

**SOUTH TEES HOSPITALS NHS FOUNDATION TRUST**

**TRUST BOARD MEETING (PART 1)**

Minutes of the Trust Board meeting held in public on Tuesday 24 February 2015  
at 10.00 in the Board room, 1<sup>st</sup> floor, Murray Building,  
The James Cook University Hospital, Middlesbrough TS4 3BW

<b>Present:</b>	Ms D Jenkins Mr D Kirby Professor T Hart Miss R Holt Mrs A Hullick Ms R James Mr H Lang Mrs M Hewitt-Smith Mrs C Parnell Mrs M Rutter Mr J Smith Cllr Mrs B Thompson Professor R Wilson	Chairman Vice Chairman Chief Executive Director of Nursing & Quality Assurance Non-Executive Director Director of Quality Non-Executive Director Acting Director of Finance Director of Communications and Engagement Non-Executive Director Non-Executive Director Non-Executive Director Medical Director/Deputy CEO
<b>In attendance:</b>	Dr S Baxter Mrs M Coyle Mrs A Marksby Mr R Wight 3 members of the public	Chairman, Senior Medical Staff Forum Personal Assistant to CEO Head of Communication Medical Director designate
<b><u>For item 9</u></b>	Mrs S Danieli	Deputy Director Performance Management
<b>Apologies:</b>	Mrs K Linker	Chairman, Staff Side

**1 WELCOME AND INTRODUCTION**

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

Ms Jenkins reminded the Board that this was Professor Rob Wilson's last meeting as Medical Director prior to his retirement in March 2015. She recorded the Board's recognition of his significant and excellent contribution as Medical Director and their gratitude and good wishes for his retirement.

Ms Ruth James was welcomed to the meeting in her new role as Director of Quality and Mr Richard Wight as Medical Director designate.

**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 MINUTES

With the following amendments, the Minutes of the meeting of the Trust Board held in public on 27 January 2015 were received and approved as a correct record of the proceedings.

- Include apologies from Mrs K Linker.
- Minute 10, 7<sup>th</sup> bullet point, paragraph two, line 3, should read: the Board had been provided with assurance of a £11.1M **deficit** outturn position....

#### **DECISION:**

**With the agreed changes, the minutes of the meeting held on 27 January 2015 were approved.**

### 4 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 11: to be considered at the Quality Assurance Committee in March; completion deadline changed to 31.3.2015.

November 2014:

- Agenda item 9: Miss Holt informed the meeting that the rolling programme of deep cleaning had commenced; action completed.
- Agenda item 10: Miss Holt confirmed that actions to address falls had been reviewed at the February Quality Assurance Committee; action completed.

December 2014:

- 1 Agenda item 8: Professor Wilson informed the Board that work continued on this area, demand was increasing against a reducing resource, it remained an area of pressure with an urgency to resolve; completion date changed to 31.3.2015.

### 5 CHIEF EXECUTIVE'S REPORT

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

- 1 After being ranked one of the most highly rated trusts in England in the national cancer patient experience survey, the Trust had been asked to mentor University Hospitals Bristol NHS Foundation Trust over the coming months to help them learn from what the Trust does and help to improve their patients' experience of care. Professor Hart commented that this was a good message for staff on the excellent care they delivered and good news for patients.
- 2 The Trust was among more than 100 NHS organisations to collectively launch the 'Hello my name is...' campaign, which was spearheaded by Dr Kate Granger, a young hospital consultant from Yorkshire. Dr Grainger has terminal cancer and has used her experience as a patient to pursue a mission to raise awareness in the NHS for staff to introduce themselves to patients properly.
- 3 The Trust has now successfully recruited the hundredth patient, Beatrice Tate, to take part in the MAVRIC leading-edge heart valve trial at The James Cook University Hospital. Professor Hart commented that this showed the level of skills and competence in the team.
- 4 The Board were reminded of the da Vinci robot in surgery development and informed

that the pharmacy team at James Cook had introduced a state-of-the-art automated robot to help ensure inpatients get their medicines quicker. The system will improve both safety and efficiency.

- 5 The Board were informed on the progress of the Schwartz Rounds, a programme of events involving staff from all backgrounds and professions voluntarily coming together to discuss the emotional and social challenges associated with their jobs. Professor Hart commented that the Trust had been at the forefront in the implementation of this programme and the progress had attracted interest from a number of external organisations.
- 6 In partnership with Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG), the Trust was running weekly clinics for frail elderly people as part of its efforts to reduce unnecessary hospital admissions. It involved a multi-disciplinary team assessing a range of patient factors to facilitate an efficient discharge and prevent readmission.
- 7 On the appointment of the Director of Quality, Professor Hart commented that this was an important message to the organisation that despite the financial challenges quality continued to have an important focus. It was reported that Mr David Chadwick had been appointed to replace Mr Wight as Chief of Service for Surgery.

#### **DECISION:**

**The Board noted the report.**

### **QUALITY, SAFETY AND PERFORMANCE**

#### **6 HEALTHCARE INFECTION**

Miss Holt 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 January 2015. The following points were highlighted:

- 1 There had been 13 cases of Clostridium difficile in January, 6 trust-apportioned and to date in February there had been a further 11 trust-attributed cases. Miss Holt commented that this was a significant concern to both the Trust and Monitor. The appeals process had not yet been resolved with South Tees CCG but following further guidance issued by the Department of Health (DoH) this was being followed up as a matter of urgency.
- 2 Attention was drawn to the graph on page 3 which demonstrated that the Trust's performance was an outlier in the North East region.
- 3 Miss Holt reported that significant work had been undertaken to increase the assurance process on actions taken to improve performance and the continued pressure applied on Carillion to improve standards of cleaning. Weekly meetings were taking place with the clinical Centres to ensure actions were delivered and obtain assurance.
- 4 Professor Mark Wilcox had returned to the Trust on 17.2.2015 to review progress against the two previous reviews he had undertaken and this had been helpful in identifying further actions. He had highlighted the cumulative effect of anti-microbial prescribing, environment, cleaning and a diarrhoea pathway. The Board would be kept aware of the progress on actions in those areas.

The following points were made in discussion:

- 5 Mrs Hullick enquired about the different findings/recommendations made by Professor Wilcox. Mrs Holt responded that he had identified the cumulative effect of the different anti-microbial drugs prescribed and that limited assurance was available in that area.
- 6 Mrs Hullick enquired on the background to the spike in infection, Miss Holt responded that Clostridium difficile is carried in the human body and that it would require cleaning processes, environmental and systems improvements to address this.

- 7 In response to Mr Lang, Miss Holt confirmed that the 2015/16 target was no more than 51 cases.
- 8 Mr Kirby questioned the use of the 'black' rag rating suggesting that this could detract from maintaining a constant focus. Miss Holt agreed that areas should be revisited to provide a constant assurance.
- 9 Cllr Thompson confirmed that a detailed discussion had taken place at the Quality Assurance Committee seeking reassurance that cleaning standards were improving. Mrs Rutter added that the constant scrutiny appeared to be paying early dividends.
- 10 Professor Hart commented that if the environmental issues were unresolved, over time this would exacerbate the problems they presented. Mr Kirby agreed that the old Ward block presented a major strategic issue.
- 11 Professor Wilson highlighted two areas that should be taken account of when assessing performance: (1) if the appeals process was working as it should be with the CCGs, on average between 20-30% of the cases would have been successful, taking the 60 cases down to 48-42. He thought this disadvantaged the Trust, therefore, performance comparisons were not on a like-for-like basis and that efforts should be escalated through external agents to resolve the issues with the CCGs; (2) the target still viewed the organisation as a large Trust rather than a University hospital, it had all the challenges of a tertiary care provider but without the advantages. He assured the Board that he was not avoiding the enormity of the problem but raising two important and related facts to consider when assessing performance. Ms Jenkins asked for previous action to be repeated to request recognition of the organisation's University hospital status, Professor Hart suggested this should be widened to include for example Monitor and CQC. Miss Holt agreed to prepare the correspondence. Professor Hart commented that with the correct comparison, the Trust's performance was in-line with its peers but regardless of that there had to be a reduction in the infection rate.

**Action: Miss Holt**

- 12 Mr Lang enquired if a link between the old estate and an increased rate of infections had been proved, Miss Holt responded that cases were not confined to the old estate but it did have a higher percentage of cases and of elderly patients, the difficulties encountered were a combination of those factors. Professor Hart added that the old estate presented difficulties such as, appropriate housing of equipment causing more challenge for robust cleaning.

Ms Jenkins noted that the Board had received assurance that every effort was being made to improve performance.

**NOTED/AGREED:**

- i) **The Board agreed that the incidence of HCAI within the Trust was of significant concern and requested maximum pace to be achieved on the actions needed. The Board noted the current position in respect of HCAI and provided their support for the actions being taken. A further report will be presented to the Board of Directors' meeting in March 2015.**
- ii) **Miss Holt agreed to prepare a letter asking for the Trust to receive University status recognition.**

**7 QUARTERLY QUALITY REPORT**

Ms James presented a report providing the Board with an update on quality and safety monitoring, the following points were highlighted:

- 1 MRSA and Clostridium difficile thresholds had been exceeded.
- 2 As expected following the Cheshire West ruling, there had been an increase in applications for Deprivation of Liberty Safeguards, this reflects increased awareness of the issue and that the impact of the ruling is not incorporated into safeguarding training.
- 3 The trust is not achieving the local target to issue a formal response to complaints within 25 working days. There was discussion about the need for quality and the need for a timely response. Systems and techniques in other organisations would be looked

at to inform a review of the existing team with the aim of making the process leaner and more efficient. Ms Holt outlined other areas of related work involving the Patient Association, Cllr Thompson and the RPIW process, all of which should strengthen the existing process.

The following points were highlighted in discussion:

- 4 Mrs Hullick gave an example of one trust's system which agreed the timescale with the complainant allowing account to be taken of the complexity and range of meetings required. Ms Holt responded that aspect was part of the discussion with the team along with consideration of the approach taken by Northumbria Healthcare NHS Trust who favour a face-to-face meeting with the patient rather than correspondence.
- 5 Professor Hart agreed that the 25 day response target was difficult to work to, the process required flexibility in line with the degree of complexity of the complaint.
- 6 Mr Smith expressed concern that there appeared to be an increase in the number of missed diagnosis. Professor Wilson responded that bearing in mind that Pathology had successfully delivered around 7.9M reports per annum, the issue relating to radiology reports should be resolvable. Actions had been undertaken by the Managing Director to improve performance through the introduction of a Standard Operating Practice and establishing a Single Point of Contact to receive reports in each Centre. That would ensure the reports were delivered to a point in each Centre where they could be printed and would provide an electronic audit trail.
- 7 Ms James commented that there were concerns linked to the low response rate of the Friends and Family Test in the A&E department. This had a response target linked to CQUIN income. January and February had achieved only 15/16%, a concerted effort had to be made in March to improve performance and obtain the CQUIN income. She reported on actions taken to improve performance ie introduction of a text message option, that the response rate of in-patients was good, but performance would have to improve to achieve the 40% target in Q4 to obtain the £116K income.

**NOTED:**

**The Board of Directors noted the update.**

**8 QUALITY ACCOUNT PRIORITIES**

Ms James presented a report summarising the outcome of the consultation process to identify a minimum of one quality improvement priority from each of the domains of quality for the Trust's Quality account and seeking the Board's approval for the areas identified in the consultation process. The Board were reminded that this Account was published annually and the content monitored by the Department of Health (DoH). The following points were highlighted on the key areas put forward:

- 1 The priorities in the Quality Account are a subset of the quality priorities identified in the trust annual plan.
- 2 Inclusion in the quality account does not signify increased importance but is to provide additional information on issues that the public have asked to see through the consultation process.
- 3 The following list had been approved by the Quality Assurance Committee:
  - Sign up to safety (patient safety), links with the overall safety objective but with an independent focus on the selected areas.
  - Right Care, Right Place, Right Time (Clinical Effectiveness), clinical effectiveness and management of deterioration along with improving the experience of service users with dementia.
  - At the heart of the matter (Patient Experience), improving how the Trust responds and acts on complaints

Ms Jenkins noted the Board's support for the key areas put forward.

**AGREED:**

**The Board approved the recommended quality priorities for the 2015/16 Quality Account as outlined in the report.**

**9 PERFORMANCE REPORT FOR JANUARY 2015**

Mrs Danieli introduced the trust performance report for January 2015, this informed the Board on performance against current national indicators and local targets and the actions being taken to address the targets. The following areas were highlighted:

- 1 Cancer targets, all targets achieved at the end of the quarter three period and halted the risk presented at the end of the quarter two period. Indicative figures at the end of January showed 62 first definitive treatment just under compliance but latest figures showed this was now compliant, with an expectation this would improve further. 31 day subsequent drug target marginal non-compliance, all chemo/radiotherapy records were being rechecked and it was expected this would be compliant for January. Concern remained against the screening target which was vulnerable against the % target due to the small number of treatments, breaches involving North Tees & Hartlepool NHS Foundation Trust had been raised with the cancer services manager and the commissioning support unit.
- 2 A&E performance improved in January and was an improvement upon December but remained non-compliant. This had been a challenging period with significantly high demand for services. Comparatively the Trust's performance was good and had been ranked 4<sup>th</sup> in the North East. Transformational work is on-going to improve discharge processes, patient flow and emergency pathways. The actual figure achieved is lower than that predicted in the supplementary information pack, February was currently running at 94.2% but there was still one more week to go. Concerted efforts would have to be made in quarter four to achieve the target as two consecutive failed quarters would put pressure to deliver in quarter one 2015/16, Mrs Danieli highlighted this for inclusion in the Risk Register.
- 3 The Board were reminded that the 18 weeks was a monthly, not quarterly, measured target. This had been achieved, 91% in January versus the usual performance of 94%. This had been affected by a backlog from December, the expectation was compliance in February and March with a return to the 94% norm in April. Assuming that level of compliance, the target had achieved an all year round compliance. Along with the all year round compliance of 62 days, Mrs Danieli highlighted this as an excellent achievement.

Ms Jenkins commented that despite the difficult time the organisation had faced, it had achieved an excellent performance and thanked Mrs Danieli and her team for their work in ensuring it had been recorded correctly. The following points were highlighted in discussion:

- 4 Mrs Hullick commented that there continued to be a general theme of vacancies impacting on performance, the quarterly nurse staffing review addresses those issues but the consultant gap against establishment had recorded under budget. Mrs Hullick suggested that the Board should have a measure in place to assess whether the position was improving or worsening. Mrs Hewitt-Smith agreed to ensure that it was actioned through the development of the integrated finance and performance report. Mrs Rutter added that the Workforce Sub-group did monitor and act on this area. Professor Wilson agreed that the information flow from the Centres to the Workforce Sub-group was in place and informed discussions.

**Action: Mrs Hewitt-Smith**

- 5 Mr Kirby commented that it was pleasing to note the development of the performance reports and thought that they were heading in the direction the Board wanted. He suggested the inclusion of a summary of year-to-date against Monitor and a forecast, he would like to see an extension beyond the current quarters predicted and recorded his appreciation of the reports development. He was pleased to note the performance against cancer targets but noted that there had been 23 late treatments resulting in patients receiving their treatment late.
- 6 Mr Smith commented that in the supplementary information pack A&E volumes were

down and also asked if they were receiving the support across the hospital. Ms Jenkins commented that the work of Mr O'Connell was looking at the emergency care pathway. Mr Smith noted that good performance at The Friarage Hospital had improved the overall actual recorded performance against target. He queried whether Winter pressures could continue to be blamed as the source of the problem as it appeared that performance worsened when activity dropped.

- 7 Mr Lang asked for clarification on the increase in old pressure ulcers as opposed to new, Miss Holt responded that old pressure ulcers related to patients coming into the hospital with a pressure ulcer condition ie from the home or care home environment. If the District Nurse had identified a pressure ulcer then it was attributed to the Trust, if it was already in place then it was not attributed to the Trust. Ms James commented that previous review work had identified that those not attributed to the Trust were mostly linked to the patient's own home environment. In response to Mr Lang, Miss Holt did not have any information as to why the area was above the national average but agreed to look into it.

**Action: Miss Holt**

**DECISION:**

- i) **The board noted the in-year performance and the actions being taken to address the target.**
- ii) **Mrs Hewitt-Smith agreed to ensure that performance to reduce the vacancy gap was included as a monitor area within the development of the integrated finance and performance report.**
- iii) **Miss Holt agreed to look into why the area had above average pressure ulcers attributed to the patient's own home environment.**

**BUSINESS SUSTAINABILITY**

**10 FINANCIAL POSITION FOR PERIOD ENDING 31.01.2015**

Mrs Hewitt-Smith informed the Board that the first meeting of the Investment Committee had taken place, discussions had considered their Terms of Reference (ToR) and reporting procedure, she thought this would prove to be a valuable meeting. Mr Lang commented that the ToR would scope out areas of responsibility and where the Investment Committee slots into the reporting structure.

Mrs Hewitt-Smith presented the report to advise on the financial position at 31 January 2015 and highlighted the following points:

- 1 The in-year cumulative deficit was £9.4M, £7M ahead of 2014/15 plan. The positive variance was due to over-performance, particularly on the elective programme and good cost control. There had been good cost control on non-pay and pay, but an over-spend on nursing which was linked to the delivery of in-house activity. Good cost control on medical pay, premium and locum rates.
- 2 Cost Improvement and Productivity (CIP) plan had recognised £19.1M year-to-date (YTD), £2.1M ahead of plan YTD and forecasting to achieve £24.1M. The total forecast was £1.7M shortfall for the full year effect, this linked to the delivery of recurring savings. Mrs Hewitt-Smith expressed confidence that the budget setting work would get to £21.8M. She commented that for the level of challenges faced by the organisation, achieving £21.8M was a good performance.
- 3 The Trust received the first drawdown of PDC funding from the DoH of £14.4M. There had been some delay due to an action to be taken by Monitor and their discussions with the DoH on how the Trust would receive the two elements of funding. They had agreed to resolve those mechanisms between themselves and allowed the Trust to draw down the cash.
- 4 Attention was drawn to page 17 outlining areas of concern:
  - Risk number 3, the Trust had expected to receive £1.7M funding, the DoH were supportive of the bid but this was being held up by the Treasury. On-going discussion was taking place with Mr Chandler, Monitor, who had advised not to expect the funds to come through from the Treasury. The procurement timetable

was progressing, the developments were vital to innovation and efficiency. If the funding was not received, £1.7M expenditure would need to be offset and affect the final position, Monitor was aware of this and how it would affect the bottom line.

- Further to the risks contained in the report, Mrs Hewitt-Smith informed the Board that they had been made aware that the market indices for the annual revaluation of properties, had increased by 30%. This presented a risk to the balance sheet through a significant increase in the valuation of property. The Trust was working with the District Valuers to undertake a physical valuation of the site. Mrs Hewitt-Smith highlighted this as a genuine risk to the organisation.

The following points were made in discussion:

- 5 Ms Jenkins asked if the property valuation could be formally challenged. Professor Hart commented that the Trust needed sight of the model used, the impact and then as a Board should consider what action should be taken; mention of this would also be included in the next Performance Review Meeting with Monitor.
- 6 It was agreed to proceed with the procurement process in support of Clinical Investment on the assumption that the Government would meet its commitment to the Technical Fund. Monitor would be informed of the position formally at the next PRM.
- 7 Mrs Hewitt-Smith added that operationally as the Trust £7M forecast improvement, it had been decided to increase the amount of money for restructuring, to meet redundancy and severance costs. This would accelerate the programme for next year.
- 8 Mr Smith asked why the issue with the Technical Fund would affect the bottom line when it would be cash neutral. Mrs Hewitt-Smith responded that it was about the balance between receiving this later or not receiving it, discussion would take place with Monitor that it was vital to the Trust's innovation and efficiency and it would have to be reflected as an expenditure on the balance sheet.
- 9 Mr Kirby suggested that messages should go out to the organisation, in an understandable form, that it had performed well against the financial challenge. However, at the same time it should not undermine the future challenges and he reminded the meeting that the start of the new financial year was a matter of 5 weeks away. Professor Hart agreed that the results were excellent, that the organisation had achieved what others had not but agreed that it would be even harder in 2015/16 and everyone would be supported to maintain the momentum.
- 10 Mrs Hullick asked why the capital expenditure was underspent, Mrs Hewitt-Smith responded that there had been delays with the replacement of Fluoroscopy equipment server update work. A detailed breakdown was being prepared for the remainder of the year and a review with Managing Directors to see what could be pulled forward.
- 11 Mr Lang asked if the over-trading presented a risk, Mrs Hewitt-Smith provided assurance that it did not. South Tees Clinical Commissioning Group (CCG) had agreed the contract position and that all elements apart from the elective were in-line with forecast. Any elective activity at 115% they had agreed to put through. Hambleton, Richmondshire & Whitby CCG closed with a £215K difference between respective positions, not considered a significant risk. There were no outstanding queries on the specialist contract, income was assured, what was significant was that over-performance had been funded.
- 12 Mrs Rutter asked if there were concerns regarding the trauma performance assuming the extra support and added that it was disappointing to see the expenditure in the independent sector. Mrs Hewitt-Smith had spoken with the Managing Director regarding issues in orthopaedic services, the Board were reminded that this area suffered cancellations when services came under pressure. This had created a backlog into February, 50% of this had been cleared in-house and it was expected to reduce the backlog further in March. The Trust had the dilemma of facing a breach with Monitor or out-sourcing the work. Longer term the Centre was building an internal resilience and recovery plan along with improvements in bed stock and service line optimisation. Mrs Hewitt-Smith thought generally the margin in orthopaedics was good, it was an area of growth and the Trust had a history of taking complex cases.

Ms Jenkins noted that the Board considered the achievements as excellent and that everyone involved should be congratulated.

**DECISION:**

**The Board of Directors noted the financial position.**

**GOVERNANCE**

**11 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:

- 1 The Board were aware of the areas for discussion with Monitor at the next PRM, projected financial forecast for 2014/15 and 2015/16, progress on the transformation programme and the Cost Improvement Plan. Mrs Hewitt-Smith had highlighted the risks to be shared with Monitor.
- 2 Performance against the HCAI agenda, the work across the Trust and Monitor will want to see improvement and how the Trust was addressing concerns from a quality perspective.
- 3 The Deloitte Governance Review report will be discussed, actions had already been put in place and were being pursued with vigour.
- 4 Mrs Margaret Pratt was the new appointment by Monitor, in place of Mr Lunn, to support the organisation, further confirmation was awaited from Monitor on Mrs Pratt's roles and responsibilities and the CEO and Chair agreed to have an urgent meeting with Mrs Pratt.

**DECISION:**

**The Board noted the content of the update.**

**ITEMS FOR INFORMATION**

**12 FIT AND PROPER PERSONS TEST**

Mrs Parnell reminded the Board that this was a new requirement for people who sit on a Board and had to be completed annually. Attention was drawn to paragraph 2 in which the Director of Workforce provided assurance that the Trust's current arrangements were in line with the new duty.

**NOTED:**

**The Board noted that:**

- i) **Newly appointed members of the Board have made the required declaration as part of the appointment process.**
- ii) **Other voting members of the Board have signed the annual declaration.**

**13 ACTION PLAN – RESULTING FROM REVIEW MEETING WITH NHS ENGLAND, NORTH**

Professor Wilson commented that the review was a routine visit looking at revalidation processes and had taken away learning of the good practice in place.

**NOTED:**

**The Board noted the report.**

**14 EQUALITY MONITORING**

**NOTED:**

The Board of Directors noted that the Trust had carried out the monitoring requirements of the Public Sector Equality Duty, of the Equality Act 2010 and gave assurance that the Trust was meeting its legislative requirements.

**15 ANY OTHER BUSINESS**

There was no other business.

**16 QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

**17 DATE OF NEXT MEETING**

The next meeting of the Trust Board (Part 1) in public would be held on Tuesday 31 March 2015 at 10.00 in the Board room, 1<sup>st</sup> floor, Murray Building, The James Cook University Hospital, Middlesbrough TS4 3BW.

**18 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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