The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

Board of Directors (PUBLIC)
Minutes of meeting held on Tuesday 25 March 2014

Present:

D Dean (DD)	Interim Chairman
M Obhrai (MO)	Interim CEO
V Holliday (VH)	NED
I Pinches (IP)	NED
H Farley (HF)	NED
Joss Trout (JT)	Temp. NED
D Stonehouse (DS)	Director of Finance
C Morgan (CM)	Interim Director of Nursing
M Blunt (MB)	Medical Director

In attendance:

B Watson (BW)	Deputy Director of Patient Safety and Medical Director
L Proctor (LP)	Director of Strategy and Transformation
A Stenton (AS)	Interim Chief Operating Office
C Bellringer (CB)	Interim Turnaround Director
M Vaughan (MV)	Interim Director of HR & OD
W Cookson (WC)	Interim Quality Improvement Director
G Rejzl (GR)	Company Secretary

Action

22/14 1. APOLOGIES

Apologies were received from B Cummings.

23/14 2. MINUTES OF THE BOARD OF DIRECTORS' PUBLIC MEETING, HELD 28TH January 2014

The Board approved the minutes as an accurate record of the meeting.

24/14 ACTIONS MONITORING

The Board considered and updated the Actions Monitoring Log. (See actions)

Action no. 63 Fire Compartmentalisation - was updated comprehensively - Estates Lead and Fire Officer has put in place a plan to achieve full compliance (£400K). Nurse call panels to be changed in each ward during full ward decant. Issues confirmed as not unique to this Trust as similar issues impact all 'better buy' trusts. A 3-year programme is suggested for the QE. EDs reviewed draft plans (25 March 2014 and have also agreed that the necessary decants should be used to facilitate deep cleaning, fogging and other programmed maintenance / decorating. It was confirmed that the Trust is in active dialogue with Norfolk Fire and Rescue Service and is keen to make sure that the Trust has a robust implementation plan in place.

25/14 3. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

None.

26/14 4. URGENT MATTERS

The Chairman reported that Monitor's intention to appoint a Contingency Planning Team (CPT) had been announced the day before. It was noted that this is only the 4th time this regulatory action has been taken (Mid Staffs, Peterborough and Milton Keynes previously).

The background to the CPT exercise was discussed, it being noted that even with a more robust recovery plan in place, the financial 'gap' is unlikely to be able to be closed. The Chairman observed that the hospital is safe and that the clinical outlook is good for next few years. He reported that the CPT will review the Trust's longer-term clinical sustainability. He also confirmed that the CPT exercise would be primarily a financially-driven process.

In discussion, the following related issues were discussed:

- The CPT will help determine the Trust's strategic direction.
- The CPT review will be aligned with the CCG system-wide review work.
- The CPT exercise is a supportive process, funded by Monitor.
- The likely outcome of the CPT exercise is that the hospital will still be here – delivering core services, although some services will change.

The Board noted the CPT Process update and agreed that the issues would be explored in more detail at the Governors' Council on 1st April.

27/14 6. PATIENT STORY

The patient story was postponed until a future date, due to the fact that the patient's husband was unwell.

QUALITY

28/14 5. QUALITY IMPROVEMENT DELIVERY UPDATE

A CQC refresh of its inspection priorities was reported. The Board noted that the QE profile remained as predicted, as a '1 star' trust (CQC's highest priority), due to its position in 'special measures'. Confidence on the Trust's direction of travel in addressing issues raised by the CQC was reaffirmed. The new Quality Intelligence Monitoring report was presented. The Board confirmed that there were no surprises in respect of governance. The Board was reminded that the identified issues are being addressed and will be likely to be updated next month. Significant progress was reported in all 'warning notice' areas.

In discussion, the following issues and questions were raised:

- A&E additional capacity – can the Trust fully utilise the additional space with its existing staff capacity. AS confirmed that the additional space is open but that the Trust had not yet been able to open the observation space. He confirmed that staff capacity issues are being addressed.
- Nursing metrics will be used to report on any capacity related closures of the A&E observation bay, in the future.
- HF raised 2 breaches of staffing ratios, reported externally. CM explained that she is urging movement away from 1:8 and 1:11 staffing ratios in order to ensure that safe staffing assessments are based on acuity. She confirmed that appropriate metrics would be reported to the Board. The move to acuity-based assessments of the appropriateness of staffing levels was

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endorsed by the Board. CM confirmed that no other trust is using 1:8 and 1:11 as an indicator of safe staffing levels.

- 'Chairing meetings' – planned development event. WC confirmed that the Board development programme would be delivered following agreement on the revised governance structure and revised ToR. Role descriptions for Chairs to be developed.
- 'Medicines Management' – VH sought assurance on progress. Close working with the Chief Pharmacist and Internal Audit and significant amount of audit re. record keeping were confirmed.
- IT support framework for some e-prescribing (e.g. Chemo)
- Clinical Engagement Strategy is being incorporated into the Communications Strategy

The Board noted the Quality Improvement Delivery Update

29/14 7. MEDICAL DIRECTOR AND DIRECTOR OF NURSING REPORT

The Board considered the report of the MD and DoN. The following issues were discussed in depth:

- JAG Accreditation issues to be picked up through paper on endoscopy business case. VH queried whether there are issues to be addressed, in addition to decontamination e.g. Training. Can be picked up via Quality Committee agenda.
- MO raised concerns about delays on SI RCAs / reports. He stressed that there was a need to ensure that the associated learning is in place much more quickly. CM reported improved performance more recently. HF – Board would be interested to understand themes identified in SI RCAs e.g. handover, lack of compliance with policy etc.

Review of all non-pressure ulcer SI RCA themes for previous year to April Quality Committee. **BW**

The Board noted the report of the Medical Director and Director of Nursing

NATIONAL QUALITY BOARD REPORT

The Board considered the Trust's response to the National Quality Board report, noting significant progress reported e.g. nurse staffing.

The Board noted the National Quality Board report.

STRATEGIC

30/14 8. CHAIRMAN'S UPDATE

The Chairman presented his regular update, covering:

- A&E performance
- Addressing the issues raised by the CQC
- Improving financial performance
- Non-Executive Director update
- Governors' Council update – including newly elected and appointed governors
- Patient and public 'Listening Events'
- Working with our external strategic partners
- Support for the QE from Guy's and St Thomas' NHS FT
- Long service awards

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The Board noted the Chairman's Update.

31/14 9. CEO'S REPORT

MO presented the CEO's Report, which focussed on communications, including listening events for staff and the public.

MO reported that an additional risk had been identified in that the batteries in switchboard could fail. The risk mitigation was reported as the Trust seeking to minimise the downtime of the switchboard as the batteries are replaced.

During discussion, it was confirmed that the impact of Norovirus would be reported in the public section of the Board in future to enable the same level of scrutiny as for all other quality metrics. CM – confirmed that beds are closed proactively.

The Board noted the CEO's Report.

OPERATIONAL / PERFORMANCE / FINANCE / WORKFORCE

32/14 10. PERFORMANCE REPORT

The new format of the integrated performance report was introduced. MO congratulated the informatics team on the report's development.

In discussion, the following presentational issues were discussed:

- HF – would find the financial implications of poor performance helpful.
- DD – pleased that we are benchmarking with other Trusts.
- MO – need to move to exception reporting.

The Board considered the Performance Report. During debate, the following issues were discussed:

- Positive news on FFT responses – the Board recorded its congratulations on the improved position
- Discharges before 12 noon
- Ambulance turnaround
- Basic nursing care – how do we know that our nurses are delivering safe basic care? CM reported her development of detailed granular quality metrics presented under the high level indicators in the Board's report.
- Nursing metric dashboard needs further refinement.
- Improved intelligence on 18 weeks performance
- **Patient moves – needs to be reported in the Performance report** **DS**
- **Useful to have a target line for workforce staffing numbers**
- **Page 31 – 'reds' and 'greens' to be reviewed.**
- **Readmissions graph titles to be revised**
- Cancer pathway issues
- Cancer waiting targets – the Trust will fail the cancer 62 day target for this quarter. It was noted that the Trust's position is caused by the fact that some patients do not wish to have their treatment within 62 days. It was accepted that while the Trust needs to aim for 100% compliance, MO has looked at every case and confirms that all breaches are due to patient choice and that no systemic issues have been identified.
- Positive movement on Appraisal and Mandatory Training

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- Finance – forecasting £13.5m deficit. Looking to achieve an improved contract position re. penalties.

All additional comments on the revised Performance Report to be fed back to Michael Brown.

The Board

a) **Endorsed the Integrated Performance Report layout as a work in progress**
b) **Reviewed performance achievement across the Trust and sign-off the performance report.**
c) **Noted the Monitor Compliance framework position forecast at the end of the current quarter remains RED.**
d) **Noted the deterioration in the number of reported Clostridium Difficile Infections and the risk to Cancer performance in quarter 4.**
e) **Noted the performance in relation to A&E and 18 weeks.**

Public Sector Payment Policy (PSPP) PERFORMANCE

Poor performance in respect of PSPP for the beginning of the year was confirmed, due to the Trust's contractual position. It was further confirmed that the Trust had a much improved position latterly. The poor start to the year in this respect was reported as unlikely to be repeated as the Trust was almost at the point of contract signing, following an improved process this year.

IP requested that the Board receive this report regularly due to Trust's cash position and support being required from DoH. **DS**

The Board noted the Trust's PSPP Performance position.

33/14 11. STAFF SURVEY

MV presented the outcome of the Annual Staff Opinion Survey, reporting against 28 staff indicators.

The Board considered the report and the following issues were included in the Board's discussion:

- Largely positive survey result
- Staff perceptions of patient safety
- Action plans in place to deliver improved responses

The Board agreed that as the survey had been undertaken last Autumn, short surveys / temperature checks between national surveys would be helpful in providing a more up to date view of staff opinion. It was explained that the Staff Friends and Family Test was due to be introduced and that this might provide the additional, more frequent and recent staff feedback required by the Board.

The Board noted the report and endorsed plans to incorporate those staff opinion survey areas requiring improvement into the Trust's Organisational Development Plan and ongoing Values & Behaviours work.

RISK

34/14 12. BAF

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The Board considered the BAF. In discussion, the following issues were addressed:

- **The status of Clinical Audit to be strengthened through Clinician review** **BW**
- **Risk No. 8 "inability to agree and deliver realistic plans, leading to failure to secure a short-term balanced budget and longer term financial viability" – to be re-scored from 3x5 – 5x4** **GR**

The Board noted that the strategic risks identified on the BAF had latterly been used to contribute to the development of the Internal Audit programme.

The Board noted the BAF and endorsed the principal risks, subject to the work of the Risk Committee.

REGULATORY AND GOVERNANCE

35/14 13. CONSTITUTION

The rationale for the draft amendments to the Constitution was explained as relating to the work of the Constitution Working Group in reviewing and making recommendations concerning the constitutional provisions for Governors' Council consideration of 'Significant Transactions' and a definition of a 'Significant Transaction'. The Board considered the proposed revised drafting.

The Board approved the proposed constitutional amendment relating to 'significant' transactions and recommended the amendment to the Governors' Council.

36/14 14. AOB - None

Following the Chairman's invitation, the following questions and observations were raised by governors observing the meeting:

- **A&E Extension** - Congratulations were offered on the opening of the A&E extension. A query was raised concerning staffing for observation bays. MO confirmed the investment in the facility was £1.9m. The £3.9m quoted in the press was for the system including CCGs. and confirmed also that there had been no additional external investment in nurse staffing.
- **Medicines Management** – E-prescribing was identified as being introduced in a lot of hospitals. The Trust position was queried. It was confirmed that the current IT infrastructure won't currently support e-prescribing. In terms of robust external interfaces, it was observed that the Trust should not spend money on this matter until the potential partnerships are resolved.
- **Bereaved Relatives** – It was observed that an area for bereaved relatives had been left out of the A&E plans. It was confirmed that a suitable area had been identified for bereaved relatives and that this would be compartmentalised.
- **Sickness Absence** – report page needs to be revised.

Date of next Board of Directors' meeting (in Public) - Tuesday 27 May 2014

There being no further business, the meeting was closed at 2.50pm

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