South Tees Hospitals NHS
NHS Foundation Trust

Agenda Item No 5.2

MINUTES OF THE PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON TUESDAY, 26 JUNE 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	-	Non-Executive Director
Professor P Hart	-	Deputy 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
Mr S Pleydell	-	Chief Executive
Mrs P Singleton	-	Senior Independent Director
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
Mr D Charlesworth	-	Clinical Matron - for item 3
Mr C Harrison	-	Director of Human Resources
Ms R James	-	Deputy Dir of Healthcare Governance & Quality - for item 10.3
Ms S Judd	-	Evening Gazette
Mrs W Larry	-	Acting Chairman, UNISON
Mrs C Parnell	-	Company Secretary/Exec Asst to CEO
Mr A Roberts	-	Clinical Effectiveness Specialist Advisor for item 10.2

1 **APOLOGIES FOR ABSENCE**

Apology for absence was received from Dr Baxter (chairman of SMSF).

2 DECLARATIONS OF INTEREST

Dr Ewart declared an interest on any issues relating to Sky Blue Therapy and Councillor Thompson expressed an interest on any issues relating to Middlesbrough Borough Council.

2.1 ANNUAL DECLARATIONS OF INTERESTS 2012

Ms Jenkins presented a schedule setting out the Board of Directors' Annual Declarations of Interests for 2012.

Decision: 2012/June/No 1
The Board:
(i) Noted and approved the report.

3 QUESTIONS FROM THE PUBLIC

There were no questions from members of the public.

4 PATIENT EXPERIENCE STORY

Professor Hart introduced Mr David Charlesworth (recently appointed clinical matron - community hospitals) who has worked in this trust for the past 24 years. He described the patient experience of his late grandmother who had been admitted to the trust in October last year. In terms of his nursing background and as a member of the family, he gave a balanced account of the care she had received. He acknowledged that there were aspects which the trust should be rightly proud of, but that there were areas for improvement, specifically around communication and the need for staff to listen and explain. He felt that because of his nursing background he was able to answer a number of questions to the rest of his family as to certain elements of care which his grandmother had received, but given that the majority of relatives would not have this advantage, a greater understanding from nursing and clinical teams to provide clear information to patients and relatives was needed in some ward areas by raising continuous awareness of these aspects of care.

Dr Ewart asked how the trust ensured there was good communication between staff/patients and relative. Professor Hart responded by saying this was achieved by developing leadership, providing support and improving standards. It was recognised that some ward areas required more support than others and the trust is working hard to ensure that improvements are made in these areas. In addition, Professor Hart said that from her regular meetings with ward sisters, she was pleased to see the energy and enthusiasm which they radiate from their own standards and there was no shortage of willingness to improve. Leadership was about empowerment and encouraging staff.

The Board thanked Mr Charlesworth for attending.

Decision: 2012/June/No 2
The Board:
(i) The Board noted the information and feedback as a result of the care provided.

5 MINUTES OF PREVIOUS MEETINGS

5.1 **MINUTES OF THE EXTRAORDINARY BOARD OF DIRECTORS MEETING HELD ON 31 MAY 2012**

The minutes of the extraordinary meeting held on 31 May 2012 were accepted as an accurate record of proceedings.

Decision: 2012/June/No 3
The Board:
(i) Approved the minutes of the Extraordinary Board of Directors meeting held on 31 May 2012.

5.2 **MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 31 MAY 2012**

The minutes of the meeting held on 31 May 2012 were accepted as an accurate record of proceedings.

Decision: 2012/June/No 4
The Board:
(i) Approved the minutes of 31 May 2012.

6 **MATTERS ARISING/ACTIONS**

6.1 **ACTIONS FROM MEETING HELD ON 31 MAY 2012**

Referring to item 12.1 page 7 of the minutes of meeting held on 31 May 2012, Mr Harrison updated the Board in relation to the industrial action taken by medical/BMA members on the national issue of pensions, and the minimal effect this action had in relation to disruption of services.

It was noted there were no outstanding actions from the meeting held on 31 May 2012.

7 **CHIEF EXECUTIVE'S REPORT**

Mr Pleydell went through the report and drew the Board's attention to the following key issues:-

(i) Referring to item 1 in his report – future of children's and maternity services at the Friarage Hospital, Mr Pleydell stated that the engagement exercise had now finished.

Mrs Moulton added that there had been a great deal of discussion with colleagues from the CCG and PCT during the engagement process. A robust analysis was now being carried out with the aim to present the information to the PCT and CCG boards in 18 September 2012 so that the consultation and options process can then be taken forward.

Mr Pleydell commented that as part of the trust's fact finding visits to other organisations, it was clear that there were no new or better practices being carried out elsewhere. Mrs Moulton added that in fact where some organisations had implemented measures in an attempt to preserve the service in its current form it was clear from the fact-finding visits, that colleagues at these organisations felt that the solutions were short-lived and unsustainable.

Ms Jenkins thanked colleagues from the division of women and children, the trust's PR and Mrs Moulton who had given a tremendous amount of their own time to ensure that the engagement process was robust and exhaustive.

(ii) Referring to item 2 – General High Dependency Unit (HDU), Mr Pleydell was delighted to announce that the new state of the art facility was now available and would benefit both patients and staff. He encouraged members of the board to visit the unit if possible. He thanked staff for working out of their normal hours to ensure the unit was ready on time.

(iii) Referring to item 5 – Mr Pleydell was delighted to announce that the Endeavour Unit had been shortlisted for a national building award in this year's Design & Health International Awards event taking place in Kuala Lumpur this weekend.

(iv) Mr Pleydell added that an additional item for discussion by the Board was the issue of whether the trust wished to proceed with the Academic Health Science Network (AHSN). The trust would also need to consider whether it wished to submit an expression of interest and consider the key partnerships, ie 9 foundation trusts, 5 universities and local authorities including primary care organisations and how the private sector would be engaged as part of any partnership arrangement. It was noted that there would be a short deadline ie 20 July 2012 for responses.

Mr Pleydell stated that a business case and proposals was likely by September 2012 with approval by the commissioning board by November 2012.

On behalf of the Board, Ms Jenkins said that this was an exciting opportunity for the trust to be involved in and members gave their support to Mr Pleydell to take the initial step of confirming the trust's intention to be involved. It was important, said Mr Pleydell, that in term of "centre" status that the trust is included in the AHSN. He stated that given the trust's excellence in academic leadership it was important that the Board supported this work.

Responding to Councillor Thompson's query on whether this trust would be the lead partner, Mr Pleydell responded that it would not but that there would be two specialist centres for the north east and this trust would have an important role in the network. Mr Pleydell said that the first document is about geographic partnerships and willingness but that the real work would start in September to try and shape up the network which would encompass a robust governance infrastructure.

Mr Pleydell said that he was producing a report with Mr P Nichols to provide a briefing on the issues which will subsequently be circulated to external FT organisations. Following the above discussion, the Board unanimously agreed to support this exciting initiative and looked forward to further updates in due course.

In conclusion, after some 20 years in the NHS, and the last nine years as chief executive of this trust, Mr Pleydell said that this would be his last attendance at the Board meeting as accountable officer. Colleagues will be aware that Professor Hart would be taking on the role as acting chief executive until a successor could be

appointed. He wished the trust well in the future and was proud of the achievements it had made during the last nine years. On behalf of the Board, Ms Jenkins thanked Mr Pleydell on his leadership and commitment to the trust and noted that there would be a number of opportunities for the Board and staff to thank him before he left.

Decision: 2012/June/No 5
The Board:
(i) Noted the report.
(ii) Agreed to take forward the expression of interest relating to AHSN and looked forward to receiving further updates in due course.

8 QUALITY OF CARE AND PATIENT SAFETY

8.1 PERFORMANCE REPORT – MAY 2012

Mrs Watson went through the report which had been customised to include additional information. She highlighted the following key issues:-

(i) Referring to the Section 1 of the report on Monitor compliance performance, all cancer targets were achieved in April, with the exception of the 62 day screening target. Indicative figures for May show that all cancer targets have been achieved with the exception of the 62 day screening target. It is predicted that at the end of Quarter 1, the trust will be amber red as a result of the expected failure of the measure on community dataset and the 62 day screening target.
(ii) All 18 week targets including the new standards of 92% for incomplete pathways were achieved.
(iii) Referring to Sections 2 – 4 of the report, Mrs Watson stated that the trust had achieved the 18 week target at PCT level for non-admitted pathways of care but it did not achieve this for some PCTs for admitted and incomplete pathways of care. Mrs Watson said that details had been discussed with the chiefs of service and divisional managers to address this issue and that all colleagues had signed up to ensuring the targets were met.
(iv) There were 3 breaches of the 28 day rebooking target.
(v) All community outcome measures had been achieved.
(vi) Referring to Section 5, the trust was behind plan on its appraisal target although there had been some improvements in comparison to previous months. The locally agreed target for sickness absence levels were however, below target. It was noted that the Board would be discussing this issue further under Agenda Item No. 11.1.

Mrs Singleton commented that she was pleased to see information on emerging themes within divisions and it was reassuring that these were being addressed.

The Board discussed issues on community datasets and ensuring progress was being made to address any outstanding issues. Mrs Watson felt that the trust's performance was not reflective or representative of the amber red performance prediction.

Mr Lang questioned the 18 week performance within the plastic surgery division when compared to other divisions. Mrs Watson responded that this issue was being addressed with the division and in fact there were three areas in total ie plastic surgery, orthopaedics and general surgery.

Mr Harrison responded to Dr Ewart's query on manpower numbers by saying that the overall numbers remained fairly static over the period taking into account service developments and the challenges of P&E requirements.

Decision: 2012/June/No 6
The Board:
(i) Noted the report.

8.2 DECONTAMINATION UPDATE – JUNE 2011 TO MAY 2012

As part of the annual process, Professor Hart went through the report for the period dated June 2011 – May 2012. The report forms part of the five year Decontamination Strategy which was issued in June 2011.

The update provided the Board with advice on:
- new national decontamination guidance (issued in May 2012);
- the trust's position against national decontamination surveys 2008/2010 (issued in May 2012)
- progress made against a number of services including SSD and Endoscopy which ensures that the trust continues to improve and maintain safe services for patients in terms of accreditation.
- an action plan against the strategy for 2012/2013.

Decision: 2012/JuneNo 7
The Board:
(i) Welcomed the positive report and agreed to continue to support the recommendations made in the 2011 Decontamination Strategy.

9 BUSINESS SUSTAINABILITY

9.1 FINANCIAL REPORT FOR PERIOD ENDING 31 MAY 2012

Mr Newton went through the financial report for the period ending May 2012. It was noted that the trust's operating performance was £2.2M behind plan due to income under-performance and overspending on non pay which has put pressure on the trust's financial risk rating. Obviously the issue must be addressed prior to submission of the Quarter 1 report to Monitor.

The Board considered the report and Mr Newton added that clearly this was a concern for the trust and actions were being taken swiftly to avoid any further deterioration. Actions taken include a review of updated activity data for April/May; allocation of contingency identified as part of the enhanced P&E target; levels of accruals, further detailed analysis as part of the divisional performance review meetings, etc.

Referring to P&E performance, Mr Newton stated that the trust had achieved 92% (with 100% in the last month with the programmes planned).

Mr Kirby said that he was reassured by Mr Newton that by the time of submission to Monitor, the risk rating would be maintained in accordance with plan.

Decision: 2012/June/No 8
The Board:
(i) Noted the report.

10 GOVERNANCE

10.1 REVALIDATION OF CONSULTANTS, STAFF GRADE, ASSOCIATE SPECIALISTS AND SPECIALTY (SAS) DOCTORS AND NON-TRAINING GRADE (NTG) DOCTORS

Professor Wilson stated that the purpose of the report on the revalidation of consultants, staff grade, associate specialists and specialty (SAS) doctors and non-training grade (NTG) doctors, was a requirement by law, that from 1 January 2011, all trusts and other designated organisations employing doctors, should have a Responsible Officer (RO). The trust's RO was deemed to be the trust's medical director with effect from 1 January 2011.

The key purpose of the report was to provide the Board with assurance that processes are in place to allow the RO to make recommendations to the GMC on the revalidation of its medical workforce.

It was noted that the trust submitted a second end of year self-assessment tool known as the Organisational Readiness Self Assessment (ORSA) to the NHS Revalidation Support Team by 17 May 2012 in line with the deadline. The ORSA forms the basis of the trust's current gap analysis, risk analysis and action plan. It was noted that during this process, some gaps in the trust's resources were identified and these will be addressed in a business case to be submitted to the trust's management group, in the near future. The Board noted the work which had been completed and the action plan therein, and the continuing work to ensure the organisation meets the revalidation requirements of its senior medical workforce.

Professor Wilson expressed his thanks to Dr Hall and Mrs Wooding for their involvement in this extremely important work which has been recognised nationally by the GMC as good practice.

Professor Wilson responded to Ms Wallace's question on clinical governance incident reporting and how this was being addressed within the trust in terms of behaviours and performance of individuals. As part of the revalidation process, doctors were expected to report on the incidents with which they have been associated.

Professor Wilson clarified for Mr Lang, that the revalidation process was mandatory. In addition, it was noted that since his appointment as medical director, the trust had seen an increase of appraisals to 95/100% over the last 15 months. In terms of auditing this information, the GMC are pleased with the trust's response.

Mr Pleydell congratulated Professor Wilson and his team for the above work in which the trust is seen as leaders in this field.

Decision: 2012/June/No 9
The Board:

(i) Noted the work which had been completed and continues to be undertaken in order to ensure the organisation meets the revalidation requirements of its senior medical workforce; and noted the current position in the ORSA and action plan therein.

(ii) Congratulated Professor Wilson and his team on an excellent piece of work.

10.2 MORTALITY REPORT – QUARTER 4 (2011/2012)

Mr Roberts, went through in detail, the Mortality Report for Quarter 4 (2011/2012) in which he responded to questions about the information provided therein. The Board discussed the increasing prominence of SHMI nationally, over other risk adjusted mortality measures such as HSMR from Dr Foster and RAMI which were the main risk adjusted measure used in the Board reports. As the regional North East hospital mortality reports move over to SHMI, more prominence will be given to SHMI in the Board report. The Board discussed the different ways of breaking hospital mortality statistics down below trust level and Mr Roberts explained the increasing use of Clinical Classification System (CCS) groups in doing this. The Board also discussed the issue of mortality in patients admitted at weekends and the report covered this matter in some detail. Although there was no evidence of an increased mortality in the unadjusted rates, adjusted measures will be examined for the next Board report. The excellent performance in the National Diabetes Inpatient Mortality Profiles was noted.

In line with the discussion of the last Board Mortality Report for Quarter 3, this report contained recommendations for improvement work that the Board discussed. The Board agreed that work should continue examining the options for more contemporaneous measurement of mortality risks than what was possible using current retrospective systems as this would allow for changes in the management of higher risk patients. The Medical Director reported that work is on-going in this area and when recommendations for change are ready they will be brought to the Board.

Decision: 2012/June/No 10
The Board:
(i) Received the report and supported the findings therein.

10.3 CQUIN MEASURES FOR 2012/2013

Ms James, deputy director healthcare governance and quality, presented the CQUIN measures report for acute, community and specialist commissioned services for 2012/2013. She went through the report and highlighted the current risks to delivery and the actions in place to address the risks.

The Board noted that the overall financial risk was largely mitigated by the block contract arrangement for the NHS Tees contracts and whilst there is income linked to CQUIN for the North Yorkshire and Specialist Commissioner services, delivery of the 2012/2013 targets would be subject to contract performance management review.

Some of the CQUIN measures for 2012/2013 were likely to be carried forward into 2013/2014 and it was therefore, important to establish a robust position this year. A further update would be provided following analysis of the Quarter 1 data.

Dr Ewart questioned what the PCT was planning to do with the specialist data as a considerable amount of time was needed to collect it. Ms James responded that she was unaware of what use the information would be put to, but that delivering accurate information had fed back the information was financially beneficial to the trust.

Mr Lang asked for clarification that if the data was not delivered, would the trust lose £300,000 to which Ms James confirmed that it would.

Ms Jenkins asked how it was intended to motivate staff to carry out this work. Professor Hart responded that the issue had been discussed within the trust's management group in order to raise awareness and encourage staff to collect data properly.

On behalf of the Board, Ms Jenkins thanked Ms James and her team on the significant amount of work required to undertake this task.

Decision: 2012/June/No 11
The Board:
(i) Noted the report and the actions planned to address the risk identified.
(ii) Looked forward to receiving a further update following analysis of the Quarter 1 data.

10.4 INVESTMENT COMMITTEE TERMS OF REFERENCE

Ms Jenkins presented the revised terms of reference for the Investment Committee and asked that the Board ratify the revision. It was noted that the Investment Committee considered the revised terms of reference at its meeting on 13 June 2012. The key changes were to ensure clarification and expansion of the Committee's role to oversee the trust's trading and commercial investment activities and reflect the trust's increased powers and opportunities.

Decision: 2012/June/No 12
The Board:
(i) Approved the revised terms of reference for the Investment Committee.

11 ORGANISATIONAL CAPABILITY

11.1 MANAGEMENT OF SICKNESS ABSENCE

Mr Harrison went through the report on Management of Sickness Absence. The Board noted the trust's non delivery of its target rate was 4.2% in 2011/2012 (actual 4.46%). Mr Harrison highlighted the measures being taken to improve the management of sickness absence throughout the organisation, including a dedicated project, performance management, revised attendance and management policy, training for managers, case management, occupational health review and staff engagement. All aimed at the delivery of the 2012/2013 target of 3.9% and the related productivity and efficiency benefits.

Ms Jenkins asked if the trust had consulted other NHS organisations and external bodies in terms of best practice. Mr Harrison responded that the trust had consulted with other external organisations and one of the ways to improve the performance in terms of attendance was by way of a reward/recognition system. However, this would obviously need to be discussed in more detail if the trust wished to pursue this kind of benefit system. Mr Harrison agreed to provide the Board with regular updates and progress on the issue of sickness absence. **Action: Mr Harrison**

Responding to a question from Mr Lang on the issue of long term and short term sickness absence, Mr Harrison responded that the data suggested that the focus needed to be maintained on both issues but if a priority was needed then long term sickness absence management would be where effort would be centred. However, where reconfiguration occurred within a ward for example, the emphasis would need

to switch to short term as the change could have a significant influence on the sickness absence figures.

Decision: 2012/June/No 13
The Board:
(i) Noted the report.
(ii) Looked forward to receiving regular updates in due course.

12 **FOR INFORMATION WITHOUT DISCUSSION**

12.1 **MINUTES OF THE INTEGRATED GOVERNANCE COMMITTEE (IGC) HELD ON 9 MAY 2012**

Ms Wallace presented the minutes of the Integrated Governance Committee meeting held on 9 May 2012.

Decision: 2012/June/No 14
The Board:
(i) Noted the minutes of the meeting of the IGC held on 9 May 2012.

13 **ANY OTHER BUSINESS**

There being no further business, the meeting closed at 12.15 pm

14 **DATE, TIME AND LOCATION OF NEXT MEETING**

The next public meeting of the Board of Directors will take place on Tuesday, 31 July 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