The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Board of Directors (In Public)

Minutes of the meeting held Tuesday 30th July 2019 at 9.30am in the Conference Room, Queen Elizabeth Hospital, King's Lynn

Present:

S Barnett (SB)	Trust Chairman
C Shaw (CS)	CEO
A Brown (AB)	NED
M Ashton (MA)	NED
I Mack (IM)	NED
D Dickinson (DD)	NED
L McManus (LM)	Chief Nurse
R Jackson (RJ)	Director of Finance & Resources
D Smith (DS)	COO
F Swords (FS)	MD

In attendance:

S Evans-Evans (SEE)	Governance Advisor
C West Burnham (CWB)	Assoc. Director Strategic Planning
K Hindle (KH)	Head of Communications
E Tabay (ET) – item 2	Deputy Chief Nurse
P Chapman (PC) – item 2	Matron – Emergency Department
L Crawford (LC) – item 2	Senior Staff Nurse – Emergency Department
L Skaife-Knight (LSK)	Deputy CEO Designate
D Trevanion (DT) item 20b	Freedom to Speak Up Guardian
G Rejzl (GR)	Trust Secretary
L Le Count (LL)	Corporate Governance Officer – minutes

ACTION

79/19 1. CHAIR'S WELCOME

SB welcomed those present to the meeting.

He welcomed LSK, who will be joining the Trust as Deputy CEO later this year.

Apologies were received from S Roberts, R Shekhar, N Redwood, S McClelland

80/19 2. PATIENT STORY

LM thanked LC for attending the meeting which was at the end of her night shift. LC is a senior nurse in the ED, and gave a detailed account of a recent episode involving a young patient with mental health issues who spent 36 hours in the department whilst waiting for a specialist bed. The account refers to 'Abby' which is not the patient's real name.

- Abby developed mental health issues following a traumatic event and PTSD. She spent time in a psychiatric facility and presented to the ED following the suicide of a fellow resident, which had resulted in Abby hearing voices telling her to kill herself.
- As the main ED waiting room was felt to be too stimulating for Abby

she was moved into the ED interview room which has CCTV and minimal ligature points. The interview room is small and has no sofa as this was destroyed by a previous patient, so Abby slept on a trolley for 2 nights.

- Given the proximity to a thoroughfare, it was difficult to treat Abby with dignity. During one episode she became agitated and harmed herself, which resulted in her being restrained – this was witnessed by patients in the cohort area, which caused significant distress.
- Whilst Abby was in the interview room, another sectioned patient was admitted; this new patient was experiencing a psychotic episode and presented a high risk. Normally this patient would be cared for in the interview room but as it was in use the patient was treated in a 'majors' cubicle supervised by 2 security guards – the cubicle had ligature points and no CCTV. This episode was distressing for other patients to witness.
- Abby needed a member of staff to sit with her for a long period of time to understand her needs. For example, Abby did not eat during first night; however, on the 2nd night LC ascertained that she thought the Trust was poisoning her so she provided Abby with her own branded / packaged lunch.
- The Psychiatric team saw Abby on the night of her arrival but did not see her again until the following night. LC believed the mental health team should take ownership of the patient whilst they are in the department and see them regularly.
- Abby did not have any emergency medication prescribed so LC had to ring the adult emergency psychiatric team – the process took a long time and distressed Abby.
- An ambulance was booked to take Abby to a specialist bed, however the time was changed 4 times, which caused Abby to have a panic attack – she attempted to leave the department and banged her head as her audible hallucinations increased. This resulted in her headphones breaking and as these formed part of her own coping strategy LC obtained another set for her.
- LC noted that securing a bed was very slow as there is no CAMHS service at night; additionally, there was no assistance from Norfolk CCG as the patient was from Cambs. The case was eventually discussed 20 hours after arrival. This treatment meant Abby felt no one cared and this increased her feelings of confusion and frustration.
- Abby's mother was very distressed by the situation and felt helpless and let down; she stayed with Abby for the length of her stay and was exhausted.
- LC accepted that the majority of issues were outside her control but whilst she provided the best possible care she still felt it was not good enough. She promised Abby's mum that she would raise the issue with the CEO, which she did and thanked Caroline for listening.

- SB thanked LC for her story which he agreed was distressing for all involved; he added that whilst the support fell short of what the NHS should be providing, the care and compassion demonstrated by LC was exemplary. **CEO**
- CS thanked LC for having the courage to speak up on such a hugely complex issue. This has been raised at STP level and there is ongoing liaison with its counterpart mental health services. She added that 12 hour breaches tended to be the result of delays in finding beds for patients with mental health issues and this is a major issue, both locally and nationally.

- **CS advised that she had promised Abby's mum that the Board would hear her story – she will write to her, advising of planned actions.**
- Cases such as this one are highly challenging for staff in the ED as the patients require a significant level of care in an environment, which is wholly inappropriate for their needs.
- LM advised that she was familiar with the story and was aware of the impact on staff; she agreed that the system must do better for its patients. The Trust needs to ensure staff are supported and must continue to liaise with system partners.
- MA thanked LC for sharing her story. She felt the term '12hr breaches' was dehumanising and felt they needed to reflect the patient as a person. Referring to the ED she queried what systems are in place for staff debriefing after an event such as this - PC advised that historically there had been little support but staff well-being is now a top priority and PC is developing a staff well-being package.
- IM thanked LC, acknowledging that the care she provided was exemplary. He queried whether the issue was escalated to 'Gold' on-call – Leanne confirmed that 'Gold' had been kept informed throughout the episode; however, the issue was locating a bed nationally. CS has reviewed the escalation and believed that the Trust performed well by keeping staff informed, offering support and repeatedly contacting other organisations.
- IM was hopeful that the local A&E Delivery Board would hold system partners to account and challenge strongly. He suggested to LC that as her career develops she should consider how she could be an agent for change.

The Board noted the Patient / Staff Story

81/19 3. REVISITING THE PATIENT STORY

The Board considered the report and discussion included:

- ET advised that this story was presented prior to his arrival at the Trust but he has spoken to the NICU team and shared the story with all staff working in the unit.
- Based on the patient's comments in relation to asking for equipment, staff are now working on anticipating mothers' needs.
- **SB asked ET to let the patient know that the Trust has taken her excellent suggestions on board.** **Deputy Chief Nurse**
- MA advised that she visited NICU yesterday with FS who thanked staff for their efforts. FS added that on Castleacre ward mothers are able to sterilise their own equipment, but on NICU this facility is not available, so equipment is bought to them

The Board noted the update on the Patient Story

82/19 4. MINUTES FROM THE BOARD OF DIRECTORS' PUBLIC MEETING ON 28TH MAY 2019 / MATTERS ARISING

- Page 4, minute 60/19 CEO update – the talent management event has taken place.
- Page 6 – AKI stands for 'acute kidney injury'.

The minutes of the meeting held on 28th May were considered to be an

accurate record of the meeting subject to the amendments above.

83/19 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: **09, 11, 13, 35, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50 and 51**.

- **SB suggested completed actions should be moved to a decisions log – GR to develop.** — **Trust Secretary**

See Action Log for further updates.

84/19 6. DECLARATIONS OF INTEREST – none

85/19 7. URGENT ACTIONS (Under Standing Order Para. 5.2)

a. **Loan Request**

The Board noted the Loan Request Urgent Action

86/19 8. CHAIRMAN'S REPORT

The Board considered the report and discussion included:

- SB thanked CS and the team for their management of the media following the publication of the CQC report; he felt the media coverage was balanced and covered the planned improvements. He added that the decision to be honest and transparent was the right approach.
- The STP 5 year plan will be developing over the following few months. There is a meeting on 1st August and the wider invited audience includes NEDs / Governors who will have the opportunity to contribute their ideas.
- A joint meeting of regional Chairs and CEOs will take place on Thursday to discuss how the work will be taken forward.
- SB thanked the LoF for their incredibly generous purchase of the Radiology Information System (RIS) for Radiology.

The Board noted the Chairman's Report

87/19 9. CEO's UPDATE

The Board considered the report and discussion included:

- CS acknowledged that patient experience may have decreased during the past 12 months, following the original CQC report. The biggest concern is the slippage in 'Caring' to 'inadequate' and CS stated that the provision of compassionate care will be the Trust's primary focus.
- CS acknowledged that the report was a challenging read; however, through staff briefings she had noted positive changes and 'green shoots' of recovery.
- Progress has been made with a detailed Integrated Quality Improvement Plan (IQIP); however, the Trust must be clear on how it evidences improvement.
- Trust values have been refreshed slightly to 'We Act, We Care, We Listen'.

- Work continues on strengthening the Trust's leadership, with recruitment of high calibre individuals for both executive and non-executive roles taking place.
- CS has been attending STP events and noted an increased sense of collaborative working.
- CS was delighted to have received 93 staff nominations to date for the Staff Awards event in November. These awards celebrate examples of good care across the Trust.
- CS also thanked the League of Friends for their generous funding of the RIS system, which will have a positive impact on both staff and patients.
- MA noted that there are many examples of good practice at the Trust, as she observed on NICU and in Paediatrics yesterday; Children's services achieved a 'Good' CQC rating and she suggested staff need to be congratulated on their efforts. CS agreed, adding that Surgery and Children's services were excellent examples of good practice and the Trust must consider how this practice can be transferred across the hospital.

The Board noted the CEO's Report

INTEGRATED PERFORMANCE REPORT

88/19 10a. SAFE

The Board considered the report and discussion included:

- FS advised that there had been 9 SIs this month – these related to 12 hour breaches for mental health patients; safety breaches in Maternity; and histopathology processes.
- The histopathology SI related to paper reports being discarded where the requesting doctor was illegible or unknown. A full scale review of reports from the last 5 years identified 74 patients who may have been at risk and harm reviews have been undertaken on all these patients. New processes are now in place to avoid recurrence.
- A review of learning from SI themes took place; the most recent thematic analysis was oxygen incidents and the learning, which significantly reduced the number of incidents, is detailed in the IPR.
- Further thematic reviews took place into delays for mental health patients and delays in ambulance handover.
- SB advised that at STP and regional meetings, QEH performance in relation to ambulance handover is considered an outlier. FS acknowledged this but advised that performance is improving; she added that delays often relate to available space for offload.
- MA noted that 2 years ago QEH was considered to be one of the top performers in terms of ambulance handovers.
- DS advised that the Trust does not have a dedicated Hospital Ambulance Liaison Officer (HALO) but ambulance support is on site when required; she added that whilst a HALO would help with process, they would not address estate issues such as lack of space for offload.
- IM suggested offloads can reflect issues in the wider system, i.e. soft diverts; it can also reflect flow from the wards into the community. He visited some wards yesterday and noted issues with social care for discharges. CS advised that this is in the Urgent Care action plan.
- CS noted that ambulance handover performance can fluctuate as she had attended an STP event in July where QEH was commended on its

improvement; however, during the last couple of weeks performance has been more challenged. DS added that when the Trust has optimum flow, then handover performance improves significantly.

- LM is planning to include 'learning' in her report, i.e. the ward had 2 patients who had a fall and these are the lessons learnt…
- Cleaning scores fell to 88% - LM explained that this was due to sickness within teams; however, managers needed to learn to deploy staff as required.
- Staffing fill rates were good, although SB noted some concerns relating to ratios of substantive / agency staff.

89/19 10b. EFFECTIVE

The Board considered the report and discussion included:

- The weekend mortality rate is back to 'as expected'.
- The rate of deaths of patients admitted at weekends is higher than weekdays but remains within normal parameters and no lapses of care have been identified.
- There is an ongoing reduction in the C-section rate, although this is reported 1 month in arrears to ensure validation of a full month. This is in line with national reporting, i.e. MBRRACE.
- **DD referred to page 11, and queried whether FS will bring an update on COPD mortality rates - FS advised that 30 sets of notes had been reviewed by Dr Foster and results will go to Quality & Performance Committee in August. She added that the review had not identified any concerns.** **MD** **MD**
- **CS met with Ted Baker (CQC) last week and he raised the issue of weekend mortality so she asked FS to advise him of the improved performance.**

90/19 10c. CARING

The Board considered the report and discussion included:

- LM has keen to discuss outcomes in future – i.e. what the patients told the Trust and how this information can be brought together to identify all themes and how they can be addressed.
- **Feedback from the National Inpatient Survey to be shared with HMB and Board – date to be confirmed with CS.** **CN**
- There was 1 EMSA breach, which occurred as a result of a breakdown in communication – this will be used as a learning opportunity.
- Complaints performance remains significantly below expectation, and there is no evidence of learning. Two additional clinical staff have been drafted into the Complaints team; 1 is reviewing complex overdue complaints, whilst the other is supporting the immediate resolution of complaints when they arrive. This approach is having an impact but it not reducing the backlog as quickly as hoped. Internal processes have been realigned and there is greater clarity on ownership.
- It was agreed at Quality & Performance Committee to separate the backlog of complaints from ongoing complaints to assist oversight.
- **A revised Complaints Policy will be drafted by the end of September, and LM will bring back a full action plan on 1st October.** **CN**
- SB was clear that complaints performance is unacceptable – the backlog

of complaints is too high, response rates are too slow and the quality of responses is poor. The Board takes complaints very seriously and SB wants to see swift, sustained improvements.

- CS felt the focus should be on prevention of complaints. The Band 7 development programme will include the understanding of the prevention of complaints by providing compassionate care. Complaint responses must be performance-managed as currently these are not considered to be a priority.
- **IM noted that performance in relation to dementia case finding had not changed and sought assurance that this will be addressed. LM will provide a brief update in August.** **CN**
- AB referred to complaints, finding it unacceptable that 20% need to be reopened.
- IM was concerned that the Trust had failed to complete 9 out of 13 cleanliness audits.
- DD referred to complaints and felt that the focus was on metrics but was losing sight of learning.

91/19 10d. RESPONSIVE

The Board considered the report and discussion included:

- Performance remains good for DTOCs.
- Challenges in anaesthetic cover were due to 4 consultant vacancies; interviews took place last week and 1 fixed-term contract was offered. The posts will be re-advertised next week.
- There were no 52 week breaches and no urgent operations were cancelled more than once.
- The Trust delivered 3 out of 7 cancer standards.
- The improvement on the 4-hour standard had been relatively stable.
- 'Minors' performance was c98%, but DS is aiming for 99%.
- The Trust remains an outlier for ambulance handovers, particularly those >60 minutes, but this is affected by flow. Improvements have been made in handovers <15 minutes, achieving the best performance in last 12 months
- There is a focus on reducing the number of patients staying >21 days; ECIST will provide support until the new process is embedded. The Trust is aiming to reduce the number to 46 by the end of March.
- The Trust is ahead of trajectory for 18 weeks.
- There were 2 breaches of the 28-day guarantee in June; these were for complex surgeries and delays were due to surgeons' sickness. DS had explored out-sourcing the surgery but no surgeons were available.
- Currently, there is no trajectory for 6-week performance – this will be available in September.
- There was improvement in 2-week performance, despite capacity issues in May.
- Performance for 2-week breast cancer was 20.9% in April but has increased to 66.13%; DS advised that the standard will be delivered in August. Patient choice has accounted for some reduction in performance, particularly during holiday periods. All GP practices have been issued with cards to give to patients on the 2-week pathway, explaining that they are being investigated for cancer and asking them to work with QEH to attend an appointment within 2 weeks.
- Performance for 31-day cancer, particularly Colorectal, Urology and

skin, has been disappointing but is now being managed by the Deputy COO. The Trust is not delivering 62-day cancer due to the backlog of patients, but this is reducing.

- There has been improvement in informing patients that they do not have cancer.
- DS / FS are meeting the Urology team next week to discuss improvements to the service.
- AB queried the meaning of 'half' breaches - DS explained that this relates to shared breaches with another provider.
- IM felt that Gynaecology performance was poor and queried whether the Board would see an improvement with the new pathway – DS confirmed it would. She added that there was a significant backlog of Gynaecology patients so there will be a dip in performance until the backlog is cleared.

92/19 10e. WELL-LED.

The Board considered the report and discussion included:

- LM advised that the Trust had welcomed 14 Filipino nurses today, and that she was assured of a pipeline of international and national nurses.
- Agency usage has decreased whilst bank usage has increased and this was welcomed.
- LM was keen to see a clear trajectory / focus on appraisals and mandatory training. The CQC also considers these rates in line with performance.
- CS felt there needs to be a clear staff engagement programme as this will affect appraisals. She was delighted with the new cohort of Filipino nurses but felt also there needed to be consideration of recruitment and retention strategies and a pipeline of local staff. She has commissioned C Castleton to provide a Recruitment and Retention Strategy.
- SB observed that whilst sickness absence had initially improved, current performance had declined; he suggested the Executives needed to understand and address the recent increase.
- AB referred to the leavers' table on page 33, noting that in nursing and midwifery there were twice as many leavers as starters. LM advised that she had asked to see the data and the reasons for leaving. CS felt that the figures had now stabilised.
- AB noted that the table on page 31 demonstrates that establishment is above the fill rate whilst the commentary suggests the Trust is under-established by 106 FTE. He suggested that if the 106 vacancies were filled by agency staff this will significantly impact the financial position. LM advised that the gap between funded establishment and staff in post is being met with increased bank usage and reduced agency usage, as well as getting WTE into posts.
- MA advised that the leavers' information includes internal movement.

93/19 Finance

The Board considered the report and discussion included:

- RJ advised that the report should note that the month 3 performance is after PSF.
- The Trust achieved a favourable performance against plan of £216k,

with a final position for Q1 £118k favourable to plan.

- The Trust is now able to access £2.9m of central support funding as well as £900k emergency funding, giving the Trust an increase in funding of £3.98m. This is the first time the Trust has achieved central support.
- £249k of the contingency budget has been utilised to support the budgeted I&E position in Q1.
- The Trust carried £150k of unbudgeted costs in an attempt to reduce nurse agency costs but this scheme has been curtailed.
- IM welcomed the successful quarter but noted a number of caveats, including several 'one-off' payments, so the Trust must proceed with caution in relation to recovery. CS confirmed that the recovery plan will be reviewed forensically and the run-rate optimised.
- AB suggested the Trust should celebrate the achievement of Q1 as this was the first time this had been achieved for several years. The pressure must be maintained for Q2.
- SB queried how much external funding the Trust would receive for achieving Q2 – RJ was unsure of the exact figure but advised that it exceeded £3.8m.
- CS concluded by noting that the success of the recovery relates to the engagement of staff, who had proposed 90 ideas which were implemented / being implemented.

The Board noted the IPR Exception Reports

94/19 11. KEY PLANS – Action plan for Urgent Care

The Board considered the report and discussion included:

- DS advised that the previous action plan for the ED focussed on CQC concerns; the revised plan includes a wider emergency recovery plan and she is working with her team on the priorities.
- There are 4 key workstreams:
  - Pre-hospital arrival – this relates to local A&E delivery board work;
  - The Emergency Department;
  - Hospital flow;
  - Discharge.
- An external organisation, 2020 Delivery, started work at the Trust yesterday. The Trust has had previous external support, along with multiple action plans; however, this time 2020 Delivery got both clinical and operational teams together to identify what they wanted to achieve and how to do so. The phasing of the workstreams will be presented at HMB in August; this will also include a refreshed dashboard.
- **The Board will receive a quarterly update on this plan but it will be monitored at HMB on a monthly basis.** **COO**
- **IM referred to the visibility of metrics on system partners – he wanted to be sure there were robust metrics for out-of-hours provision and primary care / social care networks. DS explained that the Norfolk-wide A&E Delivery Board and the local A&E Delivery Board are working to develop a dashboard for the local Delivery Board, focussing on QEH metrics. She will append this to the next report in October**. **COO**
- CS suggested there needed to be a clear dashboard, including data such as GP opening times.
- MA felt grip and pace on this was essential, and she noted that the

Board was not sighted on system partners' grip and pace.
- DS advised that she was now Chair of the local A&E Delivery Board and there was good engagement with the CCG and the Ambulance Trust.

The Board noted the Action Plan for Urgent Care – to come back in October

95/19 12. NHS WORKFORCE RACE EQUALITY STANDARD (WRES)

The Board considered the report and discussion included:

- The national WRES lead will attend a Board Development session to update the Board and Governors.

The Board noted the NHS Workforce Race Equality Standard

STRATEGIC

96/19 13. NORFOLK & WAVENEY STP UPDATE

Discussion included:

- The latest Acute Service Integration (ASI) updates relate to Dermatology and Urology.
- Urology integration was agreed in principle last month, subject to receiving assurances requested by QEH Board. Details will be provided at the Board meeting in August.
- The Trust is striving for greater integration of Dermatology services, and this has been positively received by the STP. Further discussions are due to take place next week.
- The Trust continues to engage well with the STP.
- The STP 5-year planning is currently taking place.
- The digital upgrade has received prioritisation and is expected to align resources across all 3 trusts.
- SB welcomed the positive feedback from the STP regarding the Trust's engagement.
- AB has attended the last 2 steering groups on digital services and confirmed there is good progress, including work on EPR, which has involved clinicians from the QEH.

The Board noted the STP Update

97/19 14. CORPORATE STRATEGY REVIEW

The Board considered the report and discussion included:

- This requires refreshing to reflect STP changes and changes within the Executive team.
- The report outlines the process – the aim is to bring this back at the end of March 2020. There is a significant amount of work to be done, particularly on key stakeholder engagement, which will take place throughout August and reviewed at CELM / HMB.
- CS advised that the STP is planning to hold a Clinical Strategy event in September with key stakeholders. This will influence QEH work and there is an opportunity to be clear on service delivery.
- The Corporate Strategy has 3 key objectives for the Trust – safe care,

staff engagement, and delivery of financial plans.

- CS has spent time briefing the CQC Chief Inspector who was very supportive.
- AB suggested that the Trust will be slightly misaligned with the STP's 5 year plan and this must be made clear.
- SB advised that the Lead Executive at Board level will be Laura Skaife-Knight (Dep. CEO) when she arrives but is CS in the short term.
- MA felt it was good to hear the opinions of doctors and nurses across the Trust, adding that it was good to empower them.
- IM referred to page 6, noting that the QEH treats 30% of Cambs / Lincs patients and there is a risk to services for those patients. CS agreed this issue needs careful handling at STP level as there is an assumption that all activity will be Norfolk-based.

The Board noted the Corporate Strategy Review Development Update

QUALITY

98/19 15a. CQC INSPECTION REPORT

The Board considered the report and discussion included:

- The CQC inspection report was published on July 24th 2019.
- The Executives have reviewed the 'musts' and 'shoulds' and mapped these to the current Integrated Quality Improvement Plan (IQIP). Further work will be undertaken this week on identifying the senior responsible officer (SRO) and the time frame for delivery of each 'must do'.
- The Board will receive a clear summary report each month on delivery of the IQIP strategic priorities and evidence of the delivery of the 'musts' and 'shoulds'.
- DD felt it was important for staff to note the positive comments in the report. He was also pleased to hear about the new approach to 'must dos'.
- CS advised that previously the Trust had not engaged effectively with the CQC but now Lou Notley speaks to the local inspector each week and any reporting comes to HMB through her. The new arrangement means that the CQC has more confidence in the information it is receiving, and in QEH's response to queries. CQC Chief Inspector, Ted Baker, is coming to visit the Trust shortly and he had not felt assured on previous visits due to the Trust's lack of engagement.
- AB felt that focus needed to be on the 'musts' - CS agreed, adding that accountability and responsibility are essential, and there must be a SRO and divisional ownership.
- AB queried how the Board will be kept updated – CS confirmed it would, with a pie chart monitoring progress. **CEO**
- **SB was clear that the Board must see evidence.**

The Board received and accepted the CQC report.

99/19 15b. UPDATE ON PROGRESS – INTEGRATED QUALITY IMPROVEMENT PLAN

The Board considered the report and discussion included:

- CS advised that future submissions of the plan will be shorter and will

include evidence, or explanation of why an action has not been completed.

- There has been improvement on delivery against strategic priorities, and significant progress regarding Executive / Non-Executive recruitment.
- The NHSI Improvement Director has secured £440k for the Trust's development plan – all Bands 7s will undertake a bespoke development plan at a leadership academy to ensure they have the necessary skills and understanding to deliver what is required.
- The Trust has a positive relationship with its 'buddy trust', Sherwood Forest Hospital, which has offered to take part in a Board-to-Board meeting to share learning.
- 450 people attended the recent CQC briefings.
- Six questions were identified at HMB regarding areas of improvement and what the actions need to be. There is a focus on leadership support.
- Staff are feeling very positive about the Annual Awards, Team of the Week awards and Values awards. CS was clear that the Executive must demonstrate listening to staff and feeding back. **Governance Advisor**
- **At a recent Board Development session, a proposition relating to a governance restructure was presented and will be coming to Board in October; it is proposed to rationalise the number of meetings from the current 47 to c20.**
- Communications within divisions is being reviewed, and there must be feedback to teams, including learning from SIs and complaints.
- By 2021 the Trust is aiming to have an additional 100 nurses – there are plans to achieve this, but it will be a challenge. The Trust must have a robust recruitment and retention strategy.
- On August 15th the NHSI Chief of Staff and Chief Improvement Director is coming to QEH and will be shown areas of good practice.
- The Trust needs a clear plan of development for international nurses.
- There have been significant improvements in the plans for medical education, including development of a new Board committee.
- The Trust needs a workforce strategy which links with the local college and the community.
- An exceptional Clinical Director has been appointed for Obs & Gynae.
- DS advised that work started last week on the ED:
    - Phase 1 relates to the reception area and primary care waiting area, with the removal of the screens which will improve visibility for staff and ambulance staff. This will create 3 new rooms, including a new ophthalmology room. The unit will retain primary care streaming.
    - Phase 2 will involve creating a different entrance for ambulance arrivals.
    - Phase 3 relates to the creation of a streaming room with a nurse, and a change of access for 'walk-ins' via a canopy outside, to steer patients to enter at the side of the building.
- This work should be complete by the end of 2019 / early 2020 – teams from QEH have visited JPH to see view their ED environment, and they will be going to West Suffolk hospital tomorrow.
- CS felt the report contained too much information – in future it needs to include actions and evidence. **CN**
- **SB was pleased with the report but wanted to see evidence of the impact of actions taken**.
- AB noted that are potentially only 3 more Board meetings before a CQC

re-inspection.
- CS felt that the Board needed to be realistic about what is deliverable, and each action must be risk stratified. The plan will be agreed and confirmed with the CQC but the main priority must be safe patient care.

The Board noted the update on the Integrated Quality Improvement Plan

100/19 15c. SECTION 31 AND 29A Updates

The Board considered the report and discussion included:

- FS advised that there were 6 CQC conditions and 1 GMC condition.
- The Trust is planning to be in a position to request the removal of the maternity 29a and 31 notices, with the evidence being reviewed this week.
- There has been good progress against the GMC conditions.
- FS remained concerned regarding the 29a notice for Medicine – this is linked to the notices for Radiology and emergency care. There are issues with leadership but these are being addressed.
- CS advised that a Conditions Notices Oversight Group (CNOG) meeting takes place monthly, with teams invited to provide evidence.
- This issue will remain on the agenda each month.
- IM was grateful for the candour of the report. He noted the lack of Basic Life Support and anaphylaxis training - FS advised that compliance will not reach 100% this month, as training is conducted differently at the QEH, i.e. some clinicians have completed the training but not submitted their workbooks. **FS will update the position for September / October.** **MD**

The Board noted the update on Section 31 and 29a notices

RISK

101/19 16. BOARD ASSURANCE FRAMEWORK - SUMMARY

The Board considered the Board Assurance Framework and discussion included:

- GR advised that one of the CQC observations was that the BAF contained too many controls, making it too operational, so she has begun to thin out the report.
- The digital risk had not been adequately expressed but this has now been rectified.

The Board noted the Board Assurance Framework

102/19 17. CORPORATE RISK REGISTER (>15)

The Board considered the risk register and discussion included:

- FS advised that a new risk management strategy has been approved.
- The Board needs to decide on acceptable levels of risk appetite.
- Additional training is taking place across the Trust on risk assessment.
- FS was concerned at how risk management has been undertaken at divisional and Executive level, with several committee meetings being cancelled recently. The meeting structure is being reviewed and

additional training is being arranged – this will take 3 months to embed. The new divisions need to own their risks.

- The report indicates that the top 3 operational risks for the Trust are the 4 hour standard, breach of the 6 week standard for ultrasound and CT scans, and 18 weeks; FS advised that cancer performance standards should be included.
- CS felt that addressing risk managements, SIs and complaints will have a significant positive impact on the Trust.
- **FS to update on the impact of changes in risk management / risk meeting structure in October.** **MD**

The Board noted the Corporate Risk Register

REGULATORY AND GOVERNANCE

103/19 18. CONSTITUTIONAL CHANGE PROPOSALS

The Board considered the report and discussion included:

- This is the annual work of the Constitution Working Group, chaired by SB, and needs to be approved at the Annual Members' Meeting.
- The following three areas were considered – SB asked the Board to make a decision and these will then be presented to the Governors' Council meeting tomorrow.
    - Governor terms of office – some trusts allow Governors to be re-elected in perpetuity. Last year QEH changed its constitution to allow governors to serve 3 terms – going forward, this could:
      -remain at 3 terms;
      -extend / remove restrictions;
      -the Chairman could take individual circumstances into account to extend by discretion.
    - The potential to recognise the contribution of volunteers by making them automatic members was considered. Legislation allows trusts to do this by making them automatic members of the Staff Constituency. Alternatively, the Trust could encourage volunteers to become Governors as part of the public cohort. A small number of trusts had opted for automatic membership but this resulted in some volunteers leaving the trusts as they did not want to become a staff member.
    - The Lead Governor is highly valued but consideration was given to whether a deputy should be elected to share responsibilities, and the Board was invited to consider how frequently the Lead Governor should be elected.
- SB felt that the main issue was to ensure stability and take into account the CQC's comments on the quality of the Trust's governors.
- SB strongly supported greater inclusion of volunteers, believing that this would be well received by them; he was also in favour of extending terms of key governors, and provision of a deputy Lead Governor for succession planning.
- DD believed that volunteers should be given the opportunity to opt out of becoming a member. GR confirmed this was possible but they would not be able to opt out of being a staff member and then become a public member. She suggested discussing the options with volunteers.

The Board supported the following Constitutional change proposals for

recommendation to the Governors' Council:

- the Chairman should take circumstances into account to extend Governor terms by discretion.
- Volunteers should become automatic members of the staff constituency
- The Governors' Council should be invited to appoint a Deputy Lead Governor

104/19 19. REGISTER OF DIRECTORS' INTERESTS

The Board considered the report and discussion included:

- **SB advised that he is no longer Chairman at West Herts hospital.**
- **DS will amend for August as her husband is joining the Trust.** **Corp Gov Officer**
- **LM will add her details for August.**

The Board noted the Register of Directors' Interests

105/19 20. PERIODIC REPORTS

The Board considered the report and discussion included:

a. RESEARCH & DEVELOPMENT Update

- FS advised that Research & Development is on track to exceed its target, focussing on high quality interventional studies.
- The report also covers innovation work which is hugely successful for the Trust - one staff member was awarded an British Empire Medal for her work.
- FS felt it would be beneficial to see the positive impact research has on the Trust's financial position. **MD**
- **SB asked FS to thank Antonia Hardcastle for her work.**
- AB suggested this could be used to assist recruitment.

b. FREEDOM TO SPEAK UP GUARDIAN REPORT

- DT believed the feedback he had received from staff was aligned with what had been heard earlier in the meeting.
- DT provided an example of how a nurse had telephoned the FTSU line to voice concerns during a bank holiday weekend - DT spoke to the matron on the ward who acted immediately and offered support to the nurse, who was appreciative.
- SB agreed that a number of learning points had been brought to the Board's attention today, and these will be useful to help change behaviours.
- DT thanked MA for her support during the FTSUG changeover period.

c. WHISTLEBLOWING REPORT

- 1 case had been reported, investigated and resolved.

The Board noted the Periodic Reports

106/19 21. BOARD OF DIRECTORS – FORWARD PLAN

The Board considered the Forward Plan.

- **Monthly improvement plans to be added.**
- **The Winter plan will be submitted in September rather than October.**

Corp. Gov. Officer

<u>The Board agreed its Forward Plan</u>

107/19 AOB

- SB acknowledged that this was RJ's final Board meeting – he passed on the Board's sincere thanks for his diligence in a challenging role over the last few years.
- SB also observed that this was MA's last Board meeting. SB has known MA for 29 years and during that time he has witnessed her unwavering passion for patients and believed she is an outstanding advocate for the NHS. On behalf of the Board he thanked MA for her contribution.
- Lead Governor, Esme Corner, also thanked MA for her support and the insightful challenge she provided in meetings; she added that MA will be missed by all staff, particularly nursing colleagues. She wished MA good health and happiness for the future.
- MA thanked the Board for their kind words and acknowledged that the QEH, and Norfolk itself, held a special place in her heart, and she was certain that the Trust will continue to improve under the new leadership.

<u>Questions</u>

J Dossetor noted that Radiology performance seemed to have slipped and queried whether this was related to staffing - FS advised that this was multi-factorial but included governance issues, as the governance lead was on long-term sick leave; capacity issues; and outdated IT systems. These issues were being addressed, and a new triumvirate for Division 2 was being developed, providing strong leadership and greater support for the service.

<u>The Board noted the questions.</u>

Date of next meeting of Board of Directors (Public) meeting – Tuesday 27th August at 10am in the Conference Room, Queen Elizabeth Hospital

<u>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.</u>

There being no further business, the meeting was closed at 12.25pm