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 10.30 am on Wednesday 30th January 2019 in the Queen Elizabeth Hospital Conference Room

Chairman & Governors	Constituency
Barnett, Steve (SB)	Trust Chairman
Barber, Darren (DB)	Staff – Non Clinical
Bruce, Malcolm (MB)	Public - Cambridgeshire
Buckingham, Sophia (SB)	Staff, Non-Clinical
Calton, Julie (JC)	Staff – Clinical
Clark, Steve (SC)	Public – West Norfolk
Coe, Dave (DC)	Staff, Non-Clinical
Compton, Ann (AC)	Appointed – College of West Anglia
Corner, Esmé OBE (EC)	Lead & Public Governor, West Norfolk
Dossetor, Jonathan (JD)	Public - West Norfolk
Evans, Jane (JE)	Appointed – West Norfolk Carers
Hicks, Aimee (AH)	Public – SE Lincolnshire
Hipkin, Penny (PH)	Public - West Norfolk
Kunes, Paul (PK)	Appointed – Borough Council of King's Lynn & West Norfolk
Lewis, Betty (BL)	Public - Cambridgeshire
Sherwood, Ian (IS)	Appointed – Breckland Council
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	
Shaw, Caroline (CS)	CEO
Hardwick, Emma (EH)	Chief Nurse
Brown, Alan (AB)	Non-Executive Director
Thomason, Dave (DT)	Non-Executive Director
Rejzl, Gill (GR)	Trust Secretary
Denmark, Mary (MD)	FT Membership Officer & Minute taker

GOVERNANCE / REGULATORY		Action
44/18	**1. Chairman's introductions and opening remarks**	
	The Chairman welcomed everyone to the meeting, introducing and welcoming new CEO Caroline Shaw to her first Governors' Council (GC) meeting.	
45/18	**2. Apologies for Absence:** **Governors:** Mark Abbott, Robin Broke, Simon Clarke, Robert Outred, Clive Monk, Jenny Brodie, Patricia Tickner **Directors**: M Ashton, I Harvey, D Dickinson, N Lyons, K Charman, R Jackson	
46/18	**3. Declarations of Interest & updated Register of Governors' Interests:** for review	

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	Governors were asked to note the declarations of interest and were requested to notify any future updates to MD/GR. • JB advised she had now retired and no longer worked at Glennfields	
47/18	**4a. Governors' Council Minutes – 27-11-2018** The minutes were reviewed and following the addition of Sandra Squire to the list of attendees: **<u>The Governors' Council agreed the minutes as an accurate account of the meeting.</u>** **b. Matters Arising** • EC queried progress regarding buddying arrangements. • SB responded it was part of the 'special measures' arrangements that the QEH was to work with Sherwood Forest as a 'buddy' trust, being a similar size with similar issues. Sherwood Forest had been rated inadequate in 2015 but this has been turned around and is now rated 'good' overall and 'outstanding' for 'care'. CS, who previously worked at Nottingham University Hospital Trust; had worked closely with Sherwood Forest and knew both the Chief Executive and Executive Medical Director well. CS had already participated in 1 conference call with Chief Executive, Richard Mitchell. Andy Haines, Sherwood's Executive Medical Director (EMD), had helped to develop their Clinical Strategy and medical staff engagement and there is much learning to be gained from working with Sherwood Forest staff. Suzanne Banks, Sherwood's Chief Nurse, had joined the Board following their 'inadequate' rating and helped the Trust on its journey from 'inadequate' to 'good' and she can bring her knowledge and skills to help the QEH do the same. • SC commented that whilst there is always learning to be gained; the QEH already knew what needs to be done; and felt that much of this is about accountability. SB had a similar sentiment but reiterated this is something the Trust has to do and therefore must do it well and learn from colleagues who have recently turned around their own Trust. However, the QEH must not 'sub-contract' responsibility. • The timeframe will be shared organisationally, with NHSi and the GC in due course. **c. Actions** – None	
48/18	**5. Forward Plan**	
	SB asked the governors to consider the Forward Plan. **<u>The Governors' Council noted the Forward Plan</u>**	
49/18	**6. Chairman's Report**	
	The report was taken as read. SB highlighted: • Welcome to the new CEO, Caroline Shaw (CS). • The publication of the NHS 10-year plan. There was a summary plan available online. The plan shapes the future direction of health and social care in an integrated way. • Norfolk and Waveney (N&W) STP (Sustainability & Transformation Partnership) - Integrated care system to provide care closer to patients in	

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their own homes / community settings providing greater utilisation of services to help prevent people coming through to A&E.

- The STP is very important, as is the role The QEH plays within that system.
- There will always be a district general hospital (DGH) / A&E at King's Lyn; therefore, the Trust needs to ensure, from a patient's perspective that the correct services are in place.
- Independent STP Chair, Patricia Hewitt and Interim Executive Lead, Melanie Craig, will be visiting the QEH to talk about the current position of the N&W STP and future plans.
- In the past, the QEH has not always engaged fully in the development of the STP plans; this will be addressed.
- Brexit – teaching hospitals had concerns regarding access to drugs / equipment and the DoH had increased stocks to ensure undisrupted flow. Work has also been undertaken to facilitate the movement of overseas staff.
- Changes to NHS England (NHSE) and NHS Improvement (NHSi) team - Ruth May (former QEH CEO) is now the Chief Nursing Officer for England and an Executive/National Director at NHS England and NHS Improvement. She is also the National Director responsible for infection prevention and control. Ruth will be invited to the QEH for a visit in the near future.
- Staff working over the festive period - SB had written to thank staff for magnificent efforts over the festive period.
- Governor Elections - Outcomes to be covered within a separate report however; many thanks to those governors standing down for their valued contributions.
- Stroke Unit - Thanks and congratulations for all the team is doing. West Raynham is the 6th best performing Stroke Unit in the country which, should be celebrated.

The Governors' Council noted the Chairman's Report

50/18 **7. CEO's Report**

CS advised she was delighted to be at the QEH and thanked everyone for the warm welcome she had received. CS highlighted:

- Priorities were clear, predominantly leadership and staff engagement. CS was aware that there were significant challenges ahead.
- From February onwards, there would be a 'Team of the Month' award to say thank you and to endorse the values of good care and service.
- Re-introduction of Staff Annual Awards and the Long Service Awards.
- The need for all Board members to be more visible.
- The need for honesty and simplification in respect of the Trust's finances / sustainability.
- The need to improve patient flow to enable better delivery of all services; to only cancel elective operations as a last resort and to prevent recurrent cancellations.
- To engage more with stakeholders; to lead discussion on behalf of the local population and patients.
- Performance; in December ED performance saw the Trust 54th in the country. Thanks to staff for achieving this.
- Performance against Cancer service targets have been improved.

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- Care Quality Commission (CQC). The Trust was notified the CQC would carry out a revisit over 3 days from March 5th. All core services will be reviewed.
- A Well-led review will take place during the second week April. The Trust needs to demonstrate improvements and be honest about further work required.
- Need to achieve full staff engagement – improved engagement leads to better patient care.

- AW commented that what still seemed to be missing was what the QEH's future looked like longer term, in 10-15 years. Was there a long term strategy regarding the direction for the Trust?
- SB responded that it was a priority to revisit the Corporate Strategy, to refresh this in light of policy direction of N&W STP ambitions to become an Integrated Care System (ICS). QEH staff and stakeholders will need to play a role in the development of the Strategy to determine the range of services best provided at the QEH. The QEH needs to determine how this relates to and interacted with primary and community care and acute services integration across Norfolk. There is some catching up to do and an early priority is to get up to speed to ensure ambitions are central to discussions taking place. The QEH must be able to help shape future service provision and this requires QEH input in the STP plans.
- AW further commented that many organisations fail because they are reactive rather than proactive and that the Board needs to be more tenacious and resilient to ensure progress. The financial deficit requires better management to underpin the right Strategy.
- CS responded that the focus must be on the needs of the local population and to create the right pathways. In some cases, this will require an amalgamation of some services to tertiary centres but what is essential is the linking of services to make the patient pathway seamless.
- JD commented on the Section 29 Maternity Warning Notice given in September 2018 and queried whether the situation has been turned around yet.
- EH responded that many steps have been taken with a good degree of improvement seen; however, this is not yet embedded, and improvement is in the early stages. The Trust has been successful in recruiting some key appointments, i.e. obstetric and gynae consultants. An unannounced CQC took place in Maternity at the beginning of December and the Trust was awaiting formal feedback but positive changes were noted, which was encouraging. Whilst there is still a way to go, signs are encouraging. There has been greater NED oversight, with visits having taken place and there would be follow-up visits in the near future.
- NT commented that prior to the Trust's last CQC visit; self-assessments had been carried out with quite different ratings to the CQC assessment. Could assurance be given that any self-assessments were far more reflective and honest to ensure there would be no surprises on re-inspection?
- CS confirmed that a realistic self-assessment had been submitted to the CQC. She stated at the staff briefing and again reiterated that the Trust must not slip back and needed to continue to progress and to support changes and sustainability.
- PT queried how the Trust was intending to deal with closer working / linking with stakeholders in the community, i.e. primary care.
- CS responded that the QEH needed concrete positive engagement plans,

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in the broader context. SB agreed that it was a QEH priority to help design the engagement process, as primary care has a critical role to play in improving the patient pathway and patient flow. Historically, there have been poor relationships between the QEH leadership here and at West Norfolk CCG that was not conducive to partnership working; however; the QEH was working to introduce improved engagement at Board-level to achieve better connectivity – necessary to ensure proper integrated care.

- EC queried whether NEDs had any assurance of whether there was an effective QEH Communications Strategy to improve engagement both internally and externally. Both DT and AB responded that they were not assured because the Communications Strategy required urgent updating. The Strategy need to be developed; not only with staff but also with partners within the STP, especially those working closely with the QEH.
- The STP has historically been Norwich-centric and the QEH needs to change its relationship with WNCCG to make the necessary changes. There is a need for more QEH input and greater engagement.
- EC pointed out that the QEH was fortunate that local people still had confidence in the hospital but recent unfavourable media attention had potential to damage patient confidence. CS agreed stating that the Trust wants an ongoing media relationship; not just when there may be negative developments but also for positive stories and these relationships require development.
- SC queried what the CQC be looking for at this stage, taking into account new Chairman and CEO appointments. SB responded that the CQC would be looking at all main services. They would interview staff and review patient data and evidence that the 'must' and 'should' actions identified in the previous report had been tackled. Previously, the Trust was deemed inadequate in the Well-led domain and it was hoped this time, following changes and some good appointments, that some improvement will be evidenced. For the 'Use of Resources' assessment, with such a large deficit in place, 'requires improvement' is the best rating that can be achieved. If all 3 areas pointed to improvements, that would be helpful in measuring progress. Coming out of 'special measures' was not likely at this stage. However, if there was evidence of 'green shoots' that would be a good start.

The Governors' Council noted the CEO's report

51/18 **8. Election Update**

- Voting concluded om 30th January for the 12 seats up for election; the outcome to be notified on the afternoon of the 31st January by the ERS returning officer.
- The election showed a different pattern this time with West Norfolk members showing less interest in putting themselves forward for election.
- Jenny Brodie, (currently a Cambridgeshire governors) was elected unopposed, so congratulations were offered to her on her new 3-year term. Ant Wilson was elected unopposed in the Clinical Staff constituency and the Trust had agreed to run with the remaining staff clinical vacancy, as there will be elections taking place again this winter.
- For outgoing governors Peter Tasker, Aimee Hicks, Darren Barber and Nigel Tarratt this was their last GC and they received thanks for their contributions during their time in office. Sophia Buckingham and Simon

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Clarke were both up for re-election and standing again as candidates and were wished good luck in the election. Thanks were noted for all the outgoing governors and it was hoped that they would continue to be 'friends' of the hospital as their help had been highly valued.

- EC commented on the difficulty in appointing Clinical Staff Governors and the disappointment that the Trust would be running with a vacancy in this area. It was hoped this was something that could be discussed/addressed before next year's elections. EC advised that the newly elected governors would have an Induction and be offered mentoring. Therefore, if any current governor was prepared to mentor a new colleague, that would be helpful -in which case to please advise Gill Rejzl / Mary Denmark.
- BL advised that outgoing governor Aimee Hicks had arranged to become a volunteer, thereby keeping her contact with the QEH.
- Mary Denmark received thanks for her hard work and support for the election process.

The Governors' Council noted the Election Report.

52/18 **9. Personal objectives for the Trust Chairman**

Vice Chair, DT led the GC in consideration of the report.

Key issues included:

- Objectives related to the CQC findings, the financial deficit and engagement.
- DT thanked GR for preparing the report, which was similar to last year. There were not too many targets, with concentration on the main important issues.
- Appendix A set out the objectives put forward for approval.
- SB confirmed he was happy with the objectives.
- EC commented that the situation within the Trust was fluid and it was important that everyone realised that the objectives would be reviewed again during the year and that priorities might need to change and that this might need further discussion at that time.

The Governors' Council agreed the Trust Chairman's Personal Objectives

STRATEGY / QUALITY

53/18 **10. Quality Improvement**

Emma Hardwick (EH) highlighted:

- Oversight and Assurance Group (OAG) & NHSI CQC monthly meetings – progress is being made and gathering pace.
- The need to be realistic regarding self-assessment and to carry out moderation exercise and seek additional evidence.
- Board review has taken place.
- Thanks to has all governors who have helped with Quality Assurance Visits – these have been helpful and EH wished to see these continue.
- Patient Experience is very important as an outcome of Quality Improvement. The Trust must continue the work with Emma Harrison (Patient and Public Experience lead), with LN/GR and the governors to

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sustain that work.

- EC asked the NEDS if they were able to take assurance from the Quality Improvement update to OAG, and queried whether NEDs were assured that the necessary changes are taking place / being embedded to move towards changing the current 'reds' to 'ambers' and eventually 'greens'.
- AB responded he was comfortable with processes in place. More work and time was required to embed processes and there was the danger of having a false sense of security if areas become 'green' too quickly.
- DT had only attended one OAG meeting yet felt the process should work however; more time is required to evidence progress.
- SB advised that NHSI had made available a sum of money for the QEH to source external input and support for improvement. In addition, the QEH needs to liaise with its 'buddy' Trust to help support the team.
- SB agreed with NT's earlier point regarding the importance of accurate self-assessment and robust discussion was required to ensure that the Trust does not think it is doing better than it actually is.
- EH advised that the Quality Assurance Visits had been valuable; however, some of the ward managers had found the feedback harsh. This was because the Trust has been using the same CQC template and their use of terminology, including 'inadequate'. Realism is important in ensuring improvements are made and ensuring staff are prepared to be able to answer the CQC's questions.

Nurse staffing update:

- There are still significant challenges regarding nurse recruitment. The international programme has been successful and of 18 nurses joining the Trust in January; 6 of these were international nurses. 28 registered nurses are joining at the end of February; 14 of these are international.
- There were only 8 leavers during that period, which is positive.
- In response to BL's query, EH explained that the Objective Structured Clinical Examination (OSCE) tests take place in only two centres in England, in Oxford and Nottingham.

<u>The Governors' Council noted the Quality Improvement Update</u>

54/18 **11. STP Update**

CS advised that an STP Update would be brought to each GC as a standard item going forward and asked if there were any questions / comments.

- BT queried what an Integrated Care System was?
- In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) across England, setting out proposals to improve health and care for patients. In some areas, including Norfolk and Waveney (N&W), partnerships are evolving to form an integrated care system (ICS), a new type of even closer collaboration. In an ICS, NHS organisations, in partnership with local organisations, take collective responsibility for managing resources, delivering NHS standards, and improving the health of their local population.
- Local service provision can provide better and more joined-up care. Improved collaboration can help make it easier to work with colleagues from other organisations and systems to better understand data about local people's health to help provide care tailored to individual needs. Importantly, accountability would remain with the individual partner

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organisations.

- A N&W ICS relies on legal underpinning It is unlikely that an ICS in this area would be achieved by April 2021.
- SC thanked CS for the STP report as he had felt that governors had not been sufficiently kept up to date with information in the past.
- SC pointed to the draft Mental Health Strategy consultation and that there were only 2 weeks left to comment on this. Disappointingly, only 200 people had done so to date and governors were encouraged to have their say. 35 / 50% of patients can have mental health requirements, yet there is insufficient funding for this.
- JE commented on the large increase in social prescribing. It appears GPs do not have confidence in Norfolk & Suffolk Foundation Trust (NSFT) and subsequently, are using social prescribing as a vehicle to address some needs, but the requirement is too great and a proper funding review is required along with further joined up services. SB pointed out that mental health care is currently a highly political topic.

The Governors' Council noted the STP update

PERFORMANCE

55/18 **12. Performance Data**

13. Finance Exception Report

Taken as read. CS reported:

- There had been no 'never events' in December.
- 3 Serious Incidents (SIs) were reported.
- There were 2 cases of C Difficile – work continues to drive this down.
- Friends and Family Test (FFT) achieved recommended targets; however, feedback is more important than targets and greater detail is required.
- ED achieved a good performance.
- Ambulance turnarounds were taking too long; more work is required
- Delayed transfers of care (DToC) reduced in December.
- Medically fit for discharge (MFfD); high numbers seen. As this impacts on the 4-hour target, further work is required.
- Access Improvement seen with the 18 week waiting total being reduced by 18 patients. Cancer 52 weeks; 1 breach this month.
- Appraisals reduced. The Trust needs to value staff time and simplify the process.
- Increase seen in staff sickness absence.
- Successful flu campaign – The QEH is one of the leading trusts in UK for this.
- PK: hand hygiene issue. The Trust spent considerable funds and effort in putting in handwashing facilities at the front entrance with very few people using this. Could this be further encouraged / enforced?
- Initially, volunteers had encouraged people to wash their hands; however, this was not always well received with some aggressive behaviour seen from some members of the public. Volunteers would require special training in how to deal with difficult behaviours before they would be willing to try this again.
- EC asked the NEDs if they were aware of the reasons why activity had dropped so significantly in every area except the Emergency

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Department (ED).

- DT and AB observed that this reduction was also reflected in the financial situation. Better planning / budgeting and taking changes in activity into account is required.
- SB advised the Board was aware that the financial position was severe and that the Trust was potentially the worst Trust in the country regarding deficit as a percentage of turnover.
- DC commented that in the past the QEH had invited a number of companies into the Trust to help with financial recovery, yet very little progress had been made. Why was this?
- SB responded this was because there had previously been little ownership of the proposed actions likely to lead to an improved position. He gave his assurance that the current team would put steps in place to ensure the legacy left by external support would become embedded within the Trust. The remit would be for openness and candour; pointing out gaps in processes and within capacity / capability.
- DT commented that in the CPT report (in 2014) there was advice that if the Trust did nothing, it would reach a £39m deficit by 2018/19, and that is what appeared to be happening.
- DB queried if that was the case, why had the Board not better controlled the financial situation.
- DT responded that NEDs were not operational and had no authority over financial management; however; they have and do continue to challenge strongly. The main issue with having external support to assist in reducing the financial deficit had been that previously, any initial changes made had not been embedded or sustained.
- AB advised the Trust had created a new finance sub-committee to enable the financial recovery plan to be monitored and to hold Divisions and Clinical Business Units (CBUs) to account. It must not be an option for managers and clinical leaders to delegate accountability.
- NT commented that had this issue been picked up earlier, then the situation might have been different.
- SB commented that whilst the financial deficit is not just within the ownership of the QEH, because a number of issues are impacted by outside influence for which partners have to be willing to make changes themselves; the bulk of the solution lies internally.
- SC commented that capital slippage regarding the roof is concerning.
- For various reasons, the Trust is likely to lose the opportunity this year to spend the capital bid for; however, the roof remains a top priority. It is anticipated that in 2019/20, the QEH will receive the necessary funds to fix the roof.

- Procurement – There is potential to make savings by utilising a Norfolk Wide procurement system.
- PH - theatre utilisation – Cost implications of cancellations due to bed capacity and consequent outsourcing of electives. This scenario, generally, is cost neutral to the Trust.
- AW - There is a need for governors to see a financial recovery plan (FRP) to help understand the financial situation. CS responded the FRP can be an agenda item at the next Governors' Business Committee meeting.

<u>The Governors' Council noted the Performance Report / Finance Exception Report</u>

COMMITTEE AND TASK AND FINISH GROUPS

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56/18	**14**	
	a – Membership and Communications Committee – (M&C) The M&C Committee last met 09-01-2019. 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 likely date for this is Thursday 9th May. • A meeting with the Volunteer Manager took place to discuss how to address the issue to volunteers being invited to become FT members. • The next Trust Matters newsletter is scheduled for April. • The membership currently stands at 7,665. **b – The Patient Experience Committee (PEC).** The PEC last met on 03-01-2019. The report was taken as read. Chair EC highlighted: • Cllr Sue Fraser, West Norfolk Disabilities Champion, attended the meeting. She was articulate and enthusiastic and PEC will seek to broadcast her excellent work. • EC was pleased that Louise Notley and Gill Rejzl attended to speak about QIP (Quality Improvement Plan) and to discuss governors' potential involvement with this work. **c – Business Committee** The Business Committee last met on 07-01-2019. The report was taken as read. Chair, SC highlighted: • It was increasingly frustrating for governors to have to keep asking the same questions with little change in response received. There appears little in the way of accountability to address the financial challenges. • It was appreciated that the Director of Finance shares information in an open and transparent manner. **<u>The Governors' Council noted the Committees' reports</u>**	
57/18	**15. Exclusion of the Public (GC Standing Orders – para. 4.1)**	
58/18	**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 Public Section of the Governors' Council meeting closed at 12.15.	

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