

**Minutes of the Meeting of the Board of Directors held in public  
On Tuesday, 31 March 2015  
In the Board Room, Harton Wing  
South Tyneside District Hospital**

**PRESENT:** Mr P Davidson (in the Chair)  
Mr G Booth  
Dr B Brown  
Mr A Clarke  
Mr W D Fleetwood  
Mr I H Frame  
Mrs P Harle  
Mrs L B Lambert  
Cllr I Malcolm  
Mr M P Robson  
Dr A Rodgers  
Mrs A Thompson  
Mr S Williamson

**IN ATTENDANCE:** Mrs D Burn  
Mrs C A Morgan  
Ms L Pomeroy, Department of Applied Health Research,  
UCL

		<b>ACTION</b>
<b>023/2015</b>	<b>Apologies for absence</b> There were no apologies for absence.	
<b>024/2015</b>	<b>Declarations of Interest</b> There were no declarations of interest.	
<b>025/2015</b>	<b>Minutes of the Previous Meeting</b>  a) <b>Minutes of the Meeting held in public on 27 January 2015</b>  The minutes of the meeting held in public on 27 January 2015 were agreed as a correct record.	
<b>026/2015</b>	<b>Matters Arising</b>  There were no matters arising.	

027/2015	<p><b>Chairman's Notices</b></p> <p>i) Mr Davidson formally recorded Mrs Lambert's retirement on 30 September 2015. He advised that a recruitment agency had been engaged and there had already been a great deal of interest in the post from around the country. The Non Executive Directors would work with Mr Frame and Finegreen to agree shortlisting and the process for the interviews. Mr Davidson advised that the Board would be fully engaged in the process, along with other staff and partners.</p> <p>ii) Mr Davidson advised that a meeting of the Integrated Care Services Hub and the Holding Company had discussed the branding and marketing of the Hub.</p> <p>iii) Mr Williamson and Mr Davidson had attended the South Tyneside Health &amp; Wellbeing Board where there had been an interesting debate on smoking and teenage mums. Mr Williamson commented that the Trust had a core role to play alongside partner organisations but that there was a high aspiration to make changes through a whole system approach.</p> <p>Mr Davidson advised that there had been a presentation from Child &amp; Adult Mental Health Services and a discussion in relation to child sexual exploitation which would be subject of partnership working going forward.</p> <p>iv) Mr Davidson had been invited to the North East Devolution Debate, chaired by Cllr Simon Henig, leader of Durham County Council and Chair of the North East Combined Authority. The main focus of discussion had been the development of an integrated approach to public service delivery, including integration of health and social care.</p> <p>v) Mr Davidson advised that Robert Buckley, Chairman of Gateshead Healthwatch and an appointed governor had sadly suffered a serious stroke and was very ill in hospital. Mr Buckley had no close family and Mr Davidson would visit him in hospital, taking with him the best wishes of the Board.</p> <p>vi) Mr Davidson confirmed the appointment of Mr Keith Tallentire as a new Non Executive Director and advised that Mr Talentire would also be appointed as Chair of Audit.</p> <p><b><i>Cllr Iain Malcolm arrived at this point</i></b></p>	
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028/2015	<p><b>Chief Executive's Report</b></p> <p>i) Dr Brown provided an update on preparation for the CQC inspection which was due to take place with effect from 5 May 2015. Dr Brown advised that planning was progressing well and the Trust was communicating frequently with staff. A weekly preparedness group was well established and work was focussed on the 5 key questions action plan. A series of mock inspections would take place up to mid April and Dr Brown advised that Assurance Matrons and Operations Managers had started the process to develop learning and confidence building. A silver command process had been established to manage the organisation of the visit.</p> <p>Mrs Lambert advised that background work was ongoing to prepare staff in order that they felt ready and well prepared to showcase their service.</p> <p>Dr Brown advised that during the next Board Workshop, the Board would be given the opportunity to take part in a mock focus group to assist with preparation.</p> <p>ii) Mr Robson advised that the Trust had been shortlisted for the CHKS 2015 award for data quality. The award recognised the importance of clinical coding and data quality and the essential role clinical coding plays in ensuring appropriate patient care and financial reimbursement from commissioners.</p> <p>iii) Dr Rodgers advised that Mr Shridhar Dronamragu an upper GI Surgeon had been appointed.</p>	
029/2015	<p><b>Feedback from Members</b></p> <p>There was no feedback from Members.</p>	
030/2015	<p><b>CLINICAL GOVERNANCE &amp; PATIENT EXPERIENCE</b></p> <p><b>a) Patient Story</b></p> <p>Dr Rodgers related the case of a lady of 87 who had fallen over at home and hurt her hip. Dr Rodgers advised that the lady had attended A &amp; E and had been taken for an x-ray. The radiographer had reported that the lady had suffered a broken hip and she was admitted overnight. The lady and the x-rays were reviewed the next morning and no fracture was seen and as the lady appeared to be pain free, arrangements had been made for her to go home with a request that repeat x-rays be undertaken in 10 days. As this was over the Christmas period the repeat x-ray had not taken place</p>	

	<p>until 2 January when it became very evident that the lady had in fact suffered a broken hip.</p> <p>Dr Rodgers advised that once the fracture had been identified under Duty of Candour the patient had been informed of the rigorous process of review and the patient was advised that the Radiology Department had initially identified a fracture.</p> <p>A complaint was subsequently received about the missed fracture and also advising that the patient had not been pain free and that she had advised the discharge nurses of her pain. The complaint was further exacerbated as this incident had taken place over a particularly busy time in A &amp; E and the patient had waited for over 6 hours in A &amp; E instead of being fast tracked to a ward which was the policy for suspected hip fracture.</p> <p>Dr Rodgers advised that the family have thanked the Trust for the response and assurance that lessons would be learned. The family did not want to take the complaint further and Dr Rodgers advised that it was important to ensure that by accepting mistakes and being open and communicating with the family, that lessons are learned.</p> <p>The Board discussed the difficulties of the case and the application of the principles of the Duty of Candour.</p>	
	<p><b>b) Open &amp; Honest Care – Staffing Levels Nursing &amp; Midwifery</b></p> <p>Dr Brown presented the exception report setting out the areas where staffing capacity and capability fell short of what was planned. The report set out the reasons why, any impact on quality and the actions taken to address gaps in staffing. Dr Brown advised that a new dashboard of quality, safety and patient experience indicators would be presented to the Board in future.</p> <p>Dr Brown advised that areas with low staffing fill rates had been identified and where this has been due to substantial staffing shortfall, rather than to process issues, mitigating actions had been identified and implemented to assure safe, high quality patient care and good patient experience.</p> <p>Dr Brown advised that some significant areas of concern had been seen during January, however, the February data was showing an improvement. Dr Brown advised that a monitoring process had been introduced to flag areas where the number of registered nurse fell below establishment.</p> <p>Dr Brown advised that a comprehensive review of nursing staffing had been undertaken and updated the Board on a national and international recruitment exercise which would be commence from</p>	

	<p>April 2015 to fill nursing vacancies.</p> <p>Mrs Harle noted that the report was part of a national requirement to publish safer staffing alongside other safety indicators and whilst the mitigating actions reported to the Board provided assurance, consideration was needed in respect of getting the message across to the public in a user friendly and informative manner.</p> <p><b>IT WAS AGREED THAT: the report be received.</b></p>	
	<p><b>c) Friends &amp; Family Test</b></p> <p>Dr Brown presented the report of the results of the Friends &amp; Family Test.</p> <p>Dr Brown advised that the report included 70 pages of patients' comments which were forwarded to individual teams to drive practice change and improvement. The patient comments were summarised in a 'wordle' highlighting the most commonly used words which were very positive.</p> <p>It was noted that the overall combined response rate for A &amp; E, inpatients and maternity services was 20% which in comparison to previous months was a reduction in the number of questionnaires returned. Dr Brown outlined the actions being taken to improve the response rate. The Net Promoter Score for the combined areas was 76.1 which continued to demonstrate that patients are more willing to recommend the Trust's services than not.</p> <p>Dr Brown highlighted the plans in line with the national requirement to implement the Friends &amp; Family Test in Community Services from January 2015.</p> <p><b>IT WAS AGREED THAT: the report be noted.</b></p>	
	<p><b>d) Standard Operating Procedure for Setting Flags for Potentially Violent Patients</b></p> <p>Mr Robson presented a Standard Operating Procedure (SOP) for setting flags on the records of potentially violent patients. He advised that the Information Strategy Group had considered the SOP and whilst recognising that currently there were informal processes in place, concerns had been raised in respect of possible implications of informing parties involved that a flag had been raised, the need to ensure staff were protected at all times and monitoring of the application of the SOP.</p> <p>Mr Clarke advised that the Information Strategy Group had been in favour of introducing flags in exceptional circumstances and the need to inform people when flags had been set against them. The SOP had been brought to the Board for broader discussion due to</p>	

	<p>the principles involved.</p> <p>Members debated the challenges between protecting staff and patients and users and were in favour of raising a flag. It was noted that once a formal record is made this must be disclosed to the patient.</p> <p><b>IT WAS AGREED THAT: the Standard Operating Procedure for the setting of flags for potentially violent patients be approved.</b></p>	
031/2015	<p><b>PERFORMANCE MONITORING</b></p> <p><b>a) Integrated Performance Report</b></p> <p>Mr Robson presented the Integrated Performance Report for the period to 28 February 2015.</p> <p>Mr Robson advised that the deficit at month 11 stood at £4490k, compared to a projected deficit within the reforecast plan submitted to Monitor of £4544k. Mr Robson advised that in order to deliver a planned deficit of £2.8m the reforecast plan assumed a number of major actions would be addressed prior to the year end. The transfer of St Benedict's Hospice was due to be completed prior to the year end, however, the Department of Health had advised that delays in transfer orders not related to the St Benedict's transfer was delaying the final transfer order being enacted and, therefore, this transfer would be delayed and would now take place in 2015/16.</p> <p>Mr Williamson advised that total attendances to A&amp;E in February were lower than in any other month this year, however, average attendances per day basis showed a small increase and year to date attendances remained at 1.0% (580 attendances) higher than the target. Progress against the 4 hour target in A &amp; E was slow with 89% of people in A &amp; E being seen within 4 hours. Mr Williamson outlined the work being done to reduce delays, however, it was noted that service pressures remained.</p> <p>Mr Frame advised that there had been a reduction in sickness absence to 6.5%. Mr Frame outlined the proactive work being undertaken and advised that the sickness absence panel had reconvened to undertake problem solving and to develop action plans.</p> <p><b>IT WAS AGREED THAT: the report be noted.</b></p>	
	<p><b>b) Q3 2014/15 Monitor Feedback</b></p> <p>Mr Robson presented for members' consideration the Quarterly Monitoring report from Monitor.</p>	

	<p>The Trust's ratings were confirmed as follows:</p> <p style="text-align: center;">Continuity of Services Risk Rating - 3 Governance Risk Rating – Green</p> <p>Monitor had highlighted that the Trust had failed to meet the total time in A &amp; E under 4 hours target and as such they could consider whether to take any regulatory action under the Health &amp; Social Care Act 2012. It was noted that Monitor did not intend to take further action at this stage, however, should the issues not be addressed effectively, it would consider what further regulatory action would be appropriate.</p> <p><b>IT WAS AGREED THAT: the report be noted.</b></p>	
032/2015	<p><b>CORPORATE MATTERS</b></p> <p><b>a) Revision of Standing Financial Instructions and Scheme of Delegation – progress report</b></p> <p>Mr Robson advised that since the Scheme of Delegation and Standing Financial Instructions were approved by the Board at its September meeting, a zero tolerance approach had been implemented which meant any staff who had not attended training had no delegated authority. Mr Robson advised the zero tolerance approach resulted in a number of requests to change the Scheme of Delegation as anomalies had emerged in practice. The requests were currently being reviewed and evidence had been requested to determine whether failure to change the delegations would have a significant impact on delivery of the service.</p> <p>Mrs Harle commented that this had been a difficult piece of work and thanked Mrs Patterson and the team. Mr Robson advised that as part of the strategy to develop understanding, finance training for non finance staff had been developed and was being rolled out across the Trust. This training would be available to interested Non Executive Directors.</p> <p><b>IT WAS AGREED THAT: the report be noted.</b></p>	
	<p><b>b) Duty of Candour</b></p> <p>Dr Brown presented the Duty of Candour Policy for approval and advised that the Policy set out the expectations of Trust staff with regard to the contractual and statutory requirements of the Duty of Candour which should be implemented when notifiable patient safety incidents which cause moderate harm or above occur.</p> <p>Dr Brown advised that the policy outlined the training and education support available. Dr Brown advised that a continuous</p>	

	<p>review of incidents and feedback would be undertaken to demonstrate learning and improvement which would be monitored by the Choose Safer Care Sub Committee.</p> <p><b>IT WAS AGREED THAT: the Duty of Candour Policy be approved.</b></p>	
	<p><b>c) Annual Report from Audit Committee</b></p> <p>Mr Fleetwood presented the annual report to the Board of Directors from Audit Sub Committee. The report had been presented to the Audit Committee at its meeting in February and had been updated to reflect activity to the year end. Mr Fleetwood was confident that the Audit Committee was being handed over in a very strong position to the new Chair of Audit, Mr Tallentire.</p> <p><b>IT WAS AGREED THAT: the report be received.</b></p>	
	<p><b>d) Review of Terms of Reference – Audit Committee</b></p> <p>Mr Fleetwood advised that the Audit Committee had reviewed its Terms of Reference and had developed a workplan which met the requirements. No changes were recommended to the Terms of Reference.</p> <p><b>IT WAS AGREED THAT: the Terms of Reference be approved.</b></p>	
<b>033/2015</b>	<p><b>DATE &amp; TIME OF NEXT MEETING</b></p> <p>The next meeting of the Board of Directors to be held in public at 8.30am on Tuesday, 28 May 2015 in the Board Room, Harton Wing, STDH</p> <p>Mr Davidson took the opportunity to thank Mr Fleetwood for his work over the last 10 years as a member of the Board. Mr Davidson commented that Mr Fleetwood had been a great support to him and had worked through lots of difficult issues and made a big contribution to work with partner organisations.</p>	

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**CHAIRMAN**

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**DATE**