

Board of Directors

Minutes of the meeting held in Public on Friday 27th April 2007 at 9am in the Boardroom, James Paget Hospital

Present:

Mr John Hemming, Chairman

Non Executive Directors

Mrs R Carter
Mr D Edwards
Mr K Gaylard
Mrs J Mason
Mr H Roberts
Mrs A Stannard

Executive Directors

Mr A Pennington
Mrs J Cave
Mr N Coveney
Mrs E Cooke

Chief Executive
Director of Finance & Performance
Director of Nursing & Patient Services
Acting Director of Human Resources

In attendance:

Ms A Filby
Mr P Thompson
Ms W Napier
Mr M Cartiss

Foundation & Communications Manager
PPI Forum – JPUH
PPI Forum – JPUH
Chairman, Norfolk Health Overview
and Scrutiny Committee

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

1. Welcome and apologies for absence

The Chairman welcomed everyone to the meeting. Questions will be possible at the end of each topic following Board discussion; governors first then members of the public. The Chairman welcomed David Edwards as a new Non Executive Director from 1st April, the first Governor-led appointment and the new Chief Executive, Adrian Pennington. Apologies were received from Mrs W Slaney, Medical Director; Ms R Driver, Head of Communications & Foundation Secretary and governor Mr W Forsythe-Yorke.

2. Declaration of Interests

There were none declared.

3. Minutes of the meeting held in public on 26th January 2007

The minutes were agreed and signed by the Chairman at the meeting held in private on 23rd February.

4. Matters Arising from previous Minutes

5. *Matters Arising: Collaborative Procurement Hub* – The Director of Finance & Performance advised that it is unlikely the Trust will be signing up to the Hub due to the high cost of investment and low level of savings that will be achieved. Further information is awaited.

5. *Matters Arising: Acute Services Review* – The Chief Executive stated that the outcome of the review would be used to guide and advise only and it will be up to local systems to make decisions.

7. *Performance Management Report: Delayed Discharges* – The Chairman has organised meetings with both Norfolk and Suffolk County Council governors to take this forward.

11. *Healthcare Governance Committee minutes* – The Head of Governance has been thanked for improvements in the quality of reports.

15. *Questions from the Public* – The Trust has achieved press coverage recently, but this has not all been positive. It remains an action item.

RD

5. Introduction from the Chief Executive

The Chief Executive highlighted the welcome he had received, which had been second to none particularly considering the challenges of his first few weeks in post. He was extremely proud to take on this role and felt there were some real opportunities to take the Trust forward. The Chairman responded that, on behalf of the Trust, he looked forward to continuing to work with him.

6. Performance Management Report

The Director of Finance & Performance highlighted performance from April 2006 to March 2007 and went through this in detail.

Cancer: Highlighted the two week wait and 31/62 day target. The Trust has achieved all the national indicators at the end of the year. There have been occasional difficulties in year, but this is within the tolerance level set for the target.

A&E: Achieved the 98% target across the year on a cumulative basis.

MRSA: Whilst this target hasn't been achieved, it is important to note Trust performance in comparison with previous years. A 34% improvement has been driven by the Director of Nursing throughout the organisation.

Cancelled operations: Achieved local target of 1% which shows excellent performance.

Delayed transfers of care: There have been problems in year and the Trust did not achieve the standard, although there has been a reduction and we continue to make progress, engaging in discussions with the community.

Thrombolysis: Data still awaited due to extensive auditing, so there was no additional comment.

Rapid access chest pain: We are unlikely to achieve the standard.

Day case procedures: We are performing quite well but there are some areas, i.e. bunions, where this could improve.

New national targets: We had to achieve a 20 week wait for elective inpatients, 11 week wait for outpatients and 13 week wait for diagnostics. We made significant progress in the latter part of the year and all targets were achieved. In the next 12 months the targets to be achieved are 11 weeks for inpatients, 5 weeks for outpatients and 6 weeks for diagnostics. The Trust is setting internal milestones so problems can be limited later in the year.

Mr H Sturzaker, governor, and Jim Bond congratulated the Trust on its achievements. However Mr Bond felt the 4 hour A&E target resulted in patients waiting a long time in pain. The Chairman highlighted that achieving a 4 hour wait requires the Trust to see 50% of patients in less than 1½ hours. Patients waiting for 4 hours are generally due to monitoring and patients do not wait for 4 hours to start their treatment. There is a triage system and the Chief Executive confirmed that patients are prioritised.

The Chairman thanked the Director and the whole team responsible for making these achievements. Ms Napier, PPI Forum, asked if staff are aware of this. The Chairman confirmed that a monthly brief was circulated following Board meetings and a message of congratulations would be included in this. The performance report was available on the intranet so staff can access it.

AMF

7. **Infection Prevention and Control – bMRSA**

The Director of Nursing & Patient Services reported that the Trust had finished the year with 27 cases against a target of 18, and highlighted the methodology used. Whilst we have not hit the target, the Trust is pleased with the improvement that has been made, and the lowest number of cases reported. A number of these cases would be excluded in true terms due to contaminants and a triple count.

The target for 2007/08 is to have no more than 12 cases. Last year this number was imported from the community alone, so it will make the target very difficult. The Trust will continue to work with the community and to manage the control measures in place. There has been very little impact from norovirus this year, which we are very pleased with.

David Edwards, Non Executive Director, highlighted the national figures and was concerned about this year's target being unrealistic. If this is the case, how do the staff feel and will the realism of the target affect their motivation. The Director highlighted the 22% improvement across the East of England, making the region second in the country. Peterborough has a rate of 12-15 cases, community and hospital combined, and we are trying to understand what they do differently. The team are also liaising with Queen Elizabeth Hospital, King's Lynn, on the work they have done. Mr Sturzaker asked if patients are separated if they are colonised with MRSA in wounds. Procedures are in place to identify patients and isolate them. The learning from the Cdiff situation will transfer to dealing with MRSA and it is now easier to access side rooms. The Trust isolates some patients but not all.

8. **Infection Prevention and Control – Clostridium Difficile (Cdiff).**

The Director of Nursing & Patient Services presented the paper to give a retrospective look at the history of the outbreak of Cdiff at JPUH, with particular reference to the 027 strain. He was aware that there have been numerous briefings and the Board had been very involved in the development of this outbreak and its implications. The Director went through each section of the report, highlighting key issues and updating information as necessary.

Cdiff is triggered by antibiotics and survives in the community and institutions, transferred from person to person by spores. The paper outlined how the Trust may have come to acquire 027, bearing in mind that we are fairly confident it was not present in early 2006. It is important to note that Cdiff is present in every Trust in the country and we will never have zero cases in a year (as with MRSA). However, we have learnt that some strains, 027 among them, cause much more severe illness and therefore require a different approach to management.

The first step is identifying the strain so that the control measures and use of antibiotics can be specific. Unfortunately, the lack of regional facilities to do this meant we were not able to confirm 027 until March 2007. Despite this, the Trust instigated a wide variety of control measures as early as possible as soon as an increase in the severity of illness was apparent. This is not just a hospital problem. Some patients are admitted to hospital with Cdiff without ever having had any contact with the hospital. Others have Cdiff in the community and do not require admission. The Trust continues to work with our partners in the community to ensure there is a local healthcare system approach to tackling Cdiff. The outbreak has been managed by a multi agency outbreak action group and together we have agreed a wide ranging action plan which has been implemented over the last few months. This plan is based on advice from previous outbreaks and talking to colleagues in Canada.

The Director highlighted the four key control measures of isolation, antibiotics, hand washing and cleaning and detailed the measures taken under each. The number of patients with Cdiff on their death certificates remains the same at this time, from 1st December 2006, with 18 in total with an age range of 69-95 years. It is important to note that other Trusts seem to be experiencing similar rates of mortality, but not all Trusts are necessarily using the same reporting mechanisms. The number of patients who have had major bowel surgery, probably as a result of 027, remains at 7.

There have been no new cases of Cdiff in hospital or admitted from the community since 13th April. This figure is unprecedented and it is unlikely that any other emergency admitting hospital would have had such a low figure in the last two weeks. The Health Protection Agency has advised that as a result we can now officially, as of yesterday, declare the outbreak over. This does not mean we will be dismantling any control measures. We will continue to aim for the lowest number of new cases of Cdiff as possible. The Director highlighted the visit by Alan Bedford, previously Chief Executive at Stoke Mandeville Trust, who has been appointed by the Strategic Health Authority to lead work across the region. He had been complimentary about the actions taken by the Trust and the rapid improvements made.

The Chairman thanked the Director for the manner in which he has led the Trust through this difficult time. He also extended his thanks to the Medical Director, Wendy Slaney. At a Strategic Health Authority meeting of Chairs and Chief Executives the Trust was publicly complimented on the way it had dealt with the outbreak and the communication with the SHA. The Chairman was pleased that the outbreak is now confirmed as officially at an end.

The Chief Executive raised the issue of inconsistent reporting which needs to be resolved as a matter of urgency. Cdiff is not over and can hit us again in future. He complimented the Director on the exceptional paper provided that will be anonymised and presented to the Department of Health next week for circulation. He echoed the Chairman's comments, as did other members of the Board, and congratulated his leadership.

Mr D Edwards echoed the comments and praised the question and answer document available. He had never seen such concentration of effort elsewhere and the cleaning processes are exceptional. He wondered how sure we could be that all consistencies will be addressed but it was felt unlikely there would be national guidance in a short timescale.

Mr H Roberts, Non Executive Director, echoed all the comments made and asked the Director of Finance if there was financial assistance available. £300k had been received in January to be used for MRSA which had been diverted to Cdiff. Other costs will be managed through non-recurrent monies or the capital programme. This has been raised with the PCT for some sort of non-recurrent support from them. The Chief Executive felt it would be possible to approach the Department of Health, particularly with the level of detail on the outbreak produced by this Trust, and bids should be submitted.

Mr M Carttiss, Chairman of the Norfolk Health Overview and Scrutiny Committee, had received comments and was concerned about reports of matters being passed to a PR company and no comment made. He referred to the presentations made to the Committee involving Dr Elumogo, which had been very helpful. He would ensure that the Director's report was laid on the table at the next Committee meeting. The Director of Finance stated that the PCT use Geronimo Communications and this Trust use our own internal communications team, Rebecca Driver and Ann Filby. Any refusal to comment related to individual patients and the Trust will continue this line. Mr P Thompson, on behalf of the PPI Forum, congratulated the Director and his team on how they have dealt with this and how quickly the Forum has been involved and kept up to date. The Sun in particular was scathing on the cleaning and both the Chairman and the Chief Executive had spoken to cleaners, reinforcing the Trust's confidence in their ability.

Over the last 18 months, the Trust has changed its approach to infection control and this has assisted in the ability to deal with this outbreak. It has had an enormous effect with getting the situation under control.

9. **Elections 2007**

The Chairman highlighted the process and timescales for this year's elections. The Board **noted** the update.

10. **Palliative Care Appeal – Change of Name**

The Board of Directors **approved** the change of title to Palliative Care East. This would remain as a charity under the umbrella of the James Paget University Hospitals Charitable Fund.

11. Chairman's Report

The Chairman reported on a number of issues since the last meeting held in public in January 2007:

- The Governors Council had made the first Non Executive Director appointment, the first appointment made by the Trust. Candidates were complimentary about the process and the Chairman thanked the Foundation & Communications Manager for managing this
- The Governors Council met on 9th March
- There had been a meeting of the Governors Council Strategic Planning Committee with presentations from the Director of Finance & Performance and Director of Nursing & Patient Services, with governors becoming more involved in the strategic direction of the hospital
- A meeting of the Membership Committee had prepared the Membership Strategy and a PowerPoint presentation for governors to discuss with members/potential members
- Appointed Mr Hugh Sturzaker as Deputy Chair of Governors Council
- Palliative Care Appeal: changed the name, with a new logo; selected the building as a result of an architectural competition, with a panel of 8 including an architect and quantity surveyor
- Met with the PCT Chairman and discussed how we continue and develop our close working
- Dr Grabau retired. He also opened the new Cardiac Care Unit, a fitting farewell. The Chairman would like to thank him on behalf of the Board for all his effort over a number of years. This was **seconded**.
- Thanked everyone for the incredible effort on Cdiff.

JH

12. Questions from the Public

Mr J Bond: Cdiff: Apparently gel is not effective. What hand washing facilities are available to visitors? The Director of Nursing & Patient Services stated that temporarily hand washing facilities have been brought into the cohort ward to supplement what is currently available. Visitors can use any of the facilities.

Ms W Napier, PPI Forum: It is a bit worrying that it takes 6 weeks to type 027; could the Trust be a centre of excellence? The Director of Nursing & Patient Services responded that the Trust realised it had a different strain and put control measures in place. We have the ability to type and to grow the organism but it does not grow quickly. The DoH is looking at maybe four areas nationally for typing. If we were asked and could provide support the Trust would endeavour to do so.

13. Any Other Business

PPI Forum – Mr P Thompson stated that the PPIF is in place until March 2008.

14. Date, time and venue of next meeting

The next meeting to be held in public will be on Friday 27th July 2007 at 9am in the Breydon Room, Education & Training Centre, James Paget Hospital.

15. 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
Papers will be available on the website by the Monday before the meeting; link emailed to Governors.

Contact details:

Ann Filby, Foundation & Communications Manager, James Paget University Hospitals NHS Foundation Trust, Lowestoft Road, Gorleston, Great Yarmouth, Norfolk NR31 6LA

Tel. (01493) 452162

Fax (01493) 452078

ann.filby@jpaget.nhs.uk

www.jpaget.co.uk