The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Board of Directors' Meeting (In Public)

Minutes of the Board meeting held on 26th November 2012 in the Conference Room at The Queen Elizabeth Hospital, King's Lynn

Present:

K Gordon (KG)	Chair
P Wright (PW)	Chief Executive
S Green (SG)	Non-Executive Director (Chair of Performance & Standards Committee)
V Holliday (VH)	Non-Executive Director (Chair of Quality & Risk Committee)
S Haney (SH)	Non-Executive Director (Chair of Finance & Investment Committee)
A McCallum (AMc)	Non-Executive Director
I Pinches (IP)	Non-Executive Director
B Cummings (BC)	Director of Performance and Planning
M Henry (MH)	Director of Clinical Services/Deputy CEO
G Hunnam (GH)	Patient Safety Lead and Medical Director
G Wilson (GW)	Director of Patient Experience and Lead for Nursing and Non-Medical Professionals
L Proctor (LP)	Director of Strategy and Transformation
D Stonehouse (DS)	Director of Resources

In attendance:

G Rejzl (GR)	Company Secretary
H Milne (HM)	Corporate Governance Officer (Minutes)
D Blackburn (DB)	Consultant

ACTION

215/12 1. CHAIR'S WELCOME

The Chair welcomed the Board attendees and members of the public to the meeting.

216/12 2. CLINICAL PRESENTATION – LIVERPOOL CARE PATHWAY (LCP)

2. Copy of Liverpool Care Pathway - Curre

DB presented a report for the Board in preparation for the presentation on the LCP. The paper outlined:

- the history of the development of the LCP
- how and when the LCP is used
- consulting and communicating with the patient and his or her family

CONFIDENTIAL

- how use of the LCP is rigorously monitored

A general Q&A session took place following the presentation:

Q. Is the Trust contributing to national consultation?
A. The consultation had begun but it was likely to take some time. Meanwhile a great deal was happening – complaints being examined and relatives being spoken to. The present uncertainty was having an impact on clinical workloads and was affecting DB and his team on a day to day basis. Nationally it was regrettable that a clear message had not been communicated, but it was hoped that greater clarity and realism would come out of the national consultation.

Q. How well has QEH implemented the LCP requirements on paperwork?
A. Generally, these had been implemented well although there was always scope for improvement.

Q. In patient and relative discussions, is it always clear that the LCP is the process of handling the end of life?
A. People remembered different things about such discussions and that was why accurate paperwork was very important. Clinicians avoided talking in jargon to patients and always tried to be clear, but as recent cases showed this was an area in which misunderstanding could arise.

Q. Could a patient consent to the LCP when still in a sound state of mind though nearing the end of life?
A. This course of action could give rise to the concern that the LCP had been started early. The LCP would normally start close to the end of life.

Q. Is there training to help with communication?
A. There is a huge skill in communicating these issues to patients and relatives, and there is more that the Trust can do in order to train staff in handling these situations. Sensitivity and dedicating the necessary time to the conversation were essential.

The Chair thanked DB for this update and asked that the Board be kept informed of progress with the national consultation and its outcome.

The Board noted the report and presentation.

217/12 3. ATTENDANCE AND APOLOGIES FOR ABSENCE

The Chair welcomed Anita McCallum and Ian Pinches (non-executive directors) to their first board meeting.

Apologies were received from Vee Scott.

218/12 4. MINUTES OF THE PUBLIC BOARD MEETING HELD ON 29TH OCTOBER 2012 AND MATTERS ARISING

The meeting **date on the header page of the minutes to be amended to 29th October 2012 and not 26th October 2012.** **HM**

Subject to the above amendment the minutes were agreed as an accurate record of the meeting.

219/12 5. ACTIONS MONITORING

The Board reviewed and updated the Actions Monitoring Record and agreed that item 156 could be removed from the actions monitoring log.

220/12 6. DECLARATIONS OF INTEREST

None.

221/12 7. URGENT MATTERS

None.

STRATEGIC

222/12 8. CHAIR'S REPORT

The Chair reported that the Governor's Council meeting on 7th November had gone well with a preliminary joint session with the Governors on the provisions of the Health and Social Care Act 2012. The Chair had also met Sheila Childerhouse (Chair, PCT) and Ian Mack (Chair, WNCCG): plans for a joint meeting with the board of WNCCG remained firm, but timing depended on their progress with authorisation.

The Chair advised the Board that the Trust was entering the period of Governors' elections. Two briefing sessions had been held to encourage FT members to stand for governors and although the turnout had not been large it was hoped to encourage candidates for all the vacant seats on the Council, staff as well as public.

The Board noted the Chair's update.

223/12 9. CEO's REPORT

PW presented her report to the Board, identifying the following key issues:

- All Clinical Directors had been appointed to the Trust's revised Clinical Management Structure.
- From 1st November Monitor had assumed new powers under the Health & Social Care Act 2012 to enable the regulator to protect patient services at failing hospitals.
- The CQC had joined with other regulators, professional bodies and trade unions in launching the Speaking Up charter, a commitment to support people who raised concerns in the public interest.
- The Foundation Trust Network had reported that most NHS trusts were on target to make efficiency savings of over 5% this year - but future savings of this magnitude would be difficult.
- The publication of the Report of the Francis Inquiry has been delayed until early 2013.
- The first mandate between the Government and the NHS Commissioning Board, setting out ambitions for the health service for the next two years, was published on 13th November. This would form part of a future board development session.

- Proposals to strengthen the NHS Constitution were set out for public consultation on 5th November, with the NHS, patients and public being asked to respond.
- The 'Never Events Policy Framework' has been reviewed and updated to address areas of uncertainty. It provided greater clarity about never events and the recommended response to them. PW suggested that **Q&RC look at the Never Events Policy Framework Review in January 2013 and review the action plans in place.** **DS**

The Board noted the CEO's update.
The Board recommended that Q&R Committee review the DoH 'Never Events Policy Framework' in January.

RISK

224/12 10. RISK REGISTER - >20

The Board was presented with one risk that remained at a score of 20: the potential for the Trust QIPP programme to fail due to reliance on external agencies and primary care for support.

The West Norfolk Urgent Care Network had met on the issue of delayed discharges, but the response had been varied across the organisations and was not yet providing a solution. WNCCG had to drive the process as they held the money. **PW would discuss the situation with Sue Crossman and feed back to the Board.** GH commented that practical solutions were being sought every day as to how to move things on and it was essential that partners should commit to delivering their contribution to the solution is. **PW**

MH advised the Board that there had been significant changes in mental health provision in West Norfolk; this issue should be identified as a risk.

The Board noted the Risk Register.

OPERATIONAL

225/12 11. PERFORMANCE REPORT

The Board discussed the performance dashboard, identifying performance to October 2012 against the Trust's KPIs. The Monitor compliance framework position for the current month was 1 (Amber / Green) due to A&E performance being below target. The Trust was forecasting 1 at the end of quarter 3, subject to action being taken to improve performance in emergencies.

Quality and Risk
The Board examined performance on mortality, infection control, complaints and pressure ulcers. On the latter, 12 Grade 3 pressure ulcers had been reported in the month, but no Grade 4 ulcers. PW reported that she had observed the process put in place on Stanhoe ward for assessing pressure ulcers and was very impressed with the change in practice which was clearly improving patient outcomes. Patients were assessed when admitted to the ward using body mapping which ensured that all actual and potential ulcers were picked up. This, combined with the positive approach from the Sister on ward, meant that ulcer care was significantly improved. **Board to be updated** **GW**

at next meeting.

It was observed that the number of reported pressure ulcers still seemed to be increasing. The Board was advised that work needed to be rolled out to all wards quickly to ensure that the correct processes were put in place.

GH advised that there had been two instances of fractured femurs resulting from falls but that work was being done to learn from these episodes and how to avoid falls in the future.

It was noted that the complaints section of the report was now a succinct summary of work now being undertaken. With regard to time to respond, the Trust was not meeting what was considered an acceptable target. GW advised that her team were doing additional training sessions with staff to ensure appropriate responses in a timely manner. Since April the Trust had introduced a 'Complaints Upheld and Not Upheld' process and the criterion for this process was whether the Trust agreed with the complainant. However, the patient would receive a full response from PW even if the complaint were not upheld.

Performance and Standards
The Board examined the dashboard and report relating to performance against operational targets in October 2012. The Trust was reporting failure to achieve the A&E four hour target for that month (92.5% against the 95% target). The Board discussed the implications of this position for achievement of the quarter's A&E performance, and the steps being taken to get back on track in November and subsequent months.

Workforce
The situation with regard to sickness absence had not improved, though was not out of line with performance in other Trusts. In discussion, the question of whether the rate of change in the organisation could be a factor affecting sickness rate was raised. It was recognised that when the Trust underwent change there was bound to be a period of disruption which was unsettling for individuals. It was important that the Trust listened to what staff were saying, and some areas would need support in achieving their objectives during this period. With regard to the situation in theatres, the Board was advised that there were some long term sick issues within the department. As part of the change programme, the Trust had not anticipated filling some of the vacancies and the issue would be picked up as part of a separate work stream.

Recognising the financial gains from reducing sickness absence (reduction of 1% would recover £807,000 of 'lost' time per annum and save some £170,000 of cover costs per annum), suggestions for improving the position would be pursued and **DS would report progress to a future Board.** **DS**

Appraisals
These continued to show a steady increase, but it would be several months before the target of 90.0% were reached. **PW asked that the Board should see a trajectory showing how the Trust would reach 90% by end March.** **DS**

Choose & Book (C&B)
The Trust currently had 77% of its services available through C&B. All clinicians would be advised that outpatient templates would be reviewed as part of the job planning exercise over the next 6-8 weeks to maximise availability of C&B

slots. **BC to investigate if comparative information on C&B is available for other local hospital** **BC**

Cancelled Operations
The Trust reported 42 cancellations on the day for October 2012, equating to 1.2% of activity in the Trust for the month, including cancellations of day surgery. Detailed data would be provided to P&SC regarding the rebooking of patients within the appropriate time scales.

Day Case Rate
Day case performance remained high. GW raised the issue of benchmarking of the Trust's day surgery performance against other EoE providers and nationally. **BC to investigate availability of data.** **BC**

A&E
The Board discussed actions to be taken to raise A&E performance in order to try to meet targets for the quarter. There was good work in place but the situation had to be closely monitored; the division had been off track for two months. There was a clear link between emergency performance and the rate of discharge in order to ease the flow of patients through the system. Board to be informed of progress through weekly flash performance reports.

Finance
For the month of October the Trust achieved an EBITDA of £1,103k against a planned EBITDA of £1,214k, an adverse variance of £111k. For the month the Trust reported a surplus of £524k against a planned surplus of £657k, an adverse variance of £133k. The Trust EBITDA margin was 7.6% against a planned EBITDA margin of 8.5%, 0.9% below plan. The Board remained committed to deliver a forecast EBITDA of £8.8m for the year in line with the original plan and an FRR of 3.

The Board:
Reviewed performance across the Trust as reflected in the performance report.
Noted the Monitor compliance framework position at the end of October.
Noted that the A&E 4 hour target was not achieved for the latest month.
Requested an update on pressure ulcers at the next Board meeting.

QUALITY

226/12 12. PATIENT AND CARER EXPERIENCE STRATEGY

GW presented a paper to the Board on the Patient and Carer Experience Strategy. Its purpose was to ensure that what happens to the patient whilst in the Trust's care is the priority for the Trust's staff, no matter how busy they are. Better communication and involvement with patients and careers was important to the Trust's reputation as a proactive organisation, putting the patient at the heart of decision making about their care and treatment.

GW confirmed that a lot of work was underway to deliver the strategy, starting with the induction process and the way the Trust recruits nurses. The action plan from the strategy would be managed by the Patient Experience Steering Group.

It was agreed that the strategy was a good, concise document which aided the

understanding of the operational issues faced in the Trust. It was important that the Board had a clear understanding of how the Trust handled patient experience and **periodic updates on the progress being made were required.** The Chair thanked the Patient Experience Steering Group for the work it had undertaken. **GW**

The Board endorsed the contents of the strategy.

227/12 13. ACTIVE RESEARCH STUDIES 1ST APRIL-30TH SEPTEMBER 2012

The purpose of the paper was to advise the Board on the status of all research studies currently underway. Details of studies still open to recruitment, their predicted recruitment and progress up to 30th September 2012 were given in the report. The Trust had a statutory obligation to participate in research studies, funded by CLRN, and was generally a good organisation for recruiting individuals to participate in the trials.

The Board noted the contents of the report.

GOVERNANCE

228/12 14. THE CONSTITUION

KG presented the Trust's Constitution to the Board, advising that it had been updated to incorporate those provisions of the Health and Social Care Act 2012 which came into force on or before 1 October 2012. The draft amendments to the QE's Constitution had been aligned with Monitor's revised constitution, and approved by the Governors' Council at its meeting on 7th November 2012

The Board agreed the proposed amendments to the Trust's Constitution which would now be submitted to Monitor.

229/12 15. AOB

The Chair advised that the next Public meeting of the Board of Directors would be held on 28th January 2013 and that a meeting of the Private Board would be held on 19th December 2012 to cover any urgent points.

The Chair took the opportunity to advise the Board that this meeting was the last public board meeting that Geoff Hunnam would be attending as Medical Director. The Chair and the Board thanked GH for all his hard work and support during his time in that post. GH responded that it had been a great privilege and thanked his colleagues.

Date of Next Public Board Meeting 28th January 2013 in the Conference Room @ 9.00 a.m.

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 11.25am