

Name and Date of Meeting	Kettering General Hospital 27 October 2017
Name of Healthwatch Representative	Susan Hills
Key agenda Items	<p>Chair's Report: The new CEO would be Simon Weldon from NHS England but would not arrive until the end of March 18.</p> <p>CEO Report: The Chief Inspector of Hospitals had sent a letter to all hospitals about the quality and safety of emergency care. Visits to KGH in the 1st week of November: CCG, ECIP, NHSI. A medical consultant would be embedded in ED.</p> <p>Part II: Winter Plan and DToCs would be discussed. Also Cash Flow and liquidity. Reason given was commercial sensitivity.</p> <p>Better Care Fund: A revised trajectory had been asked for by DCLG and DoH. CCG would invest in a team working on long stay patients. KGH needed to find another £50-100K for the fund. KGH was at 99% bed occupancy and needed to get to 92% (best practice). There was also focus on medically fit patients so they could leave hospital. Most investment from BCF was in NCC and NHfT and relied on the recruitment of staff - this was the biggest risk.</p>
Key outcomes and Actions	<p>IGC Report: There was a need to focus on the age profile of patients - the over 85s were having falls and pressure tissue damage in the community, in their own homes. 16 cases of C.Diff. Discharge letters was still an issue, especially the post-weekend ones. Cancer targets - Q2 achieved all 7, but Sept. only achieved 82%. RTT was off target although there was a month on month improvement. One of the issues was more new patients were being added to the list, i.e. CCG was not managing demand, so the targets needed amending. CCG had issued a contract performance notice with a £4m fine attached. A&E: 84.4% - ECIP were looking at DToCs and SPA. GP OOH services would be on-site from mid-Nov. Flu jabs - DoH now wanted to know the reasons from each staff person who did not have a jab. KGH had issues in Medical Assessment Unit - very high acuity of patients, challenging behaviours, increased assaults on staff so nurses did not want to work there. Finance - deficit was £3.2m in month. The forecast outturn was still £20.3m but could be £24-26m. The Board agreed to ask for another loan of £7m for cash at an interest rate of 3.5%.</p>
Follow up Action Required by Healthwatch	<p>1. What is being done about pressure tissue damage in the community?? KGH were reporting this to the Tissue Viability Network but could/should the Community Diabetic Clinics be picking this up? Patients were going into hospital with PTD from their own homes.</p> <p>2. It was reported that the CCG's Commissioning Intentions went against the STP. There was no change to the volume of patients to be treated but there was to price - a detriment to KGH of £8m. There were also changes to clinical pathways without any evidence being produced. If this is so, the CCG needs to be challenged - what has</p>

	happened to partnership working?
Any other comments	<p>From January KGH Board papers would not be printed but issued using tablets and software 'Board Packs' (?). Need to establish whether HWN would be included.</p> <p>I commented that HWN supported partnership working and also that there should only be 1 strategy for the county (not the STP and Nene's Commissioning Intentions) so that the population could understand the direction of travel.</p>