Agenda Item: 2

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

Board of Directors' (PUBLIC)
Minutes of meeting held on Tuesday 29TH September 2015 in the Conference Room

Present:

E Libbey (EL)	Chair
D Hosein (DH)	CEO
I Pinches (IP)	NED
L Gamble (LG)	NED
D Thomason (DT)	NED
M Carson (MC)	NED
D Stonehouse (DS)	Director of Finance
B Watson (BW)	Medical Director
C Morgan (CM)	Director of Nursing

In attendance:

T Dunmore (TD)	Interim Chief Operating Officer
D Chessum (DC)	Head of Communications and Engagement
E Corner (EC)	Lead Governor
Adam – item 6	Clinic Facilitator
Lisa – item 6	Clinic Facilitator
Tong – item 6	Student Nurse (UEA) – Year 2
Kim – item 6	Student Nurse (UEA) – Year 3
G Rejzl (GR)	Trust Secretary
L Le Count (LC)	Corporate Governance Officer

Action

94/15 1. APOLOGIES

Apologies were received from J Rees

EL welcomed the governors to the meeting, and introduced David Thomason and Maureen Carson who commenced at the Trust in August as Non-executive Directors.

95/15 2. MINUTES OF THE BOARD OF DIRECTORS' PUBLIC MEETING, HELD 28th JULY 2015 AND ACTIONS MONITORING

IP suggested that the second paragraph on page 2 be amended to read:
"Peter Clery (Governor) requested that Governors be allowed to attend Private Board meetings however EL informed Mr Clery that he would not be changing Trust practice at this time."

This suggested amendment was accepted by the Chair.

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

96/15 3. ACTIONS MONITORING

Actions 18, 19, 21, 22, 23 and 24 were considered complete and were removed from the action log.

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

97/15 4. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

None, however IP informed the Board that his daughter had been employed by KPMG in an internal administration capacity – this would have no impact on the QEH external audit arrangements. He will advise the Board of any changes.

98/15 5. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2)

None

99/15 6. PATIENT STORY – Student Perspective

CM introduced two nursing students who are currently studying with UEA and spending their placements at the QEH. They were accompanied by two nursing facilitators who provide support to the students on the wards.

- Kim is a third year student who has chosen to spend 5 of her 7 placements at the QEH because she enjoys working here despite having to travel 120 miles each day. She is currently working on Denver Ward and finds the clinic facilitators really useful – when Kim suffered a setback during her training the support she received from facilitator, Lisa helped her regain her confidence.

- Julia and Adrian provided nurse training sessions on Thursday which were well received, and Julia spent time assisting Kim with her dissertation. Adrian also introduced induction days for nursing staff, which proved highly beneficial.

- When asked for suggestions for improvement, Kim queried whether a bus could be provided from QEH to the N&N for student nurses as it is for medical students.

- Kim pointed out that on-site accommodation is expensive at £1200 for 12 weeks, although some students are able to claim the money back.

- When asked what she most enjoyed about working at the Trust, Kim commented on the friendly, inclusive atmosphere which has noticeably improved since the Trust exited Special Measures. Kim has accepted a permanent job at a hospital closer to home, however she would have chosen to remain at the QEH if it were feasible.

- Tong is a second year student, currently spending her second placement at the QEH – she spent her first placement on SAU and is now working on Elm Ward. She has noticed a significant improvement during this placement, with the clinic facilitators ensuring that students are fully welcomed onto the wards and a learning programme is in place.

- EL commented on the need to encourage students to remain at the Trust and asked Tong for suggestions – she thought that established nurses

should be offered refresher training so that students and nurses could learn together.

- When asked what the students were looking for in a future employer, Kim felt that preceptorship was most important, with the Trust offering excellent opportunities, and Tong felt that a friendly working environment was a key factor.

EL and DH thanked the students and the clinic facilitators for taking the time to share their experience with the Board, and the group then left the meeting.

The Board noted the Patient Story

100/15 7. CEO's REPORT

EL advised the meeting that when the Public Board met in July, the CQC report had not been made public; the CQC recommended to Monitor that the Trust should be taken out of Special Measures and Monitor concurred.

The key message for the CEO's report was "sustainability".

- The Trust is fully engaged in development of the Clinical Strategy which was endorsed by the Board in July. The planning should be complete by November, allowing development of an implementation plan.
- Winter plans will be discussed at meetings throughout September, and the key issue will involve restricting the spread of Norovirus at the hospital.
- Reported levels of C.Difficile were lower in September due to robust IPAC measures.
- The Trust is performing well operationally - in November 2014 the QEH scored poorly when benchmarked against peer Trusts, this year the Trust reported significant improvements in A&E targets, 18 weeks, and Mortality, benchmarking several places higher than in 2014.
- The Trust is back on track to deliver the financial plan for 2015/16. Some slippage occurred across the summer but this has been rectified.
- The GMC visited the Trust in September and wanted to review the clinical handover procedure which is much improved from a previous visit. The Trust has committed to an electronic handover system but this is currently dependent on WiFi. The GMC had concerns regarding engagement with junior doctors, and instruction in the various IT systems throughout the Trust. A&E was highlighted as an area of excellence, offering good practice and staff support – DH stressed the need to put this into practice throughout the Trust and reduce variance.
- The GMC and HEE will be returning to the Trust in January to review progress in the management of junior doctors who reported high levels of stress and low morale. BW acknowledged that this is disappointing but steps are already in place to improve the situation.
- Development of the Midwife-Led Birthing Unit is progressing well and should be completed in November.
- The Breast Unit should move into the space previously occupied by the GUM clinic in January.
- The Trust is about to begin another round of "Breaking the Cycle" events – some very good ideas were suggested last time, challenging existing practice.
- Improvements have been made to the mortuary and the suite for bereaved relatives, and a Registrar service is running sessions at the Trust which is proving popular with patients and relatives. **IP queried whether any**

CM

feedback had been received at Patient Experience Committee – CM will enquire and report back next month.

The Board noted the CEO's report.

QUALITY AND PERFORMANCE

101/15 8. REVISITING PATIENT STORIES

CM presented a paper evidencing what actions had taken place following the Macmillan Ward Companion Volunteer project presentation.

- The CM and BW are looking for the best way to take this project forward across the Trust, linking with the End-of-Life pathway and aiming to create the biggest impact for patients.
- This project has received good support from the chaplaincy.
- It was acknowledged that the project needed to link with agencies outside the Trust as patients can often feel isolated once they leave hospital.

The Board noted the update

INTEGRATED PERFORMANCE REPORT

102/15 9. QUALITY EXCEPTION REPORT

The report looks at key quality metrics.

- Some areas such as Medicines Management are doing well with a steady reduction in reported incidents.
- Other areas such as falls and pressure ulcers have plateaued and require a renewed, more robust approach.
- The Trust is looking at benchmarking, specific training for staff, getting help in where needed and improving communications with the wards.
- MC and IP both queried falls – what the timescale for improvements was and whether there were any other gaps in staff training. CM advised that training for unregistered nurses will take place in October (including dementia and breakaway training) and sensory mats are currently being piloted on Gayton Ward. All nursing staff have a "Complete Care" certificate and dementia training.
- IP queried whether any other staff group would benefit from the training – CM confirmed that AHP staff interact with patients and get training but not at the same level as nursing staff – IP queried whether this could be developed.

Friends and Family Test (FFT)

- The Trust has not yet achieved the target response rate.
- EL queried whether the quality scores had improved on the FFT responses – some areas such as A&E have shown improvements but although the inpatient score had improved it had also improved at other hospitals. Some wards are outliers which bring down the overall score. It was felt that refurbishment of wards should help to improve patients' experience on the wards.

The Board noted the Exception Reports

103/15 10. AIMING FOR EXCELLENCE - update

- The key objectives of the initiative remain "patient-focussed" and "team-led."
- Some actions have been progressed and incorporated into divisional plans.
- A weekly steering group has been established to ensure delivery of the plans.
- No timescale has been set for a repeat CQC inspection - they can make an unannounced visit at any time to review services still requiring improvement.

The Board noted the update

104/15 11. OPERATIONAL PERFORMANCE – EXCEPTION REPORT

Items for discussion included:

62-day Cancer Waits

- 62-day cancer position improved slightly in August, reaching 80% against a target standard of 85%.
- Although underperformance was noted during the first 5 months of the year, mainly as a result of delays at TPP and delays in the QEH pathway, a rapid improvement plan was put in place which is now taking effect.
- All specialties were subject to a gap analysis.
- Accurate stamping of samples at QEH is now at 99%.
- IP queried how many of the 11 specialty pathways were experiencing gaps – TD advised that Urology, Lung and Lower GI were experiencing delays but all others had been reviewed with no issue.

A&E

- Due to recent surge in patient numbers in A&E the Trust is likely to achieve 94% rather than the 95% target for September, despite achieving it in the previous 4 consecutive months.
- An in-depth review was carried out in A&E to ascertain reasons for the breaches and a key factor was the new GP out-of-hours provision which has gaps in its staffing rotas, resulting in more patients attending A&E.
- The Ambulance Trust is also reporting increased activity due to the GP out-of-hours service and this has been reported to the SRG.
- It is still hoped that the Trust will achieve the standard for the second quarter.
- The Trust has opened up 12 extra beds to deal with the increased attendance.
- IP noted that other partners such as the CCG had made assurances regarding winter planning and queried how confident the Trust was that sufficient capacity was available – DH advised that good visibility and early response were key to managing demand.
- IP queried how the Trust was using the information gained during the review to drive improvements across the ED – TD advised that the team was reviewing the numbers of minors/majors, the times of ambulance arrivals and the out-of-hours GP provision.
- MC noted the high volume of fines relating to ambulance turnaround times and queried what additional work could be done – TD advised that the data supplied by the Ambulance Trust requires validation as it often differs from QEH data. Regular meetings are held to review breaches, and to resolve issues in the handover process. Further work will be carried out on this issue

during the Trust's "Breaking the Cycle" week in October.
- Cambridgeshire and Lincolnshire CCGs have not yet confirmed where their extra community bed capacity will be located.

18 weeks
- From October the Trust will only need to report incomplete pathway - 18 week RTT performance, and the Trust is not an outlier in this respect.

The Board noted the Exception Report

105/15 12. WINTER PLANNING

Items for discussion included:

- The Winter Plan has been in development since May 2015 and looks at the period October 2015-March 2016.
- Operational issues from last winter were reviewed – including bed occupancy, lack of internal and external beds.
- Winter pressures are faced by all specialties, not just medicine and so the plan has been split into 4 sections – Medicine, Surgery, Paediatrics and External Arrangements.
- Two ways were identified to increase capacity – the use of surgical beds and the creation of a 12-bed escalation ward.
- Surgery had to consider how they would operate through the winter period as they receive a significant number of referrals – the Discharge Lounge will be relocated to make way for Trauma/Orthopaedics.
- Paediatrics tends to receive more patients in the early part of the winter period – they will offer extended opening hours to accommodate more patients.
- The Trust will hold the CCG to account for the extra beds promised as part of the Winter Plan. IP queried whether the CCG has contractual liability to provide extra beds – DS confirmed that they have committed to the provision of extra beds in the community and are accountable for winter processes. If the beds are not forthcoming then the Trust will discuss the matter with NHS England.
- The CCG has reported a financial deficit this year which they consider is due to increased activity, particularly in emergency medicine, at QEH.
- MC queried whether the Trust has sufficient nursing staff to operate the escalation ward and was informed that the Trust is confident that staffing levels are being efficiently managed.
- LG and TD discussed delivery structure. TD confirmed that bed management is escalated each day and that the right staff attend – the site practitioner manages Green days, Amber is handled by the Deputy Divisional Director, Red is the responsibility of the Divisional Director, and for Black Alert, the Chief Operating Officer.

The Board noted the Winter Plan and endorsed the actions being taken to ensure resilience and deliver operational performance throughout the winter.

106/15 13. FINANCE EXCEPTION REPORT

The Board considered the finance report.

Items for discussion included:
- Tighter controls are required to manage the nursing budgets.
- Non-pay spend, particularly CIPs under-delivery, requires more scrutiny.

- An external team will provide extra help for Pharmacy spend on a no-win, no-fee basis.
- Income is currently off-plan but is recovering – the cost of opening the escalation ward has been factored in.
- Monitor has asked the Trust to deliver an extra £600k in savings, and this requires extra significant work, i.e. medical agency costs.
- The Chair, CEO and financial team attended a meeting at Monitor's offices and it was recognised that Monitor and the Trust will be under pressure to deliver financial performance.
- IP noted that the CIP programme is 34% behind plan and sought assurance that CIP delivery will improve – DS advised that it will be better year-to-date. LG queried what will be done differently to achieve CIP delivery – DS acknowledged that he is unable to provide assurance that the full CIP delivery will be achieved but the Trust will endeavour to deliver the cash equivalent of the CIP position.
- DS felt that productivity improvement was equally beneficial as it drives income and maximises non-pay spend. The Trust can only make pay savings by service re-design.
- **EL noted that Monitor queried whether there would be any more "one-off" payments – DS will check.** DS
- IP noted the capital and cash position at £700k under-spend due to a slippage in the Theatres plan and queried whether this would affect the Trust. DS acknowledged a small element of risk to the Trust.

<u>The Board noted the Finance report</u>

107/15 14. WORKFORCE EXCEPTION REPORT

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

- Sickness absence – First Care have now been in place for several months but there has been no real change in sickness levels. The Board is sighted on this issue and it will be taken up at Workforce Committee in October.
- CM reported a dip in planned fill rates for August but this was expected due to reduced availability of bank hours and additional hours during school holidays.
- A cap on the use of registered nurses from agencies will be introduced from 1st October – this is based on the Trust's current use of agency nurses with a planned reduction over 3 years.
- IP queried what happens if the Trust breaches the cap – CM advised that the Trust can apply to Monitor for permission to exceed the cap and would need to explain why the Trust would need to breach the cap but the fact that it could put patients at risk is a significant driving factor.
- There is a significant risk to planned non-EU recruitment of nursing staff due to immigration regulations. It will be a challenge for the Trust to fill vacancies if non-EU recruitment does not take place.
- 9 nurses are currently ready to join the Trust once they receive their sponsorship certificates.
- A local recruitment campaign is planned for September and October.
- Registered nurses and midwives will have to revalidate every 3 years from 1st April 2016.
- HEEoE was pleased to see clear evidence of education continuing to be visible throughout the Trust, particularly the increased numbers of mentors and the excellent student induction in place.
- The Physician Associate programme is due to commence in January 2016.

The Trust received a large number of applicants – BW will carry out interviews.

- The Medical Workforce workstream is being established to co-ordinate activities across the Trust and is linked to the Clinical Strategy. The aim is to improve quality and reduce the level of agency cover.

The Board noted the Workforce report

STRATEGIC

108/15 15. CHAIR'S REPORT

EL acknowledged the challenges faced by the Trust but felt that Board is better placed to face those challenges now, particularly since the Trust exited Special Measures. Co-operation and collaboration appear to be a way forward to offer a sustainable future for the Trust.

The Board considered the Chair's report

RISK

109/15 16. BOARD ASSURANCE FRAMEWORK (BAF)

The Board considered the BAF.

- The BAF includes more detail this month.
- The most significant change is Risk 1 going from Red to Amber, following the Trust's exit from Special Measures.
- The 3 main risks for the Trust are the only issues rated as Red (Workforce, Estate, and Sustainability).
- The BAF shows significant improvement from the early part of the year when it was almost all Red.
- IP commented that he found the new format BAF really useful.

The Board endorsed the BAF

110/15 17. CORPORATE RISK REGISTER (RISKS SCORING 15 AND ABOVE)

The Board considered the Risk Register.

No new risks rated 15 and above had been raised.

- CM, Chair of the Risk Committee, informed the Board that several risks which relate to fire issues will be amalgamated. EL found the recent fire evacuation exercise most helpful and gained assurance that the correct procedures and processes are in place, should a fire break out.
- **It was noted that this report is lifted directly from Datix-web and this will be reviewed to ensure narrative is relevant and updates are fully articulated.** **CM**

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

REGULATORY & GOVERNANCE

111/15 18. DIRECTORS' REGISTER OF INTEREST

LG will add a new directorship to the register via GR. **LG**

The Board noted the Register of Interest

112/15 19. BOARD OF DIRECTORS – FORWARD PLAN

The Board reviewed and agreed its forward plan

113/15 QUESTIONS

EL reminded the Board and those Governors present that the Governors' Council would be held at 4pm on Tuesday 6th October in the Conference Room.

He then invited questions from the public attendees.

Councillor Michael Chenery of Horsbrugh (NHOSC) commented positively on the QEH and the changes that had taken place – he had observed that patients appeared happier. He had spoken to staff who were concerned about the amount of paperwork involved on the wards – CM agreed that nursing colleagues found paperwork burdensome. One solution was an electronic handover system, which allows observations to be entered, and this could be developed further to reduce the paperwork. The first module will be available in spring 2016. The process relies on WiFi and Jonathon Dossetor asked DS whether the finances were in place to support the installation of WiFi and this was confirmed. BW noted the difference between paperwork and administration. It was felt that a paperless environment did not reduce time spent on administration and the matter needed careful consideration before being introduced at the QEH.

Paul Kunes queried whether Board papers could be sent electronically to the Governors and GR explained that the papers are available on the QEH website on the Thursday prior to the Public Board meeting.

Esmé Corner noted that the improvements to the bereavement service had been favourably received. The new process involves the hospital receptionist alerting Mortuary staff that a relative has arrived and the relative is then escorted through the hospital to the bereavement area. This new procedure was suggested by the Patient Experience Committee.

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) - 24th November 2015 at 1pm

There being no further business, the meeting was closed.