South Tees Hospitals NHS
NHS Foundation Trust

Agenda Item No 5

MINUTES OF THE PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON
TUESDAY, 24 SEPTEMBER 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 M Rutter	-	Non-Executive Director
Mrs P Singleton	-	Senior Independent Director/NED
Mr J Smith	-	Non-Executive Director
Councillor B Thompson	-	Non-Executive Director
Ms H Wallace	-	Non-Executive Director
Mrs S Watson	-	Director of Operational Services

IN ATTENDANCE:

Mr Barry	-	member of public
Dr S Baxter	-	Chair, SMSF
Mrs M Blakey	-	Corporate Affairs Manager
Ms C Brammer	-	Matron, Children & Young People
Ms K Branch	-	observer - shadowing Professor Hart
Ms A Carruthers	-	member of public
Mrs J Dewar	-	Director of IT & Health Records
Mr I Fuller	-	Head of Corporate Finance
Ms J Gibson	-	observer - shadowing Professor Hart
Mr C Harrison	-	Director of Human Resources
Ms R James	-	Deputy Dir for Quality Assurance
Mrs M McGloin	-	Deputy Director
Mrs A Marksby	-	Communications Lead
Mr A Roberts	-	Clinical Effectiveness Specialist Advisor - for item 10.1
Mr S Tasker	-	member of public
Mrs I Walker	-	Deputy Dir of Operational Services - for item 8.4
Ms C Ward	-	observer - shadowing Professor Hart

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Ms R Holt	-	Director of Nursing & Quality Assurance
Mrs W Larry	-	Chairman of staff side UNISON
Mrs J Moulton	-	Dir of Service Strategy & Infrastructure
Mr C Newton	-	Director of Finance
Professor R Wilson	-	Deputy Chief Executive/Medical Director

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

Ms Brammer, Matron for Children and Young People shared a patient experience story relating to a long term patient in PICU. The patient's mother is currently pregnant and staff in the midwifery department went out of their way to enable the patient to be involved in antenatal appointments, even though she is ventilator dependant. Special thought was given to her attending for a scan appointment, changing the location to a larger room to enable space for necessary equipment. This meant that the patient could take part in a wonderful family experience with her mother and sister. This has meant a lot to them as a family and really demonstrated staff going the extra mile to increase positive patient experience.

Ms Brammer responded to specific questions relating to the care and future provision of services relating to children with long term chronic illness.

Decision: 2013/Sept/No 1
The Board:
(i) Noted the presentation.

5 MINUTES OF THE PREVIOUS MEETING HELD ON 27 AUGUST 2013

It was noted that Mr Smith, non-executive director had been omitted from the attendance list. Taking this amendment into consideration, the Minutes of the meeting held on 27 August 2013 were accepted as an accurate record of proceedings.

Decision: 2013/Sept/No 2
The Board:
(i) Taking into consideration the above amendment, the minutes of the meeting held on 27 August 2013 were approved.

6 MATTERS ARISING/ACTIONS

Mrs Watson confirmed that in relation to Mrs Singleton's query on the late transfer of care, this related to two different definitions about delayed discharges which is why there is a difference in the figures reported. Overall the delayed discharge rate is showing signs of improvement.

There were no further 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) National Cancer Patient Experience Programme survey. The trust will be going through the survey results and will present feedback to the Board at a future meeting. **Action: Ms Holt**

(ii) Patient-led assessment of the Care Environment (PLACE) results. Delighted with the excellent results and positive feedback, given the challenges with C difficile and shows how hard colleagues are working to reduce infection.

(iii) Car parking – The James Cook site. Obviously a concern for staff and patients and the trust is continuously trying to focus on and moving to a positive outcome. Mrs McGloin responded to questions in terms of progress of the rail halt for 2014; access roads to the site and further discussions with Middlesbrough Council; and visiting times linked to busy times on the JCUH site. Professor Hart commented that a number of options were being considered eg outpatient appointments times when reviewing the parking issue.

(iv) Children's and maternity services – public consultation. Noted that the consultation closes on 25 November 2013.

(v) Public asked to give their views on the future of services. A number of drop-in sessions are being held across the region and full details can be found on the CCG website.

(vi) First in vascular surgery.

(vii) Awards and achievements.

Decision: 2013/Sept/No 3
The Board:
(i) Noted the report.

8 QUALITY OF CARE AND PATIENT SAFETY

8.1 PERFORMANCE REPORT - AUGUST 2013

Mrs Watson presented the report and went through the information in detail.

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

(i) Once again the trust continued to hit most of its performance targets in August, which is a testament to all our staff, although we are still continuing to monitor key areas:

(ii) Tackling infection - there were two new reported cases of c difficile, taking the year-to-date total to 20 against a full-year target of 37, which means we are

still above the year-to-date trajectory overall. We remain constantly vigilant in this area.

(iii) Cancer waiting times – The trust was compliant with all cancer targets apart from the 62-day wait for the first definitive treatment for all cancers. For August, current indicative figures suggest we will meet all the cancer targets.

(iv) 18-week referral to treatment times – As planned the trust failed to meet the standard for admitted patients (85.9% against a target of 90%) due to our on-going work to address the long waiting patient backlog. Action plans are in place to try and bring the trust back into compliance at the end of October (quarter three) but a small number of specialties are expecting to fail the target which puts us at risk of not delivering the target at an aggregate level.

(v) £480,000 in expected penalties (excluding anything which the trust may incur for c difficile cases).

(vi) Areas of concern at present also in terms orthopaedic surgery (260 patients waiting longer than 18 weeks), oral surgery and plastic surgery. During October the trust will be driving hard to further understand the effectiveness of theatre utilisation as well as other measures and action plans to address the position.

Lengthy discussion ensued on the use of:

- independent sector to carry out elective work. Mrs Watson confirmed that colleagues had actively looked at all options and continue to do so.
- comparison with comparable trusts in relation to c difficile cases. Ms James confirmed that looking at the data from NHS England, the trust compared favourably and was not considered an outlier but the target has been set because of our good performance last year. Mrs Walker commented that the trust had made significant improvements last year, which is why it received a reduced and very challenging target. Mrs Watson commented that Monitor have been made aware of the challenges the trust is facing.
- rise in GP referrals.
- reasons for cancelled operations; action plans looking at capacity and ring fenced beds. Mrs Watson agreed to provide a report to a future meeting of the Board in terms of an analysis of the correlation of beds and activity.

  Action: Mrs Watson
- challenges faced in terms of winter pressures/whole systems process; improvements in flows into A&E.
- Mrs Watson said that in terms of negotiating on the penalties issue this was an area in which a lot of data on revalidation was being undertaken. Mrs Watson agreed to look into this issue with a view to presenting the information at a future meeting.
- Ms Wallace asked what improvements the trust could expect to achieve in relation to the new target in A&E regarding handover delays, which is currently generating a high level of penalties. Mrs Walker responded that it would be a huge challenge and although the trust must look at whole system issues with its external stakeholders, including the flow of ambulances coming in. Mrs Moulton's team were currently looking at the flow within A&E to see where improvements could be made. Pursuing the issue on penalties, Ms Wallace asked if the trust was pursuing and negotiating on these, given that the issues were in part system-wide. penalties. Mrs Watson responded that there was ongoing discussions about data validation and at the end of the year she expected that if there had been particularly bad weather there would be discussions with the urgent care board about the appropriateness of penalties.

- taking account of the above discussion, Mrs Singleton expressed concern on the long term use of the independent sector which she felt needed to be monitored more closely.

Mr Harrison was pleased to report that in relation to sickness absence the trust was 3.8% compared with last year's figure of 4.64% (against a north east target of 4.28% and confirmed that he felt this improvement was due to the new policy in the management of sickness absence. Mr Harrison agreed to provide further information as to whether the position had improved or worsened in terms of staff in the community setting. **Action: Mr Harrison**

Whilst there had been a slight improvement in terms of mandatory training uptake, this target remains challenging, as well as completion of SDRs/appraisals.

Decision: 2013/Sept/No 4
The Board:
(i) Noted the report.

8.2 **WINTER PLANNING 2013/2014**

Mrs Watson stated that the purpose of the report on winter planning 2013/2014 was to highlight the actions taken over the past year to improve the trust's resilience during periods of winter surge and identify areas of ongoing work.

Whilst the trust was extremely disappointed that no trust in the north east region received any of the £250m additional funding from the government to tackle the issue of winter surges, discussions are taking place with both local commissioning groups (CCGs) to assess opportunities for additional non-recurring investment. Professor Hart stated that she had raised this issue nationally.

Urgent care boards have now been established and met to discuss the system wide issues facing the Tees and North Yorkshire localities and all agencies are sharing and cross referencing their plans to ensure a joined up approach to surge planning.

The Board discussed at length the progress to date in terms of supporting admission avoidance; front of house; frail elderly; bed capacity; discharge; junior doctors; community services; system issues; outstanding issues (as set out on page 5 of the report); flu vaccination programme; participation in urgent care boards and support of the ongoing approaches being made to increase bed capacity during periods of surge, community therapies and seven-day working in pharmacy; partnership working with Middlesbrough, Redcar and Cleveland Social Care services to ensure an integrated package of care; and discussions with local trusts working collectively to address the recruitment issue which means that local organisations will need to look abroad particularly in Europe, to recruit consultant colleagues particularly in acute medicine, because of the shortage in the UK. Professor Hart said that she had met with Ms Holt and NHS Professionals with a view to international recruitment and Ms Holt was exploring the opportunities which may be available. She would ask Ms Holt to update the Board at a future meeting following Ms Holt's discussions with NHS Professionals. **Action: Ms Holt**

In summing up, Mrs Watson stated that overall there had been considerable activity since last winter seeking ways to improve systems and processes and in partnership with other agencies, capacity at JCUH was being increased and contingency

arrangements to increase capacity further are being put in place subject to approval for funding implications.

Referring to a number of emerging national and local guidance reviews, Mrs Watson proposed to incorporate the information in the report to the Board at its meeting in October 2013. **Action: Mrs Watson**

Decision: 2013/Sept/No 5
The Board:
(i) Noted the report and supported the approaches contained within the report as outlined above.

8.3 **THE FRANCIS, KEOGH AND BERWICK REVIEWS; A SUMMARY OF THE TRUST'S POSITION**

Ms James presented a summary of the common themes coming out of the Francis, Keogh and Berwick reviews and updated the Board on the trust's position in relation to the recommendations.

She stated that as a result of the above, the following key streams of work and actions therein were identified under the heading of transparency, learning from patient experience; listening to and supporting staff and using measurement for quality improvement and that those actions have commenced. Most of the areas for action are already reflected in the trust's strategic objectives, where this was not the case, the objectives would be updated.

Professor Hart asked that reference to community services and also to AHPs and other staff groups be made feedback to include AHP since the trust employed over 9000 staff and that should be reflected in the information. At present the information centred mainly on acute hospital setting. **Action: Ms James/Ms Holt**

It was agreed that a programme of work led by Mrs Parnell would review the current Board agendas ensuring a focus at all times on maximum transparency.
Action: Mrs Parnell

Decision: 2013/Sept/No 6
The Board:
(i) Noted the report and approved the approach and focus in terms of current key areas of work as set out in the report.

8.4 **BRIEFING PAPER ON MONITOR RISK ASSESSMENT (RAF)**

Mrs Walker and Mr Fuller updated the Board on the new Monitor risk assessment framework which will come into effect in October 2013.

In essence, the new RAF which replaces the current compliance framework, is a component of the provider license and will be used by Monitor to assess compliance with certain license conditions.

The main changes were identified as:-
(i) A new assignment methodology for risk rating which means that there will be two ratings given to NHS foundation trusts. A governance rating and a continuity of services rating.
(ii) Governance rating:

(a) introduction of 5 triggers of governance concerns instead of a rating based on access and outcome targets. New measures include CQC information, third party reports, quality governance indicators and financial risk.
(b) The governance rating will have 3 categories: green, written description of concerns held where action is being considered but not yet taken, or red.

(iii) Finance rating:
(a) replacement of the financial risk rating with the continuity of services risk rating.

It was noted that Monitor recommends that FTs commission an independent review of their governance ever three years.

For internal purposes, a local intermediate governance rating of amber will be used to indicate areas of concern. For third party reports the proposal is that that an amber rating will be given when there is more than one third party report in the quarter.

It was further noted that the report also included a draft template to reflect the new RAF requirements and will replace the current Monitor compliance framework as part of the performance report beginning in November (reflecting performance from 1st October 2013).

The Board considered the internal assessment of the rating applied to third party reports and discussed mechanisms for an internal warning system/standard to highlight to the Board in advance of any issues becoming red. Professor Hart commented that in relation to highlighting issues to Monitor, there needed to be some clarity as to what is reportable since it is obvious that some trusts have different standards.

Decision: 2013/Sept/No 7
The Board:
(i) Noted the report.
(ii) Approved the template for the measurement of RAF.

9 BUSINESS SUSTAINABILITY

9.1 FINANCIAL POSITION FOR THE PERIOD ENDING 31 AUGUST 2013

Mr Fuller went through the report which contained the trust's financial position for the period ending 31 August 2013 and drew the Board's attention to the following key issues:-

(i) The trust was in deficit and behind plan at the end of August 2013, driven by non pay expenditure in relation to the under-achievement on the cost improvement plan. Deficit of £1.95m. This had been driven by non-pay expenditure (the trust was overspent by £6.42m at the end of the month), particularly around high costs drugs and devices with some of our patients receiving their treatment in the independent sector.
(ii) Spend on capital was £2.7m ahead of plan.
(iii) Income had improved and the risk rating and cash position remained satisfactory.

(iv) The trust had achieved 79% of the CIP year to date target (£1.5m behind plan).

Mr Fuller and Mr Harrison responded to queries from the Board in relation to income, CIPs, nursing and medical pay costs and workforce/agency costs.

Decision: 2013/Sept/No 8
The Board:
(i) Noted the report

10 GOVERNANCE

10.1 QUARTER 1 – 2013/2014 MORTALITY REPORT

Mr Roberts presented the data for the 2013/2014 quarter 1 Mortality Report and in addition, provided a breakdown of key analysis by way of supplementary presentational information, a copy of which is attached to these minutes.

In summary the following conclusions were made:-

- The report showed that the trust performed within the expected range for the summary hospital-level mortality indicator (SHMI) for January to December 2012. The HSMR had risen and for the period April 2012 – March 2013 was 114, which was high enough to mean that the trust was an outlier on this measure.
- The HSMR is affected by three main factors:-
  - unadjusted mortality rate and count of deaths is higher for the winter period of 2012/2013. Numbers of deaths have increased in acute medicine and specifically within respiratory conditions. This real rise in deaths in this winter was caused by cold weather and respiratory viruses. The recent report from Public Health England shows that this impact has been felt in the north east more than elsewhere. This probably explains why the trust's relative performance has worsened.
  - The drop in use and coding specialist palliative care. HSMR, unlike SHMI, is very sensitive to the use of specialist palliative care codes. The strengthening of the specialist team from April may help to resolve this problem but the latest data (to June 2013) does not show any impact as yet.
  - The change in coding practice caused by the modification of national rules which has reduced the amount of co morbidity coding we record. It is not clear why this change does not appear to have affected other trusts to the same extent.
- The use of variable life adjusted display (VLAD) charts has begun in the trust.
- The value of this work will be assessed by the Mortality Group.
- The Mortality Group has established weekly mortality reviews and this will help the trust assess in the most robust way that has been used to date the quality of care for patients. This work complements the extensive mortality review work going on in the trust.

The Board discussed in detail the information provided by Mr Roberts who in turn responded to questions on coding, particularly relating to data for palliative care; winter issues and pressures since these issues tended to affect the figures and the level of deprivation in this area, particularly in Middlesbrough and the north east in general, compared to other parts of the country, which are considered important factors; and transparency of information

Mr Roberts stated that in his view, the clinical review of deaths that had been carried out and particularly those lead by Dr Monkhouse indicated that the overall care provided by the trust was good and there is no evidence that in the cases of respiratory patients, that the deaths related to any quality of care issue.

In conclusion, Mr Roberts proposed recommendations for the improvement of mortality data. In particular attempts to measure the impact of improvement activity, in areas like sepsis, or use of Early Warning Scores, or the coming introduction of a critical care outreach service on mortality figures had not yet been achieved and required further work. Secondly whilst noting that the trust's commissioners, and the local Area Team and other partners have access to a range of mortality reports from a variety of data sources (and compiled by a range of organisations), that the trust should endeavour to influence and encourage these organisations to rationalise these information sources to reduce duplication and confusion.

Professor Hart commented that following feedback from Mr Roberts and Dr Baxter, she felt reassured that the process was robust in terms of information gathering and that other organisations did not appear to be as robust in the level of detail as South Tees. In addition, emphasis must be placed in terms of the wider community health issues. Mrs Watson agreed to highlight the above issues at the next Health and Wellbeing Board meeting. **Action: Mrs Watson**

Decision: 2013/Sept/No 9
The Board:
Noted the report

11.1 **FOR INFORMATION WITHOUT DISCUSSION**

Mrs McGloin presented the Estates and Facilities Management (EfM) quarterly report which provided the Board with an overview of issues within the trust and drew the Board's attention to the following key issues:-

(i) PLACE inspections.
(ii) Sustainability and waste management
(iii) Major capital schemes
(iv) Car parking/road improvements.

Whilst the report was for information only, the Board discussed the contents of the report at length and Mrs McGloin responded to and clarified details in the report namely on:

- PLACE assessment;
- procurement and under delivery of savings;
- waste management. Referring to Co2 emissions and the associated charges, Mrs McGloin said she would forward Ms Wallace's request for graphical information to show reductions in emissions over time, to her successor Mr McQuade to take forward. **Action: Mrs Moulton**
- car parking, access improvements via Ladgate Lane, and rail halt discussions with Middlesbrough Council.

Decision: 2013/Sept/No 10
The Board:
(i) Noted the report.

12 **ANY OTHER BUSINESS**

There being no further business, the meeting closed at 12.55 pm.

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

The next public meeting of the Board of Directors will take place on Tuesday, 29 October 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: _____ Date: _____
Chairman