

**Minutes of the Public Trust Board Meeting held on
Wednesday 28th April 2010 at 9.30am
Facilities Seminar Room, Training & Development Centre**

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| Present: | Dr J Hickey | Chairman |
| | Mr P Forden | Chief Executive |
| | Mr C Abolins | Director of Facilities & Capital Development |
| | Mr C Astbury | Non-executive Director |
| | Mr C Pallot | Director of Planning & Performance |
| | 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 |
| | Ms N Aggarwal-Singh | Non-Executive Director |
| | Mr N Robertson | Non-executive Director |
| | Ms C Wilkinson | Director of HR |
| | Mr P Zeidler | Non-executive Director |
| In attendance: | Mr M Essery | Shadow Governor |
| | Mr R Kelso | Shadow Governor |
| | Mr A McPherson | Shadow Governor |
| | Mrs S Watts | Head of Communications (1 Item only) |
| Apologies: | Dr S Swart | Medical Director |
| | Mrs C Allen | Director of Operations |
| | Mr D Savage | Shadow Governor |

TB 10/11 01 Declarations of Interest

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

TB 10/11 02 Minutes of the meeting held on 31st March 2010

The minutes of the previous meeting were approved subject to the following amendments:

TB 09/10 66 – replace wording following “potentially” to read “finding a higher number of false positives”.

Ms Hardy asked the Board to note that all episodes of diarrhoea of Type 6 and 7 stools are tested in line with Department of Health guidelines.

TB 10/11 03 Communications Strategy Update

Mrs Watts presented her report, noting that this was a review of the communications activity undertaken during the past year following approval of the Communications Strategy by the Board in June 2009. Mrs Watts explained that regular communications updates will be provided to the Board going forward.

Mrs Watts noted that the Communications team are a small, busy team with a very varied workload and also directed the Board to the extremely positive news story in

the Chronicle & Echo.

The report details the different types of communications activity carried out to ensure engagement with the workforce, building communications capability and capacity and promoting the NGH brand and managing reputation.

Mrs Watts noted that there is still work required with regard to GP engagement but good, steady progress has been made. Mr Pallot noted that he is leading on this piece of work whilst Ms Wilkinson noted that she is leading on the staff survey work.

Mrs Watts noted that resource within the Communications team itself is a constraint to improving communications within the Trust. In order to address this, the aim is to build capability and capacity within senior, middle and frontline managers. A new external website has been launched and web co-ordinators have been recruited within Directorates to enhance this capacity and capability. A communications toolkit, which includes guidance on branding style, report writing, grammar and language, has been drafted for consultation during May 2010, prior to launch in June 2010.

Mr Zeidler commented that communications is always key for focusing attention and noted that, when reviewing the approved Strategy and this current update, he was not clear if all areas had been addressed. In particular, two way communication by way of surveys and analysis of feedback. This analysis would ensure that the focus of the communications activity is accurate. Mrs Watts responded that capacity had not been available within the team to undertake all the surveys that had been originally listed, however, the lunches with the Chief Executive and feedback from the Board to Ward visits was extremely valuable. There is also a survey included in this month's Insight magazine, that benchmarking from the patient and staff surveys is utilised and that NHS Choices website is monitored.

Mr Zeidler commented that in order to evaluate progress then there must be the ability to monitor the original strategy. Mrs Watts agreed to summarise the main points of the approved Strategy and provide an update to each of these. The Board requested an update in four months time.

Mr Robertson asked if the messages that are communicated are consistent. Mrs Watts responded that messages are consistent, both internally and externally and if the message changes, we are careful to explain the reasons why that is the case.

The Board **noted** the report.

Action: Mrs Watts to provide an update to the Board in September.

TB 10/11 04 Chief Executive's Report

Mr Forden presented his report and was pleased to note that the Trust had met all of the key national targets for last year; this is a huge accolade for all staff. This has been achieved despite rising levels of emergencies, Norovirus outbreak and adverse weather conditions. This is a really good performance and has been achieved within the financial envelope.

He noted that the hospital needs to ensure that it does not become complacent, targets are not the most important item and that we must continue to provide safe, effective care.

Within other news, it was noted that the Home Birth team has now launched and that women's antenatal care will be offered at home, by their named Midwife within the team.

Ms Hardy noted that is an excellent initiative and that there have been some concerns about elite care for a small group of women. The Trust would also like to see an increase in our rate of normal births within the hospital.

Dr Hickey enquired about the safety of home births. Ms Hardy said that it must be borne in mind that women have a choice. Dr Hickey enquired if post caesarean section women were able to have a home birth. Ms Hardy responded that yes, this was the case but only following a full risk assessment review and advice as to choice. Dr Hickey asked if we ensure that there is full consent and the appropriate documentation. Ms Hardy responded that this was the case and that we also inform the ambulance service who are then able to wait locally.

Dr Kelso asked if the antenatal care that was provided at home, if it was a different midwife to those that work within the GP surgery. Ms Hardy replied that yes, this was the case, they meet with the midwife initially at the surgery and they are then referred to the Home Birth team who provide all the antenatal care. Dr Kelso enquired about the reaction of the GP based midwives to the initiative. Ms Hardy said that it was very positive.

Mr Noble enquired about choice of caesarean sections. Ms Hardy noted that there is not an automatic right to choose a caesarean section although all circumstances are considered.

Mr Forden noted that in the recent Care Quality Commission registration NGH have been granted an unconditional license to provide these services.

A corporate Preceptorship Programme has been set up to provide extra support to new nurses and midwives during their first year within the Trust. The programme will be open to nurses and midwives who are either newly qualified, returning to practice or coming from overseas, and also to others at the discretion of their manager. Ms Hardy noted that newly qualified staff are willing to come to work at NGH due to this particular programme and Dr Hickey noted that this initiative is helping to moving us forward as an employer of choice.

Mr Zeidler wished to record the Board congratulations to Mr Forden and the team for achieving the targets for last year and enquired what the communication programme will be to the staff.

Mr Forden responded that a communiqué is currently being developed and will be issued shortly.

Mr Noble asked about our performance in comparison with other Trusts and it was noted few Trusts within the East Midlands region to achieve the cancer target each and every quarter. There are only a few other Trusts that have achieved the 18-week target within every single specialty.

Mr Astbury noted that achievement of several of these targets required significant effort at the end of the year and allowed a good base from which to start the current year.

Performance Report

Mr Forden noted the MRSA ceiling of 10, the target set by the PCT of 8 post 48 hour cases and 2 pre 48 hour cases, and the final position of 3 post 48 hour cases.

The ceiling reduces to 6 for this year and it was noted that we have had one post 48 hour case within the month of April. This is a complicated case and a Root Cause Analysis has been carried out; there were no common themes, however, there is still some learning.

There has been significant pressure within A&E during the month. On Sunday we usually expect an average admission of 52 patients, however there had been 86 admissions. The previous evening there had been 40 patients admitted after 7pm, when we would normally expect 60 during the entire day. There is significant work being undertaken in conjunction with the PCT to reduce the pressure using community services.

Mr Zeidler asked if there had been any changes in the triage process in A&E due to the relocation of the MIAMI unit. Mr Forden reported that this has not been the case.

Finance Report

Mr Drury presented his report and noted the overall performance of income and expenditure surplus of £2.081 million for the year, which was £7K higher than the surplus target for the year. We have achieved our statutory break-even duty over the past 3 years. Our capital resource limit is underspent by £1.46 million, which is now being carried forward to next year. The external finance limit has achieved the required £900K and exceeded the target by £9K. Capital cost absorption rate target has been achieved. The Better Payment Practice Code target has not been achieved, however, as many creditors as possible were paid during March to ensure that April was a strong position.

Mr Drury noted that, under International Financial Reporting Standards (IFRS), provision for Consultant study leave was introduced. Following a review all study leave had been taken, therefore the provision has been reduced by £0.3 million.

Non-pay costs are £7.8 million with stock between February and March reducing by £400K, increasing the charge to the income and expenditure account. In addition, charitable funds contribution were detailed net, however, this is now shown as gross. The debtor's provision has also been reviewed and a number of year end adjustments have been made.

Mr Drury was pleased to report that the final element of the planned support payment has now been made; therefore, there are no liabilities outstanding.

Dr Hickey extended his congratulations to Mr Drury on meeting the financial targets.

Human Resources

Mr Forden noted that the Payroll team have relocated to the NGH site from Stoke. The team, which consists of 5 staff and a Payroll Services Manager, is based within the HR department and the Financial Controller and the HR Director have joint accountability for the service. Speed of communication within the Trust has improved significantly and the overall costs of the team have been reduced.

Ms Wilkinson noted that a Health & Wellbeing Group is being set up and it is expecting to develop four core objectives; sickness absence, preventative measures (smoking cessation, weight), expanding Occupational Health department and to have onsite wellbeing classes.

Within HR case work a number of increases in grievances have been seen and the new grievance procedure is currently being consulted on. The new procedure will

be based on 3 steps rather than the current 4 or 5.

A slight reduction in sickness absence has been seen. The HR business partners are comparing the numbers of return to work interviews that are taking place with the numbers of staff that are currently off sick and will report on this comparison.

The Sickness Absence Procedure Policy is being developed in conjunction with KGH and it is anticipated that it will be more robust. There has been a reduction in numbers if staff long-term sick, which is extremely good news and this success has been attributable to direct contact with staff.

Mr Zeidler noted that he was pleased that payroll services are now on site and requested regular reporting on salary over payments. Ms Wilkinson agreed to provide quarterly reports. Mr Drury noted that there are 2 indicators; one is the value and the other is the avoidance of over payments. Ms Wilkinson noted that we are now seeing that mistakes on appointment and change forms are being noticed and rectified quickly. Mr Zeidler asked about staff turnover and if the benchmark figure is that used for the public sector. Ms Wilkinson noted that yes this was the case. Dr Hickey requested that figures are benchmarked for comparison against NHS rather than against the public sector.

Mr Noble requested that the figure of 3,884 for Establishment be reviewed as it has been static for some time and did not appear to take account of budget changes for this year. Ms Wilkinson to review.

Mr Kelso noted that in his role as a Shadow Governor, he is linked to Trauma & Orthopaedics. The staff turnover is higher than the average and that costs of Bank and Agency are increasing. Ms Wilkinson explained that she was unable to provide the details per directorate and that all directorates report individually to their performance review meetings.

The Board **noted** the report.

Action: Ms Wilkinson to report on comparison of return to work interviews and sickness absence, benchmark turnover against NHS and review establishment figure

TB 10/11 05 Report into serious failings in Mid Staffordshire NHS Foundation Trust by the Healthcare Commission

Mr Forden presented his report, noting the investigation undertaken by the Healthcare Commission into Mid Staffordshire NHS Foundation Trust following concerns of the Trust's standard mortality rate. The report highlights many concerns with both the care that patients received as well as the governance arrangements in monitoring that care. Mr Forden noted that the focus was of a target-driven culture and that the achievement of Foundation Trust status was an aim in itself.

Dr Swart and Mr Forden have a number of streams of work already underway following the original report that was issued that have previously been reported to the Board.

This review was critical of the nursing care within the Trust and the areas discussed are set out in the report, in particular there were significant communication failures. There was a bullying culture, it was target-driven, the Trust was isolated by not working with partners, there was a lack of openness and reliance upon external assessments. In addition there were denial of issues e.g.

HSMR.

Mr Noble enquired where Monitor featured in the report, as it is not mentioned. Mr Forden explained that the focus was initially finance for Monitor, which then moved towards Quality, but Monitor relied upon the Healthcare Commission and external reviews. The focus now, of course, is about Quality. Mr Drury noted that the new quality assessment regime will not apply to existing Foundation Trusts. He also referred the Board to the Monitor website and the KPMG audit report into the process that Monitor followed at Mid Staffs.

Mr Forden then asked Ms Hardy, Director of Nursing, Midwifery & Patient Services to present her nursing response to the Francis Report.

Ms Hardy noted that the Francis Report criticised some of the nursing practices that were undertaken. Privacy and dignity is key and we need to be assured that our patients are receiving this level of care. With regard to the care environment and cleanliness, Ms Hardy believes that Trust has progressed significantly. We have changed the culture as to how Infection Prevention has been seen at Board level and throughout the Trust.

Ms Hardy outlined the increased focus on quality and the visible clinical leadership within the Trust. The complaints process has been reviewed and is being decentralised to increase directorate ownership. The Head Nurse has responsibility to co-ordinate the response and return it to the Complaints Department. The Complaints Department have also introduced a process whereby personal contact is made with the complainant.

Ms Hardy noted that a ward staffing review has now been completed and there are actions that will now be implemented.

The Patient Experience Tracker (PET) has been rolled out to virtually the entire Trust and a variety of information is now being returned. We cannot just rely on the PET; we are also about to implement a system of contacting 100 patients per week for their feedback.

Ms Hardy had asked herself the question of how the Trust obtains assurance in our nursing care and will be introducing Ward Peer Reviews. This review will cover 12 aspects of essential nursing care and will be carried out on a monthly basis on every ward, in areas such as complaints, sickness, vacancies and incident themes and actions. Ms Hardy noted that the Sister will ask a member of staff on the ward, e.g. an HCA, to spend 10 minutes out of their day to observe the ward. In addition, ask patients five or six questions which will allow further engagement with the patients. Membership of the peer review group will be senior staff with the Chair being someone who is external to that directorate, e.g. a Directorate Manager. Non-execs can of course be involved if they wish. The proposal is that three standards of essence of care are chosen for each ward and that this standard is rotated after 2 months.

Next Steps – the peer review process and essence of care is being launched at the Sister's Forum being held on 6th May and, as part of the forum there will be discussion as to what is expected of Sisters. In the Francis Report it was noted that bad behaviours were not addressed.

Mr Noble noted that he had spent some time in the wards and that staff were frustrated and tired, and are we asking too much of them. Ms Hardy responded that the peer review groups would consider what steps are being taken to support the staff, particularly when there is constructive or negative feedback. Ms Hardy

noted that this is why it is important that a senior member of staff chairs the meeting so that these questions can be asked and answered.

Mr Kershaw commented that he totally supported the suggestions being put forward but also extended his congratulations to Ms Hardy on the progress that has already been made. The lack of information that was supplied to the Board at Mid Staffs was noticeable and he does not believe that this is the case here. Mr Kershaw had correlated the results of our staff survey with the Francis report and noted that there are areas which NGH needs to address, such as the work/life balance and staff morale. Mr Kershaw requested that he would like a moving annual target (MAT) report regarding grievances to understand the trend. Ms Wilkinson agreed to provide.

Ms Hardy noted that the Trust is recognising the feeling of pressure that staff were experiencing and Mr Forden noted that he has made it very clear to all that they must recruit to their establishment. An international recruitment drive is to be launched as, across the organisation, we are up to 80 nurses short and bank and agency staff being used. Ms Hardy reiterated that there were significant amounts of work being carried out to recruit to establishment.

Mr Robertson echoed Mr Kershaw's comments on staffing and appreciation of the progress made and noted that the peer review process that Ms Hardy was proposing is a complicated process, and asked if she has had experience of this. Ms Hardy explained that this had been part of her work at another Trust and that it had proved extremely successful. Mr Robertson noted that the work from these groups should to be part of the assurance process of the Integrated Healthcare Governance Committee.

Mr McPherson, Shadow Governor asked if the PET could be used to conduct staff surveys. Ms Hardy responded that there was no reason why they could not be utilised.

Mr Astbury noted that it is important that staff are able to work effectively and that initiatives such as the Productive Ward are extremely important. Ms Hardy noted that the Productive Ward has been introduced across all wards, for example red bibs are now used to reduce medication errors. Mr Astbury requested information as to how the Productive Ward process will be incorporated into this process.

Mr Zeidler noted that the report shows that the Board was not aware of what was happening within the Trust and we need to ensure that we are carrying out surveys and listening to feedback that will provide this information. He also noted that the culture of Board Members at NGH frequently visiting wards is positive and provides opportunity to talk to staff directly.

Mr Essery, Lead Governor requested that information regarding Complaints and the Patient Experience Tracker be supplied to the next Shadow Council of Governors meeting. He also asked if the opinion of relatives is being sought as to patient experience. Ms Hardy replied that introduction of a relative survey is currently planned.

Dr Hickey summarised that there are a number of workstreams that have been identified, the means of delivery by nursing management has been outlined and the Board has also received the analysis of the original report prepared by Mr Forden and Dr Swart.

Dr Kelso, Shadow Governor, enquired if out-patients departments were included in this process. Ms Hardy replied that they are not included in the peer review

process. However, a significant amount of training in Customer Care is being carried in these areas to improve the patient experience.

The Board asked Ms Hardy for a progress update for the peer review process in six months time.

Action: Ms Wilkinson to provide MAT grievance figures
Ms Rudd to ensure Complaints and Patient Experience Tracker is an agenda item for next Shadow Council of Governors meeting.
Ms Hardy to provide a progress update in six months time

TB 10/11 06 Sustainability Strategy

Mr Abolins presented the Sustainability Strategy which will provide a strategic framework for environmental sustainability, creating a governance structure to enable the Trust to manage and minimise its environmental impact.

It is essential that for the Strategy to be successful that sustainability is integral to the Corporate agenda with commitment from the whole organisation to make sustainability a consideration throughout its entire decision making.

Mr Robertson commended the strategy and noted that, as a Trust, we should prioritise the areas in which we can make a practical difference. Mr Abolins agreed that prioritisation of areas is concentrated on practical matters.

Mr Noble enquired about the Trust travel plan. Mr Abolins responded that it is currently being revised.

A Sustainability Development Committee is being established and Mr Abolins requested that a non executive director with an interest in sustainability become a member of the group.

The Board approved the strategy and confirmed its commitment to sustainable development and supported the next steps set out in the strategy.

TB 10/11 07 Any Other Business

There being no further business the meeting was declared closed.

TB 10/11 08 Date and Time of Next Meeting

Wednesday, 30th June 2010, Room 5 Training and Development Centre

Actions from previous meetings

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|-------------|---|--------------------|--|
| TB 10/11 03 | Communications Strategy Update | SW | Sept meeting |
| TB 10/11 04 | Comparison of return to work interviews & sickness absence, benchmark turnover against NHS and review establishment figure | CW | Ongoing |
| TB 10/11 05 | Provide MAT grievance figures Ms Rudd to ensure Complaints and PET is an agenda item for next Shadow Council of Governors meeting. Progress update Ward Peer Review | CW SR SH | Ongoing June meeting October meeting |

