

A G E N D A

PUBLIC TRUST BOARD MEETING
Wednesday 27th April 2011
9.30 am Boardroom, Danetre Community Hospital,
London Road, Daventry NN11 4DY

TIME	ITEM	TOPIC	PRESENTED BY	ENCLOSURE
9.30	1.	Apologies	Dr J Hickey	
	2.	Declarations of Interest	Dr J Hickey	
	3.	Draft minutes of meeting held on 23rd February 2011	Dr J Hickey	1
	4.	Matters arising	Dr J Hickey	
9.35	5.	Chief Executive's Report	Mr P Farenden	2
Clinical Quality & Safety				
9.45	6.	Infection Prevention Report	Mrs F Barnes	3
9.50	7.	Care and Compassion Report	Mrs F Barnes	4
Operational Assurance				
10.00	8.	Performance report	Mrs C Allen	5
10.05	9.	Finance report	Mr J Drury	6
10.15	10.	HR Report	Ms C Wilkinson	7
10.20	11.	Staff Survey	Ms C Wilkinson	8
10.30	12.	Year End Report on Personal Development Reviews	Ms C Wilkinson	9
10.40	13.	Any Other Business		
10.45	14.	Date & time of next meeting 9.30am Wednesday 29th June 2011, Boardroom, NGH		
		CONFIDENTIAL ISSUES To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Dr J Hickey	

**Minutes of the Public Trust Board Meeting held on
Wednesday 23rd February 2011 at 9.30am
Boardroom, NGH**

Present:	Dr J Hickey	Chairman
	Mr P Farenden	Interim Chief Executive
	Mr C Abolins	Director of Facilities & Capital Development
	Mr C Astbury	Non-Executive Director
	Ms N Aggarwal-Singh	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
	Dr S Swart	Medical Director
	Ms C Wilkinson	Director of HR
	Mr P Zeidler	Non-executive Director
In attendance:	Miss D Alderson	Deputy Director of Operations
	Mrs F Barnes	Deputy Director of Nursing
	Mr M Essery	Shadow Lead Governor
	Ms M McVicar	Shadow Governor
	Mr F Evans	Shadow Governor
	Dr R Kelso	Shadow Governor
	Mr A McPherson	Shadow Governor
	Ms S Rudd	Company Secretary
	Mr N Spoors	Chronicle & Echo
	Miss L Thomson	ICSA
Apologies:	Mrs C Allen	Director of Operations
	Mr D Savage	Shadow Governor

TB 10/11 46 Declarations of Interest

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

TB 10/11 47 Minutes of the meeting held on 1st December 2010

The minutes of the previous meeting were approved as a true record.

TB 10/11 48 Matters Arising

There were no matters arising.

TB 10/11 49 Chief Executive's Report

Mr Farenden presented his first report to the Board noting the resilient response of staff in focusing on patient care during the intense pressure for the hospital over the Christmas and New Year period. He noted that, as a newcomer to the hospital

and walking around, how the hospital feels clean, presents well and he is impressed by the atmosphere, the good signposting and helpful volunteers. Through his Board and infection control visits to wards the level of commitment to quality of patient care shines through

A recent visit by the Colposcopy quality assurance team praised the unit and will use some features of the approach of the department as a model for others.

Mr Farenden highlighted the national awards received by the Home Birth Team and the Medical Illustrations department. Mrs Hardy noted that the date had been set for this year's Nursing and Midwifery conference as 12th May with the theme being "I can, we can – working in partnership".

Work has now begun on the redevelopment of the haematology department, in conjunction with Macmillan, and will take about 10 months to complete.

The Board noted the report.

TB 10/11 50 Infection Prevention Report

Mrs Barnes presented the report noting that there were no cases of MRSA during January, with year to date performance of 2 cases against a ceiling of 6 cases. The Trust identified 3 less than 3 days and 1 more than 3 day cases of C-Diff and year to date is within our internal stretch ceiling of 60 cases. An extremely good performance considering the pressures experienced by the Trust.

Two cases of MSSA were recorded and root cause analysis carried out to identify any learning we can take forward.

Discussions are currently being held with the PCT regarding proposed HCAI trajectories which have been calculated using data for the previous 12 months. The proposed ceilings are 3 post 48hour MRSA bacteraemia and 54 post 48 hour C. Diff. These ceilings are challenging, in particular the C.Diff ceiling. There will be no MSSA ceiling until the following year when benchmark data will be available.

Mrs Hardy noted that 54 cases of C.Diff is extremely challenging. The internal target for the Trust for this year was 60 cases we have experienced 40. Incidence of Norovirus will provide additional pressure and increased testing takes place.

Dr Hickey commented that the reduction to this level is not realistic as targets now set at extremely low levels.

Mr Noble asked if the targets were national or local. Dr Swart replied that these are national targets, all Trusts are being set these stringent levels. Mr Pallot noted that the consequence of breach is 2% of contract value, up to £3m.

Mrs Hardy noted that the Trust had requested a ceiling of 60 cases but understand that this is not negotiable. In addition the acquisition of Danetre will have a further impact.

Mrs Hardy that the cases from September to October were reviewed and a percentage reduction applied and Mr Farenden noted that Trust's achievement in reduction of cases is astonishing.

The Board formally rejected the PCT proposal for the C.Diff. ceiling whilst accepting the benefits of targets they must be realistic.

The Board **noted** the update.

TB 10/11 51 Maternity Survey Results 2010

Mrs Hardy presented the report noting that the national Maternity Survey results were reported in October 2010 through the Care Quality Commission (CQC). This national survey of women's experiences of maternity services is undertaken every 3 years and the report sets out the areas for improvement identified.

The results are divided into 5 sections with 19 questions and the Trust was rated in the top 20% of Trusts for 2 questions, intermediate of 60% of Trusts for 11 questions and in the bottom 20% of Trusts for 6 questions. The main areas for improvement were communication and being involved in decisions about their care.

Mrs Hardy noted that the results were a little disappointing but that there have been a lot of changes put in place and there is a new Head of Midwifery in post. A detailed action plan has been developed and questions for two areas where we scored low have been included in our patient experience tracker (PET). Questionnaires are being developed that will allow the maternity service to have a greater understanding of the perception of women receiving care at NGH.

Mrs Aggarwal-Singh enquired about action plans and it was noted that regular updates against plans will be provided to the Board as part of the quarterly Patient Experience Report.

Dr Hickey commented that the results were disappointing given the improvement in the midwifery ratio and that many areas that scored low were related to communication.

Ms Hardy noted that the Delivery Suite area has been a focus of investment and the results in this area had improved.

The Board **noted** the report.

TB 10/11 52 Clinical Governance Review Scheme

Mrs Hardy presented report which outlined the Clinical Governance Review Scheme (CGRS) pilot which will be used to gain assurance at ward and department level of compliance with the 16 essential standards for quality and safety.

The Trust currently has a robust assurance 'Confirm and Challenge' process in place for corporate assessment of compliance with essential standards however this scheme is designed to provide the detail required at Directorate/Ward level. It will allow us to target areas for support and improvement programmes.

The CQC will carry out unannounced inspections at any time and this process is designed to seek assurance of compliance with standards at the point of care delivery. Internal inspection teams have carried out four unannounced inspections to replicate the CQC approach, using a variety of methods to assess. These are detailed in appendix 1 of the report.

The themes that were identified for improvement were dignity and respect, acting on clinical risk assessments and evidence of training in medical devices. Three of the four departments reviewed were as expected however one department had

areas for improvement and an action plan has been put in place.

The CGRS will have an organisation wide programme developed with areas prioritised if they are identified as at a higher risk. The Board is asked to note the report and to support the ongoing development of the scheme.

Mr Robertson asked if there is standardisation across the wards and Mrs Hardy replied that this is improving and is supported by the work of the Safety Boards. Mr Farenden noted that he had now visited a number of wards and there is clear standardisation.

Mr Essery asked if the review included the discharge procedure as there have been issues expressed regarding communication. Mrs Hardy replied that this is an element of the CQC standard.

Mr Evans asked about nurses being seen in public in their uniform and Mrs Hardy responded that there is no reason that staff should not travel to work in their uniform but that they should ensure that it is covered.

Dr Hickey welcomed the scheme and enquired as to who would be carrying out the inspections. Mrs Hardy replied that they are carried out by the Director of Nursing together with the two deputy directors of Nursing, clinical governance facilitator with clinical input at ward level. The inspections will take place over a four month period and will allow us to develop our own benchmarking and evidence for the CQC.

Dr Hickey asked about the reporting of the findings of the inspections and Mrs Hardy replied that the feedback is immediately provided to the ward with the involvement of the Matron. The departments are then expected to discuss at their Directorate Governance meetings and to submit an action plan to the Governance unit for monitoring.

Dr Hickey asked about repeat inspections and Mrs Hardy replied that these would be carried out based on the findings of the previous inspection.

Mrs Aggarwal-Singh asked about nutrition and our confidence that non-english speaking patients are offered food and the financial challenges associated. Mrs Hardy replied that the policy is in place and that all wards are expected to utilise it and we do see staff using it. Mrs Wilkinson noted that telephone translation services are being reviewed rather than 1:1 services as costs are high. Mrs Aggarwal-Singh asked if we asked relatives to assist and Mrs Hardy replied that we do although not regarded as best practice.

Dr Swart discussed the nutritional assessment paperwork that is completed for each patient, staff have been using more effectively and there are often staff on the wards that can assist. Our compliance rate is 95% of completed nutritional assessments.

Mr Noble asked about patients with learning difficulties and Mrs McVicar commented that deafness is also an issue leaving patients feeling isolated. Mrs Hardy noted that training has been put in place regarding hard to reach groups to ensure communication and interaction improves. The training is undertaken for a day, every other month, for a period of a year.

The Board **noted** and **supported** the CGRS scheme.

Miss Alderson presented the performance report for January 2011 on an exception basis. The Trust did not achieve the transit time target of 95%, achieving 92.91% in month, with a year to date position of 94.78%. An action plan is in place to ensure compliance by year end.

With regard to cancer standards the Trust achieved 80.7% for urgent GP referrals against a standard of 85%, year to date 86.8%. 89.5% for subsequent surgery treatment against the standard of 94%, year to date position of 99.3%. 80% for all cancer patients treated within 62 days from a consultant upgrade against standard of 85%, year to date position of 90.4%. A new cancer manager is in place to ensure that every patient is tracked through the system and the Trust is on track to achieve all cancer standards for the year.

Mr Noble asked if there were financial penalties for non achievement of target and Mr Pallot replied that there are none however it is a national target.

Mr Pallot wished to record that the turnaround since the Christmas and New Year period pressures has been outstanding and that the staff performance should be recognised.

Mr Astbury asked if the Trust is still aiming to achieve 98% as a transit time target and Mr Pallot agreed that this was the case in line with the previous board decision to do so.

Dr Swart noted that physicians have begun a new way of working this month; rapid assessment by senior clinicians earlier in the pathway will take place and it is hoped that this will reduce the pathway time. There will also be an increase in consultant presence during evenings and weekends.

Mr Robertson asked if an EAU consultant has been recruited. Dr Swart replied that there are now 2 EAU and the description of the posts has now changed, we are implementing the lessons learned from the winter pressures.

The Board **noted** the report.

TB 10/11 53 Finance Report

Mr Drury presented the finance report for the month of January. The position for January is a year to date surplus of £184k compared to a planned surplus of £1.7m, with a £253k deficit in month.

Income from PCT SLAs is £2.8m (1.6%) ahead of plan with a minor improvement in elective workload, which is now 9.8% behind plan. Non-elective activity significantly increased in January, £513k above forecast. Other income is ahead of plan mainly due to R&D income, medicine sales, VAT claims and the new antenatal screening contract.

Pay costs increased by £300k mainly due to the 5 week month and the December bank holiday enhancements. There was a reduction in the rate for agency costs however medical locum expenditure increased due to sickness. There are been an increase of 15 wte, half of which relates to the additional nurses that have been recruited.

Non-pay costs are £200k higher than forecast with £100k related to the phasing of buildings and equipment. There has been an overspend in Pathology, mainly due to the increased volume of tests carried out during December and January.

Current end of year forecast for capital expenditure schemes is £10.402m which is a likely underspend of £0.6m. Debtors mainly relate to Maternity Matters and these invoices will be settled during February 2011.

Compliance with the Better Payment Practice Code is 71% by volume, 50% by value and the Trust will be unable to recover cumulative performance to meet target over the remainder of the financial year.

Mr Zeidler note that income was low and does not correlate with the increased activity. Mr Swart noted that the complexity and acuity of patients has an effect. Mr Zeidler commented that this could be reflected in planning and Dr Swart agreed however the pressures that have been seen have been the most intense for a significant period of time.

Dr Kelso enquired about debtors, in particular Cripps Social Club. Mr Drury replied that he expected the most historic invoice to be paid this month, the club have run a deficit for a number of years but the position is now improving.

Mr Zeidler asked about the provisions of £2m, as the Trust is now on a fixed payment agreement the only challenges would be from out of county and this amount is substantial. Mr Drury replied that he was still monitoring the level of challenges and this amount is provided across all contracts. This £2m is factored into the agreement with the PCT of an agreed provision of £1.9m.

The Board **noted** the report.

TB 10/11 54 HR Report

Ms Wilkinson presented her report and noted that sickness absence has increased significantly from the previous report due to seasonal illnesses. This will be reflected in the increased agency figures next month.

The HR Business Partners are reviewing records and ensuring that return to work interviews are carried out. Child Health has been identified has low rates of completing return to work interviews and a target of 75% has been set for the February returns. The HR Business Partner for Medicine has also increased the target for returns for that Directorate from 60% to 75% by the end of March 2011.

Key actions were outlined including continuation of return to work interviews and HR Business Partners reporting their concerns regarding areas of poor submission. Managers who continue to have persistent high levels of sickness absence rates will be subject to performance management.

Dr Hickey noted the reduction in agency spend and Ms Wilkinson replied that it related to a delay in invoicing. Mr Noble commented that this would impact the finance and Mr Drury noted that accruals are in place.

Dr Kelso noted the increase in sickness absence from 4.13% to 5.2% and asked if this was in line with the national average. Mr Farenden responded that the Trust performs well against peers in the region.

The Board **noted** the report.

TB 10/11 55 Risk Management Strategy

Ms Hardy presented the Risk Management Strategy, the Board noted the contents

and **approved** the strategy

TB 10/11 56 Any Other Business

The Board noted that this was Ms Sue Hardy's last meeting as she was leaving the Trust and thanked Sue for her contribution during her tenure.

TB 10/11 57 Date and Time of Next Meeting

Wednesday, 27th April 2011, Boardroom

Actions arising

TB 10/11 42	Provision of updates on e-rostering implementation, and inclusion of E-rostering into Capital Plan	CW	June 2011
--------------------	--	----	-----------

BOARD SUMMARY SHEET	
Title	Chief Executive's Report
Submitted by	Paul Farenden – Chief Executive
Date of meeting	27 th April 2011
Corporate Objectives Addressed	
SUMMARY OF CRITICAL POINTS	
PATIENT IMPACT	
STAFF IMPACT	
FINANCIAL IMPACT	
EQUALITY AND DIVERSITY IMPACT	
LEGAL IMPLICATIONS	
RISK ASSESSMENT	
RECOMMENDATION The Board is asked to note the report.	

Summary

As another financial year closes it is a great pleasure to confirm that once again the Trust has met all its statutory and key performance targets. This is a great tribute to all the staff whose achievements have been gained against a very challenging backdrop of increasing and fluctuating demand and structural and system uncertainty.

Being nominated by the PCT as the preferred centre for Vascular Surgery is a notable success and consistent with the Trust's aspiration to continue to operate as District General Hospital plus.

Rising activity continues to present significant challenges and is currently presenting a risk to our plans to reduce bed capacity, in many other respects however, the Trust's transformation plans are gaining momentum and beginning to bear fruit. In order to achieve our challenging targets our focus must be consistent across all the workstreams and momentum must be increased.

Dignity & Nutrition

This year's national In-Patient Survey results were released on 21st April by the Care Quality Commission and the detailed report will be discussed later in the meeting. The results demonstrate that the Trust has made improvements in a number of the themes that review different aspects of care and in comparison to other Trusts we have scored 'about the same', which is better than last year. There will be a detailed action plan linked to the themes of the survey however the two key areas to focus upon will be Dignity & Respect for the patient including the patient environment and meeting the nutritional needs of our patients.

Dignity & Respect – The Trust has re-launched its Dignity Forum and part of the action plan will be to ask this group to review the themes that the trust underperformed in. This will include patient safety on the wards, noise at night, answering of call bells and cleanliness of the environment.

Nutritional needs of the patient – Monitoring the assessment of patients nutritional needs was part of Trusts Quality Accounts last year and we achieved 97% compliance. Our Peer Review on Food & Nutrition also demonstrated several areas of good practice including the use of volunteers to assist patients during mealtimes. However we recognise that this does not address all the themes of the In-patient survey. One initiative that has had positive feedback from patients has been the implementation of Protected Mealtimes and this year we propose to roll-out this concept across the Trust.

As part of the Trusts internal Clinical Governance Review Scheme we will be reviewing the wards against each of the CQC standards of which dignity, respect and meeting the patients nutritional needs will be covered.

Listening Exercise

Last week the Secretary of State for Health announced a pause in legislative progress of the Health Bill through Parliament. This pause is to allow further listening and discussion around the Bill's proposals. It is the responsibility of all PCTs and Trusts to facilitate the Listening Exercise.

The Listening Exercise themes are:

Choice and competition

Accountability and patients

Advice and leadership

Education and training

There are a number of different ways that people can get involved in the listening exercise and the Department of Health website <http://healthandcare.dh.gov.uk/listening-exercise-how-to-get-involved/sets> out in detail the themes of the exercise, how people can take part and how they can give their feedback.

In order to encourage participation we have included a link to the Listening Exercise on our website and intranet, as well as including an article in our monthly bulletin for staff. We will be alerting staff of the opportunity to take part in the Listening Exercise via our existing meetings structure and have also forwarded the information to our shadow governors and members who are on email to enable them to take part.

Other News

NGH achieves all key government targets

Northampton General Hospital has achieved all its performance targets for the year 2010/2011, including those for maximum waiting times, cancer waiting and treatment times, A&E transit times and reducing MRSA and C Difficile infections.

Accident and emergency attendances increased to 83,000, but the new target for 95 per cent of patients to be treated or admitted within four hours was still met.

The number of emergency admissions to the hospital rose by five per cent to over 47,000 for the year, although the number of elective (planned) admissions was down by roughly the same percentage to just over 40,000. The national waiting time targets (18 weeks from referral to treatment) were achieved for the third consecutive year.

The hospital also delivered all nine national cancer targets, including the two-week GP referral to first outpatient appointment, and the 31-day referral to treatment.

The number of hospital acquired infections also improved significantly, with just two MRSA bacteraemia reports during the year, and clostridium difficile infections down by more than half to 48.

All the targets were met despite severe winter weather and an outbreak of swine flu, which saw the hospital coping with unprecedented levels of activity in recent months.

Vascular Review

For some years KGH and NGH have provided a joint Northamptonshire Vascular Service for emergency vascular procedures. More recently there has been a process in place to decide which hospital should be put forward by the PCT to enter the SHA Peer Review process that will result in accreditation of one of the units providing the more complex vascular services. This has been a difficult process and the PCT has taken the advice of an expert panel in order to determine which site should be supported to go forward into the accreditation process.

Following presentation and site visits, as well as detailed submissions from both trusts, NGH has been identified as the site supported by the PCT to go forward to the accreditation process. The PCT found the decision a difficult one and identified strengths and weaknesses at both trusts. NGH were identified as having excellent clinical interdependencies with clear clinical linkages including stroke, on site intravascular/cardiac expertise and interventional radiology capacity as well as an established and effective Endovascular Repair (EVAR) programme and good renal inpatient facilities.

Maternity services achieve CNST2 assessment

Maternity services at NGH have achieved a high score in the NHS Litigation Authority's Clinical Negligence Scheme for Trusts (CNST) latest assessment.

Following an intense two-day assessment earlier in March, maternity services have been successful in progressing from a Level 1 to a Level 2 rating. They were commended for the clinical care standard, for which they achieved 100% compliance with 43 out of 50 assessed criteria passed. By reaching Level 2 the NGH service is judged to have high standards and present a lower risk to women, which is good both for mothers and babies – and also good for the hospital's finances, as it represents a saving to the Trust of £389,000 per year in insurance premiums.

Nursing and Midwifery Council (NMC) Visit Success

The NMC visit all higher education institutions (universities), along with practice partners, to review the standard of programmes that enables a nurse or midwife to become a registered practitioner and also those other programmes that support this process, such as mentorship.

The NMC completed a review of the Open University (OU) and part of this included a visit to Northampton General Hospital as a practice partner, specifically Knightley Ward and Endoscopy regarding the practicalities of delivering their mentorship qualification. The OU with NGH was awarded a 'good' without conditions or recommendations from the NMC - a result which reflects very well on the hospital's reputation, as well as Knightley and Endoscopy.

Haematology work on track

Building work on the new £1.55 million haematology suite at NGH continues, with foundations for the new building and much of the structure already in place. Supporters of the Macmillan Appeal funded project gathered at the site last month for the official sod-cutting ceremony. So far more than £400,000 has been raised towards the project, and fundraising continues to help see the building work through to its planned completion in November.

A huge donation of £50,000 was handed over to the appeal fund by the Bernard Sunley Charitable Foundation.

New IGRT radiotherapy is launched

The first patient has been treated at NGH using a new technology called image guided radiation therapy (IGRT), which delivers even more accurate treatment to benefit patients with certain types of cancers.

The new technique enables us to see the exact position of the tumour at the time of treatment, and to make fine adjustments to greatly increase the accuracy of the radiotherapy. Knowing exactly where the tumour is allows us to irradiate only the tumour, sparing the surrounding normal tissue. That means we can give radiation doses to the tumour with millimetre accuracy, and increased likelihood of eliminating the cancer.

Danetre beds and MIaMI under NGH control

Community beds at Danetre Hospital in Daventry, and the Minor Illness and Minor Injury (MIaMI) unit at Highfield in Northampton, are now being managed by NGH. Both were previously run by NHS Northamptonshire.

Patients will benefit from the closer integration of NHS services, and NGH will be able to provide in-patient services at Danetre, which already benefits from outpatient clinics and a day surgery unit managed by the Trust.

Ser	Monitor Scorecard Indicators (Apr 2010)	Thresholds	Monitoring Period	Weighting	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Mon01	Clostridium difficile year on year reduction	Trajectory (98 Full Year)	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon02	MRSA – maintaining the annual number of MRSA bloodstream infections at less than half the 2003/04 level	Trajectory (6 Full Year)	Quarterly	1	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon03	Maximum waiting time of 31 days for subsequent treatments for all cancers	Surgery – 94% Radiotherapy – 94%	Quarterly	1	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon04	Maximum two month wait from referral to treatment for all cancers	85%	Quarterly	1	0.0	1.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Mon05	For admitted patients, maximum time of 18 weeks from point of referral to treatment	90%	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon06	For non-admitted patients, maximum time of 18 weeks from point of referral to treatment	85%	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon07	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	85%	Quarterly	1	1.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0
Mon08	People suffering heart attack to receive thrombolysis within 60 minutes of call (where this is the preferred local treatment for heart attack)	85%	Quarterly	1	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon09	Maximum waiting time of 18 weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	85%	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon10	Maximum waiting time of 31 days from diagnosis to treatment for all cancers	100%	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon11	Screening all elective in-patients for MRSA		Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon12	Each national core standard	0	Ad-hoc	0.4	2.0	1.3	1.0	0.0	3.0	0.0	1.0	1.0	1.0	1.0	0.0	0.0
Ser	Performance Indicators	Target	Monitoring Period		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
P001	Provider cancellation of Elective Care operation for non-clinical reasons either before or after Patient admission	9%	Monthly		7.90%	7.52%	6.33%	7.34%	6.43%	5.34%	6.07%	5.74%	6.25%	7.07%	6.39%	6.13%
P002	18 weeks RTT – admitted	90%	Monthly		94.89%	96.25%	97.78%	97.16%	97.84%	97.52%	97.57%	97.55%	96.63%	97.14%	96.86%	95.08%
P003	Elective Activity Total		Monthly		4,231	3,899	4,411	4,189	3,625	4,251	3,993	4,063	3,567	3,794	3,618	4,224
P004	Non-Elective Activity Total		Monthly		3,068	3,346	3,290	3,334	3,232	3,382	3,568	3,307	3,618	3,669	3,159	3,665
P005	GP referrals - % variance against capacity plan	0%	Monthly		8.73%	6.59%	10.20%	11.91%	9.48%	10.30%	9.69%	9.79%	8.90%	9.26%	9.67%	9.95%
P006	Sickness Absence	5%	Monthly		4.85%	4.79%	4.74%	3.41%	4.55%	4.04%	3.81%	4.18%	5.20%	4.67%	4.00%	
Ser	Corporate Clinical Measures & Patient Safety	Target	Monitoring Period		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C&PS 01	HSMR - Elective	<100	Quarterly		81.19%	98.8%	102.4%	0.0%	99.0%	0.0%	113.7%	168.7%	125.1%	96.5%		
C&PS 02	HSMR - Non-Elective	<100	Quarterly		127.59%	108.0%	90.5%	105.2%	105.4%	103.2%	98.1%	94.8%	122.1%	131.1%		
C&PS 03	MRSA Cases per 10,000 pop. using average bed base of 575	0.29%	Monthly		0.58%	0.29%	0.19%	0.14%	0.23%	0.19%	0.16%	0.14%	0.13%	0.11%	0.10%	0.10%
C&PS 04	CDIFF Cases per 1,000 pop. using average bed base of 575	0.48%	Monthly		0.41%	0.37%	0.34%	0.30%	0.24%	0.24%	0.24%	0.22%	0.22%	0.20%	0.19%	0.17%
C&PS 05	Serious Unintended Incidents		Quarterly		1	0	1	3	0	0	0	0	0	0	1	0
Ser	Patient Experience Measures	Target	Monitoring Period		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
PE 01	Length of Stay Elective	3.1	Monthly		3.23	3.32	3.52	3.51	3.52	3.53	3.59	3.62	3.68	3.74	3.66	3.64
PE 02	Length of Stay Non-elective	4.6	Monthly		4.65	4.69	4.73	4.77	4.74	4.79	4.83	4.81	5.02	5.08	4.92	4.97
PE 03	Readmission Rates	6%	Quarterly		4.6%	5.2%	5.1%	5.2%	5.8%	5.9%	5.8%	5.7%				
PE 12	Would you be willing to be treated in this hospital again?	95%	Monthly		95.0%	96.5%	98.0%	97.3%	97.7%	96.5%	97.5%	97.5%	98.5%	98.4%	97.9%	97.7%
PE 13	Delivering Same Sex Accommodation	0	Monthly		3	0	2	0	2	0	0	0	0	0	0	0

TRUST BOARD SUMMARY SHEET	
Title	Monthly Infection Prevention Performance Report
Submitted by	Fiona Barnes, Interim Director of Nursing
Prepared by	Fiona Barnes
Date of meeting	27 th April 2011
Corporate Objectives Addressed	To develop and embed measures for quality and clinical outcomes to achieve the highest standards
SUMMARY OF CRITICAL POINTS Monthly update on reportable HCAs	
PATIENT IMPACT High – review of incidents and trend analysis of HCAs is paramount to improving patient safety and quality of care.	
STAFF IMPACT High – review of incidents and trend analysis of HCAs is paramount to improving patient safety and quality of care and also impacts on staff safety and wellbeing.	
FINANCIAL IMPACT Will be identified as required	
EQUALITY AND DIVERSITY IMPACT Applicable to all	
LEGAL IMPLICATIONS The Board has a statutory obligation to ensure appropriate infection prevention and control mechanisms are in place.	
RISK ASSESSMENT Failure to review infection prevention and control would be considered to be high risk.	
RECOMMENDATION The Board is asked to consider the content of this report.	

Introduction

The Board is aware of its duty to ensure appropriate infection prevention and control mechanisms are in place to promote patient safety and quality of care. This report provides the assurance required by the Board to satisfy its statutory requirements by providing an update as to the current situation in relation to Healthcare Acquired Infections (HCAs) within the Trust.

MRSA Bacteraemia (Appendix 1)

The Trust is measured on the number of MRSA bacteraemias cases per 10,000 bed days based on a bed base of 575. The Trusts ceiling for MRSA bacteraemias is 6 cases. In March there were no >48hrs MRSA bacteraemias. Our end of year number of >48hrs MRSA bacteraemias is 2 which is 0.10 / 10,000 bed days.

MRSA Colonisation (Appendix 2)

During March there were 12<48hrs and 9>48hrs cases of MRSA colonisation. Internal patient verified data identifies 99.23% compliance for the screening of elective admissions during March. The compliance rate for emergency screening was 93% in March. Operational teams continue to work to reach 100% but this has to be risk assessed against the matched census approach, where we achieved 122% for elective screening.

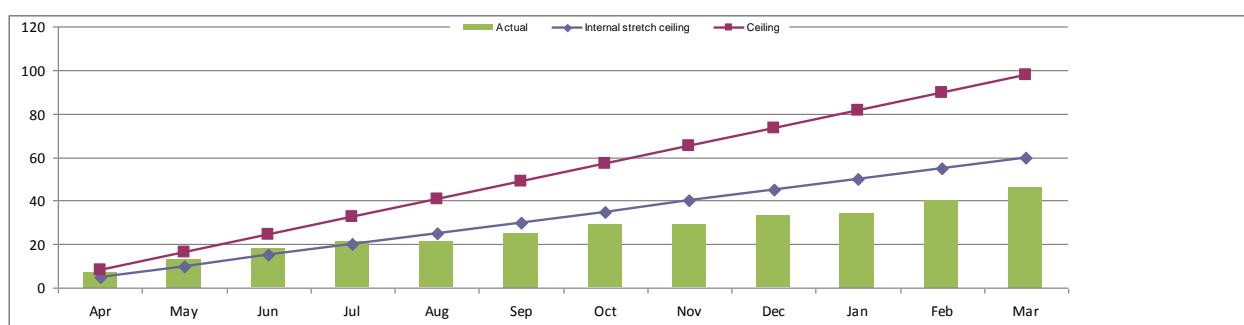
During March there was an increase in the number of MRSA colonisations detected on Creaton Ward. In addition to 'Special Measures' a series of multi-professional team meetings were lead by the Matron & Consultant Microbiologist. It is still uncertain what caused the increased number of MRSA colonisation cases however it is thought to relate to the air extractors, air vents and an accumulation of dust. Support from the Estates team at the meetings has been fundamental to addressing the poor results from the cleaning audit. At the time of writing 9 cases of MRSA colonisation have been reported and the support meetings continue.

MSSA Bacteraemia (Meticillin Sensitive Staphylococcus Aureus)

From 1st January the Trust has been monitoring the number of MSSA bacteraemia. During March there were 3<48hrs and 2>48hrs. Although formal monitoring started in January the Trust has recorded the MSSA data since October 2010. Between October and December there were 8 <48hrs and 11>48hrs cases. Between January and March 2011 there were 5<48hrs and 5>48hrs cases.

Clostridium Difficile (C Diff) (Appendix 3)

The Trust has a ceiling target of 95 C. Diff. cases with an internal stretch ceiling of 60 cases. During March the Trust identified 3 < day and 6 > 3 day cases of C. Diff. which equates to a cumulative of 0.22/1,000 bed days. Our end of year total number of > 3 day cases of C. Diff is 48.



2011/12 MRSA & C. Diff trajectories

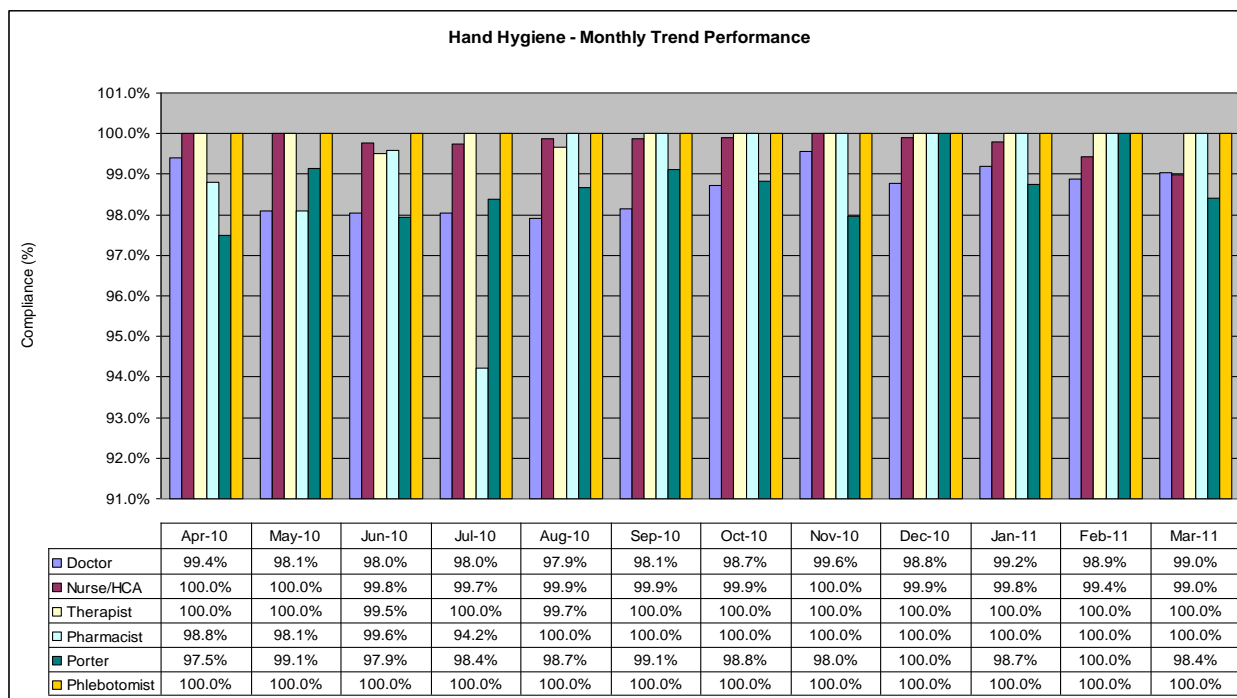
The HCAI trajectories for 2011/12 have been agreed as 3 >48hrs MRSA bacteraemias and 54 >48hrs C. Diff.

Escherichia coli (E Coli)

As part of the Governments plans to improve the information on HCAI the Trust will be undertaking mandatory E Coli surveillance which begins in June 2011 in line with MRSA & MSSA bacteraemias. As with many organisations the Trust has not previously collected this data and at present it is not clear how this will be implemented. An update will be provided when there is clarity regarding the proposed process.

Hand Hygiene Audit

Information from the Hand Hygiene Observational Tool (HHOT) shows that in March the overall compliance for hand hygiene was 99.2%.



Recommendation

The Board is asked to discuss the content of this report.

Fiona Barnes

Interim Director of Nursing, Midwifery & Patient Services
DIPC

Appendix 1
MRSA Bacteraemia Incidence by Ward

MRSA Bact Ward	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trust Total 2010-11
	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	
Hawthorn													0
Willow		1											1
Collingtree 23hr													0
ITU												1	1
HDU													0
A & E										1		1	2
Abington													0
Cedar					1								1
Becket													0
SingleHurst													0
Knightley													0
Gossett													0
Disney													0
Paddington													0
Balmoral													0
Robert Watson													0
Sandringham													0
Spencer													0
Sturtridge													0
Allebone													0
Benham													0
Creaton	1												1
Dryden													0
EAU													0
Eleanor													0
Victoria													0
Rowan													0
Finedan													0
Compton													0
Brampton													0
Holcot													0
Althorp													0
Talbot Butler			1										1
Trust Total 2010-11	1	1	0	0	0	1	0	0	0	1	0	2	7

Appendix 2

MRSA Colonisation Incidence by Ward

MRSA ISOLATES	Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Trust Total 2010-11
Ward	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	
Hawthorn					1						4										1	1			7
Willow		1							2				2		2		1	2							10
Collingtree								1			2						1				1				6
ITU	1	1					1								1				2				1		7
HDU					1																				1
A & E							1						1				1						3		6
Abington																						1			1
Cedar					1				2		1	1	1				1	1		1					10
Becket																	1								2
Singlehurst																									0
Knightley			1	2											1						1				6
Gossett																							1		1
Disney	1						1								1										3
Paddington								1									1		1		2		1		13
Balmoral																									0
Robert Watson																									0
Sandringham																									0
Spencer					1										1				1		1				5
Sturtridge																									0
Allebone									1				1	1					7		6		2		16
Benham							1												1				1		6
Creaton			1	1	1	1	1	1			2								1	1	1		5		12
Dryden					1	1	2												1		1				6
EAU	9		11	5			9		8		17		11		7		8		9		7	1	4		106
Eleanor													1	1	1		1		1						5
Victoria		2																							4
Rowan			2					1					1		1	1			2			1			9
Finedon															1										1
Compton			1					1	2		1														5
Brampton		2																	1						3
Holcot		2			1	1	2						1				1		2						10
Althorp						1											1		1						3
Talbot Butler															1		1								2
Trust Total 2010-11	11	8	15	9	11	4	15	3	10	7	21	7	17	3	24	3	14	9	22	9	20	3	12	9	266

Appendix 3

Clostridium Difficile Incidence by Ward

CDT Ward	Apr <3da>3 d	May <3da>3 d	Jun <3da>3 day	Jul <3da>3 d	Aug <3da>3 d	Sep <3da>3 d	Oct <3da>3 d	Nov <3da>3 d	Dec <3da>3 d	Jan <3da>3 d	Feb <3da>3 d	Mar <3da>3 d	Trust Total 2010-11
Hawthorn						1					1		2
Willow											1	1	2
Collingtree							1						1
ITU						1							1
HDU	1	1	1							1			4
A & E										1			1
Abington											2		2
Cedar	2	1	1					1					5
Becket			1	1			1	1					4
SingleHurst													0
Knightley													0
Gossett													0
Disney													0
Paddington													0
Balmoral													0
Robert Watson		1											1
Sandringham													0
Spencer							1					1	2
Sturtridge													0
Allebone	1					1						1	3
Benham		1	1						1			2	5
Creaton	1	1	1			1	1		1				6
Dryden								1					1
EAU	1	1	1		3	1		2	1	1			12
Eleanor													0
Victoria									1				2
Rowan	1			1					1	1		1	6
Finedon				1									1
Compton		2					1					1	4
Brampton						1							1
Holcot													0
Althorp													1
Talbot Butler				1					1	1			5
Trust Total 2010-11	1	7	1	2	5	2	3	0	3	4	6	3	72

TRUST BOARD SUMMARY SHEET	
Title	Care and Compassion – Health Service Ombudsman Report
Submitted by	Fiona Barnes, Interim Director of Patient, Nursing and Midwifery Services.
Prepared by	Roz Young – Quality Assurance Manager
Date of meeting	28 th April 2011
Corporate Objectives Addressed	To improve clinical quality and safety
SUMMARY OF CRITICAL POINTS The Health Service Ombudsman published a report in Feb 2011 which compiled the themes from 10 complaint investigations relating to people over the age of 65. This report identifies key actions and assurances in place to mitigate the risk of the themes identified in the report happening at NGH.	
PATIENT IMPACT High – By reviewing the contents of the report NGH will ensure that lessons are learnt and appropriate action is taken to ensure that healthcare is safe and effective.	
STAFF IMPACT High -The report will help to identify that staff have the training, education and support they need to do their job effectively.	
FINANCIAL IMPACT Moderate - As a consequence of the skill mix review in Nursing, investment may be required on some wards to ensure the delivery of safe and effective care.	
EQUALITY AND DIVERSITY IMPACT Moderate – people over the age of 65 are a vulnerable group. This report gives assurance to the Board of the actions and assurances that are in place.	
LEGAL IMPLICATIONS NGH have a legal requirement to monitor the care that is delivered to ensure that it complies with the CQC 16 essential standards for quality and safety. Failure to do so may impact on our registration status.	
RISK ASSESSMENT Moderate -Failure to take this report into account may mean that the organisation is in breach of its statutory responsibility to learn lessons from external reviews.	
RECOMMENDATION The Board is asked to note the contents of this report and support the enclosed action plan	

Introduction

The Health Service Ombudsman published a report in Feb 2011 which compiled the themes from complaint investigations and tells the stories of 10 people over the age of 65, from all walks of life and from across England. The report states that many of them were people with energy and vitality, active in their retirement and well known and liked within their communities. One enjoyed literature and crosswords and another was writing a book.

The report finds that it is a reasonable expectation that an older person or their family may have dignified, pain free end of life care, in clean surroundings in hospital. This is not fulfilled in the 10 cases reviewed. This report identifies NGH's response and the key assurances and actions required to mitigate the risk of the events identified in the report happening at this hospital.

Themes from the Care and Compassion Report

The report identifies that the themes in the Care and Compassion Report are not isolated. The Health Service Ombudsman states that of 9000 complaints made to their office in 2010, 18% were about the care of the older person (>65). 226 cases were investigated; more than double that of any other age group. The broad themes identified in the report are:

- When caring for older people thought should be given not only to their health status but to the wider context of their lives and relationships
- Care was not planned according to the needs of the patient
- Older people and their families should be treated with dignity and respect
- Half the patients featured did not consume adequate food or water whilst in hospital- they were not assisted to eat and call bells were out of reach so they could not get help
- Failure to involve relatives and carers in decisions, care planning and discharge
- Poor communication

The Ombudsman concluded with a number of recommendations, one of which was that healthcare organisations would review and take into account the findings of the report.

Trust Review and Action Plan

As part of that review the Trust has undertaken an analysis of Trust complaints about patients over the age of 65. Of the total number of complaints received by the Trust in this financial year (2010/11) approximately 16% (compared to 18% in the Care and Compassion Report) have been raised either by a person over the age of 65 or their carer or relative. Two main themes were apparent from the complaints received by NGH:

- Communication =28%
- Nursing Care = 27%

The Care and Compassion Report has been reviewed in detail. Appendix 1 provides a summary of the findings in those cases that are applicable to an acute healthcare Trust. It also identifies the assurances that we have in place to ensure that the experiences of patients documented in this report, would not be repeated here and where applicable further actions required.

Summary of Actions and Initiatives to Enhance Older People's Care

There are a number of actions that have been implemented to ensure that the care we deliver is safe and effective. These include:

- **Implementation of Care Rounds** ensure that patients are asked every hour if their essential needs have been met. This will include asking patients if they need a drink, the toilet, have pain etc.
- **Matrons' Rounds** ensure that Modern Matron/Ward Sister meets all patients and their relatives during visiting on a daily basis to resolve concerns and improve communication.
- **Head Nurse Quality Indicators:** This is a monthly audit of 10 sets of records on each ward and results are recorded on a Trust wide dashboard. Actions to improve compliance are reported and agreed at the monthly Head Nurses and Modern Matrons meeting and reported to the Healthcare Governance Meeting quarterly. The Head Nurse Quality Indicators were one of the Trust quality priorities in the 2010 Quality Accounts.
- **Clinical Governance Review Scheme:** This review commenced in February 2011 and by July 2011 it is intended that all wards will have been reviewed. It is a comprehensive inspection undertaken by a team to review compliance with the Care Quality Commission, 16 Essential Standards for Quality and Safety.
- **Volunteers:** It is planned to increase the number of volunteers and encourage duties to focus on the needs of patients in wards.
- **Review of Staffing Levels using the Safer Nursing Care Tool:** This project will review staffing levels on all wards in the Trust to determine if there are enough staff in the right place to care for patients safely and effectively.
- **Steering Groups and Forums:** The Trust has in place a Safeguarding Adult Steering Group, a Dignity Forum and a newly formed Dementia Steering Group. These groups lead improvements in patient care and experience.

Next Steps

The Interim Director of Nursing, Midwifery & Patient Services will circulate the review and action plan to the key groups responsible for undertaking a more in-depth analysis. The Governance Team will record this review on the external review database and an update report will be requested by NMB in August 2011.

Recommendation

The Board are asked to note the contents of this report and support the review and action plan in Appendix 1.

NGH RESPONSE TO CARE & COMPASSION- REPORT OF THE HEALTH SERVICE OMBUDSMAN ON TEN INVESTIGATIONS INTO NHS CARE OF OLDER PEOPLE				
AREA OF PRACTICE HIGHLIGHTED	CURRENT INITIATIVES & LEAD	FURTHER INITIATIVES REQUIRED & LEAD	TIMESCALE	
Theme: End of life care/Communication Mr and Mrs J's story Hospital staff at Ealing Hospital NHS Trust left Mr J forgotten in a waiting room, denying him the chance to be with his wife as she died. Mr C's story Staff at Oxford Radcliffe Hospitals NHS Trust turned off Mr C's life support, despite his family's request that they delay doing so for a short time.	Liverpool Care Pathway Facilitator in post Liverpool Care Pathway implemented on each ward Regular audit to review effectiveness of end of life care.	Review Mr & Mrs J's story and Mrs C's story from the report. The End of Life Care Strategy Group will undertake a gap analysis and identify any further recommendations for improvement at NGH. The End of Life Strategy Group will develop a plan and monitor progress against the plan. This will be recorded in the minutes of the meeting. Lead: The Liverpool Care Pathway Facilitator Group/Committee: End of Life Care Strategy Group	Action plan to be developed by end June 2011	
Theme: Personal Care/ Documentation Mr D's story Royal Bolton Hospital NHS Foundation Trust discharged Mr D with inadequate pain relief, leaving his family to find someone to dispense and administer morphine over a bank holiday weekend. Mrs N's story While doctors at Northern Lincolnshire and Goole Hospitals NHS Foundation Trust diagnosed Mrs N's lung cancer, they neglected to address the severe pain that she was suffering.	Head Nurse Quality Indicators review 6 aspects of personal care. Monthly audit of 10 sets of records are reviewed on each ward and results are recorded on a Trust wide dashboard. Actions to improve compliance are reported to and agreed at Head Nurse/Modern Matrons meeting monthly and HGC quarterly. Skill mix review and acuity audit being completed on each ward to establish if there are enough nurses to deliver care safely and effectively. Care Pledge launched by nurses in April 2011. Implementation supported by Care Rounds commenced April 2011. Clinical Governance Review Scheme: This review commenced in February 2011 and by July 2011 it is intended that all wards will have been reviewed.	Review Mr D's and Mrs N's story from report. NMB will undertake a gap analysis and identify any further recommendations for improvement within the Trust. They will develop a plan and monitor progress against the plan. This will be recorded in the minutes of the meeting. Nursing & Midwifery Board will also be asked to collate the results from all reports and monitor progress. Lead: Deputy Director of Nursing Group/Committee: NMB	Action plan to be developed by end June 2011	
Theme: Nutrition	Care Pledge launched by nurses in April 2011. Implementation supported by Care Rounds commenced April 2011- nurses offering	Nutrition Specialist Nurse will fully implement adoption of protected mealtimes across whole hospital to re-	Action plan to be developed by end June	

NGH RESPONSE TO CARE & COMPASSION- REPORT OF THE HEALTH SERVICE OMBUDSMAN ON TEN INVESTIGATIONS INTO NHS CARE OF OLDER PEOPLE			
AREA OF PRACTICE HIGHLIGHTED	CURRENT INITIATIVES & LEAD	FURTHER INITIATIVES REQUIRED & LEAD	TIMESCALE
Mrs R's story Mrs R's family were concerned that she would not receive food and drink while in Southampton University Hospitals NHS Trust unless they themselves helped her to eat and drink.	patients drinks on an hourly basis and this will be recorded. Peer review benchmark on nutrition being undertaken on each ward. Nutrition Steering Group have a link nurse on each ward who are responsible for leading best practice in nutrition. NGH have a Carers Policy in place to support family/friends that want to help give care for their relative whilst in hospital. Annual fluid balance chart audit led by Matrons.	focus on the importance of mealtimes for patients. Report non-compliance with adoption of Protected Mealtimes and results of Peer Review. Nutrition Steering Group will then develop a plan and monitor progress against the plan. This will be recorded on the minutes of the meeting. Lead: Nutrition Specialist Nurse Group/Committee: Nutrition Steering Group Equality and Diversity Lead to raise awareness of Carers Policy at Nursing and Midwifery Conference/ Governance matters. Lead: Equality and Diversity Lead Group/Committee: Equality and Diversity	2011
Theme Dignity: Mr L's story The care and treatment that Surrey and Borders Partnership NHS Foundation Trust gave Mr L contributed to a loss of his dignity and compromised his ability to survive pneumonia. Mrs H's story When Mrs H was transferred from Heart of England NHS Foundation Trust to a care home, she arrived bruised, soaked in urine, dishevelled and wearing someone else's clothes.	The Dignity Forum has recently been re-launched in January 2011 and they report to CQEG quarterly. The Dignity Group has a Trustwide action plan in place to improve care of all patients. Dignity Champions have been identified in all clinical areas, with a new role description being launched including a pro-active approach to discussing issues with patients. Peer review process has also included dignity.	Request the Dignity Forum to review Mrs H's story & Mrs L's story from report. Chair of Dignity Forum will undertake a gap analysis and identify recommendations for improvement at NGH. They will develop a plan and monitor progress against the plan. This will be recorded in the minutes of the meeting. The Dignity Forum will be asked to provide assurance to CQEG of actions taken Lead: Chair of Dignity Forum Group/Committee: Dignity Forum	Action plan to be developed by end June 2011
Theme Discharge/ Communication	Discharge team in place to coordinate complex discharge. Patients routinely receive a copy of the discharge letter sent to their GP- this was	Review Mr W and Mrs H story. Coordinator Hospital Discharge Team will undertake a gap analysis and identify recommendations for improvement at	Action plan to be developed by end June 2011

NGH RESPONSE TO CARE & COMPASSION- REPORT OF THE HEALTH SERVICE OMBUDSMAN ON TEN INVESTIGATIONS INTO NHS CARE OF OLDER PEOPLE			
AREA OF PRACTICE HIGHLIGHTED	CURRENT INITIATIVES & LEAD	FURTHER INITIATIVES REQUIRED & LEAD	TIMESCALE
<p>Mr W's story Mr W's life was put at risk when Ashford and St Peter's Hospitals NHS Foundation Trust stopped treating him and then discharged him when he was not medically fit.</p> <p>Mrs H's story When Mrs H was transferred from Heart of England NHS Foundation Trust to a care home, she arrived bruised, soaked in urine, dishevelled and wearing someone else's clothes.</p>	<p>positively praised in the in-patient survey 2011. Expected date of discharge identified on whiteboard so discharge can be planned and documented in Health records.</p> <p>Transformation programme project is focusing on the right patient in the right bed.</p> <p>Think home first: this project focused on ensuring the hospital discharge team see patients early to plan discharge</p>	<p>NGH. They will develop a plan and monitor progress against the plan.</p> <p>Discharge team will be asked to provide assurance to CQEG</p> <p>Lead: Coordinator Hospital Discharge Team (Deputy Director of Operations).</p> <p>Group/Committee: NMB</p>	
All Themes	<p>Complaints, incidents and claims are reviewed by themes and reported to CQEG.</p> <p>Lessons learned are identified and shared in directorates and at the Patient Safety Learning Forum.</p> <p>Complaints Team have undertaken an analysis of incidents and complaints specifically on patients >65 by theme.</p>	<p>Deputy Director of Nursing will identify recommendations for improvement based on the analysis at this Trust and report to NMB recommendations for improvement</p> <p>Lead: Deputy Director of Nursing</p> <p>Group/Committee: NMB</p>	<p>Recommendations to be developed by end May 2011</p>

PUBLIC TRUST BOARD SUMMARY SHEET	
Title: -	Performance Report
Submitted by: -	Christine Allen - Director of Operations
Date of meeting: -	27 th April 2011
Corporate Objectives Addressed: -	
SUMMARY OF CRITICAL POINTS: - This report sets out the key areas of performance for Northampton General Hospital NHS Trust for Month 12 (March 2011). During March the Trust delivered all standards and has achieved all standards for 2010-11.	
PATIENT IMPACT: - N/A	
STAFF IMPACT: - N/A	
FINANCIAL IMPACT: - N/A	
RISK ASSESSMENT: - N/A	
EQUALITY & DIVERSITY IMPACT ASSESSMENT: - N/A	
RECOMMENDATION: - Trust Board are asked to note the contents of this report.	

PERFORMANCE REPORT – APRIL 2011

1. INTRODUCTION

This report sets out key areas of performance for Northampton General Hospital NHS Trust for **Month 12** (March 2011). The report is based on the NHS Performance Framework - Service Performance Standards and Targets.

More detailed performance is reported by exception i.e. where performance is below standard, where there are specific pressures that present a risk to the ongoing achievement of any of the standards or where there are high profile issues e.g. new targets.

2. SERVICE PERFORMANCE

2.1 Performance Against National Targets

Performance Indicator	Monitoring	Standard	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Year end
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	YTD	98%													
Cancelled ops-breaches of 28 days readmission guarantee as % of cancelled ops	YTD	5.00%													
MRSA	YTD	6													
C Diff	YTD	96													
18 weeks RTT-admitted	Quarter	90%													
18 weeks RTT-non- admitted	Quarter	95%													
Achievement of standards in all specialties	Quarter	0													
2 week GP referral to 1st outpatient	YTD	93%													
2 week GP referral to 1st outpatient-breast symptoms	YTD	93%													
31 day second or subsequent treatment-surgery	YTD	94%													
31 day second or subsequent treatment-drug	YTD	98%													
31 day second or subsequent treatment-radiotherapy	YTD	96%													
62 day referral to treatment from screening	YTD	90%													
62 day referral to treatment from hospital specialist	YTD	85%													
62 days urgent referral to treatment of all cancers	YTD	85%													
Reperfusion: Primary Angioplasty (PPCI)	YTD	75%													
Reperfusion: Thrombolysis	YTD	68%													
2 week RACP	YTD	98%													
Delayed transfer of care	Total in period	3.50%													
Patients that have spent more than 90% of their stay in hospital on a stroke unit	2008-09	60%													

During March 2011, the Trust successfully achieved all the performance standards for the second month running. Overall the Trust has achieved all the year end standards.

For the second year running the Trust has again met all of the key National Targets. This includes those for Maximum Waiting Times, Cancer Waiting and Treatment Times, A&E Transit Times and reducing MRSA and C-Difficile infections.

Accident and Emergency attendances increased to 83,000, however the Trust was still able to meet the new target for 95 per cent of patients to be treated or admitted within four hours.

The number of hospital acquired infections also improved significantly, with just three MRSA Bacteraemia reports during the year, and Clostridium Difficile infections down by more than half to 47.

2.2 New National Target Measures

The measurement of traditional 4-Hour Transit Time Performance for patients attending A&E has been replaced with eight clinical indicators, five of which have been considered as “headline”:

- Unplanned Re-attendance Rate
- Total Time in the A&E Department
- Left Without Being Seen Rate
- Time to Initial Assessment
- Time to Treatment

2.3 Referral to Treatment Times 2011-12

As set out in the Operating Framework for 2011/12, patients’ rights to access services within maximum waiting times under the NHS Constitution continue.

The approach to monitoring referral to treatment waits has changed from monitoring the percentage of patients whose referral to treatment time was less than 18 weeks, to monitoring the 95th percentile time waited for completed admitted and non-admitted pathways, and for incomplete referral to treatment pathways.

3. FUTURE PERFORMANCE REPORTING

In line with the revised national reporting framework the Trust’s performance against the new national targets will continue to be reported to the Board on a monthly basis. These new standards have been monitored in shadow form for the last month and the A&E Clinical Indicators are, as expected proving challenging. However, plans are in place to achieve these targets within the national timescales.

4. RECOMMENDATIONS

Trust Board are asked to note the contents of this report.

BOARD SUMMARY SHEET

Title	Finance Report to the Board – March 2011
Submitted by	Mr J Drury, Director of Finance
Meeting Date	27 th April 2011
Corporate Objectives Addressed	Financial Duties / Financial Strategy

SUMMARY OF CRITICAL POINTS

The Trust is able to report the achievement of the key statutory financial duties at the financial year end as follows:

Duty	RAG	Target	Actual
Breakeven Duty		I&E balance over 3 years	Surplus of £1,108m in 10/11
Capital Resource Limit (CRL)		CRL of £10.4m not exceeded	£9.7m charged to CRL (£0.7m underspend)
External Finance Limit (EFL)		Generate additional finance of £0.9m	£0.9m generated (overspend of £23k)
Capital Cost Absorption Duty		3.5% Return on average relevant net assets	3.5%
Better Payment Policy Code		95% of payments made within 30 days	78% of payments made within 30 days

This position remains subject to the external audit of annual accounts.

PATIENT IMPACT

STAFF IMPACT

FINANCIAL IMPACT

- Achievement of Statutory Duties

EQUALITY AND DIVERSITY IMPACT

LEGAL IMPLICATIONS

RISK ASSESSMENT

This paper references to the BAF as follows:

- 6B Failure to produce adequate LTFM
- 20 F Compliance with Prompt Payment Policy

RECOMMENDATION

The Board is asked to note the financial position for period ended March 2011.

FINANCE REPORT MARCH (MONTH 12) 2010/11

Finance Report - March 2010/11

Key numbers at a glance

I&E Position	£000's	Page
In-month I/E	1,107	1.2
Forecast YTD	£1,107k surplus in March	
Actual Year to date I/E	1,108	1.0
FIMS Plan (Year to date)	£1,108k surplus for Year to date	
PCT SLA Income Variance	1,108	1.1
Full Year I&E Forecast	2,000	1.3
	£2.0m Surplus for year	
	4,224	1.0
	Above plan for YTD	
	1,108	
	Actual I&E surplus	
EBITDA Performance	£000's	Page
Trust	(1,372)ADV	1.0
	£1.4m behind original plan	
Cost Improvement Schemes	£000's	Page
In month delivery	1,018	2.0
Year to date	CIPs achieved in March	
Year to Go	10,519	2.0
Full Year Forecast	CIPs achieved to Year to date	
FYE Unidentified	0	
	10,519	2.0
	Total target £12m	
	1,481	2.0
	Variance to target £12m	
Capital	£000's	Page
Year to date expenditure	9,657	4.0
Forecast as % of plan	94%	4.0
	Capital expenditure for period	
	Target minimum of 75%	
SoFP (movement in year)	£000's	Page
Non-current assets	730	5.0
Current assets	In-year depreciation plus Capex	
Current Liabilities	1,630	5.0
	Increase in cash balance	
	1,401	5.0
	Capital Creditors, Salix Loan & Provisions	
Cash	£000's	Page
In month movement	958	6.0
In Year movement	Increase over February	
Debtors Balance > 30 days	1,515	6.0
BPPC (by volume) YTD	Increase over March 2010	
	947	6.1
	Total outstanding over 30 days	
	78%	6.2
	Target 95% paid in 30 days	
KPIs		Page
Financial Risk Rating (Shadow)	3	7.0
EBITDA	Surplus Margin low	
Liquidity	91.5%	7.0
Surplus Margin	17.5	7.0
Pay / Income	Incl. unused WCF of £17m	
	0.5%	7.0
	Due to low level of surplus overall	
	65.4%	7.0
	Pay 66% of income for YTD	

Overview Month 12 (Statutory Duties)



Performance against plan: The position for March is a year to date surplus of £1,108k compared to a planned surplus of £2.0m (FIMS) giving rise to an adverse variance of £0.89m against plan. **(This position is subject to audit of the year Final Accounts for 2010-11).**



I&E Position:

The Trust has achieved an I&E surplus of £1.1m (0.5%).



Break Even Duty

The Trust has achieved the Statutory Breakeven Duty having achieved an I&E surplus in each of the previous three financial years.

The Trust has a cumulative Surplus of 2.58% as a percentage of Turnover (target +/- 0.5%).



Capital Cost Absorption Duty

The Trust made dividend payments of £4.253m to the Treasury in 2010-11, When compared to average relevant net assets of £121.058m the Trust has therefore achieved the Capital Cost Absorption duty of 3.5%.



EFL: The Trust had a negative External Financing Limit of £972k. The Trust managed to generate a £23k surplus against this target and has therefore achieved the EFL fro 2010-11.



CRL: The Trust did not exceed the agreed Capital Resource Limit for the year. Total capital expenditure of £9.657m was charged against an agreed CRL of £10.42m.



Monitor Shadow FRR

The Trust has been shadow monitoring the Financial Risk Rating Criteria used by Monitor to assess Foundation Trusts.

The Trust has estimated that it would achieve a FRR score of 3 (the minimum required by Monitor).

The Trusts liquidity score improved during the year although the reduced level of surplus meant a score of only 2 in respect of the criteria for Surplus margin.

1.0 Income & Expenditure Account M12

I&E Summary	Plan 2010-11 £000's	YTD Actual £000's	YTD Plan £000's	Variance to plan £000's	Forecast EOY
SLA Clinical Income	203,479	207,703	203,479	4,224FAV	208,036
Other Clinical Income	2,914	2,692	2,914	(221)ADV	2,527
Other Income	22,533	25,872	22,533	3,338FAV	25,289
Total Income	228,926	236,267	228,926	7,341FAV	235,852
Pay Costs	(150,719)	(154,474)	(150,719)	(3,755)ADV	(154,110)
Non-Pay Costs	(60,531)	(67,071)	(60,531)	(6,539)ADV	(66,053)
CIPs	1,978		1,978	(1,978)ADV	
Reserves	(3,560)		(3,560)	3,560FAV	(500)
Total Costs	(212,832)	(221,545)	(212,832)	(8,713)ADV	(220,663)
EBITDA	16,095	14,722	16,095	(1,372)ADV	15,189
Depreciation	(9,847)	(9,420)	(9,847)	427FAV	(9,461)
Amortisation	(10)	(10)	(10)	0FAV	(10)
Impairment of Fixed Assets					
Net Interest	16	52	16	36FAV	35
Dividend	(4,253)	(4,236)	(4,253)	17FAV	(4,253)
Surplus / (Deficit)	2,000	1,108	2,000	(892)ADV	1,500
Normalised	2,000	1,108	2,000	(892)ADV	1,500

£1,108k I&E surplus for FY 2010-11.

Original forecast position was for a surplus of £1,500k for FY 2010-11.

DH (FIMS) Plan was for a surplus of £2.0m for FY 2010-11.

1.1 Income & Expenditure Account (last 3 months)

3 Month Run Rate £000's	January		February		March		Av. YTD Actual
	Actual	Plan	Actual	Plan	Actual	Forecast	
SLA Clinical Income	17,454	16,841	16,636	16,841	18,712	18,794	17,309
Other Clinical Income	139	247	233	247	404	271	224
Other Income	2,139	1,844	2,382	1,844	2,666	2,289	2,156
Total Income	19,733	18,932	19,250	18,932	21,782	21,355	19,689
Pay Costs	(13,055)	(12,704)	(12,786)	(12,704)	(12,978)	(12,700)	(12,873)
Non-Pay Costs	(5,766)	(5,113)	(5,510)	(5,113)	(6,565)	(5,666)	(5,589)
CLPs	0	165	0	165	0	0	0
Reserves	0	(257)	0	(257)	0	(500)	0
Total Costs	(18,821)	(17,909)	(18,296)	(17,909)	(19,543)	(18,866)	(18,462)
EBITDA	912	1,023	954	1,023	2,239	2,489	1,227
Depreciation	(813)	(837)	(784)	(837)	(800)	(813)	(785)
Amortisation	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Impairment of Fixed Assets	436	0	0	0	0	0	0
Net Interest	4	1	2	1	6	4	4
Dividend	(354)	(354)	(354)	(354)	(338)	(354)	(353)
Surplus / (Deficit)	183	(168)	(183)	(168)	1,107	1,325	92

(See note 1.2 over)

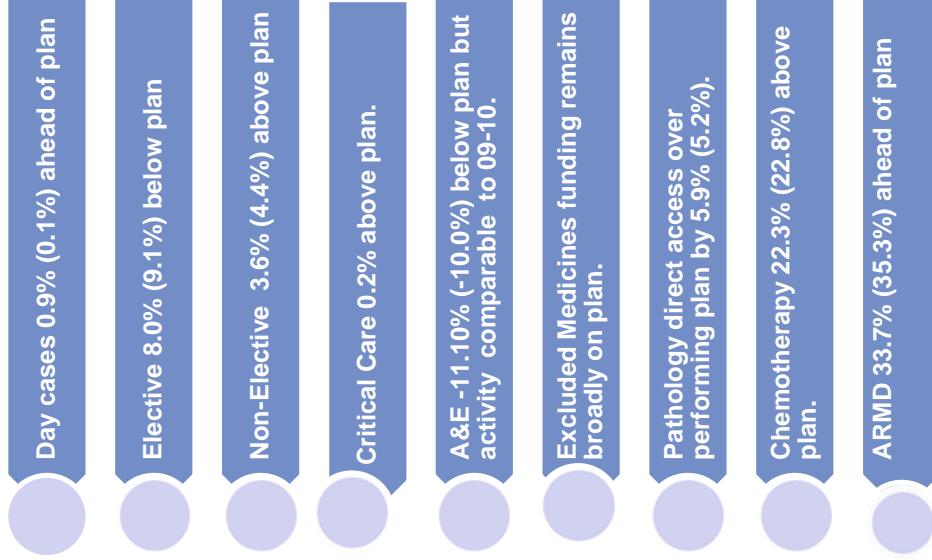
1.2 SLA Income by Point of Delivery M12

SLA Income by PoD £000's	Plan 2010-11	YTD Actual	YTD Plan	Variance to plan	%
Day Case	28,960	29,213	28,960	254 Fav	0.9%
Elective Inpatients	20,712	19,052	20,712	(1,660) Adv	(8.0%)
Non Elective	69,459	71,928	69,459	2,470 Fav	3.6%
Outpatient First Attendances	13,077	12,398	13,077	(679) Adv	(5.2%)
Outpatient Follow Up Attendances	9,786	11,169	9,786	1,383 Fav	14.1%
Outpatient First - NCL	1,334	1,450	1,334	117 Fav	8.7%
Outpatient Follow Up - NCL	1,624	2,304	1,624	680 Fav	41.8%
Outpatient Procedures	1,292	4,032	1,292	2,739 Fav	212.0%
A&E	7,291	6,479	7,291	(812) Adv	(11.1%)
GP Direct Access Radiology	1,966	1,968	1,966	2 Fav	0.1%
Unbundled Chemotherapy PSD	1,935	2,366	1,935	431 Fav	22.3%
Pathology	4,982	5,276	4,982	295 Fav	5.9%
Excluded Medicines	9,498	9,562	9,498	64 Fav	0.7%
Audiology	769	769	769	0 Fav	0.0%
Critical Care & HDU	6,478	6,468	6,478	(10) Adv	(0.2%)
Childrens Services	7,242	7,242	7,242	(0) Adv	(0.0%)
Community Midwives	3,634	3,634	3,634	0 Fav	0.0%
Radiotherapy	4,034	4,295	4,034	261 Fav	6.5%
Breast Screening	1,074	1,074	1,074	0 Fav	0.0%
Limb Centre	960	967	960	7 Fav	0.8%
Maternity Matters (10-11)	488	712	488	224 Fav	46.0%
Other Block Contracts	2,127	3,771	2,171	1,600 Fav	73.7%
MRET	-1,299	-86	-1,299	1,213 Fav	(93.4%)
CQUIN	2,921	2,287	2,921	(635) Adv	(21.7%)
ARMD	602	805	602	203 Fav	33.7%
Stroke	1,000	359	1,000	(641) Adv	(64.1%)
Productivity CIP / Overperformance	1,534		1,534	(1,534) Adv	(100.0%)
Partially Completed Spells		604		604 Fav	100.0%
ACMF Provisions		-2,394		(2,394) Adv	100.0%
Total SLA Clinical Income	203,479	207,703	203,523	4,180 Fav	2.1%

Notes to Income by PoD:

1. CQUIN income agreed at 75% of total potential value with NHSN (1.5% of contract income)
2. Additional Stroke Centre income anticipated from October 10.
3. Productivity CIP of £1.5m included in plan.
4. ARMD service provided under AWP contract.

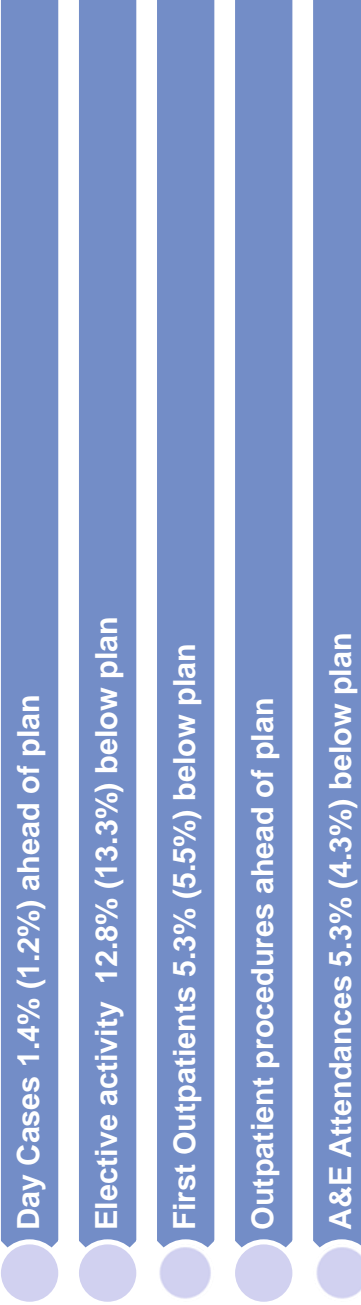
Figures in brackets are previous months results



1.3 SLA Activity M12

Activity	Plan 2010-11	YTD Actual	YTD Plan	Variance to plan	%
Daycase	39,434	39,995	39,434	561	1.4%
Elective Inpatients	8,980	7,831	8,980	-1,149	-12.8%
Non Elective	39,473	40,794	39,473	1,321	3.3%
New Outpatients	76,533	72,504	76,533	-4,029	-5.3%
Follow Up Outpatients	109,783	122,403	109,783	12,620	11.5%
Outpatient Procedures	9,409	27,855	9,409	18,446	196.0%
A&E Attendances	81,610	77,290	81,610	-4,320	-5.3%

Figures in brackets are previous months results



2.0 Cost Improvement Programmes

Directorate Split	Actual Delivery 2010/11																	YTD Delivered to M12	Original Target 2010/11	Actual vs Original Target					
	M1 April		M2 May		M3 June		M4 July		M5 August		M6 Sept		M7 Oct		M8 Nov		M9 Dec				M10 Jan		M11 Feb		M12 Mar
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	
Surgery Anaesthetics & Critical Care Trauma & Orthopaedics Head & Neck Child Health Obstetrics & Gynaecology General Medicine & Emergency Care Pathology Radiology Cancer Services	29	26	28	24	87	60	105	142	114	156	130	52	952	989	37A										
	65	49	47	44	92	22	71	69	45	48	142	79	771	1,090	319A										
	37	56	55	7	36	40	73	28	61	48	60	36	538	771	233A										
	7	58	11	13	22	41	32	23	30	27	24	36	325	574	249A										
	34	34	37	37	40	40	12	12	34	11	12	42	344	742	398A										
	73	73	76	98	76	78	73	84	88	86	88	87	978	966	12F										
	95	45	79	214	254	222	211	139	203	159	167	166	1,955	1,955	1A										
	25	35	40	40	61	51	80	55	41	41	48	194	709	715	6A										
	62	62	56	52	58	55	55	54	48	48	46	42	638	659	21A										
	57	66	37	48	23	217	124	67	145	76	68	78	1,005	930	75F										
Total Clinical Directorates	484	504	466	578	748	825	836	673	807	699	784	812	8,215	9,391	1,176A										
Clinical Support Hospital Support Facilities	14	14	14	14	14	14	4	17	14	12	53	55	240	519	279A										
	13	13	11	15	11	13	101	16	-20	23	-9	-25	163	878	715A										
	11	3	4	-2	196	44	60	71	73	59	40	87	647	1,212	565A										
Total Support Services	38	30	30	27	222	72	165	104	67	94	85	117	1,051	2,609	1,558A										
Total Directorates	522	534	495	605	970	897	1,001	777	874	794	868	929	9,266	12,000	2,734A										
Additional Actions					347	304	178	69	89	89	89	89	1,254		1,254F										
Total NGH	522	534	495	605	1,317	1,200	1,179	846	963	883	957	1,018	10,519	12,000	1,481A										
Cumulative Delivery	522	1,056	1,551	2,156	3,473	4,673	5,852	6,698	7,661	8,544	9,501	10,519	10,519												

Note: Additional Actions relate to additional items identified in August Forecast.

Finance Report - March 2010/11

3.0 Workforce M12

Staff Type:	Worked WTE Mth 12 2009/10	Worked Mth 12 WTE	WTE Budget 2010/11	Contracted Mth 12 WTE
Senior Medical Staff	187.28	189.98	198.45	190.99
Junior Medical Staff	246.73	244.97	256.93	248.83
Salary Recharges Expenditure - Medical Staff	3.50	2.89	3.34	0.00
Salary Recharges Income - Medical Staff	0.00	0.00	0.00	0.00
Medical Locums (Agency - Senior)	17.49	6.04	2.27	0.00
Medical Locums (Agency - Junior)	0.00	8.53	0.00	0.00
Total Medical Staff	455.00	452.41	460.99	439.82
Nursing Staff - Qualified (Band 5 +)	1083.03	1111.66	1254.47	1143.28
Nursing Staff Unqualified	338.73	362.43	400.12	367.49
Salary Recharges Expenditure - Nursing Staff	0.00	0.00	0.00	0.00
Salary Recharges Income - Nursing Staff	0.00	-0.18	0.00	0.00
Bank Staff - Nursing	119.41	144.62	0.00	0.00
Agency Staff - Senior Nursing	59.89	32.93	0.00	0.00
Agency Staff - Junior Nursing	0.00	17.79	0.00	0.00
Total Nursing Staff	1601.06	1669.25	1654.59	1510.76
Managerial Staff	157.80	152.36	169.66	165.40
Salary Recharges Expenditure - Managers	1.00	0.00	0.00	0.00
Salary Recharges Income - Managers	0.00	0.00	0.00	0.00
Agency Staff - Management	0.95	0.00	0.00	0.00
Administration Staff	635.24	644.96	716.03	685.95
Salary Recharges Expenditure - Admin Staff	0.00	0.00	0.00	0.00
Salary Recharges Income - Admin Staff	0.00	-1.00	0.00	0.00
Bank Staff - Admin	76.95	76.81	0.00	0.00
Agency Staff - Admin	10.59	3.31	0.00	0.00
Total Managerial & Admin	882.53	876.44	885.69	851.35
Other Clinical Staff	230.21	238.05	254.68	236.58
Scientific & Technical Staff	339.89	355.72	368.55	378.12
Estates Staff	25.61	28.33	32.55	26.00
All other Staff	378.00	368.36	399.06	320.31
Salary Recharges Expenditure - Other Staff	1.50	0.50	0.00	0.00
Salary Recharges Income - Other Staff	0.00	0.00	0.00	0.00
Agency Staff - Other	11.65	28.41	0.00	0.00
Total Other	986.86	1019.37	1054.84	961.01
CIPS	0.00	0.00	0.00	0.00
Additional Activity	0.00	0.00	0.00	0.00
Vacancy Factor	0.00	0.00	0.00	0.00
Total Cost Challenges	0.00	0.00	0.00	0.00
Total Worked WTE	3925.45	4017.47	4056.11	3762.94

3,763 WTE contracted at M10 (3,727 WTE at M11).

4,017 WTE worked (3,923 M11) (including overtime, bank and agency)

£5m CIP target assigned to Pay equates to c. 135 WTE

23 WTE increase in contracted Nursing Staff in March.

International recruitment of additional Nurses impacting February and March.

4.0 Capital Expenditure Schemes

Category	Annual Budget 2010/11 £000's	Year to Date as at Month 12 Actual Spend £000's	Plan Achieved £000's
Breast Screening Business Case	600	524	87%
A&E / Fracture Clinic / EAU	30	3	10%
Room A (General X Ray Room)	350	347	99%
Room 5 (Interventional Room)	1,200	1,141	95%
IGRT retrofit to Linear Accelerator	575	510	89%
MESC	1,036	988	95%
Estates	3,859	3,964	103%
IT	2,571	2,290	89%
Other	679	490	72%
Disposals	0	0	0%
Total - Capital Plan	10,900	10,255	94%
Less Charitable Funds	-599	-599	100%
Total - CRL	10,302	9,657	94%

- Replacement Breast Screening mobile & trailer is second year of business case (completed)
- Room A (completed) and Room 5 (completed) - replacement of existing radiology rooms
- IGRT retrofit improves patient treatment utilising existing linear accelerator received December, went live February 2011
- Spent £340k relating to Macmillan scheme commenced work onsite 31 January 2011
- EOY position of £10,255 million i.e. an underspend of £0.645 million
- Depreciation final position in year is £8,769 million, i.e. an underspend of £0.424 million against initial plan

5.0 Statement of Financial Position

TRUST SUMMARY BALANCE SHEET MONTH 12 2010/11

	Balance at 31-Mar-10 £000	Opening Balance £000	Current Month Closing Balance £000	Movement £000	Forecast end of year Closing Balance £000	Movement £000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	132,332	132,332	132,332		132,332	
IN YEAR REVALUATIONS		125	503	378	503	503
IN YEAR MOVEMENTS		8,047	9,657	1,610	9,657	9,657
LESS DEPRECIATION		(8,620)	(9,430)	(810)	(9,430)	(9,430)
NET BOOK VALUE	132,332	131,884	133,062	1,178	133,062	730
CURRENT ASSETS						
INVENTORIES	3,992	4,377	4,555	178	4,555	563
RECEIVABLES						
NHS DEBTORS	6,102	5,843	4,812	(1,031)	4,812	(1,290)
OTHER TRADE DEBTORS	976	983	1,295	312	1,295	319
DEBTOR IMPAIRMENT'S PROVISION	(187)	(187)	(166)	21	(166)	21
CAPITAL RECEIVABLES		30	118	88	118	118
NON NHS OTHER DEBTORS	127	440	345	(95)	345	218
COMPENSATION DEBTORS (RTA)	2,428	2,483	2,483		2,483	55
OTHER RECEIVABLES	864	777	817	40	817	(47)
IRRECOVERABLE PROVISION	(259)	(259)	(253)	6	(253)	6
PREPAYMENTS & ACCRUALS	534	1,298	686	(612)	686	152
	10,585	11,408	10,137	(1,271)	10,137	(448)
CASH	2,352	2,909	3,867	958	3,867	1,515
NET CURRENT ASSETS	16,929	18,694	18,559	(135)	18,559	1,630
CURRENT LIABILITIES						
NHS	3,724	3,524	4,177	(653)	4,177	(453)
TRADE CREDITORS REVENUE	3,580	2,209	3,528	(1,319)	3,528	52
TRADE CREDITORS FIXED ASSETS	1,635	1,715	2,401	(686)	2,401	(766)
TAX AND NI OWED	3,087	3,304	3,275	29	3,275	(188)
NHS PENSIONS AGENCY	1,676	1,711	1,831	(120)	1,831	(155)
OTHER CREDITORS	443	485	301	184	301	142
SHORT TERM LOANS		557	488	69	488	(488)
ACCRUALS AND DEFERRED INCOME	3,210	4,171	2,679	1,492	2,679	531
PDC DIVIDEND DUE		1,772		1,772		
STAFF BENEFITS ACCRUAL	1,234	1,234	1,440	(206)	1,440	(206)
PROVISIONS	484	149	380	(231)	380	104
PROVISIONS over 1 year	336	360	310	50	310	26
NET CURRENT LIABILITIES	19,409	21,191	20,810	381	20,810	(1,401)
TOTAL NET ASSETS	129,852	129,387	130,811	1,424	130,811	959
FINANCED BY						
PDC CAPITAL	99,635	99,635	99,635		99,635	
REVALUATION RESERVE	29,257	29,116	28,713	(403)	28,713	(544)
DONATED ASSET RESERVE	6,343	6,014	6,331	317	6,331	(12)
I & E ACCOUNT BALANCE	-5383	(5,379)	(4,977)	402	(4,977)	406
I & E CURRENT YEAR		1	1109	1108	1109	1109
FINANCING TOTAL	129,852	129,387	130,811	1,424	130,811	959

Non current assets increase due to indexation (P&E), and in year capital expenditure.

Reduction in NHS debtors due to income guarantee with NHSN

Stock increase of £563k year on year.

Cash balance increased by £1.5m year on year.

YOY Increase in liabilities due Capital Creditors, Staff Leave Accrual and Salix Loan.

£3.8m year end cash target to meets EFL duty.

Finance Report - March 2010/11

6.0 Cashflow

QUARTERLY CASHFLOW	Annual £000s	Q1 £000s	Q2 £000s	Q3 £000s	Q4 £000s
RECEIPTS					
NHS Contracts	213,736	17,237	17,660	17,913	19,185
SLA Performance	0	0	0	0	0
Debtors > 60 Days	0	0	0	0	0
Other Income	17,677	770	1,790	1,123	2,988
PP/ Other	11,161	704	1,019	1,034	1,183
New Loans :	0				
Salix Capital Loan	557	0	0	0	0
EFL / PDC	0	0	0	0	0
Temporary borrowing	0	0	0	0	0
Interest Receivable	35	2	4	3	5
Sale of Assets	0	0	0	0	0
Cash in Transit	35			-82	10
TOTAL RECEIPTS	243,201	18,713	20,473	19,990	23,370
PAYMENTS					
Salaries and wages	149,948	12,443	12,531	12,546	12,670
Trade Creditors	78,407	6,195	7,782	6,784	6,468
Creditors > 30 Days	0	0	0	0	0
Capital Expenditure	8,978	274	524	868	1,079
PDC Dividend	4,253	0	2,127	0	2,126
Repayment of Loans	0	0	0	0	0
Repayment of Salix Loan	70	0	0	0	70
TOTAL PAYMENTS	241,656	18,913	22,965	20,197	22,413
Actual month balance	1,545	-199	-2,491	-207	957
Balance brought forward	2,321	2,587	4,505	1,568	2,908
Balance carried forward	3,866	2,388	2,014	1,360	3,866

Year end cash balance of £3.8m.

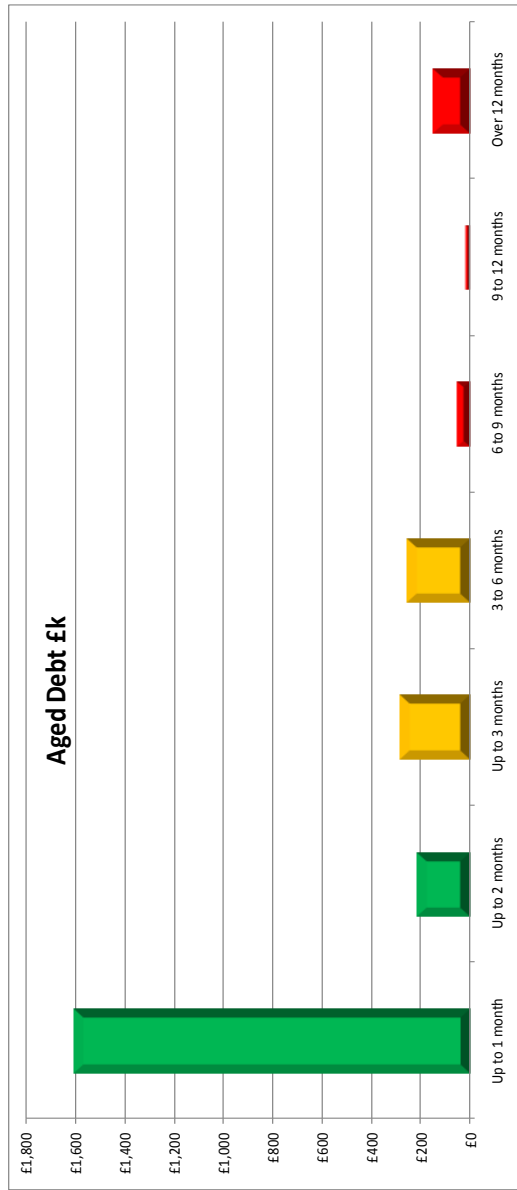
50% PDC Dividend payment met in March.

Cash receipts ahead of initial estimate for March.

Creditor payment levels maintained in March.

EFL financial duty achieved.

6.1 Debtors



Top 10 Debtors over £10k by value:

	Description	Value £	Date due:
KADIR	Overseas patient treatment	52,332.00	17/12/2010
MILTON KEYNES GENERAL HOSPITAL	Mr Gurr recharge	51,307.78	13/01/2010
CRIPPS SOCIAL CLUB	SLA Apr to Sept 08/09	42,073.95	11/10/2008
CRIPPS SOCIAL CLUB	SLA Oct to Mar 08/09	42,073.95	26/04/2009
CRIPPS SOCIAL CLUB	SLA Apr to Sept 09/10	42,073.95	11/10/2009
CRIPPS SOCIAL CLUB	SLA Oct to Mar 09/10	42,073.95	24/03/2010
NHS NORTHAMPTONSHIRE	Specialist palliative care funds	28,326.00	10/04/2010
MILTON KEYNES GENERAL HOSPITAL	Mr Gurr recharge	25,653.89	23/01/2011
NHS NORTHAMPTONSHIRE	LAC Physical Health	23,028.00	06/11/2010
BEDFORDSHIRE PCT	Chemotherapy Medicines	21,547.18	03/12/2010

Top 10 Debtors over 2mths by age:

	Description	Value £	Date due:
CRIPPS SOCIAL CLUB	SLA Apr to Sept 08/09	42,073.95	11/10/2008
CRIPPS SOCIAL CLUB	SLA Oct to Mar 08/09	42,073.95	26/04/2009
NORTHAMPTONSHIRE PCT	Recharge: Dr V Cole	19,879.14	07/09/2009
CRIPPS SOCIAL CLUB	SLA Apr-Sept 09/10	42,073.95	11/10/2009
NHS NORTHAMPTONSHIRE	Cost Re Dr Maliqi	16,906.27	05/03/2010
CRIPPS SOCIAL CLUB	SLA Oct to Mar 09/10	42,073.95	24/03/2010
CRIPPS SOCIAL CLUB	SLA Oct - March 09/10	42,073.95	24/03/2010
NHS NORTHAMPTONSHIRE	Specialist palliative care funds	28,326.00	10/04/2010
KETTERING GENERAL HOSPITAL	Oncology Services	10,257.00	14/07/2010
BEDFORDSHIRE PCT	Chemotherapy Medicines	18,416.82	03/10/2010

£460k reduction from April.

NHT Medicines now billed on account each month. (£280k).

£1.626m (£947k) older than 30 days (£208k 6mts+).

Overseas Visitors £155k of which £19k > 12 months.

182 cases referred to Debt Collection agency 45 cases (£167k) overseas.

Write offs in month totalled <£1k.

CRIPPS Recreation Centre £210k outstanding.

NHS Business Services Authority £86k outstanding (5 invoices).

Bad debt provision reduced by £27k overall.

Finance Report - March 2010/11

6.2 Better Payment Policy Code (BPPC)

	NHS			Non-NHS			Total		
	Paid within 30 days	Total Paid	%	Paid within 30 days	Total Paid	%	Paid within 30 days	Total Paid	%
Value £	2,612,911	13,713,755	19%	44,876,608	72,554,712	62%	47,489,519	86,268,467	55%
Volume	1,410	2,140	66%	48,667	62,296	78%	50,077	64,436	78%

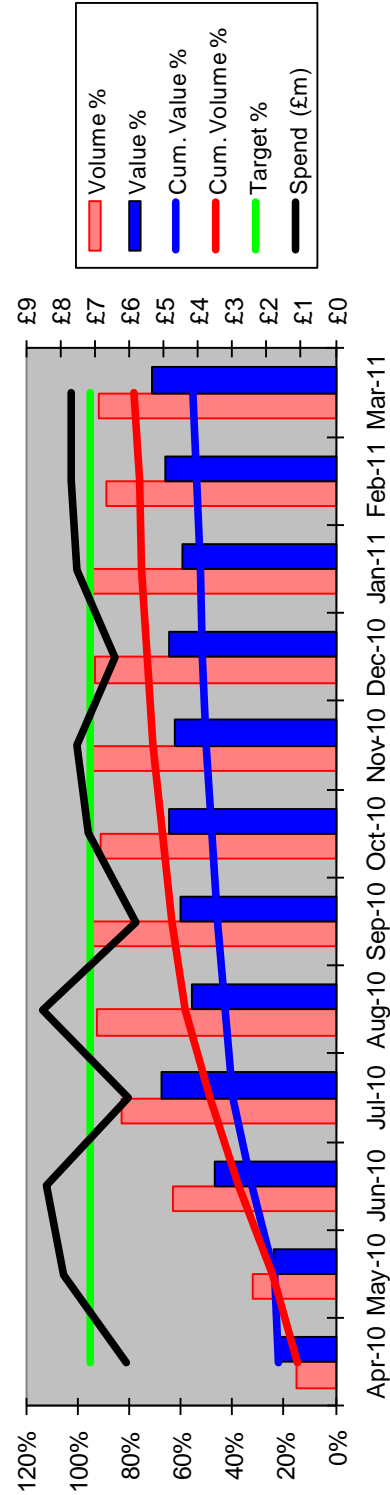
Performance maintained in March with compliance by volume increased to 78%.

Cash receipts higher than forecast in March improving performance.

EFL requirement for £3.8m cash balance on 31/3/10 available for creditor payments in April.

Target BPPC compliance is 95%

Better Payment Policy Compliance



7.0 Monitor (Shadow) Financial Risk Rating

Financial Criteria	Metric	Weight %	Mar	Shadow	YTD Score
Achievement of Plan	EBITDA Achieved (% of plan)	10%	91%	4	0.40
Underlying Performance	EBITDA Margin %	25%	6.2%	3	0.75
Financial Efficiency	Return on Assets	20%	4.29%	3	0.60
Financial Efficiency	I&E Surplus Margin	20%	0.5%	2	0.40
Liquidity	Liquidity Ratio (Days cover)	25%	17.53	3	0.75
Weighted Average		100%			3

Shadow FRR score of 3 (monitor require minimum of 3)

Consistent with Forecast score of 3 during the year.

EBITDA achieved scoring 4 out of 5.

EBITDA Margin 6.2 % delivering a score of 3

ROA 4.29% delivering score of 3.

Surplus margin 0.5% due to reduced level of I/E surplus.

Liquidity days cover includes unused Working Capital Facility of £17m (per LTFM)

Metric	< Good >					Score			< Bad >		
	5	4	3	2	1						
EBITDA Achieved (% of plan)	100	85	70	50	<50						
EBITDA Margin %	11	9	5	1	<1						
Return on Assets	6	5	3	-2	<-2						
I&E Surplus Margin	3	2	1	-2	<-2						
Liquidity Ratio (Days cover)	60	25	15	10	<10						

8.0 Conclusions & Actions

- Trust has achieved it's statutory financial duties (subject to Audit of final Accounts).
- Year end position highlights several risk factors to be considered in 2011-12.
- Q1 Cashflow position requires careful management.
- Shadow Monitor Financial Risk rating of 3 overall but with reduced surplus margin score of 2.

BOARD SUMMARY SHEET	
Title	HR REPORT
Submitted by	Chanelle Wilkinson Director of HR & Organisational Development
Date of meeting	27 April 2011
Corporate Objectives Addressed	Objective 5
SUMMARY OF CRITICAL POINTS This is the monthly HR report for April 2011 and focuses on the following topics:- <ul style="list-style-type: none"> • Recruitment Update • E-Rostering Update • Return to Work Monitoring • HR Caseload Activity • Workforce Trends – Key Performance Indicators In summary: <ul style="list-style-type: none"> • The Trust has a very favourable recruitment timeline against other Trusts in the locality • E-Rostering remains on track with the project schedule and benefits realisation work is taking place in those areas where it has been implemented • Further improvements have been made in the number of return to work interviews being carried out • The Trust's average sickness absence rates are below both the National and Regional average rates and fair well against other Acute Trusts in the region • Between 2009/2010 and 2010/2011 sickness absence rates have fallen within all Directorates except Child Health • The total sickness absence rate for all staff continues to decrease falling from 4.67% in January 2011 to 3.99% in February 2011. 	
PATIENT IMPACT - All	
STAFF IMPACT – All	
FINANCIAL IMPACT- Potential	
EQUALITY AND DIVERSITY IMPACT - None	
LEGAL IMPLICATIONS - None	
RISK ASSESSMENT - : Managing workforce risk is a key part of the Trust's risk assessment programme.	
RECOMMENDATION The Board is asked to note the contents of this report.	

1. HR DIRECTORATE UPDATE

This report provides a brief overview of recruitment timelines and activity for March 2011, an update on E-Rostering, progress made with return to work monitoring for February 2011 and the HR caseload activity undertaken in March 2011. In addition, the report provides a summary of the Trust's HR Key Performance Indicators for February 2011.

2. RECRUITMENT UPDATE

The HR Service Centre Manager carried out a benchmarking exercise with other Trust's within the locality and based on the Trust's 16 week recruitment KPI timeline identified that the Trust compares favourably in terms of the time it takes to recruit to new posts.

Trust	Recruitment Timeline
Northampton General Hospital NHS Trust	14.71 weeks
Derby Hospitals NHS Foundation Trust	17.85 weeks
Nottingham University Hospitals NHS Trust	17 weeks
Milton Keynes Hospital NHS Foundation Trust	15.8 weeks

From 1 April 2011 the East Midlands Regional Restricted Website has been implemented for all staff requiring redeployment within the region. This means that the recruitment timeline will increase by at least 3 weeks to take into account our internal redeployment process as well.

In addition, any new starter from 1 April 2011 will be required to pay for their own Criminal Records Bureau disclosure, which in the past has been paid for by the Trust. Deductions will be made from the individual's salary for a period of three months.

3. E-ROSTERING UPDATE

The e-Rostering project continues to be on schedule and is being well received by both staff and managers. The project team are now completing Cluster 4 which includes Hawthorn, Rowan, Willow Wards, Endoscopy, General Medicine Housekeeping, Integrated Surgery and Main Theatres.

The implementation team are progressing work on benefits realisation to include:

- Comparison of manual and first electronic rosters
- Alignment of shifts unfilled versus shifts filled by bank and agency staff
- Establishment alignment and management

Project activity so far has revealed that there have been a small number of staff who had flexible working arrangements and personal patterns that were agreed some time ago, but which had not been subject to regular review. In most cases these arrangements have now been reviewed in line with effective rostering.

To date the project has not realised quantifiable benefits related to cost savings. However, it is apparent that this is a similar pattern with other organisations that have introduced the system. What has taken place though, is that fairer and more effective rostering has been introduced and embedded within the live areas to date. Standardised hours and the regular review and management of individual flexible working arrangements has improved workforce management.

There continues to be synergies between the Clinical and Non-Clinical work streams and the first electronic payroll file was produced and paid in March 2011 for members of staff within the Finance Department and the first electronic timesheets from live rosters being worked in nine medical wards will be produced in April 2011 for payment in May 2011.

4. RETURN TO WORK MONITORING

The table below summarises the results by directorate of the percentage number of return to work interviews completed against the number of staff who were recorded as having been off work and returned between the months of September 2010 and February 2011 due to sickness absence.

Directorate	Sept 2010 (%)	Oct 2010 (%)	Nov 2010 (%)	Dec 2010 (%)	Jan 2011 (%)	Feb 2011 (%)
Medicine	12.1%	26.6%	43.6%	54.6%	76%	62.2%
Surgery	84%	76%	69%	81%	94%	Not available
Anaesthetics	81%	84%	83%	84%	81%	Not available
T&O	65.6%	96%	78.4%	91.8%	80.8%	81%
Head & Neck	88%	72.7%	92.9%	97.6%	95.7%	100%
Child Health	59%	51%	57%	37%	40%	63%
Obs & Gynae	46%	67%	57%	65%	72%	83%
Oncology	72%	6%	20%	25%	59%	58%
Pathology	89%	76%	86%	85%	87%	93%
Radiology	78%	100%	84%	100%	82%	100%
Pharmacy	100%	92%	100%	94%	94%	100%
Therapies	94%	100%	94%	100%	100%	100%
Facilities	69%	83%	72%	90%	68%	90%
Hospital Support	91.5%	91.5%	82.5%	76%	87%	66%

In general, there has been further improvement in most areas in the number of return to work interviews being carried out in February 2011. The HR Business Partner for Medicine has also confirmed that a further 195 return to work forms were submitted late for the months of December 2010 and January 2011, which demonstrates that they are being conducted in Medicine, although submitted late. The HR Business Partner will continue to support the managers to address this issue.

Sickness absence training was held in the Child Health Directorate with sessions on return to work interviews which may have helped to increase the numbers carried out in the department.

In addition, to put the return to work percentages into perspective, the table below breaks down the numbers of staff off sick during the months of January 2011 and February 2011 and the numbers of staff who received a return to work interview.

Directorate	Jan 2011 (%)	Numbers of staff off sick in January 2011	Numbers of Return to work interviews carried out in January	Feb 2011 (%)	Numbers of staff off sick in February 2011	Numbers of Return to work interviews carried out in February
Medicine	76.3%	224	171	62.2%	156	97
Surgery	94%	65	61	Not available	Not available	Not available
Anaesthetics	81%	21	17	Not available	Not available	Not available
T&O	80.8%	52	42	81%	42	34
Head & Neck	95.7%	23	22	100%	24	24
Child Health	40%	43	17	63%	43	27
Obs & Gynae	72%	96	69	83%	58	48
Oncology	59%	39	23	58%	33	19
Pathology	87%	30	26	93%	30	28
Radiology	82%	17	14	100%	11	11
Pharmacy	94%	18	17	100%	9	9
Therapies	100%	14	14	100%	13	13
Facilities	68%	60	41	90%	41	37
Hospital Support	87%	60	52	66%	41	27

5. HR CASEWORK

The table below identifies the active HR case work across the Trust up to the end of March 2011.

Type	Open Cases December 2010	Open Cases January 2011	Open Cases February 2011	Open Cases March 2011
Capability	2	3	5	6
Conduct	18	15	15	17
Harassment & Bullying	7	7	5	6
Grievance	6	8	7	7
Sickness	76	69	66	55
Employment Tribunals	1	0	2	2
Suspension	0	1	2	2
Other	13	12	13	10
TOTAL	123	115	115	105

The HR caseload remains fairly static for all types of formal cases except sickness absence cases. A further reduction in the formal cases is due to long term sickness absence cases being closed.

There has been an increase of two harassment and bullying cases, one in the Obstetrics and Gynaecology directorate, the other in Facilities.

The number of formal grievances remain unchanged and the breakdown is as follows:

- 1 x Bullying & Harassment (excluding Dignity at Work cases)
- 1 x Payments related
- 1 x organisational change
- 1 x Car Parking
- 1 x annual leave entitlement
- 2 x performance related.

6. WORKFORCE TRENDS – Key Performance Indicators (KPIs)

This section of the report identifies the key themes emerging from the Human Resources KPI report for February 2011 and identifies trends against Trust targets. A summary of the key actions taken to meet targets is as follows:

NHS Information Centre Sickness Absence Benchmarks

The NHS Information Centre for Health and Social Care sickness absence statistics are produced quarterly so that NHS organisations can identify appropriate benchmarks for sickness absence within their own Trusts.

The most recent publication (Table 1) relates to sickness absence over the 3 month period of July to September 2010* and shows sickness absence rates by National, Regional and Acute Trusts.

The table shows that Northampton General Hospital's average for this period was below both the National and Regional average sickness absence rates and fared well against other Acute Trusts in the region.

Table 1	July 2010	Aug 2010	Sept 2010	** July-Sept 2010 Average
National	3.99%	3.82%	4.11%	3.97%
East Midlands Region	4.42%	4.10%	4.35%	4.29%
Acute Trusts	3.75%	3.59%	3.86%	3.73%
Derby Hospitals NHS Foundation Trust	4.22%	3.75%	4.12%	4.03%
Kettering General Hospital NHS Foundation Trust	3.98%	3.94%	3.97%	3.96%
Leicestershire Partnership NHS Trust	5.05%	5.05%	5.54%	5.21%
Lincolnshire Partnership NHS Foundation Trust	5.14%	5.30%	5.05%	5.16%
Lincolnshire Teaching PCT	4.76%	4.49%	5.15%	4.8%
Northampton General Hospital NHS Trust	3.91%	3.47%	4.12%	3.83%
Northamptonshire Healthcare NHS	4.83%	4.39%	4.42%	4.55%

Foundation Trust				
Northamptonshire Teaching PCT	3.88%	4.00%	4.60%	4.16%
Nottingham City PCT	3.90%	3.17%	3.95%	3.67%
Nottingham University Hospitals NHS Trust	3.90%	3.64%	3.85%	3.80%
Nottinghamshire County Teaching PCT	4.49%	4.36%	4.48%	4.44%
Nottinghamshire Healthcare NHS Trust	5.76%	5.63%	5.76%	5.72%
Sherwood Forest Hospitals NHS Foundation Trust	4.88%	4.63%	4.63%	4.71%
United Lincolnshire Hospitals NHS Trust	5.58%	5.07%	5.16%	5.27%

***Source:** NHS Information Centre for Health and Social Care – Processed using data taken from the Electronic Staff Record (ESR) Data Warehouse.

******The average sickness absence rate is calculated as an average rate for the 3 month period.

Please note: When comparing Table 1 data to the Trust's sickness absence data in Appendix A any variance is due to the timing of reporting.

Total Trust Sickness Absence – February 2011 - Appendix A and B

The total sickness absence rate for all staff continues to decrease falling from 4.67% in January 2011 to 3.99% in February 2011. Both long and short term sickness absence decreased with short term absence accounting for 2.25% of total sickness absence and long term accounting for 1.74%. Ward based sickness for Band 5 and above also continues to decrease and has decreased by 0.78% to 4.99%.

The year on year comparison of the Directorate's total sickness absence (appendix B) shows that for 2010/11 it has remained consistently lower than in the previous year. The Trust's total sickness absence for the previous 12 months to date is 4.19% compared with 4.82% in 2009/10.

Total Sickness Absence by Directorate – February 2011

Table 2 below shows total sickness absence rates by Directorate between December 2010 and February 2011. The table provides evidence that with the exception of Head & Neck, Oncology, Therapies and Facilities where sickness absence has increased; there has been a decrease in sickness absence rates within all other Directorates. The most significant decrease within the 3 month period was 2.79% within Trauma and Orthopaedics.

Table 2

Directorate	Total Sickness Absence December 2010 (%)	Total Sickness Absence January 2011 (%)	Total Sickness Absence February 2011 (%)
Medicine	6.28	6.03	4.85
Surgery	4.43	3.47	3.09
Anaesthetics	4.64	5.37	4.80
T&O	6.50	5.54	3.71
Head & Neck	5.64	3.23	4.41
Child Health	5.23	4.24	3.53
Obs & Gynae	5.87	5.44	3.98
Oncology	4.43	3.64	4.32
Pathology	4.88	5.26	4.51
Radiology	3.29	3.46	2.68
Pharmacy	4.75	3.87	1.70

Therapies	2.92	1.76	2.54
Facilities	5.48	4.02	4.69
Hospital Supp.	3.92	4.53	3.52

The HR Business Partners continue to target areas of concern and the summary in the section below provides more detail of the reasons for concern and the actions that have or will be taken.

Summary by Directorates – February 2011

Short term and long term sickness absence is measured separately. Please note that the summary below has taken into account the information in both Table 2 and Table 3 and for the purpose of this section of the report, ward sickness absence includes all staff working in ward areas.

Table 3

Directorate	Short Term January 2010 (%)	Short Term February 2011 (%)	Long Term January 2010 (%)	Long Term January 2011 (%)
Medicine	3.66	2.77	2.37	2.08
Surgery	2.68	1.77	0.79	1.32
Anaesthetics	3.08	2.70	2.29	2.10
T&O	3.39	2.93	2.15	0.78
Head & Neck	1.85	1.80	1.38	2.61
Child Health	2.32	1.87	1.92	1.66
Obs & Gynae	3.66	1.83	1.78	2.99
Oncology	2.10	2.02	1.54	2.30
Pathology	2.05	2.60	3.21	1.91
Radiology	1.81	1.06	1.65	1.62
Pharmacy	2.03	0.89	1.84	0.81
Therapies	1.76	2.54	0.00	0.00
Facilities	2.69	2.79	1.33	1.90
Hospital Supp.	2.55	2.17	1.98	1.35

Key Points to note from the HR Business Partners Reports

The HR Business Partners continue to track and provide support for areas with high rates of sickness absence.

In line with national statistics, frontline staff remain the area of highest concern. Within Medicine there has been a focus on reducing Ward based sickness absence which has achieved some significant reductions and on Victoria Ward sickness absence has decreased from 22.44% to 5.66% in three months and Compton from 16.12% to 7.43%

A reduction in seasonal illnesses has been a contributory factor in reduced levels of short term sickness absence in some areas.

Formal Improvement Notices continue to be issued and there have been subsequent first written warnings issued in respect of individuals failing improvement notices.

Staff Turnover February 2011 – Appendix C

The cumulative staff turnover rate (leavers) decreased from January 2011 to February 2011 from 8.20% to 7.84%.

The internal turnover rate has increase slightly, rising from 19.37% in January 2011 to 19.93% in February 2011. The significant increase in the internal turnover rate over the past six months is due to a high number of staff being moved or allocated to new cost codes within ESR.

Turnover by Directorates February 2011 – Appendix D

Table 4 below details the actual turnover rate (Headcount %) for February 2011 by Directorate.

Table 4

Directorate	Dec 10 (%)	Jan 11 (%)	Feb 11 (%)
Medicine	6.65	6.22	6.55
Surgery	7.73	8.21	7.96
Anaesthetics	4.93	4.17	3.45
T&O	8.52	8.03	8.16
Head & Neck	9.35	10.00	9.15
Child Health	8.42	8.08	8.42
Obs & Gynae	7.80	7.57	7.91
Oncology	10.13	9.28	9.17
Pathology	10.10	11.11	11.43
Radiology	5.52	5.48	4.76
Therapies	7.14	8.45	10.00
Facilities	9.34	9.73	9.70
Pharmacy	4.46	5.45	5.45
Hospital Support	12.50	12.30	12.50
Trust Total	8.27	8.20	8.28

*Please note the formula for staff turnover is the number of leavers in the year divided by average total staff in the year.

Number of Staff in Post - February 2011

The number of staff in post, excluding bank staff, has increased from 4,358 in January 2011 to 4,393 in February 2011. This figure is based on the number of staff with primary posts.

Full Time Equivalents February 2011 - Appendix E

The workforce full time equivalents increased from 3,647 in January 2011 to 3,681 in February 2011.

Temporary Staffing Costs February 2011- Appendices F and G

Bank expenditure for February 2011 was £454,446, an increase of £45,746 on the previous month. Nursing and administrative & clerical agency expenditure has decreased; expenditure for January 2011 was £189,413, a decrease of £78,736 on the previous month. The combined bank and agency spend for both staff groups in January decreased by £32,990 on the previous month.

The total agency expenditure **(to include medical locums)** for February 2011, was £455,210, a decrease of £116,413 on the previous month.

In February 2011 the total number of bookings received increased by 810 compared with the previous month. The bank shift fill rate for February 2011 was 85% which continues to be above the Trust target of 80%. In total 7,276 bookings were received, 4,884 were filled by bank and 1,286 were filled by

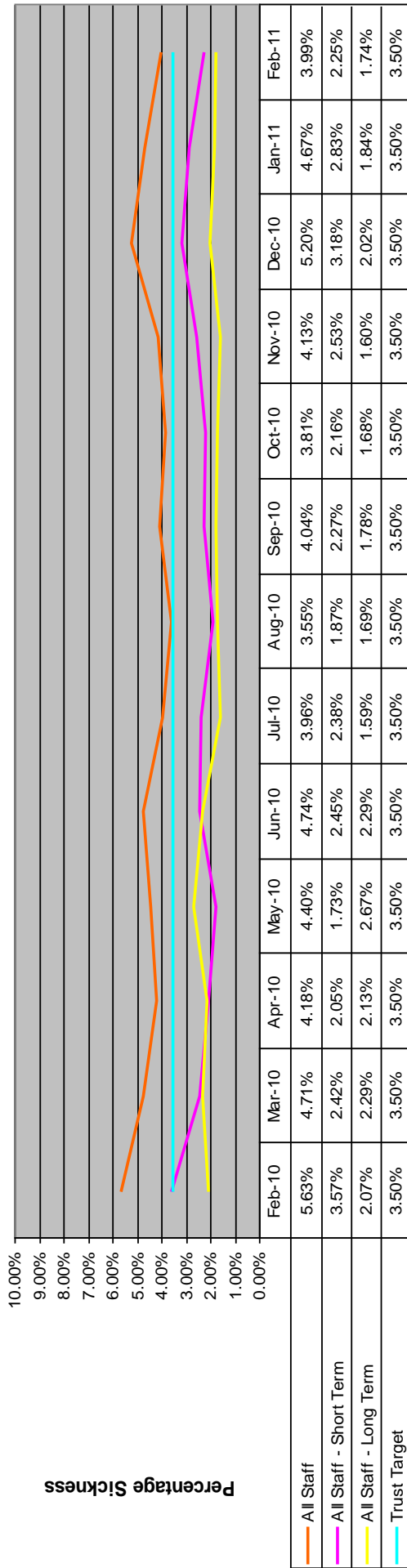
agency. The number of agency filled bookings has decreased by 64 compared with the previous month.

The total temporary workforce costs as a percentage of total workforce costs for February 2011 was 5.28%, comprising of Nursing 3.21%, Medical Locums 1.40% and Admin and Clerical 0.68%.

Chanelle Wilkinson
Director of Human Resources
April 2011

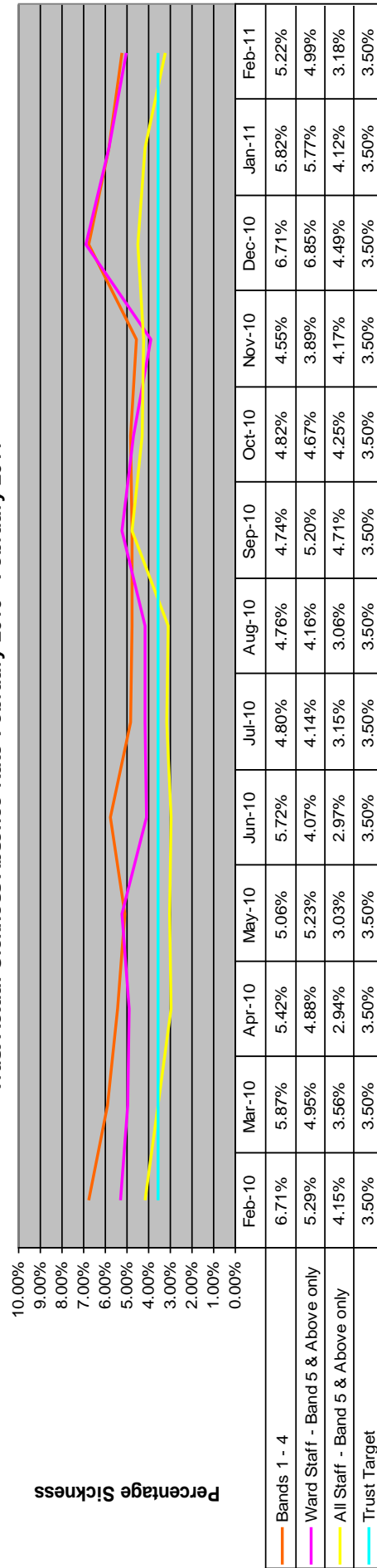
Appendix A

Trust Actual Sickness Absence Rate February 2010 - February 2011



CIPD Annual Absence Management Survey 2009 Quotes Public Sector Sickness rate at an average of 9.7 days per employee
Sickness Absence is calculated by the Proportion of the FTE Days Lost to Sickness expressed as a %

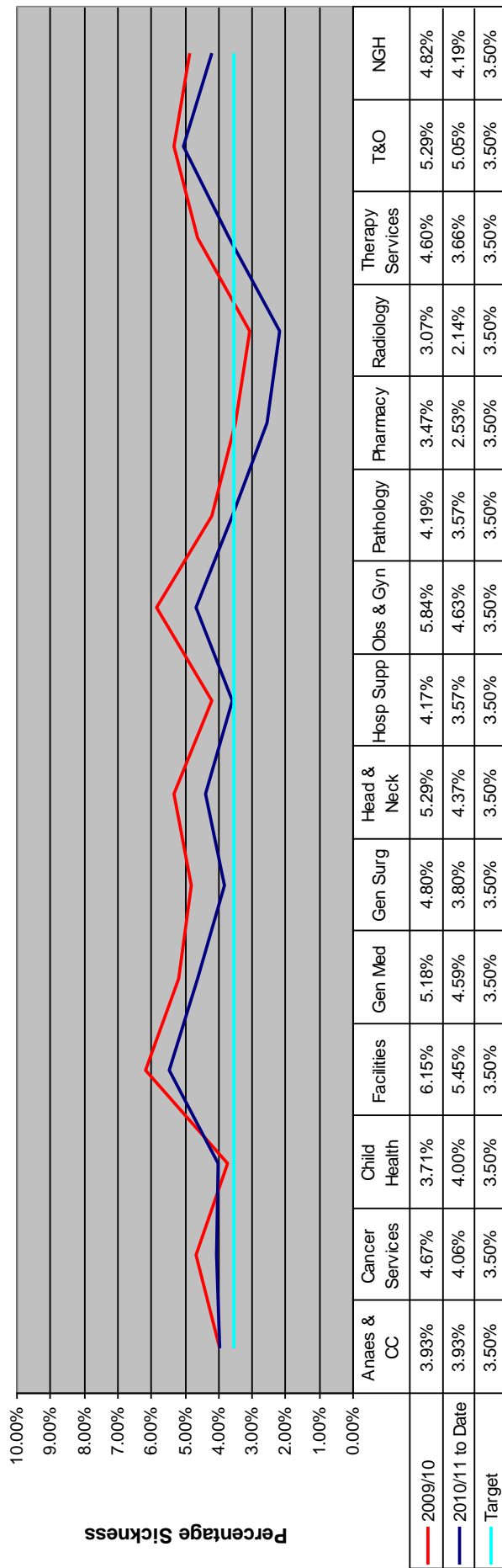
Trust Actual Sickness Absence Rate February 2010 - February 2011



CIPD Annual Absence Management Survey 2009 Quotes Public Sector Sickness rate at an average of 9.7 days per employee
Sickness Absence is calculated by the Proportion of the FTE Days Lost to Sickness expressed as a %

Appendix B

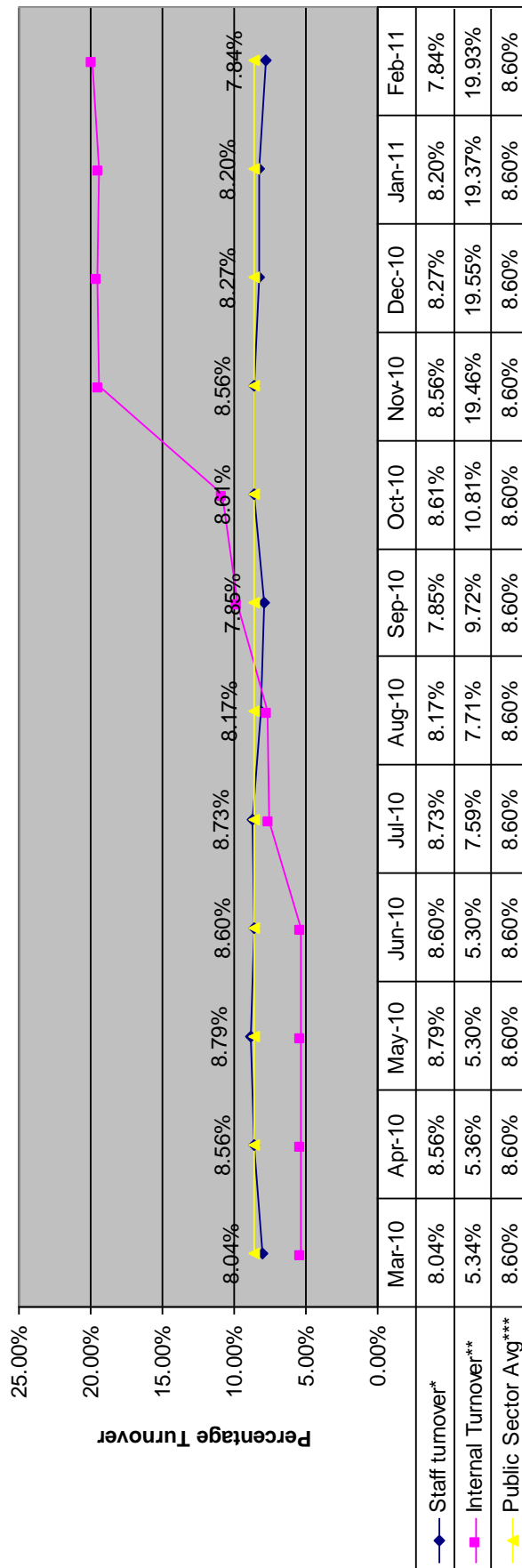
Directorate Sickness Absence Comparison 2009/10 & 2010/11



Sickness Absence is Calculated by the Proportion of the FTE Days Lost to Sickness expressed as a %
Figures shown for Financial Year 09/10 and Financial Year 10/11 to Date

Appendix C

Staff Turnover March 2010- February 2011. Cumulative Data for Rolling 12mths



*Staff Turnover is calculated as the total number of people leaving the Trust divided by the average number of Staff in Post over a 12 month period

** Internal Turnover is calculated as the total number of staff transfers internal divided by the average number of Staff in Post over a 12 month period

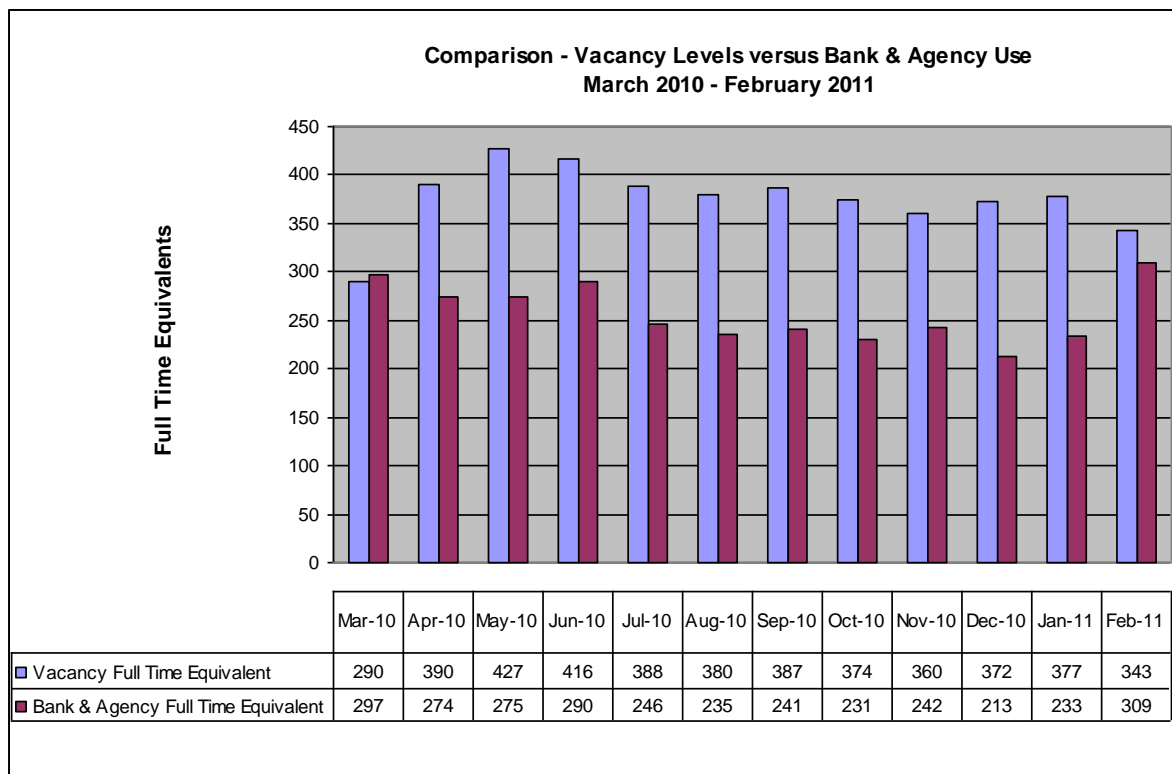
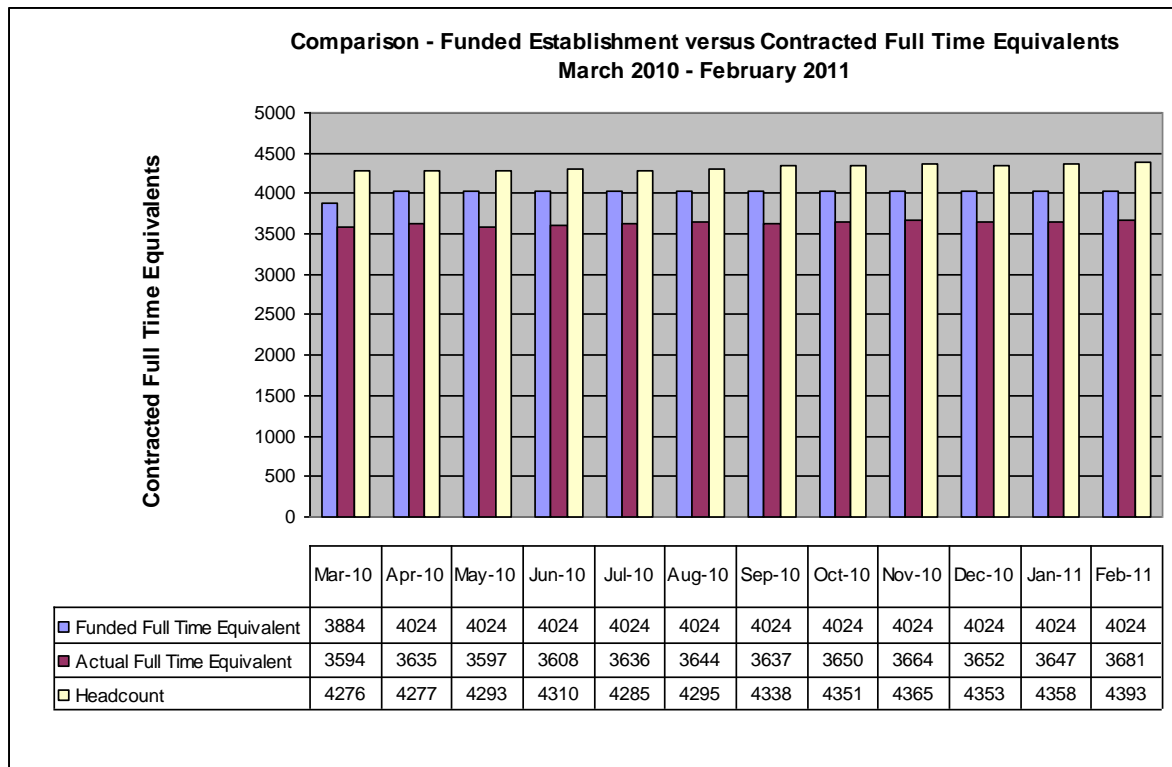
*** Public Sector Information taken from the CIPD Annual Survey Report 2010

Appendix D

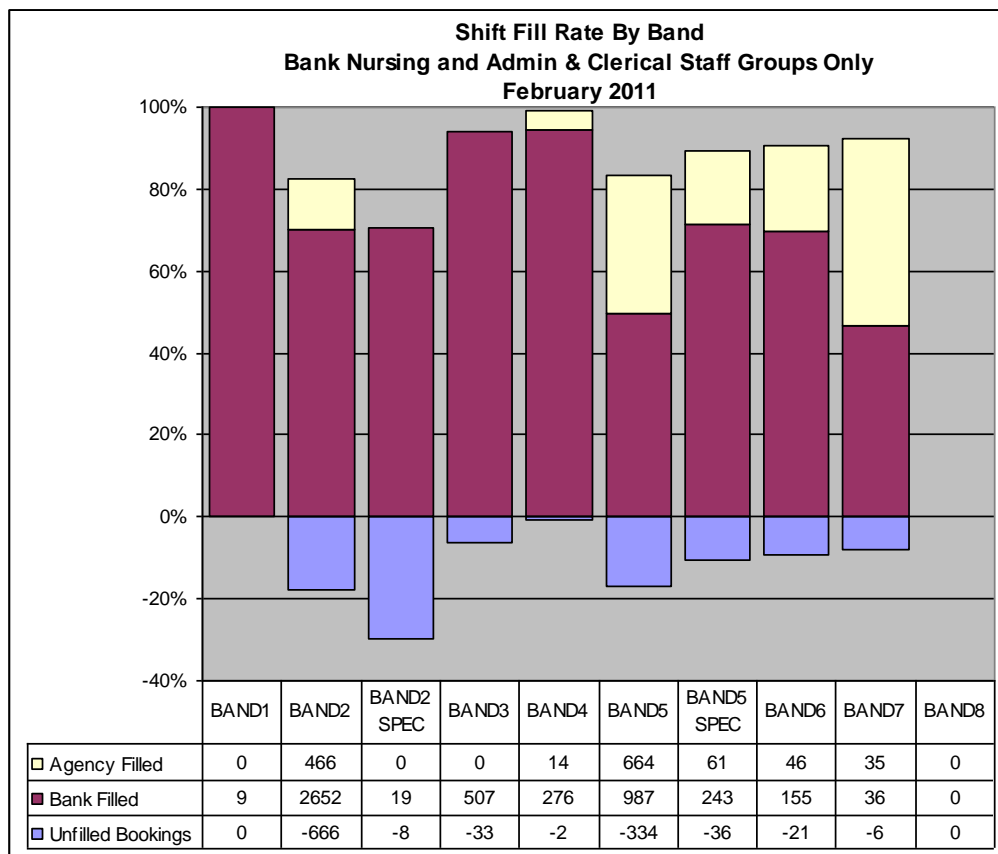
Summary of Turnover (Leavers) by Directorate (Permanent Positions, Cumulative over 12 Months)

Turnover (Leavers) (Permanent positions, Cumulative over 12 Months)	Headcount (Av. over 12 Months)	FTE (Av. over 12 Months)	Starters (Headcount)	Starters (FTE)	Leavers (Headcount)	Leavers (FTE)	LTR (Headcount %)	LTR (FTE %)
Medicine	794	632.76	79	60.14	52	38.89	6.55%	6.15%
Surgery	402	338.84	52	41.00	32	26.28	7.96%	7.76%
Anaesthetics	145	128.02	18	16.76	5	3.59	3.45%	2.80%
Trauma & Orthopaedic	282	235.79	43	35.51	23	17.36	8.16%	7.36%
Head & Neck	142	119.63	9	6.36	13	10.47	9.15%	8.75%
Child Health	297	233.18	22	17.30	25	17.99	8.42%	7.72%
Obs & Gynae	430	339.35	73	53.00	34	25.58	7.91%	7.54%
Oncology	240	199.98	14	10.60	22	16.07	9.17%	8.03%
Pathology	210	174.58	18	17.07	24	17.45	11.43%	9.99%
Radiology	147	127.00	8	6.72	7	6.09	4.76%	4.79%
Therapies	70	61.31	10	9.48	7	6.72	10.00%	10.97%
Facilities	330	280.47	35	26.89	32	26.32	9.70%	9.38%
Pharmacy	110	91.39	10	9.31	6	3.81	5.45%	4.17%
Hospital Support	376	322.79	38	31.89	47	41.10	12.50%	12.73%

Appendix E

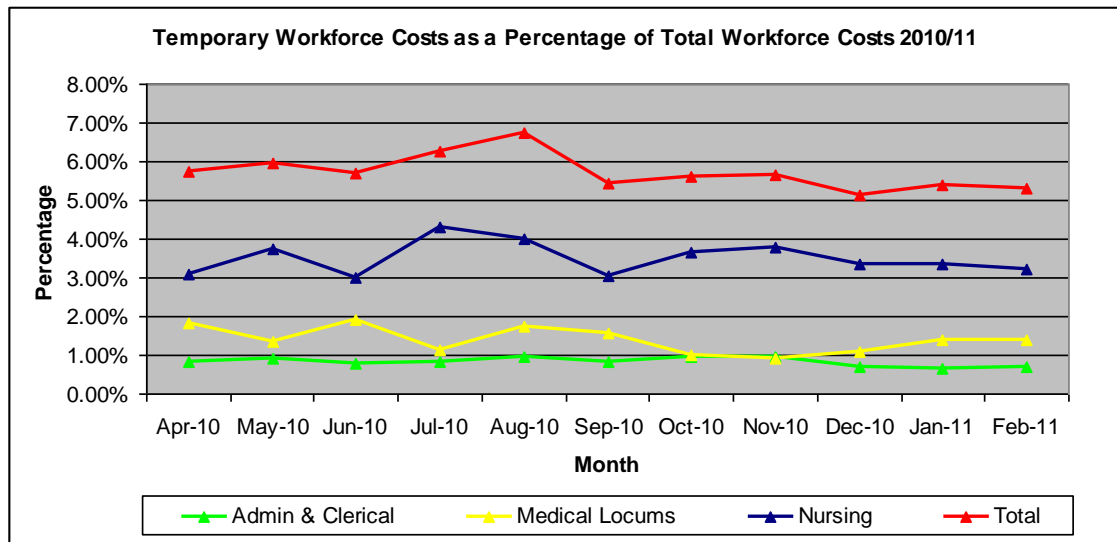
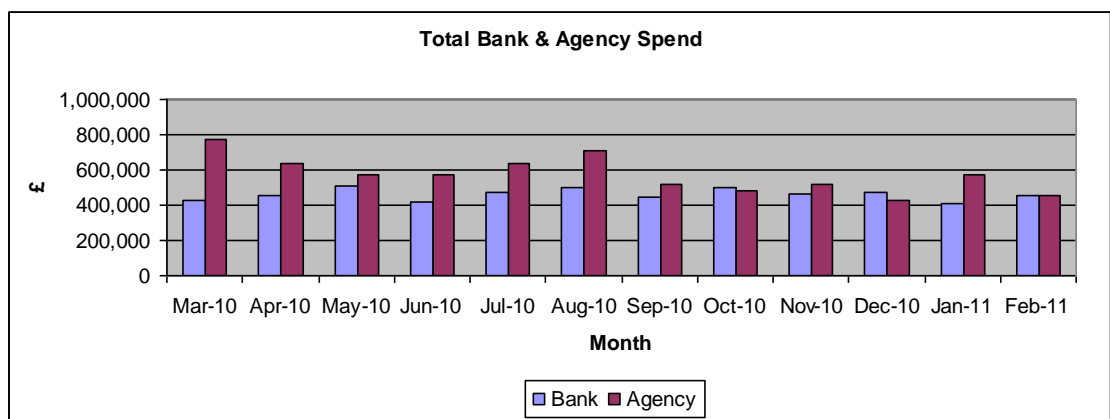
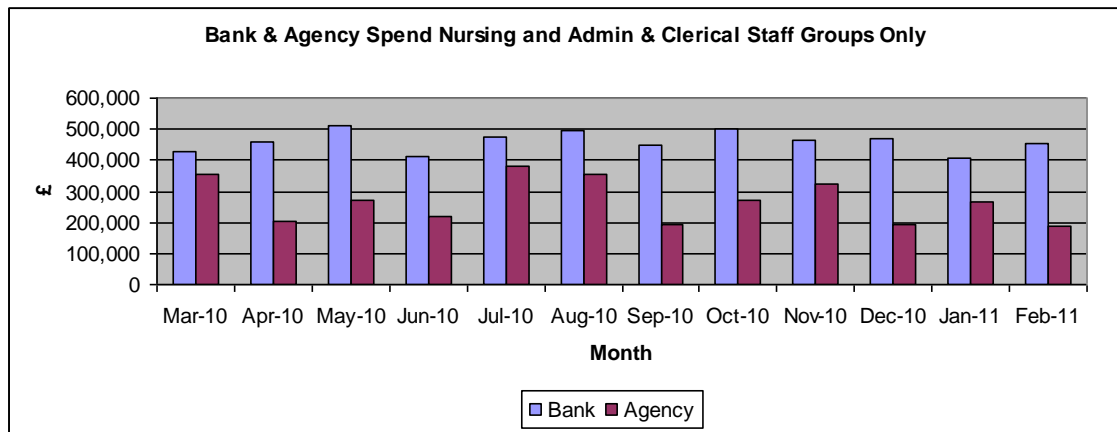


Appendix F



Booking Grade	Total Bookings	Unfilled Bookings	Bank Filled	Bank Filled Hours	Agency Filled	Agency Filled Hours	Fill Rate
BAND1	9	0	9	52	0	0	100%
BAND2	3784	-666	2652	19411.25	466	3380	82%
BAND2SPEC	27	-8	19	118.5	0	0	70%
BAND3	540	-33	507	3338.75	0	0	94%
BAND4	292	-2	276	1907.75	14	107	99%
BAND5	1985	-334	987	8113.35	664	4949.95	83%
BAND5SPEC	340	-36	243	2124.75	61	630	89%
BAND6	222	-21	155	1234.4	46	350.95	91%
BAND7	77	-6	36	326.25	35	262.5	92%
BAND8	0	0	0	0	0	0	0%
Totals:	7276	-1106	4884	36627	1286	9680.4	85%

Appendix G



BOARD SUMMARY SHEET	
Title	HR Report - Staff Survey Results
Date of meeting	April 2011
Submitted by	Chanelle Wilkinson Director of HR & Organisational Development
<p>SUMMARY OF CRITICAL POINTS Northampton General Hospital NHS Trust Staff Survey 2010</p> <p>From October 2010 to December 2010, staff at the Trust took part in the eighth annual National NHS Staff Survey.</p> <p>The Trust response rate in 2010 for the sample of 850 staff surveyed was 49%. The 2010 response rate is an improvement on the 2009 response rate of 47%.</p> <p>An Executive Report, which provides details of the 38 key findings, is at Appendix 1.</p> <p>Following the results of the Staff Survey 2010 to Trust Board a newsletter will be sent to all Trust staff (A copy of this is at Appendix 2). The content of the newsletter is based on the CQC staff survey report and the actual data collected on behalf of the Trust by Capita Health Service Partners (Capita).</p> <p>In order to validate the results of the survey and to determine appropriate action plans the HR Business Partners will conduct a series of presentations within each of the Directorate areas. The key purpose will be to communicate the result to our staff and understand the thinking behind staff perceptions in order to identify ways in which the Trust can respond in order to improve staff perception and become an employer of choice.</p> <p>The results of this exercise together with the key findings from each of the individual Directorates will be used to develop individual Directorate Action Plans based on specific issues relevant to the Directorates with common core objectives based on the findings identified from the survey for improvement (These mirror the areas identified for improvement from last year's survey) :</p> <ul style="list-style-type: none"> Improving Communication Improving Appraisal and Personal Development Plan Rates Increasing staff involvement and staff engagement Stamping out Bullying and Harassment in the work place Reducing Work Pressure and Increasing Work Life Balance Supporting the Health and Well Being of Staff. <p>In addition to the results of the national survey the Trust has developed a pulse survey based on the areas for improvement, which it has been using with staff over the last 5 months. The pulse survey was produced in conjunction with the results of the 2009 survey and is being used to determine the progress the Trust is making with its current action plans. A further report will be prepared for the July Trust Board with the results from this exercise together with the progress the Trust is making on each of the areas identified by staff for improvement.</p>	

PATIENT IMPACT - All
STAFF IMPACT - All
FINANCIAL IMPACT
EQUALITY AND DIVERSITY IMPACT - None
LEGAL IMPLICATIONS - N/A
RISK ASSESSMENT - N/A
RECOMMENDATION The Board is asked to note the contents of this report.



NHS National Staff Survey 2010

**Northampton General Hospital
NHS Trust**

HR Executive Report

Organisational contact information

Address

Capita Surveys and Research
Spa House
Hookstone Park
HARROGATE
HG2 7DB

Tel: 01423 818700

Website: www.capitasurveys.co.uk

CONTENTS

	Page
Background	1
Key Findings from HCC Report	2
NHS Constitution – Staff Pledges	6
Issues Identified by All Staff	7
Issues Identified by Occupation Groups	8
Issues identified by Directorates	8
Risk Assessment – Stress	9
Employee Engagement	10
Health and Well-being	11
Taking action on results	11

NORTHAMPTON GENERAL HOSPITAL NHS TRUST EXECUTIVE HR REPORT National NHS Staff Survey 2010

Background

The National Staff Survey was designed to reduce the need for staff to complete numerous questionnaires. The survey replaced organisations' own annual staff surveys, the Department of Health 10 core questions, and the Clinical Governance Review staff surveys.

The survey results will be used by:

- Employers - to inform improvements in working conditions and practices at a local level.
- The Care Quality Commission (CQC) - who will use the survey findings as part of an assessment of national priorities within the 2010/2011 Periodic Review.
- The DoH – and other national bodies, who will assess the effectiveness of national NHS staff policies, such as training and flexible working policies, as well as to inform future developments in these areas.

The 2010 survey is the eighth consecutive NHS National Staff Survey.

About this Executive HR Report

This report pulls together information from the reports provided to the Trust from the CQC, and the actual data collected by Capita Surveys and Research on behalf of the Trust. The objective is to highlight the areas for improvement identified by both CQC data and the staff responding to the survey.

When considering this summary information, it should be remembered that the data within the report provided by the CQC is weighted to reflect the average workforce profile for Acute Trusts.

The CQC have assessed and scored 38 areas from within the staff survey in 2010, a reduction from 40 in 2009. Nearly all scores or percentage scores have been calculated on 'groups' of questions. The actual 'unadjusted data' held by Capita Surveys and Research is used in this summary to help focus on the question elements within the group scores to assist in action planning.

Response Rates

The Trust response rate in 2010 for the sample of staff surveyed was 49%, which places the Trust below the average for Acute Trusts. The 2010 response rate is an improvement on the 2009 response rate of 47%.

The information in the CQC report includes a 95% confidence level, which means that there is a 95% chance that the 'true value' will fall within a certain range. The range is usually +/- 1% or +/- 2% but this can be higher for questions where smaller numbers of staff have responded to particular questions.

The highest proportion of responses to the survey came from Registered Nurses and Midwives (32%) and the Wider Healthcare Team (31%) which includes Admin and Clerical, Central Functions, Maintenance and Ancillary and General Management .

Key Findings from CQC Report

The CQC report identifies areas where the organisation falls in the top or bottom 20% of Acute Trusts for the 38 issues assessed in 2010. The report also shows significant improvements and deteriorations since 2009.

The Trust is in the **top 20%** of Acute Trusts for:

1. having a higher percentage of staff receiving health and safety training in the last 12 months;
2. having a lower score for staff intending to leave their jobs;
3. having a higher score for staff motivation at work;
4. having a higher percentage of staff receiving equality and diversity training in the last 12 months.

The Trust scores show there has been a **statistically significant improvement** since 2009 in the following key finding areas:

1. feeling satisfied with the quality of work and patient care they are able to deliver;
2. Trust commitment to work life balance;
3. having well structured appraisals in the last 12 months;
4. receiving health and safety training in the last 12 months;
5. fairness and effectiveness of incident reporting procedures;
6. staff recommendation of the Trust as a place to work or receive treatment;
7. having equality and diversity training;

The Trust scores show there has been a **statistically significant deterioration since 2009** in two of the 38 key findings:

1. quality of job design;
2. impact of health and well-being on ability to perform work or daily activities;

Twenty of the issues fall into the **bottom 20%** of Acute Trusts, two of which have also deteriorated significantly since 2009 and have been marked with an asterisk; these issues should be considered a priority for improvement and are looked at in more depth in the next section:

1. increase the percentage of staff feeling valued by their work colleagues;
2. improve the quality of job design*;
3. reduce the level of work pressure felt by staff;
4. improve the Trust's commitment to work-life balance;
5. reduce the percentage of staff working extra hours;
6. increase the percentage of staff appraised;
7. increase the percentage of staff having well structured appraisals;
8. increase the percentage of staff having personal development plans;
9. increase support from immediate managers;
10. reduce the percentage of staff suffering work-related stress;

Prepared by Capita Surveys and Research

11. reduce the percentage of staff witnessing potentially harmful errors, near misses or incidents;
12. reduce the percentage of staff experiencing physical violence from patients/relatives or the public;
13. reduce the percentage of staff experiencing physical violence from staff;
14. reduce the percentage of staff experiencing harassment, bullying or abuse from patients/relatives or the public;
15. reduce the percentage of staff experiencing harassment, bullying or abuse from staff;
16. improve the impact of staffs' health and well-being on ability to perform work or daily activities*;
17. reduce the percentage of staff feeling pressure to attend work when feeling unwell;
18. increase the percentage of staff able to contribute towards improvements at work;
19. increase staff job satisfaction;
20. reduce the percentage of staff experiencing discrimination at work in the last 12 months.

CQC Issue 1 – KF4 Quality of Job Design

The Trust score for quality of job design was 3.29, a statistically significant deterioration on the 2009 score of 3.34. The average score for Acute Trusts was 3.41.

Using Capita's unweighted data, the score can be analysed further; (2009 scores in [])

- 66% said they have clear, planned goals and objectives for their job [65%]
- 27% said they often have trouble working out whether they are doing well or poorly in their job [25%]
- 43% said they are involved in deciding on changes introduced that affect their work area, team or department [47%]
- 78% said they always know what their responsibilities are [80%]
- 42% said they are consulted about changes that affect their work area, team or department [47%]
- 27% said they get clear feedback about how well they are doing their job [29%]

CQC Issue 2 – KF28 Impact of health and well-being on ability to perform work or daily activities

The Trust score for the impact of health and well-being on ability to perform work or daily activities was 1.66, a statistically significant deterioration on the 2009 score of 1.56. The average score for Acute Trusts was 1.57.

Using Capita's unweighted data, the score can be analysed further; (2009 scores in [])

- 60% said they had no difficulty doing their daily work, both at home and away from home because of their physical health [65%]
- 40% said they had a little bit, some, or quite a lot of difficulty doing their daily work; or could not do their daily work because of their physical health [36%]
- 61% said personal or emotional problems did not keep them from doing their usual work or other daily activities [67%]
- 19% said personal or emotional problems kept them from doing their usual work or other daily activities somewhat, quite a lot or they could not do their daily activities [13%]

Summary Areas for Improvement

The following tables summarise the key areas for improvement by occupation group and directorate from the CQC report, for the two issues in the worst 20% that have deteriorated but also for the four issues identified by the CQC as being the bottom four ranking scores⁵.

Improvement in these areas will be required to improve the overall Trust performance for 2011.

Table 1: Summary areas for Improvement by occupation group	
Occupation Group	Area for improvement
All nurses	Reduce the percentage witnessing potentially harmful errors, near misses or Incidents Reduce work pressure Reduce the impact of health and wellbeing on ability to perform work or daily activities
Medical and Dental	Reduce the percentage witnessing potentially harmful errors, near misses or incidents
All Allied Health Professionals	Improve quality of job design Reduce the impact of health and wellbeing on ability to perform work or daily activities Reduce the percentage experiencing harassment, bullying or abuse from staff
Central Functions/Corporate Services	Reduce the percentage experiencing harassment, bullying or abuse from Staff Increase the percentage feeling valued by work colleagues
Scientific and Technical	Improve quality of job design Reduce the percentage witnessing potentially harmful errors, near misses or incidents Reduce the percentage experiencing harassment, bullying or abuse from Staff Increase the percentage feeling valued by work colleagues Reduce work pressure
Maintenance/Ancillary	Improve quality of job design Increase the percentage feeling valued by work colleagues Reduce the impact of health and wellbeing on ability to perform work or daily activities
Admin and Clerical	Improve quality of job design

⁵ KF20 Percentage of staff witnessing potentially harmful errors, near misses or incidents, KF26 Percentage of staff experiencing harassment, bullying or abuse from staff, KF3 Percentage of staff feeling valued by their work colleagues, KF5 Work pressure felt by staff.

Prepared by Capita Surveys and Research

Table 2: Summary areas for Improvement by Directorate

Directorate	Area for improvement
General Medicine	Improve quality of job design Reduce the percentage witnessing potentially harmful errors, near misses or Incidents Reduce the impact of health and wellbeing on ability to perform work or daily activities Reduce the percentage experiencing harassment, bullying or abuse from Staff Increase the percentage feeling valued by work colleagues Reduce work pressure
Obstetrics and Gynaecology	Reduce work pressure Reduce the impact of health and wellbeing on ability to perform work or daily activities
Hospital Support	Improve quality of job design Reduce the percentage witnessing potentially harmful errors, near misses or Incidents Reduce the percentage experiencing harassment, bullying or abuse from Staff Reduce work pressure
General Surgery	Reduce the percentage witnessing potentially harmful errors, near misses or incidents
Facilities	Improve quality of job design Reduce the percentage experiencing harassment, bullying or abuse from Staff Reduce the impact of health and wellbeing on ability to perform work or daily activities Increase the percentage feeling valued by work colleagues
Child Health	Improve quality of job design Reduce the percentage witnessing potentially harmful errors, near misses or Incidents Reduce work pressure
Trauma and Orthopaedics	Reduce the percentage witnessing potentially harmful errors, near misses or incidents Reduce work pressure
Cancer Services	Improve quality of job design Reduce the impact of health and wellbeing on ability to perform work or daily activities Reduce the percentage witnessing potentially harmful errors, near misses or Incidents Reduce the percentage experiencing harassment, bullying or abuse from staff
Anaesthesia and Critical Care	Improve quality of job design Reduce the impact of health and wellbeing on ability to perform work or daily activities Reduce the percentage witnessing potentially harmful errors, near misses or Incidents Reduce the percentage experiencing harassment, bullying or abuse from Staff Increase the percentage feeling valued by work colleagues Reduce work pressure
Head and Neck	Reduce the percentage witnessing potentially harmful errors, near misses or Incidents Reduce the percentage experiencing harassment, bullying or abuse from Staff Increase the percentage feeling valued by work colleagues
Pathology	Improve quality of job design Increase the percentage feeling valued by work colleagues
Radiology	Reduce the percentage experiencing harassment, bullying or abuse from staff

NHS Constitution – Staff Pledges

The NHS Staff Survey 2010 was designed around the four staff pledges of the NHS Constitution:

1. To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities
2. To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed
3. To provide support and opportunities for staff to maintain their health, well-being and safety
4. To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

In addition the survey included two additional themes of Staff Satisfaction and Equality and Diversity.

In order for organisations to evaluate how successful they are in meeting the four staff pledges and the two additional themes, Capita Surveys and Research have developed a scoring system based on the position of the Trust compared to other Acute Trusts, to give an overall score for each pledge and theme. This is intended to be used as an indicator for the Trust to assess where further improvements may need to be made.

Scores are calculated by giving each key finding under the staff pledge a value (Top 20% = value of 4, above average and average = value of 3, below average = value of 2, bottom 20% = value of 1). The mean average of the values is the score for that staff pledge

Table 3: Summary of Staff Pledge Scores	
Pledge/Theme	Score
Staff Pledge 1	1.8
Staff Pledge 2	1.5
Staff Pledge 3	1.8
Staff Pledge 4	1.5
Staff Satisfaction	3.0
Equality and Diversity	2.3
Total Score	2.0

Employer of Choice

Capita Surveys and Research's Employer of Choice benchmarking indicates organisations achieving a score above 3.0 would be considered an 'Employer of Choice'.

Issues Identified by All Staff

The issues identified by the report from CQC concentrate on where the organisation is performing poorly in comparison to other Trusts, the scores from which would ultimately influence the Trust's annual health check.

However, the issues identified as important to staff in the survey can be different, and should also be taken into consideration to *'improve their working lives'*. Improvements in these areas would also improve scores for the CQC survey overall.

The top three issues important to the staff as identified in the actual 'unweighted' data as reported by Capita Surveys and Research are:

1. Resources (Staffing) and workload
2. Communication
3. Staff involvement

Staff Issue 1: Resources (Staffing) and workload

Fifty-seven per cent of staff said there are not enough staff at the Trust for them to be able to do their job properly, whilst 25% felt there are.

Fifty-four per cent of staff said they do not have time to carry out all their work and 55% said they cannot meet all the conflicting demands on their time at work.

Staff Issue 2: Communication

The key issue identified by staff was 52% said they do not feel communication between senior management and staff is effective, whereas 21% do.

Forty-five per cent felt the different parts of the Trust do not communicate effectively with each other, whilst 15% did.

Staff Issue 3: Staff Involvement

Around 51% said they do not feel senior managers try to involve staff in important decisions, whilst 21% do; 42% do not feel senior managers encourage staff to suggest new ideas for improving services, whereas 30% do. In addition 30% do not feel senior managers act on staff feedback, whilst 27% do.

Issues Identified by Occupation Groups

Issues may have varying importance for different groups within the Trust; key issues for occupation groups have been outlined below.

Key issues for **all** occupation groups within the Trust included communication, staff involvement, and resources (staffing)/workload,.

Other issues include:

- Strained working relationships - Radiography
- Clear feedback – Pharmacy, Medical and Dental – In Training, Adult/General Nurses, Midwives
- Asked for opinions by line managers – Other Qualified Scientific and Technical or Healthcare Scientist
- Work Life Balance – Consultant, Children's Nurses
- Pay – Nursing Auxiliary/Nursing Assistant/Healthcare Assistant, Maintenance/Ancillary
- Opportunities for progression – Admin and Clerical, Central Functions/Corporate Services

Issues Identified by Directorates

Key issues for **all** directorates groups within the Trust included communication, staff involvement, and resources (staffing)/workload.

Other issues include:

- Clear feedback – Anaesthesia and Critical Care, Child Health, General Medicine
- Strained working relationships - Cancer Services, Pathology
- Opportunities for progression – Facilities
- Pay – General Surgery, Head and Neck, Trauma and Orthopaedics
- Support for training – Hospital Support
- Informed of errors, near misses and incidents – Obstetrics and Gynaecology
- Feeling valued - Radiology

Risk Assessment – Stress

Several questions in the NHS National Staff Survey can be directly related to the Management Standards for Work-Related Stress. The table below shows the HSE Management Standard areas, and the agreed survey questions relating to this standard by the HSE and the score achieved by the Trust. Also included is the 'pass rate' score published by the HSE as part of the Standards.

It should also be remembered that the Trust score is for the whole organisation, variations will exist between occupation groups, so although the organisation as a whole may have achieved the pass rate, there may still be areas of risk within different groups of staff. Further analysis by staff group and department/directorate can be done by Capita Surveys and Research.

Scores have been calculated by giving a value for each response to a positive statement; strongly agree - 5, agree - 4, neither agree nor disagree - 3, disagree - 2, strongly disagree - 1.

Table 4: Risk Assessment- Stress				
HSE Management Standard	NHS Staff Survey Question	HSE Pass Rate	Trust Pass Y/N	2010 Score
Control	I can decide on my own how to go about doing my work Satisfied with the freedom I have to choose my own method of working	>=3.00	Y	3.49
Role	I have clear, planned goals and objectives for my job I always know what my work responsibilities are	>=4.95	N	3.74
Support	Satisfaction with support from immediate manager Satisfaction with support from colleagues Immediate manager can be counted on to help with a difficult task at work Immediate manager gives clear feedback	>4.00	N	3.50
Change	I am consulted about changes that affect my work area/team/department	>=4.00	N	3.05
Demands	I can meet all the conflicting demands on my time at work I have adequate materials, supplies and equipment to do my work There are enough staff at this Trust for me to do my job properly I do have time to carry out all my work	>3.00	N	2.69
(a) Relationships	Relationships at work are not considered strained	>4.00	N	3.04
(b) Relationships	Have you experienced harassment, bullying or abuse from your manager, supervisor or colleague? Have you experienced harassment, bullying or abuse from patients?	Zero Tolerance	N	4.14

Prepared by Capita Surveys and Research

Employee Engagement

The Chartered Institute of Personnel and Development (CIPD) defines employee engagement as “a combination of employee commitment to the organisation and its values plus a willingness to help out colleagues.” Since employee engagement goes beyond the levels of job satisfaction and motivation, it is something an employee has to offer and cannot be ‘required’ as part of the employment contract.

The Department of Health said “Motivated and involved staff are better placed to know what is working well and how to improve services for the benefit of patients and the public” in the NHS Operating Framework 2010/11, with the improvement of employee engagement being listed amongst the five national priorities for the NHS. Consequently the CQC include an Overall Employee Engagement indicator in the CQC Benchmark Reports.

The **overall employee engagement score** for Northampton General Hospital NHS Trust was **3.61**, placing the Trust at the average for Acute Trusts (3.62). The calculation of this score comprises nine questions across three Key Findings from the 2010 NHS National Staff Survey as detailed below:

Table 5: Employee Engagement				
Key Finding	Trust Score 2010	Trust Score 2009	All Acute Trusts (Median)	CQC Benchmark 2010
KF 31 – Staff ability to contribute towards improvement at work	56%	59%	62%	Worst 20%
Q23a – Able to make suggestions to improve work of team/dept	64%	69%	70%	
Q23b – Frequent opportunities to show initiative in role	57%	59%	62%	
Q23c – Able to make improvements happen in area of work	45%	49%	53%	
KF 34 – Staff recommendation of the Trust as a place to work or receive treatment	3.48	3.39	3.52	Average
Q16e – Care of patients is Trust's top priority	57%	53%	58%	
Q21a – Would recommend Trust as a place to work	59%	52%	55%	
Q21b – Would recommend standard of care provided by the Trust	53%	54%	63%	
KF 35 – Staff motivation at work	3.92	3.92	3.83	Best 20%
Q24a – Staff always/often look forward to going to work	55%	59%	52%	
Q24b – Staff are enthusiastic about the job	71%	71%	67%	
Q24c – Time passes quickly at work	82%	79%	76%	
Overall Employee Engagement Score	3.61	3.59	3.62	Average

Health and Well-being

Health and well-being is a key performance indicator for Trusts in 2010/11, documented in the NHS Operating Framework.

The CQC Benchmark Report includes two Key Findings from the 2010 staff survey in relation to health and well-being and they should be monitored year-on-year.

The table below lists the relevant key findings, the Trust's ranking compared to all Acute Trusts together with the Trust's unweighted data for the component questions.

Table 6: Health and Well-being			
Key Finding	Trust Score 2010	All Acute Trusts (Median)	CQC Benchmark 2010
KF 28 – Impact of health and well being on ability to perform work and daily activities	1.66	1.57	Worst 20%
Q36 – Difficulty in doing daily work due to physical health ("none at all")	60%	62%	
Q37 – Extent to which personal/emotional problems kept staff from doing usual work/activities ("not at all")	61%	64%	
KF 29 – Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	31%	26%	Worst 20%
Q39a – Staff going to work despite feeling unwell	72%	66%	
Q39b – Staff feeling pressure from their manager to work when feeling unwell	36%	33%	
Q39c – Staff feeling pressure from colleagues to work when feeling unwell	26%	24%	

Taking Action on Results

Capita Surveys and Research have presented in this report just the key issues for improvement that have been identified by both the CQC and the staff of Northampton General Hospital NHS Trust, along with areas to target improvements within staff groups and directorates.

It is good practice following a survey to 'test out' the results with different occupation groups. Focus groups help discover the thinking behind the perceptions e.g. why don't staff feel involved? and what can the organisation do about it? This information assists in formulating an action plan for the organisation based on the suggestions staff make in the focus groups.

Several groups of staff, including other registered nurses, medical/dental (other), occupational therapy, physiotherapy, other qualified Allied Health Professionals, support to scientific and technical/healthcare scientists and general management did not respond in sufficient numbers for their views to be reported on as a group, so it is important to discuss the key issues with under represented groups of staff in the survey to find out if their perceptions are the same as those who did respond. The Trust should also talk to these groups of staff about why they didn't respond to the survey and hopefully remove any barriers to them participating in 2011.

With sensitive issues such as harassment or bullying, we recommend the use of discovery interviews with staff in departments/directorates etc to get personal perspectives from staff.



Northampton General Hospital NHS Trust Staff Survey 2010 Newsletter

For the staff and managers of Northampton General Hospital NHS Trust

From October 2010 to December 2010, staff at the Trust took part in the eighth annual National NHS Staff Survey. The results of this survey will be used by the Care Quality Commission as part of an assessment of national priorities within the 2010/11 Periodic Review and will enable the Department of Health and other national NHS bodies to assess the effectiveness of national workforce policies and strategies on for example, training, flexible working policies and safety at work, and to inform future developments in these areas, and monitoring the pledges to staff.

Most importantly though, the Trust will be able to use the survey results to inform improvements in working conditions and practices at local level. This newsletter has been prepared for you and the Trust by **Capita** who managed the survey process on the Trust's behalf.

Facts and figures from the survey:

- The Trust response rate was 49%, an increase on the 2009 response rate of 47%
- This was **below** the average response rate for Acute Trusts in 2010.

The key things you think are good about working for the organisation:

- You feel your role makes a difference to patients/service users.
- You are conscious of the fact that infection control applies to you in your role.
- You try to help your colleagues in the Trust whenever you can.
- You are satisfied with the quality of care you give to patients/service users.
- You feel you often do more than is required.
- You are trusted to do your job.
- You feel the Trust does enough to promote the importance of hand washing to staff

The key issues you would like to see improved at the organisation:

- More staff, for you to be able to do your job properly
- Better communication between senior management and staff.
- Fewer conflicting demands on your time at work.
- Better communication between different parts of the Trust.
- Senior managers to try and involve staff more in important decisions.
- More time to carry out all your work.
- More encouragement to suggest ideas for improvements.

38 key scores are measured in the survey:

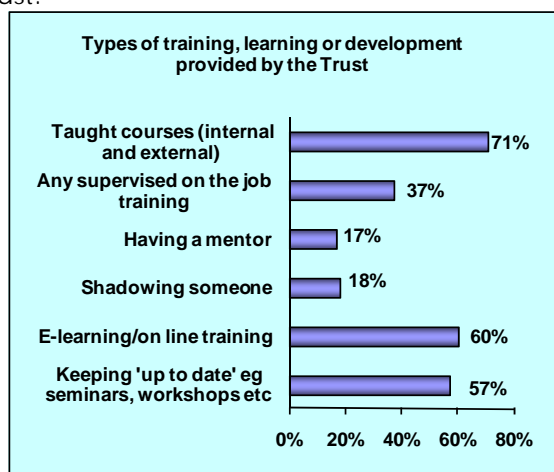
- The Trust is in the top 20% of Acute Trusts for **4** key scores
- The Trust is in the bottom 20% of Acute Trusts for **20** key scores
- The Trust has made significant improvements on **7** key scores since the 2009 survey
- The Trust has had significant deteriorations on **2** key scores

Work-Life Balance

Around 58% of you said you can approach your immediate manager to talk openly about flexible working, and 51% of you said your immediate manager helps you find a good work-life balance

Training, Learning and Development

In the last 12 months many of you took part in some type of training, learning or development paid for or provided by the Trust:



In the last 12 months many of you said you'd received awareness training in the following areas:

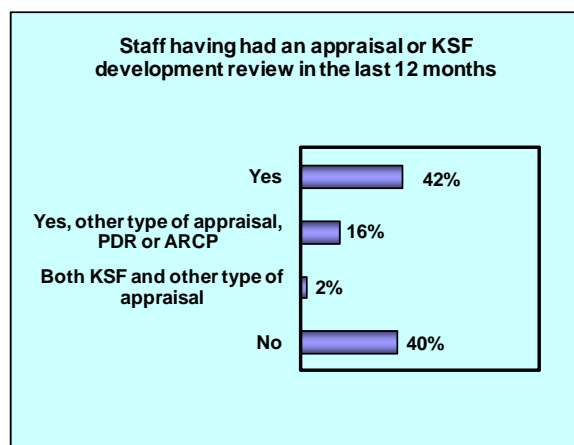
- 87% Health and Safety
- 54% Equality and Diversity training
- 46% Conflict Resolution training
- 46% Handling violence and aggression to staff
- 41% Handling confidential information
- 37% Major incident/emergency training
- 33% Delivering good patient experience
- 27% Giving information to patients
- 24% Computer skills

Around 61% of you said your training, learning and development has helped you to do the job better, 64% said it has helped you stay up to date with the job and 67% that it has helped you stay up to date with professional requirements.

Immediate manager

- 68% of you said your immediate manager encourages those who work for her/him to work as a team and 64% said they are supportive in a personal crisis
- 29% of you said your immediate manager does not ask for opinions before making decisions that affect your work

Appraisals



- 74% of you who said you have had an appraisal/review in the last 12 months, said it has helped you agree clear objectives for your work

Team work

Of those 92% of you who said you work in a team, 76% of you said team members have a set of shared objectives and communicate closely with each other to achieve the team's objectives (79%).

Your Job

- 66% said they have clear, planned goals and objectives for their job and 58% of you said you are able to do your job to a standard you are personally pleased with

Around 57% of you said there are not enough staff at the Trust for you to do your job properly and 35% of you said you are not involved in deciding on changes introduced that affect your work area/team/department.

<p>Thinking about Leaving</p> <p>You were asked as part of the survey if you are thinking of leaving the Trust:</p> <ul style="list-style-type: none"> • 26% of you said you often think of leaving • 15% of you said you will probably look for a new job at a new organisation in the next 12 months and 12% of you said you would leave the Trust as soon as you could find another job 	<p>Working Together</p> <ul style="list-style-type: none"> • 89% of you said you are trusted to do your job • 74% of you said you feel you belong to a team • 97% of you said you try to help colleagues in your Trust whenever you can • 87% of you said you often do more than is required 	<p>Facts and figures from the survey:</p> <p>96% of you said time 'always', 'often' or 'sometimes' passes quickly when you are working.</p> <p>88% of you said if you were concerned about fraud, malpractice or wrongdoing, you would know how to report it</p>
<p>Your Job</p> <p>This year, 70% of you said you are satisfied with the support you get from your work colleagues and 68% of you are satisfied with the opportunities you have to use your skills.</p> <ul style="list-style-type: none"> • 68% of you felt satisfied with the amount of responsibility you are given and 61% of you said you can decide on your own how to go about doing your work • 78% of you said you always know what your work responsibilities are • However 40% of you said you are not satisfied with your level of pay and the extent to which the Trust values your work (35%) • 54% of you said you do not have time to carry out all your work <p>Career Development</p> <ul style="list-style-type: none"> • 36% of you said there are not opportunities for you to progress in your job and 27% of you said there is not strong support for training in your area of work 	<p>Communication and Staff Involvement</p> <ul style="list-style-type: none"> • 84% of you said patient information is treated confidentially by staff at the Trust • However 51% of you said senior managers do not try to involve staff in important decisions and 52% of you said communication between senior management and staff is ineffective • 45% of you said on the whole, the different parts of the Trust do not communicate effectively with each other • 74% of you said you know who the senior managers at the Trust are • 57% of you said care of patients/service users is the Trust's top priority <p>Recommending the Trust</p> <ul style="list-style-type: none"> • 90% of you said you are satisfied with the quality of care you give to patients/service users and 92% of you feel your role makes a difference to patients/service users • 69% said they are able to deliver the patient care they aspire to. • 59% of you said you would recommend the Trust as a place to work 	<p>In the last 12 months 11% of you said you have experienced discrimination at work from patients/service users, their relatives or other members of the public and 13% said your manager/team leader or other colleagues</p> <p>50% of you who said you had experienced discrimination at work in the past 12 months, said this was due to your ethnic background, and your age (35%)</p>

<p>Errors, Near Misses or Incidents</p> <p>30% of you had seen an error, near miss or incident that could have hurt staff, 47% of you said you had reported the incident and 42% of you said a colleague had reported the incident.</p> <ul style="list-style-type: none">41% of you said in the last month you have seen an error, near miss or incident that could have hurt patients/service users, of these, 54% said you had reported the incident and 38% said a colleague had reported the incident82% of you said the Trust encourages you to report errors, near misses or incidents62% of you said the Trust treats reports of errors, near misses or incidents confidentially58% of respondents said when errors, near misses or incidents are reported, their Trust takes action to ensure they do not happen again	<ul style="list-style-type: none">23% of you said in the last 12 months, you have personally experienced harassment, bullying or abuse a work from your manager/team leader or other colleagues and patients/service users, their relatives or other members of the public (20%) <div><p>My Trust takes effective action if staff are....</p><table><tr><th>Scenario</th><th>Percentage</th></tr><tr><td>bullied, harassed or abused by other members of staff</td><td>42%</td></tr><tr><td>bullied, harassed or abused by patients/service users, their relatives or other members of the public</td><td>50%</td></tr><tr><td>physically attacked by other members of staff</td><td>55%</td></tr><tr><td>physically attacked by patients/service users, their relatives or other members of the public</td><td>57%</td></tr></table></div>	Scenario	Percentage	bullied, harassed or abused by other members of staff	42%	bullied, harassed or abused by patients/service users, their relatives or other members of the public	50%	physically attacked by other members of staff	55%	physically attacked by patients/service users, their relatives or other members of the public	57%	<p>Facts and figures from the survey:</p> <p>97% said hot, water, soap, paper towels or alcohol rubs are available when needed by staff</p> <p>91% said they are available for patients/service users</p> <p>95% of you said you are always, often or sometimes enthusiastic about your job</p> <p>92% of you said you always, often or sometimes look forward to going to work</p> <p>89% said the Trust does enough to promote the importance of hand washing to staff</p> <p>89% of you said infection control applies to you</p> <hr/> <p>Want to know more about the results?</p> <p>You can see the full staff survey report on the Care Quality Commission's website or you can contact your Human Resources Department.</p>
Scenario	Percentage											
bullied, harassed or abused by other members of staff	42%											
bullied, harassed or abused by patients/service users, their relatives or other members of the public	50%											
physically attacked by other members of staff	55%											
physically attacked by patients/service users, their relatives or other members of the public	57%											
<p>Improvements</p> <ul style="list-style-type: none">64% of you said you are able to make suggestions to improve the work of your team/department and 57% of you said there are frequent opportunities for you to show initiative in your role <p>Violence, Bullying and Harassment</p> <ul style="list-style-type: none">12% of you said you have personally experienced physical violence at work from patients/service users, their relatives or other members of the public	<p>Support and Advice for Staff</p> <ul style="list-style-type: none">Around 69% of you said you have access to counselling services at work, while 97% of you said you have access to occupational health services at work. <p>Health and Well-being</p> <ul style="list-style-type: none">42% of you said in general, your job is good for your health48% of you said your immediate manager takes a positive interest in your health and well being90% of you said you have put yourself under pressure to come to work and 35% of you said you felt pressure to come to work from your manager											

BOARD SUMMARY SHEET	
Title	HR Year End Report on Personal Development Reviews/Plans
Submitted by	Chanelle Wilkinson Director of HR & Organisational Development
Date of meeting	27 April 2011
Corporate Objectives Addressed	Objective 5
SUMMARY OF CRITICAL POINTS <p>This report is based on the progress that has been made in relation to Personal Development Reviews (appraisals) across the Trust for the financial year 2010 to 2011. This progress report only applies to staff on Agenda for Change terms and conditions and those that have been in post for 6 months or more. It does not include appraisals for medical staff.</p> <p>In summary, actions taken to improve appraisal rates are as follows:</p> <ul style="list-style-type: none"> • Appraisals have been included as part of the Directorate's staff survey action plans • Simpler guidance and documentation for carrying out an appraisal has been implemented • There has been increased training on appraisals for managers • There has been increased awareness and communication. <p>In addition, the financial year end report on numbers of staff who have received appraisals this year has shown some significant improvements by some areas with the staff survey results showing staff perceptions are that the Trust is making progress year on year.</p>	
PATIENT IMPACT - All	
STAFF IMPACT - All	
FINANCIAL IMPACT- None	
EQUALITY AND DIVERSITY IMPACT - None	
LEGAL IMPLICATIONS - None	
RISK ASSESSMENT - : Managing workforce risk is a key part of the Trust's risk assessment programme.	
RECOMMENDATION <p>The Board is asked to note the contents of this report.</p>	

Trust Board Report Personal Development Reviews and Plans April 2010 to March 2011

Background

As part of the HR Strategy a key objective has been to increase the number of staff participating in the appraisal and personal development planning process across the Trust in this financial year, using the NHS Knowledge and Skills Framework.

Following the results of the Trust's annual Staff Survey 2009, it was recognised that a real focus had to be made to improve the appraisal rates as the results indicated that the Trust was in the bottom 20% of Acute Trusts, as:

- 55% of staff said they had been appraised in the last 12 months
- 19% of staff said they had a well-structured appraisal
- 45% of staff said they had a personal development plan

Progress

As a consequence of the staff perceptions, appraisals were classed as one of the 'hot spots' that required improvements. All Directorates were required to include actions on how improvements would be made to appraisal rates within their staff survey action plan.

To support this work, the Appraisal and Personal Development Plan guidance and documentation was revised to provide a more simple and effective way of delivering meaningful appraisals, linked to corporate objectives, whilst at the same time engaging with staff. A launch of the new guidance and documentation together with a strong message from Paul Forden, Chief Executive Officer took place in November 2010.

The Training and Development Department increased the number of training sessions for managers and the HR Business Partners began communicating the need to complete appraisals at Directorate Management Boards and at meetings with managers. The HR Business Partners also requested by directorate, the numbers of staff who had been appraised and had a Personal Development Plan in each quarter. This has enabled the HR Directorate to have a baseline figure in order to report to the Trust Board on the progress towards the 80% corporate objective target by the end of the financial year.

Findings from the Personal Development Review Report

Appendix 1 provides a breakdown of the percentage numbers of staff by Directorate who have had an appraisal and personal development plan.

The overall percentage of staff who have had an appraisal/personal development review is 64.58% with 60.41% of staff with a personal development plan. Nine of the areas have shown significant achievements exceeding the 80% target. These are:

- Anaesthetics and Critical Care
- Corporate Affairs
- Finance

- IT
- Pathology
- Patient Nursing Services
- Pharmacy
- Radiology
- Therapy Services

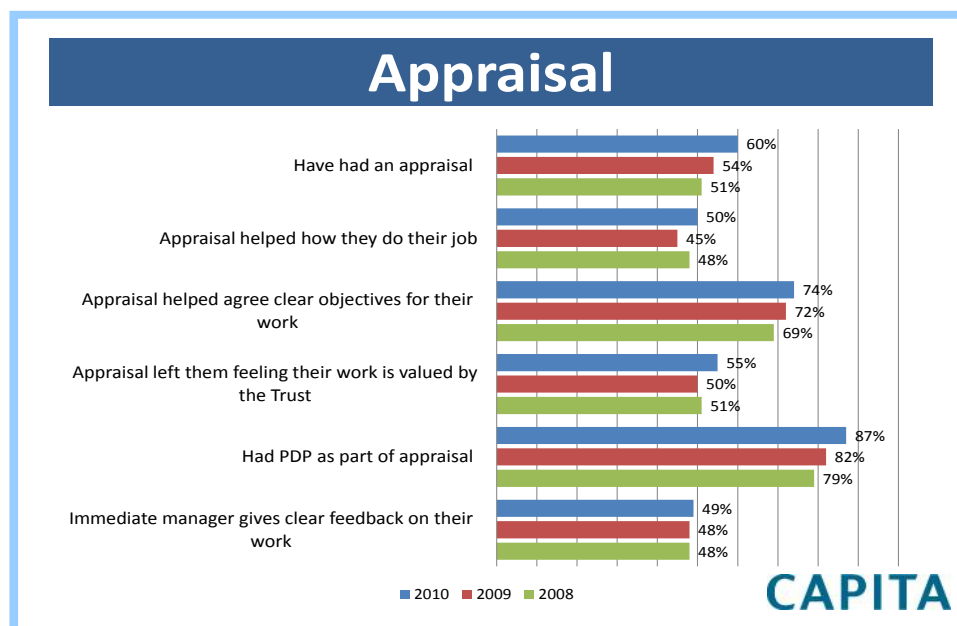
Six Directorates results range between 61% and 79%. However, the five areas below need to make further improvements over the coming months:

Directorate	Personal Development Reviews %	Personal Development Plans %
Facilities	55.84	11.67
Clinical Services (PGMC not included)	22.22	22.22
General Medicine	42.12	42.12
Planning and Development	57.43	57.43
Patient & Nursing Services	57.89	40.35

The HR Business Partners will support managers to ensure that better planning and timely appraisals are carried out within the next financial year and that the Trust's overall target of 80% is met.

Staff Survey Results 2010

This years Staff Survey results 2010 show that the staff across the Trust believe that improvements are being made year on year and the chart below provides evidence of this.



Although the Trust remains in the bottom 20% of Acute Trusts there was a statistically significant improvement in the percentage number of staff having a well structured appraisal and improvements in the responses from 2009. The staff survey results for 2010 are as follows:

- 60% of staff said they had been appraised in the last 12 months

- 25% of staff said they had a well-structured appraisal
- 50% of staff said they had a personal development plan

Future Developments

The HR Department will continue to support the managers to build on the improvements that have been made, by:

- Monitoring appraisal rates more closely on a quarterly basis
- Providing staff with the opportunity to be engaged in the development of action plans from the staff survey 2010
- Improving the central collection and reporting of appraisal and personal development plans which will enable the Trust to monitor and report more effectively
- Providing reports to Trust Board on a quarterly basis
- Directorates ensuring appropriate delegation of appraisals to managers and supervisors
- Building on the work that has been done this year with a particular focus on quality of the appraisal process for individuals.

Chanelle Wilkinson
Director of Human Resources
April 2011

Appendix 1 - Trustwide Personal Development Review / PDP Implementation April 2010 - March 2011

Directorate	Qtr's 1 to 4 Apr 10 - Mar 2011		Comments Taken from Directorate Submissions
	PDR	PDP	
Anaesthetics & CC	86.73%	86.73%	1 Long Term Sick The main reason for not hitting 80% is in relation to issues with nursing staff, such as: <ul style="list-style-type: none"> • A number of investigations that have taken a considerable amount of management's time away from day to day management activities • High sickness levels in Nursing staff • Operational effectiveness placed as a priority in respect of service delivery preventing booked appraisals from taking place. Increased/Improved management in these areas are designing rolling programmes of delivery throughout 2011 to ensure that the Directorate carries out appraisals.
Cancer Services	33.50%	33.50%	The post of Head Housekeeper has been vacant for some months and has only recently been filled, therefore, there are a number of Domestic staff who have not had appraisals. The plan is that all Domestic staff have now booked their appraisals and will be completed over the next 2 months. One manager has been off long term sick therefore some clerical appraisals were out of date at the time of the report. Those staff whose appraisals were out of date have now had an appraisal. Over the past 12 months one of the Modern Matrons had some long term sickness – appraisals for these staff are planned to take place over the next couple of months. Due to the resignation of one senior member of staff who would normally undertake PDRs this has also contributed to the low percentage. This post has been filled but the candidate has not yet commenced in post but the issue of PDRs is one that is being looked at by the Head Nurse. Paediatric Nursing Staff – This group of staff have their PDRs booked over the next few months. There is a high level of Maternity Leave on Paediatric Wards. This has contributed to the lower than expected rate of appraisals but we aim to achieve the Trust objective over the next few months. Unfortunately this percentage does not include Post Graduate medical Centre. Exceeds 80% target.
Child Health	61.63%	61.63%	Some areas acknowledge their poor performance and are putting a more robust programme of appraising their staff throughout the coming year.
Clinical Services	22.22%	22.22%	Please note that due to some restructuring or leave or year end commitments some dates have yet to be finalised but will take place during May 2011.
Corporate Affairs	88.24%	88.24%	There has been a number of staff moves around the directorate which has led to staff having new managers and therefore PDRs have not been completed. In addition, there have been periods of high sickness and a high volume of workload. Turnover rates are high and during the year there has been a high percentage of nursing vacancies. Recently some staff have been placed 'at risk' due to the Site Management reconfiguration and these staff have not been appraised for that reason.
Facilities	55.84%	11.67%	
Finance	85.42%	85.42%	
General Medicine	42.12%	42.12%	

General Surgery	77.66%	77.66%	5 staff have either been on maternity leave or just returned.
Head & Neck	77.95%	77.95%	% excluding 12 maternity / sick leave staff = 86.09%. There's a large number of maternity leave / sick leave in consideration of small headcount within whole directorate.
Human Resources	75.51%	75.51%	1 LT Sick, 1 left, 1 maternity leave. OH Manager retired and there have been difficulties in recruiting to this managerial post.
IT	85.71%	85.71%	Exceeded 80% target
Obs & Gynae	71.96%	71.96%	Appraisals have been booked in for all staff. Day to day absences, high activity level and sudden increases in workload have prevented a number of Appraisals taking place.
Patient & Nursing Services	80.00%	57.78%	6 Individuals on pre/post reg courses not managed by PNS. 1 left, most appraisals planned , KSF outlines had to be updated which held up the process in some areas.
Pathology	80.30%	80.30%	1 long term sick, 1 maternity leave, remaining planned for April 2011
Pharmacy	81.58%	81.58%	1 long term sick, 2 maternity leave
Planning & Development	57.43%	57.43%	Some weekend and evening workers not received appraisal and one manager off sick for a period of time.
Radiology	80.95%	80.95%	2 person on long term sick, 2 returned from mat leave, 2 booked for April-June 2011.
Therapy Services	91.80%	91.80%	2 maternity leave and 3 appraisals outstanding
Trauma & Orthopaedics	79.28%	79.28%	% excluding 12 maternity / sick leave staff = 86.1%. There's a large number of maternity leave / sick leave in consideration of small headcount within whole directorate.
Total Pop.	64.58%	60.41%	