

TRUST BOARD (In Public)

MINUTES OF MEETING HELD ON Monday 29<sup>th</sup> March 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
Ms J Hillier (JH)	Non-Executive Director
Mr S Haney (SH)	Non-Executive Director
Mr S Green (SG)	Non-Executive Director
Dr J Robinson (JR)	Non-Executive Director
Mr J Fletcher (JF)	Commercial Director
Dr G Hunnam (GH)	Medical Director
Mr C Preston (CP)	Director of Finance

In attendance:

Ms B Cummings (BC)	Performance & Informatics Director
Mr I Vince (IV)	Deputy Director of HR & OD, representing Director of HR & OD
Mrs C Roberts (CR)	Deputy Director of Quality & Governance
Mr B Dane (BD)	Chair of the Patient Experience Group
Ms G Rejzl (GR)	Company Secretary
Miss L Fretwell	Corporate Governance Officer

Action

73/10 1. Chair's Welcome and Apologies

The Trust Board was welcomed to the March meeting by the Chair.

The Chair recorded apologies from;

- Mr M Henry
- Mr N Harrison

74/10 2. Minutes of the last Trust Board meeting held in public, on the 25<sup>th</sup> January 2010.

The minutes were approved as an accurate record of proceedings.

75/10 3. Matters Arising.

There were no matters arising.

**76/10 4. Declarations of Interest**

No Declarations of Interest were recorded.

**77/10 5. Urgent Matters (under Standing Order 3.6 and 5.2)**

None.

**78/10 6a & b. Chair's Update & Correspondence - NHS Confederation 2010 Chair's Conference; Chair's report on "The Healthy NHS Board: Principles for Good Governance" and "Monitor's revised Code of Governance".**

The Chair reported on the NHS Confederation Chair's Conference. Copies of the "The Healthy NHS Board: Principles for Good Governance" and "Monitor's revised Code of Governance" were distributed to the Trust Board members, by the Chair, for their information.

**STRATEGY**

**79/10 7. The Francis Inquiry & Ramifications for the NHS.**

The outcome of the independent Francis Inquiry, undertaken to investigate the care given at the Mid-Staffordshire NHS Foundation Trust was presented to the Trust Board by the Medical Director. GH explained that issues regarding QEH's governance structures, appropriate training of Executives and NEDs, highlighted as a result of the inquiry had been addressed. Potential Gaps in assurance on clinical areas have been identified nationally and an action plan for the QEH had been drafted and is being monitored via the Healthcare Governance Committee. GH responded to a query regarding the status of actions, in that Ambers are actions which are ongoing.

KG indicated that she would discuss training needs and a review of the Trust's governance arrangements with Board members. **KG**

The Board acknowledged that the measurement of Patient Experience was not consistently and thoroughly addressed at Trust Board level. The Patient Experience Group representative suggested that there was evidence of a lot of Patient Experience information being collected. However, he felt that the information could be better coordinated and utilised. CP commented that patient pathways are liable to change under TEPs and that patient experience would be a key measurement. The NEDs advocated a balanced view of governance in respect of strategic, operational and patient safety/experience discussions.

A discussion on the progression of the Trust's governance structures will be taken at HGC.

**The Board noted the update.**

**80/10 8. Strategic Planning**

NV / KG reported back on the CEO Conference. A Joint Board with NHS Norfolk was proposed to discuss QIPP. A date is to be arranged.

The Board is to be updated of further progress achieved through the Joint NHS Board meeting, as applicable.

**The Board noted the update.**

**81/10 9a. Foundation Trust Update**

The Trust's FT application was well-received at the DoH Technical Committee, and the Medical Director's meetings, held at the end of February and beginning of March respectively.

The Trust was further approved by the Applications Committee meeting held on the 19<sup>th</sup> March 2010, subject to the signing of PCT Contracts. Contract negotiations surrounding demand management schemes are ongoing. A deadline of Wednesday 31<sup>st</sup> March for completion of the negotiations has been issued.

The Chair congratulated the team on its progress through the FT application process so far and noted that the PCT contracts are an annual negotiation which does not reflect upon the quality of the Trust's FT application.

Following a successful negotiation period and final approval, Monitor will inform the Trust of the timing of their engagement. This stage is subsequent to Secretary of State approval.

A NED queried the course of action should the contract negotiations be delayed. It was confirmed that should this happen, then the Trust's application would possibly be delayed a month. It was however pointed out that there was agreement on contract 'Heads of Terms'. NV stressed that in negotiating the contracts; the Trust's ongoing financial position regarding contracts would not be jeopardised for the FT application. The Board supported this position.

**The Board noted the update**

**82/10 9b. FT Steering Group Minutes for meeting held 8<sup>th</sup> February 2010.**

**The Board noted the minutes.**

**83/10 9c. LTFM Sign off**

This item was deferred, pending contract agreement and any subsequent alignment of the LTFM.

#### **84/10 9d. Preparing for the Monitor Stage of the FT application process**

It was confirmed that commencement of the Governor Elections requires Monitor approval. However, preparatory work for the elections is ongoing, with Electoral Reform Services (ERS) engaged. In respect of FT Membership, Breckland remains under represented. Membership Engagement Services (MES) have been approached concerning a potential targeted recruitment campaign in this area. Staff have also been encouraged to stand for election as staff governors. It was noted that additional work is needed in respect of staff engagement. NV is to present a Communications paper to the Board, detailing plans and progress on staff engagement with the FT process and elections.

Gareth Corser of West Suffolk Trust will be visiting the Trust in April to discuss the next stages of the application process with the Board, including preparing for Monitor's arrival.

It was confirmed that the application for University Trust status will progress alongside the application as the Trust will need to achieve FT status first.

IV reported the Management Forum meeting is to be reinstated, which will provide a platform for communications regarding the FT application process.

**NV/  
KG**

NV / KG are to discuss the timetabling of Board Development activities and other FT commitments for Board member diaries.

#### **OPERATIONAL**

#### **85/10 10a-b. Service Line Management Handbook and Performance Agreement**

NV informed the Board that three of the four Clinical Divisions are currently running SLM in pilot form. The fourth, Women & Children, is awaiting the appointment of a Clinical Director. This appointment has been delayed due the senior clinician maternity leave.

In response to a NED query; BC confirmed April's speciality performance reviews will be used to measure progress. The TEB will peer-assess the performance reviews. This will then be relayed to the Trust Board via the F&I committee. SG expressed assurance that the embedding of SLM will be driven via the CIP / TEPs. JR noted the 'softer' elements of SLM, such as patient experience should be incorporated into the performance reviews, with which the Board agreed.

The Trust is aiming to operate business units from June 2010. The remit of these was outlined in the report.

The Board agreed that SLM represents a sizeable culture change and that the Clinical Directors need to be fully engaged with the new processes and understand their accountability. Beaurocracy is to be minimised.

GH reported that there was an appetite for the change, but that further understanding of responsibilities was needed.

The EDs are currently assessing the achievable targets.

CP advised a benchmarking of other FTs, which are utilising SLM, to ascertain pitfalls and successes.

**The Board welcomed both papers and encouraged the direction of travel. The Board advised an update in June.**

## PERFORMANCE

### 86/10 11. Infection Control Monthly Report

The Trust remains on trajectory for MRSA and C.diff. SG how the lessons learned in respect of C.diff are assimilated. GH replied that they are recorded by the Medical Officer and fed back to ward sisters. A new quicker test for identification of C.diff is to be introduced, which it is hoped will help in respect of isolation. A wash-up meeting is performed for each MRSA and C.diff case.

It was reported that there had been two outbreaks of Norovirus since November 2009, one of which is ongoing. CR reported that the SHA are concerned that the number of affected Trusts was growing and that workshops on best-care practice and management are to be rolled out across the healthcare community during the summer of 2010. The Trust remains on restricted visiting hours.

A cluster of Streptococcus A was reported to have been identified within the Trust and across the Healthcare Community. All actions necessary were completed. The CQC revisited the Trust to review progress in respect of Hygiene Code actions. The Trust has had confirmation it has met all aspects of the code.

GH reported that isolation of Norovirus patients was difficult and impacted upon consistency of care for patients and on patient flow.

The public and media perception of ward closures and restriction on visiting hours was reported to be often negative and it was important for the Trust to provide adequate information. The Board agreed that more clarity on the reasons for closures and restrictions be conveyed by the Trust and more work be done to provide public assurance that the infection control issues are being tackled. BD welcomed the Board's view, adding that the reason for closures is sometimes lost in press releases. JH went further by highlighting that an EoE approach to informing the media in regards to infection outbreaks is needed. NV is meeting with the Lynn News editor and will discuss this matter.

**The Board noted the update.**

**87/10 12. Patient Safety Monthly Report**

A sustained reduction in the Trust's HSMR was reported, although the Medical Director reiterated that a rebasing of figures by regulators is expected within the year but that further clarity on this had not yet been supplied.

Critical Care and Obstetrics were reported as outliers but this was thought to relate to recording practices and not as a result of medical practice. Dr Foster is aware of the anomaly in recording within Obstetrics and is currently working towards achieving a solution.

The Board were assured that notes within Palliative Care had been scrutinised; the outcome concluding that no avoidable deaths were recorded and the deaths were due to the management of 'end of life'.

**The Board noted the update.**

**88/10 13. Finance, Capital and Activity Monthly Report**

An increase in agency costs had been recorded, due to increased use of escalation areas and activity levels. The previous week's activity levels were positive. However, staff have been under intense pressure. The forecast indicates the Trust will achieve its forecast outturn.

SH challenged the mitigations in place for long term recruitment; NV reported a successful recruitment of Spanish nurses who are due to commence in post shortly. A further recruitment in Ireland is due in April. 3% over-establishment recruitment has been approved to help manage attrition. IV emphasised the importance of recruiting nurses who have the correct skills and that close affiliation with the UEA will assist in the successful recruitment of graduates.

The cash position is down slightly on last month's performance, with work ongoing to improve this.

The issue with NHS North Cambs is ongoing.

Some early delivery of TEPs was evidenced.

Mindful of the cancellation of the Finance & Investment Committee this month, the Chair (SH) reported no issues with the report, but did challenge the capital spend on Tilney Ward; BC assured the Board that the Capital Programme is to be discussed at the next F&I committee and TEB meetings, for recommendation to the Board and that future business cases and business case applications for further funding will be assessed rigorously by the Business Development Group, the F&I committee and the Investment Management Group. Capital spend issues are therefore not expected to arise in the new financial year. A proactive approach to equipment replacement is being supported by the PMO.

**The Board noted the update.**

**89/10 14a. Performance KPIs including the IG Toolkit and Estates KPIs**

'Threshold' information from CQC is awaited.

It was confirmed that the Trust is expected to meet the A&E target for the year. The Board recorded their appreciation of the hard work done by staff to achieve this target.

The Trust has achieved its '18 weeks admitted' target, reaching 91.6%. Breaches were recorded in Obs & Gynae, although the position has been recovered. Breached were also recorded in Orthopaedics and recovery is ongoing.

'18 weeks non-admitted' target was also achieved, reaching 99.5%.

Cancelled Ops – the Trust has experienced high pressure this month with 22 cancelled operations recorded for the month. This is above the CQC threshold. 7.7% of cancelled operations were not re-appointed within 28 days, which is below the CQC threshold. These two targets are linked and the Trust is forecasting 'underachieved' for the year.

Some EMSA breaches have been recorded. The reasons for this are under analysis and discussions with the PCT on a threshold are ongoing.

The Trust's forecast against the planned CQC indicators for 2009/10 is currently "Excellent" with the Core Standards – fully met, Existing Commitments – fully met & National Priorities – Excellent.

The report detailed the risks to achievement of the CQC performance Targets.

The Trust reported 70% achievement against the IG toolkit, version 7. Following publication of the report, this rose to 74% and achievement of level 2. An action plan has been developed to address any non compliant level 2 areas.

The Estates KPIs indicate high occupancy across the estate and areas for improvement have been noted. The Estates Strategy is due in May 2010.

BC reported that the Trust has;

- received unconditional CQC registration
- an ALE score level 3
- National Priority Indicators for stroke and heart disease forecast an 'underachieved'
- KPIs – Data Quality and Breast are concern areas. A discussion is due in May with the result published in June.

**The Board noted the update – in particular:**

- **The risks identified in the achievement of the CQC performance targets**
- **The current position in relation to the IG Toolkit of 74%. The Board endorsed this submission to Connecting for Health**
- **The impact of Norovirus on the capacity of the Trust**
- **The current position and pressures in relation to delivering the A&E target**
- **The current delivery of 18 weeks – requesting the Dir Op.s to provide a recovery plan to deliver the backlog of patients within Orthopaedics and other specialties affected by the high volume cancellations**
- **The suite of Estates Indicators**

MH

**90/10 14b. Workforce KPIs**

It was reported by the Deputy Director of HR & OD that the new methodology is now firmly embedded at TB level and the divisions are largely supporting it.

HR's current focus is on reducing sickness absence by utilising e-rostering and encouraging long-term sickness employees back to work, workshops on returning to work and incentives introduced to remain at work, where possible. IV cautioned the Board that the number of disciplinary procedures and dismissals will increase as a result of this action. The Trust is moving from GP sickness notes to GP fitness notes, which will detail the GPs suggested contract adjustments enabling long-term sick employees to return to work. The Trust will monitor the impact of this development when it goes live in April.

NEDs highlighted the importance of mandatory training, expressing concern in respect of performance in this area. CR assured the Board that Mandatory Training Manager, is reviewing the ESR over the next 6 months in order to understand which individual staff members are in need of specific training / levels of training. CR further assured the Board that this task had already been undertaken in respect of Safeguarding Children training and that any issues are being addressed. The Mandatory Training issue is to be discussed at HGC.

**The Board noted the update****91/10 14c. Appraisals**

Completed appraisal figures as of 26<sup>th</sup> March were 79% for permanent staff and 76.1% for all staff, including bank and agency, narrowly missing the 80% target. KG noted the huge effort made to reach the target and that operational pressures had impacted appraisal scheduling.

The Board requested the results of the Staff Survey to be reviewed at April's Trust Board. **JB**

**The Board noted the update.****GOVERNANCE****92/10 15. Annual Plan and Declarations**

The draft Annual Plan was presented to the Board, pending contract negotiation outcomes and alignment with the LTFM. Should the negotiations be incomplete by this deadline of 31<sup>st</sup> March, a caveat will be added to the Annual Plan.

The Board agreed to forward additional comments on the Annual Plan to CP by the end of 29<sup>th</sup> March.

**The Board approved the Annual Plan subject to the outcome of PCT contract negotiations and subsequent alignment.**

**93/10 16. Eliminating Mixed Sex Accommodation Declaration**

Trusts are required to make a declaration of compliance with EMSA in regards to the nationally set April target, based on self assessment and production of Delivery Plans.

The Board debated the meaning of 'virtually compliant' and received an update on compliance arrangements for Endoscopy, A&E observation bays and CDU areas, where single rooms and toilet facilities are due to be fully compliant by 31<sup>st</sup> March.

The CEO and Chair advocated that patient safety remains the focus of the Trust and the Board agreed that it should expect some breaches of EMSA during peak activity periods. The tolerances for breaches are yet to be identified by the PCT.

**The Board:**

- (i) declared compliance in respect of virtually eliminating mixed sex accommodation (EMSA)
- (ii) agreed to formally publish its declaration of EMSA compliance on or before March 31<sup>st</sup> 2010.
- (iii) Noted the assurance framework, checklist of changes to compliance monitoring, patient experience monitoring, communications, staff and public engagement to support the declaration
- (iv) Noted the delivery plan

**94/10** *Date of Next Public Trust Board meeting; Tuesday 1st June 2010, 9.00am in the Conference Room.*

**95/10** **The Chair invited for questions from the Public.**

**An Overview & Scrutiny representative** - challenged why the Trust does not install an isolation ward, outside the main building, for MRSA or Norovirus infected patients. GH responded that although this would be an approach to containing outbreaks, this method would compromise the provision of care received to very ill patients. He further suggested that the patients often require access to emergency care and that sometimes patients presenting with Norovirus symptoms may not be diagnosed with the virus and as such require other speciality care to determine their illness.

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 11.17 am.*