The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Board of Directors' Meeting (In Public)

Minutes of the Board meeting held on 28th January 2013 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)
A McCallum (AMc)	Non-Executive Director (Chair of Charity & REMCOM)
B Cummings (BC)	Director of Planning and Performance
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
D Stonehouse (DS)	Director of Resources
M Blunt (MB)	Interim Medical Director

In attendance:

G Rejzl (GR)	Company Secretary
H Milne (HM)	Corporate Governance Officer (Minutes)

ACTION

1/13 1. CHAIR'S WELCOME

The Chair welcomed the Board attendees and members of the public to the meeting. MB was formally welcomed to his first public board meeting.

2/13 2. CLINICAL PRESENTATION – PRESSURE ULCERS

The Board received an update of the work being undertaken as part of the SHA Midlands and East initiative to eradicate avoidable grade 2, 3 and 4 pressure ulcers by December 2012. GW and Val Newton led the presentation and discussion.

The outcome of intensive collaborative work was that the Trust had made significant progress in reducing the incidence of pressure ulcers. MAU had gone 78 days without a patient developing a new pressure ulcer on the unit, and Stanhoe ward 48 days. Weekly ward `huddles` and information boards had kept the profile of the initiative high and ensured continued staff engagement. A roll out plan had been devised to extend the learning from MAU and Stanhoe ward to other areas. This had begun in January 2013 and

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would be completed by the end of March 2013.

In discussion, the Board acknowledged the significant improvement that had been achieved in this work which reflected very positively on all the staff involved. It was noted that the expenditure implications of extending the use of repose mattresses was under consideration.

The Board noted the report and presentation and the Chair asked for thanks to be passed on to the staff who had achieved significant results.

3/13 3. ATTENDANCE AND APOLOGIES FOR ABSENCE

Apologies were received from I Pinches, S Haney and L Proctor.

4/13 4. MINUTES OF THE PUBLIC BOARD MEETING HELD ON 26th NOVEMBER 2012 AND MATTERS ARISING

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

5/13 5. ACTIONS MONITORING

The Board reviewed and updated the Actions Monitoring Record and agreed that items 139, 148, 149, 158 and 160 were complete and could be removed from the actions monitoring log. Actions 161, 162, 163, 164 and 166 were agenda items and could be removed from the monitoring log.

6/13 6. DECLARATIONS OF INTEREST

None.

7/13 7. URGENT MATTERS

None.

STRATEGIC

8/13 8. CHAIR'S REPORT

The Chair advised the Board that:

- Governor elections were currently underway, with nominations for every vacancy. The election process concluded at the end of January and the Board and public would then be notified of the successful candidates.
- PW and KG were in contact with similarly sized Trusts (West Suffolk, Burton) to exchange ideas on sustainability for small to medium sized DGHs.
- An event in aid of Project Search was held in the QEH attended by the Mayor of King's Lynn. This project was run in collaboration with the College of West Anglia and supported young people with disabilities in to work.
- KG had recently attending a West Norfolk Strategic Partnership meeting in tandem with the WNCCG where discussion had focused on the emerging strategies of the two organisations.

The Board noted the Chair's update.

9/13 9. CEO's REPORT

PW highlighted the Trust's involvement in the Patient Revolution project, which was concerned with ways of improving patient experience. Work with the TMI consultants would continue until end-March.

PW welcomed the appointment of the Clinical Directors who had now taken up post and were an important part of the Trust becoming a more clinically led organisation.

In discussion of the CEO's report, it was noted that the various bodies emerging from the NHS reorganisation would all; be of importance to the future of the QEH. A request for an early sight of the updated stakeholder map was made, and PW confirmed that a first draft of the stakeholder map would **be brought to an early Board meeting.** **PW**

KG confirmed that a Board2Board meeting was due to take place with the WNCCG on 20th February 2013; an agenda would be agreed with Sue Crossman.

The Board was advised that the EPA contract was now confirmed and that final details would be negotiated with the CCG. The first formal meeting of the board was held in the week of 21 January 2013. It has been agreed that N&N would sign the contract on behalf of all three organisations by the end of the financial year. It was noted that Wisbech pathology work had formally gone to Peterborough.

The Board noted the CEO's update.

OPERATIONAL

10/13 10. PERFORMANCE REPORT

The Board discussed the performance dashboard, identifying performance to December 2012 against the Trust's KPIs the forecast for the year to end March 2013, and key risks to operational performance. The Chair asked Board members to concentrate in particular on areas where performance was off track.

Quality and Risk

- Trust mortality position currently 71.5 for December 2012 and 80 year to date, below the internal target of 75.7 and below the national expected position. Clinical outcomes group responsible for monitoring of mortality figures.
- 34 clinical complaints out of 37 total complaints and 76 compliments across the Trust in the month in question.
- No Grade 3 pressure ulcers and no Grade 4 being reported.
- Four serious incidents in December, 66 reported year to date. Investigations into the incidents underway.
- The Trust latest CQC report had been published on the CQC website

during December.
- No MRSA infections in December 2012, C.Diff below trajectory.

Patient Experience
Patient feedback from the monthly 'Friends and Family' survey was 50.7%, below the 71% target set by NHS Midlands and East. The Trust continued to meet the 10% footfall target of respondents, which was part of a CQUIN target and currently at 19%.

In discussion of why QEH scores remained below target and what steps could be taken to improve, GW explained that from 1 February 2013 the Trust would move to a new provider for the analysis of the FFT. It was expected that this would result in more information being available about what patient's value about our services and what they dislike. Nationally there would be a move from April to a uniform basis of collecting FFT data. The TMI/patient revolution work being carried out in the QE would also cast light on ways of improving patient experience.

Mixed Sex Accommodation
Three EMSA breaches had occurred in December 2012, making 14 year to date. This was the result of one incident with a patient in critical care. PW, supported by GW and MB, said that a risk of breaching EMSA arose when a patient on critical care had been declared fit for discharge but there was no bed available elsewhere to accommodate that person. The breach in December had occurred as a result of a conscious clinical decision to not to move the patient in question until an appropriate bed could be found.

AMc queried how data was collected when there were mixed needs patients on the ward. BC confirmed that the information was collected from the Datix system and recorded as part of clinical incidents.

Complaints
The Trust had received 37 complaints in December 2012, fewer than the previous month but more than in the equivalent month in the previous year. he number of formal complaints received in the same period in 2011/12. The Board noted that the number of complaints could be linked to a reduction in PALS contacts brought about by a shortage of staff in that unit. This was currently being addressed.

Falls Resulting in Serious Injury
Two falls had occurred in December where severe harm was caused. Root cause investigations had been carried out and the reports have been submitted to the Commissioners. Further investigation of the causes and action to reduce the incidence of falls would be **brought to Q&R Committee.** **GW**

Workforce
Sickness levels remained above target levels, possibly linked to current ward changes, skill mix reviews etc. **A report to be made available to P&S Committee.** **DS**

The Board discussed initiatives the Trust has in place for attraction and retention of staff. DS advised that successful international nurse recruitment had taken place in the past but the process usually had to be repeated every couple of years. There was also a high level of forthcoming senior clinical

retirements. PW advised that good applications had been received for the consultant vacancies.

Appraisals
The rate continued to decrease, from 75.1% to 74.9% in December. **A trajectory showing how the Trust would reach 90% by the end of March to be brought to the February meeting.** **DS**

Performance and Standards

A&E Performance

The Trust continued to struggle to sustain performance at 95% . Whilst the target was achieved in December the Quarter 3 target as a whole was 94.5%. The Trust has led the re-introduction of the silver and gold interagency teleconferences and with the CCG had applied for additional winter pressures monies to increase availability of staff in key areas.

MH reported that the Trust had asked the DH Emergency Intensive Support Team (ECIST) to re-visit the Trust and advise on implementation of improvements to its management of A&E and emergency patient pathways. The Trust was awaiting the final letter but would work with ECIST to take forward any recommendations they produced.

C&B
The Trust currently had 66% of its services available through Choose and Book. KG referred to the recent Board strategy session which demonstrated the importance of making QE services easily accessible. BC advised that work was underway to align the C&B system more fully to capacity and demand. For each of the specialties an action plan would be in place to increase C&B availability. **Board to review progress at the February board meeting.**

Readmission Rate
The elective readmission rate for December was 3.4%, above its target of 2.7%. Emergency readmissions for November were above target at 9.8% against a target of 9.1%.

PW requested that the operational actions in the report be more explicit to show what the Trust was doing with regard to the review of readmission rates, not just from a contractual but from a patient's perspective i.e. are patients being readmitted because procedures are unsuccessful? **BC to build this into February's report.** **BC**

Cancelled Operations
The Trust reported 13 cancellations on the day for December 2012, equating to 0.5% of activity in the Trust for the month, 0.3% below the national target of 0.8%

Elective Length of Stay
Current performance was 2.8 days against a target of 2.2 days BC reported that work was being undertaken to investigate the specialties where length of stay had extended. This issue would be monitored closely.

Finance and Investment

DS reported that for the month the Trust had achieved an EBITDA of £190k against a planned EBITDA of £360k, an adverse variance of £170k. A net deficit of £499k was reported against a planned net deficit of £163k, an adverse variance of £254k. The Trust EBITDA margin was 1.4% against a planned EBITDA margin of 2.7%, 1.3% below plan.

In discussion, it was noted that clinical income was below original plan and hence the position had deteriorated in terms of activity recovery assumptions. Looking at the year to date position, the Trust had achieved an EBITDA of £5,434k against a plan of £6,433k, an adverse variance of £999k. DS explained that the Trust had scored a narrow FRR of 3 for the third quarter, and year to date the Trust continued to report an FRR of 3. However the pressures on the Trust were considerable and achieving recovery during quarter 4 would be a challenge. Nonetheless, forecast activity was under constant review and plans were in place for the Trust to deliver its originally planned EBITDA.

PW advised that the Board needed to recognise that a lot of work had been done with regard to securing elective income, and the focus was increasingly on the emergency pathway and the income assumptions associated with it.

The Board:

a) **Noted the current and forecast financial position and welcomed the steps being taken to deliver planned activity levels.**
b) **Reviewed performance across the Trust and signed-off the performance report.**
c) **Noted that the Monitor Compliance Framework at the end of the current quarter was 1 (Amber/Green) due to A&E 4 hour breaches.**

QUALITY

11/13 11. CQC VISIT – OUTTURN REPORT

GW's report to the Board assured the Board of Directors about the action being taken following the Care Quality Commission Review of Outcomes 1, 5, 7, 13 and 21 on 14 August 2012. The final version of the CQC report had been received and the Trust found to be compliant with Outcomes 7 and 13 but minor concerns had been raised in relation to Outcomes 1, 5 and 21. An action plan has been developed immediately to address the issues raised, and the plan had now been delivered.

In discussion, the Board was disappointed that the Trust had received 3 minor concerns, which seemed out of line with the quality of care being delivered at the QEH in general. PW assured the Board that action had been taken swiftly and work was on-going to ensure good quality of care. The quality programme for next year would have a particular focus on how the Trust cared for the elderly. **A copy of the final report and action plan to be submitted to Q&R Committee and the Governors' Council.** **GW**

The Board:

a) **Noted the contents of the final CQC report and action plan.**
b) **Confirmed its understanding that appropriate action had been taken**

and continued to be taken to meet the CQC essential standards.

12/13 12. DUTY OF CANDOUR (BRIEFING AND DRAFT BOARD STATEMENT)

The Board received the briefing paper on the Government's proposal to introduce a contractual Duty of Candour from April 2013 and its possible implications for the Trust.

BC explained that the planned duty of candour provisions had been published at the end of November 2012. Implementation of the duty would be monitored by the Clinical Commissioning Group and penalties for breaches could apply. Details of the implementation process were yet to be clarified, but the Trust would be required to ensure that when an incident occurred resulting in moderate or serious harm to a patient, it was handled openly and transparently.

The Board would be required to sign off the Duty of Candour in March and have its provisions on QEH the website from 1 April 2013. BC advised that it would not be applied retrospectively. MB confirmed that a gap analysis would be done to establish how the Trust could deliver this obligation, and there were bound to be resourcing issues around this process.

GW advised the Board that it was part of the Trust's Being Open Policy that if an issue was raised by a family, it was always discussed with them. There was some uncertainty as to whether the Duty of Candour would apply to clinical incidents only, and the proposed five day period for responses was potentially a cause of concern.

It was agreed that The Board would receive more detail when the implementation provisions were clearer, and the issue would be brought back for decisions to the March board meeting.

GOVERNANCE

13/13 13. MONITOR POSITION

PW advised that the next meeting with Monitor was due to take place on 30 January 2013.

The Board noted the update.

14/13 14. REGISTER OF INTERESTS UPDATE

The Board was requested to advise any changes and forward to Helen Milne in order for the model to be updated.

The Board reviewed the register.

15/13 15. TRUST SEAL REGISTER

The Board received a report recording the most recent entries into the Trust Seal Register in accordance with Standing Orders.

The Board noted the seal register entries.

16/13 16. SENIOR INDEPENDENT DIRECTOR APPOINTMENT

KG invited the Board to agree to the proposed appointment of Shawn Haney as Senior Independent Director (SID). She recalled that following the departure of Jules Hillier from the Board of Directors, the SID role was vacant. The Board of Directors should appoint the SID from amongst the non-executive directors, with the Governors having a consultative role.

The Governors' Council Nomination and Remuneration Committee (NED Appointments) had been consulted and had supported a recommendation that the Board appoint Shawn Haney as SID, and Shawn had agreed to take on the role subject to the Board's approval.

The Board:
Approved the appointment of Shawn Haney as Senior Independent Director.

Date of Next Public Board Meeting 25th February 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 11.20am