

QEH Public Board of Directors' Meeting – 7 July 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 where 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 7 July 2020 (10-11.30am). 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. The main focus of this meeting was COVID-19 recovery, the inpatient and cancer patient survey results and performance.

Patient Story

Adrian Debney, Practice Development Nurse at QEH, attended the meeting to share with the Board his recent experience of being an inpatient at QEH. He described that this had been a terrifying time for him and his experience as an inpatient had been both humbling and insightful.

Adrian shared that his experience was a positive one from the moment he came into hospital, being treated promptly with dignity, privacy and confidentiality. Being in the position of receiving care rather than giving care, Adrian had learnt through real experience what the important things are to patients such as being kept well-informed and compassionate care and treatment.

Adrian shared his respect for those who treated and assessed him and moved him quickly to Denver Ward for five days. He acknowledged his professional expertise and knowledge but while in hospital he was very much a patient and vulnerable. He said he received a high standard of care and treatment and said that the small things can make such a difference to patient experience, such as staff introducing themselves and helping patients and families to communicate while visiting restrictions remain in place.

In response to a question about what we could do better as a hospital based on his experience as an inpatient, Adrian said we needed to do more to reduce noise at night, recognising the importance of rest and sleep for patients and their recovery, and also improving Junior Doctor skills in communicating difficult news to patients.

Chairman's Report

In his paper, our Chairman, Professor Steve Barnett, updated on the recent launch of the Trust's five-year Corporate Strategy. He and Caroline Shaw, CEO, have briefed many hundreds of staff via virtual roadshows over the last month to mark the launch of the strategy.

He also updated on the work taking place between the three acute Trusts in Norfolk and Waveney to further improve services for patients. This work is being taken forward with the development of a clinically-led Norfolk and Waveney Hospital Strategy and the implementation and roll-out of Acute Services Integration across the three Trusts. Alongside this, further work has been done to develop Committees in Common, which will enable and promote joint decision-making and strategic alignment of the three organisations (QEH, James Paget Hospital and Norfolk and Norwich Hospitals).

CEO update

Our CEO, Caroline Shaw, said the Royal visit from the Duke and Duchess of Cambridge over the weekend was a day to remember and to receive such a visit on the day we marked the 72nd birthday of the NHS and the 40th anniversary of QEH made the occasion all the more special. Caroline said it was an incredibly proud day, with our guests spending time asking staff how they are feeling after an incredibly busy few months and with a real focus mental health and the emotional wellbeing of our teams.

Caroline reported that routine (planned) care and treatment is restarting following extensive planning to make it as safe as possible for patients and staff.

She also said it is important to celebrate the fact that we exceeded the national emergency access standard for June for the first time in 45-months as well as the national recognition QEH had received in recent weeks – with our Same Day Emergency Care team (SDEC) being nominated for three Smarter Working Awards and our Rapid Assessment and Frailty Team (RAFT) being nominated for a HSJ Patient Safety Award.

Equality, Diversity and Inclusion

Caroline updated the Board on the organisation's commitment to positive action in relation to Equality, Diversity and Inclusion. While progress has been made at QEH, including the introduction of a Black, Asian and Ethnic Minority (BAME) staff network and much-improved communication to these colleagues, there is much more to do to ensure colleagues are being valued, including discussing bias and unconscious bias and role modelling. Caroline described that all Board members would be offered reverse mentoring and it was agreed that the recommendations in the report, including clear plans to improve in this area, would be taken forward and overseen by the People Committee, with the Director of HR and Deputy CEO leading this work.

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 25 June and no patient deaths since 9 June 2020. The Trust has reviewed the deaths of every patient who has tested positive for COVID-19, completing a thorough review on 138 deaths so far which have found no lapses in care.

Denise also described that visiting guidance has changed recently, which means that from this week one close family member, or someone important to the patient, will be able to book an appointment to visit, focusing on those experiencing the longest inpatient stay.

In response to questions from our Non-Executive Directors about whether the waiting list will get worse before it gets better given capacity will only be back to 50% and whether patients on the list are being assessed to prioritise based on clinical need, our Chief Operating Officer said the 18-week waiting list is reducing in size due to the drop in referral levels, however, the waiting times are longer with more patients waiting over 40-weeks than previously. Clinicians continue to review clinical prioritisation. Our Medical Director, Dr Frankie Swords followed this up by confirming that there is more rigour in risk assessments of patients on the waiting list than prior to COVID-19 with an individual review of every referral to ensure they are clinically prioritised. Dr Swords confirmed that patients already on the waiting list are being reviewed, including reviews for diagnostics.

Integrated Quality Improvement Plan (IQIP)

Our Associate Director of Quality Improvement, Lou Notley shared with Board members that the Trust had applied to the CQC to have the Section 31 maternity conditions lifted. The CQC has confirmed that they have carried out their first initial review and have requested additional information relating to the conditions, and this work is ongoing.

Our Chairman, Professor Steve Barnett, said the quality improvement deep dives are particularly important in reinforcing the improvements made and embedding change. A programme of deep dives is in place so there is a robust approach to enable the Board to gain a deeper level of assurance on a number of elements.

National Inpatient Survey results

The results for QEH are very disappointing. Our Chief Nurse, Libby McManus highlighted that much has changed since this national survey was carried out a year ago. That said, despite the length of time since the survey, it is important to listen to what patients have said and ensure that action has been taken which will address the issues and that there are further actions planned to ensure patients get the care and treatment they deserve. Areas for improvement are focused on the fundamentals of care including communication across all staff groups. Libby described that 'back to floor Fridays' are in place, presenting an opportunity to connect with staff and patients on a regular basis and correct in the moment those

things that might not be going well and recognise those things that are going well. Work is underway to relaunch behavioural standards and already 150 people have attended the Trust's ward-based Getting it Right programme focused on patient experience and customer care. This programme is for all staff, including Doctors. Libby emphasised the need to bring together staff groups and teams to consider these issues, including Doctors. The Trust is also introducing civility programmes into the organisation. Recent Healthwatch Norfolk work has demonstrated that the improvement work that has been undertaken over the course of the year is having a positive impact on the experience of our patients.

It was agreed that more regular pulse surveys to capture patient experience are required, as we do for staff experience.

Cancer Patient Survey results

Our Chief Nurse described that there are many more positives in this survey, including evidence of the benefits of our Specialist Cancer Nurses. That said, there are some similar themes in these results to the Inpatient Survey results with require attention and action, including in relation to confidence in doctors and communication and the importance of informing patients that they can bring in a family member or friend to their first consultation by including this information in appointment letters.

Integrated Performance Report

Areas where improvements are needed include:

- *VTE assessments*

The data for May shows performance of 90.7% against the 97.2% target, which is in line with the improvement trajectory. The Hospital Thrombosis Committee is taking a lead role in driving improvements.

- *HSMR weekend risk*

Structured judgment reviews are being undertaken on all patients who die following a weekend admission and for all those who die after testing positive for COVID-19 to capture any learning and any potential lapses in care. The reviews to date have not shown a problem with the care of these patients.

- *Sickness absence*

It was recognised that sickness levels are coming down, particularly for COVID-related sickness, but there is a concern that sickness is not reducing quickly enough to deliver the 4% target this year.

There are presently gaps in Occupational Health capacity, which is being addressed with interviews for replacements later this week. Sickness absence is currently

around 5.2% and is a continuing area of focus for Occupational Health and Managers. The Trust has expanded the health and wellbeing programme and is adapting the approach as the Trust comes out of COVID-19 to focus on the emotional wellness of staff with additional clinical psychology and Post Traumatic Stress Disorder (PTSD) support being put in place in response to staff feedback.

The people recovery plan, including sickness absence, will return to the People Committee in July 2020.

Freedom to Speak Up Guardian – six-monthly update

David Trevanion, the Trust's Freedom to Speak Up Guardian (FTSUG), attended for this agenda item. He reported that significant progress has been made in the last six months, including the recruitment of 14 new Freedom to Speak Up Champions, a new Speaking Up Policy and a new quarterly meeting with the FTSUG, CEO, Deputy CEO, Executive colleagues and Non-Executive Director lead to discuss themes and oversee the workplan and next steps that are necessary.

There remains much to do to ensure that staff feel comfortable raising concerns knowing they will be taken seriously and addressed. There is also more work to do when it comes to staff using the right forums and channels to raise concerns internally.

A Speak Up update will be going to the July People Committee, and features at this meeting monthly.