Agenda Item: 03

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

DRAFT

Board of Directors (In Public)

Minutes of the meeting held Tuesday 4 August 2020 at 10am via remote dial in arrangements

As part of the Trust's robust plans put in place to keep patients and staff safe, the Trust's Public Board of Directors meetings are not being held in public until further notice, consistent with arrangements in place across the wider NHS. The QEH Board of Directors therefore held a virtual public meeting on Tuesday 4 August (10-12:00 noon). Board Papers were published in advance of the meeting, as usual, and are available in full on the Trust website.

Present:

S Barnett (SB)	Trust Chairman
A Brown (AJB)	Non-Executive Director (NED)
I Mack (IM)	Non-Executive Director (NED)
G Ward (GW)	Non-Executive Director (NED)
D Dickinson (DD)	Non-Executive Director (NED)
J Schneider (JS)	Non-Executive Director (NED)
C Fernandez (CF)	Non-Executive Director (NED)
C Shaw (CS)	Chief Executive Officer (CEO)
D Smith (DS)	Chief Operating Officer (COO)
L Skaife-Knight (LSK)	Deputy CEO (DCEO)
A Brown (ApB)	Chief Nurse (CN)
C O'Brien (COB)	Director of Patient Safety (DoPS)

In attendance:

P Tydeman (PT)	Director of Transformation (DoT)
G Raghuraman (GR)	Deputy Medical Director
L Sanford (LS)	Deputy Director of Finance
A Probert (AgP)	Deputy Director of HR
E Corner (EC)	Lead Governor
A Smith (AS)	Care Quality Commission
J Turner (JT)	Patient Story
A Cooper (AC)	Paediatric Senior Nurse – Patient Story
L Le Count (LL)	Executive Support Manager – Minutes
A Prime (AP)	Trust Secretary

ACTION

119/20 1. CHAIR'S WELCOME AND APOLOGIES

SB welcomed those present to the meeting including Alison Smith from the CQC who was observing the meeting, and April Brown who joined the Trust this week as interim Chief Nurse.

As the Trust begins to recover from COVID, the length of the meeting may be extended to 2 hours to give additional time to ask questions.

Apologies were received from S Roberts, F Swords (G Raghuraman attended as Deputy MD), C Benham (L Sanford attended as Deputy Director of Finance), C West-Burnham, and C Castleton (A Probert attended as Deputy Director of HR).

120/20 2. PATIENT STORY

SB welcomed Jennie Turner (JT) to the meeting and thanked her for attending to share her story.

ApB explained that JT wanted to share with the Board the story of her daughter Bonita (Bonnie) who had complex health needs, and who passed away in 2019. JT's story contains learning for the Trust to improve its patient experience. JT was also joined by AC, a senior nurse who was heavily involved in Bonnie's care.

JT thanked the Board for inviting her to attend. Bonnie was born in 2000 and passed away in 2019; she was born with disabilities and spent a lot of time on Rudham ward where she received excellent care. Bonnie was full of fun, and although she was unable to communicate verbally, she was able to make those around her aware of what she wanted.

The main areas of concern for Bonnie's family were related to transition into adult care, and End-of-Life (EoL) care.

JT thanked QEH staff for everything they did for Bonnie and the family, and she went on to praise the hospital for its management of the COVID-19 pandemic.

SB thanked JT for sharing her story; he acknowledged the family's great loss and assured her that by sharing Bonnie's story it would allow the Trust to make changes in how services are delivered to other patients facing the same issues. He was deeply sorry for the loss of Bonnie who clearly had a strong personality, and a loving, dedicated family.

ApB introduced AC. AC agreed with JT's comments regarding transition, which was often very challenging for parents of patients with specific needs. From a paediatric perspective, the team is unaware of what services are in place within adult care so are unable to advise families about transition. AC had known Bonnie for 18 years and she acknowledged how difficult it was for families to lose the connection with the paediatric team. As care gets better and children with complex needs live longer, more thought needs to be given to the issue of transition.

SB thanked AC for the care shown to Bonnie throughout her lifetime.

IM also knew Bonnie from his role as her GP, and agreed she was a wonderful character, and was so sorry for the family's loss. He was pleased to hear of the excellent care Bonnie and her family had received from QEH, and he accepted their apprehension of moving into adult care. IM believed there should be a needs-based care system for individuals with complex needs, and this should be communicated to commissioners across Norfolk.

GW thanked JT for sharing her story, and was also pleased to hear of the excellent support provided by QEH. GW is also part of the Board at Sherwood Forest Hospital (SFH) and had heard similar stories there; as a result, SFH has developed a policy for transition where patients and their families spend time under both paediatrics and adult services in a handover period so transition is not such a shock. He felt QEH could consider developing a similar policy.

CS thanked JT for attending. She noted that nurses have a challenging and often emotional role and queried whether AC believed there was enough well-being support for nurses. AC confirmed that there was great support within the paediatric team, and they were aware that other support was available.

ApB commended JT for having the courage to speak to the Board, and had been pleased to meet her. Bonnie's story will enable QEH to focus on improving transitional care.

SB confirmed that the Board was wholly committed to ensuring services improved for patients and families, and had noted JT's comments and advice. He sent the Board's very best wishes to JT and her family.

ApB to update the Board on actions taken in the 'Learning from the Patient Story' report next month. **Chief Nurse**

The Board noted the Patient Story

121/20 3. MINUTES OF THE BOARD OF DIRECTORS' PUBLIC MEETING HELD ON 7 JULY 2020 – AND MATTERS ARISING

The minutes of the meeting held on 7 July 2020 were agreed as a correct record.

122/20 4. ACTIONS MONITORING

The Board reviewed and updated the Actions Monitoring Record.

The following actions were considered complete and were removed from the action log: 39, 40, 43, 45, 46, 49, 51, 52 and 53

123/20 5. DECLARATIONS OF INTEREST

None received.

124/20 6. URGENT ACTIONS (Under Standing Order Para. 5.2)

None.

125/20 7. CHAIRMAN'S REPORT

The Board received the Chairman's report. There were no comments in relation to the report.

The Board noted the Chairman's Report.

126/20 8. CEO'S UPDATE

The Board received the CEO's update report informing of key external/internal events and activities.

CS confirmed that the Trust had launched 'The QEH Way', focussing on acceptable behaviours, and providing clarity on what is not acceptable. This campaign has been well-received by staff, and will be further supported by the launch of 'Civility saves Lives'. This work also aligns with staff engagement and

the Corporate Strategy. Behaviours will form part of the recruitment process, as well as appraisals and 1:1s.

A report will be provided next month on large-scale projects, describing project management, resources and the work programme.

CS received a letter from Sue Holden yesterday confirming that QEH had been successful in several bids for special measures funding. An update on special measures funding will also come to Board in September.

SB and CS had taken part in multiple media and social media events for the QEH's 40th birthday celebration, culminating in a visit by the Duke & Duchess of Cambridge on the NHS's 72nd birthday. The Private Secretary advised that this had been one of the best organised visits they had taken part in.

3 members of staff attended Sandringham on Saturday to watch the FA Cup Final with the Duke of Cambridge.

The main focus within the Trust is recovery from COVID, and restoring activity.

GW was pleased to see strengthening governance on large-scale projects, and he had already noted a significant improvement.

The Board noted the CEO's Update

COVID-19 UPDATE

127/20 9. COVID-19 UPDATE

The Board received a report providing an update on the Trust's recovery and response to the COVID-19 pandemic.

The Trust continues to admit 4-6 patients per day with COVID symptoms, but there have been no positive cases since 13 July, and no deaths from COVID since 9 July.

There is greater flexibility regarding visiting, with the Trust offering weekly booked 1-hour slots, particularly for those with a length-of-stay of 3 weeks or more. Partners can now attend for antenatal scans, and can accompany patients who are attending for any type of cancer diagnostic test.

The Trust is expecting to support the well-being of staff post-COVID for a long period of time, and is increasing its clinical psychology support.

The BAME network is well-established and the group meets on a monthly basis. A LGBTQ group has also been established and has been well-received.

Following publication of this report, new national phase 3 guidance has been published. The national COVID response has officially been stepped down from level 4 to level 3, resulting in regional command-and-control (rather than national). The focus is on trying to restore activity to near-normal levels, as well as prepare for winter and a potential second COVID spike. Financially, block contracts will continue through August and September.

SB queried the impact of tourists on the ED; DS confirmed there had been a surge in ED attendance, with levels back to pre-COVID highs. There has been no increase in cases of COVID but this is reviewed daily and COVID plans will be

put back in place if any increase is identified.

LSK advised that although QEH may have been more cautious than other trusts in restoring visiting plans, these were tested thoroughly with families and patients to ensure plans were suitable. She said this was an example of excellent patient engagement.

ApB added that a QEH Assistant Chief Nurse had spoken to BBC Radio Norfolk yesterday to explain visiting rules - 1 patient, 1 visitor, 1 hour once a week. Bookings are managed at ward level. Some relatives may be fearful of visiting QEH, so compassionate visiting via WhatsApp / FaceTime is still being offered.

CS referred to a potential second surge of COVID, and advised that the STP takes part in phone calls 3 times per week with Louise Smith, Director for Public Health England, regarding forward planning. There is some concern that a spike may occur in the next few weeks if the UK follows the pattern in Spain, but there are plans to manage any surge.

GR advised that non-COVID activity is increasing, but the medical workforce has contingency plans in place.

SB noted that rates of transmission are falling. It is important to thank staff who have undertaken such an amazing job over the last few months. The Trust must ensure support measures are in place for staff in anticipation of a second spike.

IM advised that an excellent report on the high quality Structured Judgement Reviews on all COVID deaths had been received at Quality Committee, providing good assurance. He believed the Board should consider putting this information in the public domain as wider dissemination would be helpful for public confidence.

JS queried how the merging of yellow and green EDs, and the management of patient safety would be communicated to the wider community. DS advised that yellow ED closed at midnight last night and the Trust would revert to its original plan at the beginning of COVID, with a separate area in ED, and, as demand increases, expand into Outpatient Area A. A business case will go to SLT in relation to minor changes such as moving Fracture Clinic. Regular updates will go out via media / social media and primary care colleagues. It will be made clear to the public that it is safe to attend ED if essential, but they should be aware of alternative sources of treatment, i.e. Pharmacist, Primary Care, Minor Injuries unit.

LSK advised that there had been a useful discussion at Membership and Communications Committee, and this forum will be used to test the next public communications. Governors had been most helpful.

SB advised that there had been a successful Board Development session with Governors last week, focussing on assurance and sources of evidence – he thanked EC and Governor colleagues for their input.

<u>The Board noted the COVID-19 Update</u>

STRATEGIC

128/20 10. STP UPDATE

The Board received a report providing an update on key areas of work within the STP.

At the previous Board meeting there were a number of concerns which the Board wanted to see reflected in the Terms of Reference (ToR) for the Committees in Common (CiC). Meetings will be sequenced to ensure each sovereign Board has oversight of areas for discussion prior to the formal CiC meetings.

AJB considered the CiC meeting to have been constructive, and he was pleased with the support for governance to enable sovereign Boards to have sight of documents and discuss proposals prior to CiC meetings.

CF noted that Norfolk & Waveney does not cover all the areas QEH works with, i.e. Lincolnshire / Cambridgeshire. SB confirmed he had raised this point at the CiC meeting and the Chairs' Oversight meeting, adding that this needs to be reflected in integration work as it impacts QEH activity. CS added that although the formal STP is Norfolk & Waveney, 25-30% of QEH patients access QEH through services commissioned via other STPs, and QEH has financial and strategic links with Lincolnshire and Cambridgeshire. This will be a challenge in the future.

SB was keen to protect funding for Norfolk & Waveney and not allow funds to be diverted into other areas without a strong case. AJB agreed this was important when merging services, i.e. Urology. The Trust needs to ensure pathways extend over the whole footprint.

The Board noted:

- **the approval of the CiC Terms of Reference at the July 2020 Board of Directors in private**
- **the discussions and actions from the Norfolk and Waveney Acute Trust Working Group held on 20 July**
- **the current position on the Hospital Services Strategy and DAC development, Digital developments**

129/20 11. CORPORATE STRATEGY KPIs (QUARTERLY REPORT)

The Board received a report providing an overview of progress against the underpinning Key Performance Indicators (KPIs) for all Strategic Objectives, as at the end of quarter one 2020/21.

LSK explained that she had agreed to publish the KPIs quarterly for stakeholders and staff; additionally, the report has been submitted to relevant sub-committees. Moving forward, the presentation of results will be refined to increase relevance. The report highlights areas where performance is off-track so these can be addressed.

DD was pleased with the report but found the targets of reduction confusing. LSK committed to improving the presentation of performance versus KPIs over time with input and feedback from Non-Executive Directors and Governors welcome. DD was keen to learn the proportion of remote appointments, and felt patients may be more inclined to opt for a video consultation rather than

telephone call. SB believed that monitoring the outcomes of virtual appointments was essential. IM added that the Quality Committee had received clear commitment from the MD and Medical directorate in relation to patient experience and safety during remote consultations. **ALL**

Action: Board members to submit feedback on presentation of the KPIs via email to CWB

CS confirmed that the KPIs had received robust challenge at the relevant sub-committees. QEH has agreed with Healthwatch to take part in an independent review of virtual appointments. The Trust has received letters from some elderly patients to say they would prefer face-to-face appointments and this will still be possible. GR advised that the Trust is hoping to convert 35% of appointments to remote access, but this must be clinically-led; some specialties were reluctant to change but are embracing the challenge post-COVID, while other specialties are keen to retain face-to-face appointments.

AJB believed it was important to treat the 'whole' patient, and some incidental findings are only made during face-to-face / visual appointments.

DS advised that benchmarking suggests that 25% of first outpatient appointments could be remote, and up to 60% of follow-ups. QEH will be able to report against both in future.

The Board noted the progress made to date against the agreed KPIs for quarter one.

QUALITY

130/20 12. INTEGRATED QUALITY IMPROVEMENT PLAN

The Board received the Integrated Quality Improvement Plan (IQIP) update.

CS advised that there had been challenge at Quality Committee as to whether progress was continuing at the right pace. CS considered that progress was not being rushed, with evidence of sustainability being required before actions are signed off as complete. Since the report was written the Evidence Assurance Group met and considered 14 schemes:

- 8 were approved;
- additional information was sought for 3 schemes and these will be agreed by Chair's action once re-submitted;
- 3 were rejected for lack of assurance – these will be re-submitted August-October.

Two Quality Improvement nurses have been appointed to support the embedding of clinical practice and shared learning.

Deep-dives will continue; today's relates to End-of-Life Care (EoL) and Management of the Deteriorating Patient. This will also be presented to OAG at the end of the month.

Clinical reviews over 6 areas have been completed; the results were largely positive and good patient feedback was received. Issues to address include inconsistency in applying ReSPECT, lack of individualised identification of falls, meal service, and signage.

The CQC will review to determine whether Section 1 can be removed; as the CQC cannot carry out a site assessment, remote meetings are planned and QEH will supply evidence this week.

IM found it helpful to hear the results of the clinical review. This had been explored at Quality Committee, with the Committee keen to know improvements are sustained and embedded. Medicine Division attended the Quality Committee meeting to give the divisional presentation; IM found it helpful to understand the challenge of delivery and how this is being mitigated.

AJB queried how 'must dos' relating to culture within the consultant body can be evidenced; LSK advised that evidence of improvement will be strengthened further as the medical engagement survey is repeated over the next month. In the short-term, evidence is provided via triangulation of informal conversations with F Swords / GR at medical forums, as well as regular 'pulse' surveys and national surveys. A six-month culture change programme will start shortly.

SB queried whether there was any evidence that the CQC believes QEH is making good progress – CS confirmed that from her regular meetings with Mark Heath, and L Notley's relationship with A Smith and J Eardley, the CQC does consider the Trust is making good progress. Ted Baker will also take a view when he visits QEH next week.

LSK advised that an update on culture at the Trust, along with KPIs, will be reported to the People Committee at 6, 12 and 18 months.

SB thanked LN, IM and the Quality Committee for the rigour of their challenge.

The Board noted:

(a) the continued improvement in completing actions and the immediate actions relating to the condition breach

(b) efforts to ensure the high number of actions to be evidenced over the next 3 months are appropriately resourced

(c) the assurance arrangements recently introduced to ensure improvements are sustained and embedded

OPERATIONAL

131/20 13. INTEGRATED PERFORMANCE REPORT

The Board received the Integrated Performance Report (IPR) – May data.

Safe:
IPAC - 5 cases of C.Difficile were reported. There has been an increase in cases within the community.

Falls - There was a reduction in the total number of falls in June, but one resulted in major harm to the patient

VTE assessments – there was an improvement in VTE assessment compliance from 90.6% to 97%.

AJB referred to the SI relating to the patient who died 5 days after discharge following an appendectomy. COB confirmed that a review of the clinical care and discharge had been undertaken and no lapses in care identified. This was a young patient who appeared well, had eaten and drunk normally and wanted to go home. IM confirmed the case had been discussed at Quality Committee, where a good level of assurance had been received regarding the investigation. Consideration should be given to the information provided to patients who self-discharge. ApB agreed that safe discharge is a priority in patient experience.

Action: COB to report back to Quality Committee.

SB queried whether the number of Pressure Ulcers (PUs) had decreased as a result of actions taken; COB advised that the initial increase had resulted from COVID patients being nursed in the prone position, and this has now ended. The 'Moderate' panel looked at all PUs to determine whether they could have been avoided, including when patients come into QEH from other care providers.

CF referred to dementia case finding – GR explained there has now been a full review to ensure patients are identified and data captured; documentation had been changed and previous forms removed this week. In-reach services are changing to ensure patients are screened in-depth once identified.

Effective:
Mortality – there was a slight increase in HSMR due to a reduction in the total number of admissions / attendances and an increase in crude death rates. Additionally, coding had not been completed when the report was compiled, but this has now been completed, data revised, and mortality rates are back on trajectory.

Weekend mortality – the rate remains a cause for concern and has been reviewed twice. The Trust remains a national outlier for palliative care coding, and this is being reviewed. For transparency, an external review is being commissioned.

Still-births - the rate is slightly off-trajectory; this is due in part to a reduction in the overall number of births. A review looked for potential clinical lapses in care, but none were identified. Work on preventative issues began pre-COVID and has now resumed.

SB explored whether, once the impact of reduced activity and COVID had been omitted, there were any underlying trends for the Board to note. In relation to weekend mortality he was keen to establish the positive impact of mitigation. IM advised that considerable analysis work had been undertaken and reported at Quality Committee, including work with Dr Foster, and nothing abnormal had been identified. IM agreed an external review would be beneficial.

AJB noted that the HSMR had risen on 4 occasions since November 2019, and the weekend mortality rate has been outside natural variation for the last 2 months. SB agreed that the issue remained a concern and will be monitored by the Quality Committee.

Caring:
Complaints - all complaints had been responded to within the timeframe, exceeding the national 90% target.

Dementia case finding – IM advised that the Quality Committee had received useful analysis from F Swords in relation to changes in processes. The Committee will monitor performance against the agreed trajectory.

Responsive:
Elective – the Trust is seeing the impact of COVID on access standards, with elective performance reaching just 46% against a target of 92% in June. DS will provide benchmarking data at the Finance & Activity Committee meeting and is working with STP colleagues on recovery.

62-day cancer – performance in May was 58% against the trajectory of 74.6%. The backlog of endoscopy patients which accumulated due to the cessation of endoscopy during COVID will be addressed by additional capacity throughout July and August.

The Day Surgery Unit is currently being deep-cleaned following its housing of Yellow ED; this will re-open on 17 August and should help address the surgical backlog.

Diagnostic waiting times – these have increased significantly due to COVID, including the impact additional cleaning had on diagnostic capacity. Capacity is being flexed across all services, within an agreed safety limit.

SB noted that QEH was one of the few Trusts with no 52-week waits pre-COVID, now there are around 200 patients waiting – he queried whether this was common across all trusts. DS advised that this was a national issue facing all trusts. While QEH had previously had a large number of patients waiting over 40 weeks, this is now increasing to 52 weeks. Some patients are declining to attend. SB queried whether these patients are being re-categorised. DS advised that patients who chose not to attend for non-COVID related reasons are referred back to their GP and taken off the waiting list; however, if the patient declines due to concerns relating to COVID then they remain on the list.

SB queried whether the 4-hour performance data had been validated – DS confirmed it had.

JS queried recovery steps relating to the elective trajectory - DS advised that work was underway with STP colleagues. Work on 18 weeks was complete, with a target of 58%; work on cancer was in progress, with the aim of achieving the 62-day target by January 2021. QEH is starting work in-house on the diagnostic target as this work has not yet started regionally.

JS noted that the number of Delayed Transfer of Care (DTOC) patients was increasing and queried whether the Trust could access urgent discharge pathways. DS advised that reviews of patients staying 21 days or more were recommencing, and she was keen to involve community partners. Whilst the resource applied to the discharge pathway during COVID remains in place, the number of DTOC patients is increasing. The Trust is seeking a nurse to assist with discharge. There is new guidance which will impact partners in social and community care, with Discharge to Assess to be implemented by September.

Well Led:
Finance – the Trust achieved a break-even position for month 3, following receipt of COVID funding.

People – compliance with appraisals and mandatory training lapsed during COVID, and although the overall sickness absence level reduced it did not achieve the trajectory.

AgP advised that pre-COVID mandatory training compliance was 85% and this is the target the team is aiming to achieve. Mandatory training will be relaunched, and there will be additional capacity.

The Board noted the contents of the IPR, specifically the actions which are being taken to maintain and to improve performance where appropriate.

RISK

132/20 14. BOARD ASSURANCE FRAMEWORK (BAF)

The Board received the Board Assurance Framework (BAF).

The BAF reflects the Trust's 6 new strategic objectives. The Trust's significant risks have been mapped to each of the strategic objectives highlighting the principle significant risk to the objective and aligned risks.

One new principal risk relating to the potential for sub-optimal care due to issues with the Estate, Infrastructure and Medical equipment was assessed and aligned with objective KS02 (Quality) – this was rated as 16.

Each Board sub-committee has reviewed its own risks.

SB congratulated COB on the BAF, adding that it was the best example he had seen, as it pulls together objectives, and aligns these with risk appetite.

The Board:

- **Noted the current position relating to the BAF**
- **Received assurance relating to the management of significant risks relating to the Strategic Objectives**

133/20 15. SIGNIFICANT RISK REGISTER (>15)

The Board received the report on significant risks within the Trust's Risk Register (all risks with a current score of 15 or more).

There were no new significant corporate risks this month.

SB referred to risk 392 relating to the roof and queried why other trusts have a lower rating for their roof risk. COB advised that she had reviewed risks at other trusts, and she believed the risk for QEH included a reputational risk. CS did not believe other trusts were taking different actions in relation to their roof issues, but some trusts may be further along the review process. QEH has 18,000 planks and has inspected 1,000 to date. AJB suggested that a trust could only reduce the risk if there was mitigation as the consequence would be catastrophic if the roof fails. DS agreed, adding that all trusts had scored

the consequence the same way, the difference relates to the 'likelihood' rating. GW advised that the Trust had agreed to review the score when the survey is complete.

The Board:

- **Noted the contents of the report**
- **Received assurance relating to the management of existing significant risks**

REGULATORY AND GOVERNANCE

134/20 16. REGISTER OF DIRECTORS' INTERESTS

The Board received and noted the updated Register of Directors' Interests.

135/20 17. DISPUTE RESOLUTION POLICY

The Board received the updated Procedure for Dispute Resolution for approval.

The proposed minor amendments, if approved by the Board, will go forward to the Governor's Council for approval.

The Board approved the updated Procedure for Dispute Resolution and endorsed submission to the Governors' Council for approval.

PERIODIC REPORTS

136/20 18. BOARD OF DIRECTORS – FORWARD PLAN

The Board received the updated forward planner for the Board's business in 2020/21.

The Board approved the Forward Plan.

137/20 19. AOB (to be agreed with the Chairman)

There was no other business.

Date of next meeting of Board of Directors (Public) meeting – Tuesday 1 September 2020 at 10am via remote access.

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 12pm