Agenda Item: 02

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Board of Directors (In Public)

Minutes of the meeting held Tuesday 3 March 2020 at 10am in the Conference Room, Queen Elizabeth Hospital, King's Lynn

Present:

S Barnett (SB)	QEH Trust Chairman
A Brown (AB)	NED
I Mack (IM)	NED
S Roberts (SR)	NED
G Ward (GW)	NED
D Dickinson (DD)	NED
J Schneider (JS)	NED
C Shaw (CS)	CEO
L McManus (EM)	Chief Nurse
C Benham (CB)	Director of Finance
D Smith (DS)	COO
F Swords (FS)	MD
L Skaife-Knight (LSK)	Deputy CEO
C O'Brien (COB)	Director of Patient Safety
C Castleton (CC)	HRD
P Tydeman (PT)	Director of Transformation

In attendance:

C West Burnham (CWB)	Director of Strategy
K Jackman (KJ) item 2	General Manager, Women & Children Division
D McPartlin (DMP) item 2	Divisional Director, Women & Children Division
L Notley (LN) item 11	Associate Director of Quality Improvement
A Prime (AP)	Trust Secretary Designate
G Rejzl (GR)	Trust Secretary
L Le Count (LL)	Executive Support Manager – minutes

ACTION

29/20 1. CHAIR'S WELCOME

SB welcomed those present to the meeting.

30/20 2. 2019 NATIONAL STAFF SURVEY RESULTS

The Board considered the report and discussion included:

- The results have moved QEH from one of the lowest-scoring trusts to much closer to the national average, and there is evidence that staff morale has improved.
- QEH is the only trust in the East which has improved in every area; this is unusual for a trust in Special Measures.
- Staff have indicated that they are now less likely to leave the Trust, and they feel that communications with senior management have improved.
- Other areas of improvement include morale, safety, and quality of care. The staff engagement score has improved but remains below the national average.
- Divisional scores:
  - Women & Children has improved significantly and is well above the national average in many areas;

    - Medicine and Surgery remained largely static;
    - Clinical Support Services' scores deteriorated;
    - Corporate areas such as Estates & Facilities, HR, and Finance scored poorly and significant work is planned.
- Free text will be triangulated with staff FFT results and FTSU data.
- The 6 areas of focus are:
    - Encouraging staff to share feedback and speak up;
    - Improving staff health and wellbeing;
    - Greater clarity on staff roles and responsibilities;
    - Supporting line managers to support their staff;
    - Increased training, development and career opportunities for all staff;
    - Strengthening the approach to valuing, rewarding and recognising staff.
- These areas will have KPIs.

DIVISIONAL PRESENTATION

KJ and DMP provided a presentation – discussion included:

- LSK suggested that learning from Women & Children, which was the most improved division, could be shared across the Trust.
- The division is proud of its survey results, with a 61% response rate. KJ hand-delivered as many surveys as possible and set the division a challenge of 60% compliance. KJ also utilised social media to encourage completion.
- The top 3 biggest changes were quality of appraisal, staff engagement, and staff morale. Recruitment and retention scores improved, and complaints achieved a better response. The division also strived to close its section notices.
- KJ felt that the divisional structure and the substantive Divisional Leadership Team made a difference – the senior team is approachable and open with staff, holding an open forum and regularly visiting ward areas. Staff have also been released for training / development and appraisals.
- DMP advised that although the Division was proud of its achievements, it was not complacent. Whilst the staff and wellbeing scores had improved, they were below the Trust average – mitigation includes putting professional midwifery advocates in place and appointing a Head of Nursing for Paeds. Bullying and harassment concerns were taken seriously; although no reason for these claims could be found, the division had undertaken work on culture and behaviours so increased awareness may have been an issue.
- A divisional action plan session is planned this month, along with the roll-out of continuity of care for pregnant women, daily safety huddles, and addressing SIs promptly, with the emphasis on learning rather than blame.
- LSK will meet all divisions and corporate leads over the next 4 weeks to develop action plans. She suggested the Trust should use technology rather than paper copies moving forward.

AB noted that response rates are the lowest for 4 years, and suggested staff needed more incentive to complete the survey. LSK felt that the key reasons for the low response rate were technology, staff feeling the survey was not anonymous, and the lack of feedback to staff in relation to what the Trust is

doing differently.

IM was pleased with how metrics had improved. He felt the Trust needed to be seen to deliver change, as this was likely to improve scores further. He acknowledged that releasing staff for study leave, along with the cost of course, was a challenge and queried whether there were any metrics relating to study leave / training courses, and any targets for delivery over the next year. LSK advised that this will be included in the next phase of work.

DD thanked KJ / DMP for their presentation; he queried sickness levels in the division - KJ advised these had reduced, and long-term sickness was being managed on an individual case basis.

JS suggested simply asking staff how they feel about working at the Trust - LSK advised that she is exploring utilising a staff app and a digital solution.

GW observed that the CQC was likely to review the staff survey results, as there is a link between happy staff and good performance.

CS thanked KJ / DMP for attending. She has noticed a tangible difference on Castle Acre ward, with a vibrant and welcoming atmosphere. She wanted to see a 5% increase in every indicator next year.

SB was delighted with the improved indicators, and that the QEH was the only trust with improvements in every area, despite the challenges of demand / environment. He was not surprised by the results achieved by Women & Children as the division had excellent leadership – he thanked KJ and DMP.

The Board noted the Staff Survey results and the Divisional presentation

31/20 3. REVISITING THE PATIENT STORY

The Board considered the report and discussion included:

EM reminded the Board that last month the patient had described his experiences on ITU and Tilney ward; he was complementary regarding treatment by staff and this had been fed back to the areas. The patient has offered to work with the Trust on improving patient experience.

The Board noted the follow-up on the Patient Story.

32/20 4. MINUTES FROM THE BOARD OF DIRECTORS' PUBLIC MEETING ON 4th FEBRUARY 2020 / MATTERS ARISING

The Board considered the minutes and the following changes were requested:

Page 5, FS provided revised wording relating to dementia case finding.
Page 6 (stroke services) JS clarified that she had referred to stroke patients accessing specialist services in non-stroke beds, i.e. outreach services.

The minutes of the meeting held on 4TH February were considered to be an accurate record of the meeting, subject to the amendments above.

33/20 5. ACTIONS MONITORING

The Board reviewed and updated the Actions Monitoring Record. The following actions were considered complete and were removed from the action log: **102 and 103 (from 2019), 03, 04, 05, 06, 07, 10, 11, 12, 13, 14 and 15.**

See Action Log for further updates.

34/20 6. DECLARATIONS OF INTEREST – none received.

35/20 7. URGENT ACTIONS (Under Standing Order Para. 5.2) none

36/20 8. CHAIRMAN'S REPORT

The Board considered the report and discussion included:

- Winter continues to impact the Trust; however robust planning meant that the Trust has coped well under pressure. At a recent regional Chairs' meeting he had been pleased to hear reference to QEH's successful winter performance.
- 5 CCGs in Norfolk & Waveney will be a single CCG from 1st April, with 5 local delivery groups and 17 primary care networks.
- SB chaired the first tripartite STP acute working group this week, with Chairs, CEOs and Directors of Strategy attending from NNUH and JPH. This was part of the joint commitment to work on the development of an acute network. There is a clear case for integrating care across the 3 acute trusts; this will improve the experience for staff and patients, reduce variations in treatment and maximise opportunities for development. SB and CS were clear, however, that their main priority is to stabilise QEH, whilst playing a central part in determining what any new integrated acute care system would look like. SB will provide an update at each Board meeting.
- SB was extremely grateful to those who raise funds for the Trust, particularly Gavin English who has raised c£80k to date and is aiming to raise £100k in total.

AB referred to the forthcoming change relating to organ donation and queried how staff were being prepared to have potentially difficult conversations with bereaved relatives. FS explained that the Chair of the Organ Donation committee is working on this; however, the relationship between ITU and A&E is very good, and the Trust has a good rate of organ donation.

IM had visited the Discharge Lounge recently and considered it to be working well, with engaged staff; he added that there had been no patients in the new bed bays so he will revisit. SB advised that he had also visited recently and had thanked the construction team for working to complete the project so quickly. CS confirmed that she had attended the Discharge Lounge and observed 3 patients in the bed bays before 9am, which is excellent progress, but the unit must continue to utilise the right staffing model.

The Board noted the Chairman's Report

37/20 9. CEO's UPDATE

The Board considered the report and discussion included:

- CS was keen to thank staff for their compassion and focus during a busy month, which had included potential coronavirus cases. An update will be made at Public Board each month going forward.
- The Corporate strategy will launch in April, with the focus on Quality, Engagement, Healthy lives (QEH).

- Ideas from staff have led to the launch of 'Room for Improvement' and quality improvement briefings.
- The Maternity Bereavement suite won the Lynn News Charity of the Year, which is a significant boost for the campaign, and for the Trust.
- The Trust has signed the SAS Doctors' Charter with the BMA; the representative from the BMA felt that QEH provided its doctors with the best 'mess' facilities in the eastern region.
- The Deputy CEO and Deputy COO presented to NHOSC recently, which was highly supportive of the QEH. NHOSC asked to be briefed on the forthcoming CQC inspection.
- QEH continues to develop a successful relationship with the borough council, and the School of Nursing has been put forward as part of the Town Deal. This will be a significant opportunity for QEH and the town.
- The focus on development programmes will improve engagement and make staff feel valued.

AB queried the actions in relation to coronavirus - EM advised that this will be managed via emergency planning, including:

- EM is the Executive Lead
- The Trust's pandemic policies are up-to-date;
- The Trust is compliant with national guidance.
- There are 2 pods in place.
- Patients have been swabbed where necessary, and staff are using appropriate protective equipment. Community services are swabbing patients at home / in the community.
- There will be daily meetings on pandemic management, and a table-top exercise is planned for next Friday.
- Stanhoe ward will be utilised for treatment of affected patients as staff are trained to manage infections.
- The aim is to keep staff and patients safe.

CS acknowledged the increased anxiety amongst the public; the regional office will provide a weekly 'oversight and scrutiny' phone call.

The Board noted the CEO's Report

STRATEGIC

38/20 10. STP UPDATE

The Board considered the report and discussion included:

CWB advised that the Trust continues to work with NNUH and JPH. SB added that trusts are required to work increasingly together at a system level, e.g. control totals and major capital decisions.

IM referred to the Hospital Services Strategy (HSS) which aimed to provide care as locally as possible and only centralised where necessary – CWB confirmed that work on the HSS is ongoing, there is a clear communication plan and trusts will engage with stakeholders. CS advised that the CEO of Healthwatch had suggested that consultation should start before any plans were developed; CS is part of the Acute Configuration Group and will push for consultation with stakeholders, as well as local service provision. SB added that any plans will have to be approved by sovereign boards.

JS felt it was beneficial to develop a way forward but queried service provision in the community for the frail-elderly and end-of-life patients and those with chronic conditions; SB advised that both he and CS are taking part in regular

STP meetings where the aim is for more seamless service provision but this will take time to develop. FS added that she and the MDs from NNUH and JPH are part of the Clinical Care and Transformation Group which is reviewing population health management to predict and improve health in a preventative way, and looking at coaching skills for health.

The Board noted the STP update

QUALITY

39/20 11. INTEGRATED QUALITY IMPROVEMENT PLAN

The Board considered the report and discussion included:

- The Trust is using new reporting templates and divisions are fully sighted on significant work underway across the Trust in the IQIP; this includes strategic priorities, 'musts and shoulds' and condition notices.
- 76 (37%) actions are now completed.
- There is a Clinical Review programme, focussing on the assurance process; clinical reviews are undertaken monthly.
- The plan is to recruit 2 additional staff to support delivery of the 206 actions. Thirty actions are due in March and work is underway to ensure these are on track and to mitigate any delays.

AB felt this was an improved report. He referred to the 'actions behind the plan' section and noted there was nothing relating to the first action – LN explained that this was because the action had been signed off.

SR acknowledged the volume of work undertaken; he referred to the 40 'shoulds' which require a 'plan on a page', and queried whether this could identify previously undocumented issues. LN advised that condition notices and 'musts' had been prioritised, 'shoulds' were in the plan so the team had oversight; the 'plans on a page' provide details and a timeframe for later in the year. CS added that when the CQC visited in April 2019 the Trust had only completed 2 out of 70 'musts'. CS and SB are going to meet Ted Baker tomorrow and they expect the focus to be on leadership and delivery.

IM felt that some actions failed to provide assurance, i.e. 'take action to complete the DNA-CPR forms'; whilst he understood the delay in sign-off he was unsure whether the audit data included mental capacity assessments. LN advised that there had been a robust audit in relation to DNA-CPR and whether the patient had received a mental capacity assessment, and this demonstrated improvement. The timeframe has changed since the introduction of the national Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) initiative.

SB queried how closely the Trust was involving the CQC in progress – LN advised that she is working closely with the CQC and has fortnightly meeting with the regional CQC manager. There is also a separate monthly report relating to progress against notices. LN has met with Mark Heath and shared the full plan which was appreciated. The Trust's relationship with the CQC has improved significantly, and the CQC is more supportive.

SB referred to the GMC condition and advised that at the recent Education Committee the group had received positive feedback from junior doctors regarding engagement. FS advised that she was meeting HEE next week to

see if the notice could be lifted. CS noted that attendance at the Junior Doctors' forum is now full but had been poor when she first arrived at the Trust.

The Board noted the Integrated Quality Improvement Plan

OPERATIONAL

40/20 12. INTEGRATED PERFORMANCE REPORT
a. SAFE

The Board considered the reports and discussion included:

IM sought assurance that VTE assessments and dementia case finding are taking place - FS explained that the target for VTE assessments is 97%, and the Trust is currently achieving 94%. There is a trajectory to achieve the target by the end of March, and a plan will go to Quality Committee in March. Dr Sarda has been appointed as the lead for dementia case finding, but this standard is complicated to achieve as there is some confusion on criteria, i.e. this only applies to patients aged over 65. Patients who are deemed to fit the criteria are to be flagged to the GP to review when the delirium subsides; FS felt it would be better for doctors to refer directly. The improvement trajectory indicates achievement by the end of May.

41/20 b. EFFECTIVE

- Processes relating to mortality reviews are improving and the revised Mortality Surveillance Group now takes into account the deteriorating patient.
- Last month saw an increase in the weekend mortality rate; FS is reviewing and noted a lack of access to palliative care in the community at weekends.
- Research is performing very well.
- The stillbirth rate appears to have increased but there have been no cases in the last 9 months; the increase is due to the lower overall birth rate.
- The C-section rate has risen – work is underway to reduce this.
- FS felt that 6 unplanned admissions to NICU were appropriate but 2 could have been avoided – these related to babies with jaundice which should have been identified earlier. The learning has been shared with the team and the policy has been rewritten – to go to Quality Committee in April.

42/20 c. CARING

- Cleaning scores continue to be positive.
- Complaints' performance is ahead of trajectory, returning to 95% compliance. There are currently 38 complaints and 8 in the backlog. Learning from complaints is triangulated with the FFT – issues relating to staff attitude are being addressed by focussed customer service training with staff.

AB referred to the FFT for inpatient and day case, noting an improvement from August-November but this has now decreased, and he queried the cause. EM explained that this was due to an increased number of responses. CS felt that patient experience would have been varied in the period November-January due to significant winter pressures.

JS observed that the maternity responses were better and suggested shared learning - EM advised that the maternity patients were a different demographic; older / frail patients were less inclined to fill in the form.

CS advised that there was significant work being undertaken, including 'back to the floor Friday', and there are things which could improve patient experience such as a more holistic approach to care.

43/20 d. RESPONSIVE

The Board considered the report and discussion included:

- There has been an improvement in 4-hour performance and ambulance handovers.
- Diagnostics – breaches relate to non-obstetric ultrasound. The increased demand on the service is not expected to reduce, therefore more capacity is required. Challenges include:
    - There is a national shortage of ultrasound staff, so the posts are particularly difficult to fill.
    - Some posts which were filled with staff who have recently retired have been filled with more junior staff.
    - There are some training grade posts in the team.
    - Long-term sickness has also impacted capacity.
- The team has explored out-sourcing, but this would only be a short-medium solution.
- Discussions are ongoing with part-time staff who may be able to work additional hours.
- Improved performance for cancer 62 day, along with a reduction in the backlog of patients from 84 to 55 (27 on the Urology pathway).

JS queried whether there was any potential harm to patients caused by extended waits for ultrasound - DS advised that prioritisation of tests has been agreed with the team, focussing primarily on obstetric patients, then non-obstetric. Going forward there will be a breakdown of length of wait by type of scan.

AB queried whether there was a national shortage of sonographers – DS advised that the Trust needed to attract and retain trainers locally. FS added that the region should be well placed to address the shortage as radiology training is provided in Norwich, but this does not currently include radiographers. EM advised that a midwife could undertake sonographer training within 1-2 years.

CS was clear that the Trust must have a robust Radiology department – CC to provide a detailed workforce plan for Clinical Support Services to People Committee in May. **HRD**

SR was pleased with the improvement in cancer 62-day performance and queried when the Trust might achieve 85% - DS advised that the Trust was likely to achieve 85% in June. IST has agreed to work with the Trust to provide support for pathways and refine governance processes.

DD queried whether the 85% would apply to all specialties - DS advised that there will be a trajectory at tumour-site level.

CS suggested undertaking a deep-dive on activity targets and plans at Finance **COO**

& Activity Committee.

44/20 e. WELL-LED – PEOPLE

The Board considered the report and discussion included:

- Time to recruit had reduced to 61 days.
- A large number of staff had agreed to 'retire and return', and there were many students at the Trust on placements as well as use of apprenticeships
- The Trust is exploring different ways to entice staff to work at the hospital.

SB and SR were pleased to see an improvement in the metrics. SR acknowledged that there were still challenges relating to sickness, appraisals, and mandatory training. These will be reported at the next People Committee and trajectories agreed.

GW recognised that the Trust is above desired performance in relation to sickness, noting that a 1% increase equated to £1m cost to the Trust which is significant. He suggested sickness linked with the results of the staff survey; CC advised that HR is working with divisions and teams to understand the reasons for sickness.

45/20 e. WELL-LED – FINANCE

The Board considered the report and discussion included:

- The Trust faced significant operational pressures in January and had not held back on resources to address these pressures.
- The resulting over-spend of £0.5m was offset by depreciation costs.
- The Trust is £100k off-plan but CB was confident the Trust will achieve its year-end position.

GW was delighted with the improved grip and control compared to last year.

<u>The Board noted the IPR Exception Reports</u>

46/20 13. KEY PLANS – URGENT CARE

The Board considered the report and discussion included:

- There is a significantly improved space for ambulance handovers, providing 5-6 spaces and a 'drop and go' area – this has resulted in improved handover times.
- The Primary Care streaming pilot has been in place since last week.
- Going forward there will be a focus on criteria-led discharge – this will be rolled-out on 4 further wards in April and is expected to improve pre-noon discharges and use of the Discharge-Lounge.
- The trajectory for 2020/21 has been agreed, with ambitious stretch targets and a breakdown of admitted and non-admitted patients. DS expected to see an improvement in non-admitted patient performance.

IM congratulated DS on the improved performance. He referred to the primary care streaming pilot and felt this needed clear criteria for continuing. DS explained that the Trust does not have a local primary care provider, so is

using a mid-Essex GP consortium; she is hopeful this will change going forward.

AB queried whether streamed patients were included in the ED figures – DS confirmed patients attended ED and were then streamed. AB queried whether referring to the GP was categorised as a 'discharge' but DS advised the patient remained on the 4-hour clock.

The Board noted the Urgent Care update

47/20 14. OPERATIONAL PLAN UPDATE

Discussion included:

- The first submission date is Thursday; the final date is 29th April with narrative.
- This will be discussed in detail at Private Board.

SB queried whether the Trust was on target – CB confirmed it was. Each organisation submits its plan, then these form part of the STP plan. QEH is working with partner organisations.

The Board noted the Operational Plan update

48/20 15. Item withdrawn

RISK

48/20 16. CORPORATE RISK REGISTER (>15)

The Board considered the risk register and discussion included:

- The risk register has been aligned with the Assurance and Risk group so it will be scrutinised before going to sub-committees in March.
- Principal risks have been formalised.
- Work in relation to challenge with the divisions is ongoing and progressing well.

SB felt the report was much improved, with good narrative.

AB was surprised that there was no mention of Coronavirus - COB explained that these risks were being developed and will be on the register from 13th March.

IM referred to the risk relating to the roof and was pleased to see actions in place; he queried when additional monitoring would be in the public domain. SB advised that the Board will discuss that in the Private meeting, adding that action would be aligned with other hospitals nationally.

JS noted that replacement beds for CDS had been on order for a long time - EM advised that the Trust was still awaiting delivery but an error in procurement had resulted in a delay. EM will add the date to the risk. **Chief Nurse**

EM referred to the risk relating to the ability to undertaken transfusion – this is rated 16 and she did not want to reduce this until she was confident the

training programme was sufficiently robust.

The Board noted the Corporate Risk Register

REGULATORY AND GOVERNANCE

49/20 17. REGISTER OF DIRECTORS' INTERESTS

The Board noted the Register of Directors' Interests

PERIODIC REPORTS

50/20 18. BOARD OF DIRECTORS' FORWARD PLAN

The Board considered its forward plan and discussion included:

The Board of Directors noted its Forward Plan

51/20 19. AOB

SB acknowledged that this was GR's final Public Board meeting and took the opportunity to thank her for her professionalism and dedication to the Board and to the Trust. He also thanked GR personally for all the support she has offered him as Chairman and wished her a long, happy and healthy retirement.

Questions – none raised

Date of next meeting of Board of Directors (Public) meeting – Tuesday 7th April 2020 at 10am in the Conference Room, Queen Elizabeth Hospital

The Board 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.

There being no further business, the meeting was closed at 12.15pm