

MINUTES OF THE PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON TUESDAY, 30 OCTOBER 2012
AT 10.00 AM
IN THE BOARD ROOM
THE JAMES COOK UNIVERSITY HOSPITAL
MARTON ROAD
MIDDLESBROUGH

PRESENT:

Ms D Jenkins	-	Chairman
Dr G Ewart OBE	-	Non-Executive Director
Professor P Hart	-	Acting Chief Executive/Dir of Nursing & Patient Safety
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
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
Mr D Bentley	-	member of public
Mrs J Dewar	-	Director of IT & Health Records
Mr C Harrison	-	Director of Human Resources
Ms S Judd	-	Evening Gazette
Mrs A Marksby	-	Communications Lead
Mrs C Parnell	-	Company Secretary/Exec Asst to CEO
Ms J Paterson	-	member of public
Mrs S Poskitt	-	for item 4
Dr D Reaich	-	Assistant Medical Director - shadowing Professor Wilson
Mrs A Sutcliffe	-	Acting Director of Nursing & Patient Safety
Mrs A Winters	-	for item 4
Mrs C Woodgate	-	Divisional Manager – Neurosciences – for item 4

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received Dr Baxter (chairman of SMSF), Mrs Larry, Chair of UNISON and Councillor Thompson (non-executive director).

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3 **QUESTIONS FROM THE PUBLIC**

Mrs Moulton responded to a question from Mr Bentley about the changes to the consultation timescales relating to the paediatric and maternity services at the Friarage Hospital. The decision taken by the North Yorkshire and York PCT and H&R and Whitby CCG to pause consultation was as a result of a proposed referral by the North Yorkshire County Council Scrutiny of Health Committee to the Secretary of State. The PCT/CCG and Trust agree that it is not practical or desirable to run a consultation process whilst a review on behalf of the Secretary of State is under way. Consultation will start once the Secretary of State's process is concluded

4 **PATIENT EXPERIENCE STORY**

Mrs Winters gave a moving account following the admission of her son as a patient into the neurosciences ward earlier this year. Whilst acknowledging the pressures and challenges which hospitals face on a daily basis (she herself working in another hospital setting) she was faced with the dilemma that on the day her son was due to have surgery, due to the number of emergency cases being admitted to this trust that day, she was advised that the surgery could not proceed as there was not a bed available for him post-op. She provided the Board with her personal feelings about the situation and praised the efforts of staff to try and address the position. She did refuse to take her son home as his condition was deteriorating and in the event, her son received the appropriate surgery later that day.

Mrs Woodgate and Mrs Poskitt said that unfortunately all ward staff face similar issues on a daily basis and that they too felt torn and helpless when situations such as this occur and which they felt was totally out of their control.

Mrs Winters responded to questions from the Board on her feelings about the events, and she thanked members for allowing her to attend and share her experience about her son.

Professor Hart reiterated that unfortunately the issue of bed management and emergency admissions was an all too common occurrence which the trust faced on a daily basis. This issue not only affected this trust but many trusts in the country which meant additional challenges and pressures to an already stretched service. However, Professor Hart explained that a number of actions were currently being undertaken to improve patient flow through the hospitals and to ensure as far as possible that such cancellations should be greatly reduced.

Decision: 2012/OctNo 1

The Board:

- (i) Noted the presentation and thanks Mrs Winters for attending.**
- (ii) Looked forward to receiving regular reports on the work on patient flow.**

5 **MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 25 SEPTEMBER 2012**

The minutes of the Board of Directors meeting held on 25 September 2012 were accepted as an accurate record of proceedings.

Decision: 2012/Oct/No 2

The Board:

- (i) **Approved the minutes of 25 September 2012.**

6 **MATTERS ARISING/ACTIONS**

6.1 **ACTIONS FROM MEETING HELD ON 25 SEPTEMBER 2012**

There were no actions outstanding from the meeting held on 25 September 2012.

7 **CHIEF EXECUTIVE'S REPORT**

Professor Hart went through the report in detail which contained information on:-

- (i) Public consultation on the future of children's and maternity services at the Friarage Hospital.
- (ii) Improving clinical outcomes for patients
- (iii) New treatment for lung cancer patients.
- (iv) Acute oncology –fast track cancer services launch
- (v) Opening of neuro-imaging centre
- (vi) Trust to capture real-time patient stories
- (vii) Divisional move for accident and emergency
- (viii) Report of the Hillsborough Independent Panel
- (ix) The AHCM Communicating Health Awards. The Board sent their best wishes to the Communications Team who had been nominated in 6 categories.

Decision: 2012/Oct/No 3

The Board:

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

8 **QUALITY OF CARE AND PATIENT SAFETY**

8.1 **PERFORMANCE REPORT – SEPTEMBER 2012**

Mrs Watson went through the performance report for information against current national indicators and local targets, and was pleased that in the main it was a positive report. The Board discussed the report in detail and Mrs Watson highlighted the following key issues:-

- (i) The trust continued to deliver at or above target level in 16 of the 17 national performance measures which the Board receives information about.
- (ii) All cancer targets were achieved in August with the exception of the 62 day first definitive treatment target. Indicative figures for September show that the 62 day screening target has not been achieved due to one shared breach and small numbers of treatments. A number of actions are in place.
- (iii) The community information dataset (CIDS) data completeness level had been achieved and the trust was compliant with the Monitor requirements.

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- (iv) The overall Monitor performance rating for the end of Quarter 2 was amber green.
 - (v) There were 3 breaches of the 6 week diagnostic target and 3 breaches of the 28 day rebooking target.
 - (vi) There was 1 mixed sex accommodation breach. A root cause analysis has been undertaken with subsequent actions implemented.
 - (vii) All community outcomes measures were achieved.

In addition, Mrs Watson stated that winter had officially commenced on 6 November which meant that regular reports from the trust were being recorded officially.

Referring to today's patient story experience, Mrs Watson highlighted the pressures the trust has faced since September 2012 in the surge of activity and emergency admissions with no advance warning of the impending increase. Mrs Watson provided the Board with the background to the issue particularly relating to 27 September. This is a country-wide issue and not just affecting this area or this trust. Information about the pressures particularly in A&E has been submitted to Monitor.

Mrs Watson responded to questions from non-executive directors relating to the issue of emergency admissions and discharge arrangements and the pressures as a result of the unprecedented number of emergency admissions and lack of beds during September and the possibility of using other trust facilities.

Mr Harrison and Mrs Watson responded to Ms Jenkins query regarding the possibility of fast tracking the recruitment process by saying that his team were currently working with the divisions to improve the process of recruitment. Mrs Watson commented that in relation to contract staff there was an issue around the terms of the contract being offered relating to nursing and AHP staff. Mr Harrison agreed to provide the Board with a regular update on this issue and it was noted that work was being taken forward to review and improve the current recruitment processes, systems and resources to maintain compliance with NHS employment check standards and expedite the filing of staff vacancies. **Action: Mr Harrison**

In relation to 18 weeks, Mrs Watson said that she had requested her team to provide her with a detailed report on this issue and she hoped to bring this report to the Board in November 2012 with an analysis of the situation and an action plan to address the issue. **Action: Mrs Watson**

Professor Wilson responded to Ms Wallace's question about how, as an organisation, they were addressing the challenges and pressures on frontline staff particularly in A&E and AAU.

Decision: 2012/Oct/No 4

The Board:

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

8.2 **CANCER STRATEGY UPDATE AND WORK PLAN 2012 - 2014**

Mrs Watson presented the Cancer Strategy update and work plan for 2012-2014. The report provided detailed information on progress regarding the implementation of the Cancer Strategy over the past year and outlined the next two years work plan. The trust's cancer strategy provides a clear vision for cancer service provision, consolidating on the high quality, wide ranging cancer services provided and supports the future direction as the cancer centre in the south of the North of England

Cancer network. The trust's mission statement "striving for the best in health care" is key to the cancer strategy which has a vision of "a world class cancer centre that:-

- (i) is patient focused;
- (ii) is a first choice provider for patients and carers;
- (iii) has outcomes which are best in class nationally and internationally;
- (iv) is an employer of choice for oncology expertise in all disciplines;
- (v) that academic services are internationally recognised, and
- (vi) is able to maximise the use of resources.

The Board discussed the report in detail and Ms Jenkins said that because of the key issues outlined in the strategy, the workshop of the strategy team should encompass one or two members of the board. **Action: Mrs Watson**

Mrs Watson and Professor Wilson responded to questions from the non-executive directors around cancer services within the Tees Valley and neighbouring areas; commissioning issues; technology; structure; spend associated with cancer and timescales associated with the work plan.

Decision: 2012/Oct/No 5

The Board:

- (i) **Noted the report and approved the work plan for 2012-2014.**
- (ii) **Looked forward to 1-2 board representatives being invited to attend the strategy team workshop.**

8.3 WINTER PREPAREDNESS 2012-2013

Mrs Watson stated that the purpose of the report was to inform and provide assurance to the Board on the proposed plans in place and actions being taken to prepare the trust for winter 2012-2013, particularly in light of earlier discussion by the Board as part of the performance report and the pressures and challenges facing the trust. She went through the report in detail.

She explained that the winter plan for 2012/2013 took into consideration the lessons learnt from previous years and that the trust's aim is to continue to provide high quality services ensuring safe arrangements are in place to support all patients during the anticipated surge in winter activity.

It was noted that the final details of the plan were being worked through and would be presented to the trust's management group at its meeting on 6 November 2012.

The Board welcomed the report and the preparations being made to minimise risk to the organisation. Ms Wallace questioned why the winter ward was not opening before January, given the pressures already being felt in the organisation. Mr Harrison responded that the staffing was not yet in place to run the ward.

Mr Kirby commented that the report was well written, logical and gave the Board assurance regarding preparedness.

Decision: 2012/Oct/No 6

The Board:

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

9 BUSINESS SUSTAINABILITY

9.1 FINANCIAL REPORT FOR PERIOD ENDING 30 SEPTEMBER 2012

Mr Newton went through the financial report for the period ending September 2012 in detail and asked the Board to confirm that it was content for him to inform Monitor that the Quarter 2 return would be submitted in line with the financial performance as highlighted in the report; and secondly that the Board was content for the trust to declare that it would maintain a risk rating of at least 3 for the next twelve months.

Mr Newton highlighted the following messages as set out in the report, namely:-

- (i) that the trust's operating performance remained behind plan at the end of September 2012, driven by non pay expenditure and continued slippage on delivery of the P&E schemes.
- (ii) The risk rating and cash position remained satisfactory.
- (iii) The operating position remained behind plan within three areas, namely surgery, cardiothoracic services, and anaesthesia and theatres, showing financial stress.
- (iv) Income performance had fallen behind plan. NHS activity has worsened again since last month and was now £0.8M behind plan. Anticipation that this position may worsen next month particularly in North Yorkshire and York. A detailed review of the year end income projections is being undertaken as part of the mid year review.

The Board discussed in detail the pressures and challenges in meeting the efficiency programme and Mr Newton added that he was pleased to report that he had identified some funding to offset the £4M.

As part of next week's performance review meetings there would be detailed discussion about how the divisions are planning to address the various pressures for this year and next in terms of looking at radical ways of increasing activity and the transformation work which is crucial to the delivery of efficiency both internally and with external organisations around the patch to do things more successfully and economically. Mr Newton referred to the work and the big ticket issues identified by McKinsey's last year who identified where savings and improvements could be made.

Mr Kirby highlighted that Mr Newton had indicated that he was disappointed that the trust has had to dig into the contingency to maintain a risk rating of 3 when the intention was to maintain the contingency for investment purposes. Mr Kirby noted that the second half of the year had a greater planned requirement for delivery on the P&E schemes at a time of winter pressures. In this context, he was pleased that it was the intention with discussions at the forthcoming mid year review meetings, where divisions are again being asked to identify the reasons for the lack of progress and to identify a return to plan. He had spoken with Mr Newton regarding the methodologies of the headroom information and felt that at this stage the intended actions to return to plan at mid year review provided stronger assurance than the headroom projections.

Mr Lang questioned how the trust was addressing the financial positions relating to orthopaedic and surgery, cardiothoracic services and anaesthesia and theatres and how the divisions were planning to forecast capacity and demand planning. In responding, Mr Newton and Mrs Watson said the issues were namely around bed

pressures and staffing. Mrs Watson added that the trust had received additional funding for 18 weeks specifically to address these issues.

Dr Ewart, referring to page 2, asked Mr Newton to provide a percentage of the turnover in relation to divisions. **Action: Mr Newton**

Referring to the contingency monies, Dr Ewart asked for assurance that those monies did not appear elsewhere in the accounts. Mr Newton responded that these monies appeared in the balance sheet and not the P&E programme and was anxious to declare it openly. Mr Newton confirmed that divisions are aware that the contingency monies were to be used for investment purposes.

Ms Jenkins asked if the Board was content, bearing in mind the detailed discussion, that members agree to the 2 recommendations contained in the report. The Board was in agreement, and Mr Kirby added that he was in agreement on the basis that the trust is aiming to bring the financial position back to plan through the mid year review.

Decision: 2012/Oct/No 7

The Board:

- (i) **Noted the report.**
- (ii) **Agreed that the Monitor Quarter 2 return should be submitted in line with the financial performance as highlighted in the report.**
- (iii) **That the trust declares that it will maintain a risk rating of at least 3 for the next twelve months.**

10 FOR INFORMATION WITHOUT DISCUSSION

10.1 MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 19 JULY 2012

Mr Kirby presented the minutes of the Audit Committee meeting held on 19 July 2012.

Decision: 2012/Oct/No 8

The Board:

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

10.2 MINUTES OF THE INTEGRATED GOVERNANCE COMMITTEE MEETING HELD ON 12 SEPTEMBER 2012

Ms Wallace presented the minutes of the Integrated Governance Committee meeting held on 12 September 2012.

Decision: 2011/Oct/No 9

The Board:

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

10.3 REPORT FROM THE CQC ON THE REVIEW OF COMPLIANCE AT THE CARTER BEQUEST PRIMARY CARE HOSPITAL

Mrs Sutcliffe presented the report from the CQC on the review of the compliance at the Carter Bequest Primary Care Hospital.

The Board was asked to receive the report and note the outcome of the assessment following a visit by the CQC to the Carter Bequest PCH on 13 August 2012.

Mrs Sutcliffe was pleased to report that the service was judged to be compliant with the essential standards for quality and safety and that in general, the report was very positive, however, the Board noted that the assessors commented on the clinical documentation which did not always record the discussions that staff had with patients about their care plan. The trust has fed this information back to the clinical teams for them to action.

Decision: 2012/Oct/No 10

The Board:

(i) **Noted the report and the outcome of the assessment.**

10.4 **NORTH EAST NHS LOCAL EDUCATION AND TRAINING GOVERNING BODY (LETB)**

Mr Harrison went through the report and highlighted the summary of changes occurring to the national and regional framework for workforce planning, education and training.

The new framework aims to deliver a greater level of local accountability and responsibility for decision-making: a system that aspires to excellence and supports the values of the NHS. The new system will comprise of two central parts, strategic vision and direction via Health Education England (HEE) and regional leadership through the Local Education and Training Boards (LETBs)

To ensure that the information relating to this important body is discussed as part of the trust's committee structure, Mr Harrison said that he intended for regular reports to be provided to the Organisational Capability Sub Group, which in turn reports to the Integrated Governance Committee, with an annual report being presented to the Board for information. **Action: Mr Harrison**

Mr Harrison and Professor Wilson responded to questions on income, training budget allocations and transparency in terms of the process.

Decision: 2012/Oct/No 11

The Board:

(i) **Noted the report.**

(ii) **Looked forward to an update in October 2013.**

10.5 **SCHEDULE OF SIGNING AND SEALING OF DOCUMENTS – DURING PERIOD 1 APRIL – 30 SEPTEMBER 2012**

Decision: 2010/Oct/No12

The Board:

(i) **Approved the schedule of signing and sealing of documents during period 1 April – 30 September 2012.**

11 **ANY OTHER BUSINESS**

There being no further business, the meeting closed at 12.17 pm.

12 DATE, TIME AND LOCATION OF NEXT MEETING

The next public meeting of the Board of Directors will take place on Tuesday, 27 November 2012 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: _____

Date: _____

Chairman