

Board of Directors

Minutes of the meeting held in Public on Friday 27th July 2007 at 9am in the Breydon Room, Education and Training Centre, James Paget University Hospital

Present:

Mr John Hemming, Chairman

Non Executive Directors

Mr D Edwards
Mrs J Mason
Mrs A Stannard

Executive Directors

Mr A Pennington Chief Executive
Mrs J Cave Director of Finance & Performance
Mr N Coveney Director of Nursing & Patient Services
Mrs E Cook Acting Director of Human Resources
Mrs W Slaney Medical Director

In attendance:

Ms A Filby Foundation & Communications Manager
Ms R Driver Head of Communications & Foundation
Secretary
Mr P Thompson PPI Forum – JPH
Mr L Wilson Staff Side

There were 2 governors and 3 members of the public present.

1. Welcome and apologies for absence

The Chairman welcomed all to the meeting. Apologies were received from Mr K Gaylard, Mr H Roberts and Mrs R Carter, Non Executive Directors, and Richard Morling, Public Governor.

2. Declaration of Interests

There were none declared.

3. Minutes of the meeting held in public on 27th April 2007

The minutes had been agreed and signed by the Chairman at the meeting held in private on 25th May 2007.

4. Matters Arising from previous Minutes

4. Matters Arising - Collaborative Procurement Hub – The Trust had not signed up to the Hub but is undertaking our own procurement with a number of other Trusts, with added support from Queen Elizabeth Hospital King's Lynn.

15. Questions from the Public - Positive press coverage – The Trust has had some excellent coverage over the last few months and particularly the Look East piece on our allergy clinic. The 25th anniversary has also been positive. This is ongoing work.

5. **Performance Management Report**

The Director of Finance & Performance outlined progress against national performance objectives for 2007/08. The traffic light system showed no areas of concern on current performance, whilst year end objectives still need to be achieved. The key performance indicators were highlighted, with achievement of all cancer targets, but with 2 breaches of the 62 day wait in June which related to capacity in theatres/HSDU; the Trust was still achieving the target on a cumulative basis. This is considered to be a difficult area due to complex cancer cases which may require a number of diagnostic tests to verify the clinical opinion. The target of 95% reflects this.

The Director reported excellent performance in A&E, with achievement of 98.8% at the end of the first quarter against the target of 98% of patients spending less than 4 hours in A&E. This performance has continued. The MRSA target is no more than 12 cases, with 4 cases as at the end of June. The CDiff target is to have no more than 400 cases, with 42 cases in the year to date. The Director of Nursing & Patient Services highlighted a zero return in June on MRSA, for only the third time, and gave some detail on this. There were some episodes of CDiff in June but control measures remain in place and progress against all infection control targets is very good currently.

The Director of Finance & Performance highlighted the achievement of the waiting times targets of 20 weeks wait for inpatients and day cases and 11 weeks wait for outpatients. In terms of the 18 week target, she recapped that the target is to achieve a total wait of 18 weeks from referral to treatment by December 2008. There are a number of internal milestones to help us monitor performance and achieve that target. Progress to date was positive, with only 2 patients likely to breach on the inpatient and 5 patients on the outpatients. The Chief Executive stated that in diagnostics the Trust is looking to achieve a two week wait in a relatively short time. In the last month an enormous amount of work had taken place, particularly in the radiology department, showing less than 10 days for CT scans and MRI scans in less than 2 weeks. Only 2 patients exceeded two weeks wait. The Trust has been able to support other hospitals in their work to achieve the 18 weeks target.

Mr D Edwards, Non Executive Director, asked if there was the opportunity for marketing our services as performance has been so good. The Director highlighted that there was still much work to do before we could offer capacity elsewhere. We have managed to achieve existing performance with a small investment but additional capacity is required to support other hospitals which will be compensated by the resulting income. An issue regarding stroke patients was raised, and the Chief Executive reported that the Trust would be implementing three hour scans for patients where appropriate from the beginning of September. GPs should be able to access this service but the Chief Executive would follow this up.

The Board **noted** this positive performance report.

AP

6. **Improving Fundamental Nursing Care**

The Director of Nursing & Patient Services reported on the progress made, with a stocktake resulting in restructuring of nursing leadership. The new Head of Nursing role is extremely visible and has specific responsibility for ensuring the essentials of care are in place and working well.

More recently the focus has been on infection control for obvious reasons, but the Trust is now moving onto a number of other areas of clinical practice, i.e. developments around wound care, the new nursing documentation; pressure sore incidence reporting; essence of care. The Trust had also been visited by the Healthcare Commission earlier this year, primarily looking at privacy and dignity. The action plan details the issues raised, i.e. menus in different languages. Mixed sex accommodation has also been considered in more detail.

Nursing leadership has been instrumental in maintaining progress. There is still much to do, with future projects focusing on falls prevention, medicines management and other issues central to patient safety. The Director thanked the nursing leadership of the Trust for this progress, particularly Terri Yassin, Kath Kite and the matrons.

Mrs J Mason, Vice Chair, queried whether Terri Yassin's post was permanent. The Director confirmed this. She also asked about wound management best practice. The Trust is currently working on the old model and undertaking this at the patient's bedside is regarded as best practice. However this is difficult within the physical environment. Mr P Thompson, PPI Forum, highlighted the red tray system, which he thought was Trust wide, and the Director would go back and look at this. One of the PPIF areas of concern had been availability of towellettes and handgel which he was pleased to see had been resolved.

NC

The Chairman formally thanked Mrs J Mason for her involvement and would write on behalf of the Board to those members of staff referred to in the Director's report.

JH

7. **Modernising Medical Careers Update**

The Medical Director referred to her presentation 12 months ago and updated the Board on progress. The main issues related to the changes in the training programme for junior doctors and how they are accredited and the actual recruitment to posts. The detail was presented, with 110 doctors changing over on 1st August. The computerised method of appointment had been replaced recently with the process now managed manually. This has been an enormous exercise requiring a huge contribution from clinical staff and medical staffing, particularly regarding the issues with the computer system. It has also required collaboration regionally. There is a two round recruitment process, with some not allocated a post in round one and being in short term posts until November's round two. This will be quite unsettling for the junior doctors involved. The Trust currently has one vacancy in ophthalmology and one vacancy in anaesthetics.

The doctors offered posts have the right to withdraw until 12mn on 31st July. It may therefore be necessary to employ locums and implement some other changes if posts are refused. The doctors will be going through a Trust five day induction and familiarisation programme. The priority is to manage patient safety.

A more manageable process is required for next year. The Medical Director reported that a 'wash up' would be undertaken and this will be fed back through to the Deaneries and the Department of Health. The Chief Executive highlighted discussion at a Chief Executives' meeting and the hidden costs of this process that are currently unrecognised. This is being monitored locally, with members of staff logging the time spent on this.

A thank you to all staff would be included in Monthly Briefing. This would be supported by formal thanks to the medical staff. Media enquiries are likely to be received and the Head of Communications would prepare a brief. The SHA are giving a traffic light system to all acute trusts, with a green light for every Trust. This represents a 90% fill rate, with back up plans for the other 10%.

RD/WS

8. **Monitor Code of Governance**

The Head of Communications highlighted the background to the paper. Monitor, the Independent Regulator for Foundation Trusts, circulates regular guidance and this document was published in September 2006. It is important as it sets out in detail what is expected of Foundation Trusts in terms of corporate governance. On receipt within the Foundation Trust department, a benchmarking exercise began. This is a comply or explain document, so is not mandatory, but the Board felt strongly in January's discussion that with the exception of one item the Trust should make every attempt to comply. To demonstrate this each element of the Code is highlighted, with the supporting documentation being available for Monitor's inspection if necessary.

In the private section, the Board will be reviewing significant Terms of Reference. The paper also referred to the introduction of a new section to the Board agendas which will focus on Foundation Trust issues. Whilst the Chairman and Chief Executive have agreed to this, the rest of the Board have not. This was **agreed**, to also include Department of Health policy.

AMF

The benchmarking exercise formed part of the papers and the outstanding issues were referred to. The Head of Communications was grateful for the work Ann Filby, Foundation & Communications Manager, had done on this, as it had been a time-consuming exercise. The process for determining the independence of Non Executive Directors was highlighted to the Board. The Trust currently undertakes an annual review of the Declaration of Interests, which was last completed in April 2007 and reported to the June Board of Directors meeting. The Board **agreed** that this process meets this requirement. The Chairman has some more information on conflicts of interest received at a meeting yesterday, which will be worked through.

JH/AMF

The issue of non-compliance relates to C.2.1, the contractual arrangements for members of the Board. This has been debated at a national level and it was felt that none of the Foundation Trusts will comply. The issue is one of employment law and advice has been sought. The suggestion is that Executive Directors are appointed on five year fixed term contracts. This is contrary to current understanding which is any fixed term contract that is longer than 4 years is deemed to be permanent. For this reason we believe this aspect to be unmanageable. The Board agreed there was no benefit in this Code provision and **approved** non compliance. The Acting Director of Human Resources would follow this up with the Foundation Trust Network to ensure a group response to Monitor.

LC

The Board **approved** the outcomes and outstanding actions for completion.

9. **Governors Council Elections 2007**

The Chairman reported the results, all appointed for a three year term:

Public Constituency: Gillian Pope; Russell Allen; Neville Sanderson, all re-elected; Brian Callan and Timothy Barrett
Staff Constituency: Laurie Howarth; Rachel Hulse (re-elected)

The voting figures were reduced from last year, a trend replicated across all sectors. All candidates have been contacted by phone, with a press release to be issued today. The Chairman had written to all candidates and thanked those who did not nominate themselves again. The PPI Forum had found that some members were confused by the Single Transferable Vote System. A brief explanation of the system would be included in next year's election process to enable understanding.

AMF

The list of dates for the Governors Council meetings for the next year will be available shortly, with induction for new governors taking place during August.

10. **Chairman's Report**

The Chairman reported on:

- Attendance at the Royal College of Physicians with the Medical Director
- Visit to the House of Commons with the Foundation & Communications Manager for the launch of the Foundation Network report The Story so far, a good networking opportunity with other FTs
- Attended a conference on Wider Governance in Birmingham. If benchmarking where the Trust sits, he was encouraged by the involvement of governors and members in our Trust
- Met with both MPs with the Chief Executive, with particular concern expressed about the provision of the independent sector treatment centre in Norwich
- The events surrounding the 25th Anniversary, which demonstrated the support we have as a Trust. On Friday the clinical symposium took place, with staff looking at developments over the last 25 years. The rate of progress in medicine is astounding. The fete on Saturday made £8,000. The Chairman thanked Hugh Sturzaker and his Committees in organising the clinical event and the fete, whilst writing his book at the same time. The Chairman thanked everyone for this input, in particular Jill and Dave who organised the fete. The whole event reflected very well on the Trust. There is a centre spread in today's Great Yarmouth Mercury and embryonic plans for a fete next year
- Attended the Chief Executives and Chairs Forum yesterday. The East of England SHA is working out its role and a document is out to very limited consultation
- Had the honour to represent the Trust when 95 medical students graduated at the UEA
- October 2008 is the 60th anniversary of the NHS.

11. **Questions from the Public**

Hugh Sturzaker, Public Governor asked the following:

In relation to the performance indicators around sickness, what are the measures to improve sickness absence? The Acting Director of Human Resources stated that this is reported to Board on a quarterly basis. Improvements are being made to the way we monitor short term absence and information is produced monthly which is available on the internal intranet. A robust policy has been negotiated with the trades unions which is supportive but also aims to address issues with where there are difficulties. There is fast access to physiotherapy, access to an independent counselling service and occupational health support. However the Director recognises with an ageing workforce it continues to be of concern.

What is the post availability for newly qualified nurses? There are 19 nurses available for Band 5 positions from September, with only 3 with a permanent post currently. There are 7/8 vacancies across the Trust with priority given to students trained here. However, nurses applying from elsewhere with experience are also considered. In February, all nurses were able to find a position. Mr Edwards briefed the Board on his UEA involvement and there was discussion on manpower planning.

12. Any Other Business

There was no further business.

13. Date, time and venue of next meeting

The Annual General Meeting will be held in the Celebration Suite, Burrage Centre, James Paget University Hospital, at 7am on Monday 17th September 2007

The next Board Meeting to be held in public will be on Friday 26th October 2007 at 9am in the Breydon Room, Education & Training Centre, James Paget University Hospital.

14. 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 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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