The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Board of Directors (In Public)

Minutes of the meeting held Tuesday 29th October 2019 at 10am in the Conference Room, Queen Elizabeth Hospital, King's Lynn

Present:

S Barnett (SB)	QEH Trust Chairman
A Brown (AB)	NED
I Mack (IM)	NED
S Roberts (SR)	NED
S McClelland (SM)	NED
G Ward (GW)	NED
D Dickinson (DD)	NED
C Shaw (CS)	CEO
L McManus (EM)	Chief Nurse
L Sanford (LS)	Director of Finance & Resources
D Smith (DS)	COO
F Swords (FS)	MD
L Skaife-Knight (LSK)	Deputy CEO

In attendance:

L Gathercole (Laura)	Patient Story
R Stewart (RS)	PA to Head of Midwifery & Nursing, Women & Children
C West Burnham (CWB)	Assoc. Director Strategy
C Castleton (CC)	Assoc. Director HR
G Rejzl (GR)	Trust Secretary
L Le Count (LL)	Corporate Governance Officer – minutes

ACTION

162/19 1. CHAIR'S WELCOME

SB welcomed those present to the meeting.

Apologies were received from J Schneider.

163/19 2. PATIENT STORY

The patient story was presented by Laura, accompanied by her baby, Isabella. Laura was supported by Ross Stewart from the Women & Children Division.

EM explained that Laura had previously read negative media about care at the QEH and had been worried whilst she was pregnant, so wanted to share details of her experience.

Laura explained that she had been anxious and nervous when she was pregnant; however, she had received lots of support from QEH staff. She gave examples such as midwife Lottie Bowman who always engaged with Laura and informed her who would be taking over her care when Lottie's shift ended, and housekeeper Jill who ensured Laura and her partner had a drink. Laura added that another housekeeper refused to give Laura's partner a cup of tea.

During labour, Laura's midwife was Margaret, an agency midwife. Laura had

low expectations of agency staff but described Margaret as "brilliant and calm", staying with Laura and fully explaining everything.

EM advised that Margaret was working today so she would pass on Laura's comments. EM was pleased to hear about the small things that made a big difference to Laura, i.e. cups of tea.

CS queried whether there was anything Laura would change - Laura explained that she had been induced on Thursday but did not deliver her daughter until Sunday, and she had been told that this was due to insufficient staff.

SB noted the lessons to be learnt and thanked Laura for attending with Isabella and sharing her story.

The Board noted the Patient Story

164/19 3. REVISITING THE PATIENT STORY

The Board considered the report and discussion included:

EM noted that the Patient Story in October had featured complex circumstances; there had been a focus on time-critical medications such as those for Parkinson's disease, and EM has ensured that a nurse specialist is providing additional training.

Matrons are now visible on the wards from 8 -11am each day and will actively address patient experience issues as they arise, rather than allow the issues to become complaints.

SR observed that Parkinson's medications are not the only time-critical drugs – EM agreed and will provide a more comprehensive update at Quality & Performance Committee. **Chief Nurse**

DD queried whether an update on 7 day services will be coming to Board - FS confirmed that the audit had just been completed and a report will go to Board in January (Private action 113).

CS asked that reports generated following future Patient Stories must include greater precision of actions, detailing links to IQIP and where monitoring will take place. SB added that there should be a follow-up report detailing the impact of these actions. **Chief Nurse**

IM noted that there is a focus on nursing staff but felt this should also include medical staff; AB agreed.

LSK, FS and EM are in the process of determining how learning / positive feedback can be shared across the organisation and back to the relevant teams.

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

165/19 4. MINUTES FROM THE BOARD OF DIRECTORS' PUBLIC MEETING ON 1st OCTOBER 2019 / MATTERS ARISING

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

Page 5, minute 146/19, 4th bullet – there were 32 complaints last month not last

week.

The minutes of the meeting held on 1st October were considered to be an accurate record of the meeting subject to the amendment above.

166/19 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: **36, 61, 62, 68, 80, 81, 82, 83, 84, 85, 86 and 87.**

See Action Log for further updates.

167/19 6. DECLARATIONS OF INTEREST – ***None to declare***

168/19 7. URGENT ACTIONS (Under Standing Order Para. 5.2) – ***None to report***

169/19 8. CHAIRMAN'S REPORT

The Board considered the report and discussion included:

SB welcomed Jackie Schneider to the Board; she is the 7th Non-Executive Director and this completes the programme of strengthening the NED cohort of the Board. Jackie has a strong nursing / commissioning background.

A new Partner Governor has been appointed from the UEA – Sue Madden is a senior lecturer, and her appointment strengthens QEH's clinical education links with the UEA.

SB suggested the Board may wish to read the NHS Providers' report 'The state of the NHS Provider sector' (link provided) which presents an accurate picture of sustainability and how providers will perform over the coming months.

Referring to the CQC's 'State of Care' report, SB advised that he had attended a CQC co-production event where representatives from all sectors of the NHS were able to discuss issues such as how CQC reports could be improved, what information is included on its website, and a potential early warning about website content. SB also took part in a session with the parliamentary ombudsman relating to how responses to complaints could be improved. It was suggested that complaint handlers could be accredited via a professional qualification.

The QEH will be 40 years old next year and CS and SB have begun to lobby NHSE/I and local MPs for investment for structural improvements. There is a strong case for upgrades across the whole site. The local MPs have been very supportive of the Trust's ambition to secure capital to improve the estate.

The Board noted the Chairman's Report

170/19 9. CEO's UPDATE

The Board considered the report and discussion included:

CS welcomed LSK to the Board – she is already having a positive impact on communications and engagement.

The Trust's recruitment campaign has been launched and has received positive feedback. LSK will monitor its impact. The campaign describes the best of working at QEH, along with the best of living in Norfolk, and staff have been

proud to take part.

The Leadership Programme has commenced, funded by Special Measures monies. The first session was well facilitated, and the facilitators will also work on the Board Development programme, for continuity.

Engagement events begin on Monday. There has been a big focus on the Awards event; there were 407 nominations and feedback is that staff already feel more valued.

QEH is collaborating with NNUH and JPH on a Clinical Strategy for Norfolk; the work involves the Boards from all three organisations and the initial meeting was positive.

The phase 1 building work in the ED is complete and plans for work in the Assessment Zone and the Discharge Lounge is are in development for early delivery.

Ted Baker, CQC Chief Inspector, visited the Trust recently and spent time in Radiology, Maternity, ED and Medicine. He described feeling a different energy in the Trust and was pleased to see positive actions taking place. He also gave a talk, which was well received by clinicians.

Brian Dolan visited the Trust last week to facilitate a master-class on 'Making Patient Time The Most Important Currency in Healthcare' and this was well-received by staff.

The Log Cabin was re-opened following refurbishment. CS felt the cabin will make a big difference to families experiencing a difficult time.

The Board noted the CEO's Report

INTEGRATED PERFORMANCE REPORT

171/19 10a. SAFE

The Board considered the report and discussion included:

EM highlighted 3 areas:

- VTE - assessment compliance for August fell to 95.45 % which is below the trust target of 97.24 %. Actions have been put in place to address the issue, which was thought to have arisen due to a new doctor intake. Performance in targeted areas recovered to 99% in September.
- Cleaning – this is a significant concern and urgent actions have been put in place. Additional hours have been agreed in the short-term and advertisements placed for 8 cleaning staff. Matrons will check cleaning quality on a daily basis; CS and EM have also been checking standards during the last 2-3 weeks.
- Complaints – the process and quality of responses are an issue. Each area has been given a recovery plan. EM would like more resource in the team in November.
- FS reported the first Never Event for 18 months, although there was no harm to the patient.
- SIs predominantly relate to similar themes, i.e. delays in the ED. There had been a vascular emergency and system partners had rapidly agreed that any vascular emergency should be taken to nearest vascular centre via blue-light ambulance. An investigation is underway in relation to

delays in the arrival of a blue-light ambulance in the SI.

IM was pleased to see that VTE performance had recovered but queried what will be put in place to ensure this does not happen with every intake of new doctors - EM advised that support will be provided for areas which were challenged on this occasion.

IM referred to patients being transferred to a vascular centre and explored potential issues relating to patients who attend with an undiagnosed aneurysm; FS agreed this would be challenging as QEH is not a specialist centre. There must be a robust process to get patients into the ED as quickly as possible.

DD was pleased to see urgent actions in place for cleaning. He noted the high sickness level at c14% and queried what was being done to address this – EM advised that dedicated HR support is being put in place for Facilities, with a focus on getting staff back into work. Additionally, listening events with staff are being arranged.

GW noted that performance for response to complaints is improving but felt that 33% compliance remained poor; he queried a trajectory for improvement. EM advised that the additional resource was being sought in order to improve performance – she will work with the complaints team and the divisions to ascertain an accurate target trajectory. **Chief Nurse**

SB referred to cleaning and felt resources should be moved from areas of low risk to ensure high risk areas achieve 100%. DS confirmed that she had agreed with Facilities that this should be a priority; as a result, 8 vacant posts will be recruited to, and c290 hours additional cleaning hours have been approved.

SB suggested it was the role of matrons to monitor and highlight to the domestic workforce when standards slip. EM confirmed that this has been highlighted to matrons and they will check during their daily time on the wards. DS added that when the remedial clean has been completed the matron and cleaning supervisor must sign off the work and maintain the standard. **To be monitored at Quality & Performance Committee.** **COO**

172/19 10b. EFFECTIVE

The Board considered the report and discussion included:

- Mortality - the overall SHMI / HSMR / weekend vs weekday rates are all 'as expected'; however, there are multiple actions in place to maintain the position. FS acknowledged that the Trust could improve its learning from deaths.
- Maternity – there had been a very small increase in emergency c-section rates; however, for the first time in 12 months performance is 25%, with the validated figure even lower. Remedial actions appear to be having a positive impact.
- NICU - Unplanned / avoidable admissions to NICU have increased this month; contributing factors include failure to complete risks assessments, failure to follow management plans and admitting patients to NICU instead of Transitional Care. In mitigation, the Matneo project continues to focus on the completion of risk assessments and management plans. It is expected that the standard will be achieved by April 2020.

173/19 10c. CARING

The Board considered the report and discussion included:

IM referred to dementia case finding stickers and queried the reference to 'ad hoc teaching' – EM explained that this relates to helping people complete the forms. IM queried how successful this was - EM explained that the focus had been on the Assessment Zone and the ED. She will ensure this is embedded. **CS suggested the term 'ad hoc' was not appropriate - EM agreed and will amend.** **Chief Nurse**

174/19 10d. RESPONSIVE

The Board considered the report and discussion included:

- ATT – there has been deterioration in the 15 minute handover performance. The Trust has now secured support from the national lead, focusing on standardising processes and making them 'lean'.
- ED – there are new rooms at the front of the ED which will become a 'minors' area. The ambulance handover area will move to the current 'minors' area, providing an increase from 3 to 5 spaces which should improve performance.
- DS reported an improvement in diagnostic performance; the Trust remains on target to deliver the 6 week standard by the end of November.
- Cancer – in the last 2 weeks the IST has agreed to support the whole pathway. The focus will initially be on cancer and diagnostics, followed by RTT. This will significantly improve the development of teams.
- 62-day standard – performance is 'as expected' and on track to achieve 85% by the end of March.
- Improved escalation processes are in place, with a 1 hour escalation to 'Gold'. Communications with EEAST have improved. Delayed handovers are prioritised following assessment in the ambulance. Delays have often related to the geography of the department – the Trust cannot increase the number of beds and does not undertake care in corridors. NNUH has more physical space and can use extra beds on the wards. When QEH has good flow, handover performance improves.

SR noted the national pressures on the ED but believed that the Trust's position as an outlier for ambulance waits in excess of 60 mins was significant as it increased risk for system partners. He suggested it might be beneficial for the Trust to work with partners to consider whether the QEH is the appropriate place for every patient.

IM referred to patients staying longer than 21 days, noting that the data is not broken down by commissioner and felt this information could be used to challenge commissioners. DS confirmed that the data can be broken down by CCG.

SR noted the deterioration of 62-day cancer performance and found the update helpful. He noted that DS was planning to feed back every 3 months but suggested a monthly update at Board - DS confirmed that an update was due at Board next month. **SB asked DS to provide a monthly update to Quality & Performance Committee which can be communicated to Board via the Chair's Assurance report.** SB advised that all acute trusts had been told to improve 62-cancer performance. **COO**

175/19 10e. WELL-LED – PEOPLE

The Board considered the report and discussion included:

- Sickness absence remains challenging. Support is being provided for areas with high absence levels and mental health support for staff is a key focus with health and well-being packages being considered as a preventative measure.
- HR has now clearly defined mandatory and compulsory training. There is a plan to move to e-learning for mandatory training; this is likely to be rolled out from April.
- An East of England streamlining event will be taking place on 31st October to review systems and processes across the region. The Trust is actively engaged in this piece of work.

SR was pleased to see a minor reduction in sickness absence but noted that many causes were listed as 'unknown' - CC advised that this was related to the way data is recorded on e-roster / ESR.

SR queried whether the variation in sickness levels across areas had been triangulated with the recent 'pulse check' - CC confirmed that this work had started. She added that in some areas this relates to cultural issues and HRBPs are working with those areas. Further updates will be reported at People Committee. **Assoc. Dir. HR**

CS felt more could be done to support staff with mental health issues – this will be monitored at People Committee. **Assoc. Dir. HR**

CS believed the Trust must continue to support the international nurses – CC confirmed that a follow-up check on their well-being will be made at 6 months and an update will go to People Committee. A listening event with international nurses is due to take place in November. **Assoc. Dir. HR**

IM noted that the 'time to recruit' performance was static; he queried whether there was a way to identify whether the Trust was recruiting locally. **CS advised that there are KPIs for each part of the recruitment process – CC to take these to People Committee.** **Assoc. Dir. HR**

SB referred to mandatory training and appraisal rates and was clear that managers need to ensure these take place. **CS to ask Execs to review the message to line managers that mandatory training and appraisals are not optional.** **CEO**

176/19 10e. WELL-LED – FINANCE

The Board considered the report and discussion included:

- The Trust reported an adverse variance to plan for September of £81k; however, due to the Trust being ahead of Plan at the end of August, we were able to report an overall favourable variance to Plan of £13k. As a result, the Trust will receive central funding support totalling £3.9m for the quarter and will be able to access £2.0m of the £6.0m system support funding made available on the basis of plan delivery in October.

GW congratulated the Executive team on the 6 month figures; however, he was concerned by the continued usage of the contingency fund as the Trust moves into its most challenging winter period. LS advised that there had been a £1m contingency and this was utilised at £83k per month, as detailed in the plan. She agreed that challenges are greater in the final 6 months of the year and the Executives will need to mitigate against risks. Additional expenditure against the contingency will be prioritised carefully.

DD also welcomed the positive position. In view of the forthcoming challenges he felt it was vital to deliver on CIPs and queried the likelihood of achieving the plan. LS confirmed delivery of the CIP plan to date, adding that the pipeline is higher than required.

IM felt the position represented an exceptional achievement for the Trust, and was pleased to see the CIP performance. He noted that the paper alluded to challenges and hoped to see more detail at Private Board in order to receive greater assurance. SB thanked CS and the Executives for successfully managing the Trust's finances in order to secure additional funding.

SB observed that the IPR was much improved. **AB felt that graphs are used inconsistently in the IPR and asked if this can be addressed from November.** CWB advised that she had met with Sam Riley who presented at the recent Board Development session, and data in the IPR will be refined following training with analysts. **Assoc. Dir. Strategy**

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

177/19 11. KEY PLANS – URGENT CARE IMPROVEMENT PLAN

The Board considered the report and discussion included:

- 2020 Delivery has been working onsite on the urgent and emergency care pathway. Work has moved from the improvement 'sprint' phase to the 'sustained' phase. The overall number of projects 2020 Delivery has been working on has been reduced, with a focus on improving ward processes and board rounds. The aim is to improve the number of pre-noon discharges from less than 20% to c35%.
- Capital improvement funding has been allocated to the Discharge Lounge; currently the lounge can only take patients who can use chairs but improvements will mean patients on stretchers can be accommodated.

SB observed that there has been no discernible difference in the 4-hour performance since 2020 Delivery have been onsite – DS advised that there has been increased pressure across EDs nationally. She added that changes such as building work take time, and changing models of care rely on clinical engagement.

AB referred to pre-noon discharges and queried varied performance across the wards – DS advised that this was due to patient mix.

GW found item 5 on ambulance handovers very useful but felt is raised issues regarding the 30-60 minute handovers; he added that it would be helpful to have this in the IPR. DS explained that the Trust is on a par with other organisations in relation to the 30-60 minute waits.

AB observed that if the Trust is triaging in ambulances on occasions, then this will extend the time some patients spend in the ambulance, and he queried whether there was any comparable data with NNUH / JPH. DS advised that this would not be an easy category for which to compare data.

DD referred to the successful pre-noon discharge pilot study on Stanhoe ward and queried whether this could be replicated - DS advised that for some wards the target of 1/3 of all discharges to be pre-noon equates to 1-3 patients so this can be replicated. A 'league table' of pre-noon discharges will be compiled to encourage competition amongst wards.

FS advised that board rounds had not been taking place on Stanhoe but are now, and there is more energy on the ward.

IM sought assurance that the Discharge Lounge will provide privacy and dignity for the increasing number of patients using the facility, many of whom will be frail-elderly; he also queried which Executive has oversight and how standards will be monitored. DS advised that the Discharge Lounge sits within the Deputy COO's portfolio, and oversight will be shared with the Chief Nurse / Deputy Chief Nurse. There is an aim to provide side rooms for privacy and dignity, and plans are in place to make the facility warmer and more comfortable.

GW noted that many discharges are hampered by issues with availability of transport and drugs from Pharmacy. DS advised that there had been good engagement from the Head of Pharmacy, and there are volunteers to take drugs to wards.

The Board noted the Urgent Care Improvement Plan

178/19 12. WINTER PLAN 2019/20

The Board considered the report and discussion included:

The Winter Plan was approved in September; however, the Board had asked for more financial detail. Following approval there has been a weekly mobilisation meeting. Paul Saunders is on secondment from Nottingham Hospital as Associate Director of Urgent and Emergency Care Improvement and he will be overseeing implementation.

The Board noted the Winter Plan

QUALITY

179/19 13. UPDATE ON PROGERSS - INTEGRATED QUALITY IMPROVEMENT PLAN

The Board considered the report and discussion included:

- This will be discussed in more detail at the Board Development session on Thursday.
- There has been improved engagement in relation to 'musts' and 'shoulds' and this will be backed up with evidence. Work is in progress to agree priorities and actions in relation to 'musts'.
- Reporting must be strengthened from divisions to ensure assurance to Board.

- Project management requires support; P Tydeman will be developing a reporting system similar to the CIP reporting system.
- CS is responsible for the IQIP and received positive feedback from the Improvement Director and OAG members. Alan Thorne, Improvement Director has retired and CS will work with Sue Holden, National Director. NHSE/I has welcomed the Trust's strengthened board.

SR advised that he had attended an evidence group meeting and had been impressed with the level of challenge.

SB felt that the Trust will not have everything achieved all the 'musts' and 'shoulds' by the next inspection, so it is important to demonstrate prioritisation, risk assessment and plans for improvement.

The Board noted the Integrated Quality Improvement Plan update

RISK

180/19 14. CORPORATE RISK REGISTER (>15)

The Board considered the risk register and discussion included:

- The report has been re-named the 'significant risk register', and aligns with the Board Assurance Framework (BAF).
- All risks have been reviewed in detail with divisions and at Risk Committee.
- Risks relating to the roof and the ED are rated as 20.
- Risks relating to availability of mental health beds, medical outliers, availability of imaging, IPAC, staff engagement / workforce and CQC conditions are all scored as 16s.

SB referred to risk 2610 and queried why having patients of the opposite sex next to each other is a risk – FS explained that this was a national mandate and breaches occur on the Stroke unit and on ITU / CCU due to their layouts. FS will address the wording of the risk. **MD**

SR noted that risk 2592 (risk of sub-optimal care) is reported frequently at Board; however, risk 392 (catastrophic failure of the roof) provides no assurance in relation to mitigation. He suggested asking for a professional opinion to be presented at Board – this was agreed. **COO to ask I Hinitt to arrange for a structural engineer to attend in November.** **COO**

CS asked that the report is amended to reflect job roles rather than individual names. **MD**

SR noted the shared risk (2244) relating to mental health beds and queried how this was being addressed. DS advised that this was on the shared risk log at the A&E delivery board; she will ascertain whether other partners include this risk on their own risk registers. **COO**

AB reminded the Board that it should be mindful of what information is shared in the public Board papers, for example the cyber risk.

SB felt that the report had improved but asked FS to ensure that all boxes are completed. **MD**

The Board noted the Corporate Risk Register

STRATEGIC

181/19 15. STP UPDATE

The Board considered the three papers and discussion included:

CWB suggested focusing on the 5 year plan, which narrated the priorities and challenges. The 5 key changes the Trust would sign up to are:

- co-ordinated care in the community;
- collaborative working to ensure patients are seen quicker;
- collaborative working on recruitment and investment in staff health & well-being;
- focus on illness prevention in the community;
- utilisation of new technology.

SB thanked CWB for her contribution to the creation of these documents which had been well- received by partners.

SR felt that the alignment of strategies should be on the risk register. He added that the good work undertaken at QEH should not be lost on the STP. AB agreed from a digital perspective, adding that the QEH has been slow to engage in evaluating the need for an EPR. CWB advised that the Trust has now agreed which clinicians will be involved with this project.

CS advised that the STP is presenting the proposals for collaborative working on Urology to the GP assembly tonight; GPs are seeking assurance on the service to patients.

IM felt there should be public accountability, and queried whether the 5 year plan is reported anywhere. SB advised that in some areas there is a Chairs' Oversight Group with clear ToR and this group acts as a Board. The CEO Group reports there. Norfolk & Waveney STP has not developed this arrangement yet - it has a Chairs' Oversight Group which receives STP reports but does not have clear ToR or act as a Board.

The Board noted the STP reports

REGULATORY AND GOVERNANCE

182/19 16. REGISTER OF DIRECTORS' INTERESTS

The Board considered the report and discussion included:

- **LSK's details to be added for November.** — **Corp. Gov. Officer**

The Board noted the Register of Directors' Interests

PERIODIC REPORTS

183/19 17. WHISTLEBLOWING

The Board noted the Whistleblowing report.

- 3 cases had been raised – all related to bullying / harassment claims and are going through the resolution process.

The Board noted the Whistleblowing Update

184/19 18. FIRE REPORT

The Board considered the Fire report and discussion included:

- NICU viewing corridor – an options appraisal has been commissioned and is due back on 8th November. The options include:
  - Carry out remedial works to meet the 1 hour fire compartmentation standard;
  - Remove the corridor entirely and expand the NICU footprint – this is the preferred option.

AB noted that the report referred to the number of staff (rather than WTE) and then calculated the % who had completed fire training; he queried whether all compliance was calculated this way or whether staff who are on long term sick / maternity leave were excluded. **DS / CC to address.** **COO / Assoc. Dir. HR**

The Board noted the Fire report

185/19 19. BOARD OF DIRECTORS – FORWARD PLAN

The Board considered the Forward Plan.

The Board agreed its Forward Plan

186/19 AOB - none

Questions

EC noted that issues relating to the roof / infrastructure have been in the media recently and suggested the Trust should encourage the public to write to local MPs; she felt the community voice could be used to the hospital's advantage.

EC referred to the discharge lounge and suggested communication with patients was vital, so a regular review of the lounge by staff would be appreciated.

Date of next meeting of Board of Directors (Public) meeting – Tuesday 26th November at 10am in the Conference Room, Queen Elizabeth Hospital

The Board resolved that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

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