

## **QEH Public Board of Directors' Meeting – 7 April 2020 – a summary**

As part of the Trust's robust plans in place to keep patients and staff safe, the QEH Public Board of Directors Meetings will not be held in public until further notice, consistent with arrangements in place across the wider NHS.

The QEH Board of Directors had a virtual public meeting on Tuesday 7 April (10-11am). The purpose of this paper is to summarise the main discussion points, actions and decisions from the meeting, to keep our patients and local community updated, in the absence of a face-to-face meeting. Board Papers were published in advance of the meeting, as usual, and are available in full on our website here:

<http://www.qehkl.nhs.uk/boardMeeting070420.asp?s=Trust&p=Trust>

Below is a summary, by agenda item, of the discussions and decisions agreed. The main focus of this shortened meeting was the Trust's response to COVID-19.

### **Chairman's Report**

Our Chairman, Professor Steve Barnett, extended his appreciation, on behalf of the Board to the wonderful team at QEH, including our staff, volunteers and our local community for their support, and for making a massive difference to how the COVID-19 crisis has been handled.

There was a discussion regarding how QEH is working with system partners as we respond to COVID-19. Our Chief Executive, Caroline Shaw, summarised the extensive work underway across the East of England, including Norfolk and Waveney, and how health and care are working together to respond to the pandemic. This includes a Sustainability and Transformation Partnership conference call twice a week to review plans for Norfolk and Waveney, regular Chief Executives' provider conference calls to discuss plans and share any significant issues between Trusts (including those relating to availability of PPE and to support one another where there are significant issues to work through, including creating additional Intensive Care Unit (ICU) capacity). On ICU capacity, Trusts are working to quadruple their ICU capacity, and this means providing 400 ICU beds across Norfolk and Waveney to meet current modelling assumptions. Norfolk and Norwich University Hospitals are planning to increase their capacity to 300 ICU beds and QEH to 52 ICU beds and circa 50 ICU beds at James Paget University Hospitals. Other options are being explored should demand exceed this capacity. There was strong support from Board members to maintain a strong system perspective both during and beyond our response to COVID-19.

### **CEO Report**

The CEO extended a huge thank you to everyone for their support – including staff, volunteers, patients, relatives and our local community.

In response to questions from Board members about how staff are feeling and whether staff felt able to speak up where they had concerns, the Deputy Chief Executive, Laura Skaife-Knight, responded that the Trust was investing significant time and energy on staff engagement and communications. The Deputy CEO described that as the prevalence of COVID-19 cases has increased, naturally worry and anxiety among staff has heightened, including ensuring their personal safety through the wearing of PPE, scrubs and oxygen supplies. There has been one Freedom to Speak Up Guardian referral in the last 24 hours

relating to social distancing. Staff concerns are being addressed via daily communications, with a staff helpline also in place.

The CEO stressed that it is really important that people continue to raise their concerns, including to the CEO directly as needed so that we can address these, stressing that every member of staff who contacts the CEO will get a direct response.

In response to a question about the impact of COVID-19 on waiting lists, the Chief Operating Officer, Denise Smith, described that we have started a piece of work to track the weekly impact of COVID on waiting lists; and this work is ongoing.

### **COVID-19 Update**

The Chief Operating Officer updated the Board on our COVID-19 preparedness and operational plan and confirmed that the Trust's modelling has been done in line with the Imperial Model. She confirmed that robust internal governance arrangements are in place so that we can manage our response to COVID-19 7-days a week.

There was a discussion about equipment supplies, specifically what is being done to ensure the necessary equipment is on site on time and when required as more COVID cases are confirmed and expected. The Chief Operating Officer confirmed that equipment provision is monitored daily, and that procurement are on site 7-days a week to take care of this, with regular supplies of PPE – including aprons, gloves, masks and visors coming into the Trust as needed. It was highlighted that the NHS Supply Chain nationally is looking across the UK and internationally to match demand. Where there are concerns from NHS Trusts, these are escalated nationally to help with supplies and delivery.

The Medical Director reported that seven patients have now been recruited to the COVID Recovery trial, which is welcome news.

### **Integrated Quality Improvement Programme (IQIP) - progress**

The Director of Patient Safety, Carmel O'Brien, described that there is a piece of work underway to reprioritise the delivery of the IQIP (the Trust's response to its latest Care Quality Commission inspection report) in light of COVID, which involves reviewing the timeliness of delivery for section and warning notices and safety-related 'must dos.'

There will be a confirm and challenge session with the Senior Leadership Team on 14 April (which includes members of our Divisional Leadership Teams, including clinical leaders, and Executive Team) to assess whether relaxing some of the deadlines for the evidence to come back to the Evidence Assurance Group is the right and proportionate response.

To date 82 out of 206 actions (including Conditions, Musts and Should Dos) have been approved by the Evidence Assurance Group. Six actions were approved in February 2020.

The CEO made it clear that even as we focus on the delivery of our COVID plans, that in doing so we remain absolutely focused on the delivery of safe and compassionate care to our patients.

## **Integrated Performance Report**

There were discussions by exception re: the following areas:

### **12-hour trolley waits – how are we addressing these?**

The Chief Operating Officer said there has been a joint Root Cause Analysis of these breaches. On these occasions, the breaches were down to human factors and individuals not following process, which has been addressed through conversations and meetings with the individuals concerned.

### **VTE assessments**

The Medical Director described that she presented a detailed action plan and trajectory for meeting the target at February's Quality Committee. The trajectory was to meet 97% by end of March, with 99.02% achieved (ie exceeding trajectory).

### **Pressure ulcers**

The Deputy Chief Nurse updated that the Trust reported 69 pressure ulcers last year compared to 58 this year (2019/20), which is a 15% reduction. There are concerns that there has been an increase in pressure ulcers reported in February 2020 (9 pressure ulcers), which is an increase in two from the previous month. The pressure ulcer rate remains below the Trust target. The Deputy Chief Nurse is holding a pressure ulcer summit to look at each case to identify any themes and learning.

### **Dementia care testing**

There is an action plan and trajectory for improvement; which shows we aim to meet 70% by the end of March, 80% by end of April and 90% by end of May. We have a plan and whilst challenging, we are continuing with this plan to bring the required improvements which will be reported back to the Quality Committee.

### **COVID's impact on wider performance**

There was a discussion about the impact of COVID on wider performance. There is a clear directive from the national team that while COVID is the immediate focus, the delivery of timely emergency care and urgent cancer treatment must continue. The Chief Operating Officer described that we expect there to be an impact on 28-day readmissions; however, there has been a change to national guidance and therefore all contractual sanctions have been suspended during COVID. Cancer patients will continue to be treated and prioritised during COVID; with the exception of Endoscopy (with only urgent treatments going ahead). QEH is now using all 16 beds in the Sandringham Hospital for lower risk cancer surgery (including breast surgery).

The Board recognised the fantastic efforts of colleagues across the organisation with the news that QEH remains on track to hit its year-end financial control total and savings target. This was recognised as a very significant achievement.

The CEO has asked the Director of Transformation to start developing QEH's recovery plan for post COVID – including our approach to recovering our position on 18 weeks Referral to Treatment, cancer and other Constitutional standards.

## **Corporate Risk register**

The COVID risks have been described and a confirm and challenge session is scheduled for the Chief Operating Officer, Chief Nurse and Medical Director so there is oversight of Divisional risks. Significant risks are reviewed by Executive Leads monthly and moderate and new risks are reviewed at Divisional level. The risk agenda is being very closely monitored in light of COVID.

## **Questions from members of the public:**

### **How much revenue will the hospital lose as a result of offering free parking?**

The revenue from car parking is generated from staff and visitors/patients. The annual income streams from staff are £500,000 (£42,000 per month) and from visitors/patients £1,300,000 (£108,000 per month). Since the start of COVID-19 we have seen a c50% reduction in visitor/patient income resulting in a monthly income of £50,000. The total potential impact for the cessation of both staff and patient/visitor charges is £92,000 per month from the current income levels.

This amount will be recorded as part of the national COVID-19 cost recovery process that will negate the full financial income for the Trust.

### **Is it appropriate to hold a Staff Awards Ceremony at this time?**

Our annual staff awards are a really important part of our staff engagement programme. The staff awards event is in November of this year. They generate positivity and give staff something to look forward to later in the year. While we recognise staff may not have time to nominate now – many patients are taking the time to nominate and recognise our staff (we have already had close to 100 nominations). Closing date for nominations is early Summer, giving plenty of time for staff to nominate beyond COVID. We hope to secure charitable funds support to cover the costs, as last year and consistent with the arrangements in place at many other Trusts.

### **What are the benefits of converting the Hospital debt to public dividend capital following the national announcement last week? What does this mean for QEH?**

The total amount of debt we have is £134.16m. Within the year 2020/21, and due to the transitional arrangements of this being proposed for implementation from 30 September 2020, there is a forecast benefit of £0.55m when comparing the removal of the annual interest charge to the levied six monthly PDC dividend charge.

For the years after 2020/21 it should be noted that DHSC and NHSEI will be undertaking a review of the PDC dividend rate as it applies across the NHS financial architecture in 2020/21 which may result in changes to the Trust's dividend payment within future years.



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