

QEH Public Board of Directors' Meeting – 4 August 2020 – a summary

As part of the Trust's robust plan to keep patients and staff safe, QEH's Public Board of Directors' meetings are not being held in public at the moment, consistent with arrangements across the wider NHS.

During this period when we are not having face-to-face meetings, it is important that we continue to keep the public and our local community well-informed through open and transparent communications.

The QEH Board of Directors had a virtual public meeting on Tuesday 4 August 2020 (10-12noon). The purpose of this document is to summarise the main discussion points, actions and decisions from the meeting, and to keep our patients and local community updated, in the absence of a face-to-face meeting. Board Papers have been published in advance of the meeting, as usual, and are available in full on our website [here](#).

Below is a summary of the discussions and decisions.

Patient Story

The Board were joined by the mother of a patient who had sadly passed away last year. The Board heard how her daughter was born with multiple disabilities and had been cared for at QEH throughout her life, mostly on Rudham Ward. The discussion focussed on two areas: transition from paediatric care to adult care and end of life care.

The mother of the patient explained that the transition from paediatric to adult care is a very daunting prospect for parents and children. The change from paediatric care means that children and their families may lose a lot of the support they have from the paediatric team, including open access to the ward, working with staff who have known the patient and their family for a long period of time and whom they have therefore built strong relationships with, and continuity of care.

She praised the end of life support and care her daughter and her family received.

Chairman's Report

In his paper, our Chairman, Professor Steve Barnett, updated on the work taking place between the three acute Trusts in Norfolk and Waveney to further improve services for patients. The paper included an update on the work around 'Committees in Common' following ratification of the Terms of Reference by the three acute hospitals. It has been agreed that the first formal meeting of the 'Norfolk and Waveney Hospitals Group' will be in September 2020, which Professor Barnett will be chairing. This will enable and facilitate joint decision-making and greater strategic alignment of the three organisations.

The paper also described the continued progress with the development of digital solutions across the system, including the presentation of an Outline Business Case for an Electronic Patient Record across Norfolk and Waveney at August's Trust Board meeting, which was supported by the QEH Board. Alongside this, the Trust continues to progress key digital priorities such as the implementation of a new Radiology Information System and an Electronic Prescribing and Medicines Administration, which are similarly important digital developments which will further improve safety and efficiency at our hospital.

CEO Report

Our Chief Executive, Caroline Shaw, updated the Board on the work that the Trust is doing on staff values and behaviours (called 'The QEH Way'). Caroline explained that the Trust would soon be embarking on a cultural transformation programme with a focus on kindness and putting our values into action. She also stated that in future the Trust would be recruiting and appraising staff against values.

Caroline informed the Board that there were a lot of large-scale projects going on within the Trust currently and said that at the next Board she would be presenting a paper to explain and provide reassurance to the Board on the governance and resources to manage these projects, which includes a proposal for a strengthened Programme Management Office (PMO).

Caroline also told the Board that the Trust had been successful in securing 'Special Measures' funding for several key posts within the Trust which will support our improvement journey and delivery of our key priorities.

Finally, Caroline explained how she and the Chairman had undertaken a number of media interviews on the Trust's 40th birthday which had been well-received.

COVID-19 update

Our Chief Operating Officer, Denise Smith, said she was pleased to report that the Trust has had no new patients who have tested positive for COVID-19 since 13 July 2020 and no patient deaths since 9 July 2020.

Denise updated the Board on the Trust's updated approach to visiting following a change to national guidance. Under the new guidance, the Trust has been able to reintroduce visiting to allow all patients one visitor, for one hour, once a week. She explained how so far this had gone down well with patients and their families. Denise also told the Board that the Trust had been able to reintroduce women being accompanied to antenatal scans and also patients having cancer diagnostic appointments.

Deputy CEO, Laura Skaife-Knight, highlighted to the Board that the Trust had really thought about the reintroduction of patient visiting and how it was a good example of where the Trust had sought involvement from patients and their families to make sure it implemented the right solution.

Denise explained to the Board that the Trust has really invested in staff wellbeing and support during COVID-19, including strengthening Clinical Psychology support available to staff and the introduction of BAME and LGBT+ Staff Networks during COVID-19 which will continue beyond the pandemic.

Finally, Denise informed that Board that the pandemic had now been downgraded to a level three incident which meant that the 'command and control' structure was now being led regionally rather than nationally.

The Trust's Chairman asked how the Trust was prepared for a potential second wave and whether we were starting to see any increase in cases. Denise explained that so far the Trust had not seen any increase in cases, but was well-prepared if this happened.

Denise was asked about changes to the Trust's Emergency Department (ED). She explained that the Trust's yellow ED had closed at midnight on Tuesday 4 August and the yellow and green ED were now co-located but still separate. She also stated how a business case was making its way through the relevant Trust committees to make minor modifications to ED to allow the department to expand its footprint further.

Corporate Strategy quarter one performance update

Deputy CEO, Laura Skaife-Knight, updated the Board on the Trust's quarter one performance against its strategic priorities as described in our Corporate Strategy. She explained that despite the challenges of COVID-19, the Trust has still made good progress against its objectives but where the Trust was not on track, plans were in place to recover and improve performance.

In response to feedback from Non-Executive Directors, Laura explained that she would further refine how progress against the objectives was presented for future Board meetings.

Integrated Quality Improvement Programme

Chief Executive, Caroline Shaw, updated the Board on the progress that is being made, explaining that 128 of the 206 actions, which are a combination of CQC conditions, must dos and should dos, have been approved for closure internally.

Integrated Performance Report (IPR) update

Director of Patient Safety, Carmel O'Brien, explained to the Board that while we had seen an increase in *C. difficile* cases this could be linked to an outbreak in the community. She went on to highlight the improvement in VTE assessment compliance.

Deputy Medical Director, Dr Raghu Govindan, explained to the Board about the actions the Trust had taken regarding the death of a patient at home following surgery. He explained that a review so far had found no clinical lapses in care, however, confirmed that the Trust would engage fully any Coroner's office proceedings.

Carmel O'Brien responded to a Non-Executive Director question on pressure ulcers and explained how the Trust had seen a large drop as a result of the reduction of COVID-19 patients being treated and requiring to be put in the 'proning' position which had caused the rise in previous months during the peak of the pandemic.

The Board discussed mortality rates at the Trust with a particular focus on weekend mortality. Carmel O'Brien explained how an internal review by the Trust had not shown any lapses in care but Trust Chief Executive Caroline Shaw explained that the Trust is not complacent and would be requesting an external review to ensure we are doing all we can to maximise safety at weekends, with progress to be overseen by the Quality Committee.

Denise Smith explained how COVID-19 was starting to have an impact on the Trust's elective care access standard but that plans were being put in place to support this. This included a business case to secure additional Endoscopy capacity, as well as the restarting of day surgery which would increase the Trust's surgical capacity.

Denise was asked whether the Trust had recovery trajectories for access standards and she explained to the Board that recovery targets for some areas had been agreed, with the 18-week referral to treatment target to be met by March 2021 and the 62-day cancer target by January 2021. Denise went on to explain that no trajectories had yet been put in place for diagnostic tests but that the Trust is looking at this internally.

The Board asked about the increase in delayed transfers of care (DTOCs), Denise Smith explained that they were on the rise, but work continued with health and social care partners to improve this. She also informed the Board that from September the NHS 'Discharge to Assess' model would be implemented across all systems which should also support a reduction in DTOCs.

Professor Steve Barnett, Trust Chairman, commented that it was good that the Trust continued to report a breakeven financial position, so long as COVID-19 expenses continue to be met centrally. He briefly touched on sickness rates and mandatory training explaining how sickness rates for COVID-19 and non COVID-19 has reduced and that extra capacity was being introduced to increase mandatory training compliance.

Trust Risk Register

Non-Executive Directors noted the risk register but asked about the Trust's roof position and risk rating comparative to other Trusts with RAAC plank roofs. Trust Chief Executive, Caroline Shaw, explained that the Trust has a programme of planned work in place to inspect the roof planks. Once all of the roof supports have been inspected at QEH the rating would be reviewed depending on the outcome.