

**MINUTES OF THE PUBLIC MEETING  
OF THE BOARD OF DIRECTORS  
HELD ON TUESDAY 25 NOVEMBER 2014  
IN THE BOARD ROOM, MURRAY BUILDING,  
THE JAMES COOK UNIVERSITY HOSPITAL, MIDDLESBROUGH**

**Present:**

|                   |   |
|-------------------|---|
| Ms D Jenkins      | Chairman                                |
| Prof. Tricia Hart | Chief Executive                         |
| Miss R Holt       | Director of nursing & quality assurance |
| Mrs A Hullick     | Non-executive director                  |
| Mr H Lang         | Non-executive director                  |
| Mr C Newton       | Director of finance & performance       |
| Mrs M Rutter      | Non-executive director                  |
| Mr J Smith        | Non-executive director                  |
| Coun. B Thompson  | Non-executive director                  |
| Mrs C Parnell     | Director of communication & engagement  |
| Prof. R. Wilson   | Medical director/Deputy Chief Executive |

**In attendance:**

|                           |   |
|---------------------------|---|
| Mr A Bielenberg           | Chief restructuring officer                 |
| Ms S Danieli              | Deputy director of performance management   |
| Mr C Harrison             | Director of workforce                       |
| Mrs M Hewitt-Smith        | Deputy director of finance                  |
| Mrs A Marksby             | Head of communication                       |
| Ms K Rowe                 | Specialist nurse for children with diabetes |
| Two members of the public |   |

**1. WELCOME**

Ms Jenkins welcomed everyone to the meeting.

**2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr D Kirby, vice chairman; Ms K Linker, chair Staffside, and Dr S Baxter, chair Senior Medical Staff Committee.

**3. DECLARATIONS OF INTEREST**

Coun. Thompson expressed an interest in any issues relating to Middlesbrough Borough Council.

#### **4. PATIENT EXPERIENCE STORY**

Ms Rowe gave a presentation on a project she set up at Laurence Jackson School in Guisborough to educate and encourage peer support amongst a small group of children with type one diabetes. The meeting heard that the work would also be presented to the children's and young people's professional forum early in 2015 and the diabetes regional network.

In discussing the presentation the following points were raised:

- In response to a question from Ms Jenkins about the number of children with type one diabetes, Ms Rowe said there were currently 180 local youngsters diagnosed but more children had been identified as having the condition in the last year than in the previous 15 years, with 29 diagnosed in the previous six months. She added that a lot of under five year olds have also been diagnosed in the last two years.
- Prof. Hart asked if there were any geographic influences and Ms Rowe explained that higher incidences of diabetes are found in more affluent areas.
- Ms Jenkins queried opportunities to link with equipment companies on new technologies for the management of diabetes. Ms Rowe explained that the trust already has a lot of links with companies and young patients are currently using the best equipment to meet their needs.
- Coun. Thompson commented that it was a very impressive project that could be used as a framework for working with children with other long term conditions.
- Mrs Rutter congratulated Mrs Rowe on the project and asked how learning from it would be spread and the idea rolled out to other schools. The meeting heard that it was hoped to secure Children in Need funding to help expand the project and there were also talks underway with commissioners. Prof. Hart suggested it would meet the criteria for an award from the Patient Experience Network and urged Mrs Rowe to share it with the specialist nurses forum.

**Decision:**

**The board noted the content of the presentation.**

#### **5. MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 28 October 2014 were agreed as a true record subject to the following amendments:

- Item 12: The proposed approach, action plan and decision making pathway for Deprivation of Liberty was approved for three months. Ms Holt to provide an update to the board in December and Mental Health Act training for the board to be provided at a session on 3 December.

**Decision:**

**The minutes of the meeting held on 28 October 2014 were approved.**

**6. MATTERS ARISING**

Progress on closing outstanding actions was noted and it was agreed to update the action log as follows:

- Item 9: Update on A&E position and strategy to be discussed at January 2015 meeting.
- Item 9: Update on emergency care pathway to be discussed at January 2015 meeting.
- Item 13: Quarterly nurse staffing review, consider band one support roles. Miss Holt explained that the first three increments are the same for band one and two posts so there would be no savings from the suggestion.
- Item 16: NHS staff friends and family test, update on actions as a result of staff feedback to be discuss at January 2015 meeting.

**7. CHIEF EXECUTIVE'S REPORT**

Prof. Hart presented her report highlighting the following items:

- Future plans for patient experience stories at the board to focus on occasions when there have been problems and there is a need to make further improvements.
- The huge amount of work being carried out by Miss Holt and her team in preparation for the Care Quality Commission (CQC) visit to the trust in December. She expressed disappointment that there would only be one public listening event in Middlesbrough on 2 December as it would be unlikely to attract members of the public from other areas served by the trust.
- A recent enter, view and observe visit to the Friarage Hospital by Healthwatch North Yorkshire prompted positive and complimentary informal feedback, although an official report was awaited.
- The trust has shared details of its three year recovery plan with staff and key stakeholders, including the local media.
- The excellent update of the flu vaccination in the trust, with 65.5% of staff to date being inoculated – making the trust the best performing organisation in the north east region against this key target.
- The start of robotic surgery at JCUH to treat patients with prostate cancer. The meeting heard that three patients to date had been treated with good outcomes.
- A large number of external awards and achievements, and Prof. Hart added that since the report was produced the trust's communication team had also won the Association of Healthcare Communication and Marketing's communication team of the year award and overall award for excellence.

In discussing the report Mr Lang asked how the CQC's public listening event was being publicised. Prof. Hart explained there had been adverts in the local media and posters in GP surgeries. Mrs Marksby added that the trust was using its own networks to publicise the events, including social media.

**Decision:**

**The board noted the content of the report.**

**QUALITY, SAFETY AND PERFORMANCE**

**8. PERFORMANCE REPORT FOR OCTOBER 2014**

Ms Danieli presented the report that summarised performance against all key national targets and local performance measures. She highlighted the following points:

- The trust was compliant with all three 18 week targets with the second best performance in the region and above the national average performance. The meeting heard that South Tyneside had the best regional performance, but both York and Newcastle trusts were non-compliant. Ms Danieli added that every specialty had achieved the incomplete pathway target, and following work in orthopaedics they had also achieved the 90% target for the first time in three years, with waiting times now better than Newcastle trust. Urology was non-compliant in September but achieved the target in October and the service's position was being monitored on a weekly basis. Nationally 18 weeks was still high on the agenda and Ms Danieli had been asked to continue to work with the national team until the end of March.
- In October the trust narrowly missed the four hour A&E target of 95%, with a performance of 94.8%. There had been a three per cent increase in activity compared to last year, which is similar to the increase seen nationally of 2.8%. The meeting heard that currently NHS England is missing the targets for A&E, 18 weeks and cancer.
- The board heard that the trust achieved all national cancer targets in quarter two with the exception of the 62 day screening target. Ms Danieli highlighted that Newcastle and Sunderland trusts had also had problems with the target, particularly in urology, and she had met with the trust's urology team to develop a plan to address breaches by putting on extra sessions in December.
- There were six cases of clostridium difficile in October, taking the total to 30 against a year end target of 49.
- Directors heard that sickness rates rose by 0.03% in October. Long term sickness reduced over the period but short term sickness increased. There was also an increase of 3.8% in the number of staff completing mandatory training.
- Ms Danieli asked the board to consider a recommendation from managing directors not to cancel elective surgery in the first two weeks of January 2015. She reported that the MDs preferred to try to keep the programme running as their capacity and demand modelling for the year

had not taken account of not carrying out elective surgery at the beginning of 2015. However depending on non-elective activity over the period, this recommendation could lead to some short term cancellations. The board supported the recommendation.

In discussing the report the following points were raised:

- Mr Newton said the achievement against the 18 week target was a great indicator of how Ms Danieli and her team get involved in tackling issues and did not just report on performance.
- Mr Smith asked what had made the difference to the 18 week performance in orthopaedics and Ms Danieli suggested that it was the level of clinical engagement in working with her team to drill into performance and activity information. She added that the Chief of Service had driven the agenda and consultants really want to achieve the targets. Prof. Hart reminded the board that over the last year there had been significant structural changes with a new managing director in the centre, who was working with the Chief of Service and Head of Nursing as a cohesive team to tackle a number of issues.
- In response to a question from Coun. Thompson about the impact of the recent four hour staff strike on services, Ms Danieli confirmed there had been no impact on the elective programme. However Prof. Hart said there had been ambulance delays as a result of the strike which meant patients were admitted to hospital later in the day.
- Coun. Thompson raised the number of elective cancellations as a result of a lack of ITU capacity and asked how the gaps in theatres are filled. Ms Danieli explained that specialities do what they can to fill gaps with patients who can come into hospital at short notice. Ms Jenkins queried who decides when to cancel patients and the meeting heard that it is a decision for silver command, usually a managing director. Prof. Wilson added that the latest cancellations had been escalated to him as the Chief of Service had had concerns about patient safety if some elective procedures had gone ahead without the required level of ITU support. Prof. Hart added that the CQC has highlighted the trust as having a higher level of elective cancellations than the national average and this would be something they would explore during their inspection of the trust.
- Mrs Rutter said she continued to be concerned about the A&E performance, particularly at JCUH and she emphasised that it reinforced the need for a robust strategy. She drew the board's attention to the link with penalties for late ambulance handovers, which was currently running at £250,000. Mrs Hullick added that the board heard a lot of about the actions being undertaken but they did not appear to be improving performance. Prof. Hart highlighted that the trust had seen a three per cent year on year increase in emergency activity and a 3.8% rise in the last month. However over that period performance had remained largely the same which indicated the service was operating more efficiently. Ms Danieli added that her team had looked at the admission rate from A&E and even when patient numbers dropped the number of people admitted remained high. From September there had

been an increase in the number of breaches of the four hour target due to the availability of beds. The board heard that A&E staff had been asked to consistently record delays and to alert bronze command so issues can be address instantly. Ms Danieli said this should help to make small inroads into the performance, explaining that even increasing performance by one per cent would guarantee achievement of the target and give the trust some space to resolve the bigger pathway issues over a longer period of time. Prof. Hart stressed that improving patient flow was a system wide issue that was being seen across the country. Mrs Parnell highlighted that the number of people using the Resolution centre was also increasing and asked when the A&E target would become an issue for Monitor. Ms Danieli explained that Monitor would investigate if the trust failed the A&E target for three successive quarters, or if the organisation failed three specific targets in one month.

- Ms Jenkins suggested it would be helpful for the board to have details of which services have the greatest fragility in terms of meeting key targets.
- With regards to clostridium difficile Mrs Hullick suggested an independent team look at the infection rates over recent years to see if there were any trends that had been missed. It was agreed that Miss Holt would discuss with Mrs Hullick outside the meeting.

**Decision:**

- i) The board noted the content of the report.**
- ii) Details of services that have the greatest fragility in terms of meeting key targets to be discussed at a future meeting.**
- iii) Miss Holt and Mrs Hullick to discuss an independent review of clostridium difficile rates to identify any trends**
- iv) The board agreed not to cancel elective surgery in the first two weeks of January 2015.**

**9. HEALTHCARE INFECTION**

Miss Holt presented the report for October 2014 highlighting there:

- were no trust assigned cases of MRSA in month, with a total of three for the year to date
- were six trust apportioned cases of c. difficile in October, with a total of 30 cases for the year to date against a target of no more than 49 cases.

Miss Holt added that there had been a further four cases of clostridium difficile in November following a cluster on ward three but none of the cases were linked.

She highlighted that the trust was appealing against five cases attributed to the trust – 4 with South Tees CCG and one with Hambleton, Richmondshire and Whitby CCG. South Tees CCG does not currently have a process for appeals but Miss Holt said that Monitor had offered to help with the process.

The board heard that work is going on with Carillion to increase cleaning between patients discharge and admission. A programme of deep cleaning was also beginning involving wards 1, 2, 3 and 15, however the necessary decanting would result in delays to opening the winter pressure ward.

Miss Holt said that Mr Jenkins' independent review had recommended having non-executive director involvement in the HCAI agenda and Mrs Jenkins agreed to pick this up outside the meeting.

In discussing the report the following points were highlighted:

- Coun. Thompson expressed concern about the impact on the system of delaying the opening of the winter ward, but Miss Holt highlighted the impact of not cleaning wards properly resulting in HCAs could also result in reduced capacity.
- Ms Jenkins drew the board's attention to the audits of hand hygiene and anti-microbial prescribing, asking what the consequences were for a ward indicated as red in both audits. Miss Holt explained that the prescribing would be picked up with individual consultants, the hand hygiene compliance discussed with ward leaders, and results would also be discussed with managing directors. The board heard that ultimately disciplinary action could follow from refusal to follow trust policy. Mrs Rutter added that it was frustrating that some areas seemed unable to achieve actions that were free and it was important that individuals and teams were held to account.
- Prof. Hart asked for a forward plan for deep cleaning during 2015-16 to ensure it is carried out thoroughly and, where possible, avoiding busier winter months. Miss Holt said there would be more detail about the cleaning regime in the next monthly update and feedback from other trusts about deep cleaning had proved useful in developing the organisation's own plans.

**Decision:**

- i) The board noted the content of the report.**
- ii) Mrs Jenkins to agree the non-executive director link for HCAs**
- iii) The next report to the board to include further details of the cleaning regime.**
- iv) Miss Holt, supported by Mr Myles McQuade, to develop a deep cleaning plan for 2015-16.**

**10. QUARTERLY QUALITY REPORT**

Miss Holt presented the report that gave the board an update on quality and safety monitoring for the second quarter of 2014-15. She highlighted:

- There was an increasing trend in falls and the position was being investigated for a report to the December meeting of the Quality Assurance Committee.

- While there had not been a particular increase in the number of complaints and PALS enquiries received by the trust an RPIW had been carried out to improve the PALS processes and particularly address delays in answering queries. The board heard that the number of re-opened complaints had risen, which was an indicator of the quality of the first response and also the number of complaints answered within 25 days was poor. These issues had been raised with centres at recent performance reviews and each area had been asked to develop an action plan to address concerns. The trust was also working with the Patients Association on complaints training for staff.
- The Safety Thermometer – Harm Free Care was running at 98% for the trust, with no new harms resulting in medical incidents, which was a good position for the organisation.

In discussing the report the following points were raised:

- Mr Lang drew the board's attention to charts in the report that suggested there had been a 28% increase in falls and asked if staffing levels had contributed to this rise. Miss Holt said the trust was treating an increasing number of confused patients who were prone to wandering without asking for assistance. Mrs Rutter said the Quality Assurance Committee had asked for more information about any correlation with nurse staffing levels. Ms Jenkins said the board needed more assurance about the actions being taken to address falls, and Miss Holt suggested that actions should be discussed at the Quality Assurance Committee and if the committee was not assured then it would be escalated to board.
- Prof. Hart said the trust's position in relation to complaints was disappointing and it would be an area looked at by the CQC during its inspection of the trust.

•

**Decision:**

- i) The board noted the content of the report**
- ii) Actions to address the number of falls to be discussed at Quality Assurance Committee and provide assurance to the board that actions are being undertaken that result in improved performance.**

## **11. PRESSURE ULCERS REPORT**

Miss Holt presented the report, apologising for some incorrect charts in the report and agreeing to circulate an updated report to all board members. She highlighted:

- The CALCULATE risk assessment tool had been introduced in general critical care areas in November and had been well received
- Awareness raising events had been carried out in the trust for the Stop the Pressure Day on November 20.
- An assurance framework for pressure ulcers is being prepared.
- A review of grade three and four pressure ulcers in the community had found that all had been appropriately graded.

**Decision:**

- i) The board noted the content of the report.**
- ii) Miss Holt to circulate an updated report to all board members**
- iii) An assurance framework to be presented to board.**

**12. WINTER PLAN**

Miss Holt presented the plan that had been updated to include the plans from the remaining two clinical centres. She highlighted that over the previous month audit and reporting arrangements for funding had been considerably more rigorous by NHSE.

In discussing the report the following points were raised:

- Prof. Hart asked if there had been any further information released about the £3m recently announced to support the NHS over the winter. Mr Newton said there had been no further update but it would be non-recurrent funding so could only be spent on equipment or to support locum, agency or overtime spending.
- Mrs Hullick highlighted some actions detailed in the plan that referred to recruitment to posts, which was now not going ahead and she suggested that the plan be updated to reflect the current position.

**Decision:**

- i) The board noted the content of the report.**
- ii) The winter plan to be updated to reflect the changed position in relation to the recruitment to certain posts.**

**BUSINESS SUSTAINABILITY**

**13. FINANCIAL POSITION FOR PERIOD ENDING 31 OCTOBER 2014**

Mrs Hewitt-Smith presented the report highlighting that the trust's financial performance remained in deficit but was ahead of plan largely as a result of non-pay expenditure. She updated the board on the position in relation to the contract with Hambleton, Richmondshire and Whitby CCG, explaining that while commercial terms were agreed in March 2014 there has been a delay in completing paperwork.

The board heard that CIP delivery was on track at £10.3m but Mrs Hewitt-Smith raised concerns that around 47% of schemes were non-recurrent.

With regards to the cash position the board heard that South Tees CCG had agreed to give a cash advance of £6.8m in January 2015 against activity, and it was expected that the bid for public dividend capital (PDC) would also go ahead in January.

Mrs Hewitt-Smith explained that the trust was currently working with PWC on an asset valuation exercise that could result in a significant impairment in the accounts for the next year. Detail of the exercise would be discussed by the

Audit Committee and, if approved, it could result in a £2.1m benefit to the trust's financial position and also impact on the amount of PDC required.

The board heard that the trust had appointed someone to lead the development of service line reporting and they planned to set up a group, with clinical representation, to roll out the reporting in tranches.

Mr Newton drew the board's attention to work by Monitor that essentially audited the work of a number of organisations' auditors, including those that audited the trust. This audit identified no issues with the work that had been done for the trust and he agreed to share this information with governors at their January 2015 meeting.

In discussing the report the following points were raised:

- Mr Kirby said he would have liked to have seen a 12 month rolling forecast in the report and he also expressed concern about the number of non-recurrent savings schemes in year. Mrs Hewitt-Smith said the board would receive a major update on CIP schemes in December and as part of budget setting with centres a rolling forecast would be developed. Mr Newton added that the trust is working hard to establish recurrent CIPs and he highlighted that a number of CIP projects for 2014-15 will deliver recurrent savings in 2015-16. Mr Bielenberg confirmed that the majority of 2015-16 CIP schemes were recurrent.
- Mrs Hullick suggested that it would be useful for future reports to include a break down of margins by centres and this was agreed.
- In response to a question from Mr Lang about the biggest risk to delivery of the plan, Mrs Hewitt-Smith suggested that it was non-recurrent CIPs and the potential for significant penalties if the trust failed the four hour A&E target. Prof. Hart said a number of trusts across the country had decided not to fine acute trusts for missing this target and she asked about similar discussions with local commissioners. Mrs Hewitt-Smith said discussions were relatively positive but South Tees CCG was following the A&E position very closely.
- Prof. Hart highlighted that while it was good news for the trust to have achieved its CQUIN targets for quarter one there were continuing issues around the pressure ulcer target that the CQC would potentially pick up during their inspection of the trust. Miss Holt commented that while there was a lot of good work going on to reduce pressure ulcers, the trust was not yet seeing the outcome of those efforts. She advised that the CQUIN target for pressure ulcers was always going to be very challenging to achieve.
- Ms Jenkins drew the board's attention to recent discussions about the benefit of setting up a finance and investment committee, and she asked Mr Lang to chair the committee and Mr Kirby and Mrs Hullick to be members. Mrs Hewitt-Smith said the committee would provide board members with the opportunity for more detailed discussion about financial performance, CIPs, contracting and commissioning before issues are brought to the board. She had drafted the terms of reference and agreed to circulate to all directors. Mr Newton commented that the

committee would not be a surrogate for effective management of financial performance but it would help to provide assurance to the board about financial management and performance. Prof. Hart said the idea of a finance committee was something that the governance review had picked up, however a similar committee had previously been in place and subsequently stood down. She warned that it was important that it did not overlap with the agenda of the weekly Transformation Steering Committee. Mrs Parnell pointed out that steering committee was an informal meeting and had no official position in the trust's governance structure. Mr Bielenberg suggested that once established the finance and investment committee could take over some of the work of steering committee.

**Decision:**

- i) The board noted the content of the report.**
- ii) The board agreed that future reports should include a breakdown of margins by centres.**
- v) Monitor's audit of the work of the trust's auditors to be shared with governors at their January 2015 meeting.**
- vi) The board agreed to establish a finance and investment committee, chaired by Mr Lang and with Mr Kirby and Mrs Hullick as members.**
- vii) Mrs Hewitt-Smith to circulate draft terms of reference for the finance and investment committee to all board members.**
- viii) Consideration to be given to the finance and investment committee taking over some of the work of the transformation steering committee.**

**14. EMERGENCY PREPAREDNESS**

Miss Holt presented the report that detailed the trust's compliance with the emergency preparedness, resilience and response core standards. The report highlighted that the trust was not compliant with a small number of standards. They did not impact on the trust's immediate preparedness and resilience but an action plan was in place to ensure compliance.

Miss Holt drew the board's attention to two points on the action plan – facilities in the incident room and evacuation plans. She explained that the trust does have a functional incident room and this was tested by a recent exercise. The board heard that it had been intended to carry out an evacuation exercise at James Cook University Hospital (JCUH) but it requires two empty wards, which were not currently available.

Miss Holt said progress against the action plan would be monitored by the Emergency Preparedness Committee.

In discussing the report the following points were raised:

- Mrs Hullick drew the board's attention to a red rated action around back up facilities for the switchboard at JCUH. Mr Newton said he was surprised to see this rated as red as back up facilities are available and

there is a longer term plan for its replacement. Mrs Hullick suggested it should go on the trust's risk register and Miss Holt agreed to do this for the December board meeting if the issue had not been addressed by then. She also agreed to review all the other red rated actions.

- Mr Newton asked if contact details for staff on call could be updated.

**Decision:**

- i) The board noted the content of the report.**
- ii) The board agreed the action plan subject to Miss Holt reviewing the red rated actions.**
- iii) The chair and chief executive to sign off the action plan when all actions addressed.**
- iv) Miss Holt to include key risks on the risk register for the December board if they have not been completed by then.**
- v) Miss Holt to ensure contact details for staff on call are updated.**

## **ORGANISATIONAL CAPABILITY**

### **15. MANDATORY TRAINING**

Mr Harrison presented an update to the board on work agreed by the board in August 2014 to improve mandatory training in the organisation. He highlighted a number of changes including the adoption of the UK core skills training framework, new mandatory training sessions, and a more pragmatic approach to identifying staff that need conflict resolution training.

The board heard that since the changes were introduced compliance with the mandatory training target had increased from 68% to 72%.

In discussing the report the following points were raised:

- Mrs Hullick asked if the trust had progressed the idea of having one date per month when staff could start work with the trust. Mr Harrison said that while there are set dates each month for induction introducing a single start date instead of a rolling start date could cause problems for services needing to recruit staff with scarce skills. This decision was welcomed by Mrs Hullick.
- Mrs Rutter said it was good to see improvements but was concerned that progress should continue. Mr Lang added that while the improving trend was positive the trust faced a big challenge in achieving its 80% target of all staff having completed mandatory training.

**Decision:**

**The board noted the content of the report.**

## **ITEMS FOR INFORMATION**

### **16. ANY OTHER BUSINESS**

There was no other business.

**17. QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

**18. DATE OF NEXT MEETING**

The next public meeting of the Board of Directors will be held on Tuesday 27 January 2014 at 10am in the Board Room, Murray Building, JCUH.