

MINUTES OF THE PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON
TUESDAY, 29 OCTOBER 2013
AT 10.00 AM
IN THE BOARD ROOM
THE JAMES COOK UNIVERSITY HOSPITAL
MARTON ROAD
MIDDLESBROUGH

PRESENT:

Ms D Jenkins	-	Trust Chairman
Professor P Hart	-	Chief Executive
Ms R Holt	-	Director of Quality Assurance
Mr D Kirby	-	Vice Chairman
Mr H Lang	-	Non-Executive Director
Mrs J Moulton	-	Dir of Service Strategy & Infrastructure
Mrs M Rutter	-	Non-Executive Director
Mrs P Singleton	-	Senior Independent Director/NED
Mr J Smith	-	Non-Executive Director
Councillor B Thompson	-	Non-Executive Director
Ms H Wallace	-	Non-Executive Director
Mrs S Watson	-	Director of Operational Services
Professor R Wilson	-	Deputy Chief Executive/Medical Director

IN ATTENDANCE:

Mrs M Blakey	-	Corporate Affairs Manager
Ms F Carney	-	for item 4
Dr J Cresswell	-	observer
Mrs J Dewar	-	Director of IT & Health Records
Mr I Fuller	-	Head of Corporate Finance
Mr C Harrison	-	Director of Human Resources
Ms V Gair	-	Clinical matron – theatres – for item 4
Ms R James	-	Deputy Dir for Quality Assurance
Mrs W Larry	-	Chairman of Staff Side UNISON
Mrs A Marksby	-	Communications Lead
Dr A Nicholson	-	for item 8.3
Mrs C Parnell	-	Company Secretary

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Dr S Baxter	-	Chairman of SMSF
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Mr C Newton - Director of Finance

2 DECLARATIONS OF INTEREST

Councillor Thompson expressed an interest on any issues relating to Middlesbrough Borough Council and specifically in relation to agenda Item 8.4.

3 QUESTIONS FROM THE PUBLIC

There were no questions from members of the public.

4 PATIENT EXPERIENCE STORY

Ms Gair, Clinical matron provided the background of a patient with autism and how, working with the family and colleagues in the trust, the visits to the trust were made less distressing and planned around the patient's needs. Ms Gair said that a previous appointment had become quite upsetting for the patient, and with the co-operation of community services staff, the team tried to ensure every eventuality had been thought through in advance to ensure the experience of the patient were centred around her needs and those of her family.

Ms Gair responded to questions from the Board and members agreed that the raising Health & Wellbeing Board should be made aware of the issues; what lessons could be learned throughout the trust and a suggestion that the dental community services should be made aware to ensure a programme designed around each patient's needs are agreed in advance .

Ms Holt commented that the trust was currently reviewing the patient experience strategy.

Decision: 2013/Oct/No 1

The Board:

- (i) **Noted the presentation.**
- (II) **Agreed to share information with Middlesbrough Health & Wellbeing Board through Mrs Watson and Ms Jenkins.**

5 MINUTES OF THE PREVIOUS MEETING HELD ON 24 SEPTEMBER 2013

It was noted that Mrs Parnell, company secretary had been omitted from the attendance list. Taking this amendment into consideration, the Minutes of the meeting held on 24 September 2013 were accepted as an accurate record of proceedings.

Decision: 2013/Oct/No 2

The Board:

- (i) **Taking into consideration the above amendment, the minutes of the meeting held on 24 September 2013 were approved.**

6 MATTERS ARISING/ACTIONS

There were no matters arising or outstanding actions.

7 CHIEF EXECUTIVE'S REPORT

On behalf of the chief executive, Professor Wilson went through the report in detail which contained information on a number of issues which are self explanatory:-

- (i) Monitor
- (ii) Commissioners' visit to the trust
- (iii) Care Quality Commission visit
- (iv) Trust proposed name change
- (v) Winter planning – flu campaign
- (vi) Research fund – heart surgery
- (vii) Day surgery procedures, Redcar Primary Care Hospital
- (viii) Awards and achievements

Professor Wilson was pleased to report on the number of positive items in the report given the challenges facing the trust. In particular, he highlighted the positive feedback following recent CQC visits. Ms Jenkins drew the Board's attention to the conflicting information circulated by Monitor in terms of the trust's performance against the high rating of the trust's services in the CQCs opinion.

Decision: 2013/Oct/No 3

The Board:

- (i) **Noted the report.**

8 QUALITY OF CARE AND PATIENT SAFETY

8.1 PERFORMANCE REPORT - SEPTEMBER 2013

Mrs Watson presented the report and went through the information in detail.

She drew the Board's attention to the following key issues/challenges:-

- (i) There were 8 reported cases of C difficile taking the accumulated position to 30 for the year to date which is above the trajectory for the end of Quarter 2 period.
- (ii) She was pleased to report that the 4 hour A&E target was achieved at 96.6%.
- (iii) The trust met all the cancer targets in August, with the exception of the 62 day target. Indicative figures for September suggest that the trust will be non-compliant. Therefore, at the end of the Quarter 2 period, the trust expects to be compliant with all cancer targets except the 62 day first definitive treatment target. The trust is expected to receive a penalty point in relation to this target.
- (iv) Members noted that as the trust had failed 3 consecutive quarters for the 18 week admitted pathways target, Monitor have automatically instigated an investigation into the trust's compliance with its licence. It was noted that a detailed report was on the agenda.
- (v) Referring to sickness absence it was noted that whilst there had been a slight increase in absences, the figures were an improvement on last year.
- (vi) It was pleasing to see that uptake on mandatory training and SDR/appraisals were also improving.

It was agreed that a detailed report on pressure ulcers would be brought to the next meeting of the Board. **Action: Ms Holt**

There was a lengthy discussion on the challenges facing the trust and Mrs Watson responded to questions particularly on the 62 day cancer target/pathways/late referrals; what lessons had been learned; what actions were being taken; 18 week pathways and pressure ulcers. Mrs Watson agreed to provide the Board with a more detailed report on cancer pathways. **Action: Mrs Watson**

Decision: 2013/Oct/No 4

The Board:

- (i) **Noted the report.**

8.1b 18 WEEKS ADMITTED PATHWAYS REPORT

Mrs Watson stated that the purpose of the report was to inform the Board of the 18 weeks admitted position at the end of September and the subsequent actions planned to address the issues going forward. She went through the details of the report which provided information on:-

- (i) 2013/2014 national and local contractual requirements.
- (ii) The trust's position at the start of this year following the 2012/2013 winter period.
- (iii) Plans that were put in place at the start of this year.
- (iv) A summary of the 18 week performance to date and the current 18 week position.
- (v) Further actions being taken to address the current issues.

Mrs Watson responded to questions on the trust's discussions with the private sector and her hope that the trust will deliver on the 18 week target by the end of October 2013 thereby declaring that the trust would meet the targets in November and December 2013.

There was a prolonged debate following which Mrs Rutter and Mr Smith expressed concern about individual specialties meeting the targets and felt robust plans were required. Mrs Watson responded that she was less concerned about individual specialties and the timetable but expected more in terms of the calibre of planning. She felt the report reflected what was requested from the divisions. It was agreed to consider asking chiefs of service experiencing particular problems with RTT to attend a future board meeting to discuss their approach with the Board.

Decision: 2013/Oct/No 5

The Board:

- (i) **Noted the report and actions therein.**
- (ii) **Invite chief of service to discuss RTT plans at a future Board meeting.**

8.2 WINTER PLANNING 2013/2014

Mrs Watson went through the winter planning report for 2013/2014. In line with national guidance, the trust had reviewed its current operational arrangements and concluded that it is compliant with recommended good practice.

It was noted that the winter plan for 2013/2014 builds on lessons learnt from previous years and seeks to ensure that high quality, safe arrangements are in place to support all patients during the anticipated surge in winter activity.

Mrs Watson responded to questions on:

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- (i) availability of surgical beds which remained a challenging issue; that the trust's HR were working closely with the surgical team.
 - (ii) Commissioning of 20 beds through the independent sector for elective programme
 - (iii) Beds closed in the community
 - (iv) 70 beds available today
 - (v) Consultant recruitment difficulties/nurse practitioners.

Professor Hart commented that it was important for the trust to look at a different model for the front of house provision in terms of a revised service methodology and she intended to set in train a specific piece of work to transform the model currently delivered.

The Board confirmed that it was assured that the trust had a robust winter plan in place.

Decision: 2013/Oct/No 6

The Board:

- (i) **Noted the report and confirmed that it was assured that there was a robust winter plan in place for 2013/2014.**

8.3 BRIEFING ON THE TRUST'S ACTION PLAN AND RESPONSE TO RECOMMENDATIONS FROM THE INDEPENDENT REVIEW INTO THE LIVERPOOL CARE PATHWAY

Ms Jenkins reminded the Board that it had discussed the "Liverpool Care Pathway" previously and invited Dr Nicholson to update members since his last attendance.

Dr Nicholson went through the report and drew the Board's attention to the trust's action plan in response to the recent independent review of the "Liverpool Care Pathway".

He stated that trust's action plan consisted of six domains:-

- engagement with national work;
- assurance regarding provision of quality end of life care;
- governance;
- support to clinical teams in the management of the deteriorating patient;
- education
- commissioning.

Dr Nicholson stated that although there has been adverse media coverage of care pathways used in the last days of life and continues to present challenges to clinical staff, the trust must use this difficult time to raise the profile of end of life care and to provide assurance to its patients and their carers, that the trust provides excellent end of life care and will continue to support them to do so.

In conclusion, Dr Nicholson said that he was not sure whether there would be a national care pathway plan for the last days of life framework. He agreed to circulate a copy of the report to board members. **Action: Dr Nicholson**

It was proposed that Dr Nicholson be invited to attend a future meeting of the trust's Council of Governors to raise awareness of this issue. **Action: Mrs Parnell/M Blakey**

Dr Nicholson responded to questions on membership of the End of Life Steering Group; consultant recruitment to and resilience within the end of life team; arrangements within Hambleton & Richmondshire area, and communication/raising awareness. It was suggested that Ms Holt discuss the issue of a press release with Mrs Marksby in terms of supporting front line staff. In addition, Ms Holt queried how patient stories could be made more accessible to the general public.

Action: Ms Holt/Mrs Marksby

In conclusion, Ms Jenkins agreed to provide a named NED to take an interest in the Liverpool Care Pathway.

Action: Ms Jenkins

The Board looked forward to receiving regular updates from Dr Nicholson.

Decision: 2013/Oct/No 7

The Board:

- (i) **Noted the report and looked forward to regular updates.**

8.4 LOOKED AFTER CHILDREN AND YOUNG PEOPLE LEAVING CARE ANNUAL REPORT 2013

Ms Holt presented the Looked After Children and Young People Leaving Care Annual Report for 2013. She went through the report and it was noted that both Middlesbrough and Redcar and Cleveland local authorities have significant number of children and young people who are looked after.

The Community Child Health and LAC Nursing Service have well-established systems in place to meet its service user's needs. In the near future, these processes will have to adapt to meet the needs of changing service specifications and expectations of commissioning organisations. Irrespective of these changes, the key outcomes are that looked after children and care leavers are provided with guidance and support that promotes healthy living, providing age appropriate health promotion and information to the carer, child, young person and the team working around the child, ensuring improved governance arrangements.

Ms Holt acknowledged that the Patient Experience Strategy may need to be refreshed in light of the report.

Decision: 2013/Oct/No 8

The Board:

- (i) **Noted the report.**

9 BUSINESS SUSTAINABILITY

9.1 FINANCIAL POSITION FOR THE PERIOD ENDING 30 SEPTEMBER 2013

Mr Fuller went through the report which contained the trust's financial position for the period ending 30 September 2013 and drew the Board's attention to the following key issues:-

- (i) The trust remained in deficit of £3m and behind plan at the end of September 2013 (which was less than 1% of turnover), driven in the main by non pay expenditure in relation to the under-achievement on the cost improvement plan.

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- (ii) Income had improved and the risk rating and cash position remained satisfactory.

There was some discussion as to what measures were being undertaken to redress the slippage in the P&E plans and curb overspends. It was noted that time had been set aside in the following meeting to discuss these matters at greater length.

Decision: 2013/Oct/No 9

The Board:

- (i) **Noted the report**

9.2 DELAYED PROCESSING OF TRUST PAY 30 AUGUST 2013

Mr Fuller stated that the purpose of the report was to inform the Board of the action taken following the payroll incident on 30 August 2013. The report set out lessons learnt and actions taken to improve the process and mitigate future risk.

Decision: 2013/Oct/No 10

The Board:

- (i) **Noted the report.**

10 GOVERNANCE

10.1 FINAL PROPOSAL FOR A REVISED GOVERNANCE COMMITTEE STRUCTURE

Ms Holt and Ms James went through the report which sought Board approval on the Revised Committee structure which eliminated duplication and over-lapping of committees. Pages 2 and 3 summarised the changes to the committee structure.

In summary, Ms James stated that as a result of a number of recent national reports describing the required components and functions of the quality governance arrangements in NHS trust, the report before the Board today reflected these best practice recommendations. It was noted that there had been extensive consultation on the proposals of the revised governance committee structure within the organisation, the trust's commissioners, regulators and internal audit. The revised structure was supported by the trust's integrated Governance Committee at its meeting in October 2013.

Ms James confirmed that in the main, chairmanship of each of the committees should be at executive director level rather than NED, to maintain the relative independence of the NED role.

Mrs Parnell stated that following discussion at a meeting of the Audit Committee and to ensure the independence of the trust's charity, it had been agreed that the Additional Resources Committee should be outwith the trust's committee structure.

Whilst supporting the report, Mr Kirby's pointed out, that the chairman of the Audit Committee would be a NED as the Committee membership was, in accordance with guidance, exclusive to NEDs.

It was agreed that a non-executive director should continue to chair the Quality Assurance Committee (QAC) and that NEDs should be members of the new Patient Experience Sub-Group. It was further agreed that NEDs should not be formal

members of other sub-groups of QAC but may attend these meetings as part of their assurance role should they wish to do so.

Following a query from Ms Jenkins, Ms James said that it would be made explicit within the terms of reference for each committee, that members would be asked to ensure attendance at respective meetings.

In conclusion, Ms James said that subject to Board approval, the terms of reference of the groups within the revised committee structure would be produced/updated with the revised structure taking effect from January 2014.

On behalf of the Board, Professor Hart thanked Ms James for reviewing the committee structure which had taken an enormous amount of time to ensure that the trust's governance was as robust as possible.

Decision: 2013/Oct/No 11

The Board:

- (i) **Approved the revised committee structure.**
- (ii) **Noted that the revised committee structure would take effect from January 2014.**

11 FOR INFORMATION WITHOUT DISCUSSION

11.1 MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 18 JULY 2013

Mr Kirby presented the minutes of the Audit Committee meeting held on 18 July 2013. There were no issues to be brought to the attention of the Board.

Decision: 2013/Oct/No 12

The Board:

- (i) **Noted the minutes.**

12 ANY OTHER BUSINESS

Ms Jenkins wished to place on record the Board's grateful thanks and appreciation to Mrs Singleton whose term of office as a NED finishes at the end of October 2013.

During the past 10 years in her capacity as a NED she has seen enormous changes within the NHS and in this trust in particular. Her exemplary knowledge of key issues in terms of patient care, which she brought to the Board in a gracious way made her a sensitive and effective board member and all were grateful to her for her service and wished her well for the future.

There being no further business, the meeting closed at 12.10 pm

13 DATE, TIME AND LOCATION OF NEXT MEETING

The next public meeting of the Board of Directors will take place on Tuesday, 26 November 2013 at 10.00 am in the Board Room, The James Cook University Hospital, Marton Road, Middlesbrough.

TO CONSIDER A RESOLUTION THAT REPRESENTATIVES OF THE PRESS AND OTHER MEMBERS OF THE PUBLIC BE EXCLUDED FROM THE REMAINDER OF THE MEETING HAVING REGARD TO THE CONFIDENTIAL NATURE OF THE BUSINESS TO BE TRANSACTED, PUBLICITY OF WHICH WOULD BE PREJUDICIAL TO THE PUBLIC INTEREST (Section 1 (2) PUBLIC BODIES) (ADMISSION TO MEETINGS) ACT 1960.

Signed: _____
Chairman

Date: _____