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

Board of Directors' (PUBLIC)
Minutes of meeting held on Tuesday 24th May 2016 in the Conference Room

Present:

E Libbey (EL)	Chair
D Hosein (DH)	CEO
D Stonehouse (DS)	Director of Finance
B Watson (BW)	Medical Director
C Morgan (CM)	Director of Nursing
I Pinches (IP)	NED
D Thomason (DT)	NED
M Carson (MC)	NED
I Harvey (IH)	NED

In attendance:

T Dunmore (TD)	Interim Chief Operating Officer
G Goodman (GG)	Head of Workforce
C Roberts (CR) – item 6	Deputy Director Patient Experience
E Corner (EC)	Lead Governor
T Hicks (TH)	Senior Locality Manager, East of England Ambulance Service Trust
G Rejzl (GR)	Trust Secretary
L Le Count (LC)	Corporate Governance Officer (Minutes)

Action

41/16 1. APOLOGIES

Apologies were received from J Rees

42/16 2. MINUTES OF THE BOARD OF DIRECTORS' PUBLIC MEETING, HELD 29th MARCH 2016 AND ACTIONS MONITORING

- CM requested that 'de-escalation training' was changed to 'conflict resolution training' on page 6.

Subject to the above amendment the minutes were accepted as an accurate reflection of the meeting.

The Board approved the minutes as an accurate record of the meeting subject to the above amendment.

43/16 3. ACTIONS MONITORING

Actions 4, 6 and 7 were considered complete and removed from the action log.

The Board considered and updated the Actions Monitoring Log (See actions)

44/16 4. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

None

45/16 5. URGENT ACTIONS (Under Standing Order Para. 5.2)

None

46/16 6. PATIENT STORY

The patient was Yolanda Craig who had recently attended the Trust for a bilateral mastectomy and reconstruction. She had written to the Trust to highlight both excellent care, and areas where the Trust could improve care for patients. She was accompanied by CR.

- Yolanda was highly appreciative of the staff in the Breast Unit – they treated her very well and she felt like a friend rather than a patient.
- Following her surgery she arrived on the ward late at night feeling anxious and emotional.
- As she was attached to a machine she was unable to get out of bed to visit the bathroom and this made her feel vulnerable – one particular episode left her very upset.
- Yolanda felt that the ward was short-staffed (CR has subsequently checked the staff rotas and the ward had sufficient staff) so she did not want to monopolise the nurses, however one nurse informed her that she 'wasn't the only patient on the ward' which left her distraught.
- Yolanda recounted that she struggled to get assistance during the night – international nurses were speaking to each other in their own language and she felt isolated.
- Without the help of a friend who visited at mealtimes Yolanda would not have been able to reach her meals.
- Yolanda was discharged by the consultant on the third day at 12.30pm but needed to wait for her medication and paperwork to be completed; at 3pm she was informed that the ward needed her bed so she would need to go to the Discharge Lounge. She still had drain bags in situ so was taken by wheelchair but had to get out of it in the lounge.
- She described the Discharge Lounge as resembling a taxi-cab waiting room.
- Staff were polite and hot drinks were available but no information about wait times was forthcoming.
- Yolanda's painkillers had worn off by 5pm, and when she queried how much longer she would need to wait she was informed that the ward had forgotten to put her prescription in so she would need to wait at least another hour for her medication. The ward did provide her with painkillers in the meantime.
- At this point Yolanda was upset and went home, with her sister returning later to collect the medication. If she had been told someone else could collect the medication she could have gone home at 12.30pm.

- CR informed the Board that the Discharge Lounge needed a review in respect of staff training, criteria for patients who can be sent there, and general environment.

- DH thanked Yolanda – she appreciated how distressing it was to recount her experience, and reminded her that patient feedback is the key to making improvements.

- CM acknowledged that Yolanda's experience had been difficult to hear, particularly the lack of compassion shown. Challenges include

communication – including ensuring nurses only speak in English whilst in the hospital, and ensuring patients are advised of the options for discharge.

The Board noted the Patient's Story.

47/16 7. CEO's REPORT

The Board considered the report and highlights included:

- The key message is 'transformation and change'.
- The 'Sustainability and Transformation Plan' (STP) is designed to see the Trust through the next 5 years. It will be challenging to deliver.
- A STP event is being held on 7th June at County Hall to look at the Norfolk Plan. This will be an opportunity for the Trust to display its plans in the public arena for discussion.
- It is important for the Trust to be included in Norfolk-wide plans as well as local ones.
- The Royal College of Surgeons visited the Trust recently to review urology services and DH is awaiting their report.
- The recent International Nurses Day was well-attended.
- An event organised by the Governors for FT members featured Arthritis and proved to be hugely popular.

The Board noted the CEO's report.

QUALITY AND PERFORMANCE

48/16 8. REVISITING THE PATIENT STORY

- Following on from Yolanda's story CR informed the Board that the Discharge Lounge had been identified as requiring improvement for better patient experience.
- Initiatives include recruiting volunteers to assist patients whilst they are in the lounge and providing more information leaflets so patients are aware of the discharge process. Emma Harrison is working on these initiatives based on comments received from the FFT.
- Work is also being carried out on improving the waiting area by the main entrance.
- MC had recently carried out a 15-steps visit to the Discharge Lounge and was concerned by the poor environment. She identified issues with patient confidentiality and low staff morale which was apparent to patients. It was disappointing that patients who had received excellent care during their admission were let down at the final stage of their experience.
- IH felt that the physical environment was only part of the issue – patients such as Yolanda did not need to be in the Discharge Lounge, she was only there whilst waiting for her medication. The main issue is that the drugs weren't ready in a timely manner – if she had been identified for discharge on the previous day her prescription could have been submitted then so she could have left the hospital at 12.30pm with her medication.
- IH was also clear that low staff morale should not be allowed to spill into interaction with patients. CM agreed and advised that she had had a long discussion with staff concerned.
- One suggestion was to include a conversation about the discharge process during the pre-admission appointment and to include a leaflet in the patient information pack.
- **EL requested CM to report back next month.** **CM**

The Board noted the update on previous Patient Stories

INTEGRATED PERFORMANCE REPORT – DATA PACK

49/16 9. QUALITY EXCEPTION REPORT

The report explored key quality metrics. Discussion included:

- There were 3 cases of C.Difficile in April and none to date in May; compliance with IPAC is good and there have been no ward or bay closures. This performance needs to be sustained.
- The number of inpatient falls is decreasing. Wards are using new falls-prevention equipment and a new Falls Co-ordinator is in place.
- The number of reported pressure ulcers has remained static, although none were device-related. CM confirmed the need to implement further reduction measures.
- There is a new Maternity dashboard – CM requested feedback.
- C-section rates increased in April, many of which were emergency procedures. A lower number of births occurred in the MLBU in April suggesting a higher number of deliveries requiring consultant input.
- Adult Safeguarding is changing and is now more in line with child safeguarding. Training needs to be reviewed along with competencies and a named doctor is required for the multi-disciplinary approach to adult safeguarding. This vacancy is currently being advertised.
- EL noted that there appeared to be an increase is SIs and queried whether this was an accurate reflection – BW confirmed that there had been more incidents reported and it is being monitored closely. The Trust usually reports a high number of low-score incidents, most of which results in 'no harm' but are useful for shared learning.
- The incident relating to a retained pack has been downgraded from a Never-Event to a SI.
- BW felt that patient experience in Elective Surgery could be improved, with more empathy shown towards patients.
- IH referred to the FFT responses indicating that patients would not recommend specific wards – CM advised that negative comments are fed directly back to the ward/area concerned although patients do not always include reasons why they would recommend a ward, making it hard to improve specific issues.
- NICU had reported high number of omitted doses however CM explained that this relates to Gentamicin which requires blood results prior to administration.
- MC challenged CM on pressure ulcers and whether there had become some acceptance of current levels – CM assured MC that this was not the case and that nursing staff are challenged on every case.
- GG advised that all medical vacancies are under review and being benchmarked with other local trusts. Results of this will go back to Workforce Committee.

Nurse and Midwifery Staffing Update

- Most significant concern is the 12 week wait for the new cohort of international nurses, and the Trust induction is 9 weeks.
- From 1st May there is a requirement to report 'care hours per patient day' (CHPPD) and this information can then be benchmarked.
- The monthly turnover for nurses and midwives was down to 0.93% in April.

- Overall the nursing vacancy rate is down overall, it remains higher on some Medical / Surgical wards.
- EL queried whether the Trust had considered recruiting Dutch nurses as they have very similar nursing standards to the UK – CM will look into this.
- The Trust is currently fully staffed for midwives and the interviews for Head of Midwifery are taking place tomorrow.

The Board noted the Quality Exception Report

50/16 10. OPERATIONAL PERFORMANCE EXCEPTION REPORT

The Board considered the report and discussion included:

- TD did not include metrics on the 62-day Cancer Waits this month – the Trust achieved 5 months out of 6, and is expected to achieve April.
- A&E – April was the 8th consecutive month in which the Trust failed to achieve the 4 hour standard, but the Trust did achieve 87% which is the highest percentage since December. Lots of work has been carried out in-house however input from the CCG and Social Services is vital for progression – without this input the Trust will struggle to consistently achieve 95%. Local negotiations have yielded limited success.
- Ambulance turnaround times are linked to A&E performance.
- IP queried the difference between last weekend and this weekend where the Trust achieved 97%. TD confirmed that a significant number of patients had been discharged on Thursday and Friday, and although there had been no reduction in the number of A&E attendances there was significantly improved patient flow.
- Teletracking had been implemented at the Trust last week and the focus is now on patient movement within the Trust.
- More 'minors' were seen in A&E this weekend whereas more 'majors' had presented the weekend previously. Generally, more 'minors' are seen in the summer months.
- DH acknowledged that the Trust is capable of achieving 95% during the summer months – having achieved 2 quarters last year – however the Trust should now be preparing for September, working out how to work differently. She felt that the Trust had excellent oversight of the issues facing the ED.
- A reduction in 'front door' attendances and a better discharge process is key to achieving the A&E standard into winter.
- IH queried where CDU was – TD advised him that it is a small discrete area within A&E designed to assess surgical patients. The Ambulatory Emergency Care unit only accepts medical patients.

The Board noted the Operational Exception Report

51/16 11. FINANCE EXCEPTION REPORT

The Board considered the Finance report. Discussion included:

- The Trust has a current deficit of £1.45m, £0.59m adverse to plan.
- Non-elective work is largely responsible for the surplus deficit, however clinical coding is not yet complete so the final case-mix should improve.
- Agency costs are lower than predicted, and it is expected that a significant proportion of vacancies filled by agency staff will be converted to substantive posts during the year.
- IP queried the drift in income – DS advised that the Trust is expected to

perform well across the summer months, and will utilise the new theatres to maximum capacity in Q4.

- IH highlighted that long stay non-elective inpatients (those staying over 24 hours) were responsible for £430k against plan.
- Cashflow – the Trust utilised £4.4m of the £16.1m working capital to pay creditors.
- The capital programme needs approval as soon as possible.

The Board noted the Finance report

52/16 12. WORKFORCE EXCEPTION REPORT

The Board considered the Workforce exception report. Items for discussion included:

- Sickness levels amongst staff remain a cause for concern. GG confirmed that an action plan to tackle this has been agreed with FirstCare. The top 100 staff with the most sickness absences are being reviewed.
- Mandatory training – overall the target was achieved in April, however some individual subjects remain below target. GG advised that for those areas below target classes are being run even if they are not fully subscribed however everyone acknowledged that it was incredibly difficult to release staff to attend training across the winter period.
- The Trust held an agency doctors' supplier engagement evening which was deemed successful. The purpose of the event was to encourage interaction with agencies and to discuss any issues they might have. GG advised of a need to increase the supply chain into the Trust.
- Nurse recruitment was covered by CM in item 9.
- **IP queried appraisal data – this will be provided in June.** **GG**
- IH noted that Cancer Services reported a significantly increased level of staff sickness in April – GG confirmed that specific staff groups were being reviewed but that the team was not being looked at specifically.

The Board noted the Workforce report

53/16 13. QUALITY IMPROVEMENT GROUP (QIG) Update

The Board considered the paper and discussion included:

- The group had carried out an in-depth look at Sepsis which related to 2 CQUINs.
- The Trust is performing well in door-to-needle time.
- The national standard for commencing antibiotic therapy for sepsis in A&E is 60 minutes – the Trust is not yet achieving this but results are rising month on month.
- A further audit on ward mealtimes revealed good compliance however the Trust is planning to trial the use of heated meal trolleys in some areas where multiple patients may need assistance with eating.
- The Quality Summit took place last week and several areas considered themselves 'requiring improvement'. It was felt that there needs to be a drive to implement 'aiming for excellence' once again.
- MC thought the summit was very enlightening however she suggested that staff return with their own plans on how to achieve 'outstanding' in their area.
- There was discussion about empathy particularly amongst junior doctors, and DH spoke of the challenge to get frontline staff to understand how to

'walk in a patient's shoes'.

The Board noted the QIG update

54/16 14. PATIENT EXPERIENCE STRATEGY 'AIMING FOR EXCELLENCE'

The Board considered the report and discussion included:

- CM had not received any feedback on this strategy. It had been presented to the Quality Committee and to the Patient Experience Steering Group (PESG)
- EL asked Esme Corner (Lead Governor) for her comments on the strategy and she asked if it could be presented to the Patient Experience Committee (PEC) for consideration.
- Concerns were raised regarding monitoring of the strategy, for example who would be responsible for the actions. It was considered that the Board would delegate authority to PESG to decide on ultimate responsibility for the actions.
- **The strategy to be re-presented in June.** CM

The Board noted the Patient Experience Strategy

STRATEGIC

55/16 15. CHAIR'S REPORT

- EL acknowledged that the current climate is challenging for the Trust.
- The QEH was not included in a recent list of hospitals who were failing to meet A&E standards, nor was the Trust included in a list of financially-challenged Trusts.
- EL felt that the Board should take assurance that the Trust is performing well (with the exception of A&E standard) whilst a significant number of other Trusts are struggling.

The Board noted the Chair's report

RISK

56/16 16. BOARD ASSURANCE FRAMEWORK (BAF)

The Board considered the BAF. Highlights included:

- GR had spent time with each ED recently to review the individual risks.
- 1 change was highlighted – Risk 2 relating to Finance was changed from 'Red' to 'Amber' as the Trust had achieved the 2015/16 plan, improved the Monitor risk-rating and improved expectation from regulator.
- **IP suggested accepting the change and reviewing the risk again at the end of Q1. This was agreed.** **GR**
- **MC pointed out an anomaly with the scoring on page 1 – GR to revise.** **GR**
- IH queried the risk relating to histopathology – it was felt that the original risk was no longer relevant however this risk relates to the contract sustainability.

The Board endorsed the BAF

57/16 17. CORPORATE RISK REGISTER (RISKS SCORING 15 AND ABOVE)

The Board considered the Risk Register. Discussion included:

- The Estates Risk Register had been thoroughly reviewed and now has only 21 risks remaining.
- Risk 2008 relates to Nitrous Oxide exposure for staff – this has now been reviewed and re-scored at 8.

The Board noted the Risk Register (Risks scoring 15 and above)

REGULATORY & GOVERNANCE

58/16 18. AUDIT COMMITTEE ANNUAL REPORT AND TERMS OF REFERENCE

The Board considered and approved both the Annual Report and the Terms of Reference

The Board approved and endorsed the Audit Committee Annual Report, and their Terms of Reference

59/16 19. ANNUAL REPORT
Including: Performance Report, Accountability Report, Annual Governance Statement, Quality Report and Annual Accounts

The Annual Report was considered by the Board but not circulated to the public. Discussion included:

- EL explained that the Annual Report could not be placed in the public domain until it had been laid in Parliament at the end of June.
- This is the penultimate draft and includes details of changes currently being made to the working document.
- The final draft will be printed later today, signed by DH and EL then sent to the auditors tomorrow for their signature.
- There was discussion surrounding the wording of comments made in the report by the CCG however it was felt that they were commenting on the operation of the hospital rather than whether the report accurately reflects the Trust's current position.

The Board endorsed the Annual Report

60/16 20. EXTERNAL AUDIT – AUDIT COMMITTEE RECOMMENDATIONS
Including: ISA 260 Audit Highlights, Memorandum and External Assurance on the Quality Report, Letters of Representation

The Board considered the reports and discussion included:

- IP commended the Finance team on a very smooth audit process.
- IP highlighted the sentence which stated that "the Trust remains in breach of its licence" which had to be included. EL challenged the auditors at the Audit Committee meeting regarding this sentence however it was explained that the Auditors have to use prescribed language.
- The phrase "clean limited assurance opinion" in respect of the Quality Report was the best outcome possible, based on the Audit requirements for Quality Reports.
- The issue relating to "incomplete pathways, unable to provide assurance" was due to data systems and was an issue common to many trusts.
- GR explained that the technical team at KPMG approved changes suggested by the Trust, which were less harsh than the original wording.
- EL thanks IP for his input.

- The Letters of Representation were to be signed by DH and were approved by the Board.

The Board endorsed the Audit Report, and the Letters of Representation.

61/16 21. BOARD SELF-CERTIFICATION ON COMPLIANCE WITH THE NHS PROVIDER LICENCE

The Board considered the report and discussion included:

- The self-certification is a declaration of compliance with the provider licence.
- GR advised that the Trust should select the box "not confirmed" in respect of the statement one as it is in breach of its licence.
- It was noted that in respect of the NHSI merger of other organisations, Monitor and the TDA still exist as individual legal entities
- IH felt that the Trust was partially compliant as it was not in breach of its constitution.

The Board approved the declaration.

62/16 AOB – PRESENTATION BY TERRY HICKS, EAST OF ENGLAND AMBULANCE TRUST

Terry Hicks is the Senior Locality Manager for the East of England Ambulance Service Trust (EEAST) and is based on the hospital site. He gave a presentation on the current position of the ambulance trust.

- Growth in activity in the second half of 2015/16 was 5% in West Norfolk and 12% in Norwich. This equates to 800 extra patients being brought into the QEH. He also noted that the case-mix had changed, with more life-threatening cases and more patients requiring admission.
- EEAST has faced challenges at the QEH due to the waits to handover in A&E. On one occasion every EEAST ambulance was parked outside A&E.
- At one point last year every Trust in the area was on 'black alert' yet patients continued to call 999.
- TH felt that challenges need to be met at the 'front door' together.
- West Suffolk (WSH) and James Paget (JPH) hospitals both performed better than QEH in terms of flow – waits at QEH were twice as long as those at the other hospitals. DH was concerned by this figure and felt that the Trust needed to understand how WSH and JPH both managed to maintain patient flow.
- TH pointed out that the demographic was slightly different in West Norfolk – 26% of the population is over 65 which is 5-6% higher than in the JPH catchment area. He also noted that both WSH and JPH had access to more community beds and alternate pathways.
- EEAST are proposing creation of a new clinical hub which will signpost the patient to the most appropriate point of care.
- Current ways of working show:
  See-treat-convey at 59%, See and Treat at 36% and Hear and Treat at 5%;
  The proposed change would see:
  Hear and Treat at 20%, See and Treat at 40% and See-treat-convey at 40%.
- To achieve this, the service will need to up-skill its paramedic workforce to become Emergency Care Practitioners (ECPs). DH asked how the Trust could assist with any paramedic training – TH advised that the use of common language and assessment tools was greatly beneficial. He suggested siting a QEH Nurse Practitioner in the community with a driver and placing an ECP in the ED – this way staffing levels remain and both benefit from shared

knowledge. This process could be implemented in early August. DH agreed this sounded acceptable. TH also noted that Nurse Practitioners can prescribe which ECPs are unable to do.

- DH considered that working together to achieve less conveyance would be mutually beneficial and acknowledged that local funding needed to be reallocated to support EEAST.
- EEAST had found recruitment challenging earlier in the year but have achieved establishment now although retention is still an issue. EEAST looked at re-developing their recruitment pathways and now aim to recruit staff with no previous medical experience and train them to become paramedics within 30 months.

- The Board thanked TH for his informative presentation.

The Board noted the EEAST presentation.

63/16 22. DIRECTORS' REGISTER OF INTEREST

None

The Board noted the Register of Interest

64/16 23. BOARD OF DIRECTORS – FORWARD PLAN

The Board reviewed and agreed its forward plan

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 Board of Directors' meeting (in Public) - 26th July 2016 at 1pm

There being no further business, the meeting was closed at 3.50pm