

TRUST BOARD (In Public)

MINUTES OF MEETING HELD ON Monday 25th January 2010
AT 9:00am IN THE CONFERENCE ROOM AT THE QUEEN ELIZABETH HOSPITAL

Present:

Mrs K Gordon (KG)	Chair
Ms N Vaughan (NV)	Chief Executive
Mr N Harrison (NH)	Non-Executive Director
Mr S Green (SG)	Non-Executive Director
Mr S Haney (SH)	Non-Executive Director
Dr J Robinson (JR)	Non-Executive Director
Mrs J Hillier (JH)	Non-Executive Director
Mr J Fletcher (JF)	Commercial Director
Dr G Hunnam (GH)	Medical Director
Mr N Scanlon (NS)	Deputy Chief Executive & Chief Nurse
Mr C Preston (CP)	Director of Finance

In attendance:

Ms B Cummings (BC)	Performance & Informatics Director
Mr M Henry (MH)	Director of Operations
Ms J Bate (JB)	Director of HR & OD
Mr B Dane (BD)	Patient Experience Group Chair
Ms G Rejzl (GR)	Company Secretary
Miss L Fretwell	Corporate Governance Officer

Action

1/10 1. Chair's Welcome and Apologies

The Trust Board was welcomed to the January meeting. The Chair recorded apologies from;

- Mr S Haney

2/10 2a-b. Minutes of the last meeting held 30th November 2009.

The minutes were approved as an accurate record of proceedings.

3/10 3. Matters Arising

No matters arising were recorded.

4/10 4. Declarations of Interest

No Declarations of Interest were recorded.

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



5/10 5. Urgent Matters (under Standing Order 3.6 and 5.2)

None.

6/10 6. Chair's Update & Correspondence

The Chair invited NH to address the Board under this item. NH informed the Trust Board that he had been invited to attend an NHS Norfolk event which promoted integrated working and a pilot scheme centring on care of the elderly and youth and deprivation. King's Lynn is to pilot a youth and deprivation programme, which it is hoped may reduce admissions. Although the Board noted this will impact activity levels, it was agreed that working with the PCT on this and other areas is a positive move.

KG / NV are to discuss this with the PCT.

The Board noted the initiative.

STRATEGY

7/10 8a. Foundation Trust Progress

The CEO reported that the LTFM/IBP and assurance documentation had been submitted to the SHA for review on the 15th January. The Trust Board had met and reviewed the documents before submission. Feedback from the SHA is expected shortly.

The Trust is hoping to enter the Department of Health stage by the end of the month.

The Board noted the update

8/10 8b-c. FT Steering Group Minute for meeting held 7th January 2010.

The Chair of the FT Steering group reported that the group had focused on the Terms of Reference, which had been reviewed to incorporate a FT working group who shall deal with the detailed FT work plan.

The FT Steering group will meet monthly, between Trust Board meetings to provide timely assurance to the Board on progress.

The Trust Board approved the draft revised FT Steering Group Terms of Reference.

Revisions made to the LTFM, following questions from the SHA, had been completed and were presented to the Trust Board for approval. The revisions had been approved at an extra-ordinary Trust Board meeting on January 15th, for which the minutes are to be completed.

A complete IBP had been previously circulated to the Trust Board via email, to enable the Board to review the revised assumptions in the correct context.

Following discussion on the debate taken place at the extra-ordinary Trust Board meetings, the Board was assured that a robust discussion had taken place regarding the draft changes.

The Board approved the changes to the IBP, LTFM and CIPs.

9/10 9. NHS Constitution

The Chair invited the Board to comment on the NHS Constitution, and thanked the PEG for their already made contributions.

The Board endorsed the 'Right to Access' element of the constitution, on the lines.

As proposed by the PEG the regards of the 'health checks' element, the Board agreed with the concerns of the PEG group concerning capacity in the current economic climate.

The Chair agreed to respond to the NHS Consultation on the Boards behalf.

KG

10/10 10. Marketing Strategy Update

JF informed the Board that the data within the report was awaiting an update from Dr Foster.

The Board was updated in respect of current tendering activity. The Board will discuss this further at the Strategy Event, in March.

The Chair questioned why general surgery cases were going to the N&N and was informed this was due to the problems of recruitment of Mid-Grade issues but that work was ongoing to address this.

JF was urged to progress identified opportunities in Fakenham, following a successful midwife recruitment drive here.

CP noted the national Pathology Plus Project, which may impact the Trust.

The Board requested a forward looking view and table of tender progress in the report.

JF

The Board noted the update.

11/10 11. IM&T Strategy Update

Having received an update on the strategic progress, the Board challenged whether the issues with the Lorenzo project would impact progress. BC commented that Morecombe Bay is testing the system and some issues have been indentified. She went on further to state that the business case will need reassessing later in the year.

BD questioned how the improvements made as a result of the strategy will impact patient care and was informed that the strategy is to be shared with PEG and other groups, to articulate this.

The Board requested milestone performance monitoring and mapping against original

BC

targets in order to assess the evolution of the strategy, and for this to be presented to the F&I committee.

The Board noted the update.

PERFORMANCE

12/10 12. Chair's Key Issues - Healthcare Governance Committee meeting held 21st January 2010

JH, Chair of the Healthcare Governance Committee, reported that the committee had escalated several items for the Board's consideration, which had largely been dealt with on this month's agenda.

The Risk Register is to be further revised and is to come back to the Trust Board in February.

The Boards noted the issues relating to safeguarding children, with feedback to go to the HGC.

The Board noted the update.

13/10 13. Infection Control Monthly Report

The Trust continues to perform well on MRSA and C.Diff targets. Norovirus has closed 2 wards following the first recorded case on 23rd December 2009. Another 2 bays may be potentially affected and are currently being closely monitored. The sources of the outbreak have been identified, and were not hospital acquired.

SG questioned why there was a 'Red' on the performance monitoring of MRSA if the Trust is continuing to perform well, and was assured that this occurs if one case is admitted in any one month as the annual target is so low.

The reported infection is believed to be a community contracted one, and as a consequence the Board advocated the Trust makes amendments to its methodology including improving communication of RCAs between community healthcare providers.

The swine flu teleconferences have ceased following a large reduction in 'incidences'. Some patients remain in critical care and some younger patients are still being affected, and the Trust remains vigilant.

The Board noted the update

14/10 14. Patient Safety Monthly Report

GH noted that the information from Dr Foster was awaited.

The crude mortality rates remain low, on last update.

42 outliers had been recorded at present, due to winter pressures. 29 escalation beds have been utilised. Some staff sickness has been noted, thought to be due to Norovirus

and winter pressures.

The Chair noted that the Trust must continue to enhance its relationship with its broader community to ensure patient pathways are not blocked during peak times. A PCT Board meeting is scheduled for 3rd March for further discussion on this.

In response to a challenge from SG, GH noted that each division is now keeping quality accounts which are reported to the Patient Safety committee, with divisions required to report any alerts.

The Board noted the update.

15/10 15. Eliminating Mixed Sex Accommodation

Endoscopy and A&E are compliant, but an impact assessment is to be completed. The Deputy CEO & Chief Nurse recognised the need for a permanent solution to the issues raised, and is working on this.

33 breaches of EMSA compliance have been recorded up to 21st January 2010, but this is largely due to increased activity. The situation continues to be closely monitored, and no patient safety incidents have been recorded as yet. The CEO noted that these breaches will need rectifying to ensure full compliance for April 1st 2010. CP noted that the financial penalties for non compliance and breaches are to be clarified the next financial year.

JR sought assurance that the breaches are being tracked; RCAs are to be performed on each breach.

The Board noted the update.

16/10 16a. Finance, Capital and Activity Monthly Report.

The Trust is £677k behind plan on its YTD surplus. Work is ongoing to address this, with managers assessing the potential extra clinics for day care surgery although the increased emergency case load is impacting on elective care. The Board encouraged further work to maintain the predicted surplus.

Settlement of the North Cams issue has been resolved with the Trust agreeing liability for just under 50% of total disputed figure. BC / JF are to commence negotiations on the next financial year's contract, to avoid as similar situation next year.

BC/JF

BC noted that the A&E attendance scheme did not commence on the 16th January, as scheduled; some impact has been felt but not significantly.

The Board noted the update.

17/10 16b. Chairs Key issues – Finance & Investment Committee held 21st January 2010

The F&I committee recommended that the Pathology Automation Business case, should proceed to contract signing with Siemens, but commissioned a review of the case, should negotiations result in a change to the benefits.

The F&I committee elected to escalate the Data Warehousing Business Case to the Trust Board for further discussion. SG was assured by BC, that the management of any in-house projects would require central management, by an experienced project manager, to stop the project becoming bigger than resources can accommodate.

BC assured the Board that the in-house element of the project will enable PAS/Lorenzo to be more efficiently implemented.

KG queried the monitoring mechanism and was advised that; Capital Investment and IM&T groups will monitor the budget, and escalate a business case for any potential overspends to the F&I committee.

The Board approved the Business Case, on the understanding that any in-house risks are brought to the F&I committee for review and escalation to the TB.

18/10 17a. Performance KPIs

18 weeks capacity tracker projected score against CQC standard has been reflected in to the report.

A meeting on the A&E action plan will be held today, to make some practical amendments, although it was confirmed the division is following the plan. The A&E department were encouraged by the Board to raise issues whenever possible, as quickly as possible so that action can be taken in this time of capacity challenge.

MH reported that staff remain dedicated to patient safety and that he is meeting with the staff on a daily basis to ascertain issues early on. The Healthcare community is being encouraged to engage in respect of the demand levels. MH also reported an associated trend, in regards to high pressure on a Sunday / Monday, which is thought to be a consequence of the lack of out- of- hours GP services.

JH commented that the CQC performance assessment is helpful and the Trust must remain clear on what we have learnt in order to achieve an 'excellent' rating. NV/BC met with the CQC last week. The current rating and the action plan to attain an 'excellent' were discussed, and a positive meeting was reported. No unknown risks have been identified, but this will be monitored. The Board were advised that any CQC rating is based upon evidence gathered in the month of assessment, and is not future looking. The Trust is awaiting CQC thresholds.

SG questioned the reduction in 2 week cancer waiting times performance, against November and was informed this information is based upon CQC indicators which have a 85% threshold, where as Monitor will assess against a difference threshold.

MRSA screening was scrutinised by the Board, who were assured that a paper trail of evidence linking pathology and the MRSA figures was available. An issue has been noted in that 5% of patients are refusing a screening. The reasons for this are to be ascertained.

The Board noted the update

19/10 17ai. Information Toolkit KPIs

The Information Toolkit (IG toolkit) is linked to the CQC Registration requirements. The Trust must achieve a level 2 out of a range of 4 levels 0-3. The Trust is to aim for a level 4 in the long term, but this is dependant upon technology investments.

BC is to compose a report on the work needed to achieve a level 3, for the Capacity & Infrastructure Committee, who oversee the IG committees.

BC

The Action Plan for the IG Toolkit and achieving a level 2 for key requirements is monitored by the Information Governance Committee. An internal Audit has commenced on the information. A final position is due to the CQC by March.

The Board noted the update.

20/10 17b. Workforce KPIs

Sickness levels compare favourably with peers, but more work is needed to improve the sickness absence rate. RCN & Unison are working with HR on this.

The 'top 50' group has met, to discuss the top 50 sickness absence cases. Some staff dismissals have been confirmed based on the number of absences. The long term sick are being encouraged back to work, where appropriate. It is felt that the 'top 50' does encourage better performance. SG questioned how litigation against dismissals is mitigated, and was informed that lots of work is done to reduce the likelihood of cases going to tribunals with the help of Occupational Health department.

The SLM in reinforcing messages will also help.

JB confirmed, in response to a challenge, that the position on vacancies within the report was an anomaly, and is to be rectified.

147 vacancies are recorded at the moment, across a wide selection of staff, although it is not expected that all posts will be advertised due to annual budget constraints.

Turnover of staff is down, thought to be aided by an improved trust wide induction and local induction. However, NH noted the 10% turnover of staff would impact the recorded vacancies, and requested that this figure be reassessed.

JB

The Board noted the update.

21/10 17bi. NHS Health & Wellbeing

The paper demonstrates that the Trust covers some of the Boorman Recommendations, and evidenced areas of good practice.

There were no issues raised.

The Board noted the update.

GOVERNANCE

22/10 18. Q3 Self Certifications – Governance & Finance Risk Rating and Declaration

CP queried the non compliance recorded against MRSA screening; NS confirmed the declaration sought 100% compliance. The Trust currently runs at 95%. The issues have been raised with the provider management team.

CP proposed that the monthly Self Certification Performance is assessed via the F&I committee, and is appended to the Performance Report. The Board agreed this approach.

BC

The Board approved the Self-Certification for submission and approved the application of the Chair's signature to declaration 2

23/10 19. CQC Inspection: Hygiene Code, including Inspection Report, Assurance Framework, IP&C Programme and HCAI Action Plan

NS confirmed this item had been reviewed and debated by the HGC..

The HGC was assured that the actions are being dealt with and are expecting a positive re-inspection, due within a month.

The Board received and noted the Assurance Framework, IP&C Programme and Action Plan.

24/10 20. CQC Registration

BC outlined that the Trust is to make a declaration of compliance to align with the legislation. She also confirmed that the risk schedule and action plan had been updated and included within the report. Benchmarking and triangulation against SfBH and NHSLA criteria had been completed, and evidence gathered from EDs.

3 recommendations were outlined;

1) *Trust Board members are asked to confirm compliance against the 16 CQC Mandatory Regulations; Evidence for the 16 mandatory CQC requirements is available. **The TB assessed evidence and declared compliance.***

2) *Trust Board members are asked to agree the supporting statements for the Trusts CQC Registration application; the statements were assessed by the Board. SG requested that the statement should also state that business case applications do include equality & diversity impact assessments. **The supportive statement was approved.***

3) *Trust Board members are asked to approve the Trust's application to the CQC for Registration; **The Trust approved the Trust's CQC Registration Application***

25/10 Date of Next Public Trust Board meeting; 29th March 2010, 9.00am in the Conference Room.

26/10 The Chair invited for questions from the Public.

An Overview & Scrutiny representative - informed the Board that the Cromer Hospital has decided to cease endoscopy provisions, which the QEH may wish to investigate.

No other questions were raised proposed.

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 11.30 am.