

Minutes of TRUST BOARD meeting, incorporating the ANNUAL GENERAL MEETING (AGM),  
held in the Conference Room at The Queen Elizabeth Hospital  
on Monday, 25th September, 2006.

**PRESENT:-**

Mrs. S. Childerhouse (Chairman)  
Ms. R. Barnes, Director of Delivery & Performance  
Mr. R.C. Brundle, Non-Executive Director  
Mr. J. Cook, Director of Finance  
Mrs. K. Gordon, Vice-Chairman  
Dr. G.R. Hunnam, Medical Director  
Mr. A.P. Jessop, Non-Executive Director  
Mrs. A. Lyes, Director of Human Resources  
Mrs. R. May, Chief Executive  
Mrs. A. Purt, Non-Executive Director  
Mrs. C. Townsend, Non-Executive Director  
Mr. C.J. Weston, Director of Capital Planning & Facilities Management  
Mrs. G. Wilson, Director of Nursing

**In attendance:-**

Mr. B. Dane, Chairman, Patient Forum  
Mrs. A. Broadhurst, Chairman Designate – Observer  
Ms. B. James, Head of Midwifery (For Minute No. 147/06(b))  
Dr. K.R. Burchett, Turnaround Team (For Minute No. 152/06(a))  
Dr. M.J. Rimmer, Chairman, Clinical Governance Committee (For Minute No. 152/06(c))  
Ms. K. Armitt, Forum Co-ordinator  
One member of the public

**Welcome**

The Chairman welcomed Allyson Broadhurst who would be taking over as Chair of the Trust from 1st October, 2006. She was a very experienced Chair, having chaired East Cambs. & Fenland PCT for 4½ years and had previously been a member of Lifespan Trust.

**146/06 APOLOGIES – Nil.**

**147/06 PRESENTATIONS**

(a) Presentation of Annual Report 2005/06

The Chairman and Chief Executive presented the Annual Report and Accounts for 2005–2006. The year had been one of continuing progress despite the challenges and the AGM was a useful opportunity to look back over the preceding year; time to take stock and most importantly time to look forward. The organisation had travelled a huge distance in the last year helped by the loyalty and commitment from staff in all areas of the Trust and the people of King's Lynn and West Norfolk who had a sense of ownership of the hospital. This loyalty and commitment would be really important with the move towards Foundation Trust (FT) Status. Although painful decisions had been made the point had been reached where there was a positive way forward in order for the hospital to provide for the needs of local people. The year had been dominated by finance and the £11m. control total but progress had been made with the performance targets which had moved from a number of "reds" at the beginning of the year to "greens" at the end, demonstrating a positive move forward. There were a number of achievements to celebrate, e.g. funding for the new £535,000 Genito–Urinary Medicine Centre and fourteen months of continuous financial improvement. The Trust was no longer seen as a failing Trust but one in successful turnaround, albeit with some financial problems. Awards received during the year included a Health Enterprise East Innovation Award for a service provided by the Audiology and Dental Departments and the Charter Mark award to the Arthur Levin Day Surgery Unit. The 65–85 redundancies announced earlier in the year had now reduced to 15 through redeployment into vacancies, natural retirement etc..

There were difficult times ahead, particularly with the journey to FT status, but the Chairman was confident that with the quality of the current leadership the Trust would get back into financial balance. She was sad to be leaving but had felt enormously privileged to have been part of the Trust and was very grateful for the support she had received from everyone. Mrs. May was confident the hospital would continue as a main centre for emergency services and elective care but with changing medical technology some of the more complex elective work would continue in partnership with larger centres. The Trust had strong relationships with its commissioners and she was confident it would continue to be a major player in the area.

The Director of Finance explained the summarised Annual Accounts contained in the Annual Report and advised the key target for this year was to bring the £11m. loss into an operating surplus. This was a challenge but it was important the deficit was repaid. He then drew attention to other key financial performance measures, i.e. the External Financing Limit, the Better Practice Code target and management costs which had seen a significant reduction.

The Annual Report for 2005/06 was accepted and thanks were expressed to the team who had pulled this together.

Tributes were then paid to Colin Weston and Sheila Childerhouse on the occasion of their last Trust Board meeting.

**(b) Midwifery and Supervision of Midwives**

Barbara James, Head of Midwifery, updated the Board on Midwifery and Supervision of Midwives. The Midwifery update covered birth statistics 2005/06 (64% of births undertaken by Midwives); Midwifery staffing (currently two vacancies); areas to note – low caesarean rates, adherence to National Institute for Clinical Excellence (NICE) guidelines, low induction rates, excellent multi-disciplinary team working and Maternity Support Workers; areas of risk (escalation process at times of high capacity, obstetric theatre coverage, recruitment and retention of staff, achievement of Clinical Negligence Scheme for Trusts (CNST) Level 2, home birth provision) and future plans.

As regards statutory Supervision of Midwives, this was specific to Midwifery and The QEH had 10 Supervisors of Midwives working across clinical, educational and management and we had received an excellent Local Supervisor of Midwives report following a visit in January. Ms. James highlighted some areas of risk around Supervision of Midwives and future plans. Mrs. Wilson clarified that there was always an element of risk around Midwifery and assured the Board safe practices were in place. Ms. James was thanked for attending the meeting.

**148/06 MINUTES**

Minutes of meeting held 25th September, 2006 were confirmed and signed with the exception that Mrs. Purt should be included in those attending and Minute No. 135/06(b)(2), Elective/Non-Elective Activity should read "elective had decreased and non-elective had increased.

**149/06 DECLARATIONS OF INTEREST – None****150/06 MATTERS ARISING****(a) Sickness Absence Comparison (135/06(c))**

The Board noted from the Sickness Absence Comparison for the period 1st April, 2005 to 31st March, 2006 for Trusts in the Norfolk, Suffolk and Cambridgeshire (NSC) area, as circulated, that this Trust was below the NSC average in most areas apart from Medical and Dental. They considered the excellent progress made reflected the large amount of management input but for the next comparison report asked that this Trust be compared with other acute trusts in the NSC and that "King's Lynn" be changed to "The Queen Elizabeth Hospital".

*Board Assurance Framework Risk Number 32; Better Standards for Health, Standard C7d*

**(b) Children's Services Review Panel (146/06)**

Following investigation into the provision of education services on Rudham Ward it had been ascertained this was the responsibility of the Norfolk County Council Education Department. They apparently felt the ward did not have sufficient demand to warrant the provision of a teacher as the majority of children were discharged within 48 hours and those children who stayed longer were quite poorly. Any child admitted could access their local school.

#### **151/06 NOTIFICATION OF ANY ITEMS OF URGENT BUSINESS TO BE DISCUSSED DURING MEETING**

There were no items of urgent business.

#### **152/06 STRATEGY**

##### **(a) Turnaround Plan**

The Board noted from the Update of the Turnaround Plan 2006/07, as circulated, that the Trust was ahead of schedule in the year to date by £425,000; that there were areas of risk and that Turnaround meetings and Taskforce meetings continued. PWC had been undertaking some work in Outpatients and had stated the Trust had one of the leanest staffing they had ever seen. This report would be shared with the Board and with the Turnaround Director. Dr. Burchett, the clinician lead, confirmed the Trust had now hit a difficult period where savings of £800,000 a month were being sought but he was reasonably confident we would hit the target. It was confirmed no decision had yet been taken with regard to the procurement hub until sufficient evidence was available. As regards procurement, it was noted Mrs. May was holding meetings with individual companies that were starting to prove beneficial.

##### **(b) Draft Foundation Trust Diagnostics Action Plan**

The Draft Foundation Trust (FT) Diagnostics Action Plan, as circulated, was a result of feedback from the Board-to-Board meeting with the Strategic Health Authority and was the driver towards FT status. The Board were concerned they had not been given the opportunity to appraise the SHA of their progress and it was agreed to arrange a date for a follow-up assessment. The word "stakeholders" would be included in the Action Plan that would be presented to the Board at least quarterly. It was noted it was likely external assistance would be required at some stage. The Board accepted the recommendations.

*Board Assurance Framework Risk Number N/A; Standards for Better Health, Standard C7*

##### **(c) Integrated Governance**

Dr. Rimmer, Chairman of the Clinical Governance Committee, joined the meeting for discussion on the Integrated Governance paper, as circulated. This was a progress report on developing the integrated governance ideas proposed some time ago aimed at improving those reporting and monitoring arrangements the Board had to undertake on a whole range of issues, particularly clinical governance and risk management that were dealt with separately at the moment. There would be a more integrated, efficient and effective approach to governance structures and this had come at a time when the role of the Board was rapidly evolving, e.g. the Intelligent Board, the Board Assurance Framework and the role of the Audit & Governance Committee. The integrated structure proposed an over-arching sub-group of the Trust Board (Healthcare Governance) and beneath that, three main groups (Clinical Governance, Environmental Governance and Resource Governance). All the current Committees across the Trust had been aligned to one of these new Committees who would ensure that they all had up to date Terms of Reference and appropriate leadership. The Board agreed the recommendations with further consideration required as to the Chair and proposed membership of each committee. Thanks were expressed to Dr. Rimmer and Mrs. Wilson for undertaking this piece of work.

*Board Assurance Framework Risk Number N/A; Standards for Better Health Standard C7*

#### **(d) Information Management and Technology Strategy**

Mrs. Wilson enlarged on the Information Management and Technology Strategy, as circulated, which would be supported by an operational plan to link Informatics, Network provision and Connecting for Health Applications. The Board approved and supported the Trust's first Information Management and Technology Strategy, subject to keeping a "watching brief" on what was happening in other Trusts.

*Board Assurance Framework Risk Numbers 6,7,26,25,27; Standards for Better Health Standard C9*

### **153/06 OPERATIONAL**

#### **(a) Finance Report**

Mr. Cook, Director of Finance, was welcomed to his first Trust Board meeting. Referring to the Finance Report to 31st August, 2006, as circulated, he was pleased to report the Trust was heading in the right direction with a £286,000 favourable variance against the budget. As mentioned earlier the Turnaround Plan was ahead of target by £426,000 and the year to date figures include £572,000 restructuring costs. The plan was to realign budgets for next month's report in agreement with Directorates. Other key features to note were that Out of Area Treatments (OATs) income was not being collected at the level of budgeted income and this was being corrected. Also there was a shortfall on income generation, primarily around road traffic accidents and catering. Further work was required on cash flow as this would be critical and Mr. Cook was asked in future reports to include a chart on cash flow giving details of the current position. He was also asked to consider showing Director's areas of accountability. It was noted that contingency

plans were being developed by each of the Executive Directors to be co-ordinated by the Chief Executive. It was important to note The QEH met milestone one – in-month balance. The next challenge was to meet milestone two – in-year balance by 2007. The final financial challenge was to pay back the £11m. debt.

*Core Standard C7d*

#### **(b) Monthly Performance & Activity Report**

The Monthly Performance & Activity Report, as circulated, was noted and the following highlighted:-

1. **Outpatient breach** – identified during August but the patient had now been seen.
2. **Choose and Book** – an increase this month and Gayton Road Health Centre were now booking patients in small numbers.
3. **Cancer targets** – the two-week target and the 31-day target had been met. The data for the 62-day target had been revalidated from 90% to 93½% as there were two breaches and not three. The volume of work was increasing and tracking patients through pathways was a complex process.
4. **Diagnostic waiting times** – Echocardiography and Electromyography waits would be split in future.
5. **Data Quality** on ethnicity was increasing and PWC during its outpatient work had found the Trust to be one of the best coders.
6. **Cancelled operations** – high numbers in August due to equipment breakdown as detailed. No guarantees could be given that it would not recur as the equipment was provided by a third party. Other reasons for cancellations would be reported in the private part of the meeting as the information was patient identifiable owing to the small numbers involved.
7. **C.diff** – the figure should read 15.

*Board Assurance Framework 10,33: Integrated Annual Assessment C7 and C17*

#### **(c) Agenda for Change – Benefits Realisation – Progress to date**

The Agenda for Change – Benefits Realisation – Progress update, as circulated, was self-explanatory. It was agreed Directors should be challenged at bilateral and quarterly non-clinical meetings to provide examples of benefits realisation. The Board also requested costings set against benefits for the March 2007 meeting and agreed the recommendations.

#### **(d) Delivery & Performance Management Structure**

The Board noted the Delivery & Performance Management Structure report, as circulated, summarising the revised management structure under the Director of Delivery & Performance. This had been agreed in discussion with Clinician Managers, General

Managers and Executive Directors and had been in place since August. The changes would be reviewed in six months to ensure they were working effectively.

It was agreed to bring the new Executive Director structure to the next meeting and when the bed reconfiguration was complete to bring details of the new ward structure.

## 154/06 RISK

### (a) Minutes of Risk Management Committee held 17th July, 2006

Minutes of Risk Management Committee held 17th July, 2006, as circulated, were noted. The meeting had been verbally reported on at the last meeting.

### (b) Report from Risk Management Committee (RMC) held 18th September, 2006

Mrs. Purt highlighted the main issues arising from the RMC held on 18th September, 2006:-

1. **Risk Registers** – the RMC received an update on the Medical Directorate Risk Register and the Computer Services Risk Register for the first time and would in future look at non-clinical risk registers. It was agreed to undertake a risk assessment in relation to infection issues in respect of tugs going around the hospital grounds
2. **Risk Management Standards for Trusts** – the Head of Risk Management had assured the Committee everything was satisfactory in readiness for a visit in November. To ensure our full compliance the Head of Risk management would be reporting on a weekly basis to the Executive Team.
3. **Health & Safety Policy** – reviewed and ratified with some changes.

## 155/06 REGULATORY

### (a) Minutes of Clinical Governance Committee (CGC) held 13th July, 2006

Minutes of the CGC held 13th July, 2006, as circulated, were noted.

### (b) Results of Healthcare Commission Cross-Checking

The Healthcare Commission had provided the Trust with the evidence it had used in order to rate the hospital excellent, good, fair or weak, due 12th October, 2006. Mrs. Wilson highlighted a few areas where our results appeared to be weak whereas we now have evidence to show that we have improved, e.g. MRSA rates. The reason for this was that the information being used by the Healthcare Commission was two years' old. Following the results for the Trust on the 12th October, 2006, the Communications Officer would provide the current position against targets in a traffic light format as required.

*Board Assurance Framework N/A; Standards for Better Health C7ac*

**(c) Doctors Excluded from Work Report**

The Suspension of Medical & Dental Staff, Monthly Statistical Bulletin, as circulated, was noted. It was noted that currently one doctor was excluded from work and an investigation was ongoing and should be reported to the case manager by the end of the week when a decision would be taken as to the next steps.

**(d) Report from Human Resource Development Committee (HRDC) held 24th August, 2006**

Mrs. Lyes reported on the HRDC held on the 24th August, 2006. This had been a business meeting where policies had been adopted/ratified and where the Committee had received an update on Agenda for Change and sickness absence. They had also looked at how the Age Discrimination Policy, adopted at the previous meeting, was being implemented. The minutes would be submitted to the next meeting.

**(e) Report from Audit & Governance Committee held 21st September, 2006**

Mrs. Townsend reported on the Audit & Governance Committee held 21st September, 2006 with particular reference to:-

1. **Job planning/benefits realisation from implementing the Consultants' Contract** – an excellent and reassuring report received from the HR and Medical Directors that had reassured the External Auditors.
2. **Internal Audit work** – a spread-sheet of actions would be developed for monitoring purposes.
3. **PWC Acute Hospital Portfolio** – report received in its final format and the Director of Delivery & Performance was dealing with the actions arising. The plan for the year was not yet finalised but some indication had been given as to the likely content.
4. **External Auditors Annual Report to management** – their submission had contained some adverse comments but the conclusion had been reached that although the Trust had a number of deficiencies in the management of resources it had been acknowledged in the narrative that this had resulted from largely historical evidence and a number of these deficiencies had been or were being addressed. In their view the Trust had moved on but there was still considerable work to do around the Auditors' Local Evaluation (ALE) scores.

**(f) Infection Prevention and Control Annual Report 2005–06**

The Infection Prevention and Control Annual Report 2005–06, as circulated, was self-explanatory and demonstrated infection control was being taken seriously. The Board



considered this provided significant assurance about the management of infection and Mrs. Wilson was asked to pass on the Board's thanks to all involved.

*Board Assurance Framework Risk Number 2; Standards for Better Health, Standard C4*

## **156/06 PATIENT FORUM**

### **(a) Structure to replace Patient Forum – update**

Mr. Dane, Chairman of the Patient Forum, gave an update on the current position on the structure to replace Patient Forums. A great deal of detail had yet to be announced but Forums had been asked to comment on the new arrangements and how the system should be developed. In summary there was no single template but Mr. Dane gave his own personal view of the proposed framework. The Chairman thanked him for his briefing and advised the Board accepted that patient involvement was absolutely vital and the Trust would want to work with the successor organisation as they valued patient input. Mr. Dane left a few copies of the DH consultation paper "A stronger local voice" for anyone interested.

### **(b) Patient Forum Perspectives**

Mr. Dane had been pleased to see from the press a planning application for the Helipad.

## **157/06 DATE OF NEXT MEETING**

The next meeting had been changed to **Wednesday, 25th October, 2006 at 9.30 a.m. in the Conference Room at The Queen Elizabeth Hospital.**

**The Special Resolution was then passed**