

# The Queen Elizabeth Hospital King's Lynn



NHS Foundation Trust

## TRUST BOARD (In Public)

Minutes of the Board meeting held on Monday 28<sup>th</sup> March 2011  
at 9.00am in the Conference Room at THE QUEEN ELIZABETH HOSPITAL

### Present:

Mrs K Gordon (KG)	Chair
Ms N Vaughan (NV)	CEO
Ms J Hillier (JH)	Non-Executive Director (Vice Chair)
Mr S Haney (SH)	Non-Executive Director (Chair of F&I)
Mr S Green (SG)	Non-Executive Director (Chair of HGC)
Mr N Harrison (NH)	Non-Executive Director (Chair of Audit Committee)
Mr J Fletcher (JF)	Commercial Director
Dr G Hunnam (GH)	Medical Director
Mr C Preston (CP)	Director of Finance
Mr G Wilson (GW)	Chief Nurse

### In attendance:

Ms J Bate (JB)	Director of HR & OD
Ms B Cummings (BC)	Director of P&I
Ms G Rejzl (GR)	Company Secretary
Miss L Fretwell	Corporate Governance Officer

### Action

#### 147/11 1. CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

Directors and members of the public (including Lead Governor, Esmé Corner) were welcomed to the meeting.

Apologies were received from;

- Mr M Henry
- Dr J Robinson

#### 148/11 2. MINUTES OF THE LAST TRUST BOARD MEETING HELD IN PUBLIC ON THE 31<sup>ST</sup> JANUARY 2011.

The minutes were approved as accurate account of proceedings.

**149/11 3. MATTERS ARISING / ACTIONS.**

GW clarified in relation to minute 24/11 that the Board would receive an update of the Patient Express progress monthly, via the Patient Safety report. The corresponding action is to be removed.

The Board agreed that the actions set out in the minutes were included within the agenda presented, or were on target to be completed.

**150/11 4. DECLARATIONS OF INTEREST.**

None.

**151/11 5. URGENT MATTERS (UNDER STANDING ORDER 3.6 AND 5.2)**

None.

**152/11 6. CHAIR'S UPDATE, CORRESPONDENCE AND ACTIVITY REPORT**

The Chair reported that the opening of the Aseptic Suite and Pathology Centre by Sir Keith Pearson, Chair of the NHS Confederation, had gone very well and that he remains an ally of the Trust.

KG indicated that the BoD agenda running order was to be amended, to accommodate the confidential nature of reports; item 12a.5. Safeguarding and item 12b.3. Budget Setting 2011/12 are to be reported in the private section of the meeting.

**153/11 7. PATIENT STORY**

GW introduced the item, reporting that The Royal College of Nursing 12 month Leadership Programme is a course attended by many of the QEH's band 6 / 7 nursing staff, two of whom had been invited to the BoD to present one teaching element; taking patient stories. Nina Frushia (GUM nurse) and Gina Richie (Dermatology Nurse) were introduced to the BoD to present a GUM Patient Experience Story.

Nina reported the aim of the GUM clinic, is to reduce the occurrence of STIs in the local population, via the raising of awareness, testing and prevention. Patients are offered a non-judgemental and accessible service, within a multidisciplinary team. The clinic is open five days a week, Monday to Friday with two late evenings offered. The clinic saw 4,101 new patients in the year to date, and 8,000 follow up patients.

It was explained that patient stories are intended to enable teams to assess what is done well, what might be improved and to facilitate a closer analysis of the patient experience. It was reported that patients are approached about giving their patient stories. The subject of the presented patient story had agreed to do so, consent to share the story secured and their personal details were kept confidential. In order to achieve an objective portrayal, a nurse from a different sector performed the interview; Gina Richie of

Dermatology. The patient specifically raised issues with locating the clinic, due to poor signage. Nina reported that this has been acted upon, with new signs installed in the main foyer and directional signs indicated the route to follow. An improvement has been noted by patients. The interviewed patient also noted that they had seen many different consultants, although it was noted that whilst an effort to minimise this is made by the clinic's staff it is not always possible.

The patient reported that confidentiality could be improved by rearranging the seating in the waiting area; an action now completed, but remarked that having music playing helped in keeping conversations between patients and receptionists private. It also helped improve the 'feel' of the clinic, helping to calm some patients. Adequate help was offered to the patient in completing the necessary paperwork prior to their appointment, and they felt enough verbal information was given to them of the procedure by nursing and consulting staff. This patient was particularly complimentary in respect of the nursing staff, choosing to single out individual nurses for note.

The patient noted changes to appointment times, and that medication running low was impaired by the lack of an onsite pharmacist; efforts have been made to reduce appointment changes and an onsite pharmacist is now in position.

Following NED questioning, Nina reported that similar issues and compliments had been received via other patient stories and that feedback was shared with the team and interviewees. In respect of the waiting room seating arrangements, NH observed that an open plan seating area might be difficult for patients. In response, it was reported that this was a sensitive issue, which needed to be balanced with the danger of reinforcing stigma if patients are 'hidden away'

The Chair thanked Gina and Nina for attending and relaying their patient story. **The Chair noted the good performance of the specialty and improvements made to the service.**

## 154/11 8. CLINICAL PRESENTATION – PALLIATIVE CARE

Dr Dean Blackburn presented to the Board an outline of service provided by the Palliative Care Team and the obstacles it faces i.e. a specialist end of life care system and capacity issues.

KG received clarification that there was access to community palliative care in the region, but that this was limited having a knock on effect of the QEH's capacity and the potential for people to die in hospital rather than at home or in another place of their choice in the community. The QEH remains one of the only specialists in palliative care in the region. Furthermore, Dr Blackburn reported that a business case for a community Consultant had been formulated but that the current tariff system meant that it was not likely to be approved. The Trust continues to debate the tariff system and hospice requirements with the PBC, with further negotiations ongoing to secure additional funding via JF and BC.

The provision of private space to break bad news was debated; BC reported that this had been impacted by the installation of the cohort ward and

infection control requirements and she was aware of the issues especially on MAU. NV added that MAU requires considerable work and that the issues raised were a feature of the constraints of the estate more broadly. It was reported that improvements remain an aspiration in the capital programme 2011/12, and BC has brokered with the specialty that it will receive cosmetic maintenance as a minimum, and although she would ideally like to see an area for breaking bad news installed, this remains subject to the constraints and priorities of infection control and the capital programme.

NH queried recent media coverage of under prescribing of short term opiates due to lack of confidence, resulting in patients being left in pain. DB confirmed that the use of opiates is always an issue, which is being tackled in the Trust through training, development and support. He added that there was no evidence that appropriate use of opiates hastened the death of patients.

**GH thanked DB for his work and that of his team. The Chair thanked Dr Blackburn for his concise and informative presentation.**

## RISK

### 155/11 9. Board Assurance Framework and Risk Register

In relation to BAF item 1i, SG queried if the financial benefits of Tilney Ward could be measured; NV agreed that it may be beneficial to understand the comparison against the cost of patient care, had they been in an acute ward. GH commented that the follow up for Tilney Community Ward is yet to be agreed, but that the ward is to stay open as an escalation area over the Easter period, noting that due to the bank holidays and the opening hours of GPs, the Trust is expecting to receive elevated levels of admissions. The timescale for the operation of escalation ward has not been finalised yet, but it was speculated that the ward would be needed until the 1<sup>st</sup> week in May. The Community staff are to be withdrawn from Tilney ward on the 31<sup>st</sup> March, with the unit reverting to an escalation facility thereafter. KG added that something more than just a financial evaluation was required and GH concurred, observing that the project was not put in place to save money and that the real savings would come about if people could be deterred from coming to A&E at all.

CP added that he and BC were looking at the case for using Tilney for a further quarter to allow time for the full development of the 'hospital at home' funding. He indicated that QIPP funding is to be held by the SHA from next year, which would reinforce the governance around QIPP funding – although PCT support will be needed.

In relation to item 2a and 2b, the Board agreed to merge the two risks but that the **RAG rating should remain as Red**, due to the risk that the Trust did not have sufficient business opportunities identified to secure a sustainable future.

GR

Item 2e, Vascular was challenged. The Board was advised that no vascular procedures could be undertaken without the appropriate training, which JF confirmed had not yet begun. NV observed that the barrier to progress on

this business case is of the Trust's own making as the training must be undertaken before the Trust could offer a safe service. **GH is progressing this issue with relevant clinicians and will report this to the CGC.**

GH

The Risk Register was noted; the Aseptic Suite is to be removed following the opening of the unit, once the suite is operational.

**The BoD:**

- **Agreed that risks 2a and 2b be merged**
- **Commissioned GH to identify progress on the Vascular Business Case**

**STRATEGY**

**156/11 10. QIPP**

GH reported that QIPP plans had been signed off on 11<sup>th</sup> March 2011, having reached an agreement on the QIPP locality direction of travel, though not the figures, which remain the subject of negotiation with the PCT.

The Trust was reported to have met with Wisbech GPs, who are now aware of the issues. An outcome is awaited.

The GP Filter project continues to progress positively. GH reported that the Trust was overwhelmed, having seen an additional 2,500 patients during the preceding week. He indicated his hopes that the IV Therapy Team, due to start work from next month, would help to keep patients out of the acute setting. GH was clear with the Board that there were significant risks to both patients and staff in respect of dealing with the sort of activity levels experienced in recent months.

In response to a query, NV indicated that the QEH activity levels were also a feature of other Trusts' experience.

JH queried the Trust's communications campaigns with patients. BC indicated that the Trust does communicate with patients but that the PCT also runs campaigns and that this often results in people coming to the hospital anyway as other services to deal with this issues raised by campaigns often don't exist.

GW reported that the Ambulance Trust's strategies and policies also have an impact on QEH activity. It was reported that recently the Ambulance Trust had changed their meal break times and that is had impacted on the Trust. She also conformed that is a GP calls an ambulance, the Ambulance Trust is not permitted to refuse to bring the patient in.

**The BoD noted the update, requesting a further update next month and for negotiations to continue in respect of QIPP 2011/12 assumptions.**

**OPERATIONAL**

**157/11 11. MIXED SEX ACCOMMODATION DECLARATION**

GW reported that following an assessment by a West Norfolk Practice Based Commissioning Member, Governor, Trust staff and the NEDs, and a review of the DoH legislation, the Chief Nurse reported the QEH is EMSA compliant.

GW confirmed that from April, the Trust will be subject to a £250 per day fine for breaches of EMSA compliance. She also confirmed that the tolerances experienced to date would no longer apply, although she did say that the 4 hour window in respect of patients moving from Critical Care to wards may still be utilised – conformation pending.

**The Board declared EMSA compliance.**

**PERFORMANCE**

**158/11 12. INTEGRATED DASHBOARD**

The Board reviewed the Performance Dashboard. **NH requested that the 'actuals column' should be colour coded to show where the Trust was in breach.** BC undertook to follow this up.

BC

**CP and BC also undertook to correct the direction the arrows in respect of the finance data were in the right direction.**

BC/CP

No further issues were raised.

**The Trust Board noted the dashboard.**

**12a. QUALITY**

**159/11 12a.1. HEALTHCARE GOVERNANCE COMMITTEE CHAIR KEY ISSUES**

The Chair of the HGC reported that the issues indicated on the CKI had been handled as recorded and there were no issues outstanding.

**The Board noted the CKI.**

**160/11 12a.2. INFECTION CONTROL MONTHLY REPORT**

It was reported that the organisation remains on trajectory for its MRSA and C.Diff (34/38) targets. The Board congratulated the executive on the achievements so far. 2011/12 targets are under negotiation with the PCT. MSSA is to also be reported to the Board, in addition to MRSA and C.Diff, as part of the DoH monitoring requirements.

It was reported that VRE infection has become an issue in the Trust. It was explained that VRE is a consequence of appropriate antibiotics usage. GH confirmed that currently, no patients were infected with VRE but that some patients were colonised. It was reported that patients in and around ITU are undergoing screening as they are at higher risk. It was also reported that there was currently no national guidance but that best practice was to isolate patients. Infected patients are isolated, with infection control routines strictly observed in order to prevent the spread of the infection, and a reduction in the number of cases has been reported as a consequence. GH assured the Board that the QEH was not unique in dealing with this issue,

and that it was very common, Papworth having reported high levels. JH questioned if the outbreak had occurred as a result of high activity, but was assured this was not the case and that the infection is linked to antibiotic prescription in a similar manner to C.Diff and that as a consequence ITU and Critical Care are often susceptible to such infections. GH emphasised that Patient Care has not been compromised. JH challenged further, questioning why VRE had become apparent now and querying whether the Trust should be looking for underlying causes. GH assured the Board that it is an infection with no noticeable symptoms and is therefore difficult to diagnose, although screening of patients has helped with this. Additional assurance was offered by the CEO, who reported that an outbreak had been declared and that the PCT and the HPA would be involved in the wash-up meeting when necessary.

The Board noted an improvement in the HII report.

In respect of targets for next year, it was confirmed that the PCT is suggesting a target of 37 C. Diff and 1 MRSA. The Board noted that the MRSA in particular would be a significant challenge.

In response to a query, GH suggested that E-Coli might be the next infection to challenge Trusts.

The Board congratulated the executive on Infection Control performance for the year.

**The Board noted the infection control report and took assurance that the VRE infection outbreak is being addressed by following infection control procedures, isolating patients and screening new admissions.**

#### **161/11 12a.3. PATIENT SAFETY MONTHLY REPORT**

GH reported that HSMR was currently below 90 (not rebased) and that the Trust had observed a reduction in crude mortality in February. GH also reported the successful recruitment of a clinician to be lead on the review of the Emergency Pathway. The clinician was reported to have significant experience in this area and is expected to be in post for one month initially, with a review performed thereafter and GH's hopes that he will commit to 6 months. It is likely the candidate will review the set up of SAU & MAU, and the level of admissions to the Emergency Department.

The audit of patient harm is to be included within the patient safety report monthly. NH welcomed the report on patient harm.

**The Board noted the Patient Safety report.**

#### **162/11 12a.4. PATIENT EXPERIENCE MONTHLY REPORT**

GW outlined that the patient experience report will now include an outline of litigation / claims made. The Board welcomed this development, noting this will raise their awareness of litigation issues. Following a challenge from GH, **GW is to establish if any of the listed claims made relate to 'Never Events'.**

**GW**

The Chair was assured that patient satisfaction survey in Obstetrics / Gynaecology action plan and recommendations will be monitored within their bilateral and divisional meetings. NH recommended the CGC receives an update on progress, whereupon a decision will be made in regards to escalation, should significant progress not be made.

NH sought further assurance on complaints regarding Nursing Care and was informed that the Chief Nurse reviews all complaints of this nature, and is actively encouraging the '2 hour care rounds'. This approach was welcomed by the Board, who supported the opportunity for staff to engage with patients and identify any issues. GW is to endorse a 'Matrons Clinic' for relatives to discuss matters with Matrons at a selected time. The Board went on to debate the Trust's processing for dealing with complaints, noting that a personalised response is required in some cases. NV advised that she is monitoring the issues within the department, with GW and GH indicated that sometimes the problems were caused by the fact that communications from the Trust do not always address the core complaint issues.

The statistical relevance of some patient surveys and audits was raised by SH, who speculated poor execution may result in poor response rates. GW accepted this but also noted that the patient survey questions are in line with CQUIN requirements. SG indicated that while there was often a small response, there were no surprises in the feedback. He queried whether the Trust shared good practice internally. Cross referencing of multiple survey results was also advocated by the NEDs; GW informed that this does occur and the results within her patient experience report for this month concur with the maternity satisfaction survey results. **These issues are to be debated further by the HGC.**

**The Board noted the patient experience report;**

- **Requesting a review of claims outlined in the report for 'Never Events'**
- **Noting the issues regarding the claims process and that this being monitored.**
- **Requesting the HGC debate the outcome of the maternity satisfaction survey.**
- **Took assurance in regards to survey process and the cross referencing of multiple surveys, but requested that questions within surveys are relevant to the specialty.**

163/11 12a.5 (I). SAFEGUARDING  
DEFERRED TO 'IN COMMITTEE' SECTION OF THE MEETING.

164/11 12a.5. (II). WHISTLEBLOWING  
**No new cases were reported.**

## **12b. FINANCE, ACTIVITY & EFFICIENCY**

### **165/11 12b.1. F&I COMMITTEE CHAIR'S KEY ISSUES**

SH reported a challenging year had been experienced by the Trust, which had been adversely impacted by the emergency cap, but has reported some significant progress in terms of Business Case approval process, budget setting process and TEPs.

SH also reported that the issues indicated on the CKI had been handled as stipulated and there were no issues outstanding.

**The Board noted the CKI.**

### **166/11 12b.2. FINANCE, CAPITAL AND ACTIVITY MONTHLY REPORT, MONTH 11**

The Trust's cash position has improved from last month, as has liquidity.

The surplus ytd remains at £1.9m (£0.4m behind plan) and remains on target to deliver the year end target, although the largest risk to this was reported from the CQUIN performance & elective activity. This was discussed at the F&I committee in March's meeting.

The EBITDA performance was reported as £1.1m behind plan due to underachievement of elective activity and a rise in bank and agency costs; both impacted by the higher than planned activity in emergency care.

TEP performance is £0.3m behind plan, which is not expected to be recovered by year end. This is largely due to e-rostering phasing.

The capital programme spend is slightly behind plan, but is expected to reach its target by year end.

The Board Chair noted the Finance & Investment Committee had received the financial report and this had been fully challenged and debated. She requested any further issues or queries to be raised. None were raised.

**The Board noted the Financial report.**

### **167/11 12b.3. BUDGETS SETTING 2011/12 – DEFERRED TO 'IN COMMITTEE' SECTION OF THE MEETING.**

### **168/11 12b.4. TEPs**

As reported at 166/11, GW outlined the TEPs achievements. GW also assured SG that the TEP risks are reviewed at each TEP meeting and at every project board meeting.

**The Board noted the TEP update.**

## 12c. WORKFORCE

### 169/11 12c.1. WORKFORCE KPIs

The Board congratulated the executive on the good results of the staff opinion survey, noting in particular that training and development offered to staff and communications regarding FT had helped in achieving the good outcome. A full report is to be received at the April BoD meeting.

The Board also commented on the reduction in staff sickness reported. JB reported a business case for the external sourcing of collation of the sickness absence data is under formulation.

The Chair was assured the international recruitment benefits are to be evaluated which will include a review of attrition / retention figures for international staff, turnover and the experience had by staff.

SG queried the high turnover of allied professional staff, and was informed that this was thought to be due to the banding constraints and that the issues are being reviewed in full.

**The Board noted the update and congratulated the executive on the good staff survey outcomes and the reduction in staff sickness reporting.**

## 12d. OPERATIONAL PERFORMANCE

### 170/11 12d.1. PERFORMANCE KPIs

BC reported that performance against the A&E target for the quarter remains marginal, but that the organisation has achieved the year's position. Breaches in the Trust have been multifactorial and are to be reviewed. BC also reported that should the A&E target for the quarter not be achieved, the Trust may still report a 'green' overall against the Compliance Framework if the C.Diff target is achieved.

18 weeks was achieved for admitted patients, although a backlog of about 150 was reported and is being addressed.

Cancer was achieved for February, however March's outcome is awaited. BC cautioned that the rise in bowel cancer referrals (due to the government awareness campaign) is affecting the service, with the largest impact expected in April's performance.

Diagnostics re. Endoscopy was discussed; a part time consultant has been recruited to cover the bank holiday period and staff annual leave. The speciality is experiencing capacity issues.

The availability of Choose and Book slots are under investigation by the P&I team, at the request of the Director.

Appendix 1, page 22, demonstrated the new format proposal for the Performance report. It was outlined that the report would be presented to

the HGC and reported by exception to the BoD. **The Board approved the new format for the performance report and the new reporting methodology.**

**The Board noted the update, requesting issues in cancer, A&E and diagnostics in Endoscopy are monitored.**

## GOVERNANCE

### 171/11 13. GOVERNANCE TIMETABLE: ALIGNMENT WITH THE COMPLIANCE FRAMEWORK

KG reported that the Governance Timetable presented was aligned with the Deloitte's review observations concerning a reduction in governance meetings, without compromising the rigour of the Board's overview and in accordance with Monitor Compliance Framework submission deadlines. In the months where a Monitor submission is required, there will remain both HGC & F&I committee meetings to accommodate preparatory work ahead of submission deadlines. In months where submissions are not required, there will either be a Board meeting or HGC / F&I meetings. This will allow executives and NEDs to commit their time specifically.

The NEDs were advised that the amendments had been suggested to benefit the Trust and not in order to follow peer FTs' practice.

SG queried the handling methodology, should there be a business case requiring urgent approval and was advised that escalation to the Board or via the Urgent Actions methodology encapsulated in Standing Orders would be utilised, and that the new timetable would encourage more discipline in respect of business case submission.

**The Audit Committee dates are to be reviewed with the Audit Chair and Director of Finance, to align with Audit requirements.**

CP/NH

The Board members debated the frequency of Board of Directors' meetings to be held in public, with GW commenting that the second Francis Review is encouraging Trusts to hold meetings in public. Conversely the DoH indicated that the FTN is lobbying for meetings to be held in private, since the Governors' Council meetings are all held in Public and on the grounds that private sector Boards do not generally hold their meetings in public. It was suggested that the private section is held prior to the public section, to allow for the effective development of debate. The debate on public meeting frequency is to return at a later date, noting CP's concerns of the overlap with the public Governors' Council meetings.

**The Board agreed the new Governance Timetable, which is to be implemented immediately.**

- **The Board is to revisit the topic of Public BoD meetings**
- **The 'in committee' section of BoD meetings are to be held prior to the public session.**

- 172/11     **14. GOVERNORS' COUNCIL REPORT**  
KG presented a report summarising the work of the Governors' Council since the last meeting. Esmé Corner was announced as the nominated Lead Governor for the Governors' Council.

**The board noted the update**

- 173/11     **15. FINANCE & INVESTMENT COMMITTEE EFFECTIVENESS REVIEW**  
SH reported the Audit committee and the F&I committee had review its effectiveness, with some recommendations made in regards to voting members, meeting frequency and responsibilities.

**The board noted the review outcome.**

- 174/11     **16. HEALTHCARE GOVERNANCE COMMITTEE TERMS OF REFERENCE**  
The revised Terms of Reference for the Healthcare Governance Committee were presented. Proposed revisions covered alignment with the committee's responsibilities in respect of CQC registration review and the escalation of risk and assurance in line with the Assurance and Escalation Framework.

**The Board agreed the revised Terms of Reference**

***FOR INFORMATION***

- 175/11     **17. GOVERNORS' COUNCIL MINUTES FROM MEETING HELD 26<sup>TH</sup> JANUARY 2011**

- 176/11     **DATE OF NEXT MEETING (IN PUBLIC): TUESDAY MAY 31<sup>ST</sup>, CONFERENCE ROOM, QEH**

**Special Resolution**

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

***There being no further business, the meeting closed at 11.35am***