The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE GOVERNORS' COUNCIL

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Prof. Steve Barnett, Trust Chairman	Decision		High	Med	Low
CONSULTATION:	Information	✓		✓	
	REPORT TYPE:		RELATED WORK:		
	Strategic	✓			
	Operational	✓			
	Governance	✓			

Meeting Date: **2 April 2019**
Report Title: **Chairman's Report**

Purpose: To keep the Governors' Council informed in respect of key external / internal events and activities.

Financial Implications / Efficiency Savings / Quality Improvement:

None as a direct result of this report.

Risk Assessment:

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓	✓	✓	✓	✓

Recommendations: The Governors' Council is invited to consider and comment on the Chairman's Report.

Chairman's Report – March 2019

1 KEY- NOTE … following our CQC Inspection

As anticipated, a large team from the CQC visited the Trust for a Core Services inspection over three days in early March. I am going to let our CEO, Caroline, use her report to let you know about the CQC's early informal feedback. However, as Chairman of the Trust, I could not have presented my report this month without doing two things related to the CQC inspection:

- Firstly - I want to thank our teams and individuals for their work and support during the run-up to and during what was a challenging inspection. I know that there will be some very mixed feelings across our teams. Board colleagues, both non-executive and executive will be getting out and about in the coming weeks to say a personal "well-done" and to offer support where it's needed.
- Secondly - I want to reiterate my commitment to work with our new CEO, Caroline and our senior clinicians and managers to lead our hospital to an improved and sustainable position.

  Caroline and I are both relative newcomers to the QEH and after a period of 'taking stock' and talking to our staff, patients and governors; we will be working with the Board, with a view to presenting our strategic plans and timeframes in 2019/20.

We are expecting our Well-Led Inspection in April and this will be informed by the CQC's findings during the Core Services inspection.

2 An outward-looking perspective

2a. Implementing the NHS Long-Term Plan

In my January 2019 report, I talked about the NHS Long-Term Plan. I intend use this and future reports to provide high-level information on how 'The Plan' is being implemented, together with links to the detail … for those with larger appetites!

2ai. Possible legislative changes

NHS England and NHS Improvement (NHSE/I) have published an engagement document, 'Implementing the NHS long term plan: proposals for possible changes to legislation'.

The success of the NHS Long Term Plan depends on a collective will to change the NHS for the better and improve services for everyone working in them and using them. Local NHS bodies need to be free to work together with partners, including local authorities, to plan and provide care around patients, not services or institutions, and the same is also true for our national organisations.

While it may be possible to implement the NHS Long Term Plan without primary legislation, legislative change could make implementation easier and faster.

This NHSE/I engagement exercise sets out proposed legislative changes in the following areas, set out as key objectives of the NHS long term plan:

1. Promoting collaboration
2. Getting better value for the NHS
3. Increasing the flexibility of national NHS payment systems
4. Integrating care provision
5. Managing the NHS's resources better
6. Every part of the NHS working together
7. Shared responsibility for the NHS
8. Planning our services together
9. Joined-up national leadership

You can use the link below to see the detail of the proposals and/or to comment:

https://improvement.nhs.uk/documents/4914/NHS_legislation_engagement_doc_28_Feb_2019.pdf,

2b. 2018/19 Quarter 3 - Finance and Operational Performance figures for the Provider Sector

Our public Board papers show clearly that The QEH is financially challenged and is committed to moving to a more financially credible and sustainable position with regulatory and independent support. So, what's the bigger picture in respect of financial and operational performance?

NHS Improvement (NHSI) has released the quarter three (Q3) finance and operational performance figures for the provider sector. These figures cover the period 1 October 2018 to 31 December 2018. NHS Providers has produced a briefing, summarising the key headlines for those figures and what they mean.

- At Q3 the provider sector is forecasting to deliver a deficit of £661m, up from £558m at quarter two (Q2). Since Q2, NHSI has adjusted the sector plan from a £439m to a £394m deficit position. Against this lower plan, the sector will overspend by £269m.
- However, this forecast includes £256m of technical adjustments which were not added in at Q2. This is for "donated asset income" resulting from Carillion collapse, and two private finance initiative assets being brought onto trust books.

- Without these technical adjustments the provider sector would be forecasting a £917m deficit – a slight improvement on the £931m deficit forecast at Q3 last year but a significant deterioration on Q2.
- The year to date deficit is unchanged on the previous quarter at £1.2bn. This is despite providers delivering efficiency savings worth £2.3bn so far this year.
- Emergency admissions continued to rise as winter began, with 5.7 million visiting NHS accident and emergency (A&E) departments, up 2.1% on the same period last year. Type one, or major A&E admissions, reached 1.2 million, an increase of 6.1% on Q3 last year.
- Providers are continuing to treat more patients within the four-hour A&E waiting time target, with 5.4 million patients treated within the target in Q3 compared to 5.3 million last year.
- Workforce pressures remain a significant challenge, with 100,500 vacancies in the provider sector. This represents a decrease of around 5,000 whole time equivalent staff since Q2, but this was the expected impact of new graduate intakes.

2c. The Kark Review – Fit and Proper Persons Test

The Kark review, led by Tom Kark QC, has reported back on the effectiveness of the Fit and Proper Persons Tests for senior NHS staff.

The independent review sets out seven recommendations, as follows:

- All directors (executive, non-executive and interim) should meet specified standards of competence to sit on the board of any health providing organisation. Where necessary, training should be available.
- A central database of directors should be created holding relevant information about qualifications and history.
- A mandatory reference requirement for each director should be implemented. This would mean there could not be omissions of information in a reference, even where a settlement agreement is in place.
- The fit and proper persons test should be extended to all commissioners and other appropriate arms-length bodies (including NHS Improvement and NHS England).
- There should be the ability to disbar directors from further roles where they have engaged in serious misconduct.
- The term 'privy to' should be removed from the regulations. This is in the context of ensuring that board members have not been responsible, involved or 'privy to' any serious misconduct or mismanagement. The review suggests 'privy to' is unclear and undefined.
- Further work should be done to examine how the test works in the context of the provision of social care and whether any amendments are needed to make the test effective.

The recommendations are due to be considered as part of the wider workforce review being led by NHS Improvement.

The QEH undertakes Fit and Proper Person Tests for all non-executive and executive directors, when they are appointed and annually thereafter. The implications of the Kark Review recommendations for The QEH will be assimilated into our policy and practice as they become clearer. Additional guidance is expected from NHS Improvement and NHS Employers.

The full review can be accessed via this link:

https://www.gov.uk/government/publications/kark-review-of-the-fit-and-proper-persons-test

2d. Organ Donation – a change in the law

Currently, in the UK:

- Around 6,000 people across the UK are waiting for an organ transplant
- Only around 6,000 people each year die in circumstances where they can donate their organs
- Three people a day die in need of a transplant due to a shortage of people being willing to donate organs

Following a change in the law, from spring 2020, all adults in England will be considered potential organ donors, unless they choose to opt out or are in one of these excluded groups:

- Those under the age of 18
- People who lack the mental capacity to understand the new arrangements and take the necessary action
- Visitors to England
- People who have not been ordinarily resident in England for at least 12 months immediately before their death

This new system is commonly referred to as an 'opt out' system. You may also hear it referred to as Max and Keira's Law.

What's happening at The QEH?

The QEH is a small DGH and is not a Trauma Centre. However, the Trust's support for organ donation work is something for us all to be very proud of.

Our Donor Activity This Year

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Month	Age	Sex	DBD/ DCD	Organ Donation Register	Outcome
June	29	M	DCD	Y	Donated Kidneys
July	40	F	DCD	N	Donated Liver, Kidneys and Heart Valves
November	70	M	DCD	Y	Donated Kidneys
November	60	F	DBD	Y	Donated Liver and Kidneys
December	40	M	DCD	N	Donated Kidneys
February	74	F	DBD	Y	Donated Liver and Kidneys

11 patients and their families said 'yes' to donation.
(Combined consent 79%)
6 patients went on to actually become organ donors
(4 Prolonged Time to Asystole, 1 stand down)

Leading to 15 life-saving transplants and improving the lives of 4 others

3 Families Declined the option of organ donation (1 ODR override)

We have not missed ANY referrals!

Glossary:

DCD - Donation after Circulatory Death (DCD), previously referred to as donation after cardiac death or non-heart beating organ donation, refers to the retrieval of organs for the purpose of transplantation from patients whose death is diagnosed and confirmed using cardio-respiratory criteria.

DBD - Donation after Brainstem Death (DBD) is possible from patients whose death has been confirmed using neurological criteria (also known as brain-stem death or brain death).

For The QEH, this year's proceeding donations are consistent with a level-2 trust.

Categorisation of Donation Activity by Level
Levels – based on proceeding donors per year (averaged over two years)

Category	2018 Definition	Trusts in each level
1	12 or more (≥ 12)	35
2	6 or more but less than 12 (≥ 6 to < 12)	45
3	more than 3 but less than 6 (> 3 to < 6)	46
4	3 or less (≤ 3)	41

In the coming months and particularly during Organ Donation week from 02 September, we will be supporting NHS Blood and Transplant's (NHSBT) work in encouraging people to have conversations with their loved-ones about their organ donation wishes. Under the new opt-out system, the family members of the deceased will still be able to decline donation.

The QEH's work has been supported for many years by the work of Clinical Lead for Organ Donation (CLOD), Intensivist, Dr John Gibson. John will be standing down from this role soon and Nick Lyons, our Medical Director, hopes to appoint a new CLOD in April. I should like to thank John for his commitment and contribution to this important work.

3 Closer to Home

3a. 'NED' news

We shall be bidding 'farewell' to two highly valued non-executive director (NED) colleagues at the end of March, when Prof. Ian Harvey and Dave Thomason will be leaving the Board. I should like to take this opportunity to offer my sincere thanks to Ian and Dave for their service and contributions to the work of the Board during their time with The QEH. I should also like to wish them both well in their future endeavours and I know that Ian and Dave will continue to support the Trust.

Dave Thomason has served as both Senior Independent Director (SID) and Vice Chairman in recent years. I am pleased to confirm that Alan Brown has been appointed by the Governors' Council as Vice Chairman. The Board will work with the Governors' Council in the coming weeks before appointing a new SID.

I have been working with the Nomination and Remuneration Committee of the Governors' Council on the appointment of new NEDs to serve on our Board. We have looked closely at our NED succession-planning and at the strategic issues currently faced by the Trust and we have been looking for NEDs with particular skills, knowledge and experience to complement the skill-set of the Board. We have

attracted some strong candidates and I hope and expect that the Governors' Council will be invited to make appointments in April.

3b. "Welcome" to our newly elected Governors!

As I mentioned in my last report, our governor elections closed on 31 January and I am very pleased to congratulate our newly elected governors and to welcome them to the Governors' Council:

New Governor	Constituency
Patrick Kavanagh	West Norfolk
Kenneth Wicks	West Norfolk
Ann Easton	West Norfolk
Simon Clarke – re-elected – second term	West Norfolk
Dale Welch	Breckland, North Norfolk and Rest of England
Sue Robinson	SE Lincs
Alan Maltby	SE Lincs
Jenny Brodie – re-elected – third term	Cambridgeshire
Anthony Wilson	Staff - Clinical
Chaz Scholefield	Staff - Non-Clinical
Dan Todd	Staff - Non-Clinical

Our new governors are raring to go! They have already started to attend some of our Governors' Council committee meetings and have had a preliminary induction meeting with Esme (Lead Governor), Gill (Trust Secretary) and Mary (Foundation Trust Membership Officer). I will be meeting with our new governors personally very soon and I know that they can, as they settle into their new roles, expect the support of our longer-serving governors.

4 <u>… some sound bites of news!</u>

- Congratulations to the team in Critical Care who have been shortlisted for a BMJ award. The Arterial Line Safety project, which focuses on improving patient safety, is among six projects hoping to win the Anaesthesia and Perioperative Medicine Team category. The winner will be announced on Wednesday, 24th April.

- Consultants, junior doctors, nurses and other professionals have been honing their skills in dealing with traumatic injuries during a two-day Advanced Trauma Life Support Course.

  This is the sixth time the Trust has offered the course, in order to improve trauma care at The QEH. Participants learn and most importantly practice the latest techniques. To help immerse our clinical teams in the day, volunteers were 'made-up' to look like trauma victims (see photograph on the right).

5 The Chairman's Diary

My diary engagements, since January include:

Internal

- Meetings with NED candidates
- 'All Staff Briefings' with the CEO
- Meeting with the League of Friends
- Visits to a number of hospital areas and teams
- Meetings with clinical colleagues
- Meeting with the Change Team

External

- Meetings with NHSI colleagues
- STP meetings with the Independent Chair and Lead Executive Officer
- Meeting with new East of England Regional Director, Ann Radmore
- Media briefings
- Midlands and East Chairs' event