SOUTH TEES HOSPITALS NHS FOUNDATION TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting held in public on Tuesday 27 January 2015
at 10.00 in the Board room, 1st floor, Murray Building,
The James Cook University Hospital, Middlesbrough TS4 3BW

Present:	Ms D Jenkins	Chairman
	Mr D Kirby	Vice Chairman
	Professor T Hart	Chief Executive
	Mrs A Hullick	Non-Executive Director
	Mr H Lang	Non-Executive Director
	Mr C Newton	Director of Finance & Information Technology
	Mrs C Parnell	Director of Communications and Engagement
	Mrs M Rutter	Non-Executive Director
	Mr J Smith	Non-Executive Director
	Cllr Mrs B Thompson	Non-Executive Director
In attendance:	Dr S Baxter	Chairman, Senior Medical Staff Forum
	Mrs M Coyle	Personal Assistant to CEO
	Mrs M Hewitt-Smith	Deputy Director of Finance
	Mrs G Hunt	Deputy Director of Nursing
	Dr M Stewart	Chief of Service, Cardiothoracics
	2 members of the public	
	For item 3	
	Mrs B Christie	
	Mrs Y Cochrane	
	Mrs A Kirby	Head of Nursing, Specialty Medicines
	For item 7	
	Mrs S Danieli	Deputy Director Performance Management
	For item 8	
	Mrs A Peevor	Assistant Director of Nursing (Deputy DIPC)
	For item 11	
	Dr G Birrell	Consultant in Paediatrics
	Mr D Cruickshank	Chief of Service, Women & Children Centre
	Mrs F Toller	Managing Director, Women & Children Centre
Apologies:	Miss R Holt	Director of Nursing & Quality Assurance
	Professor R Wilson	Medical Director/Deputy CEO

1 WELCOME AND INTRODUCTION

The Chairman, Ms Jenkins, introduced herself and welcomed everyone to the meeting.

2 DECLARATIONS OF INTEREST

Attendees were reminded of the need to declare any interests they may have in connection with the agenda.

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

3 PATIENT EXPERIENCE STORY

Mrs Hunt introduced Mrs Barbara Christie who was accompanied by her friend Mrs Yvonne Cochrane and Mrs Audrey Kirby, and explained that Mrs Christie was an experienced nurse working at The James Cook University Hospital (JCUH) and the wife of the late Mr Alexander Vincent Christie (Vin). Mr Christie had been a patient at JCUH and Mrs Christie had come to speak on their experiences of the care and treatment he had received.

Mrs Christie began by thanking the Board for the opportunity to share their patient experience which had started when her husband became unwell in April 2014 and had been referred to JCUH for an urgent ENT appointment. Mrs Christie talked through a detailed account of her husband's illness, the quality of the care and treatment he had received both as an in-patient and out-patient and the impact this had on them as a patient, carer and member of staff.

Mrs Christie explained that following investigations the manner in which her husband was informed that he had a tumour was badly handled and they were distressed, it showed a lack of understanding of the impact such news would have on a patient who she commented was often unable to see a vision of what the future could be.

When attempting to clarify conflicting messages they had been given on her husband's care and discharge, Mrs Christie said a nurse indicated she had just returned from annual leave, that her colleague was on a break but she understood there were no plans to discharge her husband. Mrs Christie also thought it was poor that the nurse referred to her husband by the wrong name. Mrs Christie commented that this left them confused and unhappy regarding the miscommunication.

They found a review with a consultant to be confusing and noted that there was no nurse present. Acknowledging that her husband's condition came under two disciplines, Mrs Christie commented that whilst attending the hospital for a biopsy and raising questions, there was a lack of clarity regarding ownership and lead consultant. During this hospital visit, Mrs Christie also mentioned a significant delay from requesting a drink for her husband to actually receiving it and of delays and difficulties in progressing a prescription and treatment to address her husband's nutritional needs.

Mrs Christie described a consultation with a doctor who knelt at her husband's feet and explained that his case would be discussed at a Multi-Disciplinary Team (MDT) review but at which he would not be invited, to be patronising. Despite assurances given that a treatment plan would be in place, this did not materialise and they did not receive confirmation of their key worker or lead consultant.

Mrs Christie gave examples of lack of communication from nursing staff and consultants regarding her husband's welfare and treatment. Mr Christie's condition became increasingly frail and his struggle to drink and eat was highlighted to the specialist nurse. Despite assurances that this would be discussed at the MDT this was delayed and upon seeking further advice they were told to report to A&E, based on his previous experience Mr Christie refused. Later that day, Mr Christie became very distressed feeling that the system had abandoned him and Mrs Christie spoke of the shame she felt at the way in which he had been treated.

Following confirmation by his GP that Mr Christie had been diagnosed with cancer, he was admitted to AAU and subsequently to Ward 8 where, Mrs Christie commented, they felt he was well cared for and felt safe.

Mrs Christie received a message from the specialist nurse indicating that they could contact her if they needed her. A consultant told Mrs Christie that as she was trained to undertake nasogastric feeding, she could take her husband home. Mrs Christie reflected on this decision querying whether the consultant had assured himself that she was

competent or whether she was comfortable undertaking this for her husband. Mrs Christie thought this was an example of the lack of thought and contact given to checking if the family were coping.

On their next visit to the hospital the consultant gave an explanation of the tumour and that as its position meant that it came under two disciplines for treatment, this had caused some of the difficulties they had experienced, Mrs Christie thought that they should have been given this information sooner. She spoke of further contact with a nurse who said she had just returned from annual leave and was unfamiliar with Mr Christie's case, Mrs Christie gave this as another example of caring for patients without appropriate information. Furthermore, she had experienced poor contact with a nurse who lacked empathy.

Mrs Christie outlined an occasion when her husband had become very confused and was readmitted to hospital, the following day staff disagreed that he was confused but Mrs Christie insisted that she had the professional knowledge to make that assessment and requested a further night stay in the hospital which they agreed to.

Following discharge Mrs Christie spoke of no contact from the key worker and after experiencing difficulties with the nasogastric feed she had re-contacted the hospital who said they were too busy and asked that she phone back. Upon further contact they indicated they remained too busy and advised that she contact the NHS111 call centre. Despite NHS111 efforts to assist Mrs Christie resorted to contacting a nursing colleague who assisted with Mr Christie's admission to Ward 8, Mrs Christie spoke of the despair she felt at this point.

At this point Dr Wood and Dr Plews became involved in Mr Christie's care and Mrs Christie expressed her gratitude for the excellent treatment he then received. Mr Christie's condition became increasingly frail and whilst admitted onto Ward 8 for further investigations he received an apology from a nurse for her previous approach. Dr Wood, Mrs Kirby and Ms Hand met Mr Christie and Dr Wood apologised for the lack of care and outlined the treatment dependent on the results of the PET scan. Mrs Christie spoke of the respect her husband had for Dr Wood who he felt treated him with dignity, compassion and care.

Mrs Christie spoke of the excellent treatment her husband received thereafter but as his condition deteriorated it was agreed not to continue and Mr Christie was transferred to Teesside Hospice where he died on 23 July 2014.

The Chairman thanked Mrs Christie for telling her story, she expressed a sincere apology that the organisation had let her and her husband down. Whilst she accepted that there could be occasions when communication did not always work first time, she thought some of the attitudes they had experienced fell well below expectations. Questions were invited from members of the Board:

- Cllr B Thompson expressed that she was over-whelmed by the experience of Mr and Mrs Christie.
- Dr M Stewart concurred with Mr and Mrs Christie's view that the organisation had let them down and considered that with Mrs Christie's knowledge of the NHS how the same experience would have been for a member of the public. The question to be addressed was what should be done to improve the service, concerns had been raised regarding Mr Christie's care which had not been resolved, he thought that responsibility had to be taken for what had gone badly wrong.
- Mr Kirby was disappointed to note that as well as incidents of poor communication, there had been examples of poor attitude and response.
- Ms Baxter commented on the complexity of Mr Christie's condition which had tested whether processes were joined up, she doubted that there was any deliberate intent but was very saddened by the examples of lack of care and poor treatment they had experienced.

- Mrs Hunt commented that the organisation had clearly failed Mr and Mrs Christie and their experience would also be shared and reviewed within the specialist nurse forum, she agreed that responsibility should be taken for the poor communication.
- Professor Hart introduced herself to the meeting and expressed the distress she had felt about the lack of care delivered to Mr Christie. She commented that whilst that could not be replaced the organisation could learn from its mistakes, for example, identify on every Ward or Department a named individual to contact where there are concerns regarding the care of a relative and Miss Holt had been asked to take this forward. Professor Hart expressed gratitude to Mrs Christie for sharing what was a distressing story and acknowledged the demand this had placed on her.

Action: Miss R.Holt

Ms Jenkins received assurance that the actions from each patient story were reviewed to ensure agreed actions were taken.

DECISION:
The board noted the patient story and the agreed action.

4 MINUTES

The Minutes of the meeting of the Trust Board held in public on 18 December 2014 were received and approved as a correct record of the proceedings.

DECISION:
The minutes of the meeting held on 18 December 2014 were approved.

5 MATTERS ARISING AND ACTIONS FROM PREVIOUS MEETING

There were no matters arising from the Minutes that were not covered elsewhere on the agenda.

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

October 2014:
- Agenda item 9: subsumed within Mr O'Connell's review to be reported to the Board of Directors in March 2015; completion deadline changed to 31.3.2015.
- Agenda item 11: to be considered at the Quality Assurance Committee in February; completion deadline changed to 24.2.2015.
- Agenda item 16: completed.

December 2014:
- Agenda item 7: T.Hart had discussed with M.Headland/B.McCarron and action plan to improve the rating of the trust's stroke services was in place, completed.
- Agenda item 8: update on gastroenterology position; completion date changed to 24.2.2015.

6 CHIEF EXECUTIVE'S REPORT

Professor Hart introduced her report on recent developments and highlighted the following:

- The trust had experienced significant demand pressure on its services, similar to the national picture for A&E services, compared to the same period in 2013 it had seen an increase of 600 patients through A&E and 900 at the Resolution Centre. She thought it was important that the Board were aware of the unending commitment colleagues had shown through this busy period, both clinical and non-clinical. Additional actions had been taken in response to the increased demand, services had been maintained and the trust had not had to declare a serious incident. Close working continued with

partners in the Health and Social Care system in the Durham & Tees Valley area to bring about the further change needed as demand for patient services continued to increase.

- Changes to the Board of Directors were detailed in the report and Professor Hart was pleased to welcome: Mrs S McArdle, Transformation Director; Mr R Wight, Medical Director (effective 1.4.2015) and following a rigorous interview process Ms R James had been appointed to the role of Director of Quality. Mr Newton would assume the responsibilities of Deputy Chief Executive from 1.4.2015. Professor Hart was also pleased to report the new role of Mrs Parnell as Director of Communication and Engagement which would also include patient experience/engagement.
- The reported changes to the Short Stay Paediatric Assessment Unit (SSPAU) would be reported on fully later in the agenda, Professor Hart commented that it was important that the Board were fully informed due to the concerns expressed by colleagues at Hambleton, Richmondshire & Whitby CCG (HRWCCG) and the Local Authority. Along with the Chairman, Professor Hart would be meeting those colleagues to discuss the changes and their concerns and further explain the background to the action taken.
- The report out of the Healthwatch 'enter, view and observe' visit to the Friarage Hospital was positive but with some areas identified for improvement. The Board was reminded of the current high levels of scrutiny of services including the recent CQC inspection held in December.
- There had been an excellent take-up of the flu campaign in 2014/15 achieving 75% immunisation.
- Elections would be held for vacant seats on the Council of Governors, Professor Hart commented on the added value that Governors brought to the organisation.

The following points were made in discussion:

- Cllr B Thompson noted the high level of activity in the organisation and reported that she had heard positive comments on the good level of care provided.

DECISION:
The Board noted the report.

QUALITY, SAFETY AND PERFORMANCE

7 PERFORMANCE REPORT FOR DECEMBER 2014

Mrs Danieli introduced the trust performance report for December 2014 at the quarter three period, this informed the Board on performance against current national indicators and local targets, and the following areas were highlighted:

- Compliant against the 18 week targets on all 3 standards and second best performance in the region. On the national benchmark for admitted and non-admitted pathways non-compliance equated to hundreds of patients per week not being treated within the 18 week standard. Whilst the trust's backlog had grown in December by 2% this remained just under the threshold and plans were in place to address this position by the end of March. NHS England had announced provision for additional work to be undertaken by end of March 2015, the trust had been named as one of the organisations eligible to undertake this and discussions were taking place with South Tees CCG to confirm arrangements. Orthopaedic services would be a focus due to the high number of patients and cancellations during the first week in January, it was hoped to deal with a further 80 patients by the end of March. Admitted pathway compliance rate had dropped.
- Mr Newton clarified that additional treatments would be through a commercial arrangement to avoid this being detrimental to the trust's operation. Mrs Danieli indicated that this activity would be targeted at admitted long waiters and therefore should improve the position for new patients.

- A&E target compliance reduced in December but the Board was reminded of the increased attendance over the same period last year creating significant pressure on the department; quarter 3 would be reported as non-compliant.
- In response to a query from Mrs Hullick, Mrs Danieli indicated that delays were acknowledged as being a whole-system issue and bed availability was a significant factor.
- Professor Hart reminded the Board of the major surges in 2012/13 and the Public Health England data which confirmed that Middlesbrough had one of the largest caseload of respiratory illness across the country. She agreed that the delays in the system were a result of a number of factors, the pace of the discharge process had to speed up and with the assistance of local authorities enable patients to return home. Surges in demand in the system increased the number of outlier patients which in turn created pressures on staff and impacted on elective operations.
- Dr Stewart commented that the surge in December was exceptional but A&E at JCUH had hit the target in only 5 out of 40 weeks, he did not think this was entirely due to winter pressures and going forward change was needed to bring about improvement. He recognised that what staff had achieved in December as excellent but patient numbers were increasing.
- Mr Lang commented on the excellent achievement in improving performance against the 18 week targets but enquired if pressures were building up due to the cancellation of elective surgery. Mrs Danieli responded that the backlog had grown by 2%, that the additional funded capacity would be targeted at Orthopaedics which had absorbed a higher number of cancellations. Whilst this would not improve compliance in January it would at least allow progress to admit longer waiters and decrease those numbers, performance should then pick up in February and March.
- Mrs Parnell commented that on her recent period of Gold Command the cancellation of elective operations had shown the required benefit.
- Dr Stewart thought the situation had encouraged patients to report to the correct place ie the increased numbers at the Resolution Centre and noted the related work of Mr J O'Connell which would report back to a future Board meeting. T.Hart reminded the Board that significant work was underway to review the emergency care pathway involving Chiefs of Services, Friarage Hospital and how the CCG could assist along with the work of Mr O'Connell.
- Mr Kirby asked about the levels of confidence in future performance against the 18 week targets, in response Mrs Danieli commented that actions were in hand and they expected to be able to manage the pressures.
- Mrs Danieli indicated that A&E was forecast to come back to compliance in February. Whilst increased demand based on last year had been factored in, an accurate forecast was difficult due to the unpredictable nature of attendance. Whilst January was non-compliant as a month, quarter 4 was expected to be back on track but this was based upon the last 3 years attendance and performance.
- Mr Kirby noted the risk that the trust could be non-compliant for 2 consecutive quarters on the 62 day cancer target commenting that quarter 4 had to be on target. In response to Cllr Thompson, Professor Hart indicated that Monitor would not show any latitude linked to the pressures in the system.
- On cancer targets, Mrs Danieli commented that the performance reported was indicative for December, all targets had been achieved with the exception of the 62 day screening target, the Board were reminded that due to the low numbers involved for this target the percentages were sensitive to non-compliance. Activity was under close scrutiny to ensure data had been recorded correctly. Non-compliance in quarter 3 would increase the pressure to be compliant in quarter 4. There had been a significant increase in demand for urology surgery and the reasons behind this were under review with the commissioners.
- In response to Ms Jenkins, Mrs Danieli responded that there had been a monthly increase in demand in addition to the impact of the patient health campaigns, business cases had been prepared for a further 2 consultants which should ease the pressure on the team. Additional theatre capacity had been requested to meet demand and systems at neighbouring trusts were being examined to improve the rate

of referral. A regional meeting would take place towards the end of February to review pathways and examine the reasons for failure, agree on collective action and discuss the 62 day breach allocation policy.

- In response to Ms Jenkins, Mrs Danieli confirmed that the sensitivity of the screening target to a low number of breaches had been raised nationally but the target remained the same.
- In response to a query from Mr Kirby, Mrs Danieli agreed to update the Board when the final performance position was closed for cancer targets.

Action: Mrs Danieli

- Mr Newton confirmed that he would inform Monitor that the trust was at risk of failing the 62 day cancer target should the further work of the performance team not prove successful.

Action: Mr Newton

- Mr Smith queried whether a green rating should be included in the summary of the new section 11 of the report 'speciality performance risk' which was an assessment of high risk areas. Mrs Danieli responded that it was an early draft of a new section of the report focussing on the 6 main targets impacting on trust performance. Mr Smith commented that resolving staff vacancies and sickness absence appeared to be a factor to bring about improvement.
- Ms Jenkins found the new section in the report helpful and suggested that it should be aligned with the work of the Director of Quality to use the information strategically ie where there is a red rating what action was being taken and when would it improve.
- Mr Kirby expressed positive comments about section 11 adding that the forward view it provided was a good development, having the indicators and forecasting in one place he thought was taking the report in the right direction.
- The Nursing and Midwifery and Pressure Ulcer reports were reported on elsewhere on the agenda.
- There had been 13 cases of Clostridium difficile reported in December, at the end of quarter 3 the trust was non-compliant.

The Chairman asked the Board if they were satisfied with the plans in place to address the areas of risk outlined:

- Mrs Hullick identified the workforce plan as being a critical factor to addressing areas of risk, to speed up the recruitment process and drive sickness levels down, both areas identified in the winter pressures.
- The Board agreed that Mr Newton should inform Monitor that the Board were not satisfied that the existing plans in place would address the problems to bring the levels of Clostridium difficile back to the target.

Action: Mr Newton

- The Board requested that actions were put in place to strengthen the plans to improve Clostridium difficile and workforce to achieve performance targets.

Action: Ms Holt/Mr Harrison

DECISION:
The board noted the in-year performance and the actions being taken to address the target.
ACTIONS:

1. **Mrs Danieli agreed to update the Board when the final performance position was closed for cancer targets.**
2. **Mr Newton to inform Monitor, via the required declaration, that the trust was at risk of failing the 62 day cancer target should remedial action not prove successful.**
3. **Mr Newton should inform Monitor that the Board was not satisfied that the existing plans in place would address the problems to bring the levels of Clostridium difficile back to the target and that the Board had requested that actions were put in place to strengthen the plans to improve Clostridium difficile and workforce to achieve performance targets.**
4. **Miss Holt and Mr Harrison, respectively, to put actions in place to strengthen the plans to improve Clostridium difficile and workforce to achieve performance**

targets.

8 HEALTHCARE INFECTION

Mrs Hunt introduced the healthcare infection report which provided a summary to the Board of surveillance information on MRSA and MSSA bacteraemia, Clostridium difficile-associated diarrhoea, bacteraemia due to glycopeptide-resistant enterococci, ESBL-producing coliform infections and other important healthcare-associated infections for the month of December 2014. The following points were highlighted:

- There had been 1 non-trust assigned MRSA and 0 trust assigned cases in December, a route cause analysis was undertaken and no lessons to learn were identified. Over the year there had been an increase in this area and attention was drawn to the report by Dr David Jenkins into prevention and management attached to the report.
- There had been 4 trust-apportioned cases of MSSA in December, a route cause analysis had been undertaken and lessons to be learnt identified.
- There had been 13 cases of Clostridium difficile in December, taking the cases for the year to date to 50 against an upper threshold of 49 cases. It was noted that the organisation had been very busy throughout December with bed occupancy rates of 93% against 87% the previous year and the Board was reminded of the established link between high bed occupancy rates and increased rates of infection. The numbers reflected an increase in both trust-apportioned and non-trust apportioned cases suggesting a reservoir of infection in the community. Mrs Hunt commented that this was a concern and robust action had been taken.
- Assurance had been received from the commissioners that the appeals process for Clostridium difficile cases should be in place by the end of the month. Where the root cause analysis revealed nothing differently could have been done, the case would still be counted but this would be recognised within the penalties.
- Cleaning, anti-microbial prescribing and hand hygiene were all areas under continued scrutiny. The Board had met with Endeavour partners to discuss performance and raised concerns regarding Carillion's performance against the cleaning contract, it had been agreed to increase the cleaning hours in 12 high risk wards with effect January 2015 and a follow-up meeting would take place in February. Carillion had also been invited to the Board of Directors meeting in February to report on this area. Deep cleaning had been completed for Wards 1, 2, 3 and 15 using the Hydrogen Peroxide fogging equipment and where there were suspected cases of patient diarrhoea, also the commissioners may fund additional fogging equipment. Hand hygiene return rates were increasing and Mrs Hunt assured the Board that a commitment was made to achieve a 100% return rate. Training in hand hygiene had met 24% of its target; there was confidence that 100% would be achieved by end March 2015.

The following points were made in discussion:

- In response to a query raised by Mr Kirby, Mrs Hunt confirmed that the hand hygiene training was a refresher and included competency assessment. She explained that regular training is undertaken throughout a clinician's career. The current approach was being centrally driven to have a record of who had received it, but this was not the first time they would have received the training. Professor Hart confirmed that it formed part of the core curriculum training.
- Mr Kirby referred to information in the HR section of the performance report and compliance levels against the Infection Prevention & Control modules, he guesstimated that the percentage related to 2,500 staff had not undertaken the training. Mrs Hunt explained that this programme of training was delivered over a 3 year cycle and that those modules were an element within that and the competency of staff was assured through trust policy.

Mrs Hunt resumed her update on the following areas:

- Medical equipment was being replenished in the isolation side rooms.
- Focus of attention on 5 key areas campaign including hand hygiene and encouraging

visitors to follow hand hygiene standards.

- In terms of Board assurance, there had been 2 executive level meetings held, chaired by the Chair of the Board of Directors, and they would continue to meet until the number of Clostridium difficile cases reduced. Ward and Centre HCAI dashboards were in place, the deputy (DIPC) was overseeing centre level action plans. Detailed thematic review would be undertaken to establish lessons to be learnt ie movement of patients, antibiotic prescribing.

The following points were made in discussion:

- Mr Lang agreed that there was a need to undertake a thematic review including actions taken.
- Dr Stewart commented that the factors were complex and not just down to hand hygiene and spoke of an increase in the at risk group bringing the infection into the hospital.
- Ms Jenkins noted the significant increase of infections in the community, and despite the actions being taken a continued rise in infections.
- Mrs Hullick referred to the cluster on Ward 7 and enquired if that could be looked at to clarify if that was a Ward issue, Mrs Peevor confirmed that the dashboard addressed that. Mrs Hullick commented that it would be helpful to look at such information, Mrs Hunt agreed to share the notes from review meetings which had also pulled together all relevant data and indicated that Ward 7 had been deep cleaned. She also confirmed that Miss Holt had set time aside with Managing Directors to review how the deep cleaning programme was being managed. Mrs Peevor commented that the patients on Ward 7 had arrived from different areas, staff had indicated that cleaning standards were good but there were pressures due to staff sickness absence.

  Action: Mrs Hunt
- Mrs Parnell commented that the executive led steering group had been helpful and provided an opportunity for the Board to drill down into the detail for their assurance that all that could be done was being done.
- Dr Stewart commented that there were two issues (a) despite the actions being taken the numbers were increasing, timely and targeted interventions were needed and (b) he questioned whether the evidence had given assurance that interventions were timely, targeted or delivering an outcome. He suggested the approach should be triangulated from the Chiefs of Services, Managing Directors and Heads of Nursing, and then presented to the Board to give assurance.
- Professor Hart commented that a heat map would be helpful and to see the multi-factor effects, and also spoke about the link with increasing numbers of patients into the trust. Querying what the actual position would have been with normal patient flow.
- Mrs Peevor had actioned the Board's request for Carrillion to attend their February Board meeting to satisfy their need for assurance on performance against the cleaning contract ie training/supervision of staff, process for escalation at Ward and department level, KPIs. She also noted that there were no penalties in place for Carillion for non-delivery of the cleaning contract.
- Ms Jenkins commented that work was underway to validate the performance figures against the cleaning contract and standards.
- Mr Smith commented that the report should have made reference to the steering group now in place, welcomed the dashboards included in the report but queried whether this should be more sensitive to enable quicker actions. Mrs Hunt responded giving assurance that actions were always taken quickly including isolated one-off cases.
- Ms Jenkins asked for the link with pharmacy to be included in the next report and spoke of the increasing focus by Monitor on this area and their indication of further escalation within the process. She emphasised the need for quick action out of the meetings and oversight taking place.
- In response to Professor Hart's request, Mrs Peevor agreed to review the membership of the Infection Prevention and Action Group (IPAG) to ensure actions out of that group.

  Action: Mrs Peevor

- Dr Stewart spoke of the committed focus that staff had on this area through 2014 to come in below the performance trajectory and their disappointment at not seeing the benefits of their hard work. There was a focus on antibiotic prescribing and the trust should be proud of the results of the audit into that area. He spoke of the environmental risks to the most vulnerable patients which had yet to be addressed.
- Ms Jenkins commented that the environment issues had been raised at the last meeting with Endeavour and Mr Newton responded that the trust would have to be in a position to decant the Wards to facilitate any refurbishment work. Mrs Hewitt-Smith added that there was sufficient investment in 2015/16 and beyond to address this.
- Mr Kirby summarised that as a Board were they clear that (a) there was a focus on getting performance against the trajectory to zero, (b) Professor Bellamy had informed the Board previously on the environmental issue as being significant and (c) in view of the reported further actions taken to reduce infections, why had those steps not been taken earlier and was the Board assured therefore that all that could be done was being done.
- Mr Lang enquired if there were other organisations with a better performance. Mrs Peevor confirmed that Coventry was performing well and that they had a programme in place of deep cleaning. Mrs Hunt highlighted that not all organisations had the complexity of patients that the trust had but assured the Board that they were outward facing in the work to improve performance.

DECISION:
The Board received the updated position in the report and supported the recommendation that clinical centres should continue their support and engage completely with all measures to reduce healthcare-associated infections.
ACTIONS:
1. **Mrs Hunt to share the notes from the review meeting of Ward 7.**
2. **Mrs Peevor agreed to review the membership of the Infection Prevention and Action Group (IPAG) to ensure actions out of that group.**

9 QUARTERLY NURSE STAFFING REVIEW

Mrs Hunt presented the report to provide the Board of Directors with the results of the patient acuity and dependency data collected in November 2014 on both the acute and primary care hospital (PCH) sites. The following points were highlighted:

- The data had been collected in November 2014 from adult in-patient areas and examined using the Safer Nursing Care Tool Multiplier as recommended by NICE.
- A key focus in previous reports was the number of nurses during night shifts, particularly in the Integrated Medical Care Centre, significant progress had been made to resolve this by realigning staff rotas and this had been achieved within budget.
- In-patient Women & Children's services data was being collected using the Scottish Children's Acuity Measurement in Paediatric Settings tool (SCAMPs) and NHS Scotland had agreed to run the data through their system.
- National guidance was expected to be issued in 2015 for A&E and midwifery.
- There was evidence that Heads of Nursing were using the data and examples of staff moved around to achieve the best results.

The following points were made in discussion:
- Ms Jenkins enquired if there were any concerns that were not being taken care of through actions, Mrs Hunt responded that night shifts in the Integrated Medical Care Centre had been a concern but this had now been resolved. There were actions to be taken linked to vacancies and the workforce and sickness absence was a focus for action.
- In response to a query raised by Mr Kirby, Mrs Hunt responded that the shift co-ordinator was a registered nurse. Mr Kirby queried whether this could be undertaken by an administrator.

DECISION:
The Board noted the report and accepted the recommendations for future work.

BUSINESS SUSTAINABILITY

10 FINANCIAL POSITION FOR PERIOD ENDING 31.12.2014

Mrs Hewitt-Smith presented the report to advise on the financial position at 31 December 2014 and highlighted the following points:

- The in-year cumulative deficit was £5.5M at the end of the quarter three period, ahead of 2014/15 plan at December. The positive variance was due to increased activity, cost control on pay and non-pay.
- Cost Improvement and Productivity (CIP) plans were ahead of forecast by £1.9M at December and had achieved £16.7M year to date. Significant element of non-recurring savings related to vacancies but there was confidence that they could be converted into recurring savings. The full year effect of the 2014/15 savings would be £21.8M, with the existing run rate the expectation was to be on plan. A very good achievement.
- Significant underspend against the medical budget reflecting the CIP on premium pay reduction.
- Significant underspend on non-pay costs and good control to keep profit making services in-house.
- Income ahead of plan by £1.4M, the trust was ahead on its contract and this was the subject of on-going discussions with commissioners, particularly South Tees CCG and Specialised commissioners.
- Restructuring costs £0.6M over plan but this was anticipated to come back to the plan of £5M. Further expenditure on voluntary severance payments and professional fees for small be-spoke work.
- Areas of concern were:
  - A decline in the Tertiary Services Centre performance and forecast performance; a meeting was scheduled to identify the cause and seek assurance.
  - Under the long term financial model developed the trust had to confirm a Continuity of Service Risk Rating (CSRR) of 3 for the next 4 quarters. Although the Board had been provided with assurance of a £11.1M surplus outturn position, the CSRR would be reported as 1. It was explained that the poor liquidity year end cash forecast for next year had pulled the CSRR down.
  - An error was reported in paragraph 5.4, Trauma, Theatres and Anaesthetics, pay line, under year-to-date, plan column should read £38.9M.

The following points were made in discussion:

- Mr Lang asked for clarification on the reference to risk rating 1, Mrs Hewitt-Smith responded that this was not a significant change, it had been submitted within the Recovery Plan and the expectation was to exceed, from a regulator's perspective this was not a significant impact.
- Mrs Hullick enquired if the £1M capital expenditure would be spent by the year end, Mrs Hewitt-Smith confirmed that detailed discussions were taking place, that there had been underspend in some areas ie IT and medical equipment but assured the Board that developments were progressing and the funds would be spent.
- Mr Smith referred to the full year forecast and queried the underspend on IT. Mr Newton responded that a development programme was progressing to improve the infrastructure, within this savings had been and there had been some movement on the schedule. In essence, the programme was delivering more for the money allocated thereby releasing funds for medical equipment and other capital needs. This did not detract from the level of overall investment that was required in the IT system.
- In response to a query regarding whether the CCG contract levels had been set too low, Mrs Hewitt-Smith commented that the commissioners had to pay for the activity delivered in 2014/15. For the 2015/16 financial year an accurate contract value would be key and a core data set in terms of activity had been agreed which should bring activity and contract value closer together. The commissioners were forecasting an

underspend in 2014/15 despite the over-activity.

- Dr Stewart referred to the Tertiary Services Centre commenting that this was not solely an income drop and that it also related to the transfer out of neuroradiology services to another centre.
- Mrs Hewitt-Smith reminded the meeting of the discussions with the Department of Health (DoH), Monitor and ITFF Panel for £14.4M additional funding to the trust. Monitor had not met the DoH January deadline, formal approval would now be put to the February meeting. The funding would be received via (a) capital and (b) revenue, the DoH were considering investing more in capital, £7.5M would be received in the first week of February whilst the DoH considered their decision on the remaining funding.
- Mr Smith shared his concerns that the DoH were pulling back funding for IT projects, Mrs Hewitt-Smith responded that some bids had their funding withdrawn but this had not happened to the trust, however this remained a risk. Evidence had been provided to Monitor that the bids had been approved and used in evidence to the DoH to secure additional funding.

DECISION:
The Board of Directors noted the report on the financial position and approved the submission of the quarterly financial return for the period to end December. The Board of Directors agreed to confirm that the trust's Continuity of Service risk rating would remain as 1 over the next 12 months.

ITEMS FOR INFORMATION

11 CHANGES TO PAEDIATRIC DAY UNIT, FRIARAGE HOSPITAL, NORTHALLERTON

Dr Birrell, Mr Cruickshank and Mrs Toller were welcomed to the meeting to present a report to inform the Board on the background to the decision to temporarily reduce the opening hours of the short-stay paediatric assessment unit (SSPAU) at the Friarage Hospital due to paediatric medical staffing gaps. Mrs Toller assured the Board that there was disappointment with the current position, it had not been their intention to arrive at this position and their commitment was to maintain the opening hours. However, despite their best endeavours they had not been able to resolve the medical staffing issues. Mrs Toller highlighted the following points from the report:

- Last year, despite concerns expressed by the trust based on clinical demand and consultant paediatric availability, Hambleton, Richmondshire & Whitby CCG (HRWCCG) commissioned the SSPAU to open 7 days a week from 10.00-22.00 but subject to a 6 month trial/review of the caseload and their own review into GP services.
- A key issue was the inability to recruit to the medical staff vacancies and provide cover for staff sickness absence. Significant efforts had been made through recruitment and agency staff avenues to address gaps in the staffing and the CCG had been kept aware of the difficulties.
- The gaps in staffing were due to a mixture of vacancies and staff sickness absence leaving the Women and Children's Centre with 4 WTE paediatric consultant gaps (26%) to deliver the service across JCUH and the SSPAU at FHN.
- Options were considered to change the consultants' rota but that had not presented a solution. Approaches were made to other organisations for assistance but they were also under pressure to maintain their services.
- To assess who would be affected by a change in opening hours, a review of activity was undertaken including where patients had come from. The majority of referrals were made by GPs and many of the self-referrals could have been looked at by a GP. Due to continued staffing resource issues and to maintain the safety and sustainability of paediatric services, it was decided that the Centre had to reduce the service hours of the Short Stay Paediatric Assessment Unit (SSPAU) at FHN.
- The proposal was to move to reduce the existing service to: 10:00 to 20:00 Monday to Friday (last attendance at 19:00) and 10:00 to 17:00 Saturday, Sunday and Bank

Holidays (last attendance at 16:00). The current service did not admit after 8pm to

allow 2 hours to clear the unit, under the new opening times this would be reduced to 1 hour thereby reducing the impact of the new opening times.

- Focussed work would continue to close the gaps in staffing resource and it was noted that a new appointment to the trust was due to start in April and further interviews to be held in March.

The following points were made in discussion:

- Ms Jenkins noted that there was more emergency activity through mid-week and that the unit would manage the patient flow to reduce the impact. It was also noted that the chronic ill children who use the FHN services had pre-planned appointments and they had been contacted with the new opening arrangements. There was good satisfaction with the service and Ms Jenkins assessed that the new opening times presented the least impact on the lowest number of patients.
- Mr Cruickshank commented that as a result of the changes it was expected that the impact would be minimal. He remarked on the low activity between 8pm-10pm, for example, one patient and the improved patient flow would minimise the impact.
- Cllr Thompson trusted that the CCG would have understood that there were no other viable options open to the trust.
- Ms Jenkins acknowledged that disappointment had been registered by some parties including the CCG but also wondered how other patients would react to the investment for the small number of patients using the service.
- Mrs Parnell agreed that this was a disappointing decision but justifiable for the safety of patients. She suggested that some of the objections were politically motivated and if the wider public were aware of the very small numbers of patients using the services, they would question whether this was a good use of NHS funds. She thanked the Women & Children's Centre for their commitment to continuing to deliver the service in very difficult circumstances.
- Dr Birrell commented that the recruitment difficulties experienced at the FHN were replicated across the country.
- Mrs Hullick questioned whether the position would have improved by the end of March. Dr Birrell responded that it was expected that by that time they would be in a better position to manage the gaps in staffing.
- Mrs Toller indicated that the position would be reviewed in March and if the vacancies position remained unchanged a collaborative review should be undertaken between the CCG and the trust. Consideration should also be given to best use of NHS resources.
- In response to a query from Mr Lang, Mrs Toller indicated that the commissioners were pursuing an 8am-8pm GP model to support A&E services and improve the level of appropriate attendance at A&E.
- Professor Hart summarised that the report had informed the Board on the significant efforts the organisation had made to maintain the service and thanked Dr Birrell, Mr Cruickshank and Mrs Toller for attending the Board to discuss the situation. She commented that it was important the Board were aware of the political reaction to the changes, the communication that the Chairman and the Chief Executive had with the commissioner, local authority and politicians including attendance at a number of meetings to provide reassurance. Whilst this represented small changes that would impact on a small number of patients, it was important that the Board had been given the opportunity to challenge and understand the position.

DECISION:

1. **The Board noted the report.**
2. **The Board approved the recommendations to temporarily reduce the SSPAU opening hours as set out in the report.**

BUSINESS SUSTAINABILITY

12 AGENCY SPEND

Mr Newton presented the report to inform the Board of the actions the Trust had taken in relation to managing its temporary staffing workforce in the context of the 'Five high impact actions' guidance issued by NHE Employers in August 2014. Guidance aimed at reducing spend and making the most effective use of temporary staffing. Mr Newton explained that the report was required to provide assurance to the Board that expenditure had made the most effective use of temporary staff.

Ms Jenkins commented that the Board received further assurance as this expenditure had been reviewed and monitored through both the transformation process and e-rostering system.

DECISION:
The Board noted the current status and the further actions to be taken to sustain and improve current practices.

ORGANISATIONAL CAPABILITY

13 ANNUAL PLANNING PROCESS

Mr Newton presented the report prepared to highlight the Trust's obligations for annual planning and to identify the approach for financial annual planning. Mr Newton explained that this was a long-term financial model and would be prepared in conjunction with every clinical centre to identify full activity costs. The plan would be presented to the Board by the end of February.

It was agreed to present the high level detail version of the plan to the Council of Governors to inform on the different approach taken.

Action: Mr Newton

Mrs Hullick noted the increased level of inflation.

DECISION:
1. **The Board noted the report and agreed the Trust's planning process.**
2. **Mr Newton agreed to arrange for the high level detail version of the plan to be presented to the Council of Governors.**

14 BUSINESS CASE PROCESS

Mr Newton presented the report to inform the Board and seek approval of the Trust's revised Business Case process. Mr Newton explained that this would ensure the limited resources available would be spent strategically and outcomes measured.

The following points were made in discussion:

- Whilst acknowledging the benefits of the process, Mr Smith was concerned that that it could be a slow process.
- In response to a query raised by Mrs Hullick, Mrs Hewitt-Smith confirmed that IT representation was included at the Capital Committee stage.
- Mrs Hewitt-Smith commented that the process protected the limited resources available, allowing a proper level of engagement with stakeholders before approval.
- Mrs Parnell commented that it presented improvements over the existing system and provided an increased level of assurance to the Board. She commented that there were some alterations to the governance structures that she would address with Mrs Hewitt-Smith outside of the meeting.

- Dr Stewart did not think that the links with stakeholders had been clearly made within the process. Ms Jenkins agreed that it should be reviewed to ensure it was an effective and dynamic process.

Action: Mr Newton

DECISION:
1. **The Board approved the proposed process and associated guidance.**
2. **The Board required a review in six months of the process to establish its effectiveness.**

GOVERNANCE

15 MONITOR PROGRESS REPORT

Professor Hart presented the report prepared to inform the Board on actions taken to comply with the enforcement action agreed with Monitor and highlighted the following areas of note:

- The financial update provided by Mrs Hewitt-Smith.
- The discussions to follow in response to the Deloitte Governance Review.
- Discussion that had taken place on Clostridium difficile and performance reports presented within the Board agenda relating to a number of the enforcement actions

DECISION:
The Board noted the content of the update.

16 TERMS OF REFERENCE FOR FINANCE AND INVESTMENT COMMITTEE

Mr Newton presented the report to inform the Board on the finance and investment committee's proposed terms of reference, prior to discussion at the inaugural meeting on 6 February 2015.

DECISION:
The Board noted the proposed terms of reference for the finance and investment committee.

ITEMS FOR INFORMATION

17 REVALIDATION UPDATE

Dr Stewart explained that the cost of the system proposed was modest, circa £40K. Mrs Hullick supported the proposal if the funds were available.

DECISION:
The Board agreed to accept the report and acknowledged the requirement and commencement of planning the procurement process of an external commercial system rather than being reliant on manual systems.

18 SUMMARY OF PATIENT EXPERIENCE STORIES

Professor Hart suggested that the action column required further clarity of its purpose and impact for both patients and the organisation. Whilst patient stories to the Board should inform them on what had happened and the impact that experience had on them, it was important that were managed within the available time.

Action: Miss Holt

DECISION:

1. **The Board noted the content of the report.**
2. **Miss Holt to review the action column of the report to give further of its purpose and impact for both patients and the organisation.**
3. **Miss Holt to ensure patient stories were delivered within the available time.**

19 ANY OTHER BUSINESS

There was no other business.

20 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

21 DATE OF NEXT MEETING

The next meeting of the Trust Board (Part 1) in public would be held on Tuesday 24 February 2014 at 10.00 in the Board room, 1st floor, Murray Building, The James Cook University Hospital, Middlesbrough TS4 3BW.

22 RESOLUTION

The Board resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960).

Caroline Parnell
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