The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

Board of Directors (In Public)

Minutes of the meeting held on 28 March 2017 at 1pm
in the Conference Room at The Queen Elizabeth Hospital, King's Lynn

Present:

E Libbey (EL)	Trust Chair
D Hosein (DH)	CEO
I Pinches (IP)	NED
J Rees (JR)	NED
M Carson (MC)	NED
I Harvey (IH)	NED
D Thomason (DT) from 2.30pm	NED
E Hardwick (EH)	Interim Director of Nursing
K Croker (KC) from 1.40pm	Interim Chief Operating Officer (handover)
C Moore (CM)	Chief Operating Officer
J Wade (JW)	Director of Strategy & IT Services
G Goodman (GG)	Head of Workforce
R Pearson (RP)	Deputy Director of Finance
T Petterson (TP) from 1.50pm absent from 2.45- 3.15pm	Interim Medical Director

In attendance:

C Roberts (CR) – item 6	Deputy Director of Patient Experience
J Grange (JG) – item 6	Patient Story
N Berns (NB) – item 13	Chief Pharmacist
D Chessum (DC)	Head of Communications & Engagement
E Corner (EC)	Lead Governor
G Rejzl (GR)	Trust Secretary
L Le Count (LL)	Corporate Governance Officer - minutes

ACTION

23/17 1. CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

No apologies for absence were received, although the Chair was advised that T Petterson and K Croker would be late due to operational issues.

EL welcomed CM to the Trust as the new Chief Operating Officer. He also acknowledged that it was the last Board meeting for TP and DH and he thanked them both for their contribution to the Trust.

KC will be Interim CEO until the new CEO, Jon Green, starts at the Trust on 2nd May.

24/17 2. MINUTES OF THE MEETING HELD ON 31 JANUARY 2017 & ACTIONS MONITORING

The minutes were approved as an accurate record of the meeting

25/17 3. ACTIONS MONITORING

The Committee reviewed and updated the Actions Monitoring Record.

Actions 18, 01, 02, and 03 are complete and were removed from the action log.

See Action Log for further updates.

26/17 4. DECLARATIONS OF INTEREST - None

27/17 5. URGENT ACTIONS – Short-term Cash Loan

The Board noted that the CEO and Chair had approved the short-term cash loan request for £2.775m, signed on 10th March 2017.

The Board noted the Urgent Action

28/17 6. PATIENT STORY

CR introduced Julie Grange who attended to update the Board on the experience of her daughter Zoe who has complex care needs and is fed via PEG tube (percutaneous endoscopic gastrostomy) for which she has her own medication.

- Zoe was admitted to the Trust by ambulance in February after she suffered a fit at home, receiving excellent care in A&E.
- Julie enquired with the ambulance crew whether she should bring Zoe's medication in and was told that it wasn't necessary. Once at the Trust, Julie was unhappy with the length of time it took to obtain the medication – an order was placed with Pharmacy at 8am and was not available until 7pm when Zoe had moved to Oxborough Ward
- Zoe experienced a vomiting episode on A&E and Julie found it difficult to locate the call bell as it was behind equipment.
- Zoe was moved to MAU and Julie found the care excellent, particularly provided by the HCAs.
- Julie found the help of Maria Cox, Learning Disability Liaison Nurse, to be highly beneficial, describing her presence as a "Godsend".
- Communication is a struggle for Zoe, and Julie noted that when checking the bays not all nurses speak to individual patients to ascertain whether there are any issues.
- Once Zoe arrived on Oxborough Ward, Julie reported that it took 2 hours for staff to carry out observations. Only when Julie enquired about Zoe's medication did staff pursue with Pharmacy.
- Zoe was moved to a side room on Oxborough and experienced another fit with an episode of vomiting – she had not been checked by a nurse for 2 hours and Julie felt that without her own presence Zoe could have choked.
- Julie is Zoe's main carer and not all staff took the time to liaise with her to find out about Zoe's condition, and she felt that at times it appeared that staff had not read Zoe's medical notes.
- DH thanked Julie for taking the time to share her experience with the Board and was sorry to hear that there was more the Trust could have done to make Zoe's stay easier.

- As Zoe is a regular patient at the Trust, it is important to ensure continuity and clarity of care for future visits.
- **EH and CR will meet Julie outside the meeting to discuss the nursing care Zoe experienced and potential improvements for future care.** **EH /CR**
- MC felt that multiple moves for patients with complex care needs were unacceptable and she had also observed nurses handling patient equipment such as IVs without speaking to the patient, which she felt needed addressing. **EH will discuss with MC outside the meeting.** **EH / MC**
- IH noted that it had also been a challenge to secure a dietician to see Zoe.
- IP advised that he had met Julie and Zoe when he was carrying out a ward visit with MC and IH and felt it was important that the Board heard their story.

The Board noted the Patient Story

29/17 7. CEO'S REPORT

The Board considered the report and highlights included:

- DH acknowledged her sadness that this was her last Board meeting – she was particularly proud of all the improvements which had taken place thanks to the combined efforts of EDs, NEDs, Governors and the 3000+ staff.
- The Stroke Unit has recently achieved an 'A' rating, the highest level a unit can achieve.
- Many changes had been made to the hospital environment which is better for both staff and patients.
- While significant improvements have been made to emergency flow there is still further work to be done.
- DH had heard today that the Trust had achieved the revised forecast of £18.3m which had been a challenge but was a credit to all teams involved.
- The Trust needs to continue working to improve communications both with patients and their families and with other areas within the Trust – complaints about communications remain a concern and are unnecessary.
- DH thanked the Board, the Governors and her colleagues for their continued support – all had pulled together to face challenges in difficult times.

The Board noted the CEO's report

QUALITY

30/17 8. REVISITING THE PATIENT STORY

The Board considered the update and discussion included:

- EH advised that there was no further update to make – it was clear that the Trust needed to make improvements to palliative care pathways.
- The Amber Care Bundle will be used to help identify those patients who are deteriorating or require end-of-life care, and this will be rolled out across all wards within the next 6 months.

- The Trust has joined the NHSI collaborative for end-of-life care – the first meeting takes place at the end of May and will involve working with peers from across the county. Updates will be made at Quality & Safety Committee.
- IH felt that the issue was not just about end-of-life patients but about patients with long-term conditions who need direct access to specialist treatment rather than attend A&E.

The Board noted the update on the previous patient story

31/17 9. MORTALITY UPDATE – Dr Foster

The Board considered the report and discussion included:

- TP explained that this report had been reviewed by the Quality & Safety Committee recently following the DoH review of mortality.
- The main issue relates to how avoidable deaths are defined and how the data will be collected.
- The Trust needs to demonstrate dissemination of learning from avoidable deaths from 'ward to Board'.
- Clinical coding remains a challenge – initial diagnosis is used to code cause of death where this initial diagnosis may not always be the cause.
- Slides provided the background to the DoH / CQC statements on mortality.
- The Mortality Committee has changed to become the Mortality Surveillance Group (MSG) and NHSI joined a recent meeting where there was a comprehensive discussion on mortality issues.
- New Terms of Reference for MSG and a new proforma for data collection have been developed and will be ratified by the Quality & Safety Committee.
- NHSI will provide benchmarking data from organisations such as the Mid-Essex Trust.
- There will be a 'Safety huddle' at the start of each shift on the wards where learning can be shared. A related app. will be shared across nursing and medical staff.
- Mortality data will form part of the Programmed Review Meetings with NHSI each month.
- Reporting of avoidable deaths comes into force from 1st April 2017 – Martin Heywood has developed a template for recording data as no national template is available.
- EL observed that 12 months ago, a Dr Foster representative assured the Board that the Trust was not an outlier for mortality and that the issue remained one of palliative care coding – EL was unclear whether this is still the case and sought further assurance on the issue moving forward. TP reassured the Board and advised that the Trust will be developing an improved relationship with Dr Foster.
- Palliative care provision in the community has not been ideal but improvements have been made and remain on-going.
- IH queried whether the Trust was confident that patient deaths coded as UTI / COPD / Pneumonia would have been coded as end-of-life at other trusts – TP responded that once the Trust has data to see whether these conditions are outliers the data can be compared with other Trusts and any differences reviewed in depth.

The Board noted the Mortality Update

32/17 10. NURSING & MIDWIFERY ANNUAL REPORT – 6 month Update

The Board noted the report and discussion included:

- This report went to Quality & Safety Committee in January.
- IH felt that listing a reduction in falls as an achievement was not accurate, as the recent reduction came only after a number of increases, including in respect of the number of falls with harm.
- MC felt that the number of pressure ulcers had remained static – EH explained that the Trust was working to reduce the number of avoidable pressure ulcers rather than the overall total.
- EL observed that falls and pressure ulcers were both areas in which improvements had been made over the last year but further work was still required. The data will continue to be monitored by the Quality & Safety Committee.

The Board noted the Nursing & Midwifery Update

INTEGRATED PERFORMANCE REPORT – EXCEPTION REPORTS

33/17 11. QUALITY

The Board considered the report. The following issues were discussed:

- Falls are still a cause for concern. There were 2 resulting in serious harm in February.
- The new manager on Gayton Ward has a background in physiotherapy and offers a new approach to managing patients.
- 95% of staff who required falls training achieved this in the last 12 months – this includes medical but not temporary staff.
- IH felt that falls reduction should remain a priority and queried how much influence the Falls Co-ordinator had on the wards. EH advised that not all falls were the Co-ordinator's responsibility, it was a Trust-wide issue.
- DH agreed – Donna Snowden (Falls Co-ordinator) had recently given a presentation on falls which needed embedding on the wards. TP felt that if the Trust could achieve a significant reduction in falls then an improvement in other quality metrics would follow.
- JR queried why there was a fluctuation on the graph from October onwards – TP felt that this increase related to the opening of the escalation beds and the fact that many senior staff were managing operational flow at this time.
- There were 2 cases of C.Difficile in February and 2 cases of E.coli bacteraemia, which will be reported.
- There were no cases of MRSA or Norovirus.
- EH is now the Trust DIPC.
- There has been some improvement in the completion of fluid balance charts. IP queried what was being done in relation to driving improvement – EH explained that face-to-face discussions were taking place on the wards and the issue was raised during handover. EH advised that she had carried out a spot-check on Elm Ward and had been impressed, particularly with data sharing between staff.

- JR explored whether there was an issue of junior doctors failing to fully understand the use of fluid balance charts and, if so, were there plans to improve this – TP explained that if a doctor wants a fluid balance chart completed then they need to request why they want it and for how long, then sign off when completed. Talks are on-going in relation to further training for medical staff.
- A report on C-section rates will be reviewed at the Quality & Safety Committee in April.
- Seven out of 33 C-sections were potentially avoidable – this was felt due to the experience level of the staff reviewing the patients, as well as maternal choice. If these had been avoided, the resulting C-section total of 30% is still deemed unacceptably high.
- Badgernet is now in use within Maternity – there may have been some inaccuracies in the previous manual recording system, resulting in higher figures currently.
- There were 9 babies readmitted within 28 days of birth – these were all deemed unavoidable.
- Both escalation wards have been open for several months due to exceptional levels of demand.
- Oxborough Ward has faced a challenge of lack of identity but is now a Complex Care ward and can select its own patients. Staffing skill-mix has been increased, experienced consultants are in place and this is providing a better experience for both staff and patients.
- There were 7 SIs reported in February, relating to falls, failure to escalate and an IG breach.
- It was noted that the report states that the Obs & Gynae report had been presented to Quality & Safety Committee in March but this was found to be in November 2016.

The Board noted the Quality update

34/17 12. OPERATIONAL PERFORMANCE

The Board considered the report and discussion included:

- The Trust failed to deliver the 62-day Cancer standard and the A&E 4-hour standard, although the QE does remain in the top third of the country for A&E performance, achieving 90.49%.
- Ambulance handover performance remains a challenge, and the Trust has accepted an offer of a review from ECIP.
- The Trust is managing simple discharges well; however, medically fit patients who are awaiting community input remain an issue.
- Tertiary delays, ITU bed capacity and doctor sickness levels all contributed to the failure to achieve the 62-day Cancer standard. Better visibility of the pathway has been achieved.
- The RTT 18 week standard was achieved with 92.77% although there are issues in some minor specialties.
- The 62-day Cancer standard will become a 4-week target in 2018.

The Board noted the Operational Performance update

35/17 13. FINANCE

The Board considered the reports and discussion included:

- The Trust made a loss of £1.7m in February as planned, and was £0.4m favourable to forecast.
- The YTD loss is £17.1m, £5.5m adverse to original plan.
- The Trust achieved c85% of the 2% CIP target.
- IP queried why the figure at the bottom of page 2 had increased to £19.2m – RP explained that the Trust had not received the STP funding which in turn pushed out the control total. The capital programme was reduced and the £19.2m figure is the resulting difference.
- **IP requested an estimated figure for the total cost of keeping the escalation beds open at the next meeting**. **DoS / RP**
- DH explained that the Trust has written to the CCG explaining that the Trust has had to maintain a high level of agency staff to cover the escalation beds and has asked for £1.5m towards costs.

Pharmacy Transformation Plan:

- NB explained that the paper outlined the Pharmacy plan for the next 3 years in relation to the Lord Carter Report. The aim is to engage in patient-facing activity, making best use of medicines.
- The report summarises the Trust's current position, what work has been carried out against the Carter metrics and where the Trust hopes to be by 2020.
- Working collaboratively with other trusts to provide cost-effective services is a key part of the Carter report and NB advised that she has been exploring the feasibility of setting up a subsidiary which would have the cost advantage of VAT savings on outpatient prescriptions. As QEH does not have sufficient volume to make this cost effective it would likely involve joint working with NNUH / JPH.
- IH queried whether proposals in the report (i.e. Dispensary) were likely to improve services for patients, result in a cost-saving for the Trust or simply move the cost to another part of the NHS – NB advised that the proposal was likely to be a cost saving, particularly in view of VAT issues. This relates to outpatient prescribing and long-term high cost drugs.
- NB explained that the report was centred on service improvements – any savings to be made will occur as part of the improvements.
- Both DH and EL thanked NB for the significant amount of work carried out so far.

The Board:

- **noted the Finance update**
- **approved the Hospital Pharmacy Transformation Plan.**

36/17 14. WORKFORCE

The Board considered the report and discussion included:

- Staff sickness continues to cause concern although there was a slight decrease in February. Sickness absence is monitored monthly by SQaBB and Division, and is discussed at Performance Review meetings and TEC.
- Compliance with return-to-work interviews is also sub-optimal and continues to be monitored.
- Work is on-going towards achieving the Staff Health & Well-being CQUIN and includes the new 'Just for You' page on the intranet.
- Staff turnover is being reviewed, triangulating information from the

leavers' questionnaires.

- Weekly Skype interviews are taking place with international candidates.
- Staff appraisal rates are improving and showed an increase for the sixth consecutive month. Performance is 3.15% below the target of 90%.
- Mandatory training subjects and method of delivery are being reviewed.
- There have been no new employer-relations cases in February.
- Recruitment remains a challenge with the highest number of nurse vacancies to date. Contributory factors include price-caps and IR35 regulations.
- MC raised several issues, including:
    - The vacancy rate – she queried whether there was much variance throughout the year **– GG advised that starters and leavers are monitored but she can provide an annual comparison for next meeting.** **GG**
    - Return-to-work interview compliance was disappointing – GG explained that it was being discussed at the EDs' meeting and poor compliance will be targeted.
    - Elevated turnover rate of 18% for AHPs - GG advised that although the Trust provides excellent training for AHPs on a Band 5 level, trained staff are likely to take Band 6 opportunities elsewhere. Nigel Tarratt will attend a future Workforce Committee meeting to discuss.
- JR queried whether there was a theme identified in staff referrals to Occupational Health – GG explained that staff can either self-refer or be referred and recent referrals related to musculo-skeletal and mental health issues.
- IH observed that 11 out of 12 months saw higher staff sickness levels than the same period the year before. GG acknowledged that sickness levels remained higher than desired and outlined mitigation including micro-management. She also confirmed that managers are being actively encouraged to handle the issue directly, escalating where necessary.

The Board noted the Workforce update

Staff Survey

- DH expressed her disappointment on the staff survey results, failing to understand what she felt to be a culture of negativity in some areas of the Trust.
- It was hoped that the newly appointed 'Freedom to Speak Up' Guardian may improve staff morale.
- Terms of Reference for the proposed Staff Forum are being developed.

The Board noted the Staff Survey results

STRATEGIC

37/17 15. CHAIR'S REPORT

The Board considered the report and discussion included:

- EL acknowledged the need to manage the increased pressures on the

Trust in the light of a challenging external environment, i.e STP developments.

The Board noted the Chair's Update

RISK

38/17 16. BOARD ASSURANCE FRAMEWORK (BAF)

The Board considered the BAF and discussion included:

- GR advised that the BAF was being reformatted at the financial year-end and a new BAF will be introduced in May.
- New risks relating to the STP had been factored in (risk 3 and 6).
- The BAF also reflected the position of the Trust's new leadership and substantive executive team.
- IP queried whether the potential risks posed by Brexit, i.e international recruitment, had been captured – GR advised that these risks are being considered by the Risk Committee but that international nurse recruitment had been a risk for the last year.
- Issues such as Brexit are outside the Trust's control but mitigation will be developed. EL felt that this represented a major strategic risk nationally and was faced by all trusts across the UK. It was likely that issues related to Brexit would affect the morale of EU citizens working in the UK and this was likely to continue until an agreement with the EU is reached.
- IH highlighted Risk 3 which described the STP process as 'immature' – he suggested that this should be re-phrased however DH explained that this phrase had been used by the external regulator and was felt to accurately reflect the current status of the Norfolk and Waveney STP.

The Board endorsed the Board Assurance Framework

39/17 17. CORPORATE RISK REGISTER (>15)

The Board considered the corporate risk register and discussion included:

- EH explained that the March Risk Committee had been cancelled due to poor attendance but that she had met all the risk register owners outside the meeting to review their registers and discuss concerns.
- The Risk Committee has now agreed a new format and is ready to move forward – this will allow for increased peer support / challenge.
- EH thanked GR for her assistance with developing a new risk template which will be utilised by all risk register owners and presented at each meeting.

The Board noted the Corporate Risk Register update.

REGULATORY AND GOVERNANCE

40/17 18. FREEDOM TO SPEAK UP GUARDIAN (FTSUG) – New Appointment

The Board considered the report and discussion included:

- DC advised the Board that following a recruitment campaign which attracted 12 candidates, 2 of whom were interviewed, a substantive Freedom to Speak-Up Guardian (FTSUG) had been appointed – Angela Adams.
- The interview panel had comprised Matron and staff governor Julie Calton, MC and DC and they had high expectations for the role.
- The Board was asked to approve the appointment, which they did.
- EL thanked MC for acting as the temporary FTSUG whilst a substantive candidate was sought.

The Board approved the appointment of the Freedom to Speak Up Guardian

41/17 19. SEAL REGISTER

The Board considered the Seal Register report which contained one entry relating to the Montessori Nursery School lease.

The Board noted the Seal Register update

42/17 20. REGISTER OF DIRECTORS' INTERESTS

The Board noted the updated register of Directors' Interests

43/17 21. BOARD OF DIRECTORS – FORWARD PLAN

The Board noted the Forward Plan

22/17 22. QUESTIONS / COMMENTS FROM MEMBERS OF THE PUBLIC

- Michael Chenery (MCh) of Horsburgh queried the definition of a 'Never Event'– EH advised that this was an event which should not happen. All Trusts have a duty to report these events.
- MCh queried whether the Trust had any collaborative working with the Norfolk & Suffolk Mental Health Trust, and it was confirmed that it does.
- The proposed housing developments at Heacham and Hunstanton were discussed – MCh asked if the Trust had been involved in any consultation given that the increased population would impact on service demand; however, it was explained that any demand / capacity would be aligned by the STP work.
- On behalf of the Health Overview Scrutiny Committee (HOSC) MCh wished DH well in her future endeavours.
- EL agreed to visit HOSC after the elections.
- Esme Corner, Lead Governor, thanked DH and TP on behalf of the governors for the compassion and care they had shown throughout their time at the Trust and wished them both well.

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

Date of next meeting of Board of Directors (Public) meeting – 30 May 2017 @ 1pm in the Conference Room

There being no further business, the meeting was closed at 3.20pm