South Tees Hospitals NHS
NHS Foundation Trust

MINUTES OF THE PUBLIC MEETING OF THE BOARD OF DIRECTORS HELD ON TUESDAY, 27 MAY 2014 IN THE BOARD ROOM, MURRAY BUILDING, THE JAMES COOK UNIVERSITY HOSPITAL, MIDDLESBROUGH

Present:

Ms D Jenkins	Chairman
Prof. T Hart	Chief Executive
Ms R Holt	Director of nursing & quality assurance
Mr D Kirby	Vice chairman
Mrs J Moulton	Director of service strategy & infrastructure
Mr C Newton	Director of finance
Mrs M Rutter	Non-executive director
Mr J Smith	Non-executive director
Coun. B Thompson	Non-executive director
Prof. R Wilson	Medical director

In attendance:

Dr S Baxter	Chairman of senior medical staff forum
Ms C Honeyman	for item 4
Ms A Hume	Chief officer South Tees CCG
Mrs Jacavicz	for item 4
Miss J Jacavicz	for item 4
Ms K Linker	Chairman of staff side
Mrs A Marksby	Head of communication
Mrs C Parnell	Company secretary
Mr B Simpson	Financial services manager
Mr A Thacker	Asst. director of human resources
Ms I Walker	Deputy chief operating officer

10 members of the public

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr C Harrison, director of human resources; Mr H Lang, non-executive director; Ms H Wallace, non-executive director, and Mrs S Watson, chief operating officer.

2. DECLARATIONS OF INTEREST

Coun. Thompson expressed an interest in any issues relating to Middlesbrough Borough Council.

3. QUESTIONS FROM THE PUBLIC

A member of the public asked if there had been analysis done of the cost to the health service of patients not accessing A&E services when in need. Ms Holt said she was not aware of any analysis but highlighted the work of many staff in the community it trying to identify and treat patients before they deteriorate and require hospital treatment.

4. PATIENT EXPERIENCE STORY

The board welcomed Mrs Jacavicz and her daughter JJ, who introduced a short film that JJ had made of her experience of being diagnosed with scoliosis and then subsequently having spinal fusion surgery. It highlighted the “bucket list” of activities JJ undertook before surgery, her rapid recovery, and the support offered by a Facebook group.

Mrs Rutter asked what support the group had given and JJ explained that it was set up by parents of young scoliosis patients to share experiences, offer advice and the opportunity to answer questions about the condition and treatment. Ms Honeyman added that Ms Jacaviz has since set up a similar Facebook group for the trust.

Ms Hume asked JJ if she had been frightened and JJ explained that she had been nervous about having an MRI scan but a school friend had shared their experience which had helped to ease her concerns. Ms Honeyman added that JJ had found the consent form scary and JJ said that being told there was a chance of the operation affecting her sight, hearing and ability to walk had prompted her to devise a “bucket list” of activities to undertake before surgery.

In response to a question from Ms Jenkins JJ said there was nothing about her treatment that could have been improved, and on behalf of the board Ms Jenkins thanked JJ and Mrs Jacavicz for sharing their experiences.

4.1 IMPRoVE

Ms Hume gave a presentation on South Tees CCG’s on-going consultation on proposals to improve care for elderly and vulnerable people, and those living with long term conditions. The trust, along with other local health and social care partners, have worked with the CCG on developing the proposals that aim to increase the amount of care people receive in the community to prevent unplanned hospital admissions.

As well as investing in a wider range of community services the proposals, which the CCG hopes to implement over a two year timescale, include centralising stroke rehabilitation at Redcar Primary Care Hospital, closing Carter Bequest Hospital in Middlebrough, closing the current beds at Guisborough Primary Care Hospital, and closing the minor injury units at Guisborough and East Cleveland Primary Care Hospitals.

Ms Hume said the full detail of the proposals, along with supporting information, is available on the CCG's website and a series of public engagement events will be held in June.

Coun. Thompson queried how much involvement local MPs had had in the consultation and Ms Hume said she had met with all the MPs three or four times in the run up to the consultation with further meetings planned.

Ms Walker asked how the CCG was working with neighbouring CCGs, which are going through similar change programmes. Ms Hume said the CCG works closely with colleagues in North Tees and Hartlepool and Hambleton, Richmond and Whitby to dovetail proposals. However she highlighted that they are commissioning care for different populations with different health needs, which they had to respond to accordingly.

A member of the public queried the use of the media in the consultation and Ms Hume said the local media had been supportive in giving a balanced picture of the proposals, raising the profile of the consultation, and encouraging people to engage in discussion about the proposals.

Mr Smith asked how the trust's five year plan, which was to be discussed later in the meeting, ties in with the CCG's aspirations, and Ms Hume explained that the trust had been heavily involved over a number of years in shaping the proposals.

Ms Linker said that while moving healthcare into the community was the right thing to do for patients, staff would have concerns about job security and it was important that they were engaged in discussions about the changes. Mrs Hume supported Ms Linker's comments and added that far from job losses the proposals would probably require more staff, although working in different ways.

Prof. Hart commented that effective communication was crucial to the success of IMPRoVe in influencing patients and their relatives, who often saw hospital as a default position rather than turning to community services. She said it was crucial that the five year plans of health and social care organisations across the Tees Valley are intertwined if the proposals to reduce capacity were to be effectively implemented.

Ms Jenkins said the current empty space at East Cleveland Primary Care Hospital presented a real opportunity for a variety of community services and she asked Ms Hume how this was being taken forward. Ms Hume said that as well as looking at health needs the CCG was also engaging with local authorities to look at the holistic needs of the local community and how the hospital could be used.

Decision:

i) The board noted the content of the presentation.

5. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 29 April 2014 were agreed as a true record, subject to the following changes:

- A typographical error in the first paragraph of 9.1
- An insertion to 9.4 to stress the level of concern the board had about the amount of mandatory training not reducing and also the need for processes to evaluate what staff have learned and retained.

Decision

i) The board approved the minutes of the meeting on 29 April 2014.

6. MATTERS ARISING/ACTIONS

The board updated the action tracker from 29 April 2014 with the following:

- 8.5 Nursing staff review – costings awaited for the addition to the e.rostering system
- 9.1 Financial position – Mr Kirby and Mr Newton to discuss greater analysis for variation in spend in 2013-14 before the June board meeting.

7. CHIEF EXECUTIVE'S REPORT

Prof. Hart presented the report highlighting:

i) The six key work streams that the trust is currently examining for transformational change to address the organisation's financial position and, where possible, improve the quality of services.
ii) The successful appointment to the head of nursing posts for six of the clinical centres.
iii) The recent Nightingale Conference that saw the overall award won by a male HCA for the first time.
iv) The forthcoming launch of a new trust campaign to minimise the use of antibiotics and help with the organisation's drive to reduce healthcare associated infections.
v) The planned consultation events as part of the IMPRoVE programme.
vi) The award of £120,000 from the Academic Health Science Network to consultant orthopaedic surgeon Prof. Amar Rangan to carry out research into reducing the risk of blood clots following hip fracture, hip or knee replacement surgery.
vii) The opening of the railway station at The James Cook University Hospital (JCUH).
viii) The launch of a £1m appeal by South Cleveland Heart Fund to enhance heart scanning services at JCUH.

Decision:

i) The board noted the contents of the report.

8. QUALITY OF CARE AND PATIENT SAFETY

8.1 Performance report for April 2014

Ms Walker presented the first report of the new financial year, highlighting that it was the first time the trust had achieved all outcome measures. In March the organisation was compliant with all cancer targets, the four hour A&E target was achieved with 97.34% in April, and all the18 week targets were achieved across each pathway one month ahead of plan.

She congratulated services on their delivery of the 18 week target, singling out surgery for particular praise in reducing its waiting lists from 500 to just five patients. Oral surgery, neurosurgery and gynaecology were also highlighted as areas that had made significant progress in helping to delivery the target. Ms Walker added that indications were that the achievement against target would continue in May.

On behalf of the board Ms Jenkins commented that an enormous amount of work had gone into achieving the 18 week target and she congratulated Ms Walker, her team and everyone who had contributed to the achievement. She queried the apparent dip in performance against other targets, such as cancer and Ms Walker said services across the Tees Valley had seen an increase in referrals particular in breast and urology as a result of local screening campaigns, and this coupled with recent bank holidays, had contributed to the performance dip. She added that the breast cancer team was doing a lot of work to increase capacity and were confident performance would improve in month.

Coun. Thompson asked if systems and processes for sustaining performance were now embedded in services. Ms Walker said there was still some work to do in some services but the development of the new centres had helped to improve accountability and she expected systems and processes to be fully embedded within the next three months.

Mr Kirby asked if future board reports could include predictions of future performance against targets rather than just past performance as this would help the board to identify where delivery may be off track against expectations.

Highlighting the new inclusion of nursing and midwifery staffing levels in the report, Mr Kirby asked if the tool used focused just on the planned and actual numbers of staff on wards rather than the staff actually needed to deliver care. Ms Holt said Mr Kirby's assessment was correct and it was a criticism of the tool, which has been advocated by NICE.

She reminded the board that following the Francis report organisations were required to be more open and transparent about their nurse staffing with six monthly reviews. The trust had decided to carry out the reviews on a more regular three monthly basis with the next report due to the board in July and information is also available on each ward.

Ms Holt added that there is a requirement to publish data on the trust's website and NHS Choices, and the information will be RAG rated although it is still unclear what criteria will be used.

Commenting on the workforce indicators in the performance report Mr Thacker said sickness had increased slightly but mandatory training and appraisal rates had improved compared to the previous month. Prof. Hart asked what was being doing about sickness in those areas highlighted by the review of nursing staffing. Mr Thacker said the HR team is working with managers to target specific areas of concern and occupational health case reviews would help to provide support to staff.

Ms Jenkins asked how quickly the board could see the causes of sickness and Mr Thacker said that this information is already gathered and shared with managers to highlight any trends.

Prof. Hart queried what was being done around attendance, highlighting a recent question raised by a new appointed governor from an organisation that had done a lot of work to promote positive attendance records. Mr Thacker said attendance was difficult to measure and he agreed to link in with the governor to learn from their experiences.

Decision:

i) The board noted the content of the report.

ii) Future board reports to contain predictions of future performance against targets where possible.

iii) Mr Thacker to link with governor to learn from good practice on improving attendance.

8.2 Update on Never Events

Prof. Wilson provided a verbal update on never events informing the board that there had been no never events in the trust since June 2013. Each previous never event had been subject to a review and individual action plans developed. Progress against those acting plans are reported to a never event overview and scrutiny group chaired by Doug Aitken and reporting into the patient safety sub-group and ultimately the Quality Assurance Committee.

Prof. Wilson highlighted a number of improvements introduced as a result of the action plans including:

- Changes to the Datix reporting system
- Standardised audits of compliance with the WHO check list
- Regular audits of the use of NG tubes and central lines
- Creation of a human factors steering group reporting into the patient safety sub-group
- Doctors' induction now includes a section on never events.

He added that McKinsey is helping the trust to look at specific tools to use for root cause analysis.

Ms Jenkins suggested the board be provided with a quarterly or six monthly email update on progress against the action plan. She also asked if there was a worldwide expert organisation on safety and quality that the trust could learn from ,and while board members were able to suggest a number of bodies looking at different aspects of quality and safety directors were not aware of a single worldwide expert organisation.

Ms Linker welcomed the changes to the Datix reporting system which meant that staff get regular feedback on the outcome of reporting an incident. With regard to human factors Prof. Hart told the board that Helen Hughes, who is leading work on human factors nationally for NHS England, recently visited the trust to hear about what the organisation has been doing in this area.

Decision:

i) The board noted the verbal update.

ii) Prof. Wilson to circulate an updated version of the action plans.

iii) The board to be provided with a quarterly or six monthly email update on progress against the action plans.

8.3 Quarterly quality report 2013-14

Ms Holt presented the report highlighting the 51% reduction in falls resulting in fracture and the board heard that Glynis Peat, who is leading this work, has been congratulated on the reduction.

However directors heard about concerns around the 45% increasing in the number of grade three and four pressure ulcers compared to 2013-14. Ms Holt said the rise was partly as a result of increased awareness and changes in reporting practices in community services, which were welcome. The board heard that staff are also now reporting ulcers as a result of devices such as canulas, which had not previously been reported.

The report highlighted a reduction in the reporting of medication incidents, which the trust's safer medication practice group is reviewing to ensure it is an actually reduction in incidents rather than a drop in reporting rates.

Ms Hold drew the board's attention to a number of actions detailed in the report and also highlighted additional actions including the formation of a pressure ulcer collaborative and an infection control collaborative, and back to the floor days for senior nurses to investigate the use of the safety thermometer in clinical areas.

Ms Jenkins queried whether the trust used catheters more than other organisations and Ms Holt said that the organisation did appear to use more, which was an infection, cost and dignity issue, and this was an area that needed further investigation.

Prof. Hart commented that Chiefs of Service were aware of visits to other organisation that appeared to have better quality outcomes, particularly around healthcare acquired infection, but they were not aware of what had

been learned from these visits. She added that there are also differences of opinion amongst medical staff about their role in pressure ulcer prevention, with some seeing it as the preserve of nursing staff. Ms Holt agreed to circulate the information gathered from other organisations and commented that the aim of the collaboratives was to bring together a range of staff with external support to get greater ownership of the issue.

Ms Jenkins suggested using the trust's videotographer to capture the impact on patients of contracting an infection to help promote the importance of prevention, and Mrs Marksby said the communication team is working closely with clinical colleagues on developing a healthcare acquired infection campaign.

Decision:

i) The content of the report was noted.

ii) The pressure ulcer action plan should be presented to the June board meeting.

iii) Ms Holt to share learning from patient safety visits to other organisations.

BUSINESS SUSTAINABILITY

9.1 Financial position for period ending 30 April 2014

Mr Newton presented the report setting out the trust's financial position at 30 April 2014. He highlighted that after one month of the new financial year the trust had a deficit of £1.8m and was £95,000 behind plan as a result of an overspend on medical pay and conventional drugs.

The board heard that the over spend on medical pay continues the trend seen in 2013-14, however the over spend on conventional drugs was a new position relating to surgical services and speciality medicine, which was being investigated.

Mr Newton told colleagues that £800,000 of CIPs had been delivered in line with plan. In terms of income there had been a better than expected settlement on cancer services income, but a reduction of £600,000 on what was expected from Education England, which was being pursued but efforts would need to be made to reduce costs to the match the new income level.

The board heard that a better than expected liquidity position for the month meant that the trust had a Monitor CoSRR position of a rounded two against the predicted risk rating of one.

Mr Kirby drew colleagues attention to section four of the report – prior year 2013-14 financial position – explaining that the information had been included following discussion at the previous board meeting to try to better understand the under and over spends behind the year end position.

He highlighted that in the previous year there had been a £10m variance on spending that was within the organisation's control and he stressed the importance of maintaining tight control of those areas during 2014-15.

Mrs Moulton queried the risk rating, which in the annual plan for 2014-15 the trust had predicted would remain at one throughout the year. She said that the organisation had taken the view that it would require a significant change in one of the two measures that make up the rating for the position to move to a two, and yet that was the position for the end of April. Mr Simpson said that due to the unexpected cash position in April the trust had achieved the risk rating of two, but he expected the position to worsen from May onwards.

Decision:

i) The board noted the content of the report.

9.2 Annual accounts for 2013-14

9.2a Going Concern

Mr Simpson presented a paper setting out the process under which the trust had prepared the annual accounts on the basis of the organisation being a going concern. The paper had previously been presented to the Audit Committee and it had taken into account internal and external audit reports and dialogue with Monitor before recommending that the board should agree that the organisation is a going concern.

Directors heard that the trust does not have any evidence to suggest that the going concern is not appropriate, based on:

- Monitor has not informed the trust that there is any prospect of intervention or dissolution within the next 12 months
- In terms of the sustainable provision of services, there has been no indication from the Department of Health that the trust will not continue to be a going concern
- The trust is taking forward discussions with Monitor over the availability of public dividend capital (PDC) funding.

Mr Newton added that the issue of going concern had been discussed with the external auditors and Monitor, and Mr Kirby said the issue had been debated by the Audit Committee, where external auditors had been comfortable with the position.

Mr Smith queried whether the organisation was a going concern with uncertainties about future issues, and Mr Newton said that in his opinion the trust was a going concern with uncertainties that the organisation had openly disclosed. Mr Kirby added that explanation of the uncertainties formed part of the annual report.

Mrs Rutter asked when the trust would hear about the PDC funding and Mr Newton said that Monitor is putting together a business case for the Department of Health. The trust is in regular contact with Monitor to help build a full picture of the organisation's requirements and taking into account the work with McKinsey.

Decision:

i) The board agreed the statement in relation to Going Concern 2013-14.

9.2b Review of annual financial statements including annual set of accounts for 2013-14

9.2c Extract from unconfirmed minutes of the Audit Committee meeting held on 22 May 2014.

Mr Simpson presented a paper setting out the position in relation to the review of annual financial statements for the period ending 31 March 2014. He highlighted the most significant change was the consolidation of South Tees Hospitals Charity into the accounts with a £6.9m impact on the balance sheet.

Drawing the board's attention to the unconfirmed minutes Mr Kirby said the paper had previously been presented to the Audit Committee, which had supported the adoption of the statements.

Decision:

i) The board agreed to adopt the annual financial statements.

9.2d Sign off annual report

Mrs Marksby presented the financial aspects of the annual report for 2013-14, highlighting a number of areas that required sign off by individual directors including the new inclusion of a strategic report.

Decision:

i) The board approved the annual report.

9.3 Participation in the Northern Health Science Alliance

Prof. Hart informed the board of the alliance formed in 2014 by leading NHS hospital trusts and universities in the region to improve the health and wealth of the North of England by creating an internationally recognised life science and healthcare system. Directors heard that the partnership, involving the trust, was a real opportunity for collaboration and to attract more resources into the region.

Decision:

i) The board noted the content of the report and approved the members' agreement, including a £15,000 partnership contribution per annum.

10. FOR INFORMATION WITHOUT DISCUSSION

10.1 Minutes of the Quality Assurance Committee meeting held on 9 April 2014.

Decision:
i) The minutes were received.

10.2 2013-14 report on the work of the Integrated Governance Committee/ Quality Assurance Committee

Decision:
i) The board noted the content of the report.

10.3 Annual Audit Committee Report for 2013-14

Mr Smith highlighted a discrepancy in the membership of the committee, which Mr Kirby said had been picked up and corrected after the report had been submitted to the board.

Decision:
i) The board noted the content of the report.

10.4 Minutes of the Audit Committee meeting held on 22 April 2014.

Decision:
i) The minutes were received.

11. ANY OTHER BUSINESS

There was no further business.

12. NEXT MEETING

The next public meeting of the Board of Directors will take place on 24 June in the Board Room, The James Cook University Hospital, Marton Road, Middlesbrough.