The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Board of Directors' Meeting (In Public)

Minutes of the Board meeting held on Monday 24th September 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)
N Harrison (NH)	Non-Executive Director (Chair of Audit Committee)
J Hillier (JH)	Non-Executive Director (Vice Chair and SID)
V Holliday (VH)	Non-Executive Director (Chair of Quality & Risk Committee)
S Haney (SH)	Non-Executive Director (Chair of Finance & Investment Committee)
B Cummings (BC)	Director of Non-Clinical Services, Business Performance and Planning
M Henry (MH)	Director of Clinical Services
G Hunnam (GH)	Patient Safety Lead and Medical Director
G Wilson (GW)	Director of Patient Experience and Lead for Nursing and Non-Medical Professionals
D Stonehouse (DS)	Director of Resources
L Proctor (LP)	Director of Strategy and Transformation

In attendance:

G Rejzl (GR)	Company Secretary
V Scott (VS)	Assistant Director of Communications
H Milne (HM)	Corporate Governance Officer (Minutes)
Jonathan Guppy(JG)	KPMG Support

ACTION

187/12 1. CHAIR'S WELCOME

The Chair welcomed attendees to the meeting and introduced Jonathan Guppy from KPMG who attended the meeting as an observer. The Chair advised that exceptionally the Finance and Investment Committee agenda would be incorporated into the Board agenda, and that there would be no Patient Story or Clinical presentation. This was because of the pressure of business arising from the Governors' Council and AGM taking place later in the day.

188/12 2. APOLOGIES FOR ABSENCE

None.

CONFIDENTIAL

189/12 3. MINUTES OF THE PUBLIC BOARD MEETING HELD ON 29th AUGUST 2012 and MATTERS ARISING

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Academic Health Science Networks – it is expected that the Trust will be an active participant in the AHSN Norfolk and Suffolk node; Monitor to be advised of developments.

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Because of time constraints, the Board postponed to later meetings the planned review of specific sections of the BAF.

The minutes were agreed as an accurate record of the meeting.

190/12 4. ACTIONS MONITORING

The Board reviewed the Actions Monitoring Record.

191/12 5. DECLARATIONS OF INTEREST

JH advised that following last month's presentation on unplanned pregnancies, she had spoken to LP about the potential for the Trust and Brook Advisory Service to work in partnership. She had subsequently withdrawn from the discussions, but LP would be doing further work with Brook.

The Board noted the declaration of interest.

192/12 6. URGENT MATTERS

None.

STRATEGIC

193/12 7. CHAIR'S REPORT

The Chair advised the Board that contact had been made with WNCCG regarding a joint board meeting. This was likely to be in November at the earliest, when WNCCG would be in a better position organisationally.

The Chair had recently attended an SHA event which had proved to be moderately useful: there had been discussion of changes at Ministerial level, as well as work on progress on rolling out clinical commissioning. Contact would be made with other neighbouring CCGs.

The Board was advised that the Governors would be invited to appoint a new Non-Executive Director (NED) at the Governors' Council meeting that day, following a recruitment process undertaken in-house with a significant cost saving.

The Board noted the Chair's update.

194/12 8. CEO's REPORT

PW identified the following key issues:

- Following the NHSLA assessment visit during September the Trust had regained Level 2 achieving a pass mark in 42 out of the 50 criteria being tested. Though satisfactory, it was essential that improvements be made in certain identified areas – such as record keeping - if the Trust's ambition of Level 3 was to be achieved in the future. An action plan was being drawn up to tackle outstanding issues. The full NHSLA report was expected within 20 days of the visit. PW expressed her thanks to Claire Roberts, Jane Cole and Shirley Munday and their teams for the hard work put in to ensuring the Trust succeeded in the assessment.
- PW advised the Board that a CNST Level 1 assessment visit to maternity was due to take place at the beginning of October. The Board would be updated on the outcome at the next meeting.
- PW highlighted new consultant appointments and confirmed that the Trust would be revisiting the market in respect of the outstanding A&E vacancy (currently being filled by a locum).
- The Board was updated on the development of the Eastern Academic Health Science Network. A draft prospectus had been prepared and would undergo review by partner organisations until submission on 1st October. If the bid were successful a decision on designation should be made in November 2012 with a 'go live' date of April 2013. The structure being proposed is one of a network consisting of a Cambridge hub with nodes in Essex, Herts, Suffolk and Norfolk. PW would lead on the Trust's engagement with the network, working closely with GW. **PW to present a full paper for discussion to a later Board.** **PW**
- PW informed the Board that Monitor was actively consulting on the Provider Licencing Regime. It was suggested that a Board session should be arranged, perhaps together with the Governors, to pull together all the legislative and other changes arising from the Health and Social Care Act.
- The Board was aware of the adverse media coverage during w/c 17 September following the Monitor Chair's comments to the Public Accounts Committee. It was difficult for the media to distinguish the position of QEH from that of other Trusts in significant breach of authorisation, but efforts would be made to turn negative media coverage into a more positive message. KG advised that she was due to attend a lunch with the Monitor Chair shortly.

The Board noted the CEO's update.

RISK

195/12 9. RISK REGISTER -> 20

GH advised the Board that the new MRI scanner facility was now fully operational and that the risk, formerly scoring 20 had been reduced to 8 and closed. The rental MRI scanner had been removed. The Chair thanked GH and his team for all their hard work.

The Board noted the Risk Register and the closure of the risk.

OPERATIONAL

196/12 10. INTEGRATED PERFORMANCE DASHBOARD

The Board examined the revised Integrated Performance Dashboard and

agreed that this version was much improved. BC advised that the next stage would be to put further analysis boxes in the dashboard. Meanwhile targets for August had been achieved and September was on track to achieve for the quarter. Detailed activity trends would be addressed in the performance report.

The Board:

- **endorsed the improved format of the dashboard.**
- **reviewed performance achievement across the Trust.**
- **noted the Monitor Compliance Framework position at the end of the current month is 1.0 (Amber/Green).**

197/12 11. PERFORMANCE REPORT

The Performance Report identified the key areas of performance to August 2012 and, where appropriate, the forecast for year-end (March 2013), including key risks to operational performance.

Quality & Risk

The Trust's performance against its Quality and Risk KPIs was mixed. Performance was below that identified as a target level for a number of indicators and the RAMI score remained above the target reduction level the Board of Directors had agreed. The Trust still awaits the outcome of the CQC inspection visit on 14 August 2012.

- Mortality
  GH would be reviewing specific outlier alerts from CHKS and would report to Q&R in October. It was observed that the RAMI information was confusing and the graph needed clearer explanation. Although the RAMI was not increasing, GH advised that the ambitious 5% reduction target which had been set was not currently being delivered. JH added her concern regarding the target of 75.7 in 2012/13 and queried if this was achievable. GH advised that the RAMI was being used as a benchmarking tool; and if it identified the Trust as an outlier, then a detailed report would be produced for the Board. PW commented that it would be useful if detailed information regarding 'outlier alerts' could be given to the Board to enable it to focus on how the Trust should respond in order to meet its internal target.

- Patient Experience
  GW advised that patient feedback from the monthly 'Friends and Family' survey was below the 71% target identified by NHS Midlands and East, with work underway to achieve the 10% footfall target of respondents. Footfall for the month was unclear and **BC was asked to clarify.** GW would check to ensure that the data being provided was robust and broken down by ward to give a clearer overall analysis. **GW would bring a detailed paper to the Board meeting in October.** PW advised the Board that the BSP Group reviewed the monthly performance indicators to establish whether the Trust's efficiency programme was impacting on quality or safety, for example high levels of sickness. The work undertaken would be shared at Quality & Risk Committee. **BC** **GW**

- Never Events
  In September the Trust reported a never event for the 2nd month running, and there were 3 further never events reported for August 2012. The Board expressed concern at the number of never events being reported and sought an explanation. GW said all never events had to be reported and were fully analysed. Following a change in definition in April 2012, some incidents previously categorised as 'serious' were now classed as never events. PW confirmed that Shirley Munday, Head of Risk Management, had been tasked with reviewing all the serious incidents over the last 2 years to ensure there was nothing in the system which should have been reported.

- Workforce
  Sickness absence for the Trust was 5.1% above the target of 3.7% for the month. There were currently 90+ staff on long term sick leave (LTS) whereas it was circa 50+ a few months ago. PW commented that whilst this level of sickness absence was concerning, the Trust's absence rate was lower than other Trusts. It was felt that there did not appear to be one particular cause, but there could be a correlation with the pace of change and an ageing clinical workforce. A lot of work was being done with staff to handle the pressure of change. Meetings on a 1:1 basis with long term absentees were being held with back up from Occupational Health. **DS to follow up regarding clinical workforce and LTS/sickness trends and report back at next meeting.** **DS**

  Appraisal completeness across the Trust was 74.8%, ie below the target of 90% . **BC will bring in a forecast projection next month**. The annual requirement for Information Governance Training was currently 83.9% against a target of 90%. BC was confident that the target would be achieved by year end. **BC**

Performance & Standards

The revised performance report now included additional operational key performance indicators as follows: Day Case Rate, New to Review Ratio, Elective Average Length of Stay, Emergency Average Length of Stay and British Association of Day Surgery (BADS rate).

The Trust's performance in August was excellent against Monitor's Compliance Framework Targets with 7 targets achieved in the month. However, the Trust failed to achieve the Cancer 62 day target due to a number of complex pathways in Urology and Lung. Timelines were completed on all patients breaching by the 28th of the following month. Divisions had completed a root cause analysis on each breach; but there was no common theme among them. A report had been requested to confirm that there was no adverse impact on QE patients if a cancer wait breach occurred when treated at CUH or N&N.

Day case rates for August had been good: the Trust had achieved a high volume of day case activity in comparison to elective activity with a number of additional lists being undertaken within the Day Surgery unit to support the Trust's financial position.

The Trust continued to achieve the 18 week RTT waiting times for admitted and non-admitted patients. A Contract Performance Notice had been received from NHS Norfolk in respect of operational performance in the orthopaedics

specialties, and a recovery trajectory had been agreed. The current position for Orthopaedics was above the agreed commissioner trajectory of 81%, achieving 81.3%.

The Trust's new-to -review ratio was 2.4, slightly above the contracted target of 2.3. The Trust was concentrating on how OP referrals came into the organisation and how slots were utilised.

MH advised that weekly meetings were being held to avoid breaches of performance targets, and the way in which annual leave and study leave was managed was being reviewed.

Concern was raised with regard to the perception that the Trust would continually be playing 'catch up'. JH said she had understood that the Trust was mapping ahead regarding annual leave and study leave, but the results showed the contrary. MH replied that The Trust was working hard to get back to where it should be and to ensure that ownership of performance was properly identified. If this did not achieve the required outcome, work would be done to articulate why.

The Trust DNA rate was currently below the nationally reported figure of 10% but slightly above the local target of 5%. The Trust continued to target a reduction of DNAs through the Chronos Service and actions within POD37 (Outpatient Transformation). **The Board asked that the figures on the DNA graph be checked to ensure they correspond with the narrative.** BC

The Elective Readmission rate for July was 3.7% which was above its target of 2.7%. Emergency readmissions for July were below target with a performance of 8.6% against a target of 9.1%. The Trust was awaiting the outcome of an in depth review from the Performance and Standards Committee.

The Board noted and accepted the Performance Report subject to amendments/additions to graphs being made.

198/12 12. FINANCE/ACTVITY/BSP

The Chair advised that some aspects of the Finance and Activity report would be dealt with under the private agenda.

The Board discussed the Trust's finance and activity performance:

For the month the Trust achieved an EBITDA of £901k against a planned EBITDA of £1,185k, an adverse variance of £284k. For the month, the Trust reported a surplus of £449k against a planned surplus of £548k, an adverse variance of £99k. The Trust EBITDA margin was 6.4% against a planned EBITDA margin of 8.4%, 2% below plan. Year to date the Trust had achieved an EBITDA of £3,147k against a plan of £3,479k, an adverse variance of £332k. The Trust reported a surplus of £282k against a planned surplus of £557k, an adverse variance of £275k. Year to date the Trust EBITDA margin was 4.6% against a planned 5.0%, 0.4% below plan. In the month (month 5) the Trust achieved an FRR of 4 against an expected FRR of 4, and year to date the Trust was reporting an FRR of 3 against a planned FRR of 3.

In discussion, it was observed that while the Trust's financial risk rating was in line with plan, the EBITDA margin had very little headroom, given that

September was a month with a lower than average number of working days and consequently less planned income.

Current EBITDA forecasts indicated an EBITDA Margin of 4.45% by the end of Q2 which meant that it remained possible to achieve an overall FRR of 3, though by a narrow margin at best.

The Board noted the Finance and Activity report.

Date of Next Public Board Meeting 29th October 2012, QEH 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 10.35am.