

MINUTES OF THE PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON
TUESDAY, 30 JULY 2013
AT 10.00 AM
IN THE BOARD ROOM
THE JAMES COOK UNIVERSITY HOSPITAL
MARTON ROAD
MIDDLESBROUGH

PRESENT:

Ms D Jenkins	-	Trust Chairman
Professor P Hart	-	Chief Executive
Ms R Holt	-	Director of Nursing & Quality Assurance
Mr D Kirby	-	Vice Chairman
Mrs J Moulton	-	Director of Planning
Mr C Newton	-	Director of Finance
Councillor B Thompson	-	Non-Executive Director
Ms H Wallace	-	Non-Executive Director
Professor R Wilson	-	Medical Director

IN ATTENDANCE:

Mrs P Auty	-	member of public/governor
Mr Barry	-	member of public
Mrs M Blakey	-	Corporate Affairs Manager
Ms J Cartwright	-	for item 4
Mrs J Dewar	-	Director of IT & Health Records
Ms F Downs	-	shadowing Mr Newton
Mrs R Jamieson-Gaffney	-	for item 4
Mr C Harrison	-	Director of Human Resources
Mrs W Larry	-	Chairman, Staff Side UNISON
Mrs A Marksby	-	Communications Lead
Mrs A Newton	-	for item 4
Mrs C Parnell	-	Company Secretary
Mrs G Peat	-	for item 8.2
Mrs I Walker	-	Acting Director of Operational Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Baxter, Mr Lang, Mrs Singleton, Mr Smith and Mrs Watson.

2 DECLARATIONS OF INTEREST

Councillor Thompson expressed an interest on any issues relating to Middlesbrough Borough Council.

3 QUESTIONS FROM THE PUBLIC

There were no questions from members of the public.

4 PATIENT EXPERIENCE STORY

Mrs Holt introduced Mrs Jamieson-Gaffney, Ms Newton and Ms Cartwright who work within the division of community services as family nurse supervisors.

The Board noted that the South Tees Family Nurse Partnership (FNP) team is commissioned by the Local Area Team and the service is provided by the trust. The team consists of 4 family nurses. Two of the family nurses work across Redcar and Cleveland and two across Middlesbrough although due to the nature of their work, some family nurses may work across both areas.

The FNP aims to reduce inequalities in outcomes and to ensure a strong focus on prevention, health promotion and early identification of needs in order to improve the outcomes of pregnancy by helping young women improve their antenatal health and the health of their unborn baby; improve children's subsequent health and development by helping parents to provide more consistent competent care for their child; and improve women's life course development by planning subsequent pregnancies, finishing their education and finding employment.

Ms Newton and Ms Cartwright responded to questions from the Board in relation to workload/capacity; referrals and links with other health and social care organisations and funding regimes. On behalf of the Board, Ms Jenkins thanked the team for attending the meeting and for providing such an invaluable service. She and Councillor Thompson agreed to highlight the work of the team to the Middlesbrough Health and Wellbeing Board at the next meeting.

Decision: 2013/June/No 1

The Board:

- (i) **Noted the information.**

5 MINUTES OF THE PREVIOUS MEETING HELD ON 25 JUNE 2013

The Minutes of the meeting held on 25 June were accepted as an accurate record of proceedings with the exception that Page 8, item 9.1 referring to (Decision ii) which should be deleted.

Board Decision: 2013/June/No 2

- (i) **Approved the minutes of 25 June 2013 taking into consideration the above amendment.**

6 MATTERS ARISING/ACTIONS

There were no matters arising from the minutes and all actions had been completed.

7 CHIEF EXECUTIVE'S REPORT

Professor Hart went through the report in detail which is self explanatory and contained information on:-

- (i) Public consultation on children's and maternity services at the Friarage Hospital.
- (ii) Friarage MRI scanner appeal.
- (iii) Liverpool Care Pathway.
- (iv) Keogh Report.
- (v) Friends and Family test.
- (vi) Awards and achievements.
- (vii) Annual Members' meeting

Referring to item (ii) Professor Hart was pleased to report that following the launch of the scanner appeal at FHN last week, the trust was extremely grateful to the Friends of the Friarage who have been incredibly supportive and have pledged £250,000 towards the appeal with further fundraising events to follow. This has given the trust a tremendous start to reaching its goal.

Referring to item (iv) the Board congratulated Mrs Peat who won the Outstanding Woman award at the Spinal Injuries Association's women in spinal cord injuries award ceremony.

Professor Hart stated that the recent annual members' meeting had been a great success with a large number of staff and governors attending. In particular she thanked Mrs Parnell and Mrs Marksby for ensuring the event was a highlight for the trust. The key issue next year however, was to try and encourage and engage the attendance of the general public.

Board Decision: 2013/July/No 3

- (i) **Noted the report and congratulated Mrs Peat on a well deserved award.**

8 QUALITY OF CARE AND PATIENT SAFETY

8.1 PERFORMANCE REPORT IN JUNE 2013

Mrs Walker presented the report and went through the information in detail. She described the trust's performance and drew the Board's attention to the following key issues/challenges:-

- (i) The trust remained within the MRSA target (zero cases) and continues to work towards reducing the number of cases of C difficile to ensure performance is delivered against the year end target. At the end of Quarter 1, the trust is above trajectory due to a spike in the number of reported cases in May. It was noted that the trust will incur one penalty point as a result of this.
- (ii) During Quarter 1, the A&E target was achieved in June at 97% with month on month improvement in compliance against this target
- (iii) She was pleased to report that the trust achieved all the cancer targets in May, with the exception of the 62 day screening target. Indicative figures for June showed that the targets will be achieved with the exception of the 62 day screening target which again will mean that the trust will incur one penalty point as Quarter 1 would be non-compliant. As part of the action plan,

Professor Hart had written to the CEO in CD&DFT and NTHFT and Mrs Walker agreed to follow up whether a response had been received from either organisation. **Action: Mrs Walker/Mrs Watson**

- (iv) The trust met the 18 week targets for incomplete and non-admitted pathways of care, but as predicted, failed the admitted target with a compliance of 86.9% against a target of 90%. The Board was reminded that this was part of the agreed plan between the trust and local clinical commissioning groups to reduce the backlog of patients waiting longer than 18 weeks. It was noted that the trust will again incur one penalty point as a result of this.

As a result of the information above, at the end of Quarter 1, the trust would be declaring a Monitor risk status of red as a result of incurring three penalty points.

All but one CQUIN target had been delivered in Quarter 1, although some needed further discussion with commissioners.

Recognising the challenges and improvements made, Mrs Walker stated that the clinical teams and performance teams were working extremely hard to continue to improve the trust's performance. She commented that the reputational issues regarding the Monitor red position would need to be managed.

Mrs Marksby confirmed that the key messages about how the trust was tackling challenging issues had been drawn to public attention by way of an article in the Evening Gazette.

Mrs Walker responded to questions from the Board in relation to financial achievements/divisional budgets linked through performance and in particular how divisions deliver on their respective issues, particularly those issues which are highlighted in the divisional scorecards. The Board was assured that specific issues are addressed within divisions as part of performance review meetings and various foras at which such issues were discussed. The Board welcomed the suggestion from Mrs Walker, that a summary paper setting out the main themes from each division following performance reviews, would be circulated to Board members.

Action: Mrs Watson

Mr Harrison confirmed that he was pleased that the percentage of sickness absence was reducing; however this remained a challenge in community services. Professor Hart in acknowledging the reduction in sickness absence was concerned that whilst the performance had improved in some divisions whilst other divisions were still struggling and it was important to understand the reasons for this. It was agreed that Mr Harrison would review the information and a report would be presented to the Board at a future date. **Action: Mr Harrison/C Parnell & M Blakey for agenda**

Board Decision: 2013/July/No 4

- (i) **Noted the report.**
- (ii) **Looked forward to receiving a detailed report on sickness absence at a future Board meeting.**

8.2 **FALLS REPORT 2012/2013**

Ms Holt invited Mrs Peat to present the Falls Report for 2012/2013. In summary, a North East Regional Falls Group was established in 2008 to share best practice and raise standards in falls and fracture prevention.

A regional strategy was developed identifying standards for all health trusts within the region to improve care. Following full implementation of the Falls Management Policy, the trust reduced the number of patient falls. One of the most serious injuries sustained following a fall is a hip fracture. A root cause analysis is undertaken for all patients who sustain a fracture and recurring themes include patient confusion, lack of appropriate levels of observation, inappropriate or lack of patient footwear, patient choice, memory and/or reluctance to utilise the nurse call.

Mrs Peat went through the report and in particular drew the Board's attention to progress made (page 6) and recommendations (page 8):-

- (i) Inpatient falls reported within the trust.
- (ii) Current developments.
- (iii) Progress regarding the implementation of FallSafe.
- (iv) Recommendations for future work which consisted of:-
 - (a) Continue to work towards full implementation of FallSafe requiring firm commitment from all wards.
 - (b) Work with Quest falls circle to benchmark and share best practice.
 - (c) Complete review of falls management policy and patient pathway.
 - (d) Explore opportunities for funding inpatient falls specialist nurse or physiotherapist.
 - (e) Ensure that any trials are co-ordinated via the strategy group so that evaluations are shared and lessons learnt.
 - (f) Develop strategies to educate/enfranchise patients and their carers to assist with falls prevention.
 - (g) To implement actions from Rapid Response report NPSA/2011/RRR001-essential care after an inpatient fall.

Mrs Peat responded to questions from the Board in relation to availability/suitability of bedrails; falls occurring during specific times of the night; adequacy of staffing levels at night time and perception of patients. Professor Hart acknowledged that there might be a need for increased staffing levels in certain wards at night and that this was being looked at as part of the nurse establishment review. Mrs Peat stated that the trust was currently working with patients to develop information which they and future patients should find useful to highlight the issues of falls.

Board members asked a number of questions. In particular on whether there was a correlation between the numbers of falls in particular areas and staffing levels and whether more money spent on bedrails or hi-low beds would be likely reduce falls. Mrs Peat responded that more bedrails and hi-low beds had been ordered and there was a programme of increasing the numbers over a period of time. Board members reiterated that matters of patient safety were of paramount importance. The introduction of the new Therapeutic Volunteers scheme was discussed and the possibility of engaging some volunteers to work at night to assist nurses in managing patients at risk of falling. Ms Holt agreed to explore this possibility, although she felt that many of the patients most likely to fall were very sick and in need of nursing care, for which the presence of volunteers would be no substitute. **Action: Ms Holt**

It was agreed that a six monthly update on Falls would be presented to the Board.

Action: Ms Holt

Board Decision: 2013/July/No 5

- (i) **Noted the report and noted the recommendations therein.**
- (ii) **Looked forward to receiving six monthly reports.**

9 BUSINESS SUSTAINABILITY

9.1 FINANCIAL POSITION FOR THE PERIOD ENDING 30 JUNE 2013

Mr Newton went through the trust's financial position for the period ending 30 June 2013 and drew attention to the following key issues. In particular he asked the Board to consider whether it was content to declare that the trust would maintain a risk rating of at least 3 for the next twelve months:-

- (i) the trust's operating performance is in deficit driven by non-pay expenditure, but is ahead of plan at the end of June.
- (ii) Income was ahead of plan by £1.6M largely due to the high level of activity in quarter one.
- (iii) The risk rating and cash position remained satisfactory.
- (iv) The trust had achieved 95.5% of its cost improvement programme for the period and expecting most of the programme to deliver savings at the end of the year.
- (v) Requested that the Monitor quarter one return be submitted in line with the financial performance and that the trust put forward a declaration to Monitor of a financial risk rating of 3.

The Board discussed the above issues in detail and Mr Kirby said he welcomed the revised form of report and the section on forecasting for 2013/2014 and on the basis of the reasons given therein concurred with Mr Newton's request for the declaration of a financial risk rating of 3.

Ms Jenkins questioned whether there were opportunities in terms of funding being made available from the Health and Wellbeing Board and CCGs, particularly around issues such as winter planning funding and whether these funds could be sourced sooner rather than later.

In conclusion, the members wished to record their thanks and appreciation to all staff for their understanding in what the Board was trying to achieve.

Board Decision: 2013/July/No 6

- (i) **Noted the report.**
- (ii) **Unanimously agreed to a trust declaration to Monitor of a risk rating of 3.**

10 FOR INFORMATION WITHOUT DISCUSSION

10.1 MINUTES OF THE IGC MEETING HELD ON 12 JUNE 2013

Ms Wallace presented the minutes of the IGC meeting held on 12 June 2013.

Professor Hart questioned what was being done to address the issue of pressure ulcers. This not only had an impact for the patient, but also financial consequence for the trust. Ms Holt responded that a number of grade 3 and 4 pressure ulcers were within community services and intensive care. An action plan has been

developed and she had asked for assurance that these issues were being addressed. A more detailed report will be presented to the IGC in September.

Board Decision: 2013/July/No 7

(i) **Noted the minutes.**

10.2 MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 23 MAY 2013

Mr Kirby presented the minutes of the Audit Committee held on 23 May 2013.

Board Decision: 2013/July/No 8

(i) **Noted the minutes.**

11 ANY OTHER BUSINESS

11.1 Friends and Family Test

Ms Holt stated that she had just received information relating to the Friends and Family Test resulting in the trust response rate of 7.91% against a national response rate of 13.1%. This was due in part to a slow start.

A more detailed report would be presented to the Board at its meeting in August 2013.

Action: Ms Holt

11.2 Visit from the NHS Confederation

Ms Holt invited Board members to attend a presentation/feedback session by the NHS Confederation in collaboration with McKinsey's in relation to work they are undertaking on behalf of the Secretary of State looking at reducing beaureacy in the NHS.

There being no further business, the meeting closed at 11.35 am.

12 DATE, TIME AND LOCATION OF NEXT MEETING

The next public meeting of the Board of Directors will take place on Tuesday, 27 August 2013 at 10.00 am in the Board Room, The James Cook University Hospital, Marton Road, Middlesbrough.

TO CONSIDER A RESOLUTION THAT REPRESENTATIVES OF THE PRESS AND OTHER MEMBERS OF THE PUBLIC BE EXCLUDED FROM THE REMAINDER OF THE MEETING HAVING REGARD TO THE CONFIDENTIAL NATURE OF THE BUSINESS TO BE TRANSACTED, PUBLICITY OF WHICH WOULD BE PREJUDICIAL TO THE PUBLIC INTEREST (Section 1 (2) PUBLIC BODIES) (ADMISSION TO MEETNGS) ACT 1960.

Signed: _____
Chairman

Date: _____