South Tees Hospitals NHS
NHS Foundation Trust

MINUTES OF THE PUBLIC MEETING OF THE BOARD OF DIRECTORS HELD ON TUESDAY, 24 JUNE 2014 IN THE BOARD ROOM, MURRAY BUILDING, THE JAMES COOK UNIVERSITY HOSPITAL, MIDDLESBROUGH

Present:

Ms D Jenkins	Chairman
Mr C Harrison	Director of human resources
Ms R Holt	Director of nursing & quality assurance
Mr D Kirby	Vice chairman
Mr H Lang	Non-executive director
Mrs J Moulton	Director of service strategy & infrastructure
Mr C Newton	Director of finance
Mrs M Rutter	Non-executive director
Mr J Smith	Non-executive director
Coun. B Thompson	Non-executive director (*joined the meeting at 11.30am)*
Ms H Wallace	Non-executive director
Mrs S Watson	Chief operating officer
Prof. R Wilson	Medical director

In attendance:

Ms C Joseph	for item 4
Mrs A Marksby	Head of communication
Mrs C Parnell	Company secretary
Mr T Roberts	Deputy director of clinical effectiveness
Mrs D Young	for item 4

14 members of the public

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Prof. T Hart, Chief Executive; Ms K Linker, Chairman of staff side; Dr S Baxter, Chairman of senior medical staff forum, and Coun. B Thompson, non-executive director.

2. DECLARATIONS OF INTEREST

There were no declarations of interest

3. QUESTIONS FROM THE PUBLIC

There were no questions from the public.

4. PATIENT EXPERIENCE STORY

The board welcomed Mrs Young, who described her family's experience of the care provided to her 83-year-old mother-in-law Peggy while a patient on ward 11 at The James Cook University Hospital (JCUH). Directors heard that Peggy has advanced dementia and is unable to verbally communicate so the family were nervous when she was admitted to hospital with pneumonia. They also had concerns about her physical health and feared that she would not recover.

However ward staff supports Mrs Young and relatives to spend long periods of time with Peggy, helping her to eat and drink and also walk around not only the ward but the hospital, even providing a wheelchair to help with her desire to be constantly on the go.

Mrs Young said that everyone on the ward – nurses, healthcare assistants, doctors and volunteers – provided excellent care and built wonderful relationships, not only with Peggy but all the other patients. She particularly commented on the therapeutic volunteers who spent time interacting with patients who were not lucky enough to have relatives or other visitors regularly sitting with them.

Directors heard that despite the family's initial concerns about Peggy well being she did recover from pneumonia, moved to a nursing home and is physically much fitter than before she was admitted to ward 11.

Ms Jenkins commented that it was great to get such positive feedback when the organisation was putting an enormous effort into support patients with dementia. She asked if there was anything that could have prevented the hospital admission and Mrs Young said that improved communication between the GP and staff within her mother-in-law's previous care home.

Mrs Rutter asked Ms Joseph, former manager of ward 11, about her experience of introducing volunteers to the ward and directors heard that ward 11 was one of the first areas of the trust to welcome volunteers. It took some time for staff to understand the different roles of volunteers but once they settled into the team the ward had seen huge benefits for patients from the work of volunteers.

On behalf of the board Ms Jenkins thanks Mrs Young for sharing her experience and views of ward 11.

5. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 27 May 2014 were agreed as a true record.

Decision:

i) The board approved the minutes of the meeting held on 27 May 2014.

6. MATTERS ARISING/ACTIONS

The board updated the action tracker from 27 May 2014 with the following:

- 8.1 Performance report – work ongoing to incorporate predictions of future performance against targets in the report.
- 8.2 Update on Never Event – updated action plans have been circulated and further updates will be emailed to board members on a quarterly basis.
- 8.3 Quarterly quality report – pressure ulcer action plan and presentation to the July meeting and learning from patient safety visits to other organisations will be included in future reports from July 2014.

7. CHIEF EXECUTIVE'S REPORT

Prof. Wilson presented the report highlighting:

- Continuing the Journey – the first six work streams looking at improving services and driving out cost. On 8 July the Board will consider the work stream's plans and approve those to move forward to implementation.
- Children's and maternity services at the Friarage – the Secretary of State for Health's decision that plans for changes to maternity and paediatric services at the hospital will go ahead without any further review.
- Joint Advisory Group accreditation – the very positive feedback from the accreditation visit to the gastroenterology team, which achieved all requirements.
- Tour De France – the arrangements in place within the trust to ensure services can respond appropriate to any incidents as a result of the tour being in North Yorkshire.
- Annual members meeting – Continuing the Journey is the theme of the meeting in the academic centre at JCUH on 22 July from 11am to 2pm.
- Middle ear implants – JCUH has become the first hospital in the region to be commissioned to provide middle ear implants, making the trust a major provider for all recognised forms of health loss treatments.
- Awards – Dr. Kumar Das, an associate specialist in orthopaedics at The Friarage, was awarded an MBE in the Queen's Birthday Honours. Hotel services at The Friarage won two awards at the Association of Healthcare Cleaning professionals Awards for working in partnership and supervisor team.

Decision:

i) The board noted the contents of the report.

8. QUALITY OF CARE AND PATIENT SAFETY

8.1 Performance report for May 2014

Mrs Watson presented a new look performance report and asked directors for their comments on the format. She highlighted compliance with all 18 week targets for the second month running, commenting that it was as a result of a huge effort on behalf of many staff to deliver and sustain performance. She added that in line with Mr Coomber's advice the report included a new dash board of 18 week indicators that highlighted remaining challenges for some services, including orthopaedics.

Directors heard that while the trust had achieved the four hour A&E target with 96.35% performance against the target at JCUH had dipped as a result of surges in activity. Mrs Watson added that there was no obvious reason for the increased activity but it was being experienced by NHS organisations across the region. The meeting was told that Mrs Maxine Craig is leading a piece of work looking at systems and processes in A&E and AAU to ensure the services were ready for winter 2014-15, and it was agreed to produce a report on improvement work for the next meeting.

Mrs Watson drew colleagues' attention to the trust's compliance with all cancer targets in April and indicative figures show continued compliance in May although performance against the 62 day target was 85.23%. She also highlighted the inclusion of centre dashboards focusing on the issues for each centre, but acknowledged that they needed further work for future reports.

In discussion of the report the board highlighted the following issues:

- Mr Kirby suggested that the report should be developed to focus on forward assurance rather than reflection on past performance and with performance issues reported on an exception basis both in the full report and centre dashboards.
- Mrs Watson raised the limitations of current systems for capturing, validating and reporting performance data in line with nationally mandated timescales, as well as the requirements of the board. She added that in terms of predictive data the performance team will continue to be cautious in its predictions until it is a position to provide the board with validated data in real time.
- Ms Jenkins commented that in the past the centre dashboards had contained information about local issues that due to the timing of the reports had not previously been discussed by executive directors. Mrs Watson acknowledged that the dashboards needed further work as well as agreement about what content was required.
- Ms Holt drew the board's attention to the nursing and midwifery levels included in the report and now published on NHS Choices and the trust's website on a monthly basis. She highlighted those areas that appeared to have some staffing issues and how they were being addressed, but also warned that further work was required on the

accuracy of some templates. She added that it was the first month the trust had reported no spending on agency staff.

- Mr Harrison highlighted the staffing measures in the report including SDRs, which remain at around 70% and require further improvement; mandatory training, which had improved by 10% on the same period last year, and sickness absence levels of 4.02% in may above the target of 3.9%. He added that he would like to bring reports about changes to mandatory training and work going on to reduce sickness absences to a future meeting.
- Ms Wallace queried how long neurophysiology issues would continue to impact on the six weeks diagnostic target and Mrs Watson said she did not expect it to be a significant problem but that the 62 day target was an issue for which services had been asked to produce capacity and demand plans. The board also heard that the North East Cancer Network had written to all Chief Executives asking them to sign up to taking responsibility for breaches if referrals are sent after 62 days.

Decision:

i) The board noted the content of the report

ii) The board to consider a report updating on improvement work going on in A&E in July.

iii) The board to consider reports on mandatory training in July and sickness absence in August.

8.2 Complaints report quarter 4 end of year

Ms Holt presented the report highlighting that the total number of complaints had increased in year but the trust was not an outlier when compared to similar trusts. The number of complaints about nursing care had reduced as well as the number of re-opened complaints, which Ms Holt described as a good indicator of patient safety.

With regards to the time taken to complete complaint investigations the board heard that the complaint's team is looking at how it measures the time taken against timescales agreed with complainants rather than trust's imposed targets. Ms Holt told the board that of complaints referred by individuals to the Parliamentary and Health Service Ombudsman in the last year only two were partially upheld.

In terms of planned improvements the board heard that PALS will be involved in rapid process improvement workshop in September to improve the management of telephone calls following problems with its current queuing system. The complaints team is working with the Patients Association to develop and roll out further training across the trust; there will be further work on the use of technology to increase accessibility to the services, and a Complaints Review Panel had been set up.

In discussion of the report the board highlighted the following issues:

- In response to a question about the complaints and PALS teams having a visible presence in the hospital and being supported by volunteers. Ms Holt said that the team were looking at a space in JCUH near the travel desks and conversion costs were currently being considered. The board heard that the service already uses volunteers and it was hoped that the RPIW may highlight other ways they could be involved. Mrs Rutter offered a contact with the charity McMillan that is using volunteers to help with complaints.
- Mr Smith queried the length of time taken to close complaints and Ms Holt explained the process and commented that they can often be complex, involving more than one issue, service or organisation. Mrs Watson suggested that she and Ms Holt should meet with managing directors to stress the need for responding to complaints in a timely and focused manner.

Decision:

i) The board noted the content of the report

ii) Mrs Watson and Ms Holt to meeting with managing directors to discuss how they deal with complaints.

8.3 Annual patient experience feedback report

Ms Holt presented the report highlighting the trust's involvement in a number of national surveys to seek patient feedback and the support that volunteers have provided in successfully encouraging patients to take part.

A patient experience forum has been set up and is looking at more practical initiatives to encourage patient feedback. The trust has performed well in the Friends and Family Test with a net promoter score of 81 compared to the national average of 73, and while there have been some problems setting up the test in A&E the service now gets a good response rate and very positive feedback.

In discussion on the report the board highlighted the following issues:

- Mrs Watson said the annual cancer patient survey was missing from the report but that the trust had received very good feedback from patients.
- In response to a question from Ms Jenkins about feedback from patients through the trust's website, Mrs Marksby said all comments are sent to the patient experience team and also picked up via Google alerts. She added that it was intended to provide the board with a quarterly report on general website and social media activity.
- Mr Smith queried whether the work to improve patient discharge was reflected in improved patient comments and Ms Holt said some of the changes had impacted on the inpatient survey and she agreed to share that at a future meeting. Mrs Watson added that it was important to

reinforce with staff all the work that had been carried out in the past year to improve and embed new discharge processes.

- Ms Jenkins suggested that with over 5,000 members the trust could do more to engage them in gathering patient feedback. Mrs Marksby said members had previously been asked questions about key issues such as stopping smoking on hospital sites, but the response had been limited.
- Ms Wallace said the report had previously been discussed at the Quality Assurance Committee where members had stressed the need to track actions, such as changes made as a result of patient stories being presented to the board.

Decision:

i) The board noted the content of the report.

ii) Ms Holt to bring a report on the national inpatient survey to a future meeting.

8.4 Emergency preparedness, resilience and response annual report

Mrs Watson presented the report outlining the work undertaken to ensure compliance with statutory obligations and setting out an action plan for the new emergency planning manager to take forward. She highlighted the number of exercises undertaken and informed the board that due to issues with decanting wards the planned exercise for JCUH was unlikely to take part until 2015-16.

In response to questions about the RAG rating of action plan Mrs Watson explained that the plan was report on an exception basis only and so all completed actions were not included. The one red action about equipment for major incident rooms at JCUH and the Friarage was in relation to a new NHS England standard and Mrs Watson agreed to check that it was achieved within the indicated timescales.

Decision:

i) The report was noted.

ii) Mrs Watson to check that the red rated action was completed by 30 June 2014.

9. BUSINESS SUSTAINABILITY

9.1 Financial position for period ending 31 May 2014

Mr Newton presented the report highlighting that trust's planned deficit was £100,000 ahead of plan at £3.6m largely due to income being £1.7m ahead of plan in April and savings on depreciation within non-operating expenditure.

He added that reviews of the clinical centres' positions had identified those driving extra work through the system in response to the RTT target, however for the second month orthopaedics was £500,000 behind plan.The board

heard that the increased activity had pushed expenditure up largely as a result of premium rate work, pass through drugs and appliances.

For the second month running the trust had a achieved a risk rating of two compared to the predicted one, and this was as a result of temporary improvements to the organisation's liquidity due to accelerated payments from commissioners.

Mr Newton added that Monitor is now expecting end of month figures by the tenth of the following month and his team is looking at how a couple of other trusts have managed to increase the speed of their reporting processes.

In discussion on the report the board highlighted the following issues:

- In relation to income Mrs Moulton said that as a result of a national overspend specialist commissioners are pushing for more accurate trend analysis of activity.
- Ms Wallace queried how much of the overspend was as a result of over trading or lack of cost control, and Mr Newton said there was a clear link between extra activity and increases in medical pay, conventional drugs and appliances. He added that the trust is continuing to control costs having delivered 100.5% of CIPs in the first two months of the year.
- In response to a question from Mr Kirby about relatively high stock levels, Mr Newton explained that stock levels were currently at £8.5m compared to the preferred £6m but this temporary as a result of making some bulk purchases to get lower prices.
- Ms Jenkins asked which board member was responsible for medical pay, which continues to remain over spent, and Prof. Wilson explained that the accountability for medical pay rested with Chiefs of Services, who reported to the Chief Executive. He commented on the difficulty he faced in trying to make changes to medical pay when he was not directly responsible for Chiefs. Ms Jenkins suggested that Chief should come to future meetings to explain their financial positions and it was agreed to discuss the accountability for medical pay outside of the meeting.

Decision:

i) The board noted the content of the report.

ii) Ms Jenkins to discuss the issue of accountability for medical pay with Prof. Hart.

10. GOVERNANCE

10.1 Quarter four mortality report

Mr Roberts presented the report highlighting that the trust performed within the expected range for the Summary Hospital-level Mortality Indicator (SHMI) for October 2012 – September 2013, but for the period July 2012 – June 2013 the HSMR has risen to 115, which mean the trust's performance was an

outlier. He explained that the indicator continues to include the winter of 2012-13, but once that period had moved out of HSMR the trust's performance would likely be 108 and therefore not an outlier.

The board heard that the trust is expected to again be an outlier in the Intelligent Monitoring Report for muscular skeletal issues. Mr Roberts reminded directors that this had been previously investigated and was found to be linked to cancer patients with minor muscular skeletal problems and there was no indication of poor care.

In discussion of the report the board highlighted the following issues:

- Ms Jenkins queried the impact of neurosciences in community hospitals on benchmarking data and Mr Roberts confirmed that it worsened the trust's position as many other acute trust's had different providers for community services so did not report mortality data for neurosciences patients cared for in the community.
- In response to a question from Mr Kirby about the SHMI total difference between the trust and Newcastle, Mr Roberts explained that as a large tertiary centre for cancer Newcastle is responsible for acute treatment for people from a wide population, but often people returned to their local hospital for palliative care and therefore mortality rates in that group of patients was reported against local hospitals rather than Newcastle. He commented that the data did not reflect the quality of the care provided by individual trusts but rather the structure of the services provided by the organisations.
- Ms Jenkins asked how lessons were being shared from the regular mortality reviews and Mr Roberts explained that of the small number of cases reviewed so far it was difficult to see any patterns but improvements had been identified, particularly around do not resuscitation orders and this was being used in training with junior doctors. He added that consultants are also continuing to review their cases on a weekly basis to allow opportunities for reflection.
- Mrs Rutter raised concerned about an apparent high number of deaths at the Friary and Mr Roberts said that it was as a result of the ward having a number of palliative care beds and patients coded as needing palliative care. He agreed to provide Mrs Rutter with evidence to support his views.

Decision:

i) The board agreed to the recommendations to broaden access to electronic systems for analysis and benchmarking, continue to monitor all available measures, prepare for the introduction of new indicators and communicate performance against indicators clearly to all stakeholders.

ii) Mr Roberts to provide Mrs Rutter with evidence around the link between mortality levels and palliative care at the Friary.

11. FOR INFORMATION WITHOUT DISCUSSION

11.1 Minutes of the Quality Assurance Committee 14 May 2014

Decision:

i) The minutes were received.

12. ANY OTHER BUSINESS

There was no further business.

13. NEXT MEETING

The next public meeting of the Board of Directors will take place on 29 July 2014 in the Board Room, The James Cook University Hospital, Marton Road, Middlesbrough.