

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS' WORKSHOP

Notes of the Workshop held 29 September 2008 in the City Hospitals Meeting Room, Trust Headquarters.

Present: Mr D P Graham – Chairman (DPG)
Mr D Clifford (DC)
Mr M Davison (MD)
Ms M Harte (MH)
Mr K W Bremner (KWB)
Mrs C S Scholes (CSS)
Mr B Kilmurray (BK)

Apologies: Mr B Charlton (BC)
Mr R Neville (RN)
Mrs J Pattison (JP)
Mr L H Boobis (LHB)
Mrs C Harries (CH)

In Attendance: Mrs A Hetherington (AH)

1. Annual Maternity Risk Management Report

CSS presented the report advising that its purpose was to give an overview of the key risk management activity which had occurred in Maternity during 2007/08 and to give the Board assurance with regard to the implementation of the Trust's Maternity Risk Management Strategy. CSS explained that the Maternity Risk Management Strategy was an addendum to and was influenced by the Trust's overall Risk Management Strategy. The important role of all staff members within the unit in identifying, assessing and managing risk was particularly highlighted and MD suggested that 'reporting' should also be included within that statement. CSS reminded colleagues that the Maternity Unit was a pilot site for the new NHSLA maternity standards and would be undergoing an assessment against level 2 standards in October.

CSS went on to confirm that the Unit had considered the recommendations coming out of "The Confidential Enquiry into Maternal and Child Health – *Saving Mothers' Lives: Reviewing Maternal Deaths to Make Motherhood Safer – 2003-2005*" document which had been published in 2007 and an action plan had been produced. The department was compliant for the majority of the recommendations however three remained outstanding:

- *deaths from psychiatric causes* – clear pathways of communication and ongoing support with the mental health team required;

- *surveillance of obesity* – management to be extended to ensure the unit has systems, processes and equipment to provide the appropriate support; and
- *emergency medicine* – the unit must ensure that the management and communication process was appropriate for pregnant women who were admitted to A&E, regardless of what stage of pregnancy.

The maternity risk management structure was noted and MD commented that it appeared very busy and whilst CSS agreed, she also explained that the chart demonstrated all lines of communication. It was agreed that the connecting ‘two-way’ arrow between Board of Directors and the Directorate Clinical Governance Steering Group should be removed and for the connecting arrows between the Directorate Clinical Governance Steering Group and the Corporate Governance Committee, and the Trust Clinical Governance Steering Group and the Corporate Governance Committee be amended to ‘two-way’ arrows.

CSS reported that during the year 8 critical incident reviews had been undertaken, advising that 1 case had progressed to litigation. The purpose of a critical incident review was explained and CSS then went on to highlight some of the actions taken and lessons learned as a result of the reviews. CSS then concluded by advising that it was the intention that in future the completion of critical incident reviews would be done within 6 weeks from the incident occurring and that root cause analysis training would be undertaken by additional staff.

MD advised that he had some minor comments, mainly around grammar, and would email these directly to CSS.

DPG asked CSS whether she was comfortable that the number of reported incidents was reasonable for the Unit’s size. CSS advised that after speaking with Sue Winn (NHSLA Standards Manager) who had a maternity background, she was not concerned.

Resolved: To accept the report subject to the amendments identified.

2. **Bed Management and Patient Transfer Policy**

CSS presented the policy that set out the procedures for bed management and patient transfer within the Trust and for those requiring transfer to healthcare organisations outside the Trust. She explained the aim of the policy was to ensure that every emergency admission was allocated a bed within 4 hours and no elective admission was cancelled because of the lack of bed availability. The policy also set out the roles and responsibilities of individual members of staff involved in the process.

CSS quickly gave an overview of how the system worked, explaining that it was vital that key individuals walked the wards to be able to see for themselves where there were any beds and where moves could be made. It was clarified that some patients would be at home waiting for beds and others may be admitted to A&E by the GP in order to ensure they were safely monitored.

CSS explained the trigger levels denoting bed availability and the action that would be taken if these were reached. It was suggested and agreed that the title of the flow chart on page 12 of the policy should be changed to “Trigger levels

reached" (rather than 'achieved'). The section on infection control was particularly highlighted and CSS said it was important to note that the Bed Management and Patient Transfer Policy sat alongside specific policies relating to infection control.

MH queried who was "2nd on-call" and CSS explained that "1st on-call" was the operational directorate manager on-call and "2nd on-call" was the Executive Board member on-call at the time.

MH asked what impact issues regarding infection control had had on the process of managing beds and patient transfers. CSS explained that excellent support was given by the Infection Control team however it had resulted in added pressure on beds.

KWB explained to the NEDs that whilst it would be ideal not to move patients once they were in a bed, there would be some instances when this was unavoidable and the aim would be to do this with the minimum amount of disruption.

Following discussion the following amendments were agreed:

- Page 20 – The comment box to be removed.
- CSS to consider including a definition of terms. For example, MD drew colleagues' attention to the mention of 'boarders' on page 9 however the term was not defined until page 14.
- Page 27 – Title of form to be corrected – "*Commication*" to read "*Communication*"

Resolved: To accept the policy subject to the amendments identified above.

3. Review of Risk Management Strategy

CSS presented the strategy explaining that it had been updated to ensure compliance with the NHS Risk Management Standards for Acute Trusts. She outlined the key objectives, milestones, roles and responsibilities. Colleagues were reminded that there were two levels of risk registers – the directorate/specialty register and the overall corporate register which was presented to the Board. As mentioned in the previous policy, CSS drew colleagues' attention to the Maternity Risk Management Strategy which was an addendum to the main strategy.

MD commented that he was unsure from reading the document whether it was meant to be a strategy document or a policy document and felt that it was important not to confuse the two. CSS agreed to revisit it. MD felt the work done on the risk management framework was excellent. He also commented that one of the things discussed at Corporate Governance Committee was selecting some of the risks on the register to see how these were being managed on the ground in order to bring assurance to the Board. After discussion it was felt it might be useful on occasion to invite an individual directorate to Corporate Governance Committee to go through their particular risks in more detail. It was agreed

Corporate Governance Committee would agree which areas they might want more detailed discussion.

MH asked whether the policies discussed at the meeting had been through the equality and diversity route and CSS confirmed they had.

It was agreed that the schedule of meetings identified in page 58 should be referenced in a separate appendix to ease amendment should these dates change and that the page numbers contained in the index should be amended as there were errors relating to sections 9 to 12.

Resolved: To accept the policy subject to the agreed amendments.

4. **Hospital Discharge Policy**

CSS presented the updated policy which aimed to ensure every patient had a planned and coordinated discharge. It was clarified that the policy referred to all patients regardless of age. She emphasised the importance of commencing discharge planning on admission for those patients admitted as an emergency to ensure there were no undue delays once the decision had been made to discharge.

Following discussion the following amendments were agreed:

- Paragraph 4.1 – to be rephrased to say “*At pre-admission or on admission as appropriate an assessment undertaken by health professionals will place the patient in 1 of the 3 discharge categories.....*”.
- Paragraph 4.3 – reference to “medical officer” should be changed to doctor.
- Within the discharge checklists for each category reference to sick note should be amended to medical certificate.
- Page 20 – Reference to Director of Social Services to be amended to Director of Adult and Children Services.

Resolved: To accept the policy subject to the agreed amendments.

DAVID GRAHAM
Chairman

AH/mins12/11/2008