

TRUST BOARD (In Public)

MINUTES OF MEETING HELD ON MONDAY 30th November 2009
AT 9:00am IN THE CONFERENCE ROOM AT THE QUEEN ELIZABETH HOSPITAL

Present:

Mrs K Gordon (KG)
Ms N Vaughan (NV)
Mr N Harrison (NH)
Ms J Hiller (JH)
Mr S Green (SG)
Mr S Haney (SH)
Ms C Townsend (CT)
Mr J Fletcher (JF)
Dr G Hunnam (GH)
Mr N Scanlon (NS)
Mr C Preston (CP)

Chair
Chief Executive
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Commercial Director
Medical Director
Deputy Chief Executive & Chief Nurse
Director of Finance

In attendance:

Ms B Cummings (BC)
Mr M Henry (MH)
Ms J Bate (JB)
Dr J Robinson (JR)
Mr B O'Sullivan (BOS)
Mr V Doherty (VD)
G Rejzl (GR)
L Fretwell

Performance & Informatics Director
Director of Operations
Director of HR & OD
Non-Executive Director (from Dec 09)
Head of Business Planning
FT Lead
Company Secretary
Corporate Governance Officer

Action

338/09 1. Chair's Welcome and Apologies

The Chair welcomed the Board to the meeting, and welcomed Chris Preston – the new Director of Finance to his inaugural Trust Board meeting and Dr Jill Robinson who will be taking up her post as NED from the 1st December following the retirement of Carol Townsend on 30th November 09.

The Chair also welcomed the new PEG Chair – Barry Dane, who has recently taken over from Helen Shaw, as well as welcoming the 2 members of public who had attended the meeting. The SHA observers and Ann Utley were also welcomed to the meeting by the Chair.

The Chair informed the Board that Jacqui Bate, Mark Henry, Barbara Cummings, Bernard O'Sullivan and Vince Doherty would be presenting papers.

No apologies were received.

Chair: Kate Gordon Chief Executive: Nerissa Vaughan
Patron: Her Majesty The Queen



Your centre of clinical and academic excellence with a passion to care

339/09 2. Minutes of the last meeting held 28th September 09 (In Public).

The minutes were approved as an accurate record of proceedings.

340/09 3. Matters Arising

There were no matters arising recorded.

341/09 4. Declarations of Interest

No Declarations of Interest were recorded.

342/09 5. Urgent Matters (under Standing Order 3.6 and 5.2)

There were no urgent matters recorded.

343/09 6. Chair's Update & Correspondence

- Basildon & Thurrock NHS FT Trust

NV tabled a paper addressing the issues raised in the national newspapers over the weekend in respect of Basildon & Thurrock NHS FT and their HSMR rating and results of a hygiene inspection. Monitor had intervened at the Trust Board meeting on the 26th November, and have instructed an external agency to work with the Trust.

The CEO assured the Board that the QEH has 99% HSMR rating, which is constantly monitored via the Patient Safety paper to the Board. SG asked for clarification on how the Trust ensures internal hygiene standards are met and was informed; the Trust performs PEAT inspections on a quarterly basis. PEAT inspections involve staff, a NED and PEG members. BD reported that PEG was satisfied the PEAT inspection met the Trusts needs. Spot checks on cleaning standards are also performed.

- Dr Foster

NV reported the Trust had performed very well in a recent Dr Foster report with the Trust being scored 80.14 out 100 and in band 4 of 5 for patient safety. The Trust was also rated as 29th out of 146 Trusts for patient safety.

NV commented however that data input had proved an issue, in that the embargoed report had suggested the Trust did not have a procedure for wrong site surgical intervention. This has since been corrected to show that the Trust does have this procedure in place.

NH, as Chair of the Audit Committee is to instruct Internal Audit and Clinical Audit to working with Performance & Informatics in order to address the protocol issues.

NH

- NHS Constitution Consultation

The Chair handed out copies of the NHS Constitution Consultation to the Board members indicating that the consultation is open to public, patients and staff and

that the deadline for comments is early February 2010. The consultation covers key patient rights including 18 weeks and 2 weeks cancer access. KG/ NV/ GR are to discuss a process for assimilating stakeholder input.

KG/
NV /
GR

An update is due back to the Board at December's Trust Board meeting.

- CDU

The formal opening of the CDU by Baroness Shepherd is on Friday 11th December.

STRATEGY

344/09 7a. i –ii Foundation Trust Steering Group minutes.

The minutes were noted by the Board with no issues raised.

NH reported that the FT steering group is overseeing the finalisation of the LTFM / IBP. The HDD Action Plan is to continue to be monitored by the group.

The Board noted the update.

345/09 7b. IBP

VD reported that the IBP had been submitted to the SHA on the previous Friday (27th November), however there were to be some amendments;

Chapter 5, table 4 the 'total' column's formula was reset as it had not calculated the correct total. This was subsequently amended from 364 to 1542 and 692 to 2652

Chapter 7, page 159 the risk rating should have read 3 and not 4.

The amended pages are to be reissued and resubmitted to the SHA and Board.

KG asked for comments or questions in relation to the IBP; none were recorded. KG asked the Trust Board to approve the IBP including the 2 amended pages; the Board so resolved.

The Trust Board approved the IBP, including the 2 amended pages.

346/09 8. Performance Strategy

BC, Director of Performance & Informatics reported that the strategy supported one of the 4 SLM components;

- Services lines definition and organisation structure
- Performance Management
- Service Line Reporting
- Process- Annual Plan.

The strategy was based upon a Performance Accountability agreement and had been informally shared with clinicians. A further paper on delegated authorities is due to the Board, as is a decision making rights report.

NH questioned how the Trust Board would receive assurance that the output is adequately implemented. It was reported that output reports will be produced to coincide with monthly divisional performance review meetings, whereupon the minutes will be reviewed by the TEB. Performance will be monitored and escalated to the Trust Board where necessary.

NH sought further clarification that the TB will receive sufficient assurance the SLM process is working; CP suggested that the NEDs could attend quarterly review meetings to gather this assurance and feedback to the Board.

SG asked how the performance strategy linked in with the reward strategy and was informed they had not been assimilated as the Reward strategy was pending completion, but it was stressed that the performance strategy should not be confused with individuals' performance.

Trust Board assurance that the SLM operation process is working adequately, once implemented.

The Rewards Strategy is completed and presented for approval.

The Board approved the Performance Strategy

JB

347/09 9. Service Line Reporting

CP reported that the SLR should outline organisational issues as well financial.

BOS further commented that the profit / loss will be sensitive to the assignment of income. In addition, changes on tariffs may cause further issues.

GH stressed that the figures must be robust before consulting divisions, to avoid disengagement. BOS confirmed these would be discussed in draft version with divisions before a final version was issued, as the process is two way.

NH reported his concern at the apportionment of profit indicated in the report, and suggested that contribution should be shown in addition to profit. CP is to address this and present an update in December.

CP

The Board noted the update

348/09 10. QIPP

The Chair welcomed the report.

NS reported that the QIPP drive focuses on quality and reducing costs by advocating a different way of working. National events had been held to emphasise the importance of the initiative, with a summary of outcomes highlighted within the report (figure 1).

In response to a question as to how the Trust responding to QIPP; the Board was informed that improvements in the Quality of care can create savings and aligns well

with the PM strategy – Theatre Productivity, LOS and DNA, in addition to delivering CIPs. Practice Based Commissioning is likely to be the forum for change.

BD applauded the initiative for changing the way of working, whilst maintaining a patient experience perspective. BD noted that the reduction of costs should not be to the detriment of patient care.

The Board noted the update.

349/09 11. Trust Efficiency Programme.

The Programme Management Office was described to the Board, indicating the alignment of Trust objectives and major initiatives into one area, and ensuring clear ownership and accountability in respect of objectives. The initiative is to be driven from ED level.

PriceWaterHouseCooper have been commissioned to do 3 weeks support project on the review of the efficiency programme, through clinical lead discussions and benchmarking of the potential for efficiency.

NV commented that current CIPs will need to be met, in addition to any introduced recommendations by the PwC review. NV further reported she was comfortable with the quality of work coming from PwC, in response to a NED query.

The PMO project co-ordinator is yet to be recruited.

The Board noted the update, asking CP to move the project forward and commissioned a review of performance in 3 months following the departure of PwC.

350/09 12. IM&T Strategy Update

The strategy had been re-prioritised to align with delivery of the CIP programme.

BC reported a PMO approach is to be adopted to assimilate the various IM&T projects.

The Server Virtualisation Business case is due to go back to F&I committee in the new year, following a review. SG suggested that the business case reviews joint working with peer Trusts to reduce costs and encourage partnerships.

The Data Warehousing business case is due to F&I committee in December.

The Telecommunications business case is also due to F&I committee in January.

The Board noted the update.

351/09 13. Communications Strategy Update

12 Comms Champion adverts have been issued.

Platforms for internet and intranet are now under construction, with a proposed approval process for these due in the new year.

Archiving continues to be an issue. The approval process for this is under discussion.

The Media Relations protocol has been completed. ED media training needs to be revisited.

A NED congratulated on the progress made so far, but advocated further work on the processes, especially in terms of crisis management which is currently outsourced. JH stressed the need for an internal awareness of crisis management.

CP advocated the engagement of stakeholders throughout the year including within the Annual Planning and ALE process.

The Board noted the update and commissioned a further update in March 2010.

352/09 14. Winter Planning Update

MH presented the item for information.

MH outlined the executive summary and advised members that the full plan was available upon request.

The Board noted the update.

PERFORMANCE

353/09 15. Infection Control

1 MRSA case and 4 C.Diff cases were recorded for this month, which was reported as being under trajectory. The Trust is performing well in respect of infection control.

The Pandemic Flu Plan is in place. SG asked how the staff vaccinations were going, and was informed that the Trust has had a good uptake; however the trust was being not complacent about ensuring all front line staff were encouraged to be vaccinated.

354/09 16. Patient Safety Monthly Report.

The Patient Safety Report focused on different reports of mortality rates. The press have focused on Dr Foster and CQC ratings, whereas the Trust also focuses on crude mortality ratings. The QEH is performing well on both HSMR and crude mortality, when compared to peer trusts.

The Chair congratulated the team on the very good performance and thanked GH for his hard work on driving down HSMR.

The Chair questioned performance on outliers and was informed the trust was down on outliers compared to last year, and that improved patient pathways are facilitating this. A CCU presentation is due to the Board in the New Year.

A NED questioned the use of hospices and if the New Year their use could be increased, but was advised that hospices were generally at capacity. The Trust has an End of Life facilitator who liaises in enabling End of Life patients is to be cared for at home where possible and appropriate.

The Board noted the update and congratulated GH on the good progress made.

355/09 17. Eliminating Mixed Sex Accommodation.

The EMSA works were reported as being on track and under budget currently.

The Trust had an unannounced SHA EMSA inspection on 19th November, which was reported as having gone well.

NS informed the Board is to formally approve the EMSA Policy at the next meeting.

CT questioned if the West Walton plans were being revisited. It was explained that the lists are to expand from 4 to 5 days per week and are to be single sex lists. It is hoped a permanent solution will be developed in the Spring of 2010 following capital programming discussions.

The Board noted the update and congratulated NS on completing the works to schedule so far.

356/09 18. Finance, Capital and Activity Monthly Report.

The Chair of the F&I Committee reported the committee is to continue to monitor Activity, Costs, CIPs and Manpower over the next few months.

The Trust is currently £700k behind its £4.5m surplus trajectory, with plans in place to recover this problem. Outliers are to be managed until the opening of the Modular Ward in the New Year. Mid grade issues are also being addressed.

KG questioned when the impact of reducing the agency and bank costs will be seen, and was informed this is subject to some embedding and it was hoped the figures will reflect this change, in practice next month.

CP additionally noted that the Finance function is to be forecast focused and will be helping divisions achieve activity targets as far as possible.

The Board noted the update

357/09 19a. Performance KPIs

BC reported that the performance report is to have breach analysis incorporated, in relation to NHS Constitution 18 weeks rights.

BD queried whether, the A&E targets stood at 98.2% for this month's performance, the Trust was confident that this was sustainable over the challenging winter? The Board responded that the opening of the CDU was positively impacted on performance, and further work on GP referrals is also underway. Patient Pathways have been reviewed, as have discharge processes which should support the A&E target. KG confirmed the target will continue to be closely monitored.

The Chair also queried the progress of Choose & Book, and was informed the Trust benchmarks well, but there was still more work to be done. NH requested the Trusts performance against the national average is incorporated into the performance report.

MRSA screening performance is to be included in the performance report.

BC

BC reported the backlog of patients is being addressed, with all areas expected to achieve the 18 week target from November, apart from where it is the patient choice to defer treatment or for clinical reasons.

The Board noted the update.

358/09 19b. Workforce KPIs

A new format was presented to the Board for approval. The format will be shown at divisional level to support performance, and is to be linked with CIP and PMO.

KG asked for assurance that the mid grade vacancies are being addressed and was informed by GH that role mergers and rota changes are being looked at to 'bridge the gap'. This was confirmed as a national issue, and the action plan is ongoing.

The Trust Board noted the update and approved the new format.

359/09 19bi. Update on Education Quality Assurance Process

JB reported that this item had previously been seen by the Board, who had requested an update.

JB assured the Board that the two outstanding elements of the previous paper had been completed, with a 12 month action plan in place.

The Board noted the update.

360/09 20a . SfbH / CQC declaration

The Chair of HCGC reported that the committee had met last week to discuss SfbH compliance and scrutinise the evidence provided, the standard leads and the Chairs of the sub-committees.

The Chairs of both sub-committees, Capacity & Infrastructure and Clinical Governance Committee both recommended to standards for further scrutiny; C11b, C12, C7b and C7c and C4b, C5a, C13 and C22/23 respectively. The standards were extensively reviewed by the HCG committee, consequently recommended as compliant. The CEO reported during the HCGC meeting that due to the NHSLA L2 and ALE 3 achievements, there had been a substantial amount of 3rd party assurance to both the HCG and TB of compliance with SfbH.

The Chair of the HG committee, as the committee representative on the Trust Board, read out the General Statement of Compliance (see Board pack), which assured the Board of reasonable assurance on all standards.

The Trust Board confirmed compliance with all core standards as at 30th November 2009.

361/09 20b. CQC registration requirements

BC outlined the CQC registration requirements and explained that the fee is dependant upon the number of beds the Trust has. Work on registration requirements is ongoing.

The Board noted the update.

362/09 21. Cancer Peer Review Outcomes

The paper was presented for information, reporting on the Trust's Cancer Plan to support the delivery of the Cancer Reform Strategy and Actions resulting from the Cancer Peer Review. The 'Going Further on Cancer Waits' compliance shows that the Trust has achieved all the required standards.

The review is to be monitored by HCGC who will escalate issues as appropriate.

The Trust Board noted the update.

363/09 22. Chair's Key issues of Healthcare Governance Committee held 25th November 09

The Audit Commissions' report on nurse staffing was presented to the committee. The HCGC had commissioned a refresh of the report and maintaining of nurse staffing levels.

No trends on SUIs were indentified, with the exception of supervision. This issue is being addressed.

MRSA screening was reviewed by the HCGC who asked to understand the reasons for patient refusal in the January meeting.

The Trust Board noted the update.

The Chair of the Trust Board took this opportunity to congratulate Carol Townsend, outgoing Chair of the HCG committee, on her much appreciated contribution to the Trust and the Board over her 9 years of service. KG informed the public CT was leaving her post as a NED on the Board from today, and that it was a sad moment to see her go. CT has many connections within the trust, outside of her TB and HCGC duties and she will also be sorely missed, but is hoping to still have an affiliation with the Trust in the future after a long, well earned break!

KG presented CT with flowers on the TB's behalf.

364/09 Date of the next public Trust Board meeting is 25th January 2010, 9.00am in the Conference Room

Special Resolution

In accordance with the Public Bodies (Admission to Meetings) Act 1960 the public and reporters of the press are to be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted; publicity on which could be prejudicial to the public interest.

The meeting closed at 12.55 pm.