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

Board of Directors (In Public)

Minutes of the meeting held on 31 January 2017 at 1pm
in the Conference Room at The Queen Elizabeth Hospital, King's Lynn

Present:

E Libbey (EL)	Trust Chair
D Hosein (DH)	CEO
E Hardwick (EH)	Interim Director of Nursing
I Pinches (IP)	NED
J Rees (JR)	NED
M Carson (MC)	NED
I Harvey (IH)	NED
K Croker (KC)	Interim Chief Operating Officer
J Wade (JW)	Director of Strategy & IT Services

In attendance:

V Newton (VN) – item 6	Deputy Director of Nursing
A Neal (AN) – item 6	Patient Story
H Altemimi (HA) – item 6	Consultant Acute Medicine, Clinical Audit Lead
M Ashton (MA) - item 9	External Support for Nursing & Midwifery
D Chessum (DC)	Head of Communications & Engagement
R Pearson RP)	Deputy Director of Finance
E Corner (EC)	Lead Governor
G Rejzl (GR)	Trust Secretary
L Le Count (LL)	Corporate Governance Officer - minutes

ACTION

01/17 1. CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from D Thomason, T Petterson, C Bruce, G Goodman

02/17 2. MINUTES OF THE MEETING HELD ON 29 NOVEMBER 2016 & ACTIONS MONITORING

The minutes were approved as an accurate record of the meeting

03/17 3. ACTIONS MONITORING

The Committee reviewed and updated the Actions Monitoring Record.

Actions 22, 23 and 24 are complete and were removed from the action log.

See Action Log for further updates.

04/17 4. DECLARATIONS OF INTEREST - None

05/17 5. URGENT ACTIONS - NONE

06/17 6. PATIENT STORY

The story this month was presented by Andrew Neal (AN), the brother of a patient at QEH who was being treated for Stage 4 oesophageal cancer.

AN advised that his sister (SB) had received excellent care from Mr Gounaris during her cancer treatment, however she had been advised that chemotherapy would be stopped as she was gaining no further benefit.

SB attended QEH on 12/10/16 for a pre-planned CT scan – she received a telephone call soon after returning home, calling her back to the hospital immediately as the CT had identified the risk of a spinal compression and she needed an urgent MRI scan.

She was admitted to the Medical Assessment Unit (MAU) as Shouldham Ward was full and was started on a course of steroids.

The following day SB was transferred to Terrington Ward however she had still not had the MRI scan. AN telephoned the Ward Manager who advised that his sister was on the 'Emergency' list for the MRI and suggested AN speak to the registrar.

AN then drove to QEH and met with the registrar who advised that there were several patients waiting for a MRI and that she had reviewed the CT and felt that there was no risk of a spinal compression so the MRI was not urgent.

AN was not satisfied with the response and went to the Macmillan Centre where he explained his sister's story. SB was then seen by an oncology nurse and two consultants and had her MRI scan that day. Following review of the scan it was found that SB did not require any radiotherapy treatment and she was able to return home.

AN felt that for a patient with limited life expectancy to spend 48 hours unnecessarily in a hospital bed was a waste of both the patient's time and the hospital's resources. He contacted the PALS office querying whose decision it had been to over-rule the initial oncology referral for an urgent MRI, and why no oncology staff treated his sister during her stay on MAU. As a result of the complaint HA carried out an investigation however AN was not entirely satisfied with the report as it focussed on the unit itself rather than the lack of communication and chain-of-command.

EL thanked AN for taking the time to share his, and his sister's, story – any feedback is a learning exercise for the Trust.

DH offered an apology on behalf of the Trust for letting AN and SB down, and advised that sometimes failure is simple human error. She explained that the Critical Care In-reach team are always available to deal with inpatient concerns regarding their care, and she assured AN that the teams involved had been made aware of the case. HA works across all specialties in MAU and has spoken with Oncology to ensure there is no recurrence.

Other comments raised issues such as ensuring Radiology requests are correctly

graded, and noting that test results on their own often do not give a full picture of a patient's condition.

The Board noted the Patient Story

07/17 7. CEO'S REPORT

The Board considered the report and highlights included:

- DH was proud of hospital staff who continually delivered quality care in difficult conditions. There has been a decline in external capacity coupled with an increase in ED attendances and the blocked 'back door', yet staff have risen to the challenge.
- The Trust is continuing with the ED improvement work from 2016 and this has led to better patient experience as well as achieving 93% against the 4-hour target in December and 91.5% ytd.
- The recent internal 'black alert' was turned around very quickly by staff.
- The deterioration in the financial position has been very disappointing; however, once the Trust ascertained the reasons behind the decline an improvement plan was developed.
- The Trust remains committed to delivering the best possible year-end position and the recovery plan is being managed on a daily and weekly basis.
- The Trust will not achieve the £6.5m transformation funding it had planned for, however many other trusts are in the same position, largely due to operational pressures.
- There has been 1 case of MRSA from December; 15 cases of C.Difficile were reported by 31/12/16 with no outbreaks; Norovirus remains challenging however only 1 ward was closed recently and this was quickly re-opened following prompt action by staff.
- The Trust achieved the Influenza CQUIN target of 75% vaccination of front-line staff (reaching 82%).
- The Red Bag Initiative is being piloted with 13 local care homes and consists of standardised paperwork, medication and personal belongings in one Red Bag. It is expected to save time during transfer, will allow staff to make more informed decisions on admission and improve the speed of discharge.
- The Trust wants as many patients as possible to get out of bed each day and get dressed in their own clothes – this has both physical and physiological benefits.
- The Red2Green Bed Day is a virtual management system designed to help identify wasted time in a patient's stay.
- Improvements to West Raynham Ward have been welcomed by both patients and staff. Sir Henry Bellingham, who opened the ward in November, commented that he rarely visits QEH and finds a ward he wouldn't want to be cared for on.
- Last week there were 80 patients (enough to fill 3 wards) who were medically fit for discharge and who remained in hospital due to lack of community services / beds. The Trust remains committed to patient safety and is currently operating with 45 additional-capacity beds open.
- EL advised that he has recently been involved in a 'Platinum' call – the Trust had 65 patients fit for discharge who needed community services – and was disappointed by the lack of urgency in external partners. A patient who was ready to be discharged on Thursday would be looked at the following week. It was then highlighted that partners had been

particularly helpful during the recent internal incident and had worked at a different pace which helped turn the situation around so quickly.
- There is a significant challenge in discharging patients back to Cambridgeshire – the same pathways / timescales which apply to Norfolk need to be applied to Cambridgeshire and Cambridgeshire CCG needs to be engaged effectively.
- IH commented on the recent television coverage concerning a terminally ill patient at NNUH who was unable to be discharged as the care-at-home did not sit on the procurement framework. KC advised that cases like that are rare; however, some patients do have exceptionally complex needs.

The Board noted the CEO's report

QUALITY

08/17 8. REVISITING THE PATIENT STORY

The Board considered the update and discussion included:

- Mrs Brazier (Patient Story from September 2016) has had all her follow-up care and has been discharged.
- The student nurses who came to Board in November found their experience exciting. Six students are on the new programme and are a great asset to the Trust as an example of the 'grow our own' initiative.
- **MC queried whether today's Patient Story had any common themes with the September story – EH will review and report back**. **EH**

The Board noted the update on the previous patient stories

09/17 9. LEADERSHIP DEVELOPMENT PROGRAMME – POST PROGRAMME EVALUATION

The Board considered the report and discussion included:

- The Nursing & Midwifery Leadership Development Programme was available for both matrons and ward managers.
- Headline benefits included significant improvements in awareness and confidence relating to change and teamwork.
- Staff are engaged in the learning process.
- Two years ago it would have been inconceivable that there would be a cohort of nurses who would want to become registered – this now ensures a pipeline of staff.
- MA was delighted to announce that 16 student nurses had chosen to stay at QEH and thanked the Board for their support.
- The recent recruitment process for a specialist nursing role identified a 'leadership' pool of 4 internal candidates – previously this would have been advertised externally.
- MA reported that all the staff enjoyed joining together to learn and share ideas and were developing networking skills.
- The evaluation of the programme identifies the need to continue on this journey.
- MA did offer a word of caution that this transformational change can be hard to sustain and there is a risk of slipping back to previous

behaviours and mind-sets – continuation of development would prevent this occurring and ensure a sustainable workforce.

- EL thanked MA for sharing her vision for taking leaders into the next level. He considered that the programme will go from strength-to-strength and felt privileged to have played a part in the transformation.
- MC queried whether there was any evidence of improved retention as a result of the programme – MA advised that she had worked with overseas nurses and had observed a change in their behaviours, i.e wanting to stay at the Trust. They are more likely to stay if they become registered.
- MC wondered if the programme could be adapted to accommodate AHPs – MA felt that based on competencies it would be fairly simple to adapt for clinical leadership which would apply to both AHPs and medics.
- DH advised that the Trust is good at training AHPs however there is a relatively high turnover as they leave to attain Band 6 roles. She felt that the Trust should create a revised structure and review banding for AHPs – training AHPs to care for the frail-elderly was explored.
- MC queried whether anything could be added to the Nursing Strategy to prevent 'slipping back'. EH will work on the strategy in view of the recent work.
- DH thanked MA who joined the Trust when it was starting to come out of Special Measures and has consistently provided good support to nursing colleagues. This was demonstrated with the Trust's improved nursing fill-rate – two years ago the Trust struggled to attract agency nurses. The leadership programme has added significant value to the Trust.
- MA felt that QEH was the 'Jewel of the Fens' and was proud to have contributed to the Trust's success.

The Board noted the Evaluation of the Leadership Programme

INTEGRATED PERFORMANCE REPORT – EXCEPTION REPORTS

10/17 10. QUALITY

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

- EL asked EH to amend the number for the frontline staff who had received flu vaccine. EH has clarified that the number of front-line staff who have received the flu vaccine as reported for the CQUIN 82.37%. The DH national submission uploaded onto ImmsForm is 68.57%. The reason for the difference is that the data collected is different and included temporary staff.
- EH circulated a paper on Falls which will be discussed next month.
- The number of pressure ulcers (PUs) fell to 5 in December (compared to 12 in November) – of these 2 were avoidable.
- Avoidable PUs will be addressed by training and surveillance, ensuring staff have the necessary skills to carry out assessments, ensuring access to the right mattress and following the 'every patient, every day' and 'a bay a day' initiatives.
- There was a rise in the number of falls, and there was a presentation last week addressing the issue. EH acknowledged that she felt uncomfortable hearing some of the stories. Key themes for learning

had been identified.

- Areas of focus will be correct use of the falls plan, correct use of bed rails, appropriate neurological observations. With these areas improved, the Trust should see a decline in the number of falls.
- Oxborough Ward opened with 14 beds in November and is providing quality care with a sister and matron in place, work is on-going to ensure the establishment of backfill of staff. EH was impressed by the energy of the staff on arrival on the ward.
- Nursing indicators which are reported to the Board are being reviewed to ensure correct assurance is given.
- MC queried what actions take place when indicators are 'red' – EH advised that these indicators would have 'action and traction'. They should not be a surprise to the ward manager / matron. Some issues require an audit, others need local oversight. MC was concerned that the Trust was seeing indicators rather than the whole patient.
- **IP requested the number of staff who had falls training – EH will provide details.** He understood that the number of trained staff had increased but so had the number of falls. EH advised that although staff had received the training it still needed to be embedded. Information will also be provided to patients, families/carers and non-clinical staff to improve falls awareness. **EH**
- It was confirmed that the number of escalation beds required is reviewed 3 times each day and the Trust receives the standard tariff for these.
- MC noted that the C-section rate was 33.7% and was pleased to see a Task & Finish Group had been established. DH advised that when the rate had spiked previously, all cases had been reviewed and it was felt that the rise was due to staffing and supervision. DH is meeting LD 01/02/17 to discuss. An update will be given at Quality Committee in February.
- DH confirmed that falls, fluid balance charts and medication errors will all be reviewed during the Quality Summit on 8th February.

The Board noted the Quality update

11/17 11. OPERATIONAL PERFORMANCE

The Board considered the report and discussion included:

- The Trust met all statutory targets, including cancer, in December for the first time in several months.
- A note of caution was raised for January and February while the recovery plan is embedded however an improvement should be seen in March.
- Tertiary centres will now be liable for the whole breach provided that the Trust refers the patient by Day 38.
- The Cancer Steering Group met for the first time and membership includes the CCG, a GP cancer lead and the commissioning manager.
- The Trust consistently achieved the RTT standard (92.97%) in December although a small number of 52-week breaches have occurred relating to angioplasty. These fell outside the usual process; however, they are now being managed and the matter went to the Incident Review Panel. Details were presented and discussed at Finance & Performance Committee.
- The Trust achieved 93% for the 4-hour access target.

- The Ambulance Turnaround Time target remains a challenge but the Trust is performing well against triage and 'time-to-'treatment' targets.
- The East of England Ambulance Trust have notified all trusts that their crews will be leaving the sites after 50 minutes, having handed responsibility for care of the patient to 'Gold' on-call. Whilst the Trust appreciates the need to release ambulance crews as quickly as possible, it was acknowledged that this initiative will prove to be extremely challenging to manage when several ambulances arrive at once.
- **The Risk Committee will be asked to review this risk.**
- IP observed that although the Trust had narrowly missed the 95% target for A&E, taken in context with rising attendances he was pleased to see the Trust in the upper quartile.
- IP was pleased to see an improvement in the cancer figures and advised that he had taken assurance from the presentation given by Karen Hansed at the Finance & Performance meeting on 30th January on the cancer recovery plan.

The Board noted the Operational Performance update

12/17 12. FINANCE

The Board considered the report and discussion included:

- The Trust made a loss of £1.4m in December, which was a positive variance on forecast.
- The Trust is in discussion with the regulator regarding the final control total – achieving £18.3m will prove challenging, as will reporting a monthly loss of no more than £1.5m.
- There will be no access to the Transformation Funding due to the failure to meet the control total.
- Grip and control, and the minimisation of costs where possible, are key to delivery of the £18.3m.
- KPMG have been asked to carry out a brief investigative piece of work to ensure no further opportunities for efficiency savings have been missed, and to consider options for 2017/18.
- £8.8m of capital cash is due to be spent, which was scaled back from c£11m. Some items have been moved to the 2017/18 plan.
- The cash position will be reported to the regulator and cash loans will allow the Trust to maintain the current cash position.
- DH confirmed that an in-depth conversation regarding the financial position has been undertaken at Finance & Performance Committee on 30th February.
- The Finance & Performance Oversight Group continues to meet each week and IP confirmed that the non-executive directors are providing support as well as challenge to the EDs. The group is supplementary to the Finance & Performance Committee and is able to examine the position in greater detail.
- IP sought assurance that the current cash flow measures are adequate to meet the Trust's obligations – RP advised that the regulators are supporting the Trust's cash-flow requirements without raising concern.
- IP queried whether the IT projects are remaining on budget – RP confirmed that they were although there was some slippage on timings. JW advised that Theatreman will be implemented in February and Badgernet by the end of March.

- IP noted that the Trust will make a loss on the disposal of endoscopy equipment; however, RP advised that the equipment is at the end of its life-span and that the Trust may make a loss on disposal in order to obtain a better deal on the new alternative. He confirmed that all options are being considered.

The Board noted the Finance update

13/17 13. WORKFORCE

The Board considered the report and discussion included:

- Staff sickness levels continue to cause concern – long-term sickness is being managed well; however, short-term sickness levels remain costly.
- Return-to-work interviews need to take place promptly and difficult conversations may need to be had following these.
- The deadline for DBS checks is Friday 3rd February.
- The turnover for international nurses has improved – MC suggested reviewing the consistency of recording overseas nursing figures.
- The Trust would like to adhere to the national agency cap however there remains an issue with the supply of local nurses. The Trust remains in the middle of the national table for agency cap breaches and while the plan is to bring down the rate, the Trust will exceed the cap for safety reasons.
- Appraisal rates are improving slowly.

The Board noted the Workforce update

14/17 14. QUALITY IMPROVEMENT GROUP (QIG) UPDATE

The Board considered the report and discussion included:

- A Patient Safety Summit will be held on 8th February and will be considering all key safety issues and feedback will be shared with regulators.

The Board noted the QIG update

STRATEGIC

15/17 15. CHAIR'S REPORT

The Board considered the report and discussion included:

- The CEO recruitment day is taking place 1st February and there are 4 shortlisted candidates.

The Board noted the Chair's Update

RISK

16/17 16. BOARD ASSURANCE FRAMEWORK (BAF)

The Board considered the BAF and discussion included:

- The BAF covers the key areas of strategic risk.
- The key change is the revision of the residual risk rating on risk 2 which relates to Finance. IP was reassured to see the revised scoring.
- It was felt that the next revision should include the new ambulance handover initiative.

The Board endorsed the Board Assurance Framework

17/17 17. CORPORATE RISK REGISTER (>15)

The Board considered the corporate risk register and discussion included:

- There are 7 risks currently rated as 15+.
- There is a process of review regarding the management of the risks at the Risk Committee.
- Extra support is being provided for divisions / departments, which are finding management of their registers challenging. Cancer & Diagnostics and Medicine 1 & 2 have both attended support meetings.

The Board noted the Corporate Risk Register update.

REGULATORY AND GOVERNANCE

18/17 18. SINGLE OVERSIGHT FRAMEWORK Q3

- This was covered under 'Urgent Action'.

19/17 19. TRUST BOARD TERMS OF REFERENCE

- There were no material changes to the Terms of Reference.

The Board approved its Terms of Reference.

20/17 20. GOVERNOR ELECTION OUTCOME

- EL expressed congratulations on behalf of the Board to those Governors who were re-elected and welcomed the new governors.

The Board noted the Governor Election Outcome

21/17 21. BOARD OF DIRECTORS – FORWARD PLAN

The Board noted the Forward Plan

22/17 22. QUESTIONS / COMMENTS FROM MEMBERS OF THE PUBLIC

- P Hipkin commented that a Foundation Trust member had advised her on the excellent care they had received recently on the Medical Assessment Unit, and another had been complimentary on the care they had received on their admission for emergency surgery.

- She also advised that both she and her husband has been patients recently and had received first-rate care.
- Peter Tasker noted the buying power of the NHS and queried whether the Trust is able to buy the cheapest option available or does it stick to a set procurement pathway. DH advised that all options are considered, and RP agreed but noted that there can be quality issues with cheaper alternatives. The Trust has recently joined a consortium to obtain a cheaper price for clinical waste disposal. Get It Right First Time (GIRFT) reviews show trusts what they should be buying and how much they should be paying.

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 – 29 March 2017 @ 1pm in the Conference Room

There being no further business, the meeting was closed at 2.50pm