James Paget University Hospitals NHS
NHS Foundation Trust

Board of Directors

Minutes of the meeting held in Public on Friday 25th January 2008 at 9am in the Boardroom, James Paget University Hospital

Present:
Mr John Hemming, Chairman

Non Executive Directors	Executive Directors	
Mr D Edwards	Mrs J Cave	Director of Finance & Performance
Mr K Gaylard	Mr N Coveney	Director of Nursing & Patient Services
Mrs J Mason	Mr K Lower	Director of Human Resources & OD
Mr H Roberts		(from March 2008)
Mrs A Stannard	Mrs W Slaney	Medical Director; Acting Chief Executive
In attendance:	Ms A Filby	Foundation & Communications Manager
	Ms R Driver	Head of Communications & Foundation Secretary
	Mr P Thompson	PPI Forum – JPUH
	Mr L Wilson	Staff Side

There was 1 member of staff and 6 governors/members of the public in attendance.

1. **Welcome and apologies for absence**
The Chairman welcomed all to the meeting and introduced Kirk Lower, the new Director of Human Resources and Organisational Development from 1st March. Apologies were received from Adrian Pennington, Chief Executive, and Jim Bond.

2. **Declaration of Interests**
There were none declared.

3. **Minutes of the meeting held in public on 26th October 2007**
The minutes were agreed and signed by the Chairman at the Board of Directors meeting held in private on 30th November 2007.

4. **Stroke Pathway**
Andrew Fox, Divisional Manager, introduced Jane Margetson, Ward Manager; Evie Cooper, Stroke Co-ordinator and Rachel Wilson, Matron. He gave an overview of how stroke services had been managed in the last 18 months and how they have progressed. He described improvements made with nursing staff trained to undertake roles previously carried out by medical staff; a copy of the presentation is attached. 70% of patients following stroke are now cared for on Ward 15 and it is hoped to get stroke recognised as a medical emergency. The other work in progress was highlighted together with the learning being gained from other Trusts.

Mrs J Mason, Vice Chair, congratulated the team for the amazing transformation of stroke services in the Trust. She asked about the 30% of patients that do not get to Ward 15, although they are tracked in the hospital, and whether the number of beds is sufficient. This 30% relates to patients that are usually doing very well or are at end of life stage, with the stroke care focussed and prioritised where it is best used. The ward would like to accommodate those going home more quickly and faster discharge could be possible with facilities in the community. The problem is related to resources, associated capacity, skills and interest in stroke services. The Trust has been aware of this for many years and it isn't an easy issue to resolve. There is evidence nationally around different models and supporting individuals within their own home care settings. This service is not something the Trust can directly establish but the team needs to work with others in partnership.

Support for patients discharged is always considered and this may mean that patients stay in hospital for longer than would be ideal due to lack of support in the community. Our partner agencies should be encouraged to focus on stroke as a service. Family support workers in the community would be beneficial as social isolation is the biggest problem for stroke patients, and former patients are indicating there are gaps in service. There is a national assessment tool called FAST to identify stroke and this is simply set out. It is hoped that everyone will be able to recognise the symptoms. The Acting Chief Executive reported that a network group with local commissioners is shortly to be established, which Andrew and his colleagues would be part of.

All scans are carried out within 24 hours of presentation, which was a great improvement. The Trust has developed two pathways, the 24 hour and those eligible for thrombolysis being CT scanned within 3 hours. Speech and language therapy is not provided by the Trust but is managed by Great Yarmouth and Waveney PCT and there has been a long term problem with capacity. The level of service slows down the patients' progress and recovery and the Trust has therefore taken the step to train its staff in dyspagia assessment. The Stroke Co-ordinator however suspects that the absence of evidence on the benefits of speech and language therapy will not assist.

Mr P Thompson, Chair of the PPI Forum, reiterated the congratulations expressed. It was clarified that the Trust could not consider employing its own therapists for a number of reasons. Mrs A Stannard, Non Executive Director, asked about physio back up. There are three full time therapists and an assistant, with almost daily treatment offered. Within the community rehabilitation services are being moved to provide some equity but the service is not as intense as the team would like. The biggest challenge for the service is to gain assurance on adoption of the pathway, with fulfilment of all elements, and ensuring timelines are integrated.

The Chairman underlined all the positive comments and the concerns raised by the team and the Board previously. He thanked the team for their efforts and their personal input on behalf of patients who are benefiting from the improved services.

5. **Matters Arising from previous Minutes**
4. Matters Arising – Improving Fundamental Nursing Care - The Chairman had written to staff thanking them.
9. Improving Lives, Saving Lives – The Trust wrote to the Chief Executive of the NHS East of England reflecting the Board's discussion.

6. **Electronic Staff Records (ESR)**
The Director of Finance & Performance reported that the ESR is a national integrated system, forming part of the National Programme for IT (Information Technology), which replaces a number of human resources and payroll systems across the NHS. We are one of the last Trusts to go live with national completion due in March. The Director outlined the testing and training, risks and audits undertaken and the contingency plan in place. PricewaterhouseCoopers has given full assurance, and are generally very content with the Trust's actions. All go live criteria have been met and the Director recommended that the Board approve go live ready for 12md today. The Director thanked David Easter, the project manager, her own payroll team and Liz Cooke, Deputy Director of Human Resources, who had led the project. The Chairman would write to all individuals. Mr Thompson asked about data security and the Director reassured the Board on this issue. **JH**

The Board unanimously **approved** the decision to go live with ESR.

7. **Performance Management Report**
The Director of Finance & Performance set out the traffic light system showing performance to the end of December. She detailed the key targets:

- Cancer – maintaining 100% for 2 week wait; achieving 99.7% against the standard of 98% on 31 day target; achieving 97.1% against the 62 day target with one breach due to lack of intensive care beds
- Accident and Emergency (A&E) – target proving very difficult due to high levels of emergencies being experienced together with intensive care pressures. The Trust has met the target however January has seen a high number of emergencies and problems with intensive care patients which is a national problem. The target is being achieved currently but it is going to be very tight
- MRSA/CDiff – To be covered in a report later on the agenda
- Cancelled operations – Due to A&E position there have and continue to be problems achieving this target
- Access to GUM clinics – achieving
- Thrombolysis – achieving
- 18 week wait – the Department of Health has moved away from milestones and is now looking at the percentage of patients seen within the 18 week wait. The Trust is achieving its plans, which is really positive news. We are currently at 74%, with a national standard of 85% for admitted patients and 85% against the standard of 90% for non admitted.

A query was raised as to whether the improved percentage under delayed transfers of care was likely to continue. The Director of Nursing & Patient Services reported that on average there are 16/17 patients waiting for nursing/residential placements. Social care does not accept this figure as they consider only the number that are reimbursable, i.e. 1 or 2. The Trust has agreed with the PCT that new performance targets will be set as this situation is untenable. Social care has assured the Director that they will be

able to act on the outcome. The Norfolk and Norwich University Hospital (NNUH) and the Queen Elizabeth Hospital King's Lynn NHS Trusts use a different counting system so it is not possible to match figures. The Trust understands the situation now and this has enabled the way forward with the focus on what is of benefit to the patients and what they require.

The Director of Finance reported that nationally A&E has been on red alert. Mr Thompson asked if there were indications that the out of hours is causing some of the pressure. The Director reported that there is no evidence to suggest that this service is not performing within its contracted levels.

8. **Infection Prevention and Control: bMRSA and Clostridium Difficile**

The Director of Nursing & Patient Services felt it was really important that the Trust celebrates some of the messages of its excellent progress. He gave a presentation, copy attached, on the detail of MRSA and Cdiff. To date there have been 15 cases of MRSA, a record low, with this breaking down to 5 community related, 2 contaminants (i.e. the patients are well and don't have bMRSA), 2 double counts, 2 renal outpatients and 4 hospital patients.

In relation to Cdiff the Trust is currently one of the best performing Trusts in the region and nationally, and recognised as an exemplar Trust in dealing quickly to manage the 027 outbreak. The Director referred to recent press coverage on isolation facilities and deep cleaning programmes. There are a number of challenges and concerns still and the Trust can never be complacent. Action plans must be effective and the Trust must minimise the disruption caused with A&E pressures and the resulting movement of patients. The Director highlighted that the 'new monies' publicly stated have not been received and advised the Board on the stringent rules that the East of England has put in place to gain access to some of this.

A member of the public asked what a deep clean was and this was explained. Mr D Edwards, Non Executive Director, was concerned that despite improved performance, in relation to the target and the way this is set, the public will see the Trust as having failed. Ms R Driver, Head of Communications, responded that a lot of work is being done with more posters and large display boards in the hospital on the work the Trust is doing. In terms of external messages, lot of work has been done and certainly local newspaper editors, radio and tv see the Trust as an exemplar. There is a document which will be shared shortly which lays out how the Trust managed the 027 outbreak. Further thought was required, possibly to include holding a press conference. The quarterly Health Protection Agency figures will be publicised next week, which will be very positive. **RD/NC**

The Acting Chief Executive has talked with Practice Based Commissioning leads and information will be included in their newsletter. This can be quite detailed to inform communication with patients. It should be recognised however that changing the perception may not be possible. Work is underway with the PCT on a number of fronts, with antibiotic prescribing highlighted to replicate the control that is in place here. As part of our contract with the PCT the Trust can set performance targets and will be doing so for Cdiff. We are also engaging with local acute hospitals, with the NNUH coming to spend some time here, and Ipswich already having done so.

9. **Cancer Reform Strategy**

The Director of Finance & Performance referred to the newly published strategy which follows on from the Cancer Plan in 2000. Statistics were highlighted, showing the reduction in cancer levels. The paper drew out the key areas and the Board was briefed in some detail:

- Cancer prevention: smoking, obesity, alcohol, skin cancer, vaccination
- Early diagnosis: cervical, breast and bowel cancer screening; feasibility studies: national awareness campaigns
- Better treatment: current targets will be extended; increase in radiotherapy services
- Living with and beyond cancer: shows how learning from patients' experiences is key in developing services
- Reducing cancer inequalities: access to services from vulnerable groups and socially deprived areas
- Delivering care in appropriate settings: the Anglia Cancer Network is looking at these two key principles which are contradictory.

The Cancer Network will be developing actions in the local system to take this forward. Some will be addressed through the contract with the PCT and longer term. There are opportunities for the Trust and agreement has been reached with the PCT that a sub group will be set up for the Gt Yarmouth & Waveney locality to mirror what happens elsewhere. This is a positive outcome for this Trust and the area's patients.

Mr H Roberts, Non Executive Director, asked how adequately this strategy is being funded nationally. The Director reported that no specific funding has been discussed, either nationally or locally, with reference made to more efficient systems rather than additional funds. We will await the action plan being developed and how the cost will be addressed with the PCT.

10. **The Operating Framework 2008/09 and Commissioning Action Plan**

This was published in December and the Director of Finance & Performance reported on the national priorities:

- Improving cleanliness and reducing healthcare acquired infections
- Improving access through achievement of the 18-week referral to treatment pledge, and improving access (including at evenings and weekends) to GP services
- Keeping adults and children well, improving their health and reducing health inequalities
- Improving patient experience, staff satisfaction, and engagement; and
- Preparing to respond in a state of emergency, such as an outbreak of pandemic flu.

The existing targets were listed at Appendix A. In the East of England there is little scope to negotiate on local issues as these are being driven by the Strategic Health Authority. The Trust is therefore not currently confident that local issues will be addressed. The framework sets out a number of points to enable delivery. There are many issues on developing PCTs into 'world class commissioners'. The new model contract sets out a number of ways for the PCT to improve performance through penalties and sanctions. The principles, payment by results system and national tariff were discussed. The negotiating team will be meeting weekly with the PCT to the end of February when the contract is due to be signed. Our understanding is that the PCT will

have funding available throughout the year and this doesn't need to all be included in the contract.

The Board **noted** the report. The Medical Director would follow up issues around provider development and vertical integration. **WS**

11. **James Paget Patient and Public Involvement Forum (PPIF) reports**
The Director of Nursing & Patient Services had gathered all recent reports into one document due to the imminent changes with PPIFs and Local Involvement Networks (LINks). The Forum has played a huge role in helping the Trust to maintain a clean environment and have been fantastic in their support with their care watch visits and a good relationship has developed. The report covers 8 surveys and follow up inspections and the Director highlighted stroke and the issues that the PPIF had raised. Speech and language therapy was a big issue and this was covered in the presentation earlier on the agenda.

Action plans are produced in response to PPIF recommendations. There is not always agreement but healthy debate takes place. Communication seems to be a common theme and the Trust is focussing on this, placing information for people throughout the hospital. In summary, the involvement of the PPIF is absolutely key in improving services for patients and we are therefore very concerned about the imminent changes. Mr Thompson reiterated the relationship of the 'critical friend' and that the dialogue and debate has been excellent. The work the Forum members put in has shown the professionalism of this Forum and the way the Trust reports back highlights that this system works well and assists in producing a patient led NHS.

From 31st March the PPIF will cease to exist and from 1st April a LINk will be set up. Suffolk is slightly ahead of Norfolk in their proposals but stakeholder meetings have been held with Norfolk County Council. A proposal will be available on 20th February, ahead of LINks being established, likely to be in August 2008. The PPIF has asked for confirmation to take a transitional role to maintain continuity until that time but without the current statutory powers. It is still unclear what the LINk will look like and this is likely to be issue based not Trust based. The Chairman agreed that the Board will consider this and report back. He thanked the PPIF and its predecessors for all the positive concern and support, with the papers today illustrating the quality of that input. **JH**

12. **Chairman's Report**
The hospital has been under extreme pressure for the last 6 weeks and on behalf of the Board of Directors the Chairman thanked everyone for their support in difficult circumstances. This would be included in the monthly briefing. The Chairman reported on the following: **RD**
- Visited wards on Christmas and New Year's Eve
- Spent half a day in theatres
- Provided an induction programme for Alistair Lipp, one of our new PCT Governors
- Attended Waveney Chamber of Commerce to gain support for the Palliative Care East appeal

- Presented to Great Yarmouth Borough Council with Dr Patrick Blossfeldt, followed by a presentation from Yare Hospice. Figures discussed at that time were: in a year 2700 people die in Norfolk and Waveney. Of those, two thirds know they have a life shortening condition. 6000 people need palliative care at any one time, with 20,000 needing support in a number of ways. This is why the support for our appeal is so important.
- The Mayor visited in January and met with a number of cleaning staff, donating £150 towards the party being held in celebration of the award
- Membership Meeting – will be holding a meeting on 18th March, when infection control will be one of the topics.
- Potters are organising a charity show on 16th March and they will match every £1 raised for the appeal.

13. **Questions from the Public**

How many mixed wards are there and what plans are there to remove these? The Director of Nursing & Patient Services reported that the Trust has single sex bays. The exceptions to this are the Emergency Assessment and Discharge Unit, the Coronary Care Unit and Intensive Care Units. Outside of these all of the Trust's bays are single sex.

Infections – are doctors not adhering to these strict guidelines? It would be unfair to single doctors out. All clinical professionals are included and the Trust constantly re-educates staff; we are currently implementing the 'no tie short sleeves' approach.

Jargon: The jargon is difficult although the minutes set words out in full. Could abbreviations be made clear? The Trust would endeavour to comply. **AMF/RD**

Health Scrutiny Committee: Peter Collecott requested hard copies of the presentations which were provided.

14. **Any Other Business**
There was no further business.

15. **Date, time and venue of next meeting**
The next meeting to be held in public will be on Friday 25th April 2008 at 9am in the Boardroom, James Paget University Hospital.

16. **To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted**

Signed ………………………………………………………………………

Date ………………………………………………………………..

Distribution: Board members; Ms R Driver; Staff Side representative; Mr J Bond; Mr P Thompson; Mr P Collecott, Scrutiny Committee; Mr C Pettitt, Audit Commission
Papers will be available on the website by the Monday before the meeting; link emailed to Governors.

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Taking Forward the Development of Stroke Care

Jane Margetson – Ward Manager
Evie Cooper – Stroke Co-ordinator
Rachel Wilson - Matron
Andrew Fox – Divisional Manager

Working Together for Excellent Care

Where we started from:

April 2006

- **Ward 15 – General medical Ward with Stroke (34 beds)**
- **Ward 18 – Stroke Rehabilitation and general rehabilitation (24 beds)**
- **50% of patients cared for on ward 15 following their stroke**

Where we are now:

- Dedicated combined Acute Stroke and Stroke Rehabilitation Unit of 23 beds
- Stroke Care Development Group
- 70% of patients, following stroke, now cared for on Ward 15
- Nursing, therapy and medical teams with a specialist interest in Stroke care
- Clinical pathways, with focused timelines being established across health system

What's been achieved:

- Enhanced nursing team
- Enhanced therapy team
- Improved ward environment
- Stroke education and training programme for staff
- Developing education and training resources for staff/patients/carers
- Dysphagia assessment training for nursing staff
- Nursing staff trained to insert fine bore naso gastric tubes
- Carer support
  - Monthly stroke education evening
  - Monthly Dysphagia aftercare group
- Daily senior medical review of patients admitted to EADU following Stroke by senior medical staff and stroke co-ordinator

Work in progress:

- Recognition of Stroke as a Medical Emergency
- Develop process to enable delivery of thrombolysis to patients within clinical guidelines
- Develop outpatient clinical pathway for TIA
- Re-submit data as part of National Sentinel Audit programme for Stroke care
- Development of Stroke Rehabilitation pathway in collaboration with partner agencies
- Integration of Liverpool Care Pathway onto Ward 15
- Quality improvements e.g. Senior nursing staff being trained to insert nasal bridle's
- Continued development of team working
- Learning from outcomes, from others
- Application of evidenced based care (NICE guidance – July 2008)