Agenda Item: 2

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

Board of Directors' (PUBLIC)
Minutes of meeting held on Tuesday 24TH November 2015 in the Conference Room

Present:

E Libbey (EL)	Chair
D Hosein (DH)	CEO
I Pinches (IP)	NED
D Thomason (DT)	NED
T Petterson (TP)	NED
B Watson (BW)	Medical Director
C Morgan (CM)	Director of Nursing
J Rees (JR)	NED

In attendance:

T Dunmore (TD)	Interim Chief Operating Officer
R Pearson (RP)	Deputy Director of Finance
D Chessum (DC)	Head of Communications and Engagement
E Corner (EC)	Lead Governor
Valerie Crewe (VC) – item 6	Patient
Peter Crewe (PC) – item 6	Patient's Partner
Tracey Fuller (TF) – item 6	Specialist Nurse – Neurology
C Roberts (CR) – item 6	Deputy Director Patient Experience
G Rejzl (GR)	Trust Secretary
L Le Count (LC)	Corporate Governance Officer

Action

114/15 1. APOLOGIES

Apologies were received from D Stonehouse, L Gamble and M Carson

EL welcomed the governors to the meeting, and introduced Tim Petterson who joined the Trust in November as a Non-executive Director.

115/15 2. MINUTES OF THE BOARD OF DIRECTORS' PUBLIC MEETING, HELD 29th SEPTEMBER 2015 AND ACTIONS MONITORING

CM advised that the "Clinic Facilitators" should be recorded as "Clinical Facilitators".

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

116/15 3. ACTIONS MONITORING

Actions 20, 25, 26, 27 and 28 were considered complete and removed from the action log.

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

117/15 4. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

None

118/15 5. CEO's REPORT

- The Trust is experiencing a challenging time with flow issues, high acuity levels, increased ambulance attendances and staff sickness.
- IPAC issues have been disappointing, with a lack of staff compliance contributing to the spread of infection, however actions taken appear to have halted the spread and numbers are reducing.
- The number of Pressure Ulcers has decreased.
- The change in the immigration regulations for nursing staff was welcomed although there will be a significant fall in the numbers originally planned to come to the Trust due to the delays. A further cohort of nurses will come from India.
- The Trust has opened 19 escalation beds, which is the maximum it can safely staff.
- Work continues to secure beds in the community which would ease flow throughout the hospital.
- Winter pressures have occurred earlier this year – they normally begin in November but began in September this year.
- The 62-day cancer standard rates are improving due to actions taken to improve the pathways and identify potential breaches earlier.
- The financial position is off-plan this month due to increased costs and under-delivery of planned activity.
- The GMC visited the Trust and noted better engagement between senior doctors and the junior doctors. An action plan is in place and rotas have been reviewed. DH is keen that junior doctors want to return to work at QEH.
- Industrial action by junior doctors is planned for December 1st – plans are in place to ensure that patient safety is not compromised.

The Board noted the CEO's report.

119/15 6. PATIENT STORY – Valerie Crewe

Valerie Crewe has Parkinson's Disease and attends the Trust regularly as a participant in a research project "Tracking Parkinson's". She attended with her husband Peter who is her carer, and was supported by Tracey Fuller (Specialist Nurse) and Claire Roberts.

Valerie was diagnosed with Parkinson's Disease in 2010 and initially she felt isolated but she received a warm welcome from Parkinson's UK and the staff at the Trust.

She attends a drop-in clinic held at the Trust every 2 months. At the clinic patients have the opportunity to make an appointment to see a consultant without having to go through their GP. Valerie finds these clinics work very well – patients fill in a questionnaire about their symptoms and lifestyle each visit which is then passed to the doctor prior to the appointment.

Staff in the Neurology department have been very supportive and during consultations patients are encouraged to engage with the consultants and share information. Valerie would not change anything about the service the Trust provides.

The "Tracking Parkinson's" study involves 3000 patients across the UK who have been diagnosed within the previous 3 years, or who are aged under 50. Information is collected over a 3 year period and involves attending a clinic every 6 months for tests including blood tests, memory tests and a scent test. They also fill in a questionnaire.

Valerie originally signed up to join the study in 2012 because she wanted to learn more about the disease, and to make a contribution. She has just completed the trial and would be happy to participate in another.

Exercise has helped Valerie retain her flexibility – she uses her treadmill each day and undertakes balance exercises on the Wii Fit. She also sees a personal trainer each week.

Valerie and Peter attend as many research conferences as possible each year as the medical profession work towards finding a cause and a cure for Parkinson's Disease.

EL and DH thanked Mr and Mrs Crewe for taking the time to share their experience with the Board, and the group then left the meeting.

The Board noted the Patient Story

120/15 7. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2)

None

QUALITY AND PERFORMANCE
INTEGRATED PERFORMANCE REPORT

121/15 8. QUALITY EXCEPTION REPORT

The report explored t key quality metrics. Discussion included:

- IPAC – some fundamental processes were not being followed, however an action plan is in place which appears to have halted the spread of infection.
- 5 wards had been impacted by Norovirus, although no wards were closed.
- Rates of pressure ulcers, particularly those related to devices, decreased.
- Overall the number of patient falls decreased however some wards saw a higher number. These wards face a challenge with specific groups of patients and support measures are being trialled, such as extra unregistered nurses being on the ward at times when falls are most likely to occur.
- The number of C-sections rose in October and a case review will be completed in December.
- PAU needs a doctor dedicated to the unit rather than one who covers both PAU and the ward/Resus.
- IP sought assurance that the failure to complete fluid balance charts had not become acceptable practice. CM advised that the wards had increased the number of audits on the fluid charts so a dip in performance was expected but more in-house monitoring on the wards will take place to ensure accurate documentation is maintained. **This will be re-visited in January.**
- The Trust appointed Emma Harrison (EH) as Lead for Patient Experience and Public Involvement and she is working with Healthwatch, attending sessions **CM**

to engage with the public and is looking at ways the Trust can support migrant workers who use Trust services.

- **The Patient Experience and Public Involvement Strategy will be presented to Board for approval in December.** **CM**
- Improved compliance with the requirements of FFT has resulted in more stable response rates.
- The service for providing Patient Surveys is going to tender in January.
- Paul Holley-Smith has been appointed as Voluntary Services Manager and he is currently working with clinical teams to ascertain what types of volunteers are required.
- The chaplaincy service has been reconfigured – it will still provide a 7-day service but chaplains will spend more time on the wards visiting patients.
- PALS and the Complaints team are looking at ways to improve response times to complaints so patients are aware that the Trust is actively dealing with their issues. There will also be more liaison with the wards.
- EC was disappointed that there was no mention of the work of the Governors' Patient Experience Committee CM agreed that the strategy would be revised to reflect the valuable contribution of the PEC.
- JR queried the cost of interpreting services and was informed that where possible language line is used rather than face-to-face interpreting which incurs a substantially higher cost. **RP will provide JR with exact costs of interpretation services.** BW explained that the Trust aimed to get the most out of the service by booking multiple appointments for the same interpreter, as they charge by the hour. **RP**
- The Food and Drink Strategy was approved, although DT suggested including preferences for local suppliers.

The Board noted the Exception Reports

122/15 9. AIMING FOR EXCELLENCE - update

- DH confirmed that the Trust was focussing on Ward Assurance at the weekly Quality Improvement Group.
- GMC issues and Maternity Services have senior executive oversight.

The Board noted the update

123/15 10. OPERATIONAL PERFORMANCE – EXCEPTION REPORT

Items for discussion included:

62-day Cancer Waits

- The Trust is performing well in all cancer standards with the exception of 62-day waits.
- The Trust did not meet the 62-day standard in September, achieving 78.6%.
- A cancer RAP has been developed and an improvement in performance has been noted.
- The Trust will achieve 89% for November which is an over-achievement.
- Focus is on the PTL which is used to identify patients who could potentially breach, earlier in the pathway.
- Hazel Craig is the new Cancer lead and she is reviewing the cancer pathways.
- The first Cancer Board was held at the end of October – clinicians from all areas attended and were able to raise concerns.

A&E

- The Trust failed to achieve target in October.
- Patient flow is the main cause of breaches.
- Escalation beds were due to open at the end of October but had to open early this year due to higher than usual activity.

Ambulance Turnaround Times

- October was the worst performing month with fines totalling £121k.
- TP felt that issues related to demand management and discharge", frail-elderly and integration. He gave an example of Sheffield Hospital which developed a change in practice to "discharge to assess" – this change took 3 years to fully implement but allowed the hospital to make significant savings and prevented patients staying in hospital longer than necessary.
- TD noted that the "tipping point" for the Trust would be 120 patients staying 10 days or more, and currently there are 160 patients.
- DH wants to implement "discharge to assess" but the Trust needs to ensure that partner organisations are providing the appropriate level of support in the community.
- The issue of partner engagement was raised and DH explained that this is discussed at SRG each week, and EL noted that this is a national issue.
- TP queried whether the Trust could open another ward and pass the cost onto the CCG, however DH pointed out that the Trust had no more capacity.
- The CCG is planning to create 35 extra beds in the community but these are existing beds which will be converted to social care beds rather than new capacity.
- Capacity at Chatterton House was discussed.
- 'Breaking the Cycle' week highlighted inappropriate referrals to the hospital however the CCG would like the data validated.

The Board noted the Exception Report

124/15 11. FINANCE EXCEPTION REPORT

The Board considered the finance report. Discussion included:

- In October the Trust made a loss of £700k which is £100k favourable to plan.
- Planned care was £499k adverse to plan.
- Pay and non-pay expenditure was on-track with plan.
- CIPs are still slightly behind plan.
- Capital loans are still awaiting agreement but the Trust has reduced its requirement from £6.7m to £5.7m.
- The Trust is still committed to a deficit of £13.9m however the current financial position is challenging.
- Extra cost-saving measures are being generated and will be explored further by the Board.
- IP and RP discussed the cash position – Monitor will negotiate cash based on the stretch target of £13.3m.
- TD will be meeting with Divisional Directors to address failure to deliver planned activity.
- TD queried whether clinical coding is correct to ensure maximum funding from the CCG – RP advised that Clinical Coding had been audited and received a very good report. It was felt that correctly documenting the condition/symptoms was crucial.

The Board noted the Finance report

125/15 12. WORKFORCE EXCEPTION REPORT

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

Workforce

- Staff sickness levels remained higher than desired and DH will be meeting with First Care to look at ways of reducing this level.
- Appraisal rates are 84% against a target of 90%.
- The Staff Survey is due to end this Friday – DH has mentioned this at each Leading the Way session to encourage participation.
- Flu vaccination rates are 41.4% of staff against a target of 75% which is disappointing.
- Compliance with new agency caps must be reported on a weekly basis.

Nursing & Midwifery Skill Mix

- This review takes place every 6 months.
- The Trust has invested in its nursing workforce significantly over the past 18 months and needs to recruit to the funded establishment.
- Reconfiguration is required in some areas, others are cost-neutral.
- Some areas in the Trust are having a full review in light of approved business cases.
- An external review of maternity services is looking at whether midwives are sited in the correct place in light of the opening of the MLBU. The Trust has agreed to over-recruit 2 midwives whilst the review is in progress.
- Staffing escalation beds has led to challenges in fill-rates elsewhere.
- Nurse recruitment is a priority for the Trust.
- Local recruitment identified those who needed help to achieve the English Language Test for Non-EU Countries. – these individuals will be joining the cohort starting on 8th January.
- It was felt that the suggested midwife-to-patient ratio of 1:28 was not realistic and the Trust currently has an achievable ratio of 1:49.

Medical Education

- The GMC visit on 4/11/15 was pre-planned but had possible implications as it followed the critical report received following a visit in September.
- This visit looked at under-graduate and post-graduate education at the Trust. No serious concerns were identified and some areas of good practice were highlighted.
- The next GMC visit will take place in January.
- The action plan addresses areas specific to this visit.
- EL commented that he chaired a significant number of interview panels and most of these panels involved candidates who had trained here as a junior, and this was most encouraging.
- TP queried whether the consultant job plans were linked to education/teaching – BW replied that they are given SPA time for training and received an allowance for supervising.

The Board noted the Workforce report

STRATEGIC

126/15 13. CHAIR'S REPORT

- EL noted that the entire health service was under stress and facing the same challenges.

- Mid-Essex hospital has been chosen to be one of 3 areas in England where local health and care organisations will work more closely together to make improvements for patients as part of the new Success Regime.
- Addenbrookes is facing operational and financial challenges.
- David Prior, Parliamentary Under-Secretary of State, visited the Trust recently and was complimentary about what he saw at the Trust – he also stressed the need for engagement with the CCG.
- The Trust is seeking capital to fund projects such as the MLBU, wind turbine, breast unit refurbishment, doctors' mess, refurbishment of theatres 5 and 6, WiFi and internal restructure.
- EL and DH will continue to have regular meetings with Monitor.

The Board noted the Chair's report

RISK

127/15 14. BOARD ASSURANCE FRAMEWORK (BAF)

The Board considered the BAF. Highlights included:

- GR advised that the BAF has been updated to align with the revised strategic objectives.
- The key change for the Board to consider was Risk 6 relating to maintenance/replacement/development/disposal of the Trust's physical infrastructure. GR felt that the residual risk could be reduced in light of the planned works.
- DH noted that IT projects were not progressing at the rate expected however WiFi should be fully available by July.
- A paper on fire risks will be presented to Board in December – current mitigation is considered sufficient.
- EL would prefer to see the fire risks articulated separately.

The Board endorsed the BAF

128/15 15. CORPORATE RISK REGISTER (RISKS SCORING 15 AND ABOVE)

The Board considered the Risk Register. Discussion included:

- No new risks rated 15 and above had been raised.
- Fire risks have been re-articulated and the paper will be presented to Board in December.
- Some risks have been re-scored providing a more succinct register.
- The Pharmacy risk register had been effectively reviewed and managed by Pharmacy.
- **IP considered that risk 1029 relating to financial risk should be reviewed in light of the financial report – he felt that full mitigation was not in place. CM advised that the Finance department will present their register to the Risk Committee in January for review.** **DS**
- GR advised that this risk may be articulated in the BAF as this will be reflected in the "Going Concern" statement.

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

REGULATORY & GOVERNANCE

129/15 16. DIRECTORS' REGISTER OF INTEREST

No changes were advised

The Board noted the Register of Interest

130/15 17. BOARD OF DIRECTORS – FORWARD PLAN

The Board reviewed and agreed its forward plan

113/15 QUESTIONS FROM THE PUBLIC

Betty Lewis felt that the level of cover provided for the main reception desk when the receptionist was on annual leave was of variable quality. She had witnessed some members of staff who appeared unprepared for patient queries however DH had observed excellent patient engagement. It was noted that there is no dedicated cover for the receptionist so any available administrative staff were asked to step in.

On behalf of the Governors EC commented that they were looking forward to the Governors' Council meeting next week. EL advised the Governors that the Board would be sharing sensitive information with them in the form of the Clinical Strategy.

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 January 2016 at 1pm

There being no further business, the meeting was closed.