

SOUTH TEES HOSPITALS NHS FOUNDATION TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting held in public on Tuesday 28 April 2015
at 9.30 in the Board room, 1st floor, Murray Building,
The James Cook University Hospital, Middlesbrough TS4 3BW

Present:	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 S McArdle Mrs C Parnell Mrs M Rutter Cllr Mrs B Thompson Mr R Wight	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 Transformation Director of Communications and Engagement Non-Executive Director Non-Executive Director Medical Director
In attendance:	Dr S Baxter Mrs M Coyle Mrs S Danieli Mrs A Marksby Ms R Shafer Mrs M Pratt	Chairman, Senior Medical Staff Forum Personal Assistant to CEO Deputy Director of Performance Management Head of Communication Chairman, Staff Side Monitor Transformation Director (Finance)
For item 3	Mrs L Campbell 3 members of the public	
Apologies:	Mr J Smith	Non-Executive Director

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.

Mrs Parnell presented the report providing details of Declarations of Interest received during the period April 2014 to March 2015 from the Board of Directors

DECISION:

The report was approved.

3

PATIENT EXPERIENCE STORY

Miss Holt explained that the Board would hear of a patient's poor experience at The James Cook University, communication and on occasion a lack of sensitivity to the patient's situation had been the main issues.

Miss Holt introduced Mr and Mrs Sonley, daughter of Mr Grey who had died whilst a patient at Carter Bequest Community Hospital following a stay on Ward 28 at The James Cook University Hospital (JCUH). Mrs Sonley's story concerned the care and treatment of her father who had been admitted to the JCUH following a stroke, the following points were noted by the Board from Mrs Sonley's account:

- 1 With the realisation that her father would not survive the stroke and acknowledging that to clinicians, Mrs Sonley spoke of being left with an uneasy feeling regarding what care would be provided to her father.
- 2 Despite an agreed approach of palliative care Mrs Sonley gave examples where this decision was not followed through into the care her father received and despite further communication with staff the problems continued.
- 3 An inconsistent approach to use of the bed rails which resulted in two falls and further disturbance from the need to undertake x-rays.
- 4 Mrs Sonley thought the response to pain relief was inadequate and was upset that this may have caused unnecessary suffering for her father.
- 5 Mrs Sonley talked about the point at which the hospital informed her that they did not think the hospital was the best place to meet her father's needs. She spoke of the pressure she felt under and the difficulties faced in finding the right environment.
- 6 Mrs Sonley's father was moved to Carter Bequest and she spoke of the caring, thoughtful and gentle approach of staff although added that there had been some problems in meeting all of her father's needs ie an air mattress. She thought that environment had met her father's wishes for the death he would have wanted.
- 7 Mr Sonley commented that they thought there had been a lack of a holistic view of the diagnosis and a lack of outcome particularly in relation to pain relief. He thought failures in communication between consultants and nursing staff had damaged the trust they felt as a patient and relatives. He thought that the Carter Bequest Community Hospital had provided what the JCUH could not and questioned with the closure of Carter Bequest where that care would now be provided.
- 8 In closing, Mrs and Mr Sonley commented that rather than being able to focus on her father they found themselves having to take the lead in managing his care.

Ms Jenkins thanked Mrs and Mr Sonley for telling their story and invited comments and questions from members of the Board:

- 9 In response to the lack of contact with the palliative care team, Ms Campbell explained developments within the acute stroke pathway which had now been rolled out for every patient, tools for patient assessment and to examine their emotions in a different way to assess their needs. Ms Campbell assured the Board that patients on Ward 28 did receive end of life care but accepted in this case it had not been recognized quick enough.
- 10 Mrs Rutter was disappointed to hear of the communication issues and on occasion lack of sensitivity. She thought it was disappointing that there had not been communication with the palliative care team, communication linked to the transfer to Carter Bequest had been poor along with the lack of equipment. Mrs Rutter thought the organisation had failed to deliver optimum end of life care and would take this forward into the End of Life Committee, which she chaired, to take forward the actions out of this case.
- 11 Mr Wight offered his apologies for the end of life care provided, he thought that education was key to the learning.
- 12 Professor Hart expressed her thanks to Mr and Mrs Sonley for sharing their experience and spoke of the Board's appreciation of patients and their relatives

bringing their experiences to their attention and the benefit this had in improving services. She was pleased that the care delivered to Mrs Sonley's father in his last days met with their wishes but assured them that as Chief Executive there were a number of areas that she would be taking forward with colleagues.

DECISION/ACTION:

The Board noted the patient story. The following action was agreed:

- i) **An end of year review takes place of all patient stories and outcomes, Miss Holt agreed to ensure that Mr and Mrs Sonley would receive a copy relating to their experiences.**

4 MINUTES

With the following amendment, the Minutes of the meeting of the Board held in public on 31 March 2015 were received and approved as a correct record of the proceedings.

- Minute 7, paragraph 3: Mr Kirby clarified that the minute should have reflected whilst he was not decrying the importance given to HSMR coding it was important to concentrate on the quality of care.
- Minute 8, paragraph 5, first line: PCW should read PWC.

DECISION:

With the agreed changes, the minutes of the meeting held on 31 March 2015 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.

DECISION:

The Board noted the progress on closing outstanding actions.

6 CHIEF EXECUTIVE'S REPORT

Professor Hart's report included briefings on the following areas affecting the trust:

- 1 Reducing infection – further 'focus on five'
Attention was drawn to the focus being given to reduce infection rates including the ward visits activity undertaken by executive directors at both acute hospital sites.
- 2 Short-stay paediatric assessment unit – Friarage Hospital
Provided the detail of the progress to address the severe staff problems and increase in opening hours effective the weekend 23/24 May 2015.
- 3 Hospital first in UK for Catalyst
- 4 UK's first robotic diaphragm procedure
Mr Wight reminded the Board that this advancement in patient care had come about through generous charitable donations, Ms Jenkins agreed that through the generous support of the local community this had helped the organisation to keep up with advancements in patient care.
- 5 Friarage maternity centre welcomes its 100th baby and receives UNICEF praise
- 6 IMPROVE – early supported discharge service
- 7 Eye outpatient clinics – Whitby Hospital

DECISION:

The Board noted the report.

QUALITY, SAFETY AND PERFORMANCE

7 QUALITY ASSURANCE COMMITTEE CHAIRMAN'S LOG

Mrs Rutter presented the report from the April 2015 meeting and highlighted the following key areas:

1. Following review of sub-groups terms of reference it was found that the Patient Safety Sub-group terms of reference were only partially met, they were now under review.
2. There was no risk of patients being ventilated outside of level 3 care, this would be removed from the corporate risk register.

DECISION:

The Board noted the report.

8 INTEGRATED PERFORMANCE REPORT FOR MARCH 2015

Ms James introduced this new report on behalf of the Executive team. The content combined the previously separate Quality, Finance and Operational Performance reports, into one report with a summary RAG rated performance dashboard, executive summary and exception reports. Ms James welcomed feedback and apologised for some errors in the dashboard.

Ms James, Mrs Hewitt-Smith and Mrs Danieli presented highlights:

Executive Summary

Ms James drew attention to the concerns regarding Clostridium difficile and the HSMR which remained high. Financial performance for the year was a positive outcome, although still in deficit this was reported as £11.7M ahead of the target year end plan. Mrs Hewitt Smith informed the Board that there had been good performance against the CQUIN targets releasing 98% of that income. Operational performance challenges were reported in the areas of A&E, Cancer and 62 day first definitive treatment, a positive was performance against access targets. Attention was drawn to the operational domain and bed occupancy and the reduction in outlier beds. In the HR domain it was reported that vacancy levels had been sustained although with a slight increase towards the end of March. Following the closure of a winter Ward and redeployment of staff, a significant number of beds had been closed and attention was on bed utilisation and infection control.

Exception reporting:

Pressure ulcers

Ms James referred the Board to the reported performance and the overall reduction in trust acquired and non-trust acquired pressure ulcers to achieve the CQUIN target. The Board noted the reported actions taken to achieve that reduction and the forecasted further improvement to deliver the trajectory in quarter 1. In response to Ms Jenkins, Ms James indicated that sustained turning of patients was key along with the right equipment. The Board sought clarification on the process for reminding staff and monitoring of patient turning, Ms Holt responded that an automatic reminder was not in use and notes were made in the patient record located at the bottom of the patient bed. Professor Hart put forward that the increasing numbers of patients that fall into the at risk group for pressure ulcers has implications for strategic plans for staffing and equipment. . Cllr Thompson commented that the level of outlier bed days must be drawing upon resources, Ms James agreed that this did not represent the level of care the organisation aimed to achieve and improvement was linked into the development work taken forward by Mr O'Connell to improve capacity through better care pathways, discharge and administration.

HSMR

Ms James spoke to the detail contained in the report, the Board's attention was drawn to the high number of deaths over the winter period and public health information indicating links to the prolonged flu season that had particularly affected the north east region. It is likely that this will impact on the HSMR. Ms James explained that analysis demonstrates that the significant influencing factor increasing the HSMR is the relatively low level of specialist palliative care coding. Mr Wight reminded the Board that the coding was a by-product of the level of palliative specialist care and assured them that the quality of care was the priority. He added that an additional band 6 nurse role had been approved and an additional palliative care consultant had been appointed.

Ms Jenkins concluded that there were two issues (a) was there an increase in avoidable deaths and (b) coding. Whilst acknowledging the work to improve coding she highlighted that the issue of assurance in relation to avoidable deaths had been identified 2 years when there was a high number of deaths in the winter months and as a result clinical reviews of a sample of these patients were undertaken but these were retrospective rather than pre-emptive. Ms James responded that the system had been changed and on-going assurance was provided through the Mortality review process and that no concerns had been identified. Professor Hart suggested that strategically the organisation had to prepare for an increasing number of patients requiring palliative care, requiring support from the commissioner and recruiting consultant and support staff to deliver those services. The evidence demonstrated a high level of respiratory illness in the region and plans should consider the implications for patient services. Ms Jenkins agreed and suggested that it should be taken into the Health and Wellbeing Board, Professor Hart also added the impact on patient pathways and services of other issues eg alcohol and drug abuse. Mr Kirby commented that he was assured by Mr Wight's comments giving the emphasis to improving patient care and that improvements in coding would follow, he stated that if the definitions of coding were according to care the key issue was the organisation providing the right level of palliative care.

Financial

Mrs Hewitt-Smith commented that performance at the end of March resulted in a deficit of £7.0M, this was £11.4M ahead of plan. Significant challenges lay ahead to achieve the planned surplus position in year 3 of the recovery plan. The Board were referred to the performance against Cost Improvement Plans which had delivered £26M, £4.2M ahead of plan. Mrs Hewitt-Smith emphasised the achievement of the full year effect of the recurrent savings was £22.5M, £0.7M above target. Mrs Hewitt-Smith commented that the focus of the Executive team had been on tight cost control and that transformation work was needed in 2015/16.

Mrs Hewitt-Smith drew attention to the following areas in the report:

- The cash and liquidity position detailing the funding from the Department of Health in February and March of which £3M had been repaid in April.
- Two significant areas contributing to over-performance on income were (a) achieving the CQUIN target for the Friends and Family Test £0.7M and (b) £0.8M for the delivery of additional elective activity particularly in the area of orthopaedics.
- The year-end settlements had benefitted the financial position. The financial position was also improved by the Trust retrospectively reclaiming maternity income which had not been billed for in 2013/14. Mrs Hewitt-Smith assured the Board that systems were now in place to prevent this occurring in the future.
- Capital expenditure had spent the allocated funds and the year-end position was £0.8M overspent due to the approval in March of the Clinical Noting Scheme not included in the original plan, and externally funded.

Mrs Hewitt-Smith commented that she was confident that quarter one performance would meet targets but that the challenge would be in being able to deliver the increase in CIPs. Ms Jenkins agreed that they would be even more challenging in 2015/16.

In response to Ms Jenkins, Ms James confirmed that the Friends and Family Test was not a 2015/16 CQUIN measure but would remain a requirement as it formed part of the contract.

In response to Mrs Hullick, Mrs Hewitt-Smith assured the Board on actions in place to minimise the Department of Health loan treatments eg the commissioners had agreed to up-front funding pushing back the draw-down of cash to late 2015/16, and that the plan reflected the worst case scenario.

Mrs Rutter referred to the increase in Orthopaedics use of the independent sector and asked for assurance that the underlying issues driving this were being addressed, Mrs Hewitt-Smith assured the Board that actions were in place to improve the position and that the Chief of Service and Managing Director had a focus on reducing outsourcing.

A&E performance

Mrs Danieli commented that the trust had failed the 95% four hour standard in March (94.9%), resulting in the trust being non-compliant at the end of the Q4 period. It was noted that compliance had continued to improve since December and that the trust was not an outlier regionally or nationally. However, Mrs Danieli highlighted that the month of April was expected to be non-compliant and if quarter one was non-compliant performance would be brought to Monitor's attention as a third quarter failure to meet the target. The trust had completed a Monitor survey examining the challenges faced nationally in A&E.

The Board noted the actions taken to improve A&E performance and compliance, including the work being led by Mr O'Connell, and that the risk of not achieving compliance had been entered on to the Corporate Risk Register. Professor Hart informed the Board that performance issues had been discussed with Monitor and that it would feature in the next Monitor Performance Review meeting. Monitor recognised the challenges being faced in the NHS nationally and that regionally the trust was comparatively performing strongly.

Mrs Jenkins asked how quickly work would progress on blockages in the system ie Ward 2, Mrs McCardle responded that this was contained within an overall complex plan and agreed that the detail should be drawn out to link into the performance planning. Professor Hart commented that improvements would have to be supported through a system-wide approach.

Mrs Rutter asked when the A&E Strategy would be available, Ms Jenkins clarified that had been superseded by Mr O'Connell's work and Professor Hart reminded the Board that they had deferred the presentation on two occasions but that they had received the detail of the 5 workstreams at their bi-monthly board session held on 15 April 2015. Mrs McCardle confirmed that the strategy would be available for the 26 May 2015 Board of Directors meeting.

Mr Lang asked what action Monitor could take in response to a third quarter failure, Professor Hart responded that Monitor would seek assurances on action being taken to improve performance. Mrs McCardle also added that any variations to plan would have to be explained along with further assurance that action had been taken.

Ms Jenkins noted that the A&E strategy would be brought to the 26 May Board of Directors.

Cancer targets

The Board noted that in February the trust had failed to meet the 62 day first definitive treatment (FDDT) and 62 day screening targets. Mrs Danieli was confident that the indicative figures for March would result in the trust achieving compliance against the 62 day FDDT and 18 week targets in quarter 4, becoming 1 of only 3 trusts in the region to achieve that performance.

Speaking on the forecast position Mrs Danieli commented that equipment issues had been encountered in Urology creating pressure in an already stretched service. Ms Jenkins asked what actions had been taken for the patients, Mrs Danieli confirmed that the scoping sessions were due to resume imminently and with additional sessions planned it would bring the programme back on track

18 weeks

The Board noted that the trust had delivered all targets for the full year of 2014/15.

In response to Mr Kirby, Mrs Danieli agreed to clarify which of the 3 categories Monitor used to measure performance against the 62 day standard.

In response to Mrs Hullick's queries on the condition of the urology equipment and who had the authority to suspend services and how was that process run, Mr Wight responded that the instruments were fragile and susceptible to breakdown. He had questioned the operational decision to suspend the service which he commented was pre-emptive but an extreme measure to have taken. The department was considering how the equipment is cared for, back-up equipment and systems for equipment replacement.

Appraisal, Sickness absence and Attendance at Mandatory Training

The Board noted that performance levels were static for appraisal and sickness absence. Ms James informed the Board that a report would be brought to the May Board of Directors meeting proposing a new approach on mandatory training to improve performance.

Mrs Jenkins asked if an appraisal was not undertaken would this prevent an increment, Mrs Hullick responded that she thought more work had yet to be done on the system to clarify that action and where it would sit in the process for annual planning and finances. Professor Hart referred to the significant changes through medical staff and nursing revalidation, Mrs Hullick commented that this had to be aligned and clarity on what the trust wanted this process to deliver.

Professor Hart informed the Board that along with Mrs Danieli, she had spoken at the national IST Conference on the recovery of performance against the 18 week targets. This highlighted the exceptional performance of front line staff when many other organisations were struggling. Ms Jenkins recorded the Board's recognition of the significant achievement and thanks to Mrs Danieli and her team for ensuring the performance had been captured and reported.

Mrs Hullick expressed concern that the vacancy rate appeared to be low as she thought that could mask problems, Ms James responded that it was a new entry into the report but agreed with the need to exercise care when reporting on that area.

In response to Mr Lang it was agreed that the % figure should be inserted in the RAG report.

There was agreement with Mrs Pratt's suggestion that the report was for Board assurance.

ACTION:

- (i) Ms Holt agreed to look at the use of VitalPac to introduce alerts to action and record patient turning.**
- (ii) Mrs McCardle to arrange for Mrs Danieli to be informed on the progress of workstreams linked to improving A&E performance.**
- (iii) A&E Strategy to be brought to the 26 May Board of Directors meeting.**
- (iv) Mrs Danieli agreed to clarify which of the 3 categories Monitor use to measure performance against the 62 day standard.**
- (v) Ms James to arrange for % figures to be inserted in the RAG report.**
- (vi) Ms James to arrange for future reports to be presented for assurance.**

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 March 2015. The following points were highlighted:

- 1 There had been 9 trust-apportioned cases of Clostridium difficile in March, 76 year to date against the target of no more than 49. It represented a significant increase over previous years and was the subject of increasing concern, both internal and external. To date in the month of April, there had been 3 cases.
- 2 Whilst the result from the first Clostridium difficile appeal panel was awaited from the commissioner, Miss Holt understood that one case had been successful.
- 3 Board to Board meetings with the PFI providers to improve standards of cleaning continued with a focus on actions to address the discrepancies identified through an independent cleaning audit. In some clinical areas poor performance in cleaning commodes to the required standard had been identified through assurance visits, ward management staff were being held to account for improvements.
- 4 During week-commencing 20 April clinical and management staff had undertaken a programme of ward walkabouts to raise staff and patient awareness of the "Focus on Five" CDI campaign.
- 5 Compliance in demonstrating competency in hand hygiene achieved 98% clinical staff excluding medical staff, a number of processes were being pursued to improve accessibility and increase their rate of compliance.
- 6 Clinicians will attend an event in July to receive the report out of the primary care review into antibiotic prescribing.
- 7 The independent review into decontamination processes had taken place over 8 and 9 April, the report was expected towards the end of April.
- 8 There had been an outbreak of the Noro virus on 3 wards situated in the tower block, it was noted that an increase in Clostridium difficile cases usually accompanied such an outbreak.

The following points were made in discussion:

- 5 Mr Kirby commented that it was annoying that bearing in mind the issues with Clostridium difficile infections there was poor performance in the cleaning of commodes and asked why this was the case. Miss Holt clarified that whilst the commodes were being cleaned, in some clinical areas this had not been completed satisfactorily. In response to a query from a Governor attending as a member of the public, Miss Holt agreed to ensure all staff were aware of the set procedure in place for commode cleaning.
- 6 Mrs Pratt commented that whilst the new integrated performance report was rich on data it could be strengthened up in the areas of providing assurance on outcomes and action deadlines. Miss Holt responded that the Clostridium difficile action plan was under review and going forward would have more clarity.
- 7 Mr Kirby asked what the rationale was for the red RAG rating on Clostridium difficile for quarter one. Miss Holt responded that it was thought that it could take the trust up to a year to get on top of the infection rate and would be affected by the fact that the infection would live in the community for some while.
- 8 Mr Lang asked for clarification on the performance reported in graph 2 showing Public Health England comparative data. Mr Wight responded that there were a complex range of factors affecting performance, all of which had to be tackled ie the estate, antimicrobial prescribing and the lack of specialist centre recognition in the target. Professor Hart commented that a number of other organisations were facing similar challenges and assured the Board that the trust was in contact with organisations that were performing well to establish any areas of learning. However, she agreed with Mr Wight's comments that the solution to improved performance was complex.

- 9 Mr Lang expressed his disappointment that the position had deteriorated over the past 5 month period and the outcomes were not improving, he commented that the Board needed reassurance that action was being taken and timescales. Ms Jenkins commented that the extensive ward walk-arounds may prove informative and noted that the Board was due to receive the revised action plan.
- 10 Mrs Hullick noted that there had been an increase in MSSA cases and asked if infection in the community in general was increasing. Miss Holt responded that trust intelligence indicated that was not the case and that the level of MSSA cases for 2014/15 were similar to 2013/14 levels.

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

DECISION/ACTION:

The Board noted the current position in respect of HCAI, supported the actions being taken and would receive a further report at the May Board of Directors meeting. The following actions were noted:

- i) Miss Holt and Ms James to review and provide the assurance that the green rating for cleaning by clinical staff in the recovery report was valid.
- ii) Miss Holt agreed to ensure all staff were aware of the set procedure in place for commode cleaning.

10 QUARTERLY NURSE STAFFING REVIEW

Miss Holt introduced a paper updating the Board on the results and recommendations out of the patient acuity and dependency data collected in February 2015 on both the acute and primary care hospital sites. The purpose of the report was to assure the Board that nurse staffing levels were adequate and that the appropriate numbers of nurses and midwives with the correct skill mix, capacity and competencies were on duty to provide safe care to patients.

Miss Holt drew attention to the following issues:

1. Pages 9 and 10 were now showing significant amounts of red, this had been followed up in the Clinical Standard Meeting in the areas of pressure ulcers, falls and complaints.
2. The Zetland Ward was the only ward that had not met the NICE (2014) guideline of 1:8 staff to patient ratio, this had been addressed.
3. Attention was drawn to page 3 setting out acuity and dependency levels, this would be important in the move to 7 day working.
4. Figure 5, page 20, a number of variances recorded in the Integrated Medical Care Centre (IMCC) were reviewed by the Head of Nursing who received assurance that nurse levels and rotas met the required standard. Recommendation 8 proposed a business case on staffing levels on the Acute Assessment Unit (JCUH) and the Supervisory Ward Leader with IMCC.
5. Recommendation 6 proposed changes to the audit cycle for adult inpatient wards in line with national recommendations.

The main points of the Board's discussion were:

6. Ms Jenkins questioned the suggestion of extending the reporting period when there was an increase in areas reporting red status, Miss Holt clarified that the red areas were linked to clinical standards.
7. There was agreement with Mrs McArdle's suggestion that changes to staffing levels should be tracked within the transformation work.
8. Mr Kirby commented that the report was heavy on data but light on assurance, for example, had safe staffing levels been achieved. He added that it was difficult to identify what the staffing levels were between the sites and although he understood the reasons why, this left him in the position of believing there was assurance but he did not know it. He suggested that whilst the Board had received assurances that

levels had been met, they needed to know how they had been met. He did not think the report provided the overall position on having the right number of nurses and appropriate distribution.

9. Mrs Pratt asked what the report concluded, ie were the levels of nursing safe. Miss Holt responded that nursing levels were safe and drew attention to the reported number of beds closed for safety reasons, she drew attention to the ratios and acuity information but agreed to draw that information into a conclusion.
10. Ms Jenkins asked how local intelligence information could be obtained and represented against the data collected. Miss Holt agreed to look at how staff views could be obtained with HR colleagues. Mrs Parnell suggested looking at alternative ways to engage with staff other than a staff survey.

DECISION/ACTION

The Board noted the report and approved the recommendations. The following actions were noted:

- i) Miss Holt and Mrs McArdle to ensure changes to staffing levels would be tracked within the transformation work.**
- ii) Miss Holt agreed to include a conclusion within future reports to indicate whether the reported level of staffing was safe.**
- iii) Miss Holt agreed to look at how staff views could be obtained with HR colleagues.**

GOVERNANCE

11 DELOITTE GOVERNANCE REVIEW

Professor Hart introduced a report presenting the action plan in response to the Deloitte board governance review for their approval. The Board were reminded that this originated from a requirement in the Monitor enforcement action and had been the subject of their previous discussion. The action plan provided the template for tracking progress against the Deloitte recommendations.

Mrs Parnell explained that this had been prepared jointly with Mrs Hewitt-Smith and Ms James, the dates were aligned to either those put forward by Deloitte or the Trust's business cycle. Progress would be reviewed around September/October 2015.

The main points of the Board's discussion were:

1. Ms Jenkins asked how action would be demonstrated.
2. Mrs Pratt commented that proving action had been taken did not demonstrate it had been effective. Professor Hart agreed that Monitor would want increased confidence out of this and be able to see the development, culture change and direction of travel. Ms James responded that an outcome column could be added to provide assurance but Mrs McArdle added that the required outcome would need to be defined.
3. Ms Jenkins noted the Board's approval with clarification on the direction of travel, linkage to the trust's strategy and inclusion of measurable outcomes. Professor Hart commented that assurance would come through delivery of the action plan.

DECISION/APPROVED/ACTION:

The Board agreed to receive monthly updates and approved the action plan. The following action was agreed:

- i) Ms James responded that an outcome column could be added to provide assurance.**

12 ANY OTHER BUSINESS

There were no further items for discussion.

13 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

14 DATE OF NEXT MEETING

The next meeting of the Board (Part 1) in public would be held on Tuesday 26 May 2015 at 10.00 in the Board room, 1st floor, Murray Building, The James Cook University Hospital, Middlesbrough TS4 3BW.

15 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
Director of Communications and Engagement
South Tees Hospital NHS Foundation Trust
01642 835592