

The Queen Elizabeth Hospital King's Lynn

NHS Foundation Trust



TRUST BOARD (In Public)

Minutes of the Board meeting held on Monday 31st January 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)
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
Ms G Wilson (GW)	Chief Nurse

In attendance:

Ms B Cummings (BC)	Director of Performance & Informatics
Mr M Henry (MH)	Director of Operations
Ms J Bate (JB)	Director of HR & OD
Ms P Pratt (PP)	Interim DIPC
Mr B Dane (BD)	Chair of PEG
Mr R Humphries (RH)	Communications Manager
Ms G Rejzl (GR)	Company Secretary
Miss L Fretwell	Corporate Governance Officer

Action

16/11 Chair's welcome and apologies for absence

The Chair welcomed the member of public in attendance, and members of the Trust Board, to the meeting. She informed the Board that four items from the public agenda would now be discussed in the 'in committee' section of the meeting: items 12, 13, 14b.5 and 14b.6.

It was confirmed by the CEO that GW's appointment as Chief Nurse of the QEH, was now substantive. The Chair formally welcomed GW to the post.

Apologies were received from;

- Mr N Harrison



17/11 2. Minutes of the last Trust Board meeting held in public on the 29th November 2010.

The Board agreed the minutes as an accurate account of the meeting and approved them for publication in accordance with the Trust's scheme.

18/11 3. Matters Arising / Actions.

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

19/11 4. Declarations of Interest.

None.

20/11 5. Urgent Matters (under Standing Order 3.6 and 5.2)

None.

21/11 6a. Chair's update, correspondence and activity report- Trust Response to "Big Conversation".

A response has been written by the CEO, addressing issues on continuing care funding, admission avoidance schemes and reorganisation of the Discharge Team. Budgets are expected to be finalised in March 2011.

22/11 6b. Chair's update, correspondence and activity report – NHS Reform Update; Health & Social Care Bill, FTN Briefing

The Health & Social Care Bill is due for debate in the House of Commons today. Proposals are expected to have a significant impact on the NHS. The Chair advised that the Board would review its strategy accordingly.

23/11 6c. Chair's update, correspondence and activity report – The Report of the Governors' Council.

The Chair reported that the Governors' Council had held its first meeting, in shadow form, on the 26th January 2011. The Executive officers were asked for their views on the meeting. Feedback including the "right level of challenge" coupled with "intelligent and probing questions" and a good "local perspective" was reported.

The Chair is to discuss the format for the Governors' Council report / feedback to the Trust Board, with the Company Secretary. / KG/GR

24/11 7. Clinical Presentation – ‘Patient Safety Express’ by GW

GW made the presentation. She explained that The ‘Patient Safety Express’ is a new initiative directly related to the QIPP and Productive Wards programmes, which emphasises the importance of quality of care at the forefront of the Trust’s work. The initiative aims to reduce ‘harm’, including urinary-tract infections from catheter insertions, falls, pressure ulcers and VTE in 95% of patients, by December 2012.

The initiative represents a joint approach between all Trusts, to be run nationwide, with lessons learnt to be disseminated. It was emphasised that benchmarking Trust’s against each other is not an objective of the programme.

Each SHA is to recruit 10 host Trusts to participate in the QIPP Safe Care Improvement Programme, with each host formulating an Improvement Team consisting of 10 frontline professionals. The QEH is to be one of the host sites.

The Trust currently runs ‘Clinical Fridays’ in which the Chief Nurse, along with Associate Nurses, Executives and Board members, undertake Ward Walkabouts in order to understand local issues.

The Trust is to roll out a pilot on 2 wards (chosen at random) of ‘2 hour comfort rounds’ of patients to ensure they have received visits to the toilet, drinks and a change of position.

Blood stream infections and C.Diff inspections are also to be added to the ‘Patient Safety Express’ scheme at a future date.

The measures of success are to be reported to the Board in the monthly Patient Safety report.. Observations will undergo an audit. A preliminary audit was completed in September 2010, with 93% of patients’ surveyed receiving harm-free care. A second audit is scheduled for February 2011. **The Board requested an update on the scheme, with performance and audit outcomes in 3 months.**

GW

The scheme and presentation were well received by the Trust Board, with JR noting in particular, the value of the opportunity to work closely with Trusts in the QEH region and influence patient safety regionally.

In response to a query, SG was informed that lessons learned will be shared at the SHA regional meeting, and further afield – online. Benchmarking may be done internally within each organisation but not between peer trusts.

The Board welcomed the initiative and requested an update in 3 months, with the outcome of audits.

25/11 8. Board Assurance Framework Review & Risk Register.

The BAF had updated following Executive consultation, with one additional risk added at the request of GH, regarding item 2e. SH challenged communication with the public surrounding car parking

improvement measures taken; **RH has been working with Henry Bellingham, MP on this matter. He was urged to act on this as a matter of priority.**

RH

Item 1f; the risk has now been reduced following de-escalation. Item 1d, is to be cross referenced to other BAF risks where applicable. **GR is to reintroduce a cross-reference column** for interrelated risks, and **direction of travel arrows** to demonstrate movement of risks. These actions are to be completed in time for presentation of the full BAF in 3 months time.

GR

Risk Register

GH outlined issues regarding the Oncology specialty and recruitment to middle grade posts in compliance with standards. An inspection against these standards is expected in September 2011 to March 2012. **The risk is to be added to the Risk Register and requested a resolution to the matter.**

The Board noted the BAF and Risk Register update. The board requested;

GH

- **completion of actions in respect of communication of car parking improvements to members of the public**
- **reintroduction of a cross reference column and direction of travel column for monitoring purposes**
- **the inclusion on the risk register of Oncology recruitment issues against relevant standards.**

26/11 9. Assurance & Escalation Framework

Appendix A was brought to the Board's attention; the Resource Governance and Learning Disability committees are now to report to the Capacity & Infrastructure committee, not the Clinical Governance Committee.

The Infection Control & Prevention Committee is to report direct to the Healthcare Governance Committee, in recognition of the high profile of Infection Prevention and Control at the Trust.

GW highlighted that a decision regarding which Annual Reports would be required, pending a full review of Committee Terms of Reference. SG also suggested a review of sub-committee minutes to ascertain if these were sufficient for the committees' assurance requirements.

A standardised Action Plan template (Appendix B) was explained to the Trust Board who were advised that all committees will be required to adopt this format. **Additional work is to be undertaken on the model to show triggers for escalation,** at the request of SG.

GW

BC challenged the reasoning for the 'not now deliverable' RAG rating, requesting the reason why the action had reached this status be described. **GW to amend accordingly.** The Action Plan is to also have columns added for cross referencing to the BAF/Risk Register **and the weighting of actions,** as requested by the NEDs. JF cautioned plans should be adequately triangulated where possible.

GW
GW

It was explained that Appendix D highlights 'Risk' information flows throughout the Governance Structure, and specifically that the full Risk Register is to be reported to the C&I committee where clinical risks will be

identified and escalated to the CGC where appropriate.

The Board approved the framework, subject to the amendments suggested, and requested it is adequately publicised in order to achieve full roll out across the Trust.

STRATEGY

27/11 11. QIPP

GH updated the Trust Board stating that the approval and signing date for QIPP schemes has been delayed from 18th February to the 11th March. The Board was assured, following a challenge, that the Trust is on course with delivery of its QIPP schemes, and that the CEO will not approve schemes for 2011/12 which are not deliverable or that will negatively impact the organisation's bottom line..

An Audit of the GP filter's success is ongoing.

Tilney community ward is being well-utilised, although a review of patient criteria may be necessary for the ward to reach its full potential. The business case for community use is due to be completed by the end of February.

The Chair questioned the ward's usage. GH explained that the success of the project was dependant on the embedding of a cultural change throughout the organisation and that the ward was being adequately used and staffed. He also assured the Board that the Trust's risk issues were being addressed and that the ward remains an important step towards the development of community care and has alleviated pressure on the Trust during peak activity periods over the Winter.

The Board noted the update.

PERFORMANCE

28/11 14a. Integrated Dashboard

The arrow convention was clarified as demonstrating direction of travel in performance between the previous month and the month of reporting, rather than an increase or reduction in %/number (a lower / higher %/number can describe a positive or negative trend, depending on the indicator). BC confirmed that the glossary had been added to the back of the dashboard as previously requested (minute 408/10, 13). CP advised the financial performance figures would require comparison against actuals as per Monitor's request and **it was agreed that a 'profile Target' column should be added. It was further agreed that the 'Patient Experience' title be changed to 'Quality'.**

CP
BC

The Chair indicated that the Board would utilise and refer back to the dashboard as the performance reports were taken.

The Trust Board noted the dashboard and the key performance trends.

QUALITY

29/11 14a.1. Healthcare Governance Committee Chair's Key Issues

The Chair reported discussion themes and assurances / escalations of the HGC.

The A&E performance was highlighted as having been escalated. The Trust Board stipulated that the HGC are to continue to monitor the A&E Action Plan and that **NEDs are to receive the weekly validated A&E performance figures for monitoring.**

MH

30/11 14a. 2. Infection Control Monthly Report

Improvement on the HII for the 2nd month in a row was noted.

SG raised the 'red' rating on blood culture performance and requested clarification. It was reported that staff members have received retraining on compliance and that an improvement in performance is expected.

A detailed analysis of cannula insertion has been completed, with no overall themes identified. PP reported an increase in awareness of risks and issues of cannula insertion at ward level.

The 2 MRSAs reported to the Board in December (minute 411/10, 13a.2. refers) have undergone full RCAs with the resulting actions now completed.

The SHA have recommended to the Trust its first look MRSA / C.Diff trajectory targets for 2011/12 (1 MRSA and 37 C.Diff). These proposals are to be challenged by the Trust and it was noted that while the Trust aspires to achieve aero avoidable infections, the Monitor de-minimis figures on MRSA for 11/12 is 6..

PP assured the Board that she is addressing the issue of incomplete audits individually with Matrons.

In regards to Norovirus, it was confirmed the Trust has had no new outbreaks, although there have been individual case of D&V which have been managed and transferred to the Cohort Ward. PP reported that the ward was proving to be helpful in managing the Trust's infection control performance. The Board noted the significant improvement year to date and thanked the staff for their hard work. The Chair challenged if MSSA reporting, which has commenced from January 2011, was to be an issue in the organisation. The Board was informed that this was not anticipated, stating furthermore that a yr on yr decrease was apparent as Microbiology has reported MSSA performance to the Infection Control Committee for some time.

In response to a query fro SG on data quality / submission, the CEO confirmed that 3rd party checks of the the Trust's data quality processes provide assurance of good performance.

The Board were informed that the Trust is expecting a HCAI inspection in the

next few months. GW assured the Board that the Trust is ready and the CEO confirmed that the Trust should not be worried about the inspection.

The Board;

- **Noted the monthly improvement in Hlls**
- **Noted the completion of MRSA RCA actions**
- **Noted the Trust is challenging prospective 2011/12 MRSA and C.diff targets with the SHA**
- **Noted incomplete audits are being addressed with Matrons**
- **Noted the good performance regarding D&V & Norovirus, and thanked the staff for their hard work.**

31/11 **14a.3. Patient Safety Monthly Report**

The Board are to receive an update of the patient safety discussions held with Dr Foster, in 3 months.

GH

A favourable HMSR performance of 87.1% was recorded from April to November 2010. This is not the rebased figure, which is expected to be in the region of 95%. GH additionally reported benchmarking on basket of cases is due to be completed shortly. GH indicate that the challenge would be to sustain improvements in the future.

The expected clinical audit of Urology - TURP has been commissioned and this will also incorporate a review of kidney cancer rates. This will be reported to the HGC as previously stated, in approximately 3 months time.

Despite being overwhelmed with very sick patients around Christmas, the Trust was reported to have coped well, especially given the extreme weather. However, clinics had been affected by the bank holidays. Coronary Care has now been moved back to ITU, following de-escalation. GH believed that this was a testament to the enormous amount of work undertaken, Tilney Community care ward and the flexibility of ICU during this difficult time. **The Board requested GH forward their gratitude to the teams.**

GH

JR questioned if the Board should be concerned regarding the formation of a Clinical Outcomes Group, to review and discuss data for audits and data sent to external sources. JR was assured that this was not a cause of concern and that the proactive committee was to be introduced to help deliver an accurate portrayal of the Trust to relevant sources. The committee's existence will also emphasise the importance of noting diagnoses on admittance accurately and concisely for coders.

On another matter, JR also challenged, when a serious medication error, became classed as 'serious'. It was confirmed that the term 'serious' is applied when harm is caused to the patient, and that the Trust has a zero tolerance ethic regarding serious medical errors. JR was further assured by the Medical Director that there was no apparent correlation between wards recording serious medical errors and wards that had not rolled out the Productive Ward methodologies.

The Board noted the patient safety update, recording their gratitude to staff during the prolonged period of pressure on Coronary Care capacity.

32/11 14a.4. Patient Experience Monthly Report

It was confirmed that the actions had been completed as requested at the last trust board meeting.

Compliments received, in particular to Gayton Ward, were noted by the Board.

The Board debated the communication issues identified in complaints and GW's recommendations to introduce a set of Trust-Wide Communication Standards and a training programme for all staff. The Board agreed a Trust-wide scheme was required, as all members of staff are required to communicate effectively and politely with patients and visitors. GH added that reception staff and porters have a very important face to face role.

The aim of the standards was debated, with an agreement reached that the key aspect would be to enhance the patient experience. JH additionally noted a wider review of communication between Trust, the community and the Trust's partner organisations would also be required.

The standards are to be proposed and discussed by a Patient Experience Improvement Board, incorporating a range of stakeholders (including NEDs, staff and Governors). The Patient Experience Improvement Board would also agree the strategy for delivering improvements to the Patient Experience and commission workstreams accordingly. The Board supported the introduction of the Patient Experience Improvement Board.

The Board agreed to the introduction of a Patient Experience Improvement Board. The Board requested an update on progress in 4 months.

GW

33/11 14a.5 (i). Safeguarding Children

There were no issues reported.

34/11 14a.5. (ii). Whistleblowing

There are no issues reported, all cases now being closed.

FINANCE, ACTIVITY & EFFICIENCY

35/11 14b.1. F&I Committee Chair Key Issues

The F&I Committee Chair reported to the Trust Board the discussions held during the committee meeting. He indicated that he welcomed the Finance Improvement Plan. The officers were also congratulated on Better Payments and Capital Spend performance.

36/11 **14b.2. (i). Finance, Capital and Activity monthly report - month 9**

CP presented the report, showing surplus ytd at £1.9m, impacted by a reduction in elective activity. Activity which was impacted by the adverse weather and bank holidays over the Christmas and new year periods. The full impact of this is expected to be shown in month 10's reporting. The Finance & Investment committee to continue to monitor performance, in addition to monitoring the Finance Improvement action plan. The CEO advised that she has addressed concerns with the TEB. The Board **endorsed the Finance Improvement action plan.**

The full year position is forecast to achieve £2.7m surplus.

NHS Norfolk has agreed to pay majority of Q1&2 of the CQUINs. Additionally, NHS Norfolk have confirmed that they will contribute to the costs of some over-performance. It was noted that the F&I report currently factors in the Finance Improvement Plan in full (without risk weighting) and does not incorporate the external actions.

The Board noted the update.

37/11 **14b.2. (ii). FT Planning and Monitoring**

The DoF advised the paper had been presented to the Board for information at this stage. He explained that Monitor's requirements involved quarterly monitoring an emphasis on exception reporting, being more pro-active and the management of recovery plans.

The CEO suggested a **session should be organised for the Board covering the Compliance Framework, performance Management and triggers for Intervention.**

MH

The Board noted the update.

38/11 **14b.3. Budget Setting 2011/12.**

The Board were advised that activity levels for 2011/12 are to be linked to costs base, and that the QIPP plans for 2011/12 are being reviewed with and the potential gaps in funding identified.

The Board are to receive a high level overview of budget setting progress in February's meeting.

CP

39/11 **14b.6. TEPs & Divisional Monitoring Process**

TEPs and the divisional monitoring processes were robustly debated at the F&I committee meeting.

The following movement were noted:

- Unidentified savings have been reduced from the November value of £27k to £16k
- A Project Manager has been appointed for TEP5a to ensure delivery of benefits from April 2011. The cost has increased the value of "At Risk" to £287k
- TEP5 experienced a poor month for vacancy management with the recruitment of overseas nursing staff.
- TEP6b 1% CIPs measures have been reassessed following the reallocation of Finance Business Partners.
- PMO costs were impacted by three additional days required from agency staff. This will be recovered in January.

It was agreed that F&I would review fresh data in February.

The Board noted the assurance given regarding committee monitoring of TEP progress.

WORKFORCE

40/11 14c.1. Workforce KPIs

It was reported that the MARS scheme (Mutually Agreed Resignation Scheme) had been extended. JB was commissioned by the Board to **undertake intelligence gathering from staff** on the viability of the scheme. JB assured SH that the scheme was not a requirement and that the scheme is voluntary between both the employer and employee. It was confirmed that the Trust would fund the scheme but that it might prove less expensive than redundancy. The CEO added that it would be necessary for the Trust to reduce its staffing and that the MARS scheme might prove helpful.

JB

The Chair indicate that the scoping work should continue in order to establish what the scheme might mean for the Trust.

It was reported that the Agenda for Change increments freeze proposals had not been supported by the Unions and were therefore off the agenda for the time being.

KG queried progress regarding sickness absence peer reviews, and was informed that work for this is ongoing and that some helpful benchmarking information is being assembled. **It was suggested that as the James Paget performs well on sickness absence, that some networking might be undertaken to capture useful learning.**

JB

International Recruitment was reported to have gone well. SG noted that the turnover rate is high on Nursing and Midwifery. SH queried whether the Trust undertakes exit interviews, when regarding midwifery staff turnover. JB advised that this is to be rolled out soon but that she was not aware of any specific reasons for the turnover rate, speculating this may be due to internal promotions.

JB

The Board commissioned JB to perform a retrospective review to ascertain issues / reasons for turnover.

The Board noted the update, requesting;

- Intelligence gathering and preparatory background work commence in preparation for a re-introduction of the MAR Scheme at a future point.
- JB to perform a retrospective review to ascertain issues / reasons for staff turnover in areas where this is high.

OPERATIONAL PERFORMANCE KPIS

41/11 14d.1. Performance KPIS

Performance against the national targets for December 2010, was outlined by the Director of P&I;

- A&E performance – which was at 93.8% for December 2010 and was 96.1% year to date. For Quarter 3 the Trust performance was 95.3% achieving the performance target.
- Diagnostics – Year to date the Trust has reported 26 patients waiting over 6 weeks
- Clostridium Difficile – Year to date the number of C Diff reported incidents to December 2010 was 28 against a trajectory of 27.
- MRSA Bacteraemias – No cases reported in November. Year to date 2 cases reported against trajectory of 1.
- The Trust continues to underperform against the CQC's cancelled operations indicator with the full year forecast against this indicator being underachieved.
- For November the Trust achieved all cancer standards. Based on provisional data the Trust forecasts achievement of all standards for December.
- 18 Weeks – The trust achieved both Admitted and Non-admitted targets 91.3% and 98.9% respectively.
- From 1st January 2011 the Department of Health mandated the reporting of Meticillin Sensitive Staphylococcus aureus (MSSA). The initial reporting of this will be on 15TH February 2011.

NV expressed her concern regarding the A&E performance, noting that whilst HGC have been and are to continue to, monitor the situation, she has also addressed the TEB rigorously, stressing that issues regarding blockages must be resolved. NV stressed to the TEB that the current performance was not acceptable; the Trust has not abolished the 98% target and that the target was in place to improve the patient experience. She reported to the Board that this was not a resources issue and that the pathways are experiencing blockages which are to be reviewed as a matter of priority. GH was requested for his clinical view of the issues. He reported he felt organisational team working should be emphasised and a reduction in time between assessment and referral for treatment would be helpful. **The Chair extended the Board's full backing to the executive in ensuring the target was met.**

BC brought the Board's attention to the new governance indicators included within the 'Consultation on amendments to the Compliance Framework 2011/12'. A response to this consultation is required by the 25th Feb 2011. The Board **commissioned BC to formulate a response which is to reference**

the FTN's position.

The Board noted the update, requesting;

- Stringent action and monitoring of the A&E action plan.
- BC to formulate a response to the consultation on compliance framework 2011/12 amendments , to reference the FTNs position.

GOVERNANCE

42/11 15. SHA provider Development Return; Governance & Finance Risk Ratings and Declaration for December 2010.

It was clarified that post FT authorisation, the quarterly submission to Monitor will be formulated by the Director of P&I and the Director of Finance and that the Director of P&I will be responsible for ensuring that returns are made to Monitor in accordance with the Compliance Framework deadlines.

The Board noted:

- GRR of 0.5 for Dec (ytd 1 - amber/green)
- FRR of 4
- Contractual position - Green

The Board authorised the application of the Chair's signature to Declaration 2, due to December Performance against the A&E Performance Target.

Date of the next (public) meeting is Monday 28th March 2011, in the conference room at the QEH at 9.00am

Special Resolution

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

There being no further business, the meeting closed at 11.45 am