

MINUTES OF THE PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON TUESDAY, 27 MARCH 2012
AT 10.00 AM
IN THE BOARD ROOM
THE JAMES COOK UNIVERSITY HOSPITAL
MARTON ROAD
MIDDLESBROUGH

PRESENT:

| | | |
|-----------------------|---|--|
| Ms D Jenkins | - | Chairman |
| Mr C Newton | - | Director of Finance |
| 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 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 P Arrowsmith | - | member of public |
| Mr Barry | - | member of public |
| Mrs M Blakey | - | Corporate Affairs Manager |
| Mr & Mrs Bruce | - | for item 4 |
| Mr I Grieve | - | Lay Chairman, Community Trans Board |
| Mr C Harrison | - | Director of Human Resources |
| Ms S Judd | - | Evening Gazette |
| Mrs W Larry | - | Acting Chairman, UNISON |
| Mrs A Marksby | - | Communications Lead |
| Mrs C Parnell | - | Company Secretary |
| Mrs J Shepherd | - | member of public |
| Ms J Wiles | - | Senior Nurse – Children's Services |

1 **APOLOGIES FOR ABSENCE**

Apology for absence was received from Dr Baxter.

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**

Professor Hart introduced Mr & Mrs Bruce who had been invited to attend the Board and give the details of their daughter's recent admission to the trust. Mr & Mrs Bruce said that due to the excellent and highest standard of care their daughter had received whilst a patient at The James Cook University Hospital, she had now been discharged. In addition, they praised the care and support provided not only to their daughter, but to the whole family which had helped them through a traumatic time

On behalf of the Board, Ms Jenkins thanked Mr & Mrs Bruce for attending and sharing their hospital experience with the Board.

Decision: 2012/March/No 1

The Board:

- (i) **The Board noted the verbal feedback.**

5 **MINUTES OF THE MEETING HELD ON 28 FEBRUARY 2012**

The minutes of the meeting held on 28 February 2012 were accepted as an accurate record of proceedings.

Decision: 2012/March/No 2

The Board:

- (i) **Approved the minutes of 28 February 2012**

6 **MATTERS ARISING/ACTIONS**

6.1 **ACTIONS FROM FEBRUARY 2012**

Ms Jenkins went through the schedule. It was noted that all actions had been completed or were in the process of being completed.

Decision: 2012/March/No 3

The Board:

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

7 **CHIEF EXECUTIVE'S REPORT**

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

- (i) As part of the public engagement process relating to the Children's and Maternity Services at the Friarage Hospital, Northallerton, a schedule of dates

had been arranged at which anyone wanting to get involved in discussions was welcome to attend.

In addition, Mr Pleydell highlighted recent retirements/changes within the trust:-

- (a) Retirement of Mr Alan Hall, former chief of clinical support services who retired from the trust in February 2012 following a long and distinguished career particularly in developing pharmacy services in support of the major development of the Trust as a specialist centre. It was noted that Mr Hall first joined the health service in 1979.
- (b) Retirement of Dr John Drury at the end of March 2012. Dr Drury had formerly joined the organisation (in his early days prior to trust status being given) in 1983 as a consultant in clinical chemistry and in 1987 was appointed unit general manager at Middlesbrough General Hospital. Following that he became the Trust's first medical director and from 1997 to present chief of service for pathology. He had been a constant factor in the development of the organisation.

It was noted that Dr Prasad had now been appointed as chief of pathology following Dr Drury's retirement.

- (c) Retirement of Professor Sunil Sinha who had been a paediatric and neonatal consultant with the trust since 1989. The success and development of the neonatal unit and services in the North East has been as a result of Professor Sinha's leadership locally, regionally, nationally and overseas.
- (d) Dr Vince Connolly will be stepping down from his role as chief of acute medicine in order to work alongside the trust's medical director and director of operational services on the pathway of care/integration of community hospitals.

A process to replace Dr Connolly as chief of acute medicine is underway.

Following discussion, it was agreed that the trust chairman should write to the above named and on behalf of the Board, thank them for the tremendous contribution they had made to the organisation.

Action: Ms Jenkins

Decision: 2012/March/No 4

The Board:

- (i) **Noted the report.**
- (ii) **Ms Jenkins to write to Mr Hall, Dr Drury, Professor Sinha and Dr Connolly.**

8 QUALITY OF CARE AND PATIENT SAFETY

8.1 PERFORMANCE REPORT – FEBRUARY 2012

Mrs Watson went through the report and in general said it was a pleasing report. She drew the Board's attention to the following key issues:

- (i) Pleased to report that the trust is reporting a green against the governance risk rating in the Monitor compliance framework.

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- (ii) February was an extremely busy month in terms of activity.

 - (iii) All cancer targets were achieved in January, but indicative figures for February indicate that the trust will fail to meet the 62 day cancer standard. This was due to a variety of reasons which included complex diagnostic pathways, patient choice and capacity issues caused by the high number of patients being admitted to hospital as emergencies and ward closures due to norovirus outbreaks and administrative delays.

 - (iv) Included in the report was a statement on the year end predictions for Monitor, which suggested the trust should finish the year with a green status, however, if the trust failed to meet the 62 day cancer target in March, this would result in an amber green status. It was noted that there is no requirement for a final year end rating and it is quarter end figure which is rolled over quarterly. Mrs Watson was however optimistic that the trust would hold its green status at the year end although the March figure for 62 day cancer was still being assimilated.

 - (v) The trust achieved the 18 week target for both non admitted and admitted pathways of care.

Referring to the breaches, Mr Lang asked if this related to one specific area. Mrs Watson responded that a review of the issues had been undertaken and was found to be as a result of multiple reasons including administrative processes not being followed through; denominator and capacity related issues but there was no evidence that the breaches were specific to one particular cancer site. Individual discussions with clinical teams had taken place in order to improve pathways. Mr Pleydell commented that the Board needed to understand the reasons and whether these were persistent in nature particularly in relation to the administration processes. Mrs Watson responded that there was no evidence of a trend relating to specific divisions/areas and that individual training had been given where there was a lack of understanding. In addition, there were issues which were considered to be outwith the control of the trust. Monitoring of the March data to try and understand the issues was being carried out. Mrs Watson agreed to provide further information in the April report to the Board following the review.

Action: Mrs Watson

Mr Lang then enquired as to what amber green position really meant in terms of overall performance of the trust based on year end review or was it a moment in time assessment. Mr Pleydell responded that it was a moment in time and that the system in terms of ratings had changed over the years from a trust being assessed via a star rating system to the present system of green/amber/red ratings.

Mrs Singleton asked for further information relating to 3 of the 62 day cancer target breach. Mrs Watson agreed to look further into the three breaches and report back to the next meeting of the Board.

Action: Mrs Watson

Referring to the data on sickness absence and target levels, Mr Kirby asked whether the information on the chart could be made simpler and specific by identifying which divisions/directorates were behind plan, why and the remedial action proposed. It would also be useful for sickness to be measured in financial cost terms. Mr Harrison responded that the "tool" used to assess the performance and trend analysis could be broken down further to provide specific staff groups. He further

said that he could provide an explanatory report about which areas were meeting/not meeting the targets and an explanation of what was being done to resolve the issue similar to a league table in terms of sickness performance/targets.

Action: Mr Harrison

In addition, Mr Harrison said he was reviewing some of the services currently being provided in his directorate for example, occupational health with a view to seeing how this service linked in with health and wellbeing by encouraging staff to return to work.

Decision: 2012/March/No 5

The Board:

- (i) **Noted the report and looked forward to receiving further detailed information as described above, at the next meeting of the Board.**

8.2 **MONTHLY HEALTH CARE ASSOCIATED INFECTION (HCAI) REPORT**

Professor Hart went through the HCAI report and said that it was a very positive report showing year on year reduction in the number of MRSA (2 to date), MSSA and C difficile cases (67 to date) all within target. Given that community hospital services were now integrated into the trust's target for HCAs this was a very pleasing report. The Board thanked all staff in the improvements made and asked for their continued support to remain vigilant in reducing HCAs. Professor Hart also mentioned that a detailed report on norovirus would be presented to the Board next month.

Action: Professor Hart

Decision: 2012/March/No 6

The Board:

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

8.3 **ELIMINATING MIXED SEX ACCOMMODATION (EMSA) UPDATE AND DECLARATION OF COMPLIANCE**

Professor Hart went through the Eliminating Mixed Sex Accommodation update in detail. Taking into consideration the information contained in the report, Professor Hart asked that as part of the process, the Board confirm that it is content to declare compliance in that all sleeping accommodation in the trust meets the requirements for EMSA and that patients do not have to pass through other sex accommodation to use toilet/bathroom facilities.

Ms Jenkins congratulated colleagues in ensuring that the trust complied with this requirement.

Decision: 2012/March/No 7

The Board:

- (i) **Noted the report.**
- (ii) **Approved the recommendation that the trust declares compliance for EMSA by 1 April 2012.**

9 **BUSINESS SUSTAINABILITY**

9.1 **FINANCIAL REPORT FOR PERIOD ENDING FEBRUARY 2012**

Mr Newton went through the financial report for the period ending February 2012 in detail and highlighted the following key issues:-

- (i) Income and expenditure position showed a surplus of £2.6M which is around £2.5M behind the planned £5.1M surplus and £0.2M worsening against plan in-month.
- (ii) The trust was expected to deliver a year end surplus of £2M against a plan of £4.7M with three important factors underpinning this position, namely:-
 - (a) the trust had agreed a year-end financial position with North Yorkshire & York PCT which was £3.8M above plan;
 - (b) productivity and efficiency work had delivered around £15M savings with an expectation that this amount would increase to over £18M by the year end, which would leave the trust with around £4M short of the annual target.
 - (c) other pressures were evident around agency, drugs and inflation costs.

Mr Newton stated that if the trust delivered the level of financial performance outlined above, then it would maintain a financial risk rating of 3, however, the most significant issue is the forecast gap of £4-£4.5M in recurrent P&E scheme for the year end.

Mr Kirby said that he was looking forward to the forecasted position being achieved but felt that there was an issue around planning and delivery of P&E projects to be addressed.

Decision: 2012/March/No 8

The Board:

- (i) **Noted the report and financial challenges facing the trust particularly around the realisation of P&E projects.**

9.2 ANNUAL REVIEW OF AUDIT COMMITTEE'S TERMS OF REFERENCE

Mr Kirby presented the annual review of the Audit Committee's Terms of Reference which was in line with the NHS Audit Committee's handbook and Monitor's Code of Conduct.

Mr Kirby drew the Board's attention to page 3 item 13.1.2 and the additional wording added "The Committeeaccuracy, completeness and effectiveness" of"

Decision: 2012/March/No 9

The Board:

- (i) **Noted the revised terms of reference.**
- (ii) **Looked forward to receiving a review of the ToR in 2013.**

10 GOVERNANCE

10.1 BOARD ASSURANCE FRAMEWORK – MARCH 2012

Professor Hart went through the board assurance framework report for March 2012 and it was noted that there were no new risks added or changes to the risk scoring.

Mr Kirby noted for the new financial year framework that the requirement to achieve a surplus of 8% of turnover before EBITDA did not have a specific commentary against it and presumably this would be identified for Mr Newton and not Mrs Watson.

Decision: 2012/March/No 10

The Board:

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

10.2 Q3 MORTALITY REPORT

Mr Roberts went through the Mortality Report for Quarter 3 period and responded to questions about the information provided therein. One new area of analysis the Board discussed concerned deaths in patients admitted at weekends. Although national and internal research suggested mortality rates were higher in those admitted as emergencies at weekends, local figures did not seem to indicate this, although it was possible this was due to the small sample size and because the trust cannot risk adjust for case mix differences by day of admission. The trust would continue to monitor the unadjusted data from now on.

Mrs Singleton felt that the report whilst detailed, should concentrate more on divisional analysis to highlight issues for the Board. Ms Jenkins felt the report was comprehensive and very detailed and that comparisons with other trusts highlighted the trust's overall position and that the report should continue to contain the current level of detail. However, it was felt that the report should make clearer recommendations for improvement of mortality rates, rather than just continued monitoring of statistics.

Action: Professor Wilson/Mr Roberts

Decision: 2012/March/No 11

The Board:

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

11 ORGANISATIONAL CAPABILITY

11.1 SUMMARY OF STAFF SURVEY RESULTS 2011

Mr Harrison stated that the purpose of the report was to provide information on the findings of the 2011 national NHS staff survey. Following feedback from staff, the trust decided on a sample staff survey rather than a full census. The response rate was 52%. The report summarised how further analysis of the survey would be carried out and the next steps in terms of involving divisional and directorate leads.

Mr Harrison went through the report and compared with the 2010 results, there appeared to be no major change in any of the findings but the Board was keen to ensure that trust should not remain complacent and aim to improve the working lives of all staff.

All divisions and directorates would receive a copy of the staff survey findings but the key emerging themes from 2011 would suggest that the trust should focus on continued development of strategies for corporate themes, such as staff engagement and motivation; sustaining the developments that have been made in key areas such as appraisals and health and wellbeing; reinforcement of incident reporting procedures and the benefits of doing so to improve perception of staff reporting errors, near misses or incidents witnessed; reviewing organisational frameworks/structures that support the corporate themes; and further developments in equality and diversity.

The Board acknowledged that the sample survey findings only represented about 5% of the total trust workforce.

Mrs Singleton commented that whilst she recognised that the sample survey could not represent the views of all staff, she was concerned that that some staff did not feel valued or supported and given the particularly challenging times, it was important that managers provided the support to ensure staff wish to remain in the trust.

Mrs Larry commented that many of the responses about support and feeling valued was not about how managers were supporting staff but about the general uneasiness in the current financial and challenging agenda facing NHS staff in general.

Mr Pleydell commented that some of the questions in the survey appeared to be misleading and perhaps a review of the questionnaire was necessary, however, given the challenges which the trust is facing, it is not too difficult to understand some of the perceptions/reaction from some staff in the findings.

Decision: 2012/March/No 12

The Board:

- (i) **Noted the report**

12 FOR INFORMATION WITHOUT DISCUSSION

12.1 MINUTES OF THE INTEGRATED GOVERNANCE COMMITTEE MEETING HELD ON 8 FEBRUARY 2012

Ms Wallace presented the minutes of the IGC minutes held on 8 February 2012.

Decision: 2012/March/No 13

The Board:

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

12.2a STOP SMOKING SERVICES UPDATE

Professor Hart presented the Stop Smoking Service update. The Board noted the progress to date; supported a hospital based stop smoking in line with CHASE recommendations; supported the future continuation of a hospital based stop smoking service and continuing support in terms of the ongoing research work.

Decision: 2010/March/No 14

The Board:

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

12.2b STOP SMOKING IN PREGNANCY UPDATE – APRIL 2011 – JANUARY 2012

Professor Hart went through the Stop Smoking in pregnancy update for the period April 2011 – January 2012 and drew the Board's attention to the following:-

- (i) that stop smoking in pregnancy should remain a CQUIN target.
- (ii) that the trust should continue CO monitor on all women
- (iii) that brief intervention training for all maternity health care staff should be undertaken.
- (iv) that stop smoking champions job role to be incorporated into SDRs

- (v) to explore financial support of time regarding retrain and stop smoking practice house.
- (vi) to undertake quarterly patient experience audits.
- (vii) to protect staff from exposure to second hand smoke
- (viii) to work towards moving patient and visitors, who were smoking 15 feet away from the W&C entrance.
- (ix) to ensure maternal stop smoking in pregnancy pathway is communicated to all health care professionals.
- (x) to address smoke free families information sharing.

Decision: 2012/March/No 15

The Board:

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

13 ANY OTHER BUSINESS

There being no further business, the meeting closed at 11.35 am

Since this would be his last attendance in his capacity as chairman of the transformational management board, Ms Jenkins expressed the Board's thanks to Mr Grieve on the enormous contribution he had made to the smooth integration of community hospitals into South Tees Hospitals to make it one organisation.

14 DATE, TIME AND LOCATION OF NEXT MEETING

The next public meeting of the Board of Directors will take place on Tuesday 24 April 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