South Tees Hospitals NHS
NHS Foundation Trust

Agenda item 4

SOUTH TEES HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Minutes of the Trust Board meeting held in public on Tuesday 26 April 2016
at 10.30 in the Board room, 1st floor, Murray Building,
The James Cook University Hospital, Middlesbrough TS4 3BW

Present:	Ms D Jenkins	Chairman
	Mr R Carter-Ferris	Non-Executive Director
	Mr D Chadwick	Medical Director (Planned Care)
	Mr A Clements	Medical Director (Urgent & Emergency Care)
	Mr D Heslop	Non-Executive Director
	Mrs M Hewitt-Smith	Director of Finance
	Mrs A Hullick	Non-Executive Director
	Mrs G Hunt	Director of Nursing
	Mr S Kendall	Medical Director (Clinical Diagnostic/Support Services)
	Ms R James	Director of Quality
	Mrs S McArdle	Chief Executive
	Mr M Reynolds	Non-Executive Director
	Mrs M Rutter	Non-Executive Director
	Mr M Stewart	Medical Director (Specialist Care)
In attendance:	Dr C Coapes	Chairman, Senior Medical Staff Forum
	Mrs M Coyle	Personal Assistant to CEO
	Mrs C Parnell	Director of Communications & Engagement
	Ms R Shaher	Chairman, Staff Side
	2 members of the public	
Apologies:	Mr H Lang	Non-Executive Director
	Mrs A Marksby	Head of Communication

1 WELCOME AND INTRODUCTION

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

Ms Jenkins welcomed the Medical Directors to their first meeting as executive directors of the Board.

2 DECLARATIONS OF INTEREST

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

Ms Jenkins drew attention to the reported annual declaration of interests for the period April 2015 to March 2016 presented for information and assurance.

NOTED:
The Board noted the annual declarations of interest.

3 MINUTES

The minutes of the meeting of the Board held in public on 22 March 2016 were received

and approved as a correct record of the proceedings with the following amendment:

Page 6, third paragraph under the financial heading, last line, should read: the other income was largely recurrent in nature.

DECISION:
The minutes of the meeting held on 22 March 2016 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.

Action 28-2015/16: Ms James reported progress in establishing the revised committee structure and governance arrangements which would be reported to the May Board of Directors meeting. Ms Jenkins commented that in the NEDs discussion of the committee membership it had been suggested that this should be extend beyond executive level and used as an opportunity to exploit talent in the organisation.

NOTED/DECISION:
The Board noted the progress and agreed to closing outstanding actions as identified.

5 CHIEF EXECUTIVE'S REPORT

The purpose of the report was to provide the Board with an executive summary of the trust's key strategic objectives, national policy and organisational issues in the following areas:

1 Junior doctors industrial action
2 'Patterns of Maternity Care'
3 First patients received IV antibiotics at home
4 Other service innovation
5 Research and Development = Dragons' lair
6 Tour de Yorkshire

Mrs McArdle also drew the Board's attention to the following areas:

7 Financial performance in the health sector had been reported as an increased deficit of £1.387b, a 60% increase over the 2014/15 deficit, to c£2.2b in 2015/16. The trust's 2015/16 underlying deficit of £4.9m was an improvement of £2.1m over 2014/15 performance of £7m. This reflected a 30% improvement in the financial performance and had out-performed comparatively in the health sector. Mrs McArdle recorded her acknowledgement and appreciation for the hard work and tenacity of staff in achieving the excellent financial performance.
8 The impact of the junior doctors' strike on activity was reported as cancellation of 17 in-patient and 2 day procedures on the first day and 7 in-patient and 5 day procedures on the second day. Out-patient activity had resulted in 73 new and 184 review appointments cancelled on the first day, 89 new and 199 review appointments cancelled on the second day. The Board were assured that all actions had been taken to mitigate the impact on patients; Mrs McArdle expressed appreciation of the commitment of staff who had provided the cover over the period of the industrial action to ensure the provision of a safe service to patients.
9 Mrs McArdle reported on the establishment of lead roles within the STP and BHP reconfiguration of services across the geographic footprint. Mrs Hunt had been appointed as lead nurse, Mrs Hewitt-Smith as lead on finance and Mrs McArdle held a position on the executive.
10 The CQC follow-up inspection was due to take place between 8-10 June, Mrs McArdle assured the Board of the focus on preparing for this to ensure the outcome gave a fairer reflection of the quality of the services provided.

11 Logistical arrangements were being finalised to ensure the Tour de Yorkshire did not impact on patient access to services and a media briefing would be issued. Mrs Hullick enquired about the opportunities this event may present, Mr Chadwick responded that there would be various promotions on healthy living and Mrs Parnell confirmed that other media and fund raising opportunities had been progressed.

NOTED:
The Board noted the report.

QUALITY, SAFETY AND PERFORMANCE

6 QUALITY ASSURANCE COMMITTEE CHAIRMAN'S LOG

Mrs Rutter presented her report out of the QAC held on 13 April, the main points to which she drew the Board's attention were:

1) CQC: draft data pack had not yet been received. Self-assessments carried out in the inspection preparation process had identified issues in medicine safety, Mrs Hunt was leading on assurance visits to the wards.
2) Terms of reference: IPAG and the Patient and Carer Experience Sub-Group had not met requirements due to the impact of the organisational restructure, actions were in place to address.
3) Actions with agreed deadlines were in place to strengthen the action plan drawn up in response to the gap analysis in maternity standards.
4) It was agreed that HENE's decision to change the allocation of trainees presented a risk to the sustainability of services, an immediate impact had been identified in the area of anaesthetics. An operational working group had been put in place to analyse the overall impact.
5) A risk had been added to the corporate risk register relating to the recruitment difficulties to deliver the head and neck service. Mr Chadwick reported on actions to address including discussions with the directorate to identify opportunities to collaborate with other services, international recruitment and ensuring the attractiveness of the recruitment process. However, whilst the workforce issues continued Mr Chadwick commented that this would remain a risk.

In response to Ms Jenkins, Dr Stewart responded that core medical recruitment in the summer was down by 50% across the region, there were a significant number of unfilled posts. It was thought that this could be an effect of the junior doctor dispute particularly in the North East. The planning exercises undertaken for the industrial dispute had been useful in moving services forward for the future. Mrs Rutter enquired on the timescales for the assessment and plans to address the risks, Ms James assured the Board that the risks had been flagged and timescales for next steps and actions were now under review. Mr Wight had co-ordinated the preparation for the junior doctors industrial action and wider issues. Dr Stewart commented that the extent of the problem would not be known until the end of June, HENE take a phased approach to recruitment and moving into phase 2 would lower the requirements. He assured the Board of the pace of the work that would follow in July to re-establish rotas. In parallel work would be taking place on the implementation of the new contract for junior doctors, all rotas would be re-examined to ensure compliance with the contract which would affect most junior doctors from August. Mr Stewart commented that it was expected to be challenging with less clinicians on the rotas to deliver services and an expected reduction of junior doctors in training.

Mr Heslop commented that the Board was aware of the issues each centre was encountering on recruitment which appeared to be one of the most significant challenges faced and a solution was proving difficult to identify. The impact was being seen in business areas and delivery of services. He expressed a view that the organisation should be developing a strategy to address the issues rather than dealing with them in isolation. Mrs McArdle assured the Board that the strategy would be informed through the work undertaken by Mr Singh reviewing the baseline workforce and gaps along with population demographics. The Director for Medical Education would lead in work with

HENE to establish expectations for the next 3-5 years. The revised Sub-Committee on Workforce would develop the staffing resource strategy.

Ms Jenkins enquired if there were any further actions that could be taken to address the short-term issues leading up to August and asked how the organisation was assuring junior doctors that it was putting steps in place to adhere to the new contract. Mrs McArdle commented that strengthening links with junior doctors would be dealt with in the work preparing for the introduction of the new contract. Mr Chadwick assured the Board on links with junior doctors at speciality level and that they were made aware of the strategic overview.

Mrs Hunt commented that there was also uncertainty in the future funding of nurse trainees.

NOTED:
The Board noted the report.

7 INTEGRATED PERFORMANCE REPORT FOR MARCH 2016

The purpose of the report was to provide the Board with a summary of the quality, finance and performance of the trust at the end of March 2016. To describe any exceptions to agreed plan/standards and to forecast the position for the coming quarter.

Executive summary
Ms James drew attention to the executive summary and to the performance exceptions reported on.

Ms James presented the key points in the quality and performance sections of the report.

Quality and Performance
It was noted that HCAI would be reported on in the detailed report listed separately on the agenda. Ms James talked to a presentation reporting on exceptions in the areas of quality and performance operations metrics.

The focus on pressure ulcer prevention had achieved a significant reduction, compared to 2014/15, and in patient areas achieved a 31% reduction in category 2 ulcers and a 28% reduction in category 3 / 4. Community services saw a small increase in category 2 ulcers of 3% and a 46% reduction in category 3 / 4. This is the second year of reductions and is in line with the 3 year aim of reducing the level of harm by 50%. The Board recorded their appreciation of the focus and commitment given to this by staff.
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Ms James reminded the Board that whilst mortality data showed the trust as an outlier, this was due to the continued inclusion of the winter period in the HSMR data, in which there had been a high level of deaths. The Board was presented with data on crude mortality rates and numbers of deaths which demonstrated fewer deaths this winter than in 2014/15 and it was noted that the trust's unadjusted mortality rates had returned to levels lower than both regional and national rates. The SHMI measurement of 107 was within the expected range and was expected to return to normal limits by autumn. Ms James assured the Board on the thoroughness of the mortality surveillance process and that guidance was followed, this would include increased surveillance of SIs.

Ms James reported that CQUIN overall achievement for the contract period 2015/16 was 80% income in terms of targets. Mrs Hewitt-Smith had negotiated with the commissioners on funding to gain recognition of the performance improvement against those targets rated red or amber. For example, there had been an improvement in the acute kidney injury target which recorded over 40% of GPs had been informed of incidents. This reflected a significant improvement and the Board were assured that the improvement work would continue and would be assisted further through the implementation of the electronic

patient record. Achieving improvements on the discharge time of day target had proved challenging, performance had improved from 16% to 22% which comparative to other organisations was a significant improvement and the Board were assured that work would continue to improve performance.

Failure to achieve the community acquired pneumonia target had been reviewed, to improve performance next year a range of actions had been put in place in the front of house area to ensure the correct investigations took place and antibiotics were prescribed. Ms Jenkins enquired if this was linked to not providing care or recording information, Mr Clements responded that it was linked to poor recording. A prompt had been built into the Symphony programme requiring information to be included in the clinical record, as this had been introduced late in the 2015/16 period the impact would not be seen until the 2016/17 period. He anticipated the target would be achieved in 2016/17. Ms Jenkins sought further assurance that this was not linked to patient care, Mr Clements responded that there was limited evidence to suggest it was linked to care, evidence suggested that it was linked to poor recording. Ms James confirmed that this target would remain in CQUIN for 2016/17 and assured the Board of the continued focus to achieve a sustained improvement.

Clarification on CQUIN funding for 2016/17 had been delayed due to the late guidance issued for the AOP. Ms James commented that this delay would impact on the milestone timescales. Mrs Hewitt-Smith reported that contracts with the commissioners would be signed on Monday, with the exception of CQUIN which required further work to agree the local programme. This was scheduled for senior management discussion to agree the leads for the CQUIN targets.

Ms James was pleased to report that the aggregate level of A&E performance for 2015/16 was 95.1%. Ms James was disappointed to report that the forecast improvement in the 62 day cancer target had not been achieved despite the increased activity particularly in the area of urology. The focus for improvement had been on the back-end of the pathway, but a review of data had identified deterioration in performance in the front-end of the pathway. An improvement plan would be brought to the Board of Directors May meeting to provide assurance on the approach taken to bring about improvement. Ms James informed the Board that there was a national deterioration in performance against this target, this was a reflection of the national public awareness campaigns to improve early diagnosis which had not factored in time for services to prepare for the increased activity. An analysis of quarter 3 breaches and causes identified key contributory factors as diagnostics, issues in out-patients and elective capacity. The strategic lead for cancer, Dr Wood, was considering alternative approaches within the cancer plan.

Mr Heslop drew attention to the cross-over point in the graph between the target and actual performance, he thought this suggested it was not only about increasing patients and could be structural ie capacity. He thought this should be benchmarked against the national picture. Mr Chadwick responded that there was a combination of a number of contributory factors and it had links with accountability. Mr Heslop asked if this could be benchmarked, Ms Jenkins asked if anything had come through the cancer network that might be useful. Ms James agreed to refer this to Dr Wood to consider within the cancer plan, and assured the Board that Dr Wood had close links with both the cancer network and Macmillan.

Ms James reported that the breach allocation policy would not deliver benefits out of shared breaches. Ms Jenkins expressed a view that it was important to maintain a focus on patient care as well as targets. Mrs Rutter agreed with the view but was also pleased to note the increased focus and energy on changing what could be changed.

Mr Heslop welcomed the positive performance achievements reported on.

Mrs Hewitt-Smith presented the key points in the finance section of the report.

Financial
Mrs Hewitt-Smith reported that the out-turn position was slightly behind plan but comparatively had out-performed within the national health sector, reflecting a 30% improvement over the previous year.

The EBITDA position was behind plan at the year-end with a £0.9m adverse variance to plan. The reasons for this underperformance were in-line with previous months, a significant underperformance on clinical income off-set by an over-performance on 'other' income and strong cost control.

Mrs M Hewitt-Smith highlighted to the Board that the 'other' income was largely fortuitous in nature, but that fortunately most of this income was recurrent with the exception of RTA and R&D income. It was also highlighted that although the Trust had maintained strong cost control throughout the year, there were still some 'stranded' costs which were causing pressure on the financial position.

EBITDA had worsened from the M11 forecast, which was showing an improvement of £0.5m due to CQUIN delivery and the additional costs associated with some specialised activity, for which a contract settlement had been agreed and therefore there was no off-setting income.

Mrs M Hewitt-Smith commented that this was a key lesson learnt, but that overall the contract year-end settlements had been to the Trusts financial advantage.

The underlying deficit was behind plan by £1.8m at £4.9m YTD. £1.2m profit on disposal had not taken place in 2015/16 as the sale of land had been deferred to 2016/17. Whilst this was a disappointment, Mrs Hewitt-Smith informed the Board that the risks associated with the remedial work to the car park had not been fully mitigated and the decision to defer to 2016/17. Mrs Hewitt-Smith highlighted that recognising an accounting profit in this financial year at the risk of a cash pressure in 2016/17 was not financially prudent. Mrs Hewitt-Smith informed the Board that discounting the delay in the sale of the land, the actual deficit was £0.6m. In response to Mrs Hullick, Mrs Hewitt-Smith clarified that the £0.6m was due to additional expenditure and end of year contract negotiations particularly around CQUIN and the HRW contract.

In response to Mrs Rutter, Mrs Hewitt-Smith responded that the under-funded clinical income had largely been offset by an under-spend in agency staff and non-pay expenses, however as previously highlighted there are still some stranded costs. Mrs Hewitt-Smith reiterated that the additional 'other' income had also off-set the clinical income underperformance.

Mr Helsop commented that this represented a good financial performance. He asked if anything should be done differently or early warning flags built into the approach for 2016/17. Mrs Hewitt-Smith responded that a modified approach would be taken to CQUIN, particularly in regard to forecasting, and that lessons had been learnt for the year-end contract negotiations and the subsequent additional specialised activity that was performed. The senior management team would be taking ownership of CQUIN targets and this would bring increased transparency on accountability. Mrs Hewitt-Smith commented that whilst the activity could have been delayed into the 2016/17 period to avoid the cost pressure, the preference was not to give mixed messages to the staff who had been encouraged to work towards achieving activity targets. Mrs Hewitt-Smith informed the Board that there was a significant gap between internal and commissioner demand plans and therefore the opportunity for contract settlement in 2016/17 was severely reduced – as 2015/16 contract settlements were possible due to significant contractual underperformance.

Mrs Hewitt-Smith spoke of increasing the FIC working on KPIs to track unusual changes in activity and determine whether they were spikes or trends. Mrs McArdle agreed that a year-end push on activity should be avoided, it was not a sustainable approach and avoiding it may also alleviate pressure on bed occupancy. Achieving good levels of

activity early on in the year and slowing activity down towards the end of the contract period, should improve the management of marginal costs.

Mrs Hullick welcomed the comparison between years but expressed concern that there had not been an analysis of trends in 2015/16 of costs, income and cash which would develop deeper discussion.

Ms Jenkins enquired on CIP plans, Mrs McArdle responded the analysis of 2015/16 had informed plans for 2016/17. Mrs Hullick commented that the financial analysis should be done on 2014/15 and 2015/16 years and forecast into 2016/17.

Mr Reynolds suggested reporting information should include a breakdown of recurring costs in 2015/16, Mrs Hewitt-Smith responded that the FIC was reviewing the financial information reported to the Board of Directors. Mrs McArdle commented that all performance reports to the Board were under review and would be brought to the Board of Directors meeting in May to receive comment. Mr Reynolds requested an opportunity to comment before that process started, Mrs Hewitt-Smith commented that the FIC had an early opportunity to review this and agreed to ensure Mr Reynolds could feed into that process. Mrs Hullick repeated the importance of having trend analysis covering the last two years and current year.

Mrs Hewitt-Smith informed the Board that the retained deficit was ahead of plan by £7.3m, mainly due to asset revaluation increases reversing the previous year's impairment charges.

Ms Jenkins commented that overall this represented a significant achievement in the context of the environment the trust was operating within.

Mrs Hullick requested an update on Monitor's enforcement process. Ms Jenkins responded that at the last PRM the trust had pressed for a 3 month timescale for the enforcement action to be lifted, Monitor had indicated 6 months. Monitor had indicated their satisfaction with the direction taken to improve performance against Clostridium difficile and that the trust was delivering on the financial strategy. Ms Jenkins was hopeful that the enforcement action would be lifted within the next 3-6 months. Mrs McArdle commented that this would be driven by the trust's restructure of the balance sheet. Mrs Hewitt-Smith commented that the amount of work required to restructure the Trusts balance sheet should not be under-estimated, Mrs Hewitt-Smith also highlighted that a 5 year LTFM was required and that this must align with the STP process.

Mr Heslop asked how the good financial performance would be communicated to staff, Mrs McArdle confirmed that an end of year position would be reported along with recognition of the hard work of staff and the future challenges that lay ahead. The strategic dialogue day to be held on 18 May would provide the key messages and communication for organisational leads to take back to their teams. Mr Heslop commented that confidence should be communicated in the ability to meet the challenges that lay ahead.

Mrs Hewitt-Smith reported that the CIP Programme was £0.6m behind the full year target of £36.0m, achieving £35.4m, the main reason for the variance was the reduction in clinical income, which had impacted on productivity. There had been a reduction in recurrent savings performance, £28.8m was recurrent and £8.8m was non-recurrent. The 2015/16 performance had been reflected in the 2016/17 AOP increasing the CIP programme target to £35.0m.

At 31 March cash held by the trust amounted to £2.7m in-line with plan, this level represented a risk which Mrs Hewitt-Smith had asked to be included in the risk register. Mrs Hewitt-Smith explained that the regulator required the trust not to hold a cash balance in excess of £0.5m, however, the trust had negotiated an increase in this level to £2.5m. Mrs Hewitt-Smith added that the drawdown of the working capital facility of £2.4m in May would not be paid back until the end of December to support the cash position.

Mrs Hewitt-Smith had raised with the regulator the problems this cash position created, for example, one of the commissioner had under-paid and this had caused significant cash flow issues for the Trust in month.

Ms Jenkins asked for clarification behind the regulator's position, Mrs Hewitt-Smith responded that this was linked to the cash being drawn down from the markets by HM Treasury and therefore had a cost associated with it. Mrs McArdle commented that this represented a reputation risk with regard to creditors.

In response to Mr Reynolds, Mrs Hewitt-Smith confirmed that the capital expenditure programme would be brought to the Board of Directors May meeting.

NOTED/ACTIONS:
The Board noted the report and agreed the following actions:

i) Ms James to bring an improvement plan to the Board of Directors May meeting to address the deterioration in performance at the front-end of the 62 day cancer patient pathway.
ii) Ms James to ask Dr Wood to benchmark performance issues with the 62 day cancer target to identify any learning.
iii) Performance reporting structure to be presented to the Board of Directors May meeting.
iv) Mrs Hewitt-Smith to ensure Mr Reynolds has the opportunity to contribute to the FIC's early review of the new performance reporting structure.
v) Mrs Hewitt-Smith to present the capital expenditure programme to the Board of Directors May meeting.
vi) Mrs Hewitt-Smith to present to the May Board of Directors meeting the year end accounts, 2016/17 budget and trends.

8 HEALTHCARE INFECTION

Mrs Hunt presented slides providing performance information on healthcare-associated infections for the month of March 2016 and drew attention to the following key points in the report:

a) The first slide provided performance data up to March 2016 on trust attributed cases of Clostridium difficile against the 2015/16 trajectory and compared to 2014/15 performance. The trust had 61 cases which represented a 20% reduction over 2014/15 period of 76 cases. Quarter 4 showed a significant improvement with 12 reported cases.
b) The second and third slides provided an analysis of both attributable and non-attributable Clostridium cases from April 2010 to March 2016. There had been 176 cases in total in 2015/16, this was reflective of the national position and underlined the importance of collaborative working with the commissioners. This presented a risk to the health economy of the region which had seen an increase in the burden of the disease in the community. Mrs Hunt commented that this highlighted the need for staff to take the right actions all of the time.
c) The fourth and fifth slide provided an update on the progress of actions to reduce the rate of infection through RCA, IPC nurse 7 day working, collaborative working including antimicrobial prescribing and hand hygiene competence training. Cleaning performance continued to improve, there had been a successive 4 months of improvement, sustaining this will be the challenge. The monthly cleaning standards group, chaired by either Mrs Hunt or Mrs McArdle, continued to meet to maintain oversight of the improvement in standards. Verbal feedback from staff is consistent with the improved cleaning scores with frontline colleagues expressing higher levels of satisfaction with cleaning.. The introduction of the environmental support workers in the AAU locations is also having a positive impact.

   Ms Jenkins commented that the collaborative approach developed with Endeavour and Carillion had seen the links between their training supervisors and clinical teams strengthen. Ms Jenkins added that Endeavour and Carillion see the trust's approach

as leading the way in developing this relationship. Mr Heslop was pleased to note that the relationship had come some way from where it was six months ago to a strong collaborative approach to achieve the improvements in performance.

Mr Carter-Ferris queried if the improved performance related to all sites, Mrs Hunt responded that the cleaning standards group focussed on the JCUH site, IPAG receives cleaning reports from all sites including the community hospitals.

d) Mrs Hunt drew attention to the sixth slide which set out the next steps to be taken in the most significant areas of work: bed reconfiguration; equipment decontamination; a focus on the dip in audit returns seen in March as the organisation went through the reconfiguration of the clinical centres; participation in the 2016 national point prevalence survey; a technology business case to transform IPC services.

e) There had been 2 MRSA cases in 2015/16 representing a 50% reduction and 39 MSSA cases in 2015/16 which represented an increase over the previous year. The centres had undertaken their own reviews to establish the lessons learnt and draw-up action plans which would be reported to the QAC.

NOTED/ACTION:
The Board noted the current position in respect of HCAI and supported the actions being taken.

ORGANISATIONAL CAPABILITY

9 CHANGE TO TRUST'S CONSTITUTION

Ms Jenkins explained that the purpose of the report was to seek approval from the Board of Directors to a change to the trust's constitution. The recent changes to the make-up of the Board of Directors required an amend to the constitution to allow for the appointment of two non-executive directors. Ms Jenkins explained that this would ensure that at least half of the board is made up of non-executive directors, the proposal was to increase the range of non-executive and executive directors from 5-8 to 5-10.

In response to Mr Carter-Ferris, Mrs Parnell indicated that this should not significantly affect the quorum which Mrs Hewitt-Smith would be addressing through the review of the standing orders.

DECISION:
The Board approved the amendment to the constitution that will facilitate the changes to the Board of Directors.

10 ANY OTHER BUSINESS

There were no further items for discussion.

11 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

12 DATE OF NEXT MEETING

Ms Jenkins informed the meeting of a change to the scheduled date of the next meeting of the Board (Part 1) in public which would now be held on Tuesday 31 May 2016 at 10.30am in the Board room, 1st floor, Murray Building, The James Cook University Hospital, Middlesbrough TS4 3BW.

13 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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ACRONYMS

AOP	Annual Operating Plan
BHP	Better Health Programme
CIP	Cost Improvement Plan
CQUIN	Commission for quality and innovation
FIC	Finance and Investment Committee
HRW CCG	Hambleton Richmondshire & Whitby Clinical Commissioning Group
HCAI	Healthcare Associated Infection
HENE	Higher Education North East
HSMR	Hospital standardised mortality ratios
IPAG	Infection Prevention Action Group
JCUH	The James Cook University Hospital
KPIs	Key performance indicators
NEDs	Non-Executive Directors
PRM	Performance Review Meeting
QAC	Quality Assurance Committee
RCA	Root Cause Analysis
SIs	Serious Incidents
SHMI	Summary hospital mortality indicator
STP	Sustainable transformation programme
YTD	Year to date