The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Board of Directors (In Public)

Minutes of the meeting held Tuesday 1st 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)	Interim Director of Finance & Resources
D Smith (DS)	COO
F Swords (FS)	MD

In attendance:

D Tyers (DT)	Patient Story
S Evans-Evans (SEE)	Governance Advisor
C West Burnham (CWB)	Assoc. Director Strategy
C Castleton (CC)	Assoc. Director HR
N Redwood (NR)	Consultant, Divisional Director, Division 2
L Skaife-Knight (LSK)	Deputy CEO Designate
C Benham (CB)	Director of Finance Designate
G Rejzl (GR)	Trust Secretary
L Le Count (LL)	Corporate Governance Officer – minutes

ACTION

135/19 1. CHAIR'S WELCOME

SB welcomed those present to the meeting.

There were no apologies for absence.

136/19 2. PATIENT STORY

The patient story was presented by Daniel Tyers, son of the patient Valerie Greyson. Mrs Greyson has Parkinson's disease.

Mr Tyers told the Board how his mother had been a strong, independent person until last February when she suffered a prolonged episode of hallucinations as a result of prescription of pain-relief which was contra-indicated for Parkinson's. Mr Tyers telephoned the GP for help but none was forthcoming so the following day he called an ambulance.

On arrival in A&E Mr Tyers' mother's vital signs were stable; however, she was still experiencing hallucinations. Mr Tyers advised that he and his mother were then left alone for 5 hours. A member of the Mental Health Team arrived, spoke to Mrs Greyson briefly, then left, promising to return imminently – they

did not return for 3 hours.

The nursing team in A&E were supportive, particularly Gunter, who Mrs Greyson still remembers for his kindness.

There was confusion relating to testing Mrs Greyson for a UTI – Mr Tyers believed this had been requested but there were no details in the patient notes. The test was later carried out.

Mr Tyers was unhappy that Mrs Greyson's medication for her Parkinson's disease was not administered at the correct times – this is essential for Parkinson's and delays can have significant implications for the patient. Mr Tyers felt that on occasion ward staff were restricted by process.

Mr Tyers described Matron Claire Kent and her team as 'brilliant'; however, he deemed Social Services to be unhelpful and felt the service they provided was poor. Overall, he felt service across the Trust was inconsistent, particularly across weekends and Bank Holidays.

SB thanked Mr Tyers for taking the time to share his experience, and offered his sincere apologies. He added that the Board would consider his story and use this as a learning tool.

EM agreed, adding that she was currently reviewing processes on the wards with a view to freeing up some staff; this is particularly important for time-critical drugs. She acknowledged that occasional drug errors occur on the wards; previously, nurses involved would have their prescribing permissions withdrawn but now the regime is more supportive.

DD thanked Mr Tyers for sharing his story. He noted the lack of availability of services across 7 days. FS advised that the Trust aims to provide emergency treatment and associated testing across 7 days; a 6-month audit is being undertaken to accurately determine which services are available. 94% of patients are reviewed by a doctor 7 days each week.

CS felt that the lack of continuity of care offered to Mrs Greyson had been unacceptable. She added that 'board rounds' took place on the wards every day and reviewed every patient; for some specialties this remains a work in progress.

SB thanked Mr Tyers once again, and assured him that the Board has a strong commitment for improving its services for patients.

The Board noted the Patient Story

137/19 3. REVISITING THE PATIENT STORY – *Nothing to report*

138/19 4. MINUTES FROM THE BOARD OF DIRECTORS' PUBLIC MEETING ON 27th AUGUST 2019 / MATTERS ARISING

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

DD advised that he was included in the 'Attendance' but had given his apologies.

The minutes of the meeting held on 27th August were considered to be an accurate record of the meeting subject to the amendments above.

139/19 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: **53, 59, 66, 71, 72, 73, 74, 75, 76, 77, 78 and 79.**

See Action Log for further updates.

140/19 6. DECLARATIONS OF INTEREST – ***None to declare***

141/19 7. URGENT ACTIONS (Under Standing Order Para. 5.2) – ***None to report***

142/19 8. CHAIRMAN'S REPORT

The Board considered the report and discussion included:

- SB was delighted to confirm that both CS and FS had been appointed substantively and he wished them well for their future at the Trust.
- The NHS Single Oversight Framework will be more straightforward following alignment of the NHSE/I structure.
- The Government's spending plans have resulted in additional NHS funding for new hospital buildings and improvement works. SB is watching to see if any more funding is released, particularly in the east of the region.
- The Trust held a highly successful Annual Members' Meeting in September; next year the event will be larger and will showcase the Trust's innovation and clinical excellence.
- Board members will have the opportunity to lead by example by having their flu vaccination today; this is a CQUIN for the Trust and last year QEH was one of a small number of trusts nationally who achieved the full CQUIN.
- IM noted that the STP Chairs' meeting was due to be held at QEH in September, but the meeting had been cancelled at the last moment due to multiple apologies – he sought assurance that this was not indicative of the STP's reluctance to travel to King's Lynn. SB advised that at a previous meeting he had made it clear to the chairs that he was reluctant to travel to Norwich for every meeting and this had been acknowledged and agreed. He believed that the cancellation had been due to holiday commitments. SB also suggested it would be beneficial to maximise use of technology to allow members to join the meeting remotely. CS added that the QEH is recognised as a significant member of the STP, and that colleagues from NNUH and JPH attended the QEH Management Board via technology recently.
- SM sought assurance on the Urology service integration – CWB advised that service leads from QEH are working with their counterparts at NNUH and JPH, and metrics will be monitored.
- LSK queried the narrative in relation to lobbying Parliament for funding for building works – CS agreed that there needed to be a clear narrative and communications with stakeholders. She has recently spent time with the local council, CCG and MPs and made it clear that the Trust needs a larger ED, and, ultimately, a new hospital.

The Board noted the Chairman's Report

143/19 9. CEO's UPDATE

The Board considered the report and discussion included:

- CS advised that the Trust has been awarded £1.5m for diagnostic testing and point-of-care testing for patients. She has been lobbying Liz Truss, MP for support, clearly stating the community need for a new hospital.
- CS was delighted to have been appointed substantively and was looking forward to continuing with her three 3 priorities – providing safe, compassionate care; financial sustainability; and, staff engagement.
- CS is continuing to build relationships with external stakeholders. She had a beneficial meeting with the local council, which identified several opportunities for joint working. Additionally, opportunities across the wider STP include working with the CCG to develop a plan for local residents.

The Board noted the CEO's Report

INTEGRATED PERFORMANCE REPORT

144/19 10a. SAFE

The Board considered the report and discussion included:

- The number of hospital-acquired pressure ulcers (HAPU) remains low compared with other organisations; however, an ulcer remains a significant event for patients. Learning and actions are important, particularly in relation to documentation and providing evidence of care.
- A small number of areas failed the cleaning standard – this included ED and CCU; the issues highlighted were rectified and the scores improved. Last week, it was agreed that matrons will undertake a daily ward round to ensure patient safety, staffing numbers and patient experience are all on track. The results will go to CELM.
- SB was concerned that high risk areas such as ED and CCU had failed to achieve the required cleaning standard. While he noted the improvements reflected in the IPR, he referred to page 11 and advised that the Board needed to know what the issues are, what actions will be taken, and how the Board will know the issue has been addressed.
- AB noted that the cleaning target had been rated 'red' for 12 months, and queried whether a target of 100% was achievable. EM advised that other organisations used a target of 95% and the Trust has now agreed to follow suit.
- DD queried whether the scores reflected quality or frequency – EM confirmed both were measured.
- SR found the IPR summary to be helpful but would like to see a balance, i.e. areas of concern.
- FS advised that there had been no 'Never Events' in the reporting period; however, one had been reported since then, relating to wrong site surgery. The patient had been receiving a series of injections in their left eye and was due to commence a series in their right eye but the left eye was injected in error. No harm was caused to the patient and duty-of-candour was applied. An investigation is underway.
- There were nine SIs in the period; three related to delays in the ED, including long waits for mental health beds. 'Falls' was identified as a theme – there was a low number but all resulted in patient harm.
- **SB queried the Trust's position against its peers for ambulance handover – DS advised that QEH is an outlier but performance is improving. SB queried whether the Trust incurred any financial penalties as a result of delays – DS advised it did not, and she will** **COO**

include regional comparisons in the IPR next month.

145/19 10b. EFFECTIVE

The Board considered the report and discussion included:

- Both the SHMI and HSMR are 'as expected'.
- There are some concerns in relation to the C-section rate – processes were changed in May and delivered an improved performance but this was not sustained. FS is working with the team and the rate has reduced to 25%.
- Transfers to NICU were reviewed and all were deemed appropriate; none were avoidable.
- The Trust had been reporting perinatal mortality incorrectly, as it had previously and wrongly included late terminations; the new calculations have resulted in a zero score.
- **SB asked FS to pass on the Board's congratulations to the Obstetric team for the improved C-section performance.** **MD**
- SM queried how expectant mothers were supported in the decision to have a C-section, particularly those who wanted a vaginal delivery following a previous C-section. FS advised that the Trust had established a Vaginal Birth After C-section (VBAC) clinic, offering support and advice to those considering a VBAC. Paperwork and leaflets relating to birthing choices are being reviewed. An MDT has been established to review every patient who opts for an instrumental delivery. This represents a cultural change for the team and is taking time to embed.
- CS advised that NHSE/I had inspected the O&G team recently and noted a 'palpable change'; a letter will follow.
- CTG training is now 100%.

146/19 10c. CARING

The Board considered the report and discussion included:

- The FFT scores for maternity and Outpatients were positive; however, scores for inpatients and day-cases were neutral, resulting in a breach of the lower-control limit. This is being monitored.
- Staffing fill rates exceeded 94% and compares well with Model Hospital data. When ward fill rates drop below 90%, staff are moved from other wards.
- Dementia case finding performance has not yet improved as there had been an issue with procurement of new stickers for the form. These stickers should arrive next week.
- The complaints response rate has decreased; this was felt to be due to annual leave across the Trust in August. This is a priority for EM and she is spending time with the Complaints team. The aim is to complete 10 complaint responses each week, along with 10 from the backlog. Last week the team received 32 complaints but responded to 58.
- GW voiced concern in relation to the response rate and potential lessons learnt. He queried whether any themes had been identified – EM advised that themes related to communication with family and direct care issues. She expected the daily ward round by the matrons to address most of these issues. Learning takes place at divisional level.
- CS felt the top priority was to prevent complaints arising and this involved early communications with ward staff and patients; this is

where the majority of complaints arise and where they should be addressed early. She included this in her recent staff briefing and received several 'tweets' after the event, thanking her for her transparency.

- **IM referred to dementia case finding and felt it was unacceptable to have a procurement issue delaying improvement – SB agreed, CS to progress.** **CEO**
- DD queried the target date for reducing the complaints backlog to 5% of total complaints - EM advised that she is aiming for 31st October and is developing a trajectory.

147/19 10d. RESPONSIVE

The Board considered the report and discussion included:

- Performance against the 4-hour standard dipped in August; QEH was rated 62 out of 133 Trusts based on Type 1 comparison. Type 1 relates to trusts with a consultant-led ED only; Type 3 includes trusts with a minor injuries unit / walk-in centre.
- ED saw an increase in attendances and admissions.
- A deep-dive is being undertaken to understand why delays occur in ED when there are no flow issues across the Trust. This should be complete by the end of October.
- Ambulance handover performance deteriorated, and this is reflected in the dip in 4-hour performance.
- 32 patients had their operation cancelled on the day, largely due to staff sickness. A dedicated theatre workstream has been established to address operations cancelled on the day / the day prior to the operation and to ensure effective utilisation of theatre sessions.
- The Trust delivered 6 out of 7 cancer standards.
- 62-day performance is ahead of trajectory, but concerns relate to Urology, Gynaecology and Lower GI. For Lower GI, work is ongoing to expand the 'straight to testing' pathway. In Urology, all but 1 of the clinicians are now trained to carry out template biopsies, and the service has recruited 2 new urologists who will be in post in 6-8 weeks.

148/19 10e. WELL-LED – PEOPLE

The Board considered the report and discussion included:

- Sickness levels increased in August. Initiatives to address the issue include resilience and mental health training and a focus on well-being. Divisions will be set their own sickness level targets.
- QEH has one of the highest staff sickness levels in the region; CC is discussing the issue with NNUH, which has one of the lowest levels.
- A cohort of international nurses is due to arrive in November.
- 'Pulse check' scores have demonstrated an improvement in staff morale; this was significant in some areas.
- The final bullet point on page 46 should read "decreased from 77.9% to 51.60%".
- AB acknowledged some confusion in relation to the substantive WTE; on page 40 it is stated as 3,315 but elsewhere there claims to be an increase to 3,339. **Execs to ensure consistency across reports.** **Execs**
- DD referred to recruitment and suggested that an emphasis on international recruitment may deter local applicants from applying. EM advised that the Trust is in discussion with the local college, universities

and HEE in relation to 'growing our own' from the local community.

- **GW referred to the sickness levels and felt the Board should have sight of the drivers – CC to address.** **Assoc. Dir. HR**

149/19 10e. WELL-LED – FINANCE

The Board considered the report and discussion included:

- In month 5 the Trust reported an in-month positive variance to plan of £196k, resulting in an YTD position that is positive to plan by £139k.
- The overall Trust pay-bill was at its lowest level for the year, although agency costs remained above planned levels and remain a key risk to delivery of the financial plan. Other key risks include activity and the cost of 'winter pressures'.
- Month 5 capital spend was below plan; capital funding agreement is awaited.
- SB was pleased with month 5 performance.

The Board noted the IPR Exception Reports

150/19 11. KEY PLANS – PLANNED CARE IMPROVEMENT PLAN

The Board considered the report and discussion included:

- There has been a focus on diagnostic improvements. Historically the Trust has performed well but performance has deteriorated since May; however, CT performance is now improving.
- For ultrasound there has been an increase in demand, along with significant vacancies in Radiology. The service is currently developing a way of working with current staffing levels. Two new radiologists will start work in October. The booking process has been reviewed and this has improved performance – it is anticipated that performance will be back on track by the end of October.
- For echocardiography, the team has sufficient capacity, but this is reliant on locum staffing. Staff training is ongoing, and this should resolve the issue after 12 months.
- GW felt this was a useful paper, which identified and addresses relevant issues.
- IM referred to demand felt the Trust should ensure this is appropriate. DS advised that sources of demand will be reviewed; a review of justification for testing has been implemented and resulted in some 'push-back'.
- **IM queried how the Trust could ensure radiographers who had been trained at the Trust remained at QEH after their training – DS advised she will ensure that there are incentives / tie-in periods in place; she will check and report back.** **COO**

The Board noted the Planned Care Improvement Plan

151/19 12. WINTER PLAN 2019/20

The Board considered the report and discussion included:

- SB advised that all trusts are obliged to submit their winter plans to Board this month.
- DS noted that the Trust should expect an increase in demand across

winter; however, this has already begun.

- The plan focusses on 4 key areas:
  - Admission avoidance;
  - Increased capacity;
  - Reduction in length-of-stay;
  - Maintenance of operational grip and control.

- Plans include:

  - The Trust does not have a 'winter ward' which can be opened for escalation, so will need to be creative with the current capacity, i.e. use of surgical beds to increase medical capacity. Urgent and cancer operations will not be affected.
  - Introduce 'point of care' testing in the ED and medical assessment zone.
  - Opening the discharge lounge at weekends to assist with flow, with the ability to take stretchers.
  - Having a ward-based pharmacist on the Assessment Zone / short-stay wards.
  - Introduction of a Clinical Site Manager.
  - Trialling a transfer team.
  - Successful flu campaign expected.
  - Additional £1.17m funding received for same-day emergency care capacity; existing equipment storage space will be converted to clinical space. £269,000 received to implement a 'point of care' testing facility. All funding must be spent by 14th December.

SM queried whether this plan was part of a wider STP winter plan – DS explained that all organisations were developing their own plans, which will be presented to the Local Delivery Boards in November. Historically, EEAST plans well, with utilisation of additional vehicles. Social care / community capacity is vital for delivery of the plan, and this is being assessed by the CCG.

IM was keen to see more detail on:

- a breakdown of revenue costs associated with the plan;
- availability of staff / likely agency spend;
- conversion of surgical to medical bed-base – i.e. assurance of skill-set of staff, how surgeons will be occupied and the role of junior doctors in Surgery.

CS had been surprised that the A&E Delivery Board had been Norfolk-wide; however, this is now local and DS is the Chair. For winter 2020, the plan must be signed off when the annual plan is developed in March.

DS acknowledged that the paper was brief; however, she has a detailed plan, including locum costs, which she can share with Non-Executives if required. There will be increased emergency surgical demand across the winter period, so surgeons will be fully occupied, and the junior doctors' activity has been planned.

FS felt this plan represented an honest, planned way of addressing winter demand. Historically, operations are cancelled at short notice but planning in advance will provide better quality patient experience. Surgeons will be

utilising SERU and Day Surgery. Any changes to the junior doctors' specialty have to be in accordance with regional agreement.

AB referred to reducing length-of-stay, noting that on a ward round consultants usually see the sickest patients first, meaning that patients who are well enough to be discharged are often not seen until the afternoon. He felt there was a strong case to implement nurse-led discharge. EM confirmed this was underway.

DS to take the full breakdown of the winter plan to Finance and Activity Committee in October. A paper should be provided to Board each month for monitoring purposes. **COO**

The Board noted the Winter Plan

152/19 13. PREPARATIONS FOR A 'NO DEAL' BREXIT

The Board considered the report and discussion included:

- SB observed that the paper provided a beneficial description of national plans for Brexit, but he wanted to see a local plan. DS acknowledged this.
- SM believed it was important that EU nationals working at the Trust felt supported.
- DD noted reference to non-clinical consumables and queried whether the Trust had assurance on this – DS confirmed she had seen the full plans.

The Trust noted the report on preparations for a 'no deal' Brexit

STRATEGIC

153/19 14. STP UPDATE

The Board noted the reports and discussion included:

- AB advised that there had been a Digital Roadshow at the Trust, with 6 suppliers of an Electronic Patient Record (EPR) on site. He had attended and observed engaged conversations with staff.
- CWB attended an STP meeting last week and believed an Electronic Prescribing and Medicines Administration system would be implemented – capital will be available imminently.
- The Trust's League of Friends provided funding for a Radiology Information System (RIS) and CWB has been looking at potential systems. The Trust needs to choose carefully; both NNUH and JPH are using different systems and CWB was reluctant to introduce a third system so QEH will work with the STP.
- **The regional cyber lead has suggested providing cyber awareness training for the Board – GR to add to the Board Development programme.** **GR**
- IM noted the STP's confidence in relation to finance, despite several organisations being off-plan by month 4. SB agreed, adding that there was no certainty that the STP will meet its financial target, as it was dependent on the success of acute integration and winter plans. LS explained that organisations are only permitted to amend their

financial target at the end of a quarter.

- LSK queried whether there was clinical engagement with the 5-year plan – SB advised that the Trust had requested additional time to understand the plan. CS felt the Trust needed to stabilise in the short term, focusing on safe, compassionate care. She felt the STP's 5-year plan appeared positive; however, the Trust would need to see how this was enacted.

The Board noted the STP Update

QUALITY

154/19 15. INTEGRATED QUALITY IMPROVEMENT PLAN: STRATEGIC IMPROVEMENT PRIORITIES – progress update

The Board considered the report and discussion included:

- CS explained that the report was in 3 parts: priorities; 'musts' and 'shoulds'; conditions. The trajectory has been developed in conjunction with the divisions, as they must take ownership of the 'musts' and 'shoulds'.
- CS had asked the Patient Safety team to provide a paper on what can be achieved and by when; CS noted some duplication, so will review with Lou Notley.
- AB felt the Trust needed assurance from the CQC that what it is likely to achieve will be acceptable; CS advised that the report goes to the Oversight and Assurance Group (OAG), which is attended by the CQC and, to date, the CQC is satisfied with progress made. A risk assessment of what must be achieved will be signed off by the CQC Chief Inspector of Hospitals.
- CS acknowledged that this was a complex plan; for next month this will be simplified.
- IM observed that there had been no significant improvements in relation to EoL / the deteriorating patient. CS advised that provision of safe, compassionate care was the main focus, and EoL / the deteriorating patient falls under that 'umbrella'. EM added that the national EoL team had attended QEH last week and assessed the service; the response was received yesterday, and the team will be returning next month to provide support. The plan will be reported to the Quality & Performance Committee in October.
- GW agreed that the report needed reviewing; he felt the issues related to recognition of the current position and plans to address the remaining 'musts' and 'shoulds'. This should be monitored at the Quality & Performance Committee.

The Board Noted the Integrated Quality Improvement Plan: Strategic Improvement Priorities update

155/19 16. SECTION 31 AND 29A Updates

The Board considered the report and discussion included:

- FS explained that there would be a risk assessment of key areas.
- To date, 7 conditions have been completed, and 2 more will be completed now that CTG training is up to date.

- There is a focus on EoL, Radiology and GMC conditions. The Trust has received the revised HEE improvement plan, and HEE will re-visit the Trust on 11th October. FS advised that the Medical Education team had been depleted but was now back to a full complement.

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

RISK

156/19 17. CORPORATE RISK REGISTER (>15)

The Board considered the risk register and discussion included:

- From December, the risk register and the board assurance framework (BAF) will be a single integrated piece of work. FS is looking at examples of best practice from other trusts. It is important to ensure risks are aligned with current concerns and the BAF.
- The focus is on the 3 principal risks relating to quality, people and finance.
- Sources of assurance need to be reviewed.
- The process for divisional review of risks needs to be improved.
- GW felt there needed to be consistency of scoring, and there should be a strategy for the capital plan.
- SR recognised the improvements made to the register but felt further work was needed. He felt that whilst focus remained on the 3 main areas, there was a risk of missing other issues.
- SB advised that risk will be discussed at a Board Development session.

The Board noted the Corporate Risk Register

157/19 18. BOARD ASSURANCE FRAMEWORK

The Board considered the report and discussion included:

- This has been aligned with the 3 principal risks, aligned with 3 strategic priorities.
- GW suggested that the BAF should be approved rather than noted, to demonstrate ownership.

The Committee approved the Board Assurance Framework

REGULATORY AND GOVERNANCE

158/19 19. REGISTER OF DIRECTORS' INTERESTS

The Board considered the report and discussion included:

- FS' interests will be updated for October.

The Board noted the Register of Directors' Interests

PERIODIC REPORTS

159/19 20. WHISTLEBLOWING

The Board noted the Whistleblowing report.

The Board noted the Whistleblowing Update

160/19 21. BOARD OF DIRECTORS – FORWARD PLAN

The Board considered the Forward Plan.

The Board agreed its Forward Plan

161/19 AOB - none

Questions – no questions were taken from governors / members of the public

Date of next meeting of Board of Directors (Public) meeting – Tuesday 29th October 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 12.20pm