

Board of Directors

Minutes of the meeting held in Public on Friday 28th July 2006 at 9am in the Breydon Room, Education and Training Centre, James Paget Hospital

Present:

Mr John Hemming, Chairman

Non Executive Directors Executive Directors

Mrs J Mason	Mr D Hill	Chief Executive
Mrs R Carter	Mrs J Cave	Director of Finance
Mr K Gaylard	Mr N Coveney	Director of Nursing & Patient Care
Mr H Roberts	Mrs E Cooke	Acting Director of Human Resources
Mrs A Stannard	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

There were two members of the public present.

Action

- Welcome and apologies for absence**
The Chairman welcomed all to the meeting. Apologies were received from Mr Jim Bond.
- Declaration of Interests**
There were none declared.
- Minutes of the meeting held in public on 28th April 2006**
The minutes had previously been approved by the Board of Directors at their meeting held in private on 26th May 2006.
- Minutes of the meeting held in public on 14th July 2006**
The minutes of the meeting were agreed and signed by the Chairman.
- Matters Arising from previous Minutes**
28th April 2006:
1.4 *NHS Foundation Trust* – Elections to Governors Council – the results are available on the website.
3.1 *Risk Register Update* – the issue on risk CC13 had been resolved.
4.3 *NHS Foundation Trust* – Direct evidence to support risk/performance management processes self certification – all issues had been resolved.
14th July 2006:
All points had been actioned in relation to the Board Statement, Board Memorandum and Working Capital Facility and documents submitted to Monitor.

6. **Performance Management Report**

The Director of Finance presented the position as at the end of June 2006, with no significant areas of concern. She highlighted the key performance targets:

Cancer: Good performance, with the national standard of 95% and Trust achievement of 97.5% for 2 month GP urgent referral to treatment. There were three half share breaches with the Norfolk & Norwich University Hospital NHS Trust, and one relating to a complex difficult to diagnose case.

A&E: Achieving 98% of patients waiting less than 4 hours.

Activity/Waiting times: Currently reporting on 26 weeks inpatients and 13 weeks outpatients. Revised targets of 20 weeks for inpatients and 11 weeks for outpatients will be included in next month's report.

Thrombolysis: Data changes rapidly and an improvement on the quarter one performance figures is expected.

Delayed transfers of care: On target to achieve for the first time.

Finance: On target. The PCTs have reduced target activity by £2.8m and discussion is ongoing on the most appropriate patient pathway. Current activity performance shows there has been no reduction from last year's levels.

National Service Frameworks: The Director of Nursing & Patient Care was working with the Information Services Team to categorise each of the 8 NSFs. Mrs Mason requested an overview of progress on each.

NC/AMF

The Chairman queried the elective and outpatient waiting times and the Director of Finance confirmed that the Trust is performance managed on the position at the end of each calendar month and not on in-month breaches. However the Trust has established local targets on in-month breaches as this provides a useful tool on potential problem areas. This has reduced significantly over the last six months. It was confirmed that the GP referrals were not seen as a significant issue but this would continue to be monitored.

The Board **noted** the report.

7. **Report of the Director of Nursing & Patient Care – Infection Control Update**

The Director presented an update on MRSA, with 7 cases to date this year, a significant improvement on the previous year. The Trust was still 'importing' a high number of cases (3). Under current regulations, one patient was admitted, discharged and readmitted six weeks later and counted as a new episode. The Trust continues to implement in full the Department of Health 'Saving Lives' strategy with an action plan in place. A new Director of Infection Prevention and Control has been appointed.

Clostridium Difficile was not included in the paper but had been detailed in the press recently. The Trust reduced cases from 289 in 2004 to 222 up to December 2005.

The Board **noted** the report.

8. **Quarterly Workforce Report**

The Acting Director of Human Resources presented the detailed workforce information which shows comparative data across Trusts in the region. The Trust has been working closely with the Strategic Health Authority to make this report more meaningful. This quarter has seen a slight reduction in most areas of reporting for the Trust, with figures across the region for most organisations demonstrating the impact of Commissioning a Patient Led NHS and the need for strict financial controls.

The Board **noted** the report.

9. **Modernising Medical Careers**

The Medical Director gave a presentation on the changes taking place in the structure and format of post graduate medical training. By 2011/12, it is expected that the UK will train sufficient doctors for its own needs and doctors will need to be flexible about their specialty. This is an educational model but there is now debate about how it will fit service needs. There will be benefits around improved training and improved patient care. Joint working between Trusts, the Eastern Deanery and Post Graduate Medical and Education Training Board must be maximised.

The Board discussed the issues and the Chief Executive highlighted how several strands of work were now fitting together and the excellent partnership working between the Trust, the Norfolk & Norwich University Hospital NHS Trust and the UEA.

The Board thanked the Medical Director for her very useful presentation. An update would be presented in one year.

WS/AMF

10. **Healthcare Governance Committee approved minutes from the meeting held on 31st May 2006**

An extensive verbal briefing had been presented at the 30th June meeting. Mrs R Carter queried an issue regarding the theatre changing room and whether this had been included on the risk register. The register was available for Board members and this would be checked at the end of the meeting. The Board **noted** the minutes.

11. **NHS Foundation Trust Update**

The Chairman detailed the current situation and work that had taken place over recent weeks. The Trust was hopeful of a successful result and there was no reason to believe that Foundation Trust status would not be achieved. The Governors Council was in place, apart from one appointed governor. The Head of Communications would be sending out advance warning of the press conference on Tuesday 1st August at 10am if the Trust was successful, with the press release from Monitor due to be released at 9am on that date. The Trust press release was available to members of the Board outside of the meeting. The Board **noted** progress.

12. **NHS Foundation Trust – Corporate Stationery**

The Head of Communications presented this paper as the first of a range of papers on corporate image. If the Trust was successful in becoming an NHS Foundation Trust, this would give the opportunity to revise corporate stationery to ensure a high standard of information produced within NHS identity guidelines. There was discussion on the options and the cost effectiveness of using pre-printed two colour stationery. The Board **approved:**

- The use of the black logo on the majority of information, with delegated authority to the Marketing/Corporate Image Board to decide if the two colour logo was required to make an impact, on a case by case basis
- A template pack to be circulated, to include the main switchboard number. This contact information was essential from a patient's perspective but its use would be reviewed in six months. If direct dial numbers were included across the Trust, the main number may be removed. The impact on the switchboard would need to be monitored
- Old stationery should be recycled where possible, but during August the Head of Communications and Foundation & Communications Manager would work with staff to ensure transition to the new stationery runs as efficiently as possible
- A deadline of 1st August 2007 for the replacement of all pre-printed material to include the new logo and any new corporate identity requirements.

RD/AMF

13. **Collaborative Procurement Hub**

David John, Project Director, and Joe Stringer, Avail Consultancy, gave a brief presentation in support of the executive summary of the business case that had been circulated. The financial benefits for the region were a £34m saving over a three year period, at an annual cost of £3.25m, with a 3.5 three year return on investment. For the Trust this would release a saving of £607k for an investment of £171k.

The aim is to have one hub for each new Strategic Health Authority (SHA) region. The opportunity assessment was undertaken over a 12 week period and the Director of Finance and Chief Executive have the full business case. Savings will be realised from a robust pricing structure and aggregation to drive better prices across the region. Some investment is required to acquire the right people with the right skills to negotiate across the whole range of supplies categories.

The Chief Executive stated that he was Chair of the East of England Supplies Group and robust discussion had taken place at each of the meetings. Whatever decision is made today, this is the start of the process and there will be difficult decisions ahead for the Board of Directors. The hub will facilitate discussions with clinicians as it was recognised that historical issues/training/clinical preference affected equipment purchasing decisions. The Medical Director would expect members of the hub to bring the knowledge of NICE and other guidance and this was confirmed.

There was extensive discussion on the large infrastructure proposed and the hierarchical management structure. This was felt necessary to ensure the hub was a respected organisation and one that carried weight.

The agreement was for a three year period. Should the Trust wish to terminate its involvement at the end of this, notice would be required at the end of the second year. There was no doubt that significant savings could be gained but there was a question as to the level of investment and the savings return. The Director of Finance in particular did not feel the return was high enough and had concerns that the savings identified were not 'real' savings. She would like to see a saving of at least 2% or more. She also had concerns over the financial risk to the Trust should the hub be unsuccessful as the Trust would have to bear the cost of redundancies.

David John responded that there were three levels of savings that could be achieved and the figures included were realistic and achievable. He felt it was unlikely the Trust would not make a return on their investment and wish to withdraw. The issue would arise if a number of Trusts wished to do so, making the hub no longer viable, and redundancy costs would be unavoidable.

There was discussion on the investment and it was clarified that the £171k was the minimum required if the hub achieved 100% investment. Similar discussions were taking place with other Trusts and David John indicated that the hub was well supported. The Director of Finance pointed out that this was not the response at the SHA meeting. If there was not 100% commitment the cost to the Trust would increase and it was not acceptable to agree the case without knowing the cost to the organisation.

The Chief Executive confirmed that all these issues had previously been raised at the Supplies Group. He felt this required a leap of faith and the Trust had to do this. However, the 3.5 return was not good enough and if this is approved, it should be with caveats.

The Board **approved** the case presented and the Trust to become part of the hub, subject to the following provisos, which the Director of Finance would put in writing to the Chair of the East of England Supplies Group:

JC

- A good rate of return from the investment is required, and the net figure currently indicated is not sufficient.
- The Trust's investment is capped at the minimum level identified in the case based on 100% sign-up.
- There is no 3 year commitment.
- The risk to the Trust should the hub fail is clarified.
- A realistic assessment of savings needs to be agreed with the Director of Finance.

14. Chairman's Report

The Chairman had spent much of his time on NHS Foundation Trust issues and had met with each Governor on a one to one basis; toured the Elective Division with the Chief Executive, with great improvements; hosted a visit from the Department of Health examining Mr Petri's operating methods and how productivity achievements can be transferred to other areas of the NHS; attended two meetings of the East of England Strategic Health Authority. The Chairman reported that David Nicholson has been appointed as Chief Executive of the NHS.

15. Questions from the Public

The Chairman tabled a letter from the Chief Executive of the Commission for Patient and Public Involvement in Health regarding the changes to PPI Forums and setting up of Local Involvement Networks (LINKs). PPI Forums will remain and retain their statutory powers until such time as legislation is passed. The Chairman stated that the Trust would continue to work with our PPI Forum.

16. Any Other Business

There was no further business.

17. Date, time and venue of next meeting

The next meeting to be held in public will be on Friday 27th October 2006 at 9am in the Breydon Room, Education & Training Centre, James Paget Hospital.

18. 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; Mrs J Beesley; Mr P Thompson
Papers will be available on the website by the Monday before the meeting.

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