

# The Queen Elizabeth Hospital King's Lynn



NHS Foundation Trust

## Board of Directors Meeting (In Public)

Minutes of the Board meeting held on Monday 24<sup>th</sup> October 2011  
at 9.00 am – 12.30 pm in the Conference Room at The Queen Elizabeth Hospital, King's Lynn

### Present:

K Gordon (KG)	Chair
J Hillier (JH)	Non-Executive Director and Vice Chair
S Green (SG)	Non-Executive Director (Chair of HGC)
S Haney (SH)	Non-Executive Director (Chair of Finance Committee)
N Harrison (NH)	Non-Executive Director (Chair of Audit Committee)
P Davis (PD)	Non-Executive Director
V Holliday (VH)	Non-Executive Director
M Henry (MH)	Acting Chief Executive
G Hunnam (GH)	Medical Director
D Stonehouse (DS)	Director of Finance & Business Development
G Wilson (GW)	Director of Nursing

### In attendance:

B Cummings (BC)	Director of P&I
J Bate (JB)	Director, HR and Od
L Proctor (LP)	Interim Director, Integration
F Rose Smith (FRS)	Interim Director of Operations
L Fretwell	Corporate Governance Officer

## 363/11 1. PATIENT STORY

Sister Natalie English presented the story from a critical care patient to the Board.

A 14 year old boy who had experienced three days of abdominal pain was referred to the Trust by his GP with a ruptured appendix. The patient was initially seen in outpatients and moved to critical care. The patient underwent 30 procedures including 4 theatre procedures during a 37 day stay in the Trust. Such a long stay in critical care was reported as unusual. The patient is now well and back at school. During his interview, he and his family reported 'overall satisfaction' with his treatment and experience at the Trust, stating that although they were busy the staff were kind and professional towards the family. The family declined a move to a children's ward as they were content with the treatment being given in critical care.

Concerns were expressed regarding the number of interventions, noting that moves from theatre to the critical care ward were stressful. Sister English reported that patients often receive differing interventions as each ward performs these to their own methodologies and that this was an area being

reviewed for standardisation. This would help alleviate some of the stress felt by patients, and help in patient flow. There were also implications for use of nursing time and hence cost; as an example, the supplier of saline used on wards could be changed reducing the cost to 0.65 pence per patient.

Sister English also reported that she was working with colleagues on improving communication within theatre and critical care following comments made by the interviewed patient. This was particularly important where multi-disciplinary teams were involved in a patient's care.

PD noted in particular the potential for savings by use of standardised drugs. DS responded that the Head of Purchasing was currently reviewing the database of medical equipment in order to reduce costs where safe and acceptable to do so. MH recognised the clinical benefits of sharing such information, whilst GH suggested that knowledge of why clinicians used different processes and equipment was required before any change could safely be introduced.

**The Chair thanked Sister English for the informative patient story, and requested that the Board's best wishes be passed on to the patient.**

**364/11 2. WELCOME AND APOLOGIES Action**

Apologies were received from G Rejzl.

**365/11 3. MINUTES OF THE LAST TRUST BOARD MEETING HELD IN COMMITTEE ON THE 25<sup>TH</sup> JULY 2011**

The minutes were subject to amendment;

*308/11 "GH reported that 8 C.Diff cases in June gave the Trust a total of 14 cases against a trajectory at month-end of 11 and a year-end target of 28 37"*

**Subject to the amendment being made, the minutes were agreed as an accurate record of proceedings.**

**366/11 4. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA**

VH declared an interest in the winter planning item, (item 7), due to her connections with the PCT.

**367/11 5. URGENT MATTERS (SO 3.6 & 5.2)**

The Board noted the use of the Trust Seal in respect of the MRI development.

The Board noted the Urgent Decision taken in accordance with Standing Order 5.2

**368/11 6. CHAIR'S UPDATE; CEO APPOINTMENT**

The Trust announced its successful recruitment of Patricia Wright to the CEO position. Ms Wright was due to start post on the 1st November 2011, when she

will join her Board members at the strategy day. 1:1 sessions for Board members to meet Ms Wright were being arranged.

## STRATEGY

### 369/11 7. WINTER PRESSURE PLANNING

FRS reported that regional winter planning proposals were being formulated through collaborative working between the PCT, Norfolk Community Health and Care (NCH&C) and the Trust; so far this had proved constructive, though the financial implications were still to be worked through. Escalation plans would be triggered when indicators such as cold weather or flu outbreaks were activated. The CAMBs operations centre would monitor where other hospitals had declared 'black alert' or chosen to divert patients, which would allow the QEH to prepare for possible impact.

FRS advised that the Government was not running a public flu vaccination campaign, and as a consequence the Trust is advertising vaccinations to its service users and staff. JB reported a higher than normal uptake by staff. Governors and FT members might be used to ensure the 'winter prevention' message is delivered to the wider community. The Trust was also looking to secure ten extra community beds at a local nursing home; some of the funding for this investment would be external. Management of the beds was to be determined, but Pauleen Pratt had been designated as the QE lead on this.

VH and KG expressed concerns at the reliance on QIPP delivery within the plans. NH pointed to the loss of elective activity historically experienced during the winter months; income from elective work had to be maximised if financial recovery was to be achieved. MH responded that the Trust was looking to minimise the impact on elective care; key weeks of peak activity were being identified and planned for. Lessons learned from winter planning 2010 would be captured within the 2011 plans. SG pointed to the challenge facing management during the winter in seeking to keep the QE fully operational but still reduce reliance on bank and agency staff to cover sicknesses, including Norovirus. MH advised that the Trust always followed best practice, and would continue to do so. Bank and agency staff usage would be closely monitored and allowed in business critical circumstances only.

**The Board requested that a further iteration of the winter plan, reflecting the issues raised in discussion, be available for the November meeting.**

FRS

### 370/11 8. THE TRUST'S POLICY ON SMOKING AND SMOKING SHELTERS

BC reported that the Trust had adopted a smoke free site policy in 2006, banning smoking from all areas within the building and the Trust grounds. The legal base for banning smoking in the area around the hospital was uncertain, and controlling smoking outside hospital entrances was difficult to implement. Provision of smoking shelters could remove smokers from proximity to windows and main entrances. The Board was recommended to (a) rescind the statement of May 2006 relating to a smoke free site and adopt the smoke free premises guidance; and (b) commission work to examine the provision of smoking shelters

VH asked for information on practice in other Trusts and was informed that several had rolled out similar proposals (eg Addenbrookes). The Trust had no powers to prevent patients smoking outside the hospital, however much it might discourage this. Staff on the other hand had contractual commitments relating to non-smoking which were covered in the Trust's employment policies.

Discussion covered the possible location of smoking shelters, any risks to patients and the public, and environmental issues. There was also concern at the message that provision of smoking shelters might give out. JH and SG considered that expenditure on shelters, if agreed, would be better used to discourage smoking around the hospital altogether.

**The Board:**

- **Agreed to rescind the 2006 declaration of a no smoking site and to adopt a 'no smoking premises' policy.**
- **Requested an assessment of cost implications and suitable locations for smoking shelters as well as a review of smoking policies as they affect staff.**

BC

**371/11 9. CAR PARK STRATEGY**

BC updated the Board on the car parking strategy and sought agreement to drive improvements forward and put demand management schemes in place. External agencies were closely involved in this work and the JSCC is would be consulted on the formulation of plans. Prioritisation of capital expenditure and discussions on sourcing of funding from external partners for the multi-storey car park were in hand. Meanwhile space in the existing car park was being maximised by plans for the removal of trees not covered by TPAs. The proposed wind turbine would potentially impact on the parking area, and this concern was under discussion with the company involved.

**The Board endorsed plans being delivered as part of the overall car park improvement strategy; requested that detailed monitoring of progress be carried out and reported to the Board when key decisions were required.**

**REGULATORY**

**372/11 10. CQC PRESENTATION**

GW presented the outcomes of a recent inspection by the CQC;

- Outcome 1 – minor concern
- Outcome 4 – moderate concern
- Outcome 5 – moderate concern
- Outcome 7 – minor concern
- Outcome 9 - moderate concern
- Outcome 13 – compliant
- Outcome 16 – compliant
- No major concerns were identified by inspectors.
- The CQC will return to the Trust for a re-inspection covering all 16 CQC outcomes.

GW said that the Trust has responded quickly to the inspection findings, and improvements were being tested by weekly random audit checks by senior staff. All staff have been reminded of their codes of practice and given a full update of the issues raised in the inspection report. Changes were being led by associate directors of nursing, divisional general managers and clinicians. Areas of good practice were also highlighted, Castleacre ward being particularly applauded for its consistent standards of care.

GW reported that progress was being monitored via the action plan adopted by the Board on 14 October which would go to both the HCG and the Board, given the importance of the issues. She reported that Governors had been drafted in to perform an inpatient study to identify areas for improvement. As regards nutrition, the Trust had launched its 'meal mates' scheme prior to the CQC inspection whereby volunteers aid patients at meal times. This scheme has now been rolled out to include specialist nurses, therapists and admin staff. Those involved had been trained in supporting patients requiring help with feeding, but their involvement was not intended to be at the expense of their normal duties.

Doctors had rescheduled non-routine ward rounds so as not to coincide with meal times which are now protected. Hand-wipes were being given to patients before and after meals, and the rules governing use of red jugs has also been re-defined. The procedure for handling medication at meal times was being reviewed, as well as a tightening of the rules on the locking of drug trolleys GW reported that meal times were much improved but concurred with DS that evening meal times were a greater challenge than lunchtime because of lower staff numbers being available. This is being reviewed.

SG welcomed GW's summary of progress, questioning whether processes used in, say, Castleacre ward could be applied elsewhere in the Trust. This was not always possible because of the significant difference in treatment, age of patients and requirements of the ward, but lessons learned would be applied wherever feasible.

SG asked whether concentration on the outcomes assessed in the recent inspection might draw attention away from the remaining outcomes and from patient care more widely. Should the Trust obtain an independent third party view to ascertain if this was a risk? GW said that the PCT had been supportive to the QEH in performing random inspections, helping staff understand the importance of compliance with all 16 outcomes and the fact that they are responsible for performance in their own areas. PD requested an update on compliance in relation to all 16 outcomes, and was informed by BC that this was done quarterly by each committee with exceptions reported to up to HGC and, through HGC, to the Board as necessary. She also noted that inspections were often perception based and evidence of compliance did not always match daily experience, which is why it was essential that staff understand their accountability coupled with the impact on patient experience and quality of care.

**The Board endorsed the work being done to implement the CQC action plan and the objective of embedding the improvements in Trust practices. The Board requested progress reports to come to both HCG and Board from now on.**

## 373/11 11. Q2 COMPLIANCE FRAMEWORK DECLARATIONS AND RETURNS

Board members were informed that submissions to Monitor for Q2 had been reviewed in detail on 20 October. It was agreed that the Trust would report an FRR2 for Q2 and aim to get back on track for FRR3 in Q3.

### The Board approved the application of the Chair's signature to Finance Declaration 2

The Director of Performance & Informatics recommended that in the light of the review carried out on 20 October, the Chair should sign declaration 1 for quality.

### The Board approved the application of the Chair's signature to Quality Declaration 1

Noting the Trust's current C.diff trajectory and the outcome of the CQC inspection BC recommended that the Trust declare an Amber / Red for Q2. The Trust must declare the outcome of the CQC inspection in the quarter in which the findings were made known to the Trust.

### The Board approved the application of the Chair's signature to Governance Declaration 2 and for the Trust to declare Amber/Red for Q2.

## INTEGRATED PERFORMANCE

## 374/11 12. INTEGRATED PERFORMANCE DASHBOARD

The dashboard formed the basis of discussion of the detailed performance data. **GH agreed to update the current C.diff position as reported on the dashboard.** Stroke monitoring would also be included on the dashboard and performance report from November.

GH

### The Board noted the dashboard.

### 12a. QUALITY: IMPROVING PATIENT EXPERIENCE

#### 375/11 12a.1. HEALTHCARE GOVERNANCE COMMITTEE CHAIR'S KEY ISSUES

SG updated the Board in respect of discussions held at the Healthcare Governance Committee meeting; noting the issues that had been escalated. The escalated risk register would be addressed under agenda item 13.

### The Board noted the chair's key issues report.

#### 376/11 12a.2 (i). INFECTION CONTROL MONTHLY REPORT

The Trusts C.diff performance was reported at 28 cases, an adverse variance on trajectory of 6. PCT advice was that infection control was well embedded in the Trust, but had recommended;

1. A distinction between C.diff colonisation and infection is made.

2. Each case is reviewed to ascertain the toxemia as done at other Trusts.
3. RCAs are re-reviewed with wider clinical engagement.
4. The new consultant infection control nurse would review the infection control team and make recommendations to the Medical Director.
5. The Trust would review implementation of an isolation area on Stanhoe.
6. Review the scope for marginally reducing bed numbers across the Trust to allow for single cleaning facilities and doors to each bay.
7. Establish a decant facility to allow periodic deep cleaning of wards.

GH confirmed that the C.diff action plan had been reviewed and implemented, and currently demonstrated predominantly greens. All senior staff were refreshing their knowledge on use of antibiotics, and GH aimed to improve training compliance in this area and is seeking to improve compliance in this area to 100%. Antibiotic prescribing would be added to future pharmacist job descriptions. The Board was assured that the Trust had not recorded any cases of HCAI MRSA this year and norovirus performance was much improved.

In response to the PCT recommendations, 5 and 7 were in hand. BC pointed out that recommendation 6 would have a significant negative impact on patient flow as well as being very costly. On recommendation 2, the Board agreed that it was against good practice to re-declare the toxicology of past C.diff infections, but agreed that GH should review new cases. Doctors' mandatory training on infection control was under review with GH aiming to hold all mandatory training elements over 12 days which doctors would be required to attend.

JH asked in the light of the discussion and the external review what further steps the Board could be advised to take to combat C.Diff. GH did not rule out the possibility of getting back on trajectory and achieving the stretch target imposed by the commissioners, especially if all the current stringent measures were implemented consistently. BC would benchmark C.diff per 1000 beds as assurance for the NEDs, and also review Monitor expectations, should the target not be reached by year end.

**The Board noted the infection control update and invited GH and BC to follow up the commitments identified in the discussion.**

**377/11 12a.2 (ii). INFECTION CONTROL ANNUAL REPORT**

**The Board received and noted the infection control annual report.**

**378/11 12a.3. PATIENT SAFETY MONTHLY REPORT**

HSMR demonstrated a 3.1% year on year improvement this year. However this had to be judged against steadily improving performance nationally and the expectation of a rising trend in later months of the year. JH ascertained that there could be a likely rise in HSMR next month, and that the Clinical Outcomes Group is currently reviewing all areas of potential HSMR risk and outliers.

**The Board requested information via the Clinical Outcomes Group of current and expected HSMR trends.**

**379/11 12a.4 (i). PATIENT EXPERIENCE MONTHLY REPORT**

The Board welcomed the reporting methodologies employed for patient/ ward experience feedback and noted that the questions aligned with the national inpatient survey and CQUINs. The results of the surveys would be monitored by the QRS groups for each specialty. Any changes would be included in TEPs and nursing practice where applicable.

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

**380/11 12a.4 (ii). ORGANISATIONAL BEHAVIOUR AND VALUES PROPOSAL**

GW explained that the proposal was aimed at delivering the iCARE strategy which the Board had endorsed in September. Funding would be made available through QIPP.

**The Board agreed the organisational behaviour and values policy and through that the implementation of iCARE approaches.**

**381/11 12a.5. LOCAL SUPERVISORY AUTHORITY**

GW explained that the paper updated the Board on midwifery issues, including the rising birth rate. The report gave assurance to the Board of a well performing division which was fulfilling its supervisory role as required.

**The Board noted the LSA report.**

**382/11 12a.6. SAFEGUARDING ADULTS / CHILDREN**

No issues were reported

**383/11 12a.7. WHISTLEBLOWING**

The new advertisement campaign had been rolled out. JB reported that there were concerns from staff about reporting in to HR Deputy/ Director level, seeing this as a discouragement, even when supported by the Local Counter Fraud Service (now renamed NHS Protect). **JB would explore possible use of a third party.**

JB

**The Board noted the update**

**12b. FINANCE**

**384/11 12b.1. FINANCE AND INVESTMENT COMMITTEE CHAIR'S KEY ISSUES  
12b.2. FINANCE, CAPITAL, TEPs AND ACTIVITY MONTHLY REPORT**

SH updated the Board in respect of discussions held at F&I Committee meeting; noting that the key issue for the Board was delivery of the financial recovery plan.

DS acknowledged that financial performance continued to be below plan, the key problem being the cost base rather than the activity level. F&I committee had discussed urgent remedial action in the context of the financial recovery plan. NEDs had been tracking the plan on a two weekly basis since early September and had received interim information about movements in bank and agency staff numbers at ward levels. These were falling, but not yet at the rate necessary to recover the position. Corrective actions now being taken reflected those set out in the Trust's downside case as submitted as part of the IBP last year. The recovery plan would continue to be monitored regularly, together with TEP delivery, by F&I committee. Meanwhile, financial planning for 2012/13 had begun.

**The Board:**

- **Registered its concern at the slow pace of improvement in the in-year financial position and urged that agreed remedial actions be accelerated;**
- **Requested that regular updates on the recovery plan be given to F&I Committee and ad hoc meetings with NEDs as appropriate;**
- **Welcomed the start of financial planning for 2012/13.**

**385/11 12b.3. STANDING FINANCIAL INSTRUCTIONS AND STANDING ORDERS**

DS presented the SFIs and SOs which had undergone scrutiny at the Audit committee held on the 10 October. It was noted that requests under the Freedom of Information Act requests are managed by the Director of Nursing, not Director of HR & OD.

**The Board approved revised SFIs and SOs and its scheme of delegation.**

**12c. WORKFORCE**

**386/11 12c.1. WORKFORCE**

Two main risks were identified: staff sickness within A&E/medical division was recorded at 10-16% (dependent on the wards), and failure to deliver staff appraisals within that division. The division itself had suggested these risks were due to increased pressure from the removal of bank & agency staff. JB was examining pay measures to deal with staff persistently reporting sickness. The HR and OH department were looking into a third party review on musculoskeletal injuries, noting that slow initial assessment could lead to increased sickness levels. GH expressed his concern that staff morale was low and could affect performance. GW noted that the Trust was going out on consultation on possible rota changes which could have an impact on staff morale. As regards appraisals, the **Board urged that these be completed as soon as possible as part of divisions' mandatory targets.**

JB

**The Board noted the update and the actions in hand to mitigate risks.**

## 12d. OPERATIONAL PERFORMANCE

### 387/11 12d.1. PERFORMANCE MONTHLY UPDATE

The A&E target had been achieved for the month and quarter, for which the Board expressed it's thanks to the A& E staff. 18 week performance also demonstrated a similar improvement. Risks remained in relation to the incidence of CDiff, as previously discussed. Cancer targets were reported to be performing as expected, however the results of data validation were due the following week.

NH remarked on the high number of cancelled operations this month and was informed that it had largely due to an unexpected rise in emergency care pressure on beds. BC is working with A&E to identify early warning signals to allow rapid notification of cancellation to patients.

**The board noted strong performance against targets in the past month and quarter.**

## RISK

### 388/11 13. OPERATIONAL RISK REGISTER

SG raised an escalated risk from HGC regarding theatres 5&6 power outages. BC assured that mitigations were agreed with the theatre teams, who had been educated on the two stage power outages from main power supply to generator, and on the procedures to follow during this time. Immediate load shedding was also carried out to reduce the risk of power outages, which remain low. Estates work for theatres 5&6 would be completed in 2012 after the refurbishment of CDS. The board agreed to the mitigations to reduce the risk scoring to 15. The risk will continue to be monitored by the HGC and the division.

The Board sought assurance regarding the MRI scanner project, and was informed that delays due to unexpected ground works were unknown but expected to be between 2 -6 weeks. BC was asked to confirm the likely length of delay as soon as possible.

**The Board noted the risk register and the mitigations offered in regards to theatres 5& 6 power outages.**

## GOVERNANCE

### 389/11 14. AUDIT COMMITTEE CHAIR'S KEY ISSUES FOR MEETING HELD 10<sup>TH</sup> OCTOBER 2011

NH updated the Board in respect of discussions held at the Audit Committee meeting, noting that the issues that had been escalated. GW was informed that the C&I committee membership is to be reviewed to ensure the effective escalation of issues via the governance framework.

**The Board noted the audit chair's key issues report.**

**390/11 15. REGISTER OF DIRECTORS' INTERESTS UPDATE**

The register had been updated by each executive and non-executive director. All declarations were accurate at the time of reporting.

**The Board noted the declarations of interest register.**

**391/11 16. SEAL REGISTER UPDATE**

No issues were raised.

**The Board noted the seal register update.**

**392/11 Date of the next public Board of Directors meeting is the 28<sup>th</sup> November 2011 at 9.00 am to be held in the QEH Conference room.**

**The minutes were noted.**

**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 12.00 pm***