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

**Board of Directors' (PUBLIC)**
**Minutes of meeting held on Tuesday 26th July 2016 in the Conference Room**

**Present:**

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

**In attendance:**

| | |
|---|---|
| V Newton (VN) | Deputy Director of Nursing (standing in for C Morgan) |
| G Goodman (GG) | Head of Workforce |
| C Roberts (CR) – item 6 | Deputy Director Patient Experience |
| E Corner (EC) | Lead Governor |
| D Chessum (DC) | Head of Communications |
| I Hosein (IHo) - item 10 | Director of Infection Prevention & Control |
| G Rejzl (GR) | Trust Secretary |
| L Le Count (LC) | Corporate Governance Officer (Minutes) |

**Action**

**65/16 1. WELCOME AND APOLOGIES**

Apologies were received from C Morgan and I Harvey

EL took a few moments to acknowledge that this was BW's last Board meeting – she is retiring from the Trust in September after almost 20 years. He thanked her on behalf of the staff and governors, and on behalf of the many patients she has helped during her time at the Trust

**66/16 2. MINUTES OF THE BOARD OF DIRECTORS' PUBLIC MEETING, HELD 24th MAY 2016 AND ACTIONS MONITORING**

- Minute 55/16 - EL requested 3rd bullet point to read: "…. the Trust is performing comparatively well (with the exception of A&E standard)."

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.**

**67/16 3. ACTIONS MONITORING**

- **Actions 9, 10 and 13** were considered complete and removed from the action log.
- EL noted that actions 31 (from 2015), 3 and 8 had been on the action log for

some time – DS to deal with risk 31 and 8, EL and the NEDs to progress action 3.

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

**68/16 4. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA**

None

**69/16 5. URGENT ACTIONS (Under Standing Order Para. 5.2)**

None

*70/16 6. PATIENT STORY - Deferred*

**71/16 7. CEO's REPORT**

The Board considered the report and highlights included:

- The Trust is still challenged by the increase in A&E attendances. There is usually a dip in attendances after the winter and before the summer holiday period but that has not occurred this year.
- The wards are working on simple discharges to facilitate flow.
- The STP draft report was submitted and now the work is progressing on detail for delivery.
- Transformation funds are achievement-based and the Trust failed to achieve Q1, however once the target is achieved the funds will be released.
- DH and BW have been working with Macmillan and the Trust was allocated £400k to improve cancer services. The launch which took place last week was well-received by staff.
- Harassment of any kind will not be tolerated at the Trust. CM and DH have been meeting with international staff to assure them of the Trust's support.
- Theatre 6 has opened and is proving very popular with surgeons. It is hoped that along with the completion of theatre 5, the Trust will be able to attract high-quality surgeons.
- Guest WiFi is now available and DH visited Rudham ward to see what the patients and their families thought – they were delighted and reported that it made a big difference to their stay on the ward. Junior doctors were also very pleased.
- The Trust is hosting an Open Day on Sunday 2nd October 2016 and is hoping that it will give the staff chance to celebrate with their families, as well as giving the local community a glimpse into what the Trust offers.
- DH welcomed TP to the Trust as Interim Medical Director.

- JR queried weekend discharges – DH explained that although discharges took place on Saturdays there were very few on Sundays. Simple discharges can be made at weekends but complex discharges require more input. Clinicians need to write clear instructions in patient notes to enable nurses and junior doctors to discharge at the weekend. TP is reviewing the skill mix to assist flow. The Trust is working with the CCG with regard to the winter plan.
- Many nursing homes will not accept patients at weekends due to lack of GP cover. It was noted that nursing homes perform better when one GP practice serves the home rather than several individual surgeries serving individual patients. It would be beneficial if a patient saw a GP prior to admission to the Trust.

- TP is aiming to set up a family liaison service to help families source a local nursing home – this will save bed days at the Trust and lead to better patient experience.
- Personal care packages generally take longer to arrange with Social Services.

**The Board noted the CEO's report.**

## QUALITY AND PERFORMANCE

### 72/16 8. REVISITING THE PATIENT STORY

The Board considered the report and discussion included:

- There is now a Clinical Nurse Facilitator working on Marham ward.
- Work continues on improvements to the Discharge Lounge – a volunteer is now based there to assist patients, and magazines, books and clothes have been provided. Medication delays are still an issue.
- MC queried staff morale – VN advised that she visits the lounge up to twice each day and staff morale appears to have improved.
- DH felt that the lounge should be managing patient expectations regarding how long they would have to wait – VN confirmed that this was being addressed.
- It had been observed that many relatives would prefer to take the patient home and return later to collect medication and this is being reviewed with a view to improved facilitation and communication of this option.

**The Board noted the update on previous Patient Stories**

### 73/16 9. NURSING & MIDWIFERY ANNUAL REPORT

The Board considered the report and discussion included:

- EL thanked the nursing staff, via VN, for their continued support during a challenging period.
- VN explained that weekly meetings are taking place with matrons, and there is greater accountability.
- MC requested a 6-monthly update report – VN agreed - to be put on the forward plan.
- **DH noted that End-of-Life care is not included as an objective for 2016/17 – VN to add.** **VN**

**The Board noted the Nursing & Midwifery Annual Report**

### 74/16 10. INFECTION PREVENTION & CONTROL ANNUAL REPORT AND STRATEGY

The Board considered the report and discussion included:

- IHo acknowledged that 2015/16 had presented challenges but that the Trust had shown significant improvement.
- There had been 2 outbreaks of C.difficile but the Trust had recovered with rigorous compliance.
- The Trust needs to reduce variation throughout the hospital.
- JR queried whether turnover of staff had an effect on IPAC – IHo explained that staff needed to have a culture of team resilience and ensure new staff comply with regulations.
- TP agreed – he felt that role-modelling was very important and staff should

lead by example. He also felt that there was little 'policing' on the wards – no-one had observed him washing his hands and there was no challenge. VN advised that hand-washing audits did take place and that those who fail to comply are spoken to. If a junior member of staff did not feel comfortable challenging a senior member of staff then they can report it to a matron who will raise the matter with the individual.

- **DC to upload the report to the Trust website.** **DC**

**The Board noted the IPAC Annual Report and Strategy**

**INTEGRATED PERFORMANCE REPORT – DATA PACK**

**75/16 11. QUALITY EXCEPTION REPORT**

The report explored key quality metrics. Discussion included:

- Two cases of C.difficile were reported in June and two in July.
- The number of patient falls reduced in June overall, with a small rise on Stanhoe – solutions are being explored.
- There were 9 pressure ulcers reported in June, and 7 in July – the aim is to reduce the number further.
- New fluid balance charts are being implemented in August – these will need to be signed and agreed at each handover.
- The elective rate increased in June, involving mostly elective c-sections.
- There was a rise in post-partum haemorrhages (PPH), with 8 from May to June and an audit has taken place looking at PPHs of more than 2 litres with no drop in Hb.
- It was observed in the FFT that 10% of patients on NICU would not recommend it.

**The Board noted the Quality Exception Report**

**76/16 12. OPERATIONAL PERFORMANCE EXCEPTION REPORT**

The Board considered the report and discussion included:

- Having consultants at the 'front door' of the Trust to review will make a big difference to the conversion rate. This will be discussed further next month following more work by Transformation Nous.
- DNA rates are not high at the Trust however appointment-slot issues (ASIs) are a significant cause for concern. Work is on-going with specialties to resolve the issue.
- 62-day cancer standard dropped due to capacity issues but the Trust is hoping to be back on target within the next month.

**The Board noted the Operational Exception Report**

**77/16 13. FINANCE EXCEPTION REPORT**

The Board considered the Finance report. Discussion included:

- The Trust has made a loss of £0.836m in June, which is £0.198m favourable to plan.
- Access to the Transformation Fund is vital – although the Trust failed to achieve Q1 access to the fund, it will be available once the Trust achieves its performance trajectory.

- 18 week RTT will deliver consistently.
- The temporary pay bill is causing some concern – this is due to medical agency staff to fill rotas to meet the increased ED attendances together with sickness and vacancies.
- IP noted that the Trust is currently behind in the CIPs programme and queried whether it was possible to recover – DS advised that it would not be possible to meet the agency CIP, however mitigation was in place.
- DT noted that it was almost August and there was no detail on the capital plan. DS explained that this was the same position as 2015/16. Another plan will be produced reflecting routine and urgent capital projects. The DoH Estates Team will review the programme. Current commitments stand at £11m – the worst-case scenario would be £7m.

**The Board noted the Finance report**

**78/16 14. WORKFORCE EXCEPTION REPORT**

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

- Appraisal rates remain a concern, with 17 outstanding – 11 have been completed recently, 1 relates to a member of bank staff and GG will enquire about the remaining 5 staff members.
- Staff sickness has increased – GG is working with Darren Barber (Staff Side) looking at ways to boost attendance. FirstCare is hosting regular workshops for managers, letting them know what their responsibilities are.
- Return-to-work interviews are not taking place in all cases, following staff sickness absence – this matter will be publicised via Communications and GG will ensure staff are completing the paperwork correctly.

Skill-Mix Report

- It was felt that this has been a transitional year to date for the nursing staff and the focus is now on outcomes.
- A ward 'safety matrix' has been developed.
- Currently the Trust is reviewing band 3 and 4 roles on the wards to identify areas for development.
- Consideration is being given to staffing levels if PAU were to operate on a full-time basis.
- There are three RNs on SAU who are not needed all day – a nurse practitioner could be utilised instead.
- Ward refurbishments will be progressed as business cases.
- DS felt it was important to make posts easier to recruit to locally.

**The Board noted the Workforce and Skill-Mix reports**

**79/16 15. QUALITY IMPROVEMENT GROUP (QIG) Update**

The Board considered the paper and discussion included:

- MC was pleased to see that all learning-disability deaths are to be independently reviewed.
- No date has been set for the CCG review of EoL care in August.
- NSFT overnight capacity has decreased – the Trust has written to NSFT and this was acknowledged.
- JR queried poor Lincolnshire engagement with EoL care – BW explained

that only 10% of QEH patients are from Lincolnshire but there were high costs involved in proving EoL care at home for those patients due to their rural location.

**The Board noted the QIG update**

**STRATEGIC**

**80/16 16. CHAIR'S REPORT**

- EL explained that he had met with both the Borough and County Council in regard to traffic calming measures on Gayton Road when exiting the hospital. The County Council intends to alter the markings at the main hospital roundabout and will evaluate how effective this is before exploring any other measures.
- DS explained that the Trust had made a financial contribution to the extra lane on the roundabout when the Sainsbury store was constructed, however it would cost an estimated £0.5m to create an extra exit from the site directly onto the A149.
- Other possible solutions include the creation of a second left hand lane leaving the hospital site however the cost implication would be £0.5-0.75m.
- Open visiting hours has improved the 4-5pm congestion slightly.
- EL discussed overseas recruitment with Henry Bellingham. VN advised that HSJ has created an award for overseas nurses and the Trust was submitting nominations from within its valued teams.

**The Board noted the Chair's report**

**RISK**

**81/16 17. BOARD ASSURANCE FRAMEWORK (BAF)**

The Board considered the BAF. Highlights included:

- GR has reviewed the BAF and amalgamated risks 3 and 4 as they were broadly similar.
- Operational detail has also been removed as it was available elsewhere – the BAF is developing as more of a 'signpost' document.
- **GR suggested the Board review strategic risks, along with risk appetite, during the Board Development session in August – this was agreed.** **GR/LL**
- EL considered that the nature of risks will change over the next six months and relate to the STP work.
- JR queried when the Urology report from the external review would be available – BW advised that it was due imminently and was expected to be useful for service development.

**The Board endorsed the BAF**

**82/16 18. CORPORATE RISK REGISTER (RISKS SCORING 15 AND ABOVE)**

The Board considered the Risk Register. Discussion included:

- The risk relating to ring-fenced beds for #NOF patients is currently rated 12 and does not appear on the Corporate risk register.
- There was discussion on risk 1029 relating to debris falling from the roof and whether this should be 'possible' rather than 'likely'. JR felt that the risk narrative conflicted with the verbal report from Alistair Nelson last

month **- BW will seek further clarity from AN and ask that the risk be re-articulated**. It was felt that there should be a decision concerning whether to add the roof to the capital plan. **BW**

- GR suggested reflecting the structural deficit risk articulated on the corporate register with the financial risk expressed on the BAF.

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

## REGULATORY & GOVERNANCE

**83/16 19. Q1 REGULATORY RETURN**

The Board considered and approved the Q1 regulatory return for submission.

**The Board endorsed the Q1 regulatory return.**

**84/16 20. DIRECTORS' REGISTER OF INTEREST**

- Minor amendment from IP.
- TP to be added.

**The Board noted the Register of Interest**

**85/16 21. BOARD OF DIRECTORS – FORWARD PLAN**

**The Board reviewed and agreed its forward plan**

**86/16 22. QUESTIONS FROM THE PUBLIC**

- Michael Chenery of Horsburgh (MC) offered to speak to Tom McCabe from Norfolk County Council regarding the traffic congestion on leaving the site.
- He explored the issue mental health provision in the area and queried whether there was any feedback from the CQC visit to A&E – this is not yet available.
- MC is meeting with EL on 3rd August.
- EC gave an account of her attendance at the CCG AGM – she advised that mental health was not mentioned during the CEO's presentation.
- EC had been to several patient participation groups and there was great support expressed widely for overseas staff who had been abused by patients.
- There was discussion regarding IPAC measures for patients, including compulsory hand gel and ensuring visitors do not use patient toilets.
- There was discussion on the appointment of Dr Wilson, a well-respected retired A&E consultant, to the CCG. He had voiced recommendations for an improved A&E service. EL was keen to invite him to visit the QEH.
- MC queried whether many patients were admitted to the Trust with C.difficile – he was informed that they were but there was a difference in the way they were recorded, i.e. hospital-acquired/non-acquired.

**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) - 27th September 2016 at 1pm in the Conference Room**

**There being no further business, the meeting was closed at 3.45pm**