

**Minutes of the Public Trust Board Meeting held on
Wednesday 30th June 2010 at 9.30am
Room 5, 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 |
| | Ms N Aggarwal-Singh | Non-Executive Director |
| | 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 C Pallot | Director of Planning & Performance |
| | Dr S Swart | Medical Director |
| | Ms C Wilkinson | Director of HR |
| | Mr P Zeidler | Non-executive Director |
| In attendance: | Ms S Rudd | Company Secretary |
| | Mrs S Stanley | Director of Service Improvement (Item only) |
| | Mr N Spoor | Chronicle & Echo |
| | Ms M McVicar | Shadow Governor |
| Apologies: | Mr B Noble | Non-executive Director |
| | Mr N Robertson | Non-executive Director |
| | Mr M Essery | Shadow Lead Governor |
| | Mr R Kelso | Shadow Governor |
| | Mr D Savage | Shadow Governor |

TB 10/11 09 Declarations of Interest

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

TB 10/11 10 Minutes of the meeting held on 28th April 2010

The minutes of the previous meeting were approved.

TB 10/11 11 Chief Executive's Report

Mr Forden presented his report noting that the Trust continues to be busy. A seasonal reduction in emergency admissions would normally have commenced and the A&E department had been under more pressure than would normally be expected in May.

The revised Operating Framework has been released detailing the reduction in threshold for the A&E target from 98% to 95% with immediate effect. The internal target for the Trust however will remain at 98% to ensure that the patient receives the right care at the right time. Ms Aggarwal-Singh noted that she was extremely pleased to hear that this was the case.

Mr Forden noted that there have been other changes to targets and that we will no longer be performance managed by the DH. It was noted that it is important to ensure competitive wait times as patients have a choice as to where they are

treated and we aim to be the hospital of choice.

Dr Hickey asked about demand management and Mr Forden responded that one of the work streams of the QIPPS programme is reviewing demand management. Significant work is being undertaken in conjunction with the PCT, Kettering General Hospital NHS Foundation Trust (KGH), Community Services and Nene Commissioning, who are all working together. A “dragons den” has been set up to evaluate proposed schemes to ensure that they are appropriate to put in place and to manage costs.

In other news Mr Charles Abolins and his team have created an excellent customer care programme. Using our own staff, video clips of examples of good and bad customer care were filmed used in discussions with staff. The programme has won a training initiative of the year award at the HefmA awards.

It was noted that the Trust has also earned a commendation for being the first organisation to implement a project to strengthen governance controls over access to patient data.

The Nursing conference held in May was a great success and Ms Hardy commented on the excellent attendance on the day with the theme of improving care at Northampton.

The Board **noted** the report.

TB 10/11 12 Learning Disabilities Progress Update

Ms Hardy presented an updated Action Plan for vulnerable adults, including those with learning difficulties, following on from the action plan presented to the Board in December 2009.

The action plan was developed in response to “Healthcare for All” and “Six lives, the Provision of Public Services to people with Learning Disabilities”. In June 2009 an independent audit was carried within the Trust commissioned by the Local Disability Partnership Board. The findings demonstrated that staff had a basic awareness of patients with learning disabilities but that there was a need for better communication and involvement of carers and family members.

Ms Hardy reported that meetings of the Safeguarding Vulnerable Adults (SOVA) group are now held monthly, rather than bi-monthly, to expedite work in this area. A Learning Disability Nurse assists staff and patients in providing training and support across the Trust and there is representation from throughout the Trust on the SOVA group.

Mr Zeidler enquired about the RAG rating of the action plan and the relationship to target completion. Ms Hardy replied that a red rating indicates the action is not yet completed. Mr Zeidler noted that it would be helpful to see comments as to whether on track to achieve timelines and Ms Hardy agreed to review for the next report.

Mrs Allen noted that Mental Capacity training is part of the induction process but enquired about training for staff already in post. Ms Hardy replied that it is included in our mandatory training programme.

Mrs Aggarwal-Singh asked about the easy read leaflet and if carers had been involved in the production. Ms Hardy noted that they had been involved and that recognised tools had been used in the production.

Ms Hardy noted that reporting against the action plan will be to the Integrated Healthcare Governance Committee and will also be presented to the Board once completed.

The Board **noted** the progress within the action plan and supported the ongoing work plans.

Action: Ms S Hardy to provide timeline comments in next report

TB 10/11 13 Performance Report

Mrs Allen presented her report noting that the A&E target was achieved in the month however June is a concern with significant increases in non-elective demand. There is a continued focus on timely discharge management and forecast modelling to manage sustained peaks in demand.

The Intensive Support Team have been invited back into the Trust to review progress against their recommendations and noted that the Trust was making good progress. Flexible staffing levels have been utilised to manage the demand.

The Trust achieved the 18 week standards for admitted and non-admitted patients for each specialty in May however, due to the April performance for Trauma and Orthopaedics, the standard will not be achieved for Quarter 1. There was a planned non achievement of the standard to clear the current backlog and to achieve the NHS Constitution pledge that all patients will be treated within 18 weeks. The Directorate position has been recovered in May.

There is a detailed recovery plan in place to achieve the cancer standards following review of the reasons for the increased number of breaches. It was noted that both the standards have been recovered in June.

Dr Hickey enquired about the preparations in A&E for the winter, the PCT have indicated that there is significant planning to be undertaken. Mrs Allen noted that the Winter Plan is being submitted to the PCT by the end of August. Mrs Allen has also been leading a piece of work on A&E avoidance for example, discussion of MIAMI opening hours and also out of hours services.

Dr Hickey asked if the proposed building works in A&E will affect performance and Mrs Allen noted that both her and Mr C Abolins, Director of Facilities, have met with all clinicians to discuss and involve in the process.

The Board **noted** the report.

TB 10/11 14 Finance

Mr Drury presented his report and noted that the Income and Expenditure performance of the Trust at month 2 shows a deficit of £0.986m. Costs, both pay and non-pay, are overspent by £615k and £383k respectively contributing to the position.

It was noted that there has been significant expenditure on medical locums and that this expenditure is expected to continue during the year. Mr Forden and Dr Swart are discussing vacancies in rotas with the SHA.

SLA income is on plan, with day cases 5% above plan and elective cases 8% below plan. Non-elective cases are 2% above plan and the non elective demand

has curtailed our elective activity.

Ms McVicar enquired about non attendance at out-patient clinics and if there is a programme of follow up. Mrs Allen responded that there a various streams of work in this area, there is a pilot scheme in Gynaecology to use text messages to remind patients about appointments. Patients are also being telephoned prior to their appointments and the results of these schemes will be reviewed to ensure we utilise the most effective way of increasing attendance. Mr Astbury asked about numbers involved and it was noted that, across the Trust non attendance is around 6% against the national average of 8%.

Month on month pay expenditure is £0.2m higher in May than April, in part due to being 5 week month. Nursing staff have substantively increased but agency costs have also increased.

Debtors for the month have reduced, improving cash flow however this has not had an impact on our better payment policy compliance as payments are being made in chronological order. As we recover our debtor position this will improve. Mr Astbury enquired about the aged debt with the PCT and Mr Drury noted that it related to year end and over performance and the final position has not yet been agreed.

The Board **noted** the report.

TB 10/11 15 Infection Prevention Performance Report

Ms Hardy presented her report and noted that there had been no MRSA cases in May. Her paper included a table detailing our Clostridium Difficile (C Diff) figures for April 2010 compared to other Trusts within the region. Due to the number of C Diff cases in the month in comparison to KGH, there will be discussions between Microbiologists and Infection Prevention Leads of both Trusts to understand if there is any learning that we can implement.

The Health Protection Agency (HPA) have announced that they will be publishing MRSA and C Diff hospital level data on a weekly basis. The HPA has also stated that there will be limitations to the data provided due to the time-frames involved.

Dr Hickey asked Ms Hardy if she was satisfied with the progress being made with regard to C Diff and Ms Hardy replied that she was satisfied and noted progress with the identification of a lead clinician for C Diff, ensuring consistency of treatment.

The Board **noted** the report

TB 10/11 16 'Releasing Time to Care' – the Productive Ward update

Mrs Sue Stanley, Director of Service Improvement, attended the meeting to provide an update on the implementation of the Productive Ward.

This is a national programme designed to focus ward teams on redesigning processes and systems at ward level to release time to spend on direct patient care. The programme is now being implemented on all wards and completion of all the modules is anticipated by January 2011.

Appendix 1 details progress with modules and it was noted that, where a ward is shown as amber rated, they are awaiting observations. They have completed the initial stage however they now require remeasuring to complete the process.

The modules are being adapted to ensure that they are as relevant for our hospital as possible for example; work on handover has been extended to review the quality of handover and not just the time it takes.

Mr Astbury commended Mrs Stanley for leading the implementation of this very worthwhile programme and that the improvements in quality are demonstrable. He also asked if there has been measurement of the time that was lost prior to introduction of the modules. Mrs Stanley replied that at the commencement of the project the percentage of time spent giving direct nursing care was measured and will be evaluated again at the completion of the programme.

Mr Kershaw noted that there was variable progress in some areas, has there been a lack of enthusiasm or belief in the programme. Mrs Stanley noted that any improvement programme has an adopter curve and that any group of people will have differing levels of enthusiasm. Staff are busy and the programme involves collecting base line data, an additional workload, however the benefits of the programme are now being seen. Mr Forden noted that during his ward visits staff have told him how pleased they are with the revised processes.

Mrs Mc Vicar noted that she was an enthusiastic advocate of the programme as staff have been empowered to make changes.

Dr Swart noted that additional work is still required on admission, discharge and ward rounds. Mrs Stanley also noted that setting a Standard is important. There are large volumes of paperwork related to admission and discharge and requires rationalisation, a standard is currently being written in order to commence the next stage of the work required.

The Board thanked Mrs Stanley for her report.

TB 10/11 17 Any Other Business

There being no further business the meeting was declared closed.

TB 10/11 18 Date and Time of Next Meeting

Wednesday, 1st December 2010, Room 5 Training and Development Centre

Actions arising

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|-------------|--------------------------------------------------------------------------------------------------|----|--------------------------|
| TB 10/11 03 | Communications Strategy Update | SW | Sept meeting |
| TB 10/11 05 | Progress update Ward Peer Review | SH | October meeting |
| TB 10/11 12 | Commentary on action plan timeline achievement in next Learning Disabilities update to the Board | SH | Next update to the Board |