Agenda item 4

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

GOVERNORS' COUNCIL MEETING

(1) Minutes of the Governors' Council Meeting held at 3.15pm on Tuesday 2nd April 2019 in the Queen Elizabeth Hospital Conference Room

Chairman & Governors	Constituency
Barnett, Steve (SB)	Trust Chairman
Brodie, Jenny (JB)	Public - Cambridgeshire
Bruce, Malcolm (MB)	Public - Cambridgeshire
Clark, Steve (SC)	Public – West Norfolk
Clarke, Simon (SCl)	Public – West Norfolk
Coe, Dave (DC)	Staff, Non-Clinical
Corner, Esmé OBE (EC)	Lead & Public Governor, West Norfolk
Dossetor, Jonathan (JD)	Public - West Norfolk
Evans, Jane (JE)	Appointed – West Norfolk Carers
Hipkin, Penny (PH)	Public - West Norfolk
Kavanagh, Patrick (PKa)	Public – West Norfolk
Lewis, Betty (BL)	Public - Cambridgeshire
Maltby, Alan (AM)	Public – S E Lincolnshire
Monk, Clive (CM)	Public, Breckland, N Norfolk & Rest of England
Robinson, Sue (SR)	Public – S E Lincolnshire
Scholefield, Chaz (CS)	Staff – Non Clinical
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
Wicks, Kenneth (KW)	Public – West Norfolk
Wilson, Ant (AWi)	Staff Clinical
Attendee - Director - Guest	
Shaw, Caroline (CS)	CEO
Ashton, Prof. Mandy (MA)	Non-Executive Director
Brown, Alan (AB)	Non-Executive Director
Dickinson, David (DD)	Non-Executive Director
Jackson, Roy (RJ)	Director of Finance
Johnson, Patrick (PJ)	Director of Transformation
Mack, Ian (IM)	Non-Executive Director
Rejzl, Gill (GR)	Trust Secretary
Denmark, Mary (MD)	FT Membership Officer & Minute taker

GOVERNANCE / REGULATORY		Action
01/19	**1. Chairman's introductions and opening remarks**	
	Welcome to all governors with specific mention to the newly elected governors and newly appointed Non-Executive Director, Ian Mack, all of whom were all attending their first Governors' Council meeting.	
02/19	**2. Apologies for Absence:** **Governors:** P Kunes, A Compton, S Squire, J Calton, P Dansie and I Sherwood **Directors**: N Lyons, E Hardwick	

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03/19	**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. New governors had completed their declarations of interest; however, there would be two further updates to follow at the next meeting.	
04/19	**4a. Governors' Council Minutes – 30-01-2019** Following a review: **<u>The Governors' Council agreed the minutes as an accurate account of the meeting.</u>** **b. Matters Arising** - None **c. Actions** – None	
05/19	**5. Forward Plan**	
	SB asked the governors to consider the Forward Plan. **<u>The Governors' Council noted the Forward Plan</u>**	
06/19	**6. Chairman's Report**	
	The report was taken as read. SB highlighted: • his thanks to all Trust staff for their work / support during the CQC Inspection process • his commitment to working with the new CEO, Caroline Shaw, and their joint commitment to working with the Board, to present strategic plans and timeframes • progress is being made at pace; however, sustainability is key Non-Executive Director (NED) update: • Farewell and thanks to NEDs Ian Harvey and David Thomason • The Governors' Council (GC) had appointed NED, Alan Brown as Vice Chairman • The Board will work with the GC, in order to appoint a new Senior Independent (SID) • Succession planning: NED interviews are scheduled to take place later in April with the Trust looking to appoint two / three new NEDs Lead Governor, Esme Corner, on behalf of the Governors' Council thanked the two outgoing NEDs for all their work and support of the Trust and requested a note of thanks be sent to Ian Harvey and Dave Thomason in this respect. **<u>The Governors' Council noted the Chairman's Report</u>**	GR
07/19	**7. CEO's Report**	
	The report was taken as read. CS highlighted: • CQC Core Services inspection 5-7 March 2019. Denise Smith (from the	

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QEH's 'buddy trust', Sherwood Forest), would be providing an update later in the meeting, advising actions being taken to address the Section 29a Warning Notice and Section 31 Notice. Both notices require immediate action, which is already underway and because this work is essential, it would have taken place regardless of outcomes.

- Patient Safety is, and will always be, the Trust's highest priority.
- Some good practice was noted during the inspection. Improvements were seen in Maternity and the introduction of the 23-hour recovery unit was well received. Areas of good practice will be built upon, going forward.
- Staff engagement - The Trust is working hard to improve staff engagement.
- Financial recovery - Along with the help of PwC, the Board is utilising the support of a Financial Improvement Director, to ensure all savings projects are developed and delivered in a more effective way.
- Performance – The Trust's A&E Performance was slightly below the national average in January and February. The Trust has detailed plans to improve performance and has implemented a new oversight and governance process to underpin this.
- Waiting lists were reducing and diagnostic performance was meeting the standards.
- Occupational Health (OH) – OH staff TUPE (Transfer of Undertakings (Protection of Employment) transfer to the Norfolk and Norwich University Hospitals NHS FT has been delayed – this will now take place in July. The current service will continue to be provided at the QEH and it is expected that the changes will result in as service, which should become more robust.
- SC endorsed CS's comment that there is a lot of good practice at the Trust. It is important to realise that whilst some areas are challenged, this is not the case in many areas.
- Both Chairman and CEO stressed that many partners were willing to provide help and support to the QEH. Key, is the need to get back to basics and provide safe care and professional leadership.
- PH: having spoken with some of the nursing staff, advised that many had felt there were insufficient senior nursing staff and nurses were sometimes therefore, unaware of some patients' nursing requirements. Often, these staff were also dealing with administrative work.
- BL remarked that improved IT systems might well help to improve this situation going forward. CS responded that the Trust will be more proactive in liaising with the STP to bring about such changes.
- AWi pointed out that there were many newly trained nurses on wards with a balance of skills, which, if freed from some of the administrative tasks, would have more time to deliver patient care.
- EC reported having attended a recent Oversight & Assurance Group meeting (OAG) and queried whether the promised support from stakeholders would be available when needed.
- SB was assured that NHSi, Sherwood Forest (buddy Trust), the Clinical Commissioning Group (CCG) plus other Chairs and the STP, were all supporting the Trust.

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

08/19	**8. Election Update**	
	• GR advised the Election Report was the official 'Returning Officer'	

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notification from ERS, the company that presided over the Election process. It was noted that in all but the Staff Non-Clinical constituency, there was a disappointing voting turnout.

- The Trust is running with one Governors' Council vacancy in the Staff Clinical constituency because whilst there were two clinical governor vacancies up for election, only one clinical staff member put themselves forward for election.
- As long as there are always more public governors than the sum of staff and appointed governors, the Trust can run with a vacancy.
- The Trust could re-run the election; however, there is a considerable cost associated this and there is no guarantee, that at this time, there would be any other staff willing to stand.
- EC raised the issue of the difficulty that some clinical staff have in being able to attend GC meetings and hoped that the CEO would ensure that staff members would be given time to attend, as appropriate.
- The GC meetings are not out of staff hours and therefore staff governors would not need to use leave to attend. The issue comes about when clinic times clash with meetings. Staff governors were advised to make the Chairman aware if such issues arise.
- The next round of elections will begin at the end of 2019, with voting taking place January 2020.
- The use of electronic voting, over time, should help to increase voting numbers.
- DT commented that domestic and catering staff cannot easily access emails and queried whether they could receive their voting papers by post if requested. MD advised that this had already happened at the last election.

The Governors' Council noted the Election Report.

09/19 **9. Policy for Engagement - update**

The report was considered.

There being no material changes to the Policy for Engagement, the GC approved the update.

The Governors' Council approved the Policy for Engagement update

10/19 **10. Constitution Working Group Terms of Reference update**

The report was considered.

There being no material changes to the Constitution Working Group terms of reference, the GC approved the update.

The Governors' Council approved the Constitution Working Group terms of reference update

11/19 **11. Locally Selected Indicator for Audit – 2018/19 – to approve**

The Governors' Council was invited to approve the locally selected indicator for audit for 2018/19.

As in prior years the external audit work on the Quality Account for 2018/19

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includes assurance work on a local indicator that is to be selected by the Governors.

It was noted that NHSI strongly recommend that the Summary Hospital-level Mortality Indicator (SHMI) should be selected as the local indicator for 2018/19.

The SHMI is not calculated by trusts; it is provided by NHS Digital. The indicator is computed by NHS Digital using information provided by the Trust and other information. The assurance work performed needs therefore only concentrate on the information provided by the trust, which is used in computing the indicator.

NHSI will not define a testing strategy for the local indicator. This will be for the auditor to determine as it will, in part, be determined by the specific processes and controls in place at each trust.

The Governors' Council noted that external audit would also be auditing the following indicators as part of their mandated work:

- 4-hour access standard
- 62-day cancer standard

The purpose of the external audit of these indicators is to provide assurance concerning the effectiveness of the Trust's performance reporting systems, processes and controls, rather than assurance on actual performance in these areas, which is monitored via the Integrated Performance Report.

Following discussion and agreement:

The Governors' Council approved the Summary Hospital-level Mortality Indicator (SHMI) as the local indicator for audit in 2018/19

12/19 **12. Non-Executive Director update – including recruitment and selection process**

GR advised the Trust was looking to recruit 2/3 new Non-Executive Directors (NEDs) to join the Board. EC, SB and GR had shortlisted the candidates and on paper, there were some very high calibre candidates.

The Trust was looking specifically to recruit a Finance NED and also a Transformation / Operational Development NED. Two separate interviews would be scheduled.

The interviews would take place in April and it was likely that an extraordinary Governors' Council meeting would be called to enable the appointments of the preferred candidates to be made.

Board update: CS advised:

- Chief Nurse, Emma Hardwick, had left the Trust to join NHSI. EH was thanked for her hard work and important contributions to Team QEH over the last two years.
- Professor Suzanne Hinchliffe, CBE, who has three decades' experience as a nurse; 23 of these as a Chief Nurse, has joined the Trust as Interim Chief Nurse Advisor, providing 3-4 days of support each week to the Trust. Suzanne is one of the most experienced Chief Nurses in the country, most recently at Leeds Teaching Hospitals NHS Trust.

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- A competitive search for a substantive Chief Nurse has already commenced.
- Director of Finance (DoF), Roy Jackson would be leaving the Trust in August. The Trust is currently looking to recruit to this role.
- Denise Smith, Associate Director (Emergency Care Pathways), has been brought in from our 'buddy trust', Sherwood Forest. Denise will provide an update to the CQC Findings / actions taking place (agenda item 13).
- The Trust is recruiting to a new Deputy Chief Executive post, which has communication, engagement, transformation and strategy in the portfolio and hopes to make an appointment shortly.
- Whilst there has been some recent speculation that the 3 local acute trusts might merge having one single Board, CS advised there is no immediate prospect for that to happen.

The Governors' Council noted the Non-Executive Director / Board update

STRATEGY / QUALITY

13/19 **13. CQC Findings – following March Inspection**

Following a further CQC inspection in March 2019, the Trust was served with notices under sections 29A and 31 of the Health and Social Care Act 2008. The warning notice, served under section 29A, requires the Trust to make rapid improvements to the following aspects:

- Patient assessment and care planning
- Patient observations and effective escalation
- Patient risk assessments
- Patient documentation
- Mental Health and Safeguarding, in the Emergency Department and Medicine for both adults and children.

This information has been shared with both staff and governors. The CQC Inspection covers 3 areas, Core Services, Well Led and Use of Resources. Regarding the latter, SB stated that given the size of the Trust's deficit, the outcome of the 'Use of Resources' review (which is due to take place in May) is most likely to be 'Inadequate'.

The CQC had made a series of important observations and recommendations following their recent inspection. Amongst their feedback was the view that a step change is needed in how we listen, engage and communicate with our staff, our patients, our partners and our local community.

In the months to come, the QEH will begin a series of listening events to get input from staff across the Trust so that we can refresh our future strategy, involving both patients and staff. We will also be expanding the work we do to value, reward and recognise our staff and involve colleagues in change and transformation so that we can work through the positive changes we need to make together.

Denise Smith provided an overview of some of the actions being taken:

- The Trust will be open and transparent and seek to address issues as quickly and efficiently as possible
- The Trust is holding briefing sessions for Emergency Department (ED)

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staff – further sessions will follow-on

- Staff will be given a 'safe space' to offload any issues they have. 'Kitchen table talks' will provide an opportunity for staff to share any concerns / highlight issues with colleagues
- External support from ECIST (Emergency care intensive support team) – 2 clinicians
- Review / risk assessment / audit / redesign if necessary, regarding mental health patient provision
- Environmental risk assessment – Estates review of all bathroom areas – work to start immediately
- External review
- Workforce review
- Review of 'clerking' of mental health patients to prevent delays / patient deterioration
- Waiting room improvements
- Triage of patients within 15 minutes of arrival – rapid assessment – but full diagnostics not required
- 'Fit-to-sit'. Ensure patients who are in this category are not missed
- Staffing – night numbers – requirement for staff to support at hand-over
- Nurse-in-charge (NIC) hourly walk rounds
- Staff skill-mix review
- Outpatient appointment wait – review to take place
- Issues reported weekly
- Update every 4 weeks
- Escalating issues is important and will be taken seriously

- EC raised the issue of staff safety 'huddles' advising that she had initially carried out visits to some wards and found little evidence that huddles were taking place or if they did, they were not always effective. Having revisited these wards with some of her governor colleagues, some improvement had been noted and she hoped that this improvement would continue.

- SCl commented on the high number of outstanding gynaecological appointments and queried whether any root cause analysis had been done to find out why this had happened. Was it lack of capacity or funding?
- CS responded that the reasons were varied, including systems and processes, which had not worked correctly and had not followed the access policy. Some patients had not attended / returned for follow-up appointments and needed to be discharged from the system.
- BT suggested that some issues are a result of the lack of continuity of care / ownership, with patients seeing a different consultant each time rather than being under the care of the same consultant throughout.

- EC sought assurance from the NEDs that sufficient actions were in place to address the quality issues.
- AB responded that he could not give assurance yet as it was 'early days' and would take time for actions / changes to become embedded and the levels of assurance in the past had been poor. He was assured; however, that progress was being made. MA had recently become Chair of the Quality Committee and this was something high on the agenda. With new leadership in place it was anticipated that the culture of the Trust would change.

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- SC felt that the 'kitchen table talks' to help support staff, were an excellent idea.

The Governors' Council noted the CQC Findings

14/19 **14. STP Update**

The STP report was considered.

Included in the report was:

- The STP financial position for 2018/19.
- The STP Demand and Capacity work, which is being delivered by a Demand and Capacity work stream, with senior director level representation from all relevant organisations within the STP footprint.
- The development of a performance framework for the STP.
- Forthcoming publication of the Norfolk and Waveney Adult Mental Health Strategy.
- The development of Primary Care Networks.
- The development of the STP five year plan.
- The on-going development of an STP Digital Strategy.
- The achievement of funding from NHS England in relation to three specific schemes.

- CS advised that the GC would be kept abreast of details and progress continues in relation to the coming together of five clinical commissioning groups (CCGs), in the form of a Norfolk and Waveney Integrated Care System, the process of which is being led by Accountable Officer, Melanie Craig.
- AW acknowledged the development of the five-year plan; however, commented that the QEH should aim to have a longer-term (10 years) plan in place.
- SC commented that the QEH would align its planning with the STP Clinical Strategy and this should be developed from the bottom upwards.
- CS stated the Trust should expand on what it does well and that is provision of care for the frail elderly. The Trust should concentrate on delivering quality care in areas such as hip and knee surgery as well as ophthalmology and stroke services. Service provision will look different in the future and the Trust should be planning to ensure delivery of such services over the next 5 years.

The Governors' Council noted the STP update

15/19 **15. Operational Plan 2019-20 presentation**

Patrick Johnson (PJ), Chief Transformation Officer, delivered a brief presentation on the 2019/20 Operational Plan. Under the headings of:

- Quality Special Measures
- 2018/19 financial performance
- Organisational challenges

The plan sets out three overarching objectives;

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- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

The Plan is in a prescribed format.

Pockets of excellence seen in some areas must be shared, learnt from and replicated across all areas.

Currently, the financial position of the Trust is highly challenged with poor financial performance:

- The 2018/19 year-end deficit is likely to be approximately £37m.
- In percentage terms, the QEH is probably the worst performing Trust in England, financially.
- The Trust is negotiating STP support for the delivery of its control total for 2019/20.
- The STP will receive £23m from central funds if it meets its control total.
- The Trust has identified that it needs a further £6m to meet the net deficit (control total) of £3M.
- The Trust has taken a robust and diligent approach to activity planning for 2019/20 and whilst challenging, it is achievable.
- The 5-year forecast shows a 5.7% year-on-year growth. West Norfolk Clinical Commissioning Group has commissioned various demand reduction schemes to try to reduce this figure.
- Quality – metrics have been costed into the plan (e.g. additional Emergency Department staff)
- Workforce – The Trust will see the arrival of 81 Filipino staff during the course of 2019 from the summer onwards. We will welcome them and work hard to support their integration into the Trust and wider community.

- EC queried capital budget and the lack of spend on this. RJ responded the Trust has been constrained by resources.
- The Trust needs an early view on the timing and scope of capital loan funding.
- The Operational Plan will be taken to the next Business Committee meeting.

The Governors' Council noted the Operational Plan presentation

PERFORMANCE

16/19 **16. Integrated Performance Report**

The report was considered. CS reported:

- It was noted the DToC (delayed transfer of care) patients' information was not detailed separately. CS responded that DToC was covered within the main indicators with outcomes good at present; however, the Integrated Performance Report (IPR) would be reviewed in line with national guidance to remain focused on this.
- SC commented it would be easier to understand data / note areas of

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concern when some narrative is provided and patient numbers, rather than percentages. E.g. C-Section rates are 10% above the national average; is this an issue and if so, why? CS responded that in the next report, there will be a narrative of why and what action was being taken, if necessary; alongside patient numbers.

- EC commented on the loss of the activity chart. SB responded that this will be added back in, alongside 'caring' domains and positive and negative ratings.
- It was confirmed that ambulance turnaround delay fines, to date, had been suspended indefinitely.

The Governors' Council noted the Performance Report

COMMITTEE AND TASK AND FINISH GROUPS

17/19 **17**

a – Membership and Communications Committee – (M&C)

The M&C Committee last met on 19-03-201. The report was taken as read.

Chair JD highlighted:

- In May, the M&C will be holding a Prostate Cancer Event – preparation is underway and the date for this has been confirmed as Thursday 9th May. The publicity campaign has just begun.
- The next Trust Matters newsletter is approaching finalisation and will be sent to the printers in the next few days and distributed within a week.
- The membership currently stands at 7,662.

b – The Patient Experience Committee (PEC).

The PEC last met on 03-01-2019. The report was taken as read.

- Chair EC advised that the 7th March meeting had, disappointingly been cancelled because of room pressures necessitated by the CQC Inspection.
- However, PEC members had remained active with many visits to PPG groups and wards.
- Chair's key issues had been raised to the Patient Experience Steering Group; however, in recent history these have not been successfully addressed. EC would raise this issue with NED Mandy Ashton who now chairs the Quality Committee.

C – The Business Committee

The Business Committee last met on 13th March. The report was taken as read.

- The Committee reviewed recovery plans
- The financial position remains highly challenging
- There was some concern that spending on capital budgets was not occurring (IT / Medical Equipment)
- It was disappointing that works on the roof had still not commenced

RJ responded:

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	• The process around capital spend / budgetary requirements would be reviewed • It was both disappointing and frustrating that capital works would not be starting on the room until at least April 2020 as there had been push -back against the scale of costs and a full business case was required. Plans are in place to ensure activity is not impacted and/or is mitigated whilst wards are decanted to enable works to take place. **The Governors' Council noted the Committees' reports**	
18/19	**18. 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.	
	Following the exclusion, everyone, except governors and the Chair, retired from the meeting at this point.	
	The Governors' Council meeting closed at 5.15	
19/19	**Minutes of Extraordinary Governors' Council meetings held in private – 1) 30-01-2019**	
	The minutes were reviewed and agreed as accurate.	
	The Governors' Council agreed the minutes of the 30th January 2019 Extraordinary Governors' Council meeting	

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