

MINUTES OF THE PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON THURSDAY, 31 MAY 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
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
Dr S Baxter	-	Chairman of SMSF
Mrs M Blakey	-	Corporate Affairs Manager
Mrs A Marksby	-	Communications Lead
Ms C Marley	-	for item 4
Ms C Monk	-	for item 4
Mrs C Parnell	-	Company Secretary/Exec Asst to CEO
Mr C Harrison	-	Director of Human Resources
Mrs W Larry	-	Acting Chairman, UNISON

1 **APOLOGIES FOR ABSENCE**

Apology for absence was received from Councillor Thompson, Non-Executive Director.

2 **DECLARATIONS OF INTEREST**

Dr Ewart declared an interest on any issues relating to Blue Sky Therapy.

3 **QUESTIONS FROM THE PUBLIC**

There were no questions from members of the public.

4 PATIENT EXPERIENCE STORY

Professor Hart introduced Carol Monk who works in the intensive care unit at the Friarage Hospital. Ms Monk said that in addition to her role at FHN, she had set up an end of life care and bereavement follow up service. The presentation included work undertaken. Following feedback from a recent audit on the service provided, a number of recommendations were identified and have been incorporated as part of an action plan.

Ms Monk responded to questions from the Board in relation to what support was available to relatives and she said that she was personally involved in ensuring there was follow up support for relatives. In conclusion, Ms Monk said she would be pleased to be involved if the provision provided at JCUH in terms of a bereavement service was duplicated at FHN.

The Board thanked Ms Monk on the initiative undertaken personally by her in setting up the service at FHN.

Attached to these minutes is a copy of the presentation.

Decision: 2012/May/No 1

The Board:

- (i) The Board noted the presentation**

5 MINUTES OF THE MEETING HELD ON 24 APRIL 2012

The minutes of the meeting held on 24 April 2012 was accepted as an accurate record of proceedings.

Decision: 2012/May/No 2

The Board:

- (i) Approved the minutes of 24 April 2012**

6 MATTERS ARISING/ACTIONS

6.1 ACTIONS FROM MEETING HELD ON 24 APRIL 2012

It was noted that all actions had been completed or were in the process of being completed.

7 CHIEF EXECUTIVE'S REPORT

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

- (i) The Board held a minute silence in memory of Margaret Toase (former chairman of UNISON) who died recently. A memorial service will be held at JCUH in due course, following discussions with her family. The Board wished to place on record the tremendous contribution Margaret had made to the trust.**

- (ii) Referring to the engagement process as part of the future of children's and maternity services at FHN, Mr Pleydell stated that the final meeting was scheduled to take place on 18 June. As part of the communication exercise, Mrs Moulton and members from the NYCC Scrutiny Committee trust staff and Clinical Commissioning Group (CCG) members had visited a number of organisations to gain an insight into what services were being provided elsewhere.

It was noted that there was family rally which took place in Northallerton at the end of May in protest of possible changes to children's and maternity services at FHN, at which the trust was presented with a 10,000 signed petition. Mr Pleydell reiterated that this issue has always been about having a safe and sustainable service at FHN.

Options to be considered as a result of the engagement process now need to be fully worked up prior to formal consultation. The final decision is with the PCT/CCG.

- (iii) Given the trust's financial challenges, Mr Pleydell stated that the organisation had performed extremely well when taking into consideration the pressures particularly in emergency care. Staff were congratulated for all their hard work in achieving key targets during 2011/2012.

- (iv) As set out in his report, Mr Pleydell stated that due to staffing pressures, temporary changes had been made to the opening times of the minor injuries unit at Guisborough General Hospital and the need to integrate the whole community in terms of healthcare. The trust is endeavouring to hold discussions with the local MP. It was important that the key messages were promoted namely the shortage of appropriate staff in this particular instance, had resulted in the temporary decision regarding the minor injuries unit at GGH.

Mrs Watson commented that she had asked for some detailed information about existing staffing arrangements at GGH. Mrs Watson responded to questions from the Board in relation to staffing/training/recruitment process. Following a review of the position, she agreed to provide the Board with the outcome of the review.

Referring to communication of the position, Mrs Watson said that the trust was in discussions with colleagues from the CCG and the trust's public relations department to ensure clear messages were being cascaded to the local population.

Responding to Mrs Singleton's question on communication within the community services, Mrs Hart said that Mrs Walker had recently been appointed to oversee the community aspect of care which linked very closely with her existing remit ie safeguarding agenda and with patient care and safety.

- (v) Mr Pleydell was pleased to report that the trust had just received notification that the trust is to get its own rail station at JCUH which will link into the Tees Valley. The investment in the hospital is part of a wider funding from the Local Sustainable Transport Fund. The new rail link formed a key part of the

trust's travel plans. Mrs Moulton commented that talks are continuing with the local council about the rail halt and car parking at the JCUH site and further details will be circulated once these discussions have been further developed. She hoped to bring further details to the Board at its meeting in June 2012.

Action: Mrs Moulton

Decision: 2012/May/No 4

The Board:

- (i) Noted the report.**

8 QUALITY OF CARE AND PATIENT SAFETY

8.1 PERFORMANCE REPORT –

Mrs Watson went through the report and highlighted the following key issues:-

- (i) Referring to the 2011/2012 Monitor compliance target, the trust was reporting an amber green rating at the end of 2011/2012 due to previously reported failure of the 95th percentile target for 18 weeks admitted pathways of care.
- (ii) All cancer targets had been met.
- (iii) For 2012/2013 Monitor compliance, indicative figures for April showed that all cancer targets had been achieved but this information will be confirmed in the June report to the Board.
- (iv)** All 18 week targets including the new standard of 92% for incomplete pathways had been achieved. It was noted that the new community services data completeness standard were below target. A further report on this issue will be brought back to the Board for further discussion. In addition, there were three specialties identified in the report and again, Mrs Watson agreed to provide further details on this at the next Board meeting.

Action: Mrs Watson

- (v) Referring to the local contractual acute and community performance sections of the report, it was noted that there was no breaches of the 28 day rebooking target following a cancellation, but due to an administrative error, there had been 1 breach in the diagnostic target.
- (vi) All community outcomes measures had been achieved.
- (vii)** The trust is behind plan on its appraisal target and the locally agreed targets for sickness absence levels. Mr Harrison agreed that the trust's performance could be improved and agreed to provide the Board at its meeting in June 2012, with a report on the lessons learnt. **Action: Mr Harrison**
- (viii) Following a request by the Board at its last meeting, an analysis of the penalties incurred for performance if the trust had not been part of the block contract agreement, would be £189,000.
- (ix) Referring to the extended list of training requirements now included in corporate mandatory training, Mr Harrison stated that the low percentages achieved across some areas would need to be improved, if the overall 85% target is to be maintained. Professor Hart commented that to achieve Level II NHSLA assessment the trust would need to have evidence of a full year's data across all standards, including CMAT, and she expressed concern that timescales were tight to get the necessary processes in place if the trust wished to attempt Level II assessment in the late summer of next year. Mr Harrison confirmed that he would be looking into this issue.
- (x) Mrs Singleton expressed surprise that in relation to the divisional scorecard data, there was no indication of any issues arising for eg the 18 weeks and minor injuries unit at Guisborough and questioned why this not been flagged

up in advance. Mrs Watson agreed and said that she would be taking this issue up with divisions. **Action: Mrs Watson**

Mrs Watson responded to questions on the community services data set information.

Decision: 2012/May/No 5

The Board:

- (i) Noted the report.**

8.2 2011 NATIONAL INPATIENT SURVEY REPORT

Professor Hart said that the purpose of the report was to advise the Board of the results following the 2011 national inpatient survey and she responded to questions in relation to details therein.

Furthermore, the survey enabled the trust to obtain patient feedback on their experience whilst in trust care and is the only survey method used to give a benchmark against other organisations. It was noted that the survey included five questions that form part of the patient experience in CQUIN.

Mrs Hart went through the report and commented that overall the results were positive. The Board was asked to support the recommendations as set out on page 11.

Decision: 2012/May/No 6

The Board:

- (i) Noted the report.**
(ii) Supported the recommendations as set out on page 11 of the report.

9 BUSINESS SUSTAINABILITY

9.1 FINANCIAL REPORT FOR PERIOD ENDING 30 APRIL 2012

Mr Newton went through the financial report for the period ending April 2012 and thanked his team who had been extremely busy in preparing the final accounts for submission to Monitor. In relation to the finance report for April, he highlighted the income and expenditure position which showed a deficit of £1.5M which was £0.2M behind the planned £1.3M. This was mainly due to drug costs pressures, although there remained some need to identify and deliver the full P&E programmes.

Mr Pleydell added that in relation to high drug costs, the former pharmacy director, Alan Hall, was able to predict costings and the trust found this invaluable in assessing expectations, for example in patient demand of new drugs. Furthermore, there was risk to the trust in entering into a block contract, which incorporated an assumed level of spend, and above which there is no cost recovery. In response to Mr Kirby's question, Mrs Moulton confirmed that commissioners had not exempted high cost drugs from the block contract.

Mr Kirby said that in relation to the P&E schemes some divisions still needed to identify further schemes to meet their target and asked when the Board was likely to see the plans. Mr Newton acknowledged that there was some weakness in the divisional plans with around £800,000 shortfall, identified through reviews by the

finance team and PAO, particularly within two divisions and further work was underway to bridge the gap.

Decision: 2012/May/No 7

The Board:

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

10 **GOVERNANCE**

10.1 **QUALITY ACCOUNTS 2011/2012**

Professor Hart presented the final draft of the 2011/2012 Quality Accounts for the Board's approval.

Following previous discussions by the Board, members were reminded that the Quality Accounts had been produced in compliance with the NHS (QA) regulations 2010. The report had been considered by the Audit Committee and external auditors had provided an unqualified limited assurance report in respect of the content of the Quality Report.

The statement from NHS Tees is awaited and the outstanding dates in relation to Annex 2 of the report (statement of directors' responsibilities) in respect of the quality report will be added when these are available.

The Board noted that a number of organisations/agencies had contributed to the information contained in the quality report and thanked Ms James for her work in its production.

Decision: 2012/May/No 8

The Board:

- (i) **Approved the Quality Accounts for 2011/2012.**

10.2a **IGC TERMS OF REFERENCE AND ANNUAL BUSINESS PLAN 2012/2013**

Ms Wallace presented the Integrated Governance Committee's proposed terms of reference and annual business plan for 2012/2013. She commented that some small adjustments had been made to the duties of the Committee to reflect more closely the business of IGC, and that one new duty had been added (objective c) to meet Monitor's expectation that the potential risk to quality of new P&E initiatives are assessed and mitigated before and during implementation. A new business plan for 2012/2013 had been drawn up taking into consideration these amendments. In addition, some changes were made to the Committee's membership.

In response to questions, Ms Wallace added that the amendments had been made to improve compliance with Monitor's Quality Governance Framework and that Ms James was in discussion with the project assurance office about introducing a new "quality impact assessment" tool to identify possible threats to quality of new P&E measures and proposed service reconfigurations.

Decision: 2012/May/No 9

The Board:

- (i) **Received the report and supported the findings therein.**

11 FOR INFORMATION WITHOUT DISCUSSION

11.1 DIPC ANNUAL REPORT 2011/2012

Professor Hart went through in detail the DIPC annual report for 2011/2012. The following issues were highlighted:-

- (i) The trust had 2 episodes of trust-attributed MRSA bacteraemia in 2011/2012, which was below the target of 4 cases.
- (ii) There had been 19 cases of trust-attributed MSSA bacteraemia and whilst there is no official target for this, the figure was below the number of cases in the preceding year.
- (iii) There had been 67 cases of trust-attributed C difficile cases which was below the 112 target.

Acknowledging the tremendous effort made by all staff, Professor Hart asked for continued support in tackling HCAI. Professor Hart responded to Mr Kirby's question relating to norovirus and isolation facilities within the trust and the added pressures and challenges faced with emergency case patients and the practical solutions in terms of training plans to ensure systems and procedures were robust.

Decision: 2012/May/No 10

The Board:

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

11.2 MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 19 APRIL 2012

Mr Kirby presented the Audit Committee minutes of the meeting held on 19 April 2012 which included information on the work of internal audit; external audit and local counter fraud issues.

Decision: 2012/May/No 11

The Board:

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

12 ANY OTHER BUSINESS

12.1 BMA industrial action

Mr Harrison briefed the Board that following the publication of the outcome of its recent ballot, the British Medical Association had announced plans for a 24 hour period of industrial action which will see doctors providing all urgent and emergency care only. The trust will do everything it can to protect its services and minimise any disruption to patient care, which this planned action may cause. Further details of the impact of this on the trust and patients, will be provided to the Board at its meeting in June. **Action: Mr Harrison**

Mr Pleydell commented that there was a legitimate right for people to express their views.

There being no further business, the meeting closed at 11.30 am.

13 DATE, TIME AND LOCATION OF NEXT MEETING

The next public meeting of the Board of Directors will take place on Tuesday, 26 June 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