

**MINUTES OF THE PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON TUESDAY 28 OCTOBER 2014
IN THE BOARD ROOM, MURRAY BUILDING,
THE JAMES COOK UNIVERSITY HOSPITAL, MIDDLESBROUGH**

Present:

Ms D Jenkins	Chairman
Prof. Tricia Hart	Chief Executive
Miss R Holt	Director of nursing & quality assurance
Mrs A Hullick	Non-executive director
Mr D Kirby	Vice chairman
Mr H Lang	Non-executive director
Mr C Newton	Director of finance & performance
Mrs M Rutter	Non-executive director
Mr J Smith	Non-executive director
Coun. B Thompson	Non-executive director
Mrs C Parnell	Director of communication & engagement
Prof. R. Wilson	Medical director/Deputy Chief Executive

In attendance:

Dr S Baxter	Chair, Senior Medical Staff Committee
Mr A Bielenberg	Chief restructuring officer
Ms S Danieli	Deputy director of performance management
Ms C Gatenby	Service lead district nursing team (<i>For item 4</i>)
Mrs M Hewitt-Smith	Deputy director of finance
Mrs A Marksby	Head of communication
Ms J Stevens	South Tees CCG (<i>for item 5</i>)
Dr. A Thornley	Consultant cardiologist (<i>shadowing Prof. Hart</i>)
Ms S Towers	<i>For item 4</i>
Dr. H Waters	Chair South Tees CCG (<i>for item 5</i>)
Ms H Williams	Specialist nurse safeguarding adults (<i>for item 12</i>)
Three members of the public	

1. WELCOME

Ms Jenkins welcomed everyone to the meeting.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms K Linker, chair Staffside.

3. DECLARATIONS OF INTEREST

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

4. PATIENT EXPERIENCE STORY

Ms Gatenby and Ms Towers presented a video testimonial from Mrs Pauline Myers about the care she received from acute and community services after being diagnosed with breast cancer. She underwent a mastectomy and had further surgery to remove lymph nodes, and described the care she received as “first class, kind and supportive.”

In discussing the video the following points were raised:

- Ms Jenkins asked about the daily home visits Mrs Myers received and Ms Towers explained that initially a community outreach nurse helps with the discharge process, visiting daily and then passing over care to community nurses.
- Mr Lang asked if Mrs Myer’s level of care was the standard and Ms Towers commented that it was the standard the team aspired to for every patient.
- Mrs Rutter queried the size of the team and Ms Towers explained that currently there is one outreach nurse funded by Macmillan and two specialist nurses working in the hospital. The outreach nurse can see five to six patients a day but her case load depends on how many people are undergoing surgery.
- Prof. Hart suggested that the video could be shared with support groups to help other cancer patients understand the support that is available to them.

Decision:

The board noted the content of the presentation.

5. IMPROVE

Ms Stevens provided the board with an update on the outcome of recent public consultation around proposals to change community services in South Tees, and the decision of the CCGs’ governing body to proceed with the proposals.

Directors heard that the decision will mean:

- Centralisation of stroke services at Redcar Primary Care Hospital by April 2015
- Closure of two minor injury services at East Cleveland and Guisborough Primary Care Hospitals and consolidation of minor injury services at Redcar Primary Care Hospital by April 2015

- Closure of Carter Bequest Hospital and transfer of services within the community by April 2015, alongside improvement to the community infrastructure
- Closure of the main building at Guisborough Primary Care Hospital, removing the bed base subject to improved community infrastructure by April 2016
- Redevelopment of the Chaloner building at Guisborough Primary Care Hospital to house services transferred from the main building as well as additional community service by April 2016.

Ms Stevens said the changes would be implemented in a phased way and further work would be carried out to address some of the public concerns raised during the consultation, including transport.

In discussing the update the following points were raised:

- Dr. Baxter commented that she was surprised that there were surplus beds in the community as so often there are difficulties discharging patients from acute service, particularly those requiring palliative care. Ms Stevens said an independent piece of work had identified that many people were inappropriately occupying community beds, either because of social or rehabilitation needs that could be met in other ways. She acknowledged that investment was needed in palliative care and local GPs were working on a project to improve local provision.
- Miss Holt said she was pleased to see the intention to invest in community outreach services and asked whether there were plans to invest in voluntary outreach. Ms Stevens said it was planned to re-invest the funds currently being spent on unused capacity on strengthening community support.
- Ms Jenkins reminded the board of the work the trust was doing through its third sector forum on developing a number of community pilots and she suggested IMPROVE offered more opportunities to develop a multi-faceted approach, both through the forum and by using the volunteers already working in the trust.
- Coun. Thompson said she was very supportive of the changes but expressed concerns about getting patients in the right place at the right time, and she hoped that the phased approach to implementation would help to iron out current pinch points in pathways.
- Mrs Rutter asked what was being done to mitigate the risk of patients falling through gaps during the transition period. Dr. Waters said IMPROVE had been developed in partnership with the trust and local authorities and it was important to build on these relationships to ensure the implementation phase is well co-ordinated. Mrs Rutter suggested the implementation should be monitored by the trust through the Transformation Board and Board of Directors.
- Mr Lang asked what difference patients would see by having all stroke rehabilitation in Redcar Primary Care Hospital. Mr Waters said that by having all the beds in one place patients will get a greater level of rehabilitation and so will be discharged earlier. Ms Stevens added that it would also be easier for clinicians to visit every day.

- Mrs Hullick asked about the impact of the changes on the work force, and Ms Stevens said a workforce plan was developed at the beginning of the process, which identified that there was not a shortage of staff however the moves would be a cultural change for staff. She added that Mrs Mandy Headland was leading a programme to address the training needs of staff.

Decision:

- i) **The board noted the update.**
- ii) **The board agreed that it should be kept updated about changes to community services.**
- lii) **The implementation phase should consider how the third sector and volunteers can contribute to Improve.**

6. MINUTES OF THE LAST MEETING

The minutes of the meeting held on 30 September 2014 were agreed as a true record.

Decision:

The minutes of the meeting held on 30 September 2014 were approved.

7. MATTERS ARISING

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

- Item 9: Mr Jenkins report on MRSA to be discussed at the November board meeting.

Mr Kirby highlighted that at the previous meeting there had been a discussion about the merger of community and acute mortality figures. He commented that it could potentially have a negative impact on the trust's overall mortality figures and asked when this was likely to happen. Prof. Wilson agreed to find out more information and also circulate to the full board information on community mortality previously provided to Mrs Rutter.

8. CHIEF EXECUTIVE'S REPORT

Prof. Hart presented her report highlighting the following items:

- Changes to the paediatric and maternity services at The Friarage Hospital.
- National cancer survey – the trust achieving its best results in the national survey with nine out of ten patients rating their care as very good or excellent.
- Friends and family pilot scheme – the expansion of the national Friends and Family test to all outpatients and day case patients, as well the introduction of a free text messaging/automated call service that patients can use to respond to the test.

- Flu campaign – a total of 3,376 staff, 43% of the trust's workforce, were vaccinated against flu in the first two weeks of the annual campaign.

In discussing the report Ms Jenkins asked how the trust was marking the change to services at The Friarage Hospita. Prof. Hart said SCBU was planning a mural of photographs of families and staff and Mrs Marksby added that a memory book for staff was being developed alongside a booklet for patients. Miss Holt commented that Friarage staff who had transferred to JCUH had remarked on the welcome they had received from colleagues, and she congratulated the clinical centre on the work that had been carried out with staff to prepare for the move.

Decision:

The board noted the content of the report.

QUALITY, SAFETY AND PERFORMANCE

9. PERFORMANCE REPORT FOR SEPTEMBER 2014

Ms Danieli presented the report that summarised performance against all key national targets and local performance measures. She highlighted the following points:

- The trust continued to be compliant with all 18 week targets, although performance against the admitted target dipped slightly due to smaller numbers going through the system.
- The four hour A&E target was narrowly missed with a performance of 94.8% against the 95% target. This was mainly due to medical delays and increased activity at the start of the month. The board heard that a lot of work was going on to re-direct patients who did not need A&E care and also reduce waiting times.
- All national cancer targets were achieved in August with the exception of the 62 day screening target and two week rule first seen. The trust was non-compliant with the 62 day target due to one breach but figures for September indicated performance of 84.%% against a target of 85%, despite a significantly lower number of total cases than expected. The two week target was narrowly breached as a result of patient choice.

In discussing the report the following points were raised:

- In response to a question from Ms Jenkins about the number of screening breaches, Ms Danieli explained that some areas do have more breaches than other, such as urology where there had been some treatment cancellations as well as patients being moved around on waiting lists for entirely appropriate clinical reasons but which resulted in breaches.
- Ms Jenkins asked what was being done to correct the problems in urology. Prof. Wilson explained that there was growing demand for service and the position was likely to worsen while clinicians trained to use the new surgical robot.

- Dr. Baxter commented that a target which could be breached as a result of patient choice was meaningless. Ms Danieli said that the target included a level of tolerance for patient choice but it was an issue for organisations across the country, particularly over holiday periods. She added that performance was deteriorating national but the trust was working with GPs to get them to encourage patients to take the first available appointment.
- Prof. Hart asked what demand and capacity work was going on to accommodate the Christmas and New Year break and she queried whether the trust should again cancel all elective work in the first two weeks of January. Ms Danieli said most specialities were in a good position going into the festive period and weekly meetings were being held with teams that had more problems to address capacity and demand.
- In response to a question from Prof. Hart about any variation in A&E performance between JCUH and The Friarage Hospital, Ms Danieli commented that the majority of problems were at JCUH mainly due to medical delays and bed availability. The A&E team was reviewing escalation processes after an extremely busy weekend earlier in the month.
- Prof. Hart raised the recurring problem of late cancer referrals, which is being talked about nationally. Ms Danieli commented that the North East Cancer Network had contacted the national team to facilitate a regional meeting but there was little enthusiasm from referring trusts to change the current processes. Prof. Hart said she would take this up again with colleagues at North Tees & Hartlepool and County Durham and Darlington trusts.
- Mr Lang said he was pleased to see the continued performance against the 18 week targets and he queried what contingency the trust had if it experienced a bad winter. Ms Danieli commented that orthopaedics is the area that is mainly hit by poor winters and if that happened the trust would have to seek help from the independent sector. Prof. Wilson said that based on previous years it was very difficult to predict whether the trust would have a bad winter or not, and Mr Newton commented that extra capacity could be created if the organisation further improved its discharge processes. Miss Holt said a meeting with managing directors had highlighted a number of improvements that could be made to improve processes.
- Mr Kirby queried if the trust failed to achieve cancer targets in the coming month whether it would trigger further scrutiny from Monitor. Ms Danieli said the trust would have to fail three consecutive quarters to get a increased Monitor focus on this area, but she stressed the need to maintain compliance with the A&E target for winter. She added that the Chief of Service and Managing Director are working across the pathway to ensure staff understand compliance with the target is not just an A&E problem, and she suggested they attend a future board meeting to provide an update. Ms Jenkins agreed this would be helpful but that the board would require clarity about the causes of problems and the actions being taken to resolve issues. Mrs Rutter added that A&E performance across both sites had deteriorated over the last six months and the board

urgently needed to see a strategy and actions taken to address performance issues. Prof. Hart commented that while A&E could be as efficient as possible other parts of the pathway could have a negative impact on their performance.

- Mrs Hullick asked what long range weather information the trust received to help indicate the impact on services. Prof. Wilson explained that the organisation gets regular forecasts, as well as predictions of low temperatures that can prompt health problems, about a month in advance.
- Mr Kirby queried whether the centre dashboard information in the performance report was provided just to the board or also used by centres. Ms Danieli commented that centres use the dashboards to bring their key issues to the board's attention and Mr Newton said he wanted the dashboard to include more predictive information in the future.

Decision:

- i) The board noted the content of the report.**
- ii) Mr Newton and Ms Danieli to discuss with managing directors whether or not to suspend elective work in the first two weeks of January.**
- iii) Prof. Hart to raise the 62 day cancer target with colleagues at neighbouring trusts.**
- iv) Trauma chief of service and managing director to attend a future board meeting to provide an update on the A&E position and action being taken to improve performance against target, as well as an A&E strategy.**
- v) Emergency care pathway update to be discussed at the next board.**

10. HEALTHCARE INFECTION

Miss Holt presented the report for September 2014 highlighting there:

- was one trust assigned case of MRSA in month, with a total of three cases for the year to date
- were four trust apportioned cases of MSSA in month, with a total of 14 cases for the year to date
- were four trust apportioned cases of clostridium difficile in month, with a total of 24 cases for the year to date against a target of no more than 49 cases.

The board heard about the actions being taken to try to ensure the trust does not breach its annual target for clostridium difficile, including work to address anti-biotic prescribing. Miss Holt also explained that the organisation was appealing against three trust-apportioned cases with South Tees CCG. The CCG does not currently have an appeals process and the trust has provided commissioners with details of other appeals processes. The meeting heard that Monitor had also offered to support the trust with pursuing an appeals process.

Directors heard about plans that are being put in place to treat any potential cases of Ebola, particularly in view of the involvement of military staff from Catterick in treating medical staff in Africa who are dealing with the disease.

Miss Holt tabled a proposed assurance framework, which aimed to help demonstrate to the board delivery against the trust's clostridium difficile action plan. She explained that the framework is supported by an action log of evidence

In discussing the report the following points were highlighted:

- In response to a question about HPV fogging machines highlighted as red on the assurance framework, Miss Holt explained that there had been a delay in buying new equipment while agreement was reached with Carillion about the staffing needed to carry out the work. However fogging had continued using a machine from The Friarage Hospital.
- Prof. Hart queried delays in terminal cleans, which had a knock on effect on patient discharge. Miss Holt explained that under the contract with Carillion they have a four hour window between patients to carry out cleaning of bed areas but this needed tightening up as it was impeding patient flow and it was being raised with the company.
- Mrs Rutter raised concerns about the contract with Carillion saying that the trust is being penalised financially and operationally because of the company's performance. Mr Newton said that he was meeting with Endeavour to discuss the Carillion contract and how they it could be more rigorously held to account for delivery of services.

Decision:

- i) The board noted the content of the report.**
- ii) An update on arrangements for terminal cleans to go to the November board meeting.**

11. PRESSURE ULCERS

Miss Holt presented the monthly report on the trust's performance and actions to reduce pressure ulcers. She highlighted that in September there was 13 pressure ulcers categorised as three or four, and three were reported as serious incidents. The board also heard about the introduction of a new category of pressure ulcers – unstageable – that will be used when a pressure ulcer cannot be categorised.

In discussing the report the following points were highlighted:

- Mr Kirby queried the CQUIN target reduction and asked why it did not just include a reduction in new pressure ulcers. Miss Holt explained that this was the last CQUIN target to be agreed with commissioners and the trust had argued hard about the achievability of a target that could be influenced by factors outside of the trust's control. She added that reducing pressure ulcers is something the trust should be doing for

patient safety but the issue was whether the required reduction could be achieved within the timescales.

- Prof. Hart asked what work commissioners were doing with nursing homes to help prevent pressure ulcers and Miss Holt explained that the CCG takes the view that it is the role of the trust to work with nursing homes if it will help to achieve the CQUIN target.
- In response to a question from Mr Lang about whether the issue was a significant concern for the trust, Miss Holt said the trust's rates of grade three and four pressure ulcers were higher than some other trusts nationally. Mr Newton added that not achieving the CQUIN target would have a significant impact on the trust's financial position.
- Miss Jenkins asked board members if they felt they had enough assurance about the work going on to reduce pressure ulcers and suggested a pressure ulcer assurance framework should be developed. Mr Kirby commented that if the trust felt the CQUIN target was achievable then it would be helpful to have something in place to monitor actions.
- Mr Smith questioned whether the number of pressure ulcers in the trust was what would be expected for the number of patients treated. Miss Ruth explained that some trusts do not declare any grade three or four pressure ulcers and the incidences do vary depending on the vulnerability of patients. She added that each ward has a performance dashboard where it posts details of any pressure ulcers, this performance is monitored by monthly meetings with teams and any individual ward issue addressed.
- Mr Smith asked what the trust was doing differently to try to achieve the necessary reduction and Miss Holt explained that improvements are being made and the pressure ulcer collaboratively is helping to engage clinicians in this important area of work.
- Prof. Hart suggested that future reports should include details of wards and teams with particular issues around pressure ulcer reduction to identify where there are higher levels of risk. Miss Holt supported this view and suggested reports should also highlight those areas making good progress.

Decision:

- i) The board noted the report.**
- ii) The board supported the development of a pressure ulcer assurance framework.**
- iii) Future update reports to include information on areas making good progress as well as those struggling to make necessary levels of reduction.**

12. DEPRIVATION OF LIBERTY/SAFEGUARDS

Ms Williams presented a report setting out the implications for the trust and partner agencies of a recent Supreme Court judgement in relation to Deprivation of Liberty safeguards. She explained that the judgement would result in a significant increase in the numbers and types of patient who, in law, would be deprived of their liberty and lead to a major increase in the number

of deprivation of liberty applications that local authorities would have to process.

As a result local authorities have asked trusts to avoid making large number of applications in the short term while they put arrangements in place to manage the expected increase. Ms Williams proposed that in response the trust should consider first those patients more in need of safeguarding and not make deprivation of liberty applications for those patients with other protective arrangements in place.

Mrs Rutter said the proposal had been discussed at the Quality Assurance Committee and members had felt it required board level agreement as, while it was a pragmatic approach, it was contrary to legal advice.

In discussing the proposal and associated action plan the following points were raised:

- Miss Holt supported the proposal commenting that it protected patients most in need while making sure the organisation was not vulnerable to legal challenge while waiting for further national guidance.
- Ms Jenkins asked if the trust had sought advice from external advice and Ms Williams said the team was working with other agencies to try to better understand the potential impact of the judgement. She highlighted that in the previous year the trust had made nine deprivation of liberty applications. However in the first two quarters of the current year there had been 65 applications and 22 in the previous three weeks.
- Mrs Hullick commented that while she understood the operational challenge she questioned whether the trust would lay itself open to legal challenge by adopting the proposed approach.
- Ms Jenkins suggested there needs to be a national debate on the issue that would impact on organisations across the country and this was something the Foundation Trust Network may be interested in taking forward.
- Mr Smith and Mr Lang queried how much time applications took to complete and Ms Williams explained that each application required a 32 page form to be filled in.
- Mrs Hullick asked about the financial and reputational impact of not complying with the law, and Ms Williams commented that if the trust was found to have unlawfully deprived someone of their liberty the organisation could face a fine of around £30,000 per patient.
- Prof. Hart suggested the board support the proposed approach but keep the regional and national picture under review with a further discussion at the December board meeting.

Decision:

- i) The board approved the proposed approach, action plan and decision making pathway.**
- ii) The decision to be reviewed at the December board meeting.**

13. QUARTERLY NURSE STAFFING REVIEW

Miss Holt presented the report, which detailed patient acuity and dependency data collected in August and September 2014 alongside information about ward specific quality metrics, patient flow, weekday versus weekend acuity, and bed occupancy.

She highlighted that since the last quarterly review there had been a focus on night shift staffing in some areas, particularly in the integrated medical centre, where there are plans to increase the number of qualified staff on some wards to reduce the patient staff ratio. In the meantime, staff are being relocated from other areas to improve the position. Directors heard about plans to carry out a cross centre review, an analysis of staffing in children's services, and also a midwifery review.

In discussing the report the following points were raised:

- In response to a question from Mr Smith about planned staffing numbers, Miss Holt explained that sometimes actually staffing rates run above 100% as a result of increased need for one to one patient care, but it could also be an indicator that the original planned numbers were incorrect.
- Prof. Hart commented that many wards were being supported by volunteers during the day but not at night, and she queried whether there was an option to develop band one special support roles. Miss Holt said this was not something that had previously been done and Agenda for Change bandings would need to be looked at.
- Ms Jenkins commented that on some wards with high sickness levels there does not appear to be a correlation with ward staffing levels, and it would be interesting to see whether work to reduce sickness would have an impact on staffing.

Decision:

- i) The board noted the content of the report.**
- ii) Miss Holt to consider the development of band one specialist support roles.**

BUSINESS SUSTAINABILITY

14. FINANCIAL POSITION FOR PERIOD ENDING 30 SEPTEMBER 2014

Mrs Hewitt-Smith presented the report, reminded board members that it in line with Monitor's request it was based on information in the recovery plan which assumes a revised underlying deficit of £18.5m in 2014-15, compared to the original plan of £29.4m.

The board heard that the trust's financial position was in deficit but ahead of plan largely as a result of non-pay expenditure following slippage in developments and reduced activity in August.

Directors were told that CIP performance was on track and work was in train to apply to the Department of Health for public dividend capital.

Mrs Hewitt-Smith told the board that the risk rating had reduced from two in the previous month to one, in line with plan, as a result of the cash position. She said that as part of the September return to Monitor the board was required to confirm or not confirm that a continuity of service risk rating of three will be maintained over the next year. Directors agreed that due to the expected financial position over the next 12 months they could not confirm this position.

The board heard that there was a significant over performance against contracts of around £7.3m and South Tees CCG and specialist commissioners had agreed to pay £6m in advance. However income was low in August as activity dipped due to annual leave and there were further dips expected over Christmas and in February, which would be monitored closely.

Mrs Hewitt-Smith highlighted the following risks to the trust's financial plan:

- Potential liability as a result of current and historic VAT treatment on utilities expenditure and car parking income, particularly at The Friarage Hospital. A meeting is planned in November with HMRC and an update would be provided to the board.
- Below delivery against the CQUIN target, 60% of which is expected to be delivered in quarter four.
- Non-elective over performance paid for by commissioners at marginal rate while the trust has to meet premium costs to ensure delivery.
- Unplanned operational penalties that potentially could be 2.5% of contracts. In the past South Tees CCG has not levied penalties but the trust expects them to do so in 2014-15.

In discussing the report the following points were highlighted:

- In response to a question from Mr Lang about what happens to money paid in penalties, Mrs Hewitt-Smith explained that it is ring fenced until the end of the financial year and if performance improved the trust would get the money back.
- Mr Kirby said it was good to see the trust's performance is ahead of plan and queried whether the revised report was the equivalent of a mid year review. Mr Newton said quarterly performance reviews would be held with centres in the coming week and he would then be able to confirm the expected end of year position. Mrs Hewitt-Smith added that by the end of January the clinical centres would be focusing on financial forecasting rather than looking back over previous performance.
- Coun. Thompson queried whether reduction in maternity income was an indication of a birth rate trend and Mrs Hewitt-Smith explained that work was being carried out to identify whether it was as a result of a birth rate trend or patients choosing to go elsewhere. Prof. Hart said she thought it would be as a result of the birth rate as she wasn't aware of any evidence that patients were choosing to go to other trusts.

- Coun. Thompson highlighted the over spend on nursing staff and asked what was being doing to fill vacancies. Miss Holt commented that the over spend was likely to be as a result in the surge of newly qualified nurses joining the trust, who for a period of time are supernumery and so extra agency cover is required.
- In response to a question from Prof. Hart about the timescales for the roll out of service line reporting, Mrs Hewitt-Smith said that over the previous three weeks the team had been working closely with McKinsey colleagues and had made significant progress in cardiothoracic services. They also had developed a detailed plan to roll SLR out one centre at a time by the end of quarter one of 2015-16.

Decision:

- i) The board noted the content of the report**
- ii) The board agreed that it could not confirm that the trust would maintain a risk rating of three over the next 12 months.**

15. WINTER PLAN

Miss Holt presented the winter plan for 2014-15 highlighting the changes introduced as a result of learning from previous winters. The board heard that Miss Holt was the director lead for the plan and Mrs Headland the operational lead.

In discussing the plan the following points were highlighted:

- Ms Jenkins queried the amount of incomplete actions detailed in the plan, including black spots in the trust's buildings where mobile telephones do not work. Miss Holt said the actions were being worked through and a business case to address the phone black spots had been approved. She added that she would ensure the plan is updated with timescales for actions to be completed.
- Mr Kirby asked whether the various plans for each centre were integrated and Miss Holt said managing directors are working closely together on operational issues and were operating as a more cohesive group.
- Mrs Hullick asked whether, even if all the actions in the plan were completed, would the trust be able to sustain delivery of its key performance targets if it experiences a difficult winter. Miss Holt said that was the intention of the plan.
- Prof. Hart commented that the board did not appear to be assured by the number of actions still to be completed in the plan so she suggested that a further update be discussed at the next board meeting to see where work has progressed.

Decision:

- i) The board agreed to receive a further update on the winter plan at the next meeting.**

ORGANISATIONAL CAPABILITY

16. NHS STAFF FRIENDS & FAMILY TEST

Mr Newton presented the results of the test carried out in the second quarter of 2014-15, highlighting that the questions in the next quarter would be incorporated into the annual staff survey.

In discussing the report the Mrs Parnell drew the board's attention to the low response rate and commented that a number of staff had raised concerns about the need to use their payroll data to access the survey. She welcomed the proposal to move away from using this data in future surveys and also suggested that raising awareness of what has been done across the trust in response to previous feedback may encourage more staff to complete the annual and quarterly surveys.

Decision:

- i) The board noted the content of the report.**
- ii) The board agreed to receive a paper at a future meeting about the actions taken as a direct result of staff feedback in the annual survey.**

ITEMS FOR INFORMATION

17. ANY OTHER BUSINESS

There was no other information.

18. QUESTIONS FROM THE PUBLIC

There were no questions from the public.

19. DATE OF NEXT MEETING

The next public meeting of the Board of Directors will be held on Tuesday 25 November 2014 at 10am in the Board Room, Murray Building, JCUH.