as equity and access were important to the development of the plan. The Lincs/ Cambs commissioning issue was being discussed, however there are not currently enough levers to drive resolution.

SCl - What ideas are emerging that would meet the definition of radical change? DH responded that this would involve tackling such issues as:

- Back office function amalgamation
- Workforce, including agency and bank arrangements - *joint consultant*

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posts in already in place across the NPP

- Models of care for older patients
- Therapies and allied health professionals
- Pharmacy provision
- Radiology
- Procurement - *Joint procurement has been set up to support savings plans*
- End of Life Care
- Emergency and non-elective capacity planning
- Effective discharge planning

Deputy Director of Finance, Russell Pearson (RP) commented that it was the first time in his career that a set of templates had been drawn up across such a large area. Information gathering is a significant task and forms the foundation of the plan.

NT – Queried whether the historic underfunding of commissioning of services in West Norfolk will this be addressed? DH responded that this issue is one of equity; there needs to be transparency in the commissioning of services and this will be the challenge. Across the region there is no 'one size fits all' solution – each area has its own issues.

HdL – Queried what would happen if the Sustainability Plan(s) were not in place by June. EL advised that having read NHS England Chief Executive, Simon Stevens' comments; his interpretation was that if plans were not determined locally, then NHS England would intervene.

The Governors' Council noted the CEO's report

Governance

35/16 **7.** Terms of Reference (ToR) (for ratification)

- Patient Experience Committee – attached
- Membership & Communications Committee – attached

With there being no material changes to these documents the Governors' Council (GC), were asked to endorse the current ToR.

The Governors' Council approved the Patient Experience Committee and Membership and Communication Committee terms of reference

36/16 **8.** **Governors' Council Committee Membership**

Governors were asked to note the Committee meeting list and to note the importance of committees working effectively and strong consistent membership and attendance.

EC advised that this issue had been discussed at the pre-meeting and governors were aware of which committee(s) they would attend. The two committees which required endorsement of the membership were the Business and Nomination and Remuneration Committees as these are held in private session.

The Governors' Council endorsed the membership of the Business and Nomination and Remuneration Committees

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37/16 9. Governance updates – verbal

Chair's Appraisal:
NED (and Senior Independent Director – SID) Dave Thomason (DT) had started work with governors to review the appraisal process and provided feedback to GR to facilitate an update. It was hoped the outcome would be available to report to the extraordinary GC meeting on 20th July.

Following last year's Chair's appraisal feedback, EC advised the 360 degree feedback questions would be reviewed as some governors felt they had not been in a position to answer a number of last year's questions. Colleagues who had known the Chair the longest and therefore had the greatest opportunity to work with him, would be invited to take part in the first instance. If governors' were not invited and wished to be involved, they were asked to contact EC.

NED Appraisal:
The NED appraisal would follow in a similar format. For those new to the Council, GR advised that NEDs are accountable to the GC, and governors therefore have a role in the Chair and NED appraisals. The Board also participates in this process. As with the Chair's appraisal, there were similar issues with the NED questions in the 360 degree process last year and these would also be reviewed.

Audit appointment process:
RP - Invitations to tender had gone out. The current 2015/16 contract is expiring in the autumn and governors are required to select the next external auditors. Tenders must be received back no later than 20th June after which an evaluation event will be diarised to view and score the presentations and select the preferred auditors. It is hoped that this process will be completed in time to take to the 20 July meeting to enable the GC to make an appointment.

The Governors' Council noted the governance updates

Performance

38/16 10. Integrated Performance Report / Performance Data pack

EL advised that the Board had recently reviewed the performance report format to ensure it remains fit for purpose.

a. Quality

- BL - (Ps.9-6) Queried hospital acquired pressure ulcer figures. VN responded that there was a high level of patient acuity however the trajectory should now be seeing a downward trend. MC advised these figures were challenged at both Quality Committee and the Board with NEDs indicating concern at the static figures emphasising the need to achieve targets. DH stated 13 pressure ulcers was too many and that zero cases should be the goal.

- SC / SCl query regarding the bed mattress audit and what caused patients to get pressure ulcers in an acute setting. VN responded that the bed mattress audit was completed and this was currently being reviewed, that root cause analysis (RCA) analysis was carried out and

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that the Tissue Viability Team was reviewing work at Ipswich Hospital to learn from their experience.

- DB - Has the change of beds had anything to do with the static numbers? VN advised that a repeat audit would help decide future procurement and that there is currently a trial taking place on Gayton Ward beds. **VN advised that she would provide an update report to the next meeting.** VN

- HdL - Caesarean rates (p27) Are the numbers expected to reduce in the longer term now that the Midwife-led Birthing Unit was up and running? BW responded that it was anticipated this would be the case and that the early figures were promising, showing a small reduction.

- HdL – Workforce turnover is increasing in some areas; what is the latest thinking on this? GG responded that targets are currently being reviewed to ensure they are realistic and achievable. In terms of turnover specifically; when staff leave, exit interviews are always offered to establish reasons for staff leaving. This cannot be mandated but is encouraged. Data is reviewed, however no single cause has been identified; staff leave for various reasons.

b. Operational Performance

- P32 – JD - Referral to treatment (RTT) has under achieved since November plus the external auditor was unable to comment because of inadequate data – Why?
  DT - There was some anomaly with how data is reviewed which impacts the figures. This is an internal target (and is no longer reported nationally) and the Trust is still achieving 18 weeks (incomplete pathways). The main RTT issue relates to pain patients where there is a substantial backlog due to CCG changes to the pathway. There is now a process in place to deal with this and we are beginning to see a decrease in the number of patients coming through.

- P41 – PK - 'Did not attend' (DNA) data query. Are NEDs satisfied that the statistics are accurate? DH responded that data is reviewed on a weekly basis however advised this would be checked and responded to accordingly. DT added that NEDs queried any data where there was doubt and there was no reason to think there was anything untoward. **DH advised that this would be reviewed and reported back if incorrect.** DH

- IH - At the recent Dr Foster presentation the Trust was reported to be performing well regarding its coding etc. Some datasets may appear unusual because of the very small numbers involved. Whilst it is always appropriate to review discrepancies, the NEDs are generally satisfied with data.

- HdL - Geriatric Medicine had seen one of the biggest DNA increases. Are reminders sent to patients before the appointment? It was confirmed this was the case.

- P36 Ambulance handover times: This has been discussed a number of times and following a change in reporting methodology there has been a deterioration in turnaround times attributed to the recording system.

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The Trust was concerned and had raised this with the Ambulance Trust Chair.

- CRM – Operational Performance Exception report – A&E trajectory for 2015/16 – Query regarding the leap from 84.9% in December to a 94% in January; why was this not staggered over the 12 months?
  DH - This is what the Trust has been told it must achieve in order to secure £6m transformation funding and will be a challenge alongside winter pressures. Every NED had challenged A&E performance, for which there is no one simple solution.

- EC – Are NEDS confident that everything that could be done was being done to improve performance?
  DT advised all NEDs regularly carry out 'walk-arounds' to ensure all actions are being taken to free beds appropriately and were confident staff were doing everything they could. Much depends on close liaison with other agencies.
  EL highlighted the widely reported issue of delayed transfers of care nationally and the tens of thousands of patients who are medically fit for discharge being kept in acute beds because there was nowhere in the community for them to be discharged to. This is a real social problem across the country.

- JE/RJ – Could the Trust charge for social care of patients?
  DT responded that after a lengthy review looking at options for charging other authorities, because acute hospital beds are often the cheapest option there is no incentive in this and it would not benefit the Trust financially. It is better for the Trust to achieve an effective long-term solution. The Trust, working collaboratively, could improve on discharges and further work is required to help address this important issue.

- NT - The Trust does not charge for the social service care it provides yet is fined for not offloading ambulances within target.
  DH advised that fines have been suspended for 2016/17 for providers that have signed up to sustainability and transformation funding (STF).

- SCl – At the Business Committee meeting it was reported that the junior doctors' strike was well managed with lower A&E attendances during the strike, which promptly rose again on conclusion. What work is being done to manage expectations and why are people who are not emergency patients not directed to alternative providers?
  CB – This is down to models of care. Some areas (such as those around the James Paget hospital) have CCG funding that provides GP assessment clinics which do not exist here. This facility resulted in a 12% reduction of numbers which demonstrates this is a good working model. CB and CM are currently working on a medical model review of the A&E model.

c. Finance

- EC – Month one figure is £0.5m adrift from trajectory. It was regrettable for the Trust to start the financial year on a negative figure.
  SC – The majority of variance appears due to a reduction of clinical income - what does this mean for the rest of the year? RP advised it

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was a challenge getting the data together in time for reporting however; it appears there have been fewer non-elective patients and lower acuity. There is no definitive answer available at present.

d. Workforce

International recruitment (Philippines) took place using Skype which was a cost saving measure. Nursing recruitment remains a concern and the Trust is doing all it can to address this. BL queried the International nursing recruitment process. VN explained the immigration rules changed in March 2015 to allow for an individual nurse to come to the UK to prepare for the OSCE (observed structured clinical examination). This is carried out in 2 parts:

- Part one - computer based multiple-choice examination which is accessible around the world for applicants to access in their home countries.
- Part two - practical observed structured clinical examination (OSCE) which will always be held in the UK.

All non-EU trained applicants to the nurse or midwife part of the register must complete the International English Language Test (IELTS). It should be noted this is a difficult test – even for British citizens.

The Governors' Council noted the Performance Data pack

Strategic

39/16 11. a. Annual Plan Review (Business Plan) 2016/17 final

SCl – P.3 – Planning methodology paragraph 4 – clarification was requested regarding the private provider opportunity. RP explained this was a case of repatriating work from the Sandringham Hospital back to the QEH. **P.4 – The top paragraph – final sentence does not make sense. This sentence to be reworded.** RP

HdL Emergency care (p.4). In the pre-meet governors discussed the patient flow issues with Lincolnshire and Cambs patients and whether discharge could be improved or whether this was an intractable problem? RP advised the numbers involved in Lincolnshire relate to a very small part of their business (slightly more in Cambs) and there are no incentives for them to improve the situation. EC pointed out that Lincs and Cambs together equate to 30% of the Trust's commissioning and delayed transfers of care for patients from those areas is a real problem for both patient experience and financially. **DH suggested this is an area which could be reviewed by the Patient Experience Committee. EC to look into this**. EC

BL – Are Social Services still on site? Yes, however, not for the Lincolnshire area.

The Governors' Council noted the Annual Plan Review update and Quality Priorities

Committees

40/16 12. Committee and Task & Finish Group Reports:

a. Patient Experience Committee (PEC)

Taken as read.

The Governors' Council noted the PEC report

b. Membership & Communications Committee (M&CC)
Taken as read.

JD highlighted:

Arthritis Event (opened by DH) in May with approximately 100 attendees. 6 governors are required to run the event properly – governors were asked **to support the next Healthcare Event (Parkinson's') on 8th September and to advise MD of their availability.** **All**

DH - The Arthritis Event was excellent and had been well received. Further support will be provided in future as the Trust is keen to encourage public engagement.

- The next Trust Matters will be published in September.
- Governors were encouraged to sign up some new members.

The Governors' Council noted the M&CC Membership report

c. Business Committee
Taken as read.

This was discussed in the pre meet.

The Governors' Council noted the Business Committee report

For Information

41/16 13. Minutes to note:

a. Membership and Communications Committee –

The minutes were circulated by email with no comments received.

The Governors' Council noted these draft minutes

42/16 14. a. Forward Plan – for governors to note:

The Governors' Council noted the Forward Plan

b. Diary Planning: verbal
- Extraordinary Governors' Council meeting – with the auditors

- Extraordinary Governors' Council meeting - 27 June – Annual Report, discussion and Auditors report
- Document laid in Parliament by 24th June
- Auditors to discuss their report at meeting

- Governor Training

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Training session 29th July

- Annual Members' Meeting (AMM)

AMM - 20th July – the Hub – (a brief GC to be held before the AMM to deal with Auditor appointment recommendation).

- Election process

Electoral Reform Services (ERS) support us with Governor elections. ERS have suggested longer timeframe options for the election process. The Trust was authorised on 1st February this being the anniversary when governors are appointed, with the election process always falling over the Christmas / New year period which does not help with nominations or turnout.

ERS suggested 3 options to extend the timetable that still fall in with regulations. A review of the option will take place over the next few days as to which is the best way forward. There is no constitutional change implication, however this may impact on governors intending to stand again and they might be interested in the timetable.

The Governors' Council noted the Diary Planning, Governors Training Date, Annual Members' Meeting and Election process updates

There being no further business the meeting closed at 5.45 pm

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Governors' Council Actions: 02-06-2016

Date	Action No.	Minute ref	Item ref	Action	Who	When	Progress	Done
02-06-2016	4	38/16	10	Pressure Ulcer update to be taken to July Governors' Council meeting	Val Newton	20 July		
02-06-2016	5	38/16	10	P41 - DNA data query. 'Well Babies' Previously 28% is now less than 4%. Check to ensure accuracy.	DH/	20 July		
02-06-2016	6	39/16	11	Update to Annual Plan review – p 4 para. 1, final sentence – re-write	Russell Pearson	ASAP		
02-06-2016	7	39/16	11	Patient Experience Committee to review patient experience of patient flow for people from Lincs / Cambs	EC	ASAP		
02-06-2016	8	40/16	12	Governors to advise availability to attend/help at the Parkinson's' Event 8 September	All	20 July		

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