

**MINUTES OF THE PUBLIC MEETING
OF THE COUNCIL OF GOVERNORS
HELD ON WEDNESDAY 20 MAY 2015
IN THE HAMBLETON FORUM, NORTHALLERTON**

Present:

Ms D Jenkins	Chairman
Mrs P Auty	Elected governor, Hambleton & Richmondshire
Mr N Beal	Elected governor, Hambleton & Richmondshire
Mr J Broughton	Elected governor, staff
Mr P Crawshaw	Appointed governor, Healthwatch
Mr W Davis	Elected governor, Redcar & Cleveland
Coun. T Hall	Appointed governor, North Yorkshire County Council
Ms G Hart	Elected governor, Middlesbrough
Mrs J Herbert	Elected governor, Hambleton & Richmondshire
Ms S Kilvington	Elected governor, Hambleton & Richmondshire
Mrs C Newton	Elected governor, Middlesbrough
Mr A Parton	Elected governor, Middlesbrough
Mr J Race MBE	Elected governor, Redcar & Cleveland
Mr P Race MBE	Appointed governor, South Tees CCG
Mr G J C Reid	Elected governor, patient and/or carer
Mrs A Seward	Elected governor, Rest of England
Ms G Spensley	Elected governor, Middlesbrough
Mr J Wilkinson	Elected governor, Hambleton & Richmondshire

In attendance:

Prof. T Hart	Chief executive
Mrs A Hullick	Non-executive director
Ms R James	Director of quality
Ms M Pratt	Transformation Lead from Monitor
Mrs M Rutter	Non-executive director
Ms D Hebblethwaite	Manager, FHN
Ms Y Regan	Manager, FHN
Ms J Harris	Member of the public

Apologies:

Mrs C Parnell	Director of communication & engagement
Mrs B Thompson	Non-executive Director
Mr Hugh Lang	Non-executive Director
Prof. D Hunter	Appointed governor, Durham University
Mr N Leslie	Elected governor, Middlesbrough
Mrs E Lewis	Elected governor, patient and/or carer
Prof. E Martin	Appointed governor, Teesside University
Ms J O'Key	Elected governor, staff
Ms M Payne	Elected governor, staff

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Prof. M Shucksmith	Appointed governor, Newcastle University
Mr P Sotheran	Elected governor, Redcar & Cleveland
Mrs J Wesson	Elected governor, Redcar & Cleveland
Mr D Williams	Appointed governor, Hambleton, Richmondshire & Whitby CCG
Mr D Wood	Elected governor, Redcar & Cleveland

1. WELCOME

Ms Jenkins opened meeting with a welcome to governors and attendees.

2. APOLOGIES FOR ABSENCE

As detailed above.

3. DECLARATION OF INTERESTS

There were no new declarations of interests.

4. MINUTES

The minutes of the meeting held on 3 March 2015 were approved as a true record.

5. MATTERS ARISING

There were no matters arising.

6. CHAIRMAN'S REPORT

Ms Jenkins tabled her report, which highlighted a snapshot of what she had been up since last meeting including:

- Meeting with Prof Hart several times a week.
- Regular meetings with all board members.
- CDiff meetings to assure of progress against objective.
- NED meetings on various topics.
- Preparing a board development programme working with Paul Stanton and Deloitte.
- Liaison with Monitor including monthly meetings in London, weekly meetings with Margaret Pratt, Monitor transformation lead.
- Board to Board meetings with North Tees about a proposed joint pathology venture and the potential for closer working to the benefit of Tees Valley communities.
- Additional Resources Committee meeting
- Board meetings.
- Meetings with PFI partners, Endeavour and Carillion to tackle cleaning issues.

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- Board development sessions and strategy workshops to address specific issues and start to build our medium term strategy.
- Process to recruit 3 new NEDs.
- 1-1 meetings with governors.
- Range of external meetings.

Decision:

- i) Governors noted the content of the report.**

7. CHIEF EXECUTIVE'S REPORT

Prof Hart presented her report highlighting:

- Nightingale Awards – governors interested in attending the annual conference and awards in 2016 were asked to inform Anita Keogh.
- Short-stay paediatric assessment unit - opening times of the unit at The Friarage are to be increased at weekends and bank holidays from the end of May following the appointment of a new consultant.
- Innovation Fund – The team at JCUH that supports people with Parkinson's Disease has been selected by Health Foundation to benefit from its new £1.5m 'Innovating for Improvement' programme.
- IMPROVE update – from April the stroke rehabilitation services were brought together under one roof to create a centre of excellence at Redcar Primary Care Hospital.
- Trust Flu Campaign – the team behind the trust's very positive flu campaign has been named 'best flu fighter team' at an annual national NHS flu fighter awards run by NHS Employers.
- NHS Staff Survey – the trust has received the results of the annual survey, and while they are largely positive there are areas for improvement that are being looked at.

In discussing the report the following points were raised including:

- Mr Wilkinson congratulated the flu fighter team but queried why some nurses are reluctant to have the vaccine. Prof Hart said that staff have a choice about whether or not to have the vaccine and it was important to provide the correct information about the vaccine and encourage them to take it up.
- Governors also queried whether resistance to the flu vaccine was increasing in the community and Prof. Hart said she would find out the position to report back at the next meeting.
- Mrs Newton queried the staff reporting being subject to violence from other staff and Prof. Hart agreed to provide more information to the next meeting.

Decision:

- i) Governors noted the content of the report.**

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- ii) **Answer will be provided regarding community being resistant to flu vaccine.**
- iii) **Feedback to be provided at next CoG meeting in July regarding staff violence towards other members of staff.**

8. FINANCIAL POSITION FOR THE PERIOD ENDING 31 MARCH 2015

Mr Newton presented the report highlighting that the trust's deficit at the year-end was ahead of plan at £7m deficit. He described the position as an extraordinary turnaround and emphasised that that quality and care had not been affected by making the savings.

He explained that the improved position was due to a number of factors:

- Increased activity that commissioners supported
- Services being more productive, treating more patients and so generating more income
- The developing cost improvement programme that helped deliver total savings of £26m, including £22m of recurring savings.

The trust has needed public dividend capital support from the Department of Health to help with cash flow and expects to need a further £10.5m of support in early 2016 but the trust has already paid back £3m of the original capital support.

Mr Newton explained that the trust's financial risk rating remains at 1. It had improved to a risk rating of 2 for a short period of time before reverting back to the predicted rating of 1 but now back to 1.

Mrs Auty asked if the trust would require any further financial support and Mr Newton confirmed that extra support was expected in early 2016.

Decision:

- i) **Governors noted the content of the report**

9. ANNUAL PLAN

Mr Newton gave a verbal update on the trust's annual plan for 2015-16, which had been submitted to Monitor. He highlighted that due to changes to tariff given for certain treatments paid for by specialist commissioners the trust's expected income is predicted to be down by £1.5m and it will also have to pay £750,000 interest on the public dividend capital it received.

Governors heard that the trust had been successful in winning bids for external funding to support a project to move to electronic patient notes, and while this was good news for the trust the organisation would also have to invest £750,000 in the project from its £26m capital programme.

The plan predicts a year-end deficit of £13.5m, which is an improvement on the previous year, and the organisation has set aside around £5m to fund

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restructuring and transformation programmes that will ensure the future financial stability of the trust. The trust is working on a £40m cost improvement programme for 2015-16.

In discussing the update the following queries were raised:

- Mr Wilkinson asked Mr Newton what keeps him awake at night and Mr Newton said that while the financial situation facing the trust was challenging he was confident the plan could be delivered.
- Mr John Race commented on a recent walkabout in which he had noticed that clinical coding was still paper based and he queried whether this could be improved. Prof Hart said it was her ambition to see the trusts become paperless as she had seen in other organisation how electronic systems can improve patient safety and save money, however it would require significant investment over a period of time.

Decision:

i) Governors noted the verbal update.

10. FEEDBACK FROM 6 MONTH REVIEW – FHN MATERNITY

Ms Regan and Ms Hebblethwaite gave a verbal update on the service at The Friarage six months on from maternity services moving to being midwifery led.

The explained that the hospital still has a consultant led antenatal service provided Monday – Friday from 9am – 5pm, but delivery is now midwifery led. Since March The Friarage Maternity Centre has delivered 148 babies and the need to transfer women to JCUH is low and below the national average. However to help with transfers when needed from April an ambulance has been based at the hospital.

Governors heard that to make a midwifery led unit viable it needs 300 deliveries a year, but currently the rate for the centre is running slightly behind. It was hoped that the publicity around an official opening on 28 May 2015 would encourage more women to consider using the centre and tackle some myths about who can and can't give birth there. They added that activity through the maternity assessment unit has remained consistent since the changes to the centre.

In discussing the update the following queries were raised:

- Coun. Hall asked if he could have a copy of the final report on the six month review of the changes once it was available.
- Ms Jenkins said that while the official opening would help to publicise the centre it was important that patients, staff and governors also helped spread the word.
- Mr Rutter asked if there had been change to staff turnover and she was assured that there were change and no difficulties in recruiting nursing staff who worked on rotation between the Friarage and JCUH

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- Mr Wilkinson asked if the 148 deliveries was as expected and Ms Regan explained that consultant-led units usually had around 1,200 deliveries and nurse led units needed around 300 births a year to be viable.

Ms Jenkins asked all governors if they were reassured about the changes following the update and the following comments were made:

- Mr Beal said he had less concerns but was worried about the long term future of the centre.
- Mr Peter Race asked, that bearing in mind the trust's financial challenges, what would the trust do if the centre did not have the 300 annual births to make it viable. Ms Jenkins said that if that was the case it would be a decision for the commissioners of the services and Prof. Hart added that the service was currently working well and it was too early to speculate on a position that staff were working hard to avoid by encouraging women to use the centre.
- Mrs Harris shared the experiences of her daughters who had to go to JCUH to give birth and Ms Regan confirmed that their tight criteria around who can use the centre to ensure the safety of mothers and babies. She added that even women who are booked into JCUH for delivery can have their anti-natal care at the Friarage.
- Mr John Race shared his daughter's experience of giving birth at JCUH on Thursday, the baby was discharged Friday and but the mother wasn't not discharged until Saturday as hadn't had the necessary checks. Ms Regan apologised for the situation.

Decision:

i) Governors noted the verbal update.

11. PERFORMANCE REPORT FOR MARCH 2015

Ms Danieli presented her report highlighting that the trust had delivered all 18 week targets, something other trusts are struggling to achieve.

During February the trust hit all cancer targets with the exception of the 62 day first definitive treatment and 62 day screening targets. Governors heard that this was as a result of patient choice, capacity in the trust's urology surgical service, and later referrals from other providers. Indicative figures for March suggest all cancer targets will be achieved with the exception of the 62 day screening target – there were just two treatment for this target and one shared breech as a result of another provider referring the patient at day 77.

Ms Danieli explained the difficulty in achieving the 62 day targets if referrals are received late and highlighted work going on regionally to put more pressure on other providers to refer early.

Governors heard that nationally trusts have been struggling to achieve the four hour A&E target. In the trust performance has improved month on month since December but the trust was non-compliant in quarters three and four. If

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the trust does not achieve the 95% target in quarter one it could trigger an investigation by Monitor.

In discussing the report the following queries were raised:

- Mrs Auty asked the A&E performance applied to both A&Es in the trust and Ms Danieli confirmed it did.
- Mrs Newton commented that she found it difficult to match what Ms Danieli was reporting with the figures/graphs in the report and Ms Danieli confirmed she would be happy to explain in more detail dashboard in a governor training session.
- Mr Peter Race commented that the report showed good operational performance but he was concerned about the HR indicators in the report. He asked what governors could do to help. Prof Hart said that the board shared his concerns and had recently carried out an external review of its HR structures and processes, and the recommendations were in the process of being implemented. She said that in future governors would have briefings on what was being done to improve mandatory training and sickness absence management.
- Mr Beal queried changes to the performance dashboard. Ms Danieli confirmed that it was being further developed and future reports would have more detailed figures.
- Mr John Race asked how much sickness absence related to cold and flu as a result of staff not having the flu vaccination. Ms Danieli said that the highest level of short term sickness actually related to gastro intestinal.

Decision:

- i) **Governors noted the content of the report.**

12. APPROVAL OF DRAFT QUALITY ACCOUNT

Ms James presented the report to governors, reminding them that they had previously discussed the draft quality account, which the trust is required to produce each year. It looks back over past performance against a number of key quality targets and forward towards quality targets for 2015-16.

She highlighted progress against targets in 2014-15 and outlined the priorities for 2015/16 as:

- Safety initiatives including pressure ulcers
- Falls.
- Missed/delay diagnosis.
- Focus on deterioration of patients
- Dementia.
- Complaints.
- Patient experience.

Discussing the draft quality account the following queries were raised:

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- Mrs Newton asked how the critical care outreach team works and was told the team of doctors and nurses are based in intensive care and other teams in the hospital call on them to support patients when certain thresholds are reached.
- Mrs Auty said that she sits on the trust's complaint panel and was not aware of that only 9.5% of all complaints are answered within the timescales set by the organisation. Ms James said she would provide an update to the panel.
- Mr Wilkinson queried audit data about the support to motor neurone disease patients and Ms James would look at the information and contact Mr Wilkinson with an update.
- Mrs Auty raised concerns about the number of references to training in the report and also issues around consent to treatment. She agreed to pick these up with Ms James outside the meeting. Angela Seward raised question regarding page 31 of the report as it states December 2005 and she wondered if this should be a different date. Ruth James confirmed that she was correct and should state December 2014.

Decision:

- i) Ms James to provide complaints information complaint panel and continue with feedback.**
- ii) Ms James to feedback to John Wilkinson regarding motor neurone target.**
- iii) Ms James to respond to questions from Mrs Auty about the account outside of the meeting.**

13. CQC UPDATE

Governors had discussed this item in depth in part one of the meeting and had not further questions.

14. ANY OTHER BUSINESS

Ms Jenkins told the meeting that in her one to one meetings with governors the idea of a "mystery shopper scheme had been suggested and she had asked three governors with previous experience to get involved in a pilot programme. Updates on its progress would be presented to future meetings but if anyone else was interested in being involved they should contact Anita Keogh.

Ms Jenkins asked for governor feedback on the meeting and Mr Peter Race said he felt the balance was about right, and this view was endorsed by other governors.

Ms Spensley shared a relatives experience with an appointment error and Mr Beal recounted another outpatient error experience by a friend. Prof Hart thanked them for their insights and said it was important to know about similar issues so systems can be improved. Mr Peter Race commented that the

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treatment at JCUH and FHN is brilliant but can be let down by system errors. Governors asked if the Director of Transformation could attend a future meeting to share some of the transformation work going on across the trust to improve efficiency and drive out waste.

Jean Herbert asked about the possibility of the NED's doing a presentation to all Governors to explain who they are and what they bring to the Board especially as there are now new Governors at the meeting.

Decision:

- i) Any Governors interested in joining the mystery shopper pilot to contact Anita Keogh.**
- ii) Director of Transformation to be invited to future Council of Governors meeting**
- iii) NED's to prepare presentation for future Council of Governors meeting explaining who they each are and what they bring to the Board.**

15 QUESTIONS FROM THE PUBLIC

No questions.

16 DATE OF NEXT MEETING

The date and time of the next meeting is Tuesday 21 July from 2pm in the Board Room, 2nd Floor Murray Building, The James Cook University Hospital, Marton Road, Middlesbrough, TS4 3BW