The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Board of Directors' Meeting (In Public)

Minutes of the Board meeting held on 25th February 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 & Remuneration Committees)
	Non-Executive Director (Chair of Audit Committee)
I Pinches (IP)	Non-Executive Director (Chair of Finance & Investment Committee)
S Haney (SH)	Director of Planning and Performance
B Cummings (BC)	Director of Patient Experience and Lead for Nursing and Non-Medical
G Wilson (GW)	Professionals
D Stonehouse (DS)	Director of Resources
M Blunt (MB)	Interim Medical Director
L Proctor (LP)	Director of Strategy & Transformation

In attendance:

G Rejzl (GR)	Company Secretary
H Milne (HM)	Corporate Governance Officer (Minutes)
R Humphries (RH)	Communication Manager
V Newton (VN)	Deputy Director of Patient Experience

ACTION

17/13 1. CHAIR'S WELCOME

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

18/13 2. CLINICAL PRESENTATION

The clinical presentation was deferred until the March meeting.

19/13 3. ATTENDANCE AND APOLOGIES FOR ABSENCE

The Board sent good wishes to Mark Henry for a speedy recovery and contributions were made to send a fruit gift basket.

20/13 4. MINUTES OF THE PUBLIC BOARD MEETING HELD ON 28th JANUARY 2013 AND MATTERS ARISING

An amendment was made detailing that an action under agenda item 10. Performance Report – Falls Resulting in Serious Injury was the responsibility of MB and not GW.

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

21/13 5. ACTIONS MONITORING

The Board reviewed and updated the Actions Monitoring Record and agreed that items 5 and 6 were complete and could be removed from the record.

22/13 6. DECLARATIONS OF INTEREST

None.

23/13 7. URGENT MATTERS

None.

STRATEGIC

24/13 8. CHAIR'S REPORT

The Chair advised the Board that:

- The Governors' Council Bulletin attached to the Chair's report was an example of how the outcome of Governors' Councils and Board of Directors' meetings would be communicated regularly to staff. The Board agreed that this was a good process that should be continued in the current format and posted on the Trust website.

- The Chair and PW had recently met the Chair of Burton Hospitals. There had been a very useful exchange of views which had demonstrated the similarity of position of relatively small FTs. The formation of a network of such FTs would be useful as a means of comparing solutions to common problems. A meeting on similar lines was planned with West Suffolk FT.
- The joint Board meeting with WNCCG had taken place on 20th February. The meeting had been productive and the two organisations endorsed the importance of continued dialogue and closer working to ensure the sustainability of health services for the population of West Norfolk and surrounding areas.
- The Chair and CEO had also met their counterparts from Age UK Norfolk.

The Board noted the Chair's update.

25/13 9. CEO's REPORT

PW presented the report to the Board.

- The Board was advised that during the absence of MH, GW would take on the additional role of acting Director of Clinical Services.
- The Board had had a first discussion of the recently published Francis report and its recommendations. Further work would be undertaken to identify any learning from the report that the QEH should implement straightaway. Other implications would become clear when the Government gave its response to the recommendations.
- The recent visit by HM the Queen had been a success. PW expressed her thanks to GW and her team for their very hard work.
- The upgrade to the A&E computer system had successfully taken place but had created some additional pressure within the A&E department during this period.
- The Board was reminded that the BBC TV series 'Operation Hospital Food' was being aired w/c 25th February.
- The front entrance of the hospital had looked very presentable for the Queen's visit and the Trust would look at establishing plants and a canopy at the front entrance.
- Consultant interviews were successfully engaging good candidates for vacancies; a Consultant Anaesthetist had been appointed on 4th February.
- Monitor had published its Provider Licence under which it would regulate foundation trusts and other NHS-funded providers under the Health and Social Care Act 2012. The Board agreed that it would be important to hold a 'KnowHow' session on this topic.

The Board noted the CEO's update.

26/13 10. STRATEGY – UPDATE ON PROGRESS AND FUTURE TIMETABLE

LP updated the Board on progress with the clinical strategy refresh, building on presentations at the Governors' Council in November and February and the Trust Board workshops in December and January. Key points to note were:

- The final strategy would be approved at the time of the Monitor 13/14 APR submission in May 2013, which encompassed three year planning. **LP to share on-going drafts before sign off.**
- There was work still to be done with the Clinical Directors to ensure that the final version of the strategy was fully developed and in line with business; this would be on-going through to March. **LP**
- Once the APR and new strategy were approved it was intended to reach a wider internal and external audience from April. It was noted that if the work of the Clinical Directors was not completed until the end of March it would leave a very tight timetable to launch the engagement work from April. LP advised that there was no need to put this work on hold until the formal document had been signed off and nothing to prevent discussions taking place internally. The Board agreed that it was important to start disseminating the strategy without awaiting final sign off. **LP was asked to present the engagement strategy to the Board at the March Meeting**. **LP**

BC added that work to ensure that the 2013/14 business plan was aligned with the emerging strategic objectives was in hand.

KG advised that the Board would discuss progress with the strategy and

engagement planning again at the March meeting. Work to involve stakeholders in our forward planning had begun, for example with the WNCCG on 20 February.

The Board welcomed the update and approved the next steps on the strategy and engagement planning to be considered at the March Board.

27/13 11. THE TRUST'S VALUES

LP presented a paper on the work undertaken by the Values Council on the draft Trust Values elaborated by the Board. Although was a high degree of consensus, there were still some differences between the version proposed by the Values Council and that proposed by the Board. A process was called for to reach a final version for the Board to adopt.

The following points were made:

- Clarification was sought on 'We display courage in our actions'. LP advised that this proposed value was about staff having the courage to speak out if there was an issue of concern. GW reminded the Board that 'courage' was a key attribute identified for nursing staff at a national level.
- If the values were to be memorable and effective there should ideally be no more than, say, six in total, The aim should be to combine some of the values and make them more concise.
- There should be a clear understanding as to what constituted values and what were essentially behaviours or objectives.

The Board was advised that the members of the Values Council wished to present their views on values to the Board. KG thanked LP for all the work done to date and agreed that members of the Board would meet members of the Values Council before the next Board meeting. The intention was to sign off the Trust values at the next meeting in March. SG and AMc advised that they would be happy to support any work with the Values Council.

The Board noted the update and agreed the action above in order to conclude work on the Trust's Values.

OPERATIONAL

28/13 12. PERFORMANCE REPORT

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

Quality and Risk

RAMI

- The Trust's mortality position was satisfactory, currently standing at 69.0 for the current month with the Trust fairly consistently below the challenging 75.7 target. The clinical outcomes group was actively

monitoring the trend.

Patient Experience

- The Friends and Family Test (F&FT) score was an improving 50.1%; with a response rate of 15%. The DoH would visit the Trust in February to check compliance with guidelines. From 1st February, the Trust had begun using a new provider to monitor the F&FT responses .

Mixed Sex Accommodation (MSA)

- MB advised that of the 4 reported MSA breaches reported for January these were in fact 2 separate incidents. The four breaches in January were within critical care and the decision to breach MSA guidelines had been taken for proper clinical reasons. The cost of breaches was noted and the Board wished to see such penalties avoided, but there were occasions when clinical judgement had to override compliance with targets.

Complaints

- PW advised that she was meeting staff involved in handling complaints. It was noted that real time recording of complaints would be beneficial in that it would give a more immediate picture of issues concerning staff and patients. It would be a constructive exercise to look at themes and narrative in the complaint letters, not simply the number of complaints received. SG suggested that NEDs might have a role in looking at complaints on a random basis. GW advised that the Patient Experience Committee (PEC) examined the issues emerging in complaints letters. One approach might be for a NED to sit in on a PEC meeting from time to time to understand the process.

Falls Resulting in Serious Injury

- No falls reported for January, **but a 'deep dive' on falls would be presented to Q&R in March.** **MB**

Pressure Ulcers

- No grade 4 pressure ulcers reported. A plan to roll out learning from the work piloted on Stanhoe ward throughout the Trust was now in place.

Workforce

- Sickness Absence
  DS advised that sickness absence levels for QEH were just above 4%, broadly in line with the national average. There was concern about high levels of sickness amongst registered nurses. Actions were in hand to deal with prolonged sickness absence.

- Appraisals
  73% of appraisals had been completed at the end of January. This was below the 90% (internal) target, but an improved performance on last year. **DS to provide a trajectory on performance to end of March.** **DS**

- IG Training
  1000 people had been trained within the Trust ahead of this time last

year.

- Nursing Staff Numbers
  The Trust was currently using an increased level of bank nursing to cope with current pressures but this was not a viable long term option. An international recruitment drive in Portugal was scheduled for the end of March to secure up to 40 registered nurses. In discussion of reasons for nurses leaving the Trust, no consistent theme had emerged in exit interviews. It was unlikely that the Trust would see a material improvement in nursing staff employed until May.

  GW reminded the Board that fewer nurses were being trained nationally, which meant that the pool of available recruits would continue to be limited. The issue of improving the nursing skill mix on the wards was therefore important.

Performance and Standards
KG noted that a high number of key targets had been reached, namely:

- All Cancer Targets
- MRSA Screening – 100% against a target of 100%
- Stroke – 90% of stay on the Stroke Unit – 97.1% against a target of 80%
- TIA – High Risk, not admitted, treated within 24hr – 88.5% against a target of 60%
- Daycase Rate – 89.5% against a target of 82%
- Basket of Daycase Procedures – 83.7% against a target of 80%
- Emergency length of stay – 4.5 against a target of 5.0
- Elective length of stay – 2.0 against a target of 2.2

- Emergency Care Performance
  The emergency access target of 95% for January was not achieved. The high number of breaches had continued into February, making the achievement of the end year target impossible. The Trust had remained on Black Alert until 22nd February. All necessary actions were being taken to stabilise the position and restore patient flow. GW advised the Board that work had been commissioned to establish the causes of the failure of emergency performance over this period.

  PW said that if the Trust had to make a conscious decision between patient safety and meeting a target, the former would always prevail. It was important that this course of action be endorsed by the Board as and when this situation arose. The option of opening additional wards at times of pressure was not feasible because they could not be staffed to a safe level.

  A report to be produced for the Board on lessons learned from the current situation. **GW/BC**

- New to Review Rate
  The Trust's new to review ratio target of 2.7 was exceeded in January.

- DNA Rate
  The Trust's DNA rate was currently below the nationally reported figure of 10% but above the local target of 5%

- C&B
  The Trust currently had 70% of its services available through C&B. The Board was advised that 6 week block planning should have a positive impact on cancellations and improve C&B performance. This would be reviewed at the March meeting.

- Readmission Rate
  The elective readmission rate for January was 3.1%, above its target of 2.7%. Emergency readmissions for January were above target with a performance of 9.9% against a target of 9.1%.

- Cancelled Operations
  The Trust reported 51 cancellations on the day for January 2013, equating to 1.5% of activity within the Trust for the month. Some of these patients had exercised their constitutional rights to be treated privately.

- Elective Length of Stay
  Performance was 2.0 days against a target of 2.2 days, Investigation of December's increase had highlighted that unscheduled cancellations had had an adverse impact on this indicator.

- 18 Weeks
  3 services, Urology, Plastic Surgery and Gynaecology, did not achieve the 92% target for incomplete pathways. A process of catching up was being put in place.

Finance and Investment
DS highlighted key points regarding the position for January as follows:

- For the month the Trust achieved an EBITDA of £772k against a planned EBITDA of £1,020k, an adverse variance of £248k.
- For the month the Trust reported a net surplus of £663k against a planned net surplus of £391k, a favourable variance of £272k.
- The Trust EBITDA margin was 5.4% against a planned EBITDA margin of 7.2%, 1.8% below plan.
- In the month the Trust scored an FRR of 4 against an expected FRR of 4 and year to date the Trust is reporting an FRR of 3 against a planned FRR of 3.

The Board was advised that the situation was being very tightly managed. The Trust had to remain focused on driving income and activity going into the next financial year.

PW advised the Board that the Executive Directors would make every effort to get income activity back on track. DS advised that the Trust would become more cash challenged if the situation deteriorated further.

The Board:

a) **Noted the position in relation to complaints and endorsed efforts to improve understanding and handling of complaints.**
b) **Reviewed performance across the Trust and signed-off the**

performance report.

c) **Noted the current and forecast financial position and welcomed steps being taken to deliver planned activity levels.**
d) **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

29/13 13. THE FRANCIS ENQUIRY REPORT

PW presented a paper to the Board on the report of the Francis Enquiry into failings in care at the Mid-Staffordshire NHS Foundation Trust in March 2009. Work had begun to review the report and consider the implications for the QEH. As a result, five objectives had been identified:

- To articulate clearly the Board's role and responsibilities in responding to the Francis Inquiry report (Feb 2013)
- To understand the key recommendations from the report and discuss their implications for the Trust and the broader health and social care environment at all levels
- To identify what is already in place that provides assurance to the Board of Directors that services are safe and of the required quality
- To identify work underway that addresses issues in the report
- To identify and agree gaps in assurance, how these should be addressed, and a timetable for action.

The next steps should be:

- Keep a watching brief on developments in the run up to the Government issuing its response to the Francis recommendations. The Board was advised that GW and MB would be drafting the Trust's own response to the report.
- Initiate any immediate action where issues highlighted in the Francis report showed gaps in provision at QEH,
- Board of Directors to receive reports via the appropriate Board sub-committee on progress with strengthening the governance and board assurance framework.
- Revise the Trust's quality strategy in the light of the Francis recommendations and reflect in the Trust Strategy due for submission to Monitor in May 2013.

This work will be overseen by MB and GW, and supported by the relevant deputy directors.

The Board noted the report and approved the suggested next steps.

RISK

30/13 14. RISK REGISTER ≥ 20

The Board examined the Trust Risk Register showing any operational risk scoring 20 and above.

It was noted that the narrative regarding Item 752 – potential for Trust QIPP programme to fail due to reliance on external agencies and primary care support – had remained on the register in this form for some time. MB advised that the title and terminology could be updated but everything else pertaining to it remained valid. It was agreed not to amend the risk at this moment: any changes would be incorporated as part of the BAF in the new financial year.

The Board agreed the risk be reviewed as part of the BAF in the new financial year.

Date of Next Public Board Meeting 25th March 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 11.35am