ANNUAL MEMBERS' MEETING

Minutes of the Annual Members' meeting held on Thursday 23 July 2015 at 4 pm in the Wembley Room at LynnSport, King's Lynn

Present:

Edward Libbey (EL) Chair	Trust Chair
Dorothy Hosein (DH)	Chief Executive Officer
David Stonehouse (DS)	Finance Director
Catherine Morgan (CM)	Director of Nursing
Gary MacLeod (GMl)	External Auditor

Also in attendance:

Heather Farley (HF)	Non-Executive Director
Ian Pinches (IP)	Non-Executive Director
Joss Trout (JT)	Non-Executive Director
John Rees (JR)	Non-Executive Director

Governors:

Robin Broke (RB)	Public Governor – West Norfolk
Steve Clark (SC)	Public Governor – West Norfolk
Esme Corner (EC)	Public Governor – West Norfolk – (Lead Governor)
Jonathan Dossetor (JDo)	Public Governor – West Norfolk
Mike Drew (MDr)	Public Governor – West Norfolk
Penny Hipkin (PH)	Public Governor – West Norfolk
David Trevanion (DT)	Public Governor – West Norfolk
Pat Watts (PWa)	Public Governor – West Norfolk
Peter Clery (PC)	Public Governor – SE Lincs & The Rest of England
Clive Monk (CRM)	Public Governor – Breckland
Jennifer Brodie (JB)	Public Governor – Cambridgeshire
Kevin Kanolty (KK)	Public Governor – Cambridgeshire
Betty Lewis (BL)	Public Governor – Cambridgeshire
Paul Kunes (PK)	Appointed Governor – Borough Council of King's Lynn & WN
Peter Wilkinson (PWi)	Appointed Governor – Breckland Council
Ray Johnson (RJ)	Appointed Governor – Freebridge Community Housing
Jim Perkins (JP)	Appointed Governor – Norfolk County Council
Hilary De Lyon (HdL)	Appointed Governor – West Norfolk CCG
Jane Evans (JE)	Appointed Governor – West Norfolk Voluntary Carers
Ian Bruce (IB)	Staff Governor – Non Clinical
Julie Calton (JC)	Staff Governor – Clinical
David Coe (DC)	Staff Governor – Non Clinical
Sarah Davidson (SD)	Staff Governor – Non-Clinical
Nigel Tarratt (NT)	Staff Governor – Clinical

Staff In attendance:

Gill Rejzl (GR)	FT Secretary
Dominic Chessum (DC)	Communications Lead
Mary Denmark (MD)	FR Membership Officer & minute taker
Adele Norris (AN)	Communications Officer

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01/15 1 INTRODUCTION AND WELCOME **Action**

The Chair welcomed everyone to the 2015 Annual Members' Meeting. Newly appointed Governors; Peter Wilkinson (Breckland District Council), Paul Kunes (Borough Council of King's Lynn and West Norfolk), Jim Perkins (Norfolk County Council) along with Trish Dunmore, interim Chief Operations Officer were invited to introduce themselves and welcomed.

The agenda had been circulated, in accordance with the constitution, and as outlined, it was confirmed that there would be time for 'Questions and Answers' at the end. Governor PC and a member of the public requested that questions be taken after each individual presentation plus a re-ordering of items. After due consideration, the Chair recommended the agenda be adhered to in the interests of time-management. As the agenda had been available prior to the meeting, with no comments received in advance, the Chair advised the agenda would remain in its original format. Only one item would require formal approval; Agenda item 7, the adoption of the revised Constitution.

02/15 2 MINUTES OF THE 2014 ANNUAL MEMBERS' MEETING: 23-09-2014

The minutes were agreed as an accurate account of the meeting.

03/15 3 THE ANNUAL REPORT 2014/15

Chief Executive Officer, Dorothy Hosein (DH) gave an overview of the year. 2014/15 was a busy year with the QEH seeing:

- 56,779 emergency patients (up 3,133 on the previous year);
- 265,508 outpatients (up 3,464);
- 36,451 inpatients (up 1,722);
- 31,777 day case patients (up 2,079) and
- 2,446 babies born (up 45).

The Trust coped well with the increases even though it was a challenging winter with stretched capacity. The West Norfolk Clinical Commissioning Group (WNCCG) and the Trust had collaborated and lessons were learnt. Compliments increased and morale improved which helped to motivate staff.

There was a clear focus in addressing CQC (Care Quality Commission) recommendations and DH advised she was proud of staff whose long-term objective was to provide sustained, high quality, safe and effective care, not just to pass Inspections. DH thanked everyone for their hard work and advised that the Trust had a really good case for coming out of 'special measures' because of the improvements made, advising that she eagerly awaited the report.

There has been a significant investment in nursing staff and A&E has enjoyed continued improvement with the opening of new observation bays and a paediatric area. DH advised:

- C.difficile rates have improved (from 29 last year to 6).
- Performance has improved (the Trust met the A&E 95% target for the first quarter of 2015/16).
- The Quality Strategy was refreshed and the Trust achieved the projected budget deficit. There was investment in services for frailer patients i.e. Windsor Ward, which has been well received. West Newton Ward was refurbished and opened to patients on 22 July; this being an excellent facility for both patients and staff and a specialist environment for patients with dementia.

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he Trust's Values have seen one addition that of taking 'responsibility', as all staff must be accountable.

THE ANNUAL MEMBERS' MEETING NOTED THE 2014/15 ANNUAL REPORT

04/15 4 THE ANNUAL ACCOUNTS 2014/15

The Finance Director, David Stonehouse (DS) reported the Trust had delivered the £14.9m deficit in line with plan. £4m of efficiencies were delivered (£1.1m under plan); DS cautioned that the efficiency challenge will continue. The Trust is reliant on agency workers (overspend grew from £6.7m in 2013/14 to just over £10m in 2014/15) however a sustainable workforce for the future is important. Department of Health (DoH) cash support totalling £17.8m was received to support the revenue deficit and £9.4m of capital investment. The Trust is not currently in a financially sustainable position and as many more Trusts find themselves in a similar situation, pressure increases on other parts of the NHS leading to a decreasing fund from which to draw to help address growing financial pressures.

The Trust's financial sustainability concerns culminated in the Contingency Planning Team (CPT) process, the findings of which are still awaited. Monitor and NHS England would be signing-off on this key document this month with a view to Monitor's publication on 04 August. The headline deficit for 2015/16 of £13.9m requires delivery of £7.8m of efficiencies. The key message is that plans do not demonstrate 'sustainability' however, are resilient in terms of delivering high quality services.

THE ANNUAL MEMBERS' MEETING NOTED THE 2014/15 ANNUAL ACCOUNTS

05/15 5 THE AUDITOR'S REPORT - KPMG

Gary MacLeod (GML), senior manager at KPMG presented the Auditor's Report. He advised his role was to provide assurance that the accounts are prepared properly and that the QEH is making efficient and effective use of its resources. Both the Annual Report and Quality Report were reviewed.

The opinion on the financial statements:

- Unqualified "true and fair" opinion, but with 'emphasis of matter' in respect of Going Concern given the current financial performance and future forecasts.

The conclusion on value for money:

- Unable to conclude that the Trust has proper arrangements for securing economy, efficiency and effectiveness.

Opinion on the quality report:

- Content – "Clean" limited assurance

Regarding the 2 mandatory indicators:

- Emergency readmissions indicator - clean limited assurance.
- Referral to treatment (incomplete pathways) excluded from scope of review due to system limitations, leading to imprecise data

THE ANNUAL MEMBERS' MEETING NOTED THE 2014/15 AUDITOR'S REPORT

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06/15 6 THE QUALITY ACCOUNT – DIRECTOR OF NURSING

Catherine Morgan (CM), Director of Nursing, presented on the Quality Report. The overarching priority being to put patients first and to drive quality in 4 key areas:

- To deliver safe care (monitor and drive down infections)
- To listen to patients (through complaints and compliments and Friends and Family Test feedback
- To support our staff
- To be well led and improve governance structures

Key quality performance and achievements are not target driven but patient driven to help provide better care.

There have been reductions in:

- The number of Clostridium Difficile and Norovirus infections
- The number of pressure ulcers (50% reduction).
- Patient falls (ward refurbishment important to reduce falls, therefore shorter patient stays as a result)
- Number of complaints

and improvements in:

- Friends and Family Test (FFT) response rates - real progress seen, particularly A&E and the Staff FFT
- Inpatient (annual) survey
- The number of nurses and midwives.

The nursing / midwife numbers are fundamental to the Trust and a lot of work has gone into providing the right skill mix. £3.5m has been invested in nursing and midwifery establishments at all levels in 2014/15. Since spring 2014 the Trust recruited 131 whole time equivalent nurses from the UK, Portugal and Spain. Further recruitment is on-going with the Trust seeing a 7% vacancy rate.

The work that the Trust has carried out has resulted in improvements in reducing pressure ulcers, infections and falls. Efforts have concentrated on: improving medicines management; ensuring patients have the right nutrition and that they are always hydrated properly.

The Chair invited questions/comments:

The Auditor's 18% remuneration increase. GML responded that the 2014/15 rules regarding the level of detail required has changed, increasing auditors' workload. The fee increase was comparable with other foundation trusts across the country.

QEH staff recruitment, attrition and retention. CM responded that this is an issue for almost all Trusts. Recruitment has been 50/50 UK / overseas, with 101 nurses having arrived from Spain over the last 18 months. To date, only 11 have moved on. There is an issue regarding non-EU nurses criteria for entering the country however all trusts face this predicament. What is clear is that having sufficient nursing staff is a key safety pre-requisite.

The Chair and CEO thanked all staff who contributed to making the CQC visit a success and also for the changes delivered and the continued hard work which had led to improvements seen over recent months. DH advised the Trust would share the CQC Inspection outcome when received.

THE ANNUAL MEMBERS' MEETING NOTED THE QUALITY ACCOUNT

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07/15 7 ADOPTION OF REVISED CONSTITUTION:

Each year there is an opportunity to review the Constitution as overseen by the Constitution Working Group (CWG), made up of governors, NEDs and the Chair. Following some issues raised, the CWG reviewed the Constitution in considerable detail and the outline report is the result of extensive deliberation. The amended Constitution has already been presented and approved at the May Extraordinary Governors' Council (GC) meeting and the Board meeting. Formal approval was sought regarding the adoption of the revised Constitution. One area discussed but not concluded was the GC size and composition. Lead Governor, Esmé Corner, (EC) gave a short statement:

- The Constitution Working Group (CWG) considered the suggestion that the public constituency be reviewed to ensure appropriate governor representation for discrete areas.
- The CWG commissioned internal reports and reviewed nationally available statistics to understand the number / % of potential members and trust patients living in the key areas of the public constituency.
- The CWG was keen to ensure that the boundaries of the Trust's Public Constituency captured all appropriate wards on the periphery of the Trust's natural catchment area.
- It was clear that a number of changes would need to be made to redress any imbalance in governor representation. Proposed changes would be consulted upon with the FT members via the Trust Matters newsletter.
- At this stage the CWG has given an assurance to the GC and the Board that their recommendations would be available for consideration at the October meetings in order to ensure that the changes are made before the next round of Governor Elections in Jan/Feb 2016.

Public member Chris Brewis questioned why the GC had delayed the Vice Chair appointment. EC advised this issue had already been widely debated and that for occasions when a Vice Chair might be required there are constitutional provisions to cover this. Following a number of Board changes, including 3 newly appointed NEDs, it was reasonable for this matter to be held in abeyance for a few more months. The Trust Secretary indicated that a vice Chair appointment review by October was a manageable timeframe for the process, pointing out this would not make any difference to the constitutional provision, which would still need to provide clarity about cover for the Chair in the absence of the Vice-Chair. Following debate it was agreed that this issue be further considered at a later GC meeting.

The Chair proposed the Constitution amendments be voted on collectively. PC disagreed and requested they be voted on individually as he wanted debate regarding some proposed changes, including 1b (Higgs Compliance) and 6 (Appointment of the SID). EL pointed out that these proposals had already been unanimously approved by the GC and the Board nevertheless agreed to do so with GC agreement:

- Following a show of hands on the proposal to consider the revised provisions collectively, 32 members voted in favour and 4 members voted against (including 1 governor – PC). The decision was therefore taken to seek agreement collectively.
- Following a further show of hands on the proposed revised constitutional provisions, 37 members voted in favour and 2 members voted against (including 1 governor – PC). The proposed constitutional amendments were thereby adopted.

THE ANNUAL MEMBERS' MEETING APPROVED THE CONSTITUTIONAL AMENDMENTS AND ASSOCIATED REVISED CONSTITUTION DRAFTING.

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08/15 8 MEMBERSHIP STRATEGY

Jonathan Dossetor, Chair of Membership and Communications Committee (M&CC), advised that the FT model requires public involvement and the M&CC has a role in helping governors to communicate and engage with the public. Public membership totals just over 7,000 (an increase of approx. 1,000 since 2014/15) and including staff members is approximately 10,000 members.

Communication / engagement opportunities include:

- Governors' attendance at Patient Participation Groups;
- 'Trust Matters' newsletters (advising of new developments at the Trust);
- Website information; (work to improve this is on-going)
- Organisation of Health Events (such as the well-attended Stroke and MS Awareness events). These events are open to FT members and the public alike;
- Face-to-face membership recruitment (an on-going activity).

FT membership is important in terms of governance of the organisation and support is much appreciated.

THE ANNUAL MEMBERS' MEETING NOTED THE MEMBERSHIP STRATEGY UPDATE

09/15 9 THE ELECTION REPORT

There was only one election held in 2014/15 the outcome of which was:

> **Breckland Constituency** – one governor to elect, 2 nominations, turnout 27.5%, Clive Monk nominated to serve for a term of 3 years.

THE ANNUAL MEMBERS' MEETING NOTED THE ELECTION REPORT

10/15 10 LOOKING TO THE FUTURE

DH advised that the Trust's goal was to aim for excellence. There are significant improvements still to be made with momentum and pace. There are issues regarding agency staff, in particular care of the elderly consultants, which are particularly difficult to recruit. The NHS needs to work differently, to redesign the workforce both nationally and locally. Particularly important ensuring improved partnership working. The QEH future is bright with people and processes in place to support change as staff continue to work hard to do their utmost to achieve excellence. DH thanked everyone at the Trust for being supportive at what has been a difficult time; with further challenges to come.

Questions/Comments:

FT Member, Chris Brewis complimented the Trust on its services at the QE and at the North Cambs hospital.

Robert Raab queried what knowledge the Trust had regarding the Fairstead Surgery redevelopment to serve anticipated housing growth over the next few years (as per Borough Council of King's Lynn and West Norfolk (BCKLWN) proposals). The Chair responded that he was aware of past discussions however as the QEH was not involved in the process he was unable to comment.

With there being no further questions EL thanked everyone for attending and for their contributions.

The meeting concluded at 5.35 pm.

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