

## Shadow NHS Foundation Trust Board of Directors

### Minutes of the meeting held on Friday 28<sup>th</sup> April 2006 at 10.30am in the Breydon Room, Education and Training Centre, James Paget Hospital

**Present:**

Mr John Hemming, Chairman

**Non Executive Directors**

Mrs R Carter  
Mr K Gaylard  
Mr H Roberts  
Mrs A Stannard

**Executive Directors**

Mr D Hill  
Mrs J Cave  
Mr R Haynes  
Mrs W Slaney

Chief Executive  
Director of Finance  
Director of Human Resources & Operations  
Medical Director

**In attendance:**

Ms A Filby  
Mr P Thompson

Corporate Governance Officer  
PPI Forum – JPH

There was one member of the public present.

**Action**

**Section 1**

**1.1 Welcome and Apologies for absence**

The Chairman welcomed everyone to the first meeting of the Shadow NHS Foundation Trust Board of Directors. Apologies were received from Mrs J Mason, Non Executive Director, Mr N Coveney, Director of Nursing & Patient Care and Mr L Wilson, Staff Side.

**1.2 Declaration of interests**

There were none declared.

**1.3 Minutes of the previous meeting**

The minutes of the previous meeting were agreed and signed by the Chairman.

**1.4 Matters Arising from previous Minutes**

*3.2 Risk Register Update* – Updates continue and there is a good reporting system with clinical divisions. This is an ongoing process and corporate areas also need to update progress on entries.

*3.5 UK Inpatient Survey 2005* – The action agreed for the Director of Nursing & Patient Care would feed into the governance reports.

*4.1 NHS Foundation Trust – Elections to Governors Council* – A press release had not been issued and unfortunately making changes to the website, to include election results and changes to Board of Directors meetings, was currently proving difficult. The Corporate Governance Officer hoped this would be resolved shortly.

4.3 *Leadership and Management Development Strategy* – It was **agreed** that the Information Governance Action Group would review the policy annually.

WS

6.2 *Questions from the Public – Patient Experience* – This is being followed up. The Medical Director had also written to Mr P Thompson at the PPI Forum on the appointment of a neurology nurse specialist.

## Section 2 – Performance

### 2.1 Performance Management Report

The Director of Finance highlighted the areas of concern. There had been one cancer breach of the 2 week target although it was expected that this would be within Healthcare Commission criteria for performance ratings. The Trust has achieved 94.6% on the 62 day cancer target. There had been 2 breaches (4 patients) due to lack of capacity at the tertiary provider for gynaecological cancers. The position on MRSA was detailed, with a report being considered later on the agenda. The Trust is working closely with social care and taking advice from other organisations to see what they have done to improve performance. There was some discussion around the sickness aspirational target that had been set and the Director of HR & Operations was concerned that the Trust was unlikely to meet this. A considered debate is required on whether any changes are needed.

AMF

The Director of Finance reported that the Trust had achieved the majority of the finance targets in terms of break even, capital and delivery of the cost improvement programme. The Better Payments Practice Code target had not been achieved but this did not indicate unreasonable performance. Mr H Roberts queried which of the targets were critical and which were management targets and the implications of not achieving any of them. There was uncertainty about the ramifications in relation to the Healthcare Commission as they considered performance over the summer and comparisons were made with other Trusts. The Chief Executive felt that the area of most concern was MRSA and any area that could impact on public confidence in patient care. Each target had therefore to be considered individually and in context.

The Chairman thanked the Director of Finance and the Trust as a whole for achieving this outstanding performance and this was echoed by other members of the Board of Directors.

### 2.2 Infection Control

The Chief Executive presented the report, with cases reduced to 41 from 50 last year with 24 of these being hospital acquired. However, it was recognised that this figure exceeded the management target set and in any national survey the Trust would be seen as performing poorly in this area. The Trust must be honest and open on the action being taken to resolve this situation. The Strategic Health Authority (SHA) has undertaken a peer review and this has not indicated any areas of concern. More energy and resources are being targeted to achieve this year's target of no more than 18 cases but there is also a need for consistency in reporting across all Trusts.

This issue is a top priority. The Medical Director detailed the PCT discussions, with high MRSA incidence in the local community. Mr Thompson updated on the PPI Forum meeting on 27<sup>th</sup> April and the support for the Trust confirmed by a press release.

### 2.3 **Quarterly Workforce Report**

The Director of Human Resources & Operations presented the report and there was some discussion on the trends. There is work underway at the SHA to ensure all Trusts are reporting the same position in the same way. A detailed report on sickness absence will be presented to the Board of Directors in May.

RH

## **Section 3 – Healthcare Governance**

### 3.1 **Risk Register Update**

The Chief Executive presented the Risk Register for signature by Board members. Since the previous submission, one high risk had been reduced as a result of updated action plans and no new high risks had been added. Mrs R Carter requested clarification on whether CC13 had been completed (due April 2006) as this had been on the register for nearly one year. The Medical Director **agreed to investigate**.

WS

### 3.2 **Board Assurance Framework 2006/07**

The Director of Finance detailed the principal objectives of the Assurance Framework: patient safety; using proven clinical outcomes; ensuring quality assurance; sound and robust financial management; working in partnership with other healthcare providers; maintaining and meeting NHS mandatory targets on access; ensuring environments that promote patient and staff wellbeing, privacy, dignity and respect and ensuring healthcare and systems are supported by the best use of technology. The framework details the principal risks, controls and gaps in control. Mr K Gaylard confirmed that this had been discussed in draft form at Audit Committee and the emphasis on staff training was highlighted. There was also concern that national IT issues were not always within the Trust's control.

The Assurance Framework was **approved**.

### 3.3 **Audit Committee meeting 20<sup>th</sup> April 2006**

Mr K Gaylard reported that no problems had been highlighted. The only area of concern was around the counter fraud work and it was confirmed that contracts are due to end in 2007 and would be put out to tender. There was some disappointment that four months' accounts would be required for an NHS Trust and eight months for an NHS Foundation Trust, if authorised, and the additional workload that would require for Trust staff.

## **Policies for Approval**

### 3.4 **Additional Item – Library Information Strategy**

The Medical Director presented the Strategy that was required as part of an external assessment. It was a brief document which set out the library requirements for the future. The strategy was **approved**.

## Section 4 – Policy Issues

### 4.1 Performance Management Framework

The Director of Finance presented the Framework which set out the performance criteria in place, with this changing over time. The objective is to ensure information is available which enables the Board of Directors and other key personnel to understand, monitor and assess the Trust's performance, allowing appropriate action to be taken when performance against set targets deteriorates. The Director of Finance detailed the internal groups that performance manage the criteria and the associated policies. The Chief Executive emphasised how this linked well with the performance management report already considered and as long as this document is kept up to date, he was reasonably confident this could be managed.

The Board **approved** the Framework.

### 4.2 NHS Foundation Trust – Secretary of State 'line of sight'

The Board had previously had an informal discussion on this issue but it was presented as a formal paper to indicate how the Trust would change as a Foundation Trust. The thrust is that where there is value to the Trust, networks would be maintained. If there is no value in attending a meeting then staff would be empowered to make that choice and Board approval was requested on this basis. The Chairman highlighted that the Foundation Trust Network was proving to be a great source of information and support as a Chairman and this was echoed by the Director of Finance.

The Board **approved** the performance management and networking arrangements to be put in place.

### 4.3 NHS Foundation Trust – Direct evidence to support risk and performance management processes self certification

The Chairman highlighted the supporting evidence that had been confirmed and would support the self certification to Monitor. The evidence was **approved**, with the following action required:

- A presentation was required to the Board on CNST to aid understanding
- Further work was needed on:
  - planning
  - contingency planning processes including insurance issues for key personnel (Executive Team)
  - succession planning
  - self assessment gap analysis – paper for consideration at the next meeting.

DH/WS

JH/JC  
JC/NC

DH/RH  
JH/DH

## Section 5 – For Information

No items for information.

## Section 6 – Other Issues

### 6.1 Chairman's Report

The Chairman reported on a number of issues this month:

- Ann Filby had been appointed as Corporate Governance Officer, following an open process. The Chairman congratulated her for the work she had done on secondment and looked forward to her contribution in the future.
- Attended the Foundation Trust Network Chairs and Chief Executives meeting which identified that all Trusts had financial issues following the withdrawal of the tariff. Suggestions were made that the tariff could be set independently in future and the Trust would watch with interest.
- The Marketing Director of the Appointments Commission had discussed whether they might be of use to us as a Foundation Trust.
- Presented three Excellent Service Awards this week.
- Handed over the keys to the new nursery, with nearly double the previous number of places, at 71.
- Had a brief meeting this week with the PPI Forum.
- To date, the Chairman had met with a third of the Governors, some public, some staff and some appointed. Individual meetings were taking place to discuss roles and assess induction and training requirements.

### 6.2 Questions from the Public

#### 2006/07 Financial Position

Mr P Thompson wished to clarify the formal position of the Trust following the press release early in April. The Chief Executive responded that staff feedback had generally been positive and they welcomed the clarity and honesty in the way the Board had approached the situation. The formal position is that the Department of Health is not fully funding additional costs that hospitals are incurring and this means efficiencies need to be made. This equates to 100 staff posts. The press release would be appended to these minutes as a formal record.

The Director of Finance reported that the final Income and Expenditure report for 2006/07 could not be presented to the Board of Directors until PCT allocations were available. The Board of Directors **agreed** that they would not require an interim report as they had previously approved a roll over of the budgets for 2006/07.

JC/  
AMF

### 6.3 Any Other Business

#### Patient Experience

Mrs M Rogers had recently spent some time at the hospital and praised the excellent care and cleanliness and very good food. The nurses were scrupulous in disinfecting and using hand gel but the same could not be said for the patients. She gave her thanks and would not wish to go to any other hospital.

### 6.4 Date, time and venue of next meeting:

The next Board of Directors Meeting to be held in public will be on **Friday 28<sup>th</sup> July 2006**, at the new time of **9am** in the Boardroom, James Paget Hospital.

**6.5 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; Mrs R Driver

From March 2006, papers for public meetings will be available on the website by the Monday prior to the meeting.

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