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

Board of Directors (In Public)

Minutes of the meeting held on 29 November 2016 at 1pm in the Conference Room at The Queen Elizabeth Hospital, King's Lynn

Present:

E Libbey (EL)	Trust Chair
D Hosein (DH)	CEO
C Morgan (CM)	Director of Nursing
D Thomason (DT) from 2.20pm	NED
I Pinches (IP)	NED
T Petterson (TP) from 1.20pm	Interim Medical Director
J Rees (JR)	NED
M Carson (MC)	NED
K Croker (KC)	Interim Chief Operating Officer

In attendance:

D Chessum (DC)	Head of Communications & Engagement
I Hosein (IHo) item 15	Associate Medical Director (Quality) / Interim Director of Infection Prevention & Control
R Pearson RP)	Deputy Director of Finance
J Wade (JW)	Director of Strategy & IT Services
C Bruce (CB) from 1.40pm	Interim Head of Medical Workforce & Innovation
G Goodman (GG) from 1.25pm	Head of Workforce
L Deacon (LD) – item 9	Divisional Director Women & Children / Head of Midwifery
E Corner (EC)	Lead Governor
N Lyons (NL)	MD-elect (due to start in April)
L Le Count (LL)	Corporate Governance Officer - minutes

ACTION

109/16 1. CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from D Stonehouse and G Rejzl.

EL acknowledged that this was to be CM's last Public Board meeting and thanked her for the contribution, adding that she would be missed by her colleagues. The new DoN, Emma Hardwick, will commence in mid-January.

EL then welcomed JW to the Board, congratulating him on his recent appointment as Director of Strategy & IT Services.

110/16 2. MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2016 & ACTIONS MONITORING

- Page 2, item 6, 3rd bullet point – should read "June had two bleeds…".
- Page 4, item 9, 1st bullet point – should read "care hours per patient per day.."

The minutes were approved as an accurate record of the meeting subject to the amendments above.

Matters Airing

- IH queried with CM whether there were any themes within the rise in complaints in August – CM advised that her investigation had not identified any common theme.

111/16 3. ACTIONS MONITORING

The Committee reviewed and updated the Actions Monitoring Record.

Actions 3, 8, 17, 20 and 21 are complete and were removed from the action log.

See Action Log for further updates.

112/16 4. DECLARATIONS OF INTEREST - None

113/16 5. URGENT ACTIONS - NONE

114/16 6. STUDENT STORY

The story this month related to nursing students at the Trust who have embarked on the Aspiring Nurse Apprenticeship programme and the Work-based learning degree course.

- CM informed the Board that the students present represented the Trust's aim to 'Grown Our Own' nursing workforce. Those present were currently working on Stanhoe, Oxborough and Castleacre wards.
- The team gave individual accounts of their nursing journey to date.
- Helen began working at the Trust 4 years ago providing auxiliary care. Since then she has progressed from a Band 3 role to Band 4, and is now starting at Ipswich University on a Band 5 nursing student role. Helen wants to continue working at the QEH and appreciates the support provided by the Trust for this opportunity.
- Samir arrived at the Trust 9 years ago from Morocco and began working as an auxiliary which she loved. She achieved her NVQ3 and wanted to become a qualified nurse but could not afford to become a full-time student. When she was offered the opportunity to continue working at the Trust whilst studying to attain her nursing degree, she called it "the chance of a lifetime".
- Emily is working as an apprentice on Castleacre ward. She has been in post since May and thorough enjoys her role. She wants to remain working at QEH and is delighted to be receiving a wage whilst learning.
- Kayleigh is currently working on Oxborough ward and has been with the Trust for 8 years. She began as a nursing auxiliary and progressed from Band 3 to Band 4 and is now studying at Band 5 level. As she has a young family she is delighted to be able to study whilst remaining at home.
- Lauren has worked on Oxborough ward for the last 4 years, firstly providing support as bank staff, then working her way from Band 3 to her current Band 5 student post. She is delighted to have this

opportunity.

- Melody is in her first year working on Castleacre ward in a Band 3 role and acknowledges that she could not manage financially as a full-time student. Studying whilst working is the only way she would be able to complete her degree.
- CM thanked Sandra (?) who has provided support and facilitated the degree courses.
- CM and DH were both delighted to hear that the students were enjoying both their study and their work at QEH, and consider this the way forward for the Trust to develop its own nursing workforce.

The Board noted the Student Story

115/16 7. CEO'S REPORT

The Board considered the report and highlights included:

- DH confirmed that she has postponed her departure from the Trust and will continue providing support until a new CEO is appointed.
- The STP plan has now been published and the next step is delivery, particularly relating to out-of-hospital care, which needs to happen at pace.
- STP meetings continue on a weekly basis and DH is engaged in multiple workstreams.
- DH thanked staff and governors for their input into the Trust Open Day which took place in early October – the event was well attended and provided the 'feel-good factor' for all those involved.
- The Trust achieved the UNICEF Baby Friendly full-accreditation award.
- The newly refurbished Stroke Unit on West Raynham has been well-received and both staff and patients are delighted with their new environment.
- Norovirus remains a challenge for the Trust as the virus remains virulent in the community. The Trust is currently managing the situation well, avoiding ward closures.
- To date 64% of front-line staff have received their flu vaccination and the Trust is aiming for 75% by the end of December in order to receive £330k bonus.
- The financial position nationally is challenging with142 trusts reporting a YTD deficit at the end of Q2. DH advised that the Trust is working to validate its current position as some deterioration has occurred – mitigation is being reviewed, however there are 4 months remaining to implement recovery plans. Cost pressures have included escalation beds which have remained open all year, and agency staffing bills.
- Operationally the Trust has carried out work on diagnostics to review flow and manage increased demand. Primary care input is key for improved flow. October was a particularly challenging month for the Trust with limited capacity and increased A&E attendances resulting in the standard being missed, however DH felt that staff had performed very well, continuing to provide excellent patient care in difficult circumstances.

The Board noted the CEO's report

QUALITY

116/16 8. REVISITING THE PATIENT STORY

The Board considered the update and discussion included:

- CM advised that the previous patient story had been shared with clinicians and that the patient's case had been followed up. The patient is now satisfied with the outcome.
- TP considered that one clinician needed to take charge of each patient's journey through the Trust. He felt that the Trust should reduce the number of processes and increase the personalisation of the journey.
- Regarding follow up appointments IH queried whether there were gaps between the administration and clinical interface – TP advised that most clinicians would ensure that a 'complex' patient is booked into their clinic directly via their secretary and the information shared with the patient.

The Board noted the update on the previous patient story

117/16 9. MIDWIFERY-LED PATHWAY LAUNCH

The Board considered the report and discussion included:

- EL introduced LD who has been in post for 2 months.
- LD confirmed that the Board was being asked to approve the launch of the Midwifery-led Pathway.
- The Trust suspended the home-birth service in 2013 due to staffing issues – a review was started in 2015 and as a result lots of work has been carried out in 2016.
- The midwife-led birthing unit – the Waterlily Centre – was opened in early 2016.
- By early 2017 the midwifery staffing establishment will be complete.
- The entire midwife-led pathway has been mapped out, ensuring guidance and leaflets are available for patients.
- LD confirmed that the midwives are fully engaged in the service provision and have taken part in the trial of the home-birth 'on-call' service.
- The Communications team is preparing a grand launch of the service.
- EL considered safety and consistency to be key to the service.
- CM remains confident that the pathway revision is correct.
- DH felt that the Trust had been on a journey with the service and commended those involved who were committed to providing the service.
- **IP asked for an item on the Board agenda in January to confirm staffing levels are adequate for the service prior to implementation.** **CM**
- IH queried whether there had been formal consultation with commissioners – LD confirmed that the service is a pathway revision rather than a service change.
- LD will be visiting GP surgeries to promote the service and answer any queries.

The Board supported the Midwifery-led Pathway

118/16 10. END-OF-LIFE UPDATE – AMBER CARE PATHWAY

The Board considered the report and discussion included:

- TP advised that an End-of-Life Task & Finish Group had been set up to introduce the Amber Care pathway.
- This pathway indicates to doctors and nurses when a patient may not recover from their injury / illness, prompting them to have that discussion with the patient and/or their family.
- This would also allow for end-stage palliative care to be introduced at an earlier stage.
- The End-of-Life Care Plan puts the patient and their family at the centre of everything and all ward staff will be made aware.
- The plan is being rolled out on Oxborough ward shortly as this is a high acuity ward.
- Supporting materials for the pathway have been provided by Guy's & St Thomas' Hospital who pioneered the pathway.
- The results of the trial can be audited – IP requested that the Audit Committee be included for oversight purposes.
- EL confirmed with TP that the pathway had been developed and fully tested prior to implementation – TD advised that the pathway had been tried, tested and validated and was also recommended in NICE guidelines for good quality End-of-Life care. It is currently used in 30 trusts nationwide.
- TP also confirmed that the pathway had no links to the Liverpool Care Pathway.
- The Amber Care Bundle will always happen prior to End-of-Life care – it remains an early-warning of non-recovery, however treatment of the patient will continue as there is a chance that the patient will recover.

The Board noted the End of Life – Amber Care Pathway report

INTEGRATED PERFORMANCE REPORT – EXCEPTION REPORTS

119/16 11. QUALITY

The Board considered the report. The following issues were discussed:

- Only 1 case of C.difficile was reported in October, giving 15 cases for the YTD against a target of 27.
- Two pressure ulcers were reported, with both deemed unavoidable.
- Falls prevention has deteriorated – there was a particularly challenging week at the end of October. CM advised that an evaluation is underway.
- New best-practice regarding 1:1 care will be incorporated into the evaluation.
- The C-section rate remains elevated – a detailed review will be carried out.
- High turnover within nursing and midwifery has been challenging however the current figure is below 1%.
- IH queried the rise in PPHs – CM advised that a RCA is carried out after each case. LD reported that work is on-going to identify any link with C-sections / inductions.
- JR queried harm from falls – CM advised that there had been 4 falls in October with high harm and that generally the Trust sees 1-2 falls each

month resulting in harm. The Falls Co-ordinator is reviewing each case.

The Board noted the Quality update

120/16 12. OPERATIONAL PERFORMANCE

The Board considered the report and discussion included:

- KC advised that delivery of the A&E standard was fragile, with the Trust just missing the target in October. This is in line with the trajectory but increased attendances and stranded patients proved highly challenging.
- DH will be Chairing the A&E Delivery Board.
- Services are currently being tested for winter resilience.
- **The Trust narrowly missed the 62-day pathway target in October – KC will bring a paper on recovery to the next meeting.** **KC**
- The number of Appointment Slot Issues reduced slightly but work continues on demand / capacity.
- IP queried what actions could be taken to combat ambulance turnaround times – KC explained that work had taken place in the ED to improve flow however handover issues had not been resolved. She advised that ambulance crews would be encouraged to complete their handover promptly before exiting the hospital.
- Work on AEC development should improve the A&E flow.

The Board noted the Operational Performance update

121/16 13. FINANCE

The Board considered the report and discussion included:

- It was acknowledged that the report made for challenging reading.
- RP confirmed that the Trust made a loss of £1.2m in October, including the loss of transformation funding. Income was as expected however expenditure increased the deficit to £10.8m YTD.
- Workstreams and actions are in place for recovery.
- RP explained that the Trust needed to secure cash loans and this was a process for the Board to manage each month.
- The Finance & Performance Committee had reviewed the situation in depth on 28/11/16 and as such IP requested that further discussion be postponed.

The Board noted the Finance update

122/16 14. WORKFORCE

The Board considered the report and discussion included:

- Sickness levels remain a concern at 5.34% against a target of 4.16%. Work is continuing with FirstCare and on return-to-work interviews.
- Sickness in the HR and Facilities departments is high.
- **GG was asked to supply sickness absence data by workforce as a graph, showing current position against target.** **GG**
- Actions are in place to manage appraisal compliance which is 82.6% against a target of 90%. Appraisal training is being offered and paper-

work is being reviewed.

- MANTRA has been re-introduced in an effort to improve compliance – the newsletters are being attached to wage slips to ensure circulation. E-learning is being considered for additional mandatory training as appropriate.
- Retrospective DBS checks currently stand at 79% compliance. There are currently 689 staff who are non-compliant for DBS checks and these need to be carried out by the end of January. This will be discussed in detail at the Workforce Committee.

The Board noted the Workforce update

123/16 15. QUALITY IMPROVEMENT GROUP (QIG) UPDATE

The Board considered the report and discussion included:

- The Trust is managing Norovirus both internally and externally.
- C.Difficile cases have reduced from 31 last year to 15 this year.
- Medication Safety improvements need to be sustainable.
- Communications are highlighting patient mis-identification and Situation Background Assessment Recommendation (SBAR) is being re-launched to improve communication. Each patient should be identified using two methods.
- To help combat IG issues it has been suggested that ensuring every handover sheet carries the doctor's name will improve accountability.
- JW and IHo are providing support to the Hospital Records Committee.

The Board noted the QIG update

STRATEGIC

124/16 16. CHAIR'S REPORT

- EL thanked DH for agreeing to remain in post until a successor is secured.
- He noted that challenges being faced by QEH are also being faced by trusts nationally and they are likely to increase.

The Board noted the Chair's Update

RISK

125/16 17. BOARD ASSURANCE FRAMEWORK (BAF)

The Board considered the BAF and discussion included:

- DH noted that the two key areas of the BAF are finance and workforce and plans are in place to improve both areas.
- The Board is sighted on the issues surrounding both areas and is working on mitigation.

The Board endorsed the Board Assurance Framework

126/16 18. CORPORATE RISK REGISTER (>15)

The Board considered the corporate risk register and discussion included:

- There are 5 current corporate risks and these are reviewed at the Risk Committee each month.
- Good progress continues to be made on the Trust fire risks.

The Board noted the Corporate Risk Register update.

REGULATORY AND GOVERNANCE

127/16 19. DIRECTORS' REGISTER OF INTERESTS

The Board noted the Register of Interests

128/16 21. BOARD OF DIRECTORS – FORWARD PLAN

The Board noted the Forward Plan

129/16 22. QUESTIONS / COMMENTS FROM MEMBERS OF THE PUBLIC

- Michael Chenery of Horsburgh (MC) queried if there were circumstances in which a home-birth would be refused – CM advised that there is a policy and pathway in place and that any patient with contra-indications would be strongly advised against it. The Trust cannot prevent an at-risk patient from having a baby at home but would make every effort to provide a midwife. If there was a mental health issue then the appropriate pathway would be followed.
- Jonathan Dossetor (JD) queried whether there was a limit of the number of home-births which could be managed – CM advised that the previous number was c.2% however the Trust could sustain 4-5%.
- EC requested further information on the STP to be provided at the Governors' Council meeting on 6/12/16 – DH agreed.

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 meeting of Board of Directors (Public) meeting – 31 January 2017 @ 1pm in the Conference Room

There being no further business, the meeting was closed at 2.40pm