

**Minutes of the Public Trust Board Meeting held on  
Wednesday 3rd March 2010, Room 5 Training & Development Centre**

<b>Present:</b>	Dr J Hickey	Chairman
	Mr P Forden	Chief Executive
	Mr C Abolins	Director of Facilities & Capital Development
	Mrs C Allen	Director of Planning & Development
	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
	Mrs H O'Shea	Deputy Chief Executive
	Mr N Robertson	Non-executive Director
	Dr S Swart	Medical Director
	Ms C Wilkinson	Director of HR
	Mr P Zeidler	Non-executive Director
<b>In attendance:</b>	Mr M Essery	Shadow Governor
	Mr R Kelso	Shadow Governor
	Ms M McVicar	Shadow Governor
	Ms S Rudd	Company Secretary
	Mr D McArtney	Alvarez & Marsal
	Mr R Perkins	Member of Public
	Ms A Haines	Interim Head of Midwifery (Item 7 only)
	Ms J Wilson	Research & Development Manager (Item 8 only)
<b>Apologies:</b>	Mr C Astbury	Non-executive Director

**TB 09/10 48    Declarations of Interest**

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

**TB 09/10 49    Minutes of the meeting held on 28<sup>th</sup> October 2009**

The minutes of the previous meeting were approved.

**TB 09/10 50    Infection Prevention Report**

Ms S Hardy presented her report and noted that in November there was one post 48 hours bacteraemia. A full root cause analysis is being undertaken with all teams focused and learning from issues.

During November there were 1 pre 3 days and 4 post 3 days cases of Clostridium Difficile (C Diff) and we remain below trajectory.

MRSA screening was 98.6% compliance with actions being taken for those few that were missed.

It was noted that during November 80 visitors to the Trust were audited as part of the Hand Hygiene Audit and that this audit will continue on a quarterly basis.

Mrs O'Shea enquired about MRSA colonisation by ward, in particular Allebone. Any area that has experienced more than 2 cases in a month are placed on special measures.

Ms Hardy noted that 3 wards Allebone, Creaton and Collingtree are trialling a fresh air system that emits an oxy radical. It is proven technology that clears air and Ms Hardy had used it previously with favourable results. The system is being trialled for a period of 3 months at no cost to the Trust should there be any cases reported.

Dr Swart noted that Norovirus was an issue nationally and that we would wish to avoid ward closures. Ms Hardy noted that currently 1 ward is closed and the fresh air system had been placed in there and have now seen cases diminishing with no new cases for 36 hours.

Dr Hickey noted that Allebone has been on special measures for a while and Ms Hardy responded that under these measures the ward was achieving 100% compliance.

The Board **noted** the report

#### **TB 09/10 51 CQC Registration**

Ms Hardy presented the report to the Board noting that the CQC has published its guidance on the new registration process. There will be a joining fee of £5k and an annual CQC registration fee of approximately £45k, which comes into effect from April 2010.

The Trust must meet 16 essential standards to register as well as achieving national priorities. The CQC has registration powers whereby concerns about a provider will lead to its registration being restricted, suspended or removed. The current process the Trust uses to evidence Standards for Better Health (SfBH) compliance can be used and we have cross referenced all of the SfBH standards against all of the new Registration standards.

Compliance is judged through assessment of risk and risk assessments are being carried out for those areas not currently within our S4BH process and action plans prepared.

Registration is required by 21 January. The Trust will declare compliance against SfBH to April 2010 whilst also going through the CQC process.

Mrs Allen asked Ms Hardy if there were any areas of the process that gave concern. Ms Hardy responded that we are under review for our in-patient survey and that we will be providing evidence of all the work that we have undertaken since the previous survey to demonstrate improvement.

Mrs O'Shea enquired if all sites were part of the registration process. Ms Hardy noted that the guidance recently published identified that Danetre should be registered as a separate location.

The Board **noted** the report and agreed the identified action plan.

#### **TB 09/10 52 Kings Fund Safer Births Improvement Network**

Ms A Haines, Head of Midwifery, attended the meeting and gave a presentation regarding the Kings Fund Safer Births Improvement Network. The aims and

objectives for our maternity services were outlined together with the value of this network and how we will monitor success.

It is an 18 month programme and provides networking events for all professionals. Systematic changes are intended to provide one to one care in labour by changing pathways in care, improve communications between midwives and doctors and streamline the discharge pathway reducing length of stay.

The work should bring quality and safety improvements and this will be audited throughout the process.

Mr Robertson asked if the resource would continue as Ms Haines is currently seconded into post. Ms Haines responded that this would be the case and the substantive post of Head of Midwifery is currently being recruited to.

Dr Swart enquired if the work will impact on our caesarean section rate. Ms Haines responded that there would be an anticipated positive effect by ensuring support for junior staff from experienced colleagues and one to one care also empowers women. A focus group will be implemented for women who have a vaginal birth following a caesarean.

Mr Kershaw noted that it is an extremely interesting project and that measurement of the targets set is key. He also asked if the findings of the recent report relating to Milton Keynes would be taken into account. Ms Haines confirmed that this would be the case and that learnings are shared.

The Board thanked Ms Haines and **noted** the report.

#### **TB 09/10 53 Annual Research and Development Report**

Ms Julie Wilson, Research and Development Manager, attended the Board to present the Annual Research and Development Report 2009. Ms Wilson discussed the key milestones achieved during the year, the work that we carry out and the funding.

Plans for the future were outlined to ensure implementation of national strategies and compliance with Quality Accounts and the Operating Framework.

Mr Abolins enquired about governance arrangements and Ms Wilson replied that staff have completed monitoring and auditing courses to allow us to undertake our own audits.

The board noted that Dr Mukherjee is the new research and development lead.

The Board thanked Ms Wilson and **noted** the report.

#### **TB 09/10 54 Chief Executive's Report**

Mr Forden presented his report and the significant progress made with regard to same sex accommodation. New bathroom facilities have been installed which will enhance the privacy and dignity arrangements for patients. Dr Hickey enquired about out patient areas and Mr Forden responded that these areas are still being improved however he would be pleased to address any specific issues that are raised.

The Trust has undergone a CNST assessment. All the standards have changed therefore we have been reassessed and achieved compliance in all 50 areas

examined. We will continue to work towards achievement of Level 2. Mr Drury noted that achievement of level 2 will increase the discount given on fees and therefore action plans have been put in place.

The new nuclear cardiology service will open in January, and will be used to diagnose coronary disease without the use of invasive procedures. Mr Zeidler noted that he had been informed that the equipment in Nuclear Cardiology has been available for some time but that there has been a delay in commissioning due to funding. Mr Forden responded that the delay was attributable to patients historically being referred elsewhere under contract arrangements.

The role of Carers Assessment and Support Worker (CASW) has been introduced as a result of a partnership between ourselves, Northamptonshire County Council, Northamptonshire Carers and Northamptonshire Healthcare Trust. Jo Grun has been appointed to the role and will help to make a positive difference to the lives of informal carers of patients who are admitted to the hospital.

Staff at NGH have been shortlisted for this years' Patient Safety Awards as a result of the critical care and infection prevention teams working closely. They have developed a protocol whereby patients nursed on the critical care unit were treated with decolonisation antimicrobial body wash and antibacterial nasal ointment to prevent MRSA colonisation and infection.

Mr Forden also noted the work of Crazy Hats charity in raising money to set up a micro pigmentation service at NGH.

The Board noted the Monitor scorecard and the combined MRSA target. Under the new draft Operating Framework the Trust will only be responsible for MRSA that was acquired during a stay in hospital.

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

#### **TB 09/10 55 Performance Report**

Mrs O'Shea presented the report setting out the key areas of performance. MRSA bacteraemia increased to 8 against an annual target of 10 (5 pre 48 hours and 3 post 48 hours) and continues to be a risk in achieving this standard.

Cancer targets are now subject to new measures from 1 January. All new patients referred to the Breast Service are to be seen within 2 weeks. Plans have been put in place to achieve this with an additional surgeon and a one stop clinic. Achievement of this target had been at 10% in mid November but following the new measures there had been a significant increase to 95%. Dr Swart noted that there had been considerable cross directorate work to achieve this.

The Board **noted** the report.

#### **TB 09/10 56 Finance Report**

Mr Drury presented his report and noted that, as this meeting was early in December the November financial position is not yet finalised and will be reported in January.

The financial performance of the Trust at month 7 shows a normalised surplus of £1.765m after adjustment for fixed asset impairments totalling £1.746m charged in April.

The Trust delivered a surplus of £806k in October against plan of surplus £617k.

Pay costs are 4.7% above plan at the end of October, representing a headline reduction in the rate of pay expenditure.

The Trust achieved an overall performance of 87% of all invoices being paid within 30 days and we continue to work with the PCT to accommodate the cashflow consequences associated with SLA over performance.

The Board **noted** the report

#### **TB 09/10 57 'Releasing time to Care – The Productive Ward' Update**

Mrs S Stanley, Director of Service Improvement, attending the meeting to present the report.

'Releasing Time to Care' is a national programme developed by the Institute for Innovation and Development. It is used by all 12 wards to implement a standardised process of best practice. Implementation on all wards is anticipated by 31 October 2010 and a range of programme measures and metrics are being measured to assess the impact of the programme.

An Improving Medicine Administration and Supply programme commenced in December 2008 and all medical wards worked together to agree a standard process for administering medicines. Following implementation of the process there was a positive impact upon quality and safety.

In August 2009 Trust wide roll out of the Productive Ward commenced and we are the only Trust to roll this programme out to all wards simultaneously. The NHS Institute for Innovation and Improvement have expressed interest in our approach and an article relating to this was included in the Institute's Practice Partner Network newsletter, together with 3 of our case studies, showcasing the improvements made.

Mr Zeidler noted that the programme was in line with the Trust's vision and that in the current climate it is evident that we must become more efficient and effective with our resources. The programme must maintain a high profile across the Trust and the Board requested regular updates as to progress.

Ms M McVicar noted that the programme empowered staff to examine their processes and to implement change without it being imposed.

Mr Abolins noted that the programme had been set up to focus upon quality but asked if the financial impacts were to be measured. Mrs Stanley responded with an example that pressure sore incidents were being examined, with impact on length of stay however this was still in the early stages. There is also early evidence of reductions in stock on wards which will have procurement costs implications.

Mr Forden noted that we must acknowledge the future climate and also acknowledge that change requires resource. When an idea is raised the service improvement team review it highlighting resources required and the potential benefits. Following this review the scheme will go ahead if the benefits are indicated.

The Board thanked Mrs Stanley **noted** the report.

#### **TB 09/10 58 Any Other Business**

Dr Hickey noted that this was the last meeting for Mrs O'Shea, Deputy Chief Executive as she was leaving to take up a position at another Trust. The Board extended their thanks to her for all her hard work on behalf of the Trust.

**TB 09/10 59    Date and Time of Next Meeting**

9.30am Wednesday 3rd March 2010, Facilities Seminar Room, Training & Development Centre, NGH