Minutes of the Public Trust Board Meeting held on
Wednesday 3rd March 2010, Facilities Seminar Room, Training & Development Centre

Present:	Dr J Hickey	Chairman
	Mr P Forden	Chief Executive
	Mr C Abolins	Director of Facilities & Capital Development
	Mrs C Allen	Director of Operations
	Mr C Astbury	Non-executive Director
	Mr J Drury	Director of Finance
	Ms S Hardy	Director of Nursing, Patient Services & Midwifery
	Mr G Kershaw	Associate Non-executive Director
	Mr B Noble	Non-executive Director
	Mr C Pallot	Director of Planning & Performance
	Mr N Robertson	Non-executive Director
	Ms C Wilkinson	Director of HR
In attendance:	Mr M Essery	Shadow Governor
	Mr R Kelso	Shadow Governor
	Ms M McVicar	Shadow Governor
	Mr D Savage	Shadow Governor
	Ms S Rudd	Company Secretary
	Mr N Spoor	Chronicle & Echo
Apologies:	Dr S Swart	Medical Director
	Mr P Zeidler	Non-executive Director

TB 09/10 60 Declarations of Interest

No interests in items on the agenda or additions to the Register of Interests were declared.

TB 09/10 61 Minutes of the meeting held on 15th December 2009

The minutes of the previous meeting held on 15th December 2009 were approved.

TB 09/10 62 Chief Executive's Report

Mr Forden presented his report noting that the Trust continues to perform well against the national targets. The number of emergency admissions continues to increase which has affected performance against the 4 hour A&E target, however the Trust remains on track to achieve this target for the full year.

Mr Robertson asked if the A&E admissions are an increasing trend and if numbers are higher due to the winter. Mr Forden replied that there is a national trend of an increase of 7-10% per year, partly due to aging population and continues to be a concern. Mr Pallot noted that it will be increasingly important that the PCT works closely with all healthcare partners.

Dr Hickey noted that there were two elements to A&E attendances, those who turn up at the door and GP referrals. Dr Hickey asked Mr Kelso if it was possible for the PCT to manage GP referrals. Mr Kelso replied that the issue is that GPs are independent.

The next stage of the modernisation of the hospital's corridors has begun, following completion of the first phase in July 2009. There will be some disruption to normal daily use however once completed, will provide a more pleasant environment and help us to keep the hospital clean.

A new hospital discharge team has been formed to improve the discharge of patients who need additional support, to allow them to go home quickly and safely. The team includes representatives from the County Council and the Primary Care Trust.

Mr Noble enquired if this had required additional funding and if there was now additional care available in the community. Mrs Allen replied that a new process had been put in place, a different way of working. Patients are assessed earlier in their journey to help them be discharged sooner, the PCT had also purchased additional capacity.

Mr Kelso asked if the discharge team have a remit that the discharge summary goes with the patient and to review the length of wait for prescribed drugs to arrive from the pharmacy. Mrs Allen responded that primarily the team are there to plan and facilitate each stage of the discharge process. A Length of Stay group is in place as separate work stream reviewing an electronic discharge system.

Mr Forden noted that at the next Board meeting there will be a discussion of the Robert Francis QC Mid Staffordshire NHS Foundation Trust Inquiry Report and the patient experiences.

Dr Hickey noted the development of excellent the new day surgery unit and encouraged everyone to visit.

The Board **noted** the report

TB 09/10 63 Performance Report

Mrs Allen presented her report and noted that there were three areas of concern, A&E performance, MRSA and the 31 day standard for subsequent drug treatment for cancer patients.

We should still achieve the A&E target for the quarter, the year to date position has reduced from 98.4% last month to 98.2%. There were significant problems in January, compounded by staffing issues related to Norovirus. The position for February is 97.6% but the position has improved over the last two weeks as more beds are now open.

Mr Kershaw asked what measures had been put in place to improve the position. Mrs Allen replied that a capacity planning group was in place, focusing on discharging well i.e. discharging patients earlier in the day, expediting drugs, weekend discharges, support from on-call teams, transport, social care element and, where patients can be treated in community, working with social care services to enable that to happen.

Dr Hickey noted that in the Francis report staff at Mid Staffordshire Foundation Trust felt that there was pressure to discharge early, can we be assured that we are not putting patients at risk. Mrs Allen replied that discharge will not take place unless there is a clear discharge plan in the patient's notes and the clinician has also been contacted.

Mr Forden noted that one measure is readmission rates, and that these are lower than the previous year.

Ms Hardy noted that an additional measure is safeguarding referrals, there are some referrals however these are always investigated.

Mr Robertson asked how we encourage clinicians to review patients who shouldn't actually be on the ward. Mrs Allen noted that the discharge team have been successful in facilitating the discharge of a number of long stay patients.

It was also noted that we participate in the PCT social care group, looking at transforming social care and the group meets on a monthly basis.

Mr Noble said that the local authority is being asked to make cuts, how will these affect our efforts. Mr Pallot acknowledged that there is a risk, the PCT is forming an urgent care board, part of the IST, and so we can work on this together.

Mr Kershaw noted that emergency admissions have increased and we've missed the target. There has been a lot of work undertaken around these issues and what impact has the situation had on staff morale and sickness. Mrs Allen replied that senior managers are on call and now also on site to provide more support for staff.

Ms Wilkinson noted that must ensure that we plan ahead and book appropriate cover to provide support. We also provide services with Occupational Health for staff.

The Trust achieved 97.8% against a standard of 98% in January for patients admitted within 31 days from decision to treat for chemotherapy as a subsequent cancer treatment. The year to date position is 98.7%

The Board **noted** the report.

TB 09/10 64 Finance Report

Mr Drury presented his report and noted the financial performance of the Trust at month 10 shows a normalised surplus of £1.389m, after adjustment for fixed assets impairments, of £6.7m. It was noted that the adjustment does not form part of the control total or statutory duty.

A further impairment of £248k is forecast in February relating to the Day Surgery Unit.

Income and expenditure performance is a deficit £48k in month. Income activity was strong during the first three weeks of the month then, in the final week, rate of discharge slowed due to Norovirus etc. This is supported by the fact that the average value of partially completed spells at the end of each month is £1.5m, with January being £1.85m. The discharge team commenced on the 1st February and facilitated twenty nine long stay patient discharges, with the resulting increase in income.

It was noted that January is a 5 week month so includes an additional pay week.

Better Payment Policy Compliance achieves a score of 2 against Department of Health metrics with an overall performance of 81% of invoices being paid within 30 days. The Trust will need to secure agreement with the PCT as to the final cash payment for SLA over performance to maintain cash flow in quarter 4.

The Trust has been pursuing debtors and expects to clear it's creditors by the end of year to ensure a strong position moving into next year. The focus has been on cash flow in April with discussions on restructuring annual payments to quarterly payments. £300k annually has been agreed and we will continue this policy as the annual reviews for next year are presented.

Mr Noble asked Mr Drury to expand on the Day Surgery Unit impairment and if we are assured that we have value for money for this unit. Mr Drury commented that it is an accounting valuation technicality; hospitals are valued on a depreciated replacement build basis as they are viewed as a specialised asset with no open market valuation.

The Board **noted** the report.

TB 09/10 65 HR Report

Ms Wilkinson presented her report to the Board summarising the key achievements in the month and an overview of the HR case activity.

The Equality and Human Rights Scheme consultation closes on 16 April 2010 and is available on our website. It has also been sent out to 50 organisations representing diversity.

The first meeting of the Equality and Human Rights Group took place during the month. The key item concerned progress made against current action plans and it was agreed that the result of this task will be published on the Trust's website.

A Health and Wellbeing Group is being formed, focusing on the Boorman report, and Ms Wilkinson would welcome support from the non- executive directors.

The HR Service Centre has seen an improvement in the recruitment target, with a new KPI of 16 weeks. Further work is underway to shorten this, particularly for posts that do not require criminal records bureau disclosure.

NGH has been chosen as the pilot for the ESR interface to UIM. ESR is the payroll/HR system used within the NHS, with add on modules such as training. The Trust has fully implemented the main module, used for reporting and staff payment. This module concerns data for identity information management. It is concerned with knowing that people are who they say they are e.g. passport; right to work in the UK. It will also link to SMART card whereby staff will have an ID card that can be used across all other NHS organisations. It is in the very early stages and is intended to make recruitment much easier.

HR casework, there is a trend in the increase in sickness absence cases for a third month in a row. The HR business partners are supporting the Directorates in the management of sickness absence across the Trust. There is a very supportive process to enable staff to return to work.

Mr Astbury asked if open cases are those still open at end of month therefore not a measure of cases initiated. Ms Wilkinson responded that it is an indicator that there has been some activity, open cases involve direct contract with Human Resources, Directorate Managers, Head Nurses etc. Ms Wilkinson noted that it is key that managers have close contact with the member of staff. Dr Hickey asked about the long term numbers and Ms Wilkinson replied that these are currently being assessed.

Mr Astbury asked about outcomes e.g. redeployment, return to work. Ms

Wilkinson noted the current initiative of auditing our rehabilitation programmes and she will report on that in the future. She also noted that redeployment is not as common as we would like as we have highly skilled professional staff.

Mr Noble asked about sickness absence by grade. Ms Wilkinson noted that short term absence is mainly at lower grades. Sickness absence amongst junior doctors has increased from a few years ago and this is being reviewed.

Dr Hickey asked if a member of staff is absent for 4-5 days are they called by Occupational Health. Ms Wilkinson replied that this is not currently the case, they should be called by their manager, who can refer them to Occupational Health.

Ms Hardy enquired about the sickness absence policy and Ms Wilkinson noted that it is currently out for consultation.

Dr Hickey noted that when he has been round the hospital and sees that someone is leaving he asks when their replacement starts. The main response he receives is that the recruitment process has not yet started. Ms Wilkinson noted that managers should be aware that it is their responsibility and training is planned to provide them with the appropriate competencies.

Ms Hardy also noted that many directorates have standing adverts for posts and the staff may not realise that it has already been advertised.

Mr Savage noted that he had felt that HR was the second class citizen and that he was pleased to see all the work that is being carried out.

The Board **noted** the report.

TB 09/10 66 Infection Prevention & Control

Ms Hardy presented her report to the Board and noted that, following receipt of the HCAI report, the CQC had made further contact to gain assurance that actions had been implemented. The Trust was able to demonstrate that the action plan had addressed the outstanding concern. The planned infection prevention inspections have commenced and have been extremely well received.

In January there was 1 pre 48 hour MRSA bacteraemia bringing our current position to a total of 3 post 48 hours and 6 pre 48 hours. We remain above our trajectory with an extremely significant improvement in post 48 hour cases from a previous year total of 14. Targets for next year have been agreed with the Department of Health, our ceiling will be 6 post 48 hours cases.

The SHA is now reviewing MRSA and C Difficile rates by measured bed days. The Trust is now rated as 0.56 using 522 beds, this is an out of date calculation and for the coming year they will use the more accurate number of 575.

During January the Trust identified 3 pre 3 day and 14 post 3 day cases of C Difficile. The Trust rates are well below our internal stretch target, however measurement by bed base rate shows us as one of the highest in the region. This has been reviewed and, due to the ongoing Norovirus outbreak more specimens have been tested, which can result in finding higher numbers of incidental C Difficile cases. The Consultant Microbiologist confirmed this may be the situation during January. Structure is now being placed around the process with review of reasons for testing. Mr Astbury asked how we can gain assurance that this is best practice. Ms Hardy responded that testing a patient with only one episode of diarrhoea may result in false positives and negatives. Dr Hickey asked

if the new procedure is in line with best practice. Ms Hardy attended the regional strategic group, and it was noted that practice from Trust to Trust is very different. The region has been asked to carry out benchmarking for the whole region.

Dr Hickey asked if the new policy would withstand external review. Ms Hardy responded that it would and is why it is discussed in detail at the regional forum, with external attendees.

Mr Kershaw asked should we not test more patients so we can treat more patients. Ms Hardy replied that, as it is a normal resident of gut flora we are potentially finding a higher number of false positives.

Mr Essery commented that two friends have called him and to say that during visits to the hospital, how conscious they were of the amount of cleaning going on around them.

Mr Noble enquired about discrepancies in the hand hygiene figures. Ms Hardy replied that this will be due to areas that have made a nil return, and there is no option for that, so it affects the figures. Mr Noble asked if anything is done about nil returns. Ms Hardy noted that the Head Nurses are required to attend the Infection Prevention and Control Committee to explain and if the situation continues they are then invited to attend the Integrated Healthcare Governance Committee.

The Board **noted** the contents of the report.

TB 09/10 67 Performance Accelerator

Ms Hardy provided a verbal update to the implementation of the Performance Accelerator software. She noted that there were six applications in phase one, Auditors Local Evaluation, Board Assurance Framework, Care Quality Commission standards, NHSLA, CNST Maternity Standards and Information Governance Toolkit.

Dynamic Change will attend a meeting in April to demonstrate the system and in particular the reporting outputs.

It was noted that Dynamic Change has provided some very positive feedback with regard to the implementation process we have put in place.

The Board **noted** the report.

TB 09/10 68 Any Other Business

There was no other business and the meeting was declared closed.

TB 09/10 69 Date and Time of Next Meeting

9.30am Wednesday 28th April 2010, Facilities Seminar Room, Training & Development Centre, NGH