

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD ON
24 NOVEMBER 2011 AT 9.30AM IN THE COMMITTEE ROOM, OAK HOUSE, STEPPING HILL
HOSPITAL**

PART 1

Present: Dr Robina Shah (Chairman)
Mrs Ann Barnes (Director of Operations and Performance)
Dr James Catania (Medical Director)
Mr Bill Gregory (Director of Finance)
Mr John McGuire (Non Executive Director)
Mrs Judith Morris (Director of Nursing and Midwifery)
Mrs Carol Prowse (Non Executive Director)
Mrs Nicola Reucroft (Director of Human Resources)
Mr John Sandford (Non Executive Director)
Mrs Carole Spencer (Director of Planning and Business Development)
Mr Les Wilcock (Non Executive Director)

274/2011	<u>APOLOGIES FOR ABSENCE</u>	<u>ACTION:</u>
	Apologies for absence were received from Dr Chris Burke (Chief Executive) and Mrs Gillian Easson (Non Executive Director).	JJP
275/2011	<u>DECLARATION OF AMENDMENTS TO THE REGISTER OF INTERESTS</u>	
	Mr McGuire, Non Executive Director, reported that he had been appointed as a Non Executive Director of the Pension Bank Limited.	JJP
276/2011	<u>PRESENTATION ON PATIENT FEEDBACK TO CLINICIANS</u>	
	<p>Mr Andrew Sinclair, Consultant Urologist, attended for this item and gave a presentation to the Board of Directors upon work that he had carried out with the Picker Institute on Clinician feedback.</p> <p>The work and learning were now being rolled out to other clinical areas.</p> <p>Mr Sinclair said that the process used offered a discriminatory tool to enable Consultants to reflect upon their practice and interaction with patients.</p> <p>Mrs Prowse said that she found the work to be exciting but necessary given the feedback from the National Patient Survey with regard to communication with patients. She was pleased that the learning was being rolled out to other areas.</p> <p>In reply to a question from Mr Wilcock, Mr Sinclair confirmed that the work would be subject to re-audit and repeated in 18 months.</p> <p>Mr Sandford asked if the outcomes could be linked to personal objectives and appraisal.</p>	

The Medical Director said that revalidation of medical staff would require 360 degree feedback every five years. The methodology described by Mr Sinclair would provide the Trust with a robust way of collecting this information.

The Chairman welcomed the work undertaken by Mr Sinclair and his colleagues and said that the challenge now lay in making changes as a result of the feedback. She welcomed the rolling out of the work which would enable it to be embedded in the culture of the organisation.

277/2011

TRUST QUALITY REPORT

The Board of Directors received the Trust's Quality Report as at November 2011.

a) Patient Safety

- **Infection Prevention**

The Medical Director reported that in October there had been one reported MRSA bacteraemia that was hospital acquired. This had been subject to an investigation by the Medicine Business Group. This had identified a number of procedures that had not been followed with regard to the particular patient. The Trust had gone 419 days without a hospital acquired infection.

There had been six hospital acquired Clostridium Difficile infections during October. The Local Health Economy and the Trust were above their trajectories. A new Clostridium Difficile Policy was being launched in October.

There had been five hospital acquired Device Related Bacteraemias in October and three of these were catheter related.

Of the 14 E-Coli infections in October, two had been hospital acquired and 12 were community acquired. The majority of these infections were urinary tract. An event had taken place on 24 October 2011 to launch urinary tract infection guidelines. 59 people had attended from across the whole Health Economy and topics discussed had included treatment for patients with or without catheters.

Mr McGuire asked for further information with regard to the position on Clostridium Difficile.

The Medical Director said that there had been a significant reduction in the number of infections on the wards identified to the Board at their meeting in October.

In response to a question from Mr McGuire, the Medical Director confirmed that there was a programme of deep cleaning in place for ward areas.

Mrs Prowse said that a year without a hospital acquired MRSA infection had been an excellent performance. She was concerned with regard to the position on Clostridium Difficile.

The Medical Director said that he had confidence in the Infection

Prevention Team to deal with this issue in conjunction with the Local Health Economy and was assured that the steps taken were having an impact.

The Chairman said that the challenge with regard to Clostridium Difficile related not so much to the action taken within the hospital, but to the Local Health Economy response.

The Chairman referred to the UTI event on 24 October 2011 and asked for information with regard to the attendees.

The Medical Director said that the majority had been community based.

- Pressure Ulcers

In response to a request from the Board of Directors, a paper had been attached as an appendix to the report which provided further information with regard to the prevalence / incidence of pressure ulcers.

Information was also provided with regard to the number of pressure sores grade 2 and above. The Board asked that future reports break this down further into the numbers of grade 2, 3 and 4.

A Study Day had been held on 18 November 2011 to improve staff knowledge with regard to the prevention of pressure sores.

In response to a question from Mr Wilcock with regard to attendance, the Director of Nursing and Midwifery said that nursing homes had been particularly well represented on the day.

Mrs Prowse said that she noted the good health prevention work in a number of areas upon which the Trust was leading. She thought that a better model of leadership was required from the local Primary Care Trust.

In reply to a question from Mrs Prowse, the Director of Nursing and Midwifery confirmed that the work on pressure ulcer prevention was being extended to the High Peak and Tameside and Glossop.

The Director of Nursing and Midwifery also confirmed that the work being undertaken to reduce patient falls included representation from the High Peak.

The Chairman asked when the outcome of the North West Falls Audit would be available. The Director of Nursing and Midwifery said that this would be around May 2012.

- Mortality Data

The Board received details of the mortality data derived from the SHMI (Financial Year 2010/11). This included figures for the ten diagnosis groups with the highest number of deaths within the Trust.

Dr Foster SMR data for the commonest cause of deaths in hospital was provided for comparison even though this covered a slightly

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different period (September 2010 to August 2011).

Of note was that gastrointestinal haemorrhage in Dr Foster's data was not associated with excess mortality but cancer of the bronchus of lung was. Recent audit had confirmed that excess mortality in cancer of the lung was linked with the "underuse" of palliative care coding. Dr Foster excluded deaths coded for palliative care in the measure of standard mortality rates. A prospective audit on upper gastrointestinal bleeding was being led by Dr Ahluwalia, Consultant Gastroenterologist.

Dr Colin Wasson, Associate Director, Quality, was undertaking some work on the profile of deaths which would come to the Board of Directors in due course.

The Chairman asked how the Trust managed the relationship between coding and diagnosis.

The Medical Director said that it was important to make accurate diagnosis and it was the Consultant's responsibility to ensure that this took place.

JC

- VTE Assessment Update

The Trust had achieved 92.5% for VTE risk assessment in October, exceeding the Department of Health threshold. Mr Sandford congratulated those concerned in achieving this excellent result.

The Chairman asked about the Advancing Quality stroke measures and why the CQIN goal was not being achieved.

The Medical Director said that he would provide further information at the next meeting of the Board of Directors.

- Nursing Care Indicators

The Director of Nursing and Midwifery thanked all those involved in the Nutrition and Hydration Mission campaign which had been launched on 1 November 2011. She said there had been a great response from the ward staff to the involvement of the Executive Team, Non Executive Directors and Governors for their involvement in helping to serve patients their meals.

- Inpatient and Family Complaints

There had been a big improvement in September 2011 with 95% of complaints responded to within the 25-day timeline. The Director of Nursing and Midwifery said that consideration was still being given to the best way to present complaints information in a meaningful way to the Board of Directors. The first of the new look reports on complaints would be presented to the Board of Directors at their meeting on 22 December 2011.

Mrs Prowse asked if Junior Doctors were supported in the preparation of their statements with regard to complaints.

The Director of Nursing and Midwifery agreed to check that complaints letters were forwarded to both Junior Doctors and their

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Consultants as part of the normal process.

The Chairman said that it was essential that emphasis was placed on the wording of responses to complaints.

- End of Life Care

The number of patients expected to die who were cared for on the End of Life Care Pathway in October was 75%. Mr McGuire asked why this was not 100%.

The Medical Director said that the 70% target was high compared to other Trusts where the norm was in the region of 40%.

The Director of Nursing and Midwifery said that there were always patients who died before it was possible to put them on the End of Life Care Pathway.

278/2011 **INFECTION PREVENTION ANNUAL REPORT 2010/11**

The Board of Directors received the Infection Prevention Annual Report for 2010/11.

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279/2011 **ANNUAL SAFEGUARDING REPORT 2010/2011**

The Board of Directors received the Annual Safeguarding Policy 2010/11 which detailed work undertaken to safeguard both children and adults within Stockport.

The Director of Nursing and Midwifery said that the common themes focused on raising awareness and training for staff, the implementation of improved governance systems and processes and learning lessons and safeguarding reviews.

Mr McGuire said that he was concerned that information with regard to children who did not attend for a planned appointment was not being given to the Health Visitor or School Nurse.

The Director of Nursing and Midwifery said that a trial with regard to this had now been introduced.

The Chairman asked if the necessary arrangements and procedures were in place for the Ofsted and CQC inspection which Stockport was due to have in the near future.

The Director of Nursing and Midwifery confirmed that this was the case.

Mrs Prowse paid tribute to the work of Claire Woodford, the named Nurse, Safeguarding, for the leadership provided in this area.

280/2011 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Board of Directors held on 29 September 2011 were agreed as a correct record subject to one amendment to minute number 209/2011 (d) to indicate that the target appraisal rate was 75% and not 85% as detailed in the minutes.

JJP

281/2011 **CHAIRMAN'S COMMUNICATIONS**

The Chairman reported that, along with other representatives from the Trust, she had attended the Health Service Journal Awards in London on 22 November 2011.

The Board of Directors offered their congratulations to Tameside and Glossop Community Services upon being a finalist in the Clinical Service Redesign category and a finalist in the Improving Care with Technology category.

282/2011 **REPORT OF THE CHIEF EXECUTIVE**

In the absence of the Chief Executive, the Director of Operations and Performance presented the Chief Executive's Report.

Specific reference was made to:

a) Notification of Monitor's Compliance Board Committee

Notification had been received from Monitor of the Compliance Board Committee's decision that the Trust was not in significant breach of its authorisation.

The Chairman said that whilst the Trust had been found not to be in significant breach, there were still a number of issues that would need addressing.

The Director of Finance acknowledged that there were some residual concerns with regard to the integration of the two Community Services and the Major Incident. He said that two senior members of staff were being seconded to the Trust over the course of the forthcoming two weeks.

Mr Sandford said that he was concerned with regard to management / Board capacity to deal with the present agenda.

The Director of Finance said that it would be timely to review management capacity at the end of January 2012 when the next quarterly return was due to Monitor.

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b) Stockport Clinical Commissioning Group

The Board of Directors considered correspondence from the Chair of the Clinical Commissioning Executive Committee inviting comments on the proposed organisational form and constitution of the future Stockport Clinical Commissioning Group.

Mrs Prowse said that it was difficult to get any sense or guarantee of transparency from the proposed terms of reference.

The Medical Director said that it was also unclear as to the definition of a "Medical Consultant" as detailed within the discussion document.

The Trust Secretary would respond by the due date of 4 December 2011.

JJP

c) Proposed Industrial Action – 30 November 2011

All Associate Directors had been asked to refresh their contingency plans and complete risk assessments so that the Trust was able to run all essential services and maintain patient safety. All Unions were anxious that patients were fully protected and willing to discuss exemptions wherever this was necessary. Communications had been sent to all staff asking them to plan for possible school closures and giving them further information via frequently asked questions which had been posted on the intranet.

In response to a question from the Chairman, the Director of Human Resources acknowledged that there may be some disruption to the services provided by the Trust.

The Director of Operations and Performance explained the arrangements that had been put in place with regard to those patients coming by ambulance and those patients requiring X-rays for outpatient clinics.

d) Healthcare Groups

Development work continued with East Cheshire NHS Trust to identify the potential for the establishment of a Healthcare Group. It was hoped to formalise a Partnering Agreement before the end of 2011.

e) NHS Chief Executive Bulletins

f) Care Quality Commission

The Board were informed that the Care Quality Commission had revisited the Trust on 16 November 2011 to further review outcomes 1 and 5. The Inspectors had visited Wards E1 and E2 and the verbal feedback following the meeting had indicated full compliance with both CQC outcomes. A copy of the final report would be given to the Board of Directors once it had been received.

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283/2011 **CARBON REDUCTION COMMITMENT**

The Director of Planning and Business Development presented a report detailing the specific actions being undertaken by the Trust to comply with the Carbon Reduction Commitment introduced in 2010.

284/2011 **CAPITAL PROGRESS REPORT**

The Director of Planning and Business Development presented a report detailing progress on the Capital Programme as at 31 October 2011.

The Director reported that the Paediatric Emergency Department had now opened and had received very positive feedback from patients.

285/2011 **EAST CHESHIRE NHS TRUST PARTNERSHIP BOARD ARRANGEMENT**

The Director of Planning and Business Development reported to the Board upon the first meeting of the Partnership Board which had taken place on Friday 11 November 2011.

The Board of Directors gave approval to proceed with the Heads of Terms which would be signed by the respective Chairmen and Chief Executives outside of the meeting.

CS

A Collaboration Agreement would be developed during December 2011.

A presentation had taken place at the meeting on the proposed agreements in Breast Surgery and Urology. The initial concept for these services had been supported and Business Cases would now be produced and submitted for approval before the end of January 2012.

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286/2011

CORPORATE PERFORMANCE REPORT

The Board of Directors received the Performance Assessment Summary which gave the latest information against national and local targets and standards which was rated red / amber / green against the target level of performance.

There were three reports on the key performance areas covering:

a) Finance

The Director of Finance said that the Trust was reporting a surplus of £531K at the end of October, an adverse variance against plan of £136K. The financial position had seen a further improvement in the month of £159K and the Trust was now reporting an improved financial risk rating of 3 which was mainly related to the reduction in the rate of overspend on expenditure.

Clinical income was ahead of plan by £1,776K (1.4%), a marginal improvement in the month of £11K which was a slowing of the trend seen in the first six months of the year.

Expenditure was £3,717K (2.7%) above plan, a further overspend in month of £298K. The trend was, however, improving with the highest overspends being on premium staffing, particularly in providing capacity to meet emergency demand. Cost improvement plans continued to improve.

The Director of Finance said that risks in the second half of the Financial Year related to the sustainability of activity to meet RTT targets, particularly with regard to receiving the appropriate level of payment. Discussions continued with the Trust's Commissioners.

b) Access Report

- **Follow Up Outpatients Past Due Date**

The Director of Operations gave the background to the issue of a performance notice by NHS Stockport with regard to Ophthalmology. A meeting with NHS Stockport on 17 November 2011 had received a presentation by this Trust at which information regarding progress and changes had been provided. A performance notice with regard to glaucoma had been issued on 16 November 2011.

At the meeting on 17 November 2011, the Primary Care Trust

representatives had indicated that they were assured of the progress being made and had asked for further information. It was disappointing that knowing the meeting on 17 November 2011 was scheduled that the performance notice had been issued.

Further updates on the position would be provided to future meetings of the Board of Directors.

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There had been an increase in outpatient waiting list patients past their due date for an appointment. Of these, about 100 related to Dermatology. A locum had now been secured and alternative plans were being assessed by the Medicine Business Group.

The OJEU process was being used in looking for a partner to work with the Trust on Dermatology services.

- Emergency Department

The Director of Operations and Performance said that the cumulative quarterly performance was 93.51% which was of concern. The position had been very challenging and an in depth analysis was being undertaken on a daily basis of patients who breached the standard in order to understand where changes were required and where it might be necessary to deploy supporting, temporary resources to improve the position for patients.

Many actions were being taken to mitigate this poor performance and a significant proportion of these were integral to the transformation programme in unscheduled care. This programme would introduce a new model of care for patients who arrived for an emergency assessment treatment and care. The aim was to provide a single point of entry to the hospital through the Emergency Department. The patient would then be quickly assessed and initial diagnostics undertaken. Following this, where a patient needed further assessment for a surgical condition, they would move into the Surgical Assessment Unit and where it was a medical condition, to the Acute Assessment Unit. If it was clear the patient needed a more extended stay in hospital, they would go straight to a specialty ward.

The Acute Assessment Unit would see patients for up to 12 hours before either discharging them home or admitting them to the medical short stay wards (A1 and A3) with a stay of up to 72 hours or to one of the specialty wards. The Acute Assessment Unit would eventually be re-provided in an area close to the Emergency Department as part of a capital scheme and would be a bespoke facility. In the meantime, a small ward area close to the Emergency Department was being utilised for the Acute Assessment Unit. A further area for emergency patients requiring additional diagnostics and observation was to be commissioned shortly as one of the areas of learning from the breach analysis is the need for such an area. It was hoped to provide this in the next couple of weeks once protocols and procedures were agreed and a space vacated.

The overall aim of the model was to increase the number of patients who could be assessed, treated and discharged without the need for admission or to reduce length of stay when an

admission was required. A series of ambulatory pathways were provided from the Acute Assessment Unit area on an ambulatory clinic type arrangement. GPs and the Emergency Department could refer patients for these emergency and urgent clinics and patients with entry on an outpatient basis.

The new model had not only required changes to ways of working, but also changes to hours and responsibilities for a wide range of staff, including Consultants, Nurses and Therapists. There had been considerable planning for the changes and extensive communication with all staff. Inevitably, however, there had been areas where changes to the original procedures were needed in the light of experience and these were undertaken quickly and robustly. A significant number of changes had been introduced in recent weeks and, whilst it would be inappropriate to say this had been the reason for the Emergency Department performance, it would have made arrangements in the Emergency Department and on the wards more challenging than usual.

It was hoped that the transformational changes could soon become embedded ways of working and over the coming 18 months provide improved safety, quality of care and a better patient experience.

The Director of Operations and Performance said that the Primary Care Trust and GP Commissioning Leads were supportive of the model and had been helpful in escalating actions from Community Care and Social Services to help with the discharges and support the model of care.

The level of managerial input at ward / departmental level continued to be extremely high.

The Chief Executive of NHS Manchester, had written to all Trusts with regard to 12 hour trolley waits in the Emergency Department. This was not something that happened in this Trust and a 12 hour trolley wait was now a never event.

He had asked for assurance that all Trusts would introduce six hour alert to the Executive on call. This had happened within this Trust. It was also suggested that it might be appropriate to include the Pennine Care Executive on call, as a number of potential breaches related to patients awaiting mental health assessment.

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The situation in the Emergency Department had been escalated to amber status with a forensic assessment of breaches being undertaken based on root cause rather than anecdote. There were issues with the size of the Acute Admissions Unit and some staffing issues. There were also discussions to be had with regard to length of stay as the action required was being developed.

The Director of Operations and Performance said that, although the department was not on standard for Quarter 3, it could still achieve the target. It was extremely high risk, however.

The Chairman said that the Board had always recognised and accepted that the transformational programme was long term and it

was important to get the foundations right.

Mrs Prowse said that the achievement of the ED target had always been on a thread with acknowledged shortcomings. The transformational programme had been seen by the Board as an exciting opportunity to improve the experience of patients. The passion of Executives to implement the programme had been palpable and she felt it could only bring benefits for patients through a forensic approach to managing pathways.

Mr Wilcock agreed that the size of the task could not be underestimated and stressed the importance of ongoing communication with staff, patients and relatives.

Mr Sandford asked about the percentage chance of the Trust meeting the ED target for the quarter.

The Director of Operations and Performance said that the risk had moved from a 20 to a 16.

Mrs Prowse asked whether the issues could be resolved fairly quickly.

The Director of Operations and Performance said that was the intention.

The Chairman said that whilst she acknowledged robust analysis was taking place, a decision was needed as to whether Monitor should be informed.

The Director of Operations and Performance said that there would be a discussion between herself, the Director of Finance and the Chief Executive with a decision being made early the following week.

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On delayed transfers of care, the Director of Operations and Performance said that the Vanguard Project was nearing completion of its experimental phase. Early indication showed the potential for significant benefit for patients through this multidisciplinary approach.

The Chief Executive and the Director of Operations and Performance had attended a meeting the previous day which had included NHS Stockport and Stockport MBC. The project would now move to the prototype stage.

c) 62-Day Cancer Target

The Director of Operations and Performance presented a report which described the Trust's current position in relation to the national target of 85% of patients being treated within 62 days and a local change to reallocation for inter-Trust transfers. The report included an Action Plan to improve performance.

Monitor had been advised that the performance for Quarter 3 might be below 85% as a result of the Manchester Memorandum of Understanding being finalised after the quarter had commenced.

Further updates would be provided to the Board on a monthly basis and would include details of the network position against the standard.

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d) Human Resources Report

The Director of Human Resources presented the Human Resources Report for November 2011.

This included an update on attendance, appraisal, diversity and the Trust's shortlisting for the "Working with Young People Award" organised by Stockport Metropolitan Borough Council.

A Recruitment Open Day had been held on 21 November 2011 with 500 attendees. Applications had been processed as quickly as possible.

287/2011 DATE OF NEXT MEETING

The next Part 1 meeting of the Board of Directors would take place on Thursday 26 January 2012 at 9.30am in the Committee Room, Oak House, Stepping Hill Hospital.

288/2011 RESOLVE THAT:

"Representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial sensitivity and confidentiality of patients and staff, publicity of which would be premature and / or prejudicial to the public interest".