

GOVERNORS' COUNCIL MEETING

**Minutes of the Governors' Council Meeting held at 4.00 pm on Tuesday 3 October 2017
in the Conference Room, the Queen Elizabeth Hospital, King's Lynn**

Governor	Constituency
Libbey, Edward (EL)	Trust Chair
Broke, Robin (RB)	Public - West Norfolk
Buckingham, Sophia (SB)	Staff Non Clinical
Calton, Julie (JC)	Staff Clinical
Chadwick, June (JCh)	Public - South East Lincs
Clark, Steve (SC)	Public - West Norfolk
Clarke, Simon (SCI)	Public - West Norfolk
Coe, David (DC)	Staff Non Clinical
Corner, Esmé OBE (EC)	West Norfolk – Lead Governor
De Lyon, Hilary (HdL)	Appointed – West Norfolk Clinical Commissioning Group
Dossetor, Jonathan (JD)	Public - West Norfolk
Evans, Jane (JE)	Appointed – West Norfolk Carers
Hipkin, Penny (PH)	Public - West Norfolk
Lewis, Betty (BL)	Public - Cambridgeshire
Monk, Clive (CRM)	Breckland, North Norfolk & Rest of England
Tarratt, Nigel (NT)	Staff Clinical
Tasker, Peter (PT)	Public - West Norfolk
Taylor, Barrie (BT)	Public - West Norfolk
Walder, Andy (AW)	Appointed - Freebridge Community Housing
Attendee - Director - Guest	
Green, Jon (JG)	CEO
Charman, Karen (KC)	Director of HR
Jackson, Roy (RJ)	Director of Finance
Ashton, Prof Mandy (MA)	Non-Executive Director
Harvey, Ian (IH)	Non-Executive Director
Pinches, Ian (IP)	Non-Executive Director
Dave, Thomason (DT)	Non-Executive Director
Rejzl, Gill (GR)	Trust Secretary
Chessum, Dominic (DC)	Head of Comms
Denmark, Mary (MD)	FT Membership Officer & Minute taker

Action

41/17 1. Chair's introductions and opening remarks

The Chair welcomed everyone to the meeting, the last one to be held in the current format. The next meeting would be held on 28 November 2017 in the Inspire Centre, starting at 10.30 am.

Welcome to:

- Recently appointed Non-Executive Director (NED) Prof Mandy Ashton.

- Newly appointed governor, Andy Walder (Freebridge Community Housing Chair).

Thanks and goodbye to:

- NED John Rees, who had completed his term of office.

Governor request:

Due to work pressures, Staff Governor Mark Abbott requested a sabbatical from attending Governors' Council meetings until the new year. The Chair requested that governors show their support of this decision – which was duly given. Mark would continue to be copied into all documentation in the meantime.

42/17 2. Apologies for Absence:

Governors: Jenny Brodie, Ann Compton, Ian Sherwood, Rob Outred, Paul Dansie, Paul Kunes, Malcolm Bruce, Aimee Hicks, Sandra Squire, Darren Barber and Mark Abbott

Directors: Emma Hardwick, Ciara Moore, Nick Lyons, Jon Wade and NED Maureen Carson

43/17 3. Declarations of Interest & updated Register of Governors' Interests: for review

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

44/17 4a. Governors' Council Minutes – 01-08-2017

Subject to the addition of Karen Charman (Director of HR) to the attendance list, the minutes were agreed as an accurate account of the meeting.

b. Matters Arising

c. Actions

The Governors' Council agreed the minutes as an accurate account of the meeting.

STRATEGY

45/17 5. STP - Q&A

Jon Green (JG) updated:

- Patricia Hewitt is settling into her role as Chair of the Sustainability and Transformation Programme
- Antek Lejk, who is the chief officer for South Norfolk and North Norfolk Clinical Commissioning Groups, has taken on the role of leading the Norfolk and Waveney Sustainability and Transformation Plan. He took over from Dr Wendy Thomson, managing director of Norfolk County Council, who stepped down from the role, however will remain a member of the executive board.

- Norfolk and Waveney's Sustainability and Transformation Plan (STP) had been rated as "advanced" in a new national assessment of its progress.
- NHS Improvement awarded the rating to Norfolk and Waveney STP following an assessment of three broad areas: hospital performance, patient-focused change and transformation. The rating qualified Norfolk and Waveney's health and social care system for capital funding, which will be used to fund mental health beds in West Norfolk.
- There continued to be a degree of frustration as to how the acute Trusts would work together – however service areas such as radiology and cardiology are up for discussion.
- The Clinical Commission Groups (CCG) talk of having one (contracting) system yet keeping locations – with an overarching 6th CCG. Discussions continue.
- Community services are under a degree of pressure as Norfolk Community Health & Care (NCH&C) no longer provide community services in Suffolk and are now one of the smallest community services in the country. This leaves future service provision potentially vulnerable.
- Whilst there was discussion regarding being GP centric – the GP voice is absent around the executive table. Therefore GPs are coming together in Norwich to try to make progress in this area.

Questions/comments:

- *EC advised that she, Sophia Bucking and Jane Evans attended a STP meeting in Norwich on 7 September, which was highly informative. Some consideration was required in relation to the strategic planning of having a 6th overarching CCG by 2018. As decisions are required at pace, she queried how successful this might be, particularly relating to West Norfolk provision. JG responded that this was the right direction of travel as there was some concern that if just one CCG for Norfolk is created, it could become too large a structure. One size does not fit all.*
- *NT queried what the Trust might look like in 5 years' time?*
JG responded that the way forward was to support and shape services that suit local people – which would benefit patients and the Trust. There is a potential benefit in the sharing of some service provision however a number of people, including consultants and GPs, are required to drive discussion and agreement as to the best way forward.
- *NT queried where non-clinical services provision might be in 5 years for example for services such as HR, Finance, Estate, Payroll, Legal Services etc. JG responded this might be a mixed economy and that some services might be provided co-operatively in the future; however it was too early to tell.*
- *EL advised that transformation is key. The NHS was 'creaking at the seams' and there was a need to change at pace and the Trust must find a way of providing the best service for patients in a more efficient way; working with the whole health economy. Some things may be transformed relatively quickly through better utilisation of home therapy intervention, to prevent patients from coming through the front door.*

- Work has started on reviewing frailty services and greater discussion is required with local GPs and community services to kick start this process.
- *Peter Tasker (PT) queried whether the right people were involved.* It was agreed that this was not currently the case. There needs to be some GP grouping to push this forward. Nick Lyons, MD, was starting to do this.
- *Dave Coe (DC) queried the remit and membership of the Norfolk Hospital Group; a group of three acute Trusts (James Paget, the Norfolk & Norwich and the QEH).* JG responded that there was no formal terms of reference agreed at present – however the 'acutes' were talking together. Areas for future review were urology and spinal work. *PT suggested it might be a good idea to bring in 3 different GPs from each of the areas.*
- *NT, in light of NCH&C becoming one of smallest community providers, queried whether this might provide an opportunity for the Trust to share services / have greater collaboration with the organisation?*
JG responded that yes, there were a number of conversations to be held in this respect as NCH&C are a fundamental contributor to the Trust.
- *Simon Clarke (SCI) sought clarification regarding the 6 CCGs and whether their commissioning work included Norfolk County Council (NCC) or whether it was just CCGs?*
JG responded that currently, it was only health sector commissioning that had been discussed however; there was an aspiration to work with NCC although the challenge is that their governance structure is different from the health sector structure.

The Governors' Council noted the STP update

46/17 6. Primary Care Streaming – A&E Works – verbal update

Primary Care Streaming (PCS) is a nationally mandated system to ensure that acute trusts have GPs/Associate Practitioners at the front door / A&E Department. A grant allocation of capital to match the cost of the work is enabling this to take place. Building works will allow for the provision of space for a GP clinical waiting room area. This should be completed the 3rd week in November.

Questions/comments:

- *PT queried how this would work.* JG responded that the Trust is currently carrying out recruitment and is also working with IC24. Chief Operating Officer (COO) Ciara Moore is the lead director. This nationally mandated model is based on a system used at Luton however Luton is a very different environment from the QEH. There is some concern as to how much difference this will make however; it is a question of managing the system. The Trust will be clinically responsible for the service.
- *EC queried whether the NEDS could provide any assurance that this model was going to work.* Ian Harvey (IH) responded that a similar model had been tried in Norwich and it worked there, although not for as many patients as anticipated. As this was nationally mandated, there was no other option other than to make it work. This would be linked with Ambulatory Emergency Care (AEC) and there would be an agreed set of morbidities.

- *EC queried whether the NEDS were assured that education would be put in place to ensure that patients understood changes?* EL responded that this was a good point as the system would only work if the correct message was given out. The need for appropriate messaging to ensure the A&E 4 hour target was met was important.

The Governors' Council noted the update

47/17 7. 'Quality Matters' Programme and preparing for CQC Inspection - attached

The last CQC Inspection took place in 2015 and another visit was imminent. There was a new CQC regime in place and the Trust would learn from those Trusts that had already gone through process.

There was no doubt that a visit would take place sometime this financial year and the process would continue 2 months after the CQCs arrival. A lot of preparation would be required and the Trust needed to be clear on its plans. Governors' help in the form of acting as peer reviewers / critical friends would be appreciated.

The Governors' Council noted the report

GOVERNANCE

48/17 8. Chair's Report – attached

The report was taken as read. EL made the following observations:

- Focus / pressure on A&E (EL thanked colleagues for their tremendous work over a challenging month)
- The Trust's challenge to stay on track financially
- Concern regarding potential Flu epidemic / preparedness this winter. 85% of staff requires inoculation to ensure community immunity.
- Recruitment work – to 'grow your own' plus meeting with Norman Lamb to raise the importance of EU workers status – which was highly important to the Trust.
- EL was pleased to welcome Prof Ashton to the team.

NT raised the issue of a potential flu pandemic in light of the Australia and New Zealand (A&NZ) increased incidence of flu and sought NED assurance that the Trust has a robust system in place to be able to cope in the event of a similar occurrence here. It had been reported that the season had started early there and that there was increased numbers of cases in the young (children aged five to nine) and those over 80.

EL gave his assurance that contingency plans were in place. Ian Pinches (IP) advised that A&NZ, had not experienced a pandemic rather that a raised incidence had been seen however, the 2017 flu vaccine had not appeared to be as effective as in previous years. We would have to wait and see of efficacy of the vaccine in the UK over the course of the winter. IP was not aware that the virus had been significantly greater in younger people. What was important was that a high level of inoculation was seen. Prof Mandy Ashton (MA) gave assurance that staffing level discussions had taken place both at Board and at Workforce committees.

PT queried whether the Trust had sufficient vaccine available. Karen Charman (KC) confirmed was the case (enough for 85%).

The Governors' Council noted the Chair's report

49/17 9. CEO's Report – attached

The report was taken as read and considered.

Robin Broke (RB) raised the issue of 'bed blockers' and queried whether there was a strategy in place to deal with this issue. JG responded:

- There is a plan rather than a strategy
- An enormous amount of effort takes place to ensure 'stranded' patients (7 days or more) who are medically fit for discharge leave the hospital in a timely manner.
- The numbers are relatively small on any one day, 10 to 20 might be delayed for complex and various reasons
- The Trust does have a good winter (all year) plan; liaises closely with its partners and utilises the Red to Green (R2G) system
- Issues are not always related to A&E numbers; often it is a matter of acuity levels
- Whilst Clinical Commissioners could incentivise community providers, the Trust could not
- Greater investment was required to fill the gaps in the care market which would help the Trust to get patients in the best place post-acute care, rather than bedding patients in an escalation ward. Greater integration of care is required and prompter decision making.

EC raised the issue of hospital access for patients and the work regarding improved parking and drop-off provision. Had the proposed additional 100 parking spaces been identified and had arrangements been made to take the patient perspective into account when considering this proposal?

JG responded that this has not yet been determined and when resurfacing of certain areas had been completed, then some extra provision would be made.

Steve Clark (SC) queried whether remarking the car park chevron style would create more spaces. Roy Jackson responded that this had been looked into and discounted because of access issues for patients and the fact that it would create only a few extra spaces.

The Governors' Council noted the CEO's report

PERFORMANCE

50/17 10. Performance Data pack

- a. Quality Exception update
- b. Operational Performance exception update
- c. Finance exception update
- d. Workforce exception update

The reports were taken as read and considered for questions.

a) **Quality Exceptions** – there were no questions.

b) **Operational Performance exception.**

- *Bed occupancy p3. (JD) commented that plans were impressive but asked NEDs how these would be achieved and whether they believed it was a robust or inspirational plan?*

Ian Pinches (IP) responded he had asked this question at the Board meeting and was given assurance that there are plans to make it come about. JD queried how this could be done without movement in the community. JG responded by reducing length of stay and by ensuring earlier ward rounds took place. IP stated it should be noted that the graph referred to was given to the Trust by the Regulator as a modus operandi and the Trust's ability to achieve it would be challenging.

- *Patient Discharge – Hilary de Lyon (HdL) queried whether patients could be given greater notice of their discharge date/time to help families / carers to plan for this and that discharges be planned for earlier in the day, rather than often late into the evening.*

JG responded that this was planned for as soon as possible however there were some concerns at the number of late discharges. Deputy Chief Nurse, Valerie Newton (VN) advised that estimated date of discharge was much easier for surgical than medical patients (medical patients were more challenging). Delays are for various reasons and work is ongoing to try to reduce the delays.

- *A&E recovery plan – EC asked NEDS what level of confidence they had that the 4 hours target was met and maintained.*

Dave Thomason (DT) advised he had sought assurance at the Finance and Performance (F&P) Committee meeting. This was a challenging target which was not always within the Trust's control. Whilst there was a plan DT was not fully assured that the Trust would meet the target. IP was comfortable that the Trust would achieve the figure but was more uncertain about sustaining it. A&E capacity had seen bed occupancy running at more than 95% which meant a lack of flexibility.

JG advised that whilst the 4 hour target had been challenging across the country over the summer, the QE team had done extremely well in September, so congratulations to everyone. The QE had the best regional performance and had been the 12th best performing Trust in the country.

- *4 hour A&E target message. EC was concerned about the way in which the message was conveyed. JG advised the message needs to be clear that it is a 4 hour performance standard: a whole system performance and not just an A&E target. Too often it is called the A&E target. This was a key message.*

c. **Finance exception update**

NED DT advised he could not give full assurance that the Trust would meet it £16.3m deficit control total. As was noted in the report, lower income levels were primarily the reason for potentially not meeting the target and there was pressure across the Board. Nevertheless, the Trust was in a better position than last year because it was better sighted and the finances were being very closely monitored.

- *In light of being £2.2m short of clinical income, Dave Coe (DC) asked what assurance the NEDs could provide that the Executives were talking to clinicians regarding this shortfall.*
- DT responded that this question had been asked of Chief Operating Officer, Ciara Moore and Medical Director Nick Lyons at the F&P meeting. They responded that medical and clinical colleagues were pulling together; more so than in the past to help reduce this shortfall. Whilst not fully assured, DT had witnessed a sea change with staff now working better together.
- Director of Finance (DoF) Roy Jackson (RJ) advised that the Trust was working at the right level of ambition; modelling internally to deliver external change.

d. Workforce exception update

In light of NED Maureen Carson's absence, Director of HR, Karen Charman, provided a Workforce update:

- Most important, was the starting to see signs of the metrics moving in the right direction regarding recruitment activity. Turnover had decreased for the second month in a row and the Trust was beginning to see some stability. There was a net reduction of only 20 staff over last year.
- The Trust was still relatively slow in recruiting and further work was required to ensure new staff were brought in more promptly.
- There had however, been a time reduction in the staff recruitment process and increased bank levels which had improved flexibility; plus two successful recruitment days with additional sessions to follow.
- Key to the Workforce strategy was the underpinning of recruitment and retention and the new electronic TRAC system would help with this as recruitment was the priority.
- *Staff Survey Indicators regarding staff experiencing harassment, bullying or abuse data. Simon Clarke (SCI) indicated that he was appalled by the data percentages (p.3) and queried what was being done about this.*
- NED IP responded that he had been similarly concerned and raised this issue at the latest Workforce Committee meeting.
- KC advised that the percentages were not based on 100% of the staff, but an extrapolation of 45% of staff. Nevertheless, she agreed these figures were unacceptable and advised she would review and draw up an action plan. In terms of bullying, the numbers had not been formally seen but were feedback from within the Friends and Family Test (FFT). Where identified, any matters were treated confidentially and macro managed with support provided by the HR team.

The Governors' Council noted the Performance and Exception reports

COMMITTEE AND TASK AND FINISH GROUPS

- 51/17 11. a) Membership & Communications Committee
 b) Patient Experience Committee
 c) Business Committee

a) Membership & Communications Committee – taken as read.

JD advised:

- Successful recruitment had taken place in September at both the College of West Anglia Fresher's Event and Springwood High School Volunteers' Event. Approximately 240 new members were signed up. As many of the new members are students, the Trust and the College would collaborate with a view to organising an event at the Trust for students. MA had been impressed with the high numbers of younger members recruited and agreed that greater collaboration between the College and the Trust would be beneficial.
- On the 28th September, a Chronic Obstructive Pulmonary Disease (COPD) Health Event for public was held for approximately 70 people. JD thanked: the COPD team for attending, Mary Denmark for facilitating the event and governors for their assistance.

JC, who had attended the COPD event, commented on how well run the event had been and how highly informative it was; because as someone with COPD, she had learnt a great deal about the condition.

- A September edition of the Trust Matters newsletter had been published and distributed. Thanks to Dominic Chessum and the Communication Team for an excellent job in putting it together.

b) Patient Experience Committee – taken as read.

- EC advised that future NED presence at PEC meetings was anticipated as Prof. Mandy Ashton would attend meetings as and when diary commitments would allow.

c) Business Committee – taken as read.

- Newly appointed Chair, Steve Clark (SC) advised it had been a useful meeting with straight forward discussion regarding the deficit.
- Roy Jackson gave confidence to the committee that there were many and various controls in place going forward to help the Trust meet its -£16.3m control total.
- SC commented that there was a feeling of déjà vu regarding the challenging financial situation heading into the winter period; however, the committee had received assurance that the Trust was doing everything within its remit to achieve the end of year target.

The Governors' Council noted the Committees' Reports

52/17 12. Forward Plan – For information

The Governors' Council noted the forward plan

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.

53/17 13. Confidential – Extraordinary Governors' Council minutes - 14-08-2017

The minutes were reviewed and agreed as an accurate record.

The Governors' Council agreed the 14-0-17 Extraordinary Governors' Council minutes

Date of next Governors' Council Meeting: Tuesday 28 November 2017 at 10.30 am in the Inspire Centre

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	October November 2017	There appears to be an ongoing issue, in a small number of cases, of inaccurate calculation of the Waterlow risk assessment, leading to inadequate equipment provision. Some of this will be due to the continued high levels of agency staff, who were not receiving the same level of training as our own staff. This is now being rectified and training arranged for this group. The TVNs/PDNs* continue to deliver training to various clinical staff groups on a regular and ad hoc basis and then do spot checks on nursing documentation. Once agreed at the Harm Free Care Forum, the TVN's will also be circulating an aid memoir (from the band 6 development group), which reminds staff what medical conditions/medications should be included in the risk assessment.	✓
01-08-2017	34/17	6	Consultants board in main corridor. Review into whether this should be removed and names placed online.	EL	October November 2017		

- TVN – Tissue Viability Nurse
- PDN – Practice Development Nurse