

MINUTES OF THE PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON
TUESDAY, 25 JUNE 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
Mr D Kirby	-	Vice Chairman
Mr H Lang	-	Non-Executive Director
Mrs J Moulton	-	Director of Planning
Mr C Newton	-	Director of Finance
Mrs P Singleton	-	Senior Independent Director/NED
Mr J Smith	-	Non-Executive Director
Mrs A Sutcliffe	-	Acting Director of Nursing & Patient Safety
Councillor B Thompson	-	Non-Executive Director
Ms H Wallace	-	Non-Executive Director
Mrs S Watson	-	Director of Operational Services
Professor R Wilson	-	Medical Director

IN ATTENDANCE:

Mr Barry	-	member of public
Mrs M Blakey	-	Corporate Affairs Manager
Ms C Brammer	-	Clinical Matron-Paediatrics – for item 4
Mrs B Dredge	-	Locality Manager M/bro Community service/member of public
Mr C Harrison	-	Director of Human Resources
Mrs A Marksby	-	Communications Lead
Mrs A Peevor	-	Asst Dir of Nursing (Deputy DIPC) for item 8.4
Mrs C Raffi	-	member of public
Mr A Roberts	-	Clinical Effectiveness Specialist Advisor - for item 10.1
Ms K Rowe	-	Specialist Nurse – for item 4
Mrs J Shepherd	-	member of public
Mrs S Walker	-	Evening Gazette reporter

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Baxter, Mrs Dewar, Mrs Larry and Mrs Parnell.

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 Sutcliffe introduced Ms Rowe (specialist nurse - children and young people with diabetes) and Ms Brammer (clinical matron – paediatrics) who gave a wonderful insight into a special young girl who although she developed type one diabetes did not let her condition stop her from going about her daily life. Ms Rowe was delighted how the family, school etc are dealing in a positive way to ensure the young girl manages her condition effectively. It was pleasing to note that the family were extremely happy with the exceptional work of the children's diabetes service who not only encourage and motivate but also provide practical assistance. She highlighted the number of initiatives and events which show that patients with the same condition can really help each other.

Ms Rowe then explained the difficulties to engage patients with diabetes to manage their conditions as they get older. Unfortunately, it is a sad fact however, despite the assistance/advice available; many older patients do not manage their diabetes in a controlled way so the emphasis is to ensure that children who develop diabetes are encouraged to take control of their condition at an early stage.

Ms Rowe drew the Board's attention to the patient experience audit undertaken which looked at responses not only in relation to improving patient care but questioning the delivery of the service with a view to engaging children in their continuing care.

The Board said that Ms Rowe and her colleagues were offering a fantastic service and asked what members could do to support the work of the diabetes team. Ms Rowe responded that there were a lot of the events which are organised as a result of the various funding initiatives and therefore, welcomed any funding, raising awareness and sponsorship to support the work of the department.

Decision: 2013/June/No 1

The Board:

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

5 MINUTES OF THE PREVIOUS MEETING HELD ON 28 MAY 2013

The Minutes of the meeting held on 30 April 2013 were accepted as an accurate record of proceedings.

Decision: 2013/June/No 2

The Board:

- (i) **Approved the minutes of 28 May 2013.**

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 contained information on:-

- (i) Children's and maternity services at the Friarage Hospital, Northallerton.
- (ii) Recruitment campaign
- (iii) Academic Health Science Network (AHSN) for the North East and North Cumbria.
- (iv) Advanced heart valve surgery
- (v) Awards and achievements
- (vi) Annual members' meeting

Referring to (i) Professor Hart reported that a further period of consultation will commence in August/September this year.

Referring to (iii) she was pleased to report that funding of £4.6M had been received by the AHSN to use on particular projects across the north east.

Referring to (vi) Professor Hart encouraged colleagues both within the trust and external and hoped that as many members of the public would attend the trust's annual members' meeting taking place on 23 July at The James Cook site. This year's event is aimed at being more interactive for staff and visitors.

On behalf of the Board, Ms Jenkins congratulated Professor Hart who was named as the 10th (out of 100) most influential clinical leaders in the HSJ Leaders List 2013.

Decision: 2013/June/No 3

The Board:

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

8 QUALITY OF CARE AND PATIENT SAFETY

8.1 PERFORMANCE REPORT IN MAY 2013

Mrs Watson presented the report and went through the information in detail. She described the trust's performance as being mixed in terms of positive outcomes and challenging issues.

She drew the Board's attention to the following key issues/challenges:-

- (i) the trust remains challenged by the year end target for HCAI and the organisation is working through a number of actions to ensure that performance against the year end target is delivered. In particular, the Board was asked to note the high number of C difficile cases compared to target. This would incur a penalty point under Quarter 1. Discussions with Monitor have taken place in relation to this and other issues relating to performance.

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- She emphasised that the trust's performance in relation to C difficile had not worsened since last year and the trust's performance is consistent with last year's performance to date, but the trust would fail this target if it continued on this trajectory. Mrs Sutcliffe commented that the trust is incredibly concerned about the target set for C difficile which is extremely challenging.
- (ii) She was pleased to report that the A&E target had been achieved during May.
 - (iii) Referring to the 62 day cancer screening target, Mrs Watson stated whilst the definitive information is not yet available for Quarter 1 period, it is anticipated that the trust will fail this target which in turn will trigger a penalty point. She reported that she is working hard with the teams involved to explore what the eventual percentage is likely to be.
 - (iv) As predicted, the trust failed to deliver the 18 week referral to treatment target for admitted pathways of care, however, the Board was reminded that this was as a result of agreed work in the divisions to clear the backlog of patients on the waiting list and work towards reducing all patient waiting times below 18 weeks. As a result, the trust will be reporting a "red" rating to Monitor. The trust is committed to reducing the waiting times which again could trigger a penalty point.

Ms Jenkins asked if the trust's PR department could highlight via the trust's website about the trust's decision surrounding the 18 week strategy which was based on a patient focussed decision.

Action: Mrs Marksby

- (v) It was pleasing to report that the trust performed well in many of the cancer targets.

As a result of the information above, discussions with Monitor are taking place.

She thanked staff who continued to work extremely hard during these challenging times but the key was to sustain performance particularly through late summer and into winter.

Mr Harrison was pleased to report that sickness absence had reduced with the trust achieving green status and he wished to place on record his thanks to all colleagues. He felt that this was as a result of improvement in the management of sickness absence by divisions.

Referring to mandatory training, this remained a challenge for staff particularly due to workload and securing release, however, Mr Harrison said that managers were being encouraged to ensure that staff received the training required and that SDRs were being completed in a timely manner and included a review of the completion of mandatory training.

The Board acknowledged the various performance challenges and asked for continued emphasis to ensure all staff received the appropriate training and SDR appraisals.

Mr Kirby asked what the trust's relationship with Monitor was given the above information. Mrs Watson responded that there were three areas which will result in the trust receiving penalty points for this quarter. Obviously the trust has had difficult conversations with Monitor but it is important that the trust keeps Monitor up to date with all information and it is clearly aware of the expected next steps and formal notification process and what actions the trust will take forward.

Professor Hart commented that in relation to patient satisfaction, cleanliness and safety of care, the trust had received positive feedback following five recent visits by the CQC to the trust.

Mrs Watson responded to questions from members in relation to community service premises eg the Resolution Centre and Marske to ensure the trust is making efficient use of those facilities. The Board discussed the issue of the local population/demographics and she stated that Mrs Headland was currently in the process of putting together an action plan to address the current position.

Decision: 2013/June/No 4

The Board:

(i) **Noted the report.**

8.2 WINTER PLANNING 2013/32014

Mrs Watson stated that the purpose of the report was to provide members with an update on the actions being taken to prepare the trust for the surge in demand expected over the winter months on all sites during 2013/2014.

The report provided assurance that the trust had taken into consideration the review of physical and workforce capacity; joint planning and social services; joint working with urgent care boards on Teesside and North Yorkshire; service improvement; staff vaccination programme; escalation and mutual aid processes and communication in an effort to be as prepared as much as possible in terms of winter planning.

Mrs Watson went through the report in detail and agreed to provide a situation update on each aspect of the action plan so it clearly defines the stage of progress against a red, amber or green rating. **Action: Mrs Watson**

The Board discussed the action plan and Mrs Watson responded to queries in relation to third sector involvement/volunteers to support some of the work outlined in the plan. Ms Jenkins drew the Board's attention to the recent launch of the new scheme to train volunteers to support nursing staff in caring for patients under the G52 policy. She was pleased that 12 students from Teesside University were in the first training cohort and were very enthusiastic. She praised the work of Ms McKeogh, challenging behaviour nurse, who had finally got the scheme off the ground after a delay of two years.

Decision: 2013/June/No 5

The Board:

(i) **Noted the report.**

8.3 WARD ESTABLISHMENT REVIEW ACTION PLAN

Mrs Sutcliffe stated that following discussion by the Board in March 2013 when it considered the recommendations of the ward establishment, today's report is presented to set out the actions arising from the recommendations. She reported that whilst some actions had been achieved, others were almost complete and some would be taken forward by the new director of nursing and quality assurance when she commences in July 2013. **Action: Mrs Holt**

Decision: 2013/June/No 6

The Board:

- (i) **Noted the report and aware that those actions still outstanding would be taken forward by Mrs Holt.**

8.4 ANNUAL DIPC REPORT 2012/2013

Mrs Peevor presented the annual DIPC report for 2012/2013. The report summarised surveillance information on MRSA, MSSA bacteraemia, C difficile and other important healthcare associated infections, and included a summary of the other important aspects of infection control.

The trust had zero episodes of trust attributed MRSA bacteraemia in 2012/2013 which was below the target of 3 cases.

There were 18 cases of trust attributed MSSA bacteraemia and it was noted that there is no official target set for MSSA.

The trust had 49 cases of trust attributed C difficile associated with diarrhoea which was below the target of 80 cases.

Mrs Peevor commented that the team had carried out some 230 audits throughout the year in terms of the environment and improving practices trust-wide. Professor Wilson praised the exceptional level of audits carried out.

Mrs Peevor responded to questions from the Board in relation to the incidence of surgical site infections and communication between the trust and GPs/CCGs specifically about raising awareness/staff training within some nursing homes in terms of antibiotic prescribing and linked to the work which Mrs Watson was leading on in terms of community services/discharge arrangements.

On behalf of the Board, Ms Jenkins thanked all staff for their continued support in reducing the number of infection control incidents and in particular, Mrs Peevor and her team.

Decision: 2013/June/No 7

The Board:

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

8.5 2012 NATIONAL INPATIENT SURVEY REPORT

Mrs Sutcliffe went through the 10th National Inpatient Survey report and drew the Board's attention to the following issues:-

- (i) Questionnaires were sent to a sample of patients who were inpatients in both JCUH and FHN during August 2012.
- (ii) It is the only survey method which the trust uses which gives a benchmark with other organisations and includes five questions that formed one part of the Patient Experience CQUIN measure for 2012/2013.
- (iii) Overall the results were positive with the trust performing about the same as or better than most other trusts in the survey.
- (iv) Page 13 sets out the six actions required and date for completion in relation to each of those actions.

The Board discussed whether a cohort of volunteers from the trust could assist in obtaining feedback from patients. **Action: Mrs Sutcliffe/Mrs Holt**

Decision: 2013/June/No 8

The Board:

- (i) **Noted the findings of the inpatient survey and supported the recommendations and actions aimed at improving the trust results and patient experience.**

9 BUSINESS SUSTAINABILITY

9.1 FINANCIAL POSITION FOR THE PERIOD ENDING 31 MAY 2013

Mr Newton went through the trust's financial position for the period ending 31 May and drew the Board's attention to the following key issues:-

- (i) The trust is showing a small surplus at the end of the second month but is behind plan, driven in the main by non-pay expenditure for drugs and cost improvement programmes.
- (ii) the trust's risk rating is 3 (2.7)
- (iii) sickness absence had improved in April and May and was slightly behind plan at 4.01% against a target of 3.90%.
- (iv) the trust is within its prudential borrowing limit and is compliant with all its prudential borrowing code ratios.
- (v) Pleased to see agency costs down by 12% from 2012/2013. Noted a typographical error in section 2.2, community should have read £0.075m and acute £0.082m.

Mr Newton highlighted concerns around the capital programme, CIPs and non recurring savings with efforts to find new programmes.

Mr Kirby was pleased to see that agency costs had come down but agreed with Mr Newton that it was too early in the year to read too much into the report.

Responding to a query from Mr Kirby about unallocated CIP targets, Mr Newton responded that this did not mean lack of intent as the trust was going through a process so that each owner of the trust-wide projects identified the overall opportunity of savings, but it was difficult to apportion between divisions/directorates.

(e)

In conclusion, Mr Newton said that he continued to work with Monitor to describe the trust's financial status and challenges and relationships were open.

Decision: 2013/June/No 9

The Board

- (i) **Noted the report.**
- (ii) **Agreed to the Facility Agreement (a – f) described above.**

9.2 BRIEFING PAPER ON THE FUTURE PROVISION OF MAGNETIC RESONANCE IMAGING SCANNING

In presenting the report on the future provision of magnetic resonance imaging scanning, Mrs Moulton stated that this was an early opportunity for the Board to have sight of the business case for the development of a phased expansion of MRI capacity in order to meet the demands of the service and clinical requirements within the division of radiology.

She reminded colleagues that the future needs of the service had previously been discussed by the Board, and that the preferred site for an additional scanner agreed as the Friarage Hospital, Northallerton (FHN).

The Board was in agreement that an additional MRI scanner at FHN was necessary and appropriate to the needs of the service and the trust in line looked forward to receiving a final report and business case in due course for approval.

The Board noted that an appeal for an MRI scanner would be launched on 25 July 2013.

Decision: 2013/June/No 10

The Board:

- (i) **Noted the report and looked forward to receiving in due course for approval, a formal business case addressing the totality of the plan.**

10 GOVERNANCE

10.1 QUARTER 4 – 2012/2013 MORTALITY REPORT

Mr Roberts presented the data for quarter 4 Mortality Report which included information on unadjusted mortality and 12 month trends and noted the new arrangements for reporting mortality introduced by HSCIC.

Mr Roberts went through the report in detail and responded to questions from the Board in relation to the data, graphs and trend analysis, increase in activity during the winter months particularly for the frail and elderly patients.

Where previously the trust had performed consistently better than the average for England for adjusted and unadjusted mortality, it was noted that the gap had narrowed over the last year, with trust mortality overtaking the England average over the winter months. In response to questions from members, Mr Roberts explained

that this increase was likely to have been a reflection of the very high levels of respiratory disease in Teesside populations in particular. It was noted that in the recent report "Longer Lives" Middlesbrough was 152 out of 153 areas nationally for early deaths from respiratory disease. This together with the 8 month winter was likely to have increased the number of deaths during the previous quarter. However, all agreed that there was no room for complacency and members asked Mr Roberts to bring more detailed analysis in his next report to ensure that there were no underlying factors of which the Board should be aware.

Action: Professor Wilson/Mr Roberts

In response to a request for feedback on the content of the mortality report, Ms Wallace commented that she would like to see included in the report commentary about the impact on mortality of particular initiatives in the trust, for example, its work on identifying sepsis, care of the deteriorating patient including critical care outreach, and the decline in deaths from C difficile following the introduction of dedicated ward rounds.

In conclusion, Mr Roberts commented that Boards can expect more scrutiny and more questioning about their approach to monitoring hospital mortality.

Decision: 2013/June/No 11

The Board:

- (i) **Noted the report and supported the redesign of the Board Mortality report.**
- (ii) **Supported the proposed weekly review of deaths being led by the Mortality Group.**
- (iii) **Looked forward to a more detailed explanation of the narrowing gap between the trust's mortality rates and the national average.**

11 FOR INFORMATION WITHOUT DISCUSSION

11.1 MINUTES OF THE IGC MEETING HELD ON 8 MAY 2013

Ms Wallace presented the minutes of the IGC meeting held on 8 May 2013.

Decision: 2013/June/No 12

The Board:

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

11.2 ESTATES AND FACILITIES MANAGEMENT (EfM) QUARTERLY REPORT

Mrs Moulton presented the Estates and Facilities Management quarterly report. The report gave an update on PLACE inspections and locally activity on sustainability and waste management, details on innovation and efficiency workshops; and commencement of upgrading of ward 3 at JCUH.

Decision: 2013/June/No 13

The Board

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

12 ANY OTHER BUSINESS

There being no further business, the meeting closed at 11.53 am.

13 DATE, TIME AND LOCATION OF NEXT MEETING

The next public meeting of the Board of Directors will take place on Tuesday, 30 July 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 MEETINGS) ACT 1960.

Signed: _____
Chairman

Date: _____