The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Board of Directors' Meeting (In Public)

Minutes of the Board meeting held on 26th October 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)
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
L Proctor (LP)	Director of Strategy and Transformation
R Pearson (RP)	Deputy Director of Finance
I Vince (IV)	Deputy Director of HR

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

199/12 1. CHAIR'S WELCOME

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

200/12 2. CLINICAL PRESENTATION – LEARNING DISABILITIES – A PATIENT'S STORY

GW's paper provided background information to the clinical presentation given by Maria Cox (MC), the Trust's Learning Disability Nurse Specialist. GW also asked that the Board give feedback as to whether being provided with written information before the clinical presentation was useful.

Patient story.zip

MC delivered the presentation which referred to a patient with a learning

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disability and autism; his behaviour was difficult to manage when he became upset or distressed. MC described the steps that had been taken to support the patient in preparing for admission to hospital and thereafter. The process had been successful because of:

- Extra training and support for staff so that they knew how to deal with a patient with learning disabilities and get it right.
- Preparatory work carried out efficiently i.e. risk assessment and management plan, hospital passport completed and information packs sent to the ward, anaesthetics, theatre and recovery.
- The patient being seen as a person and not a disability.

In discussion, the Board observed that the Trust would need to identify a certain number of support staff to undertake training in order to enable the effective handling of this type of disability. MC advised that she was pursuing the route of having this type of training added to the mandatory training programme so that more support staff are available. BC advised that the Trust currently undertakes work with Project Search, a training scheme run by the College of West Anglia with two Project Search co-ordinators based at the QEH.

The Chair thanked MC for her very insightful presentation, and commented that the briefing paper had helped put the presentation into context.

201/12 3. APOLOGIES FOR ABSENCE

Apologies were received from David Stonehouse and Jules Hillier.

202/12 4. MINUTES OF THE PUBLIC BOARD MEETING HELD ON 24TH SEPTEMBER 2012 AND MATTERS ARISING

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

203/12 5. ACTIONS MONITORING

The Board reviewed the Actions Monitoring Record and following updates agreed that items 150, 153, 154 and 155 could be removed from the actions monitoring log.

204/12 6. DECLARATIONS OF INTEREST

None.

205/12 7. URGENT MATTERS

None.

206/12 8. CHAIR'S REPORT

The Chair recalled that the AGM had been held on 24 September and been well attended. The Governors' Council had met on the same day. The Chair also informed the Board that she had recently attended a lunch held by the Chair and CEO of Monitor for the Chairs of Foundation Trusts. It was a useful networking event, the main issues discussed being mergers and acquisitions.

The Board was updated on the Non-Executive Director (NED) recruitment position. The Chair confirmed that at the Governors' Council meeting in September Anita McCallum had been appointed to replace Jules Hillier who was due to leave at the end of October 2012. A recommendation would be put forward to the Governors' Council at their meeting on 7th November 2012 for a successor to Neil Harrison who would also leave at end-October.

The Board noted the Chair's update.

207/12 9. CEO's REPORT

PW identified the following key issues:

- The Trust achieved an assessment score of 100% compliance (50/50) with the CNST Maternity Standards (level 1), at the assessment visit on 3rd October 2012. The Trust's team was commended on its 'whole team' approach to the provision of robust procedural guidance across the standards and in taking into consideration the comments from the last assessment visit. The team would now be focusing on the steps needed to ensure level 2 is achievable. PW thanked and congratulated Barbara James and the maternity services team on a significant achievement.
- The Trust awaited the CQC's report following the unannounced visit on 14th August, during which the assessment team looked at Dignity and Nutrition. It was of concern that the process was taking so long. GW emphasised that every effort was being made to ensure that the QE was fully compliant with CQC standards.
- There had been a lot of media coverage in the last month regarding the Trust and the Liverpool Care Pathway (LCP). SG queried whether the Board needed to understand fully how the role of the LCP worked. GH advised that this was a national, not simply a local issue, and that effective communication with patients and families was the key. Dr Blackburn would be asked to give a presentation at a future Board meeting. **To put on Forward Plan for a future meeting.** **HM**

The Board noted the CEO's update.

208/12 10. ACADEMIC HEALTH SCIENCE NETWORKS – LOCAL ARRANGEMENTS

PW presented a paper to the Board to inform it about the development of the Eastern Academic Health Science Network (EAHSN) and the Trust's involvement in this. The key points are:

- The Eastern EAHSN would bring together universities, hospitals, mental health services, primary care, clinical commissioning groups, public health, social care, the voluntary sector and industry.
- Cambridge University Health Partners (CUHP), as one of five designated Academic Health Science Centres, would be a member of the EAHSN and bring particular expertise to the network.
- The EAHSN would use strengths in public health, research, innovation, education and service improvement to address health inequalities and improve patient and population health outcomes. It would establish

relationships with industry, building on existing partnerships with globally renowned research departments and institutes, and leading companies in growing markets.

- The EAHSN would present its case to a panel during November 2012. Assuming that it succeeds, the network would be operational from April 2013. Some start-up funding had been allocated from the centre to support the establishment of the EAHSN and the Nodes.
- Dr David Crossman (UEA) had taken on the role of accountable officer for the Node, and a Chief Operating Officer would support him.
- Clinician-led working groups were being established in dementia, diabetes, stroke, cardiac, respiratory, oncology, and patient safety. Dr Peter Young would be the lead clinician for the respiratory group on behalf of the Node; each group would have a QEH representative.

PW advised the Board that the Trust was a very active partner in establishing the network and could potentially be asked to be part of a central/corporate body. The interviews with the Department of Health in November would be led by David Crossman. PW would be the Trust's representative but work closely with both GW and LP. The question of funding was raised and the Board was advised that the implications would be clarified before committing for the long term. **Funding issues to be advised at November meeting if available.** **PW**

The Board noted the report and agreed to receive updates as work progresses.

209/12 11. HEALTH EDUCATION ENGLAND

GW presented the paper updating Board members about the changes to the funding and management of undergraduate clinical education and continuous lifelong learning for all staff working in the NHS. The Board was advised of the East of England Local Education and Training Boards (LETB) Board members; Anna Dugdale and Aiden Thomas represented the Trust on the LETB. GH commented that one issue to emerge would be improved performance management surrounding training. The Chair raised the question of progress on revalidation, and this would be brought to a future meeting.

The Board welcomed the paper on Health Education England and invited GH to produce a paper on revalidation for a future Board meeting. **GH**

RISK

210/12 12. RISK REGISTER -> 20

The paper identified one risk that had been escalated to 20 following problems with delayed discharge. There were concerns regarding the roles of the PCT, CCGs and Social Services in the discharge process. The Board was advised that there was a considerable amount of work being done to rectify this situation. The extent of organisational change was contributing to the problem, but internal Trust processes needed to be right before external agencies could be criticised. Weekly Silver calla had been ongoing and Gold calls had been re-established from 19th October 2012 with the Trust's Deputy CEO and West Norfolk CCG, NCHC and Norfolk Social Services.

PW had fed back to Sue Crossman the need to ensure that the CCG's responsibility to make the system work efficiently was well understood. To the extent that the Trust had control over the discharge process it would do everything to maximise efficiency. BC advised that building relationships with the CCG was essential and she and PW would look at ways of raising the expectations the Trust had with the CCG commissioners.

The Board noted the Risk Register.

OPERATIONAL

211/12 13. PERFORMANCE REPORT

The Board discussed a revised performance paper which identified progress to September 2012 against the Trust's KPIs and noted that the Monitor compliance framework position for the current month was 1 (Amber / Green). The Trust would be reporting the Q2 position as green.

NH commented that there were executive actions not addressed in some of the sections and asked how these would be taken forward and how the Board would know. BC advised that the Board should task the relevant committee to look into specific issues, and the committees should expect more detailed information than was presented to the Board. The fact that the Board was given trend data was intended to help the Board have a clearer sense of what was going on. BC undertook to ensure that all 'red' areas were supported by a commentary on action in place to resolve the variance from agreed standards. **BC**

Quality and Risk

- The Trust's performance against its Quality and Risk KPIs was mixed. For a number of indicators performance was below target level. The Trust awaited the outcome of the CQC's visit to the Trust on 14 August 2012.
- Two never events were reported in September 2012, the fourth consecutive month a never event had occurred at the Trust. Q&R was conducting a detailed analysis.
- An increase to 9 Grade 3 pressure sores had occurred in September (from 4 in August). A proposal would go to Trust Executive Committee for the purchase of Repose mattresses as one of a package of measures to reduce pressure ulcers.
- Patient feedback from the monthly 'Friends and Family' survey was below the 71% target (45.9 for August and 45.4 for September) identified by NHS Midlands and East. The Trust continued to meet the 10% footfall target of respondents, which was part of a CQUIN target. Concern was expressed about whether the Trust was carrying out the assessment in the same way as other organisations, and this would be investigated and reported to Q&R.

Workforce

- The September 2012 Trust absence figure was 4.97% (amber) a decrease on the August 2012 figure of 5.1% (red), but still not where the Trust aimed to be. IV advised the Board that remedial action was being taken around sickness absence i.e. immediate recording of absences, return to work interviews, and a tracking system utilising personal

records. With regard to managing staff back to work after a period of long term sickness, this was done with input from Occupational Health.

- Appraisals continued to show a steady increase, up from 74.9% last month to 75.7% this month. It would be several months before the target of 90.0% was reached. Plans had been drawn up to allow for appraisals to be undertaken in a variety of ways. It was queried whether the 90% target figure should be the monthly target figure or annual; it was agreed that this should be achieved over the year.

Performance and Standards

- Overall the Trust's performance in September 2012 was excellent against Monitor's Compliance Framework Targets with 7 targets achieved in month.
- Emergency Care Performance - The Trust achieved its targets for Q2 performance at 95.5%.
- The Trust achieved all cancer targets for August 2012 and was on course to achieve all cancer targets for quarter 2.
- The Trust continued to achieve the 18 week RTT waiting times for admitted and non-admitted patients. Orthopaedics had reached the agreed commissioner trajectory and national target of 90%.
- The Trust had delivered 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 Trusts financial position. Benchmarking of the Trust's performance against other Eastern providers put it 4th highest in the region.
- The Trust's new to review ratio was 2.4, slightly above the contracted target of 2.3. PW advised that concerted action was on-going to ensure that the Trust was within agreed parameters.
- Length of stay for Elective Care was being targeted with the planned reconfiguration of the surgical beds from the 1st October 2012. Length of stay for Emergency Care was being targeted by POD19 with the closure of a ward last month and the planned future reconfiguration of the ward bed base.
- The Trust DNA Rate is currently below the nationally reported figure of 10% but slightly above the local target of 5%. The Trust was targeting a reduction of DNAs through the Chronos Service and actions within POD37 Outpatient Transformation.
- The Trust currently had 77% of its services available through Choose and Book but performance was below the expected national and contractual position. The Chief Executive and the Medical Director had written to clinicians to confirm 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. OP policy had been updated to ensure unused C&B slots were filled. BC advised that slots currently worked on 6 week blocks.
- The Elective Readmission rate for September was 3.1%, above the target of 2.7%. Emergency readmissions for September were above target, with a performance of 9.8% against a target of 9.1%. Elective readmissions had fallen 1% over the previous year.

The Board discussed the emergency pathway and current performance. MH said a review of internal procedures had been carried out, as well as external factors such as ambulance turnaround times. The Board was assured that the Trust would achieve 95% for the quarter with stepped improvements taking place. Gold and Silver calls with external agencies had been re-instated., and

where there were gaps in external service provision work was underway to identify and close them.

PW said that two factors affected emergency access performance – the management of patients under the direct care of A&E and the management of patients along the emergency care pathway. Emergency admissions had crept up slightly in the last month, and only a small increase in the number of emergency patients a day had a substantial effect on the system as a whole. However, this had been compounded by an increase in the number of patients for whom discharge was delayed. GH advised the Board that currently there were 19 different work streams being worked through and reflected in job plans.

The Board:
Reviewed performance across the Trust.
Noted the Monitor Compliance framework position at the end of the current month is 1.0 (Amber / Green).
Noted that the A&E 4 Hour Target was not achieved for the latest month, but the Trust achieved Q2 with a performance of 95.5%.
Noted comments in relation to compliments, complaints and those that have been published on the NHS Choices website.
Identified any key issues requiring further consideration.

212/12 14. FINANCE/ACTIVITY/BSP

RP advised the Board that currently the financial position was marginally off plan but that a considerable amount of work was being undertaken to ensure that the Trust achieved its key targets. Although the current period of review was not encouraging, the future forecast was more robust.

- For the month the Trust achieved an EBITDA of £453k against a planned EBITDA of £661k, an adverse variance of £208k. For the month the Trust reported a net deficit of £202k against a planned surplus of £26k, an adverse variance of £228k. The Trust EBITDA margin was 3.4% against a planned EBITDA margin of 4.9%, 1.5% below plan.
- Year to date the Trust has achieved an EBITDA of £3,600k against a plan of £4,140k, an adverse variance of £540k. The Trust reported a surplus of £80k against a planned surplus of £583k, an adverse variance of £503k. Year to date the Trust EBITDA margin is 4.4% against a plan of 5.0%, 0.6% below plan.
- In the month the Trust scored an FRR of 2 against an expected FRR of 2 and year to date the Trust is reporting an FRR of 3 against a planned FRR of 3. Current EBITDA of £3,600k is £591k greater than EBITDA at Q2 2011/12.
- Pay was overspent in the month by £53k and non-pay by £136k. The non-pay overspend was generated by underachievement of BSP savings.
- Combined elective inpatient and day case income was marginally over original plan for the month but there was little catch up on the prior month's underperformance. Outpatient activity for the month was significantly below plan and was the main driver for clinical income being £152k below plan for the month. Non elective activity was also lower than expected in the month causing a further £136k reduction in clinical income. Direct access income over performed by £104k, although improved recoding generated £80k of this as a one off benefit

in the month.

There were concerns on cost pressures. RP advised that follow up work was underway but that rigorous controls remained on agency costs.

The Board invited F&I Committee to scrutinise the detail of the monthly position.
The Board noted the contents of the Finance and Activity report.

QUALITY

213/12 15. INFECTION CONTROL ANNUAL REPORT 2011-12

The Board considered the annual report setting out infection prevention and control activities 2011-12. It was agreed that the report was a positive one and **should be used as a good news story.** **VS**

The Board noted the contents of the report and approved it for publication.

REGULATORY & GOVERNANCE

214/12 16. COMPLIANCE FRAMEWORK SUBMISSIONS Q2

The situation with regard to debtors was discussed and the Board was advised as follows:

- Debtors > 90 days account for more than 5% of total debtor balances.
- Debtors > 90 days are currently £832k, 30.3% of total debtor balances.
- NHS debtors account for the majority of the overdue debt (£788k).
- The largest NHS debtor balance of £585k is with Specialist Commissioning Group.
- Three invoices (amounting to £509k) relating to income due from Specialist Commissioning Group for activity undertaken in quarter 4 2011/12 remain unpaid, as does an older disputed invoice for £75k relating to NICU activity from 2010/11.
- The Trust will escalate the quarter 4 2011/12 invoices, the NICU disputed invoice having already been escalated. If agreement cannot be reached, the dispute will be resolved at Director level.

RP advised that this situation was being carefully monitored and the year-end position would be discussed further in F&I.

BC presented the Compliance Framework submissions paper to the Board for it to agree the Trust's Finance and Governance Statements for Q2.

The Board considered the recommendations set out in the paper and undertook a detailed debate including:

- Its levels of certainty regarding an FRR 3 going forward
- Its confidence in income recovery
- Budgetary control measures in place with budget managers
- BSP recurrent savings for next year
- Risk

Following a comprehensive discussion, the Board agreed its confidence in the mitigating actions, concerning the Trust's financial position.

The Board confirmed the following statements:

For finance, that:

Statement 4 – "The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months".

For governance, that:

Statement 11 – "The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework; and a commitment to comply with all known targets going forwards".

The Board delegated authority for 'sign-off' of the declarations to the Chair and CEO, following further detailed discussion at the F&I Committee.

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 12.10pm.