

**Minutes of the Meeting of the Board of Directors held in public
 On Tuesday, 29 March 2016
 In the Board Room, Harton Wing
 South Tyneside District Hospital**

PRESENT: Mr N Mundy (in the chair)
 Mrs M Arrowsmith
 Dr B Brown
 Mr A Clarke
 Mr I H Frame
 Mrs P Harle
 Mr M P Robson
 Mr K Tallintire
 Mrs A Thompson
 Dr S Wahid
 Mr S Williamson

IN ATTENDANCE: Mrs D Burn
 Mr J Wilkinson (for item no 014/2016)

		ACTION
012/2016	Apologies for absence Apologies for absence were received from Mr G Booth, and Cllr I Malcolm. .	
013/2016	Declarations of Interest There were no declarations of interest.	
014/2016	Annual Fire Training Mr Jeff Wilkinson, Fire Safety Advisor was in attendance and presented the annual update of Fire Training for Board members.	
015/2016	Minutes of the Previous Meeting a) Minutes of the Meeting held in public on 28 January 2016 The minutes of the Board of Directors meeting held in public on 28 January 2016 were agreed as a correct record.	
016/2016	Matters arising/actions <u>E Rostering</u> : Dr Brown advised that the introduction of e-rostering was now on track. A progress report would be presented to the	

	<p>meeting of Transformation & Financial Recovery Plan Sub Committee to be held on 26 April 2016.</p> <p><u>Sickness absence</u>: Mr Williamson noted that the action in respect of sickness absence was noted as closed. He advised that there was an on going programme of work to address the significant challenges in respect of sickness absence rates. Mr Mundy commented that work was needed on the application of the sickness absence policy and there needed to be a measureable improvement in the rate of sickness absence.</p> <p>It was confirmed that all other actions were closed.</p> <p><u>Min no 010/2016 Corporate Matters a) Annual Security Report 2014/15</u></p> <p>Mrs Harle referred to the Annual Security Report presented to the last meeting and advised that she had recently met with Mr Kane, Head of Health, Safety, Wellbeing & Security and Mr Frame and had discussed the role and responsibilities of the Non Executive Lead for Security. A programme of regular meetings would be established to progress the annual action plan and annual report which would be presented to the Board of Directors earlier in the year than had happened previously.</p>	BB
017/2016	<p>Chairman's Notices</p> <p>Mr Mundy presented the Chairman's Report to the Board. The key points were as follows:</p> <ul style="list-style-type: none"> • The Alliance with City Hospitals Sunderland • Council of Governors Meeting 24 March 2016 • Board of Directors end of year review • Performance Reporting • Board Governance • Sickness Absence • Statutory & Mandatory Training • Mortality Rates <p>The full report would be uploaded to the Board of Directors workspace on huddle and included with the papers for the meeting to be held on 25 May 2016 for information.</p> <p>Mr Clarke asked for an update on the preparation for the forthcoming junior doctors' industrial action.</p> <p>Mrs Arrowsmith advised that detailed plans were in development to cover the planned industrial action, which would include no junior doctor emergency care cover during the day. Dr Brown advised that the business continuity planning process would continue throughout the strike and that there would be a reliance</p>	

	<p>on the consultant body to maintain a safe service. In response to a question from Mrs Harle, Mr Frame confirmed that a proactive press statement would be issued to direct the public to the appropriate healthcare. Mr Williamson agreed to keep the Board apprised in advance of the next phase of industrial action.</p>	
018/2016	<p>Chief Executive's Report</p> <p>Mr Williamson updated the Board on the significant progress made and noted that the Trust's year end position would be £9.2m deficit which was marginally ahead the year end forecast of £9.4m deficit reported to Monitor.</p> <p>Mr Williamson advised that it had been announced that Mr Mark Adams had been confirmed as the lead officer for submission of the Northumberland, Tyne & Wear STP. Mr Williamson updated the Board on discussions with NHS England and Monitor which had been supportive of the direction of travel and the alliance with City Hospitals Sunderland.</p> <p>Mr Williamson advised that the Council of Governors had been engaged in discussion in respect of the South of Tyne Healthcare Group. The Board of Directors at City Hospitals Sunderland had also met with their Governors and Mr Williamson advised that there had been support for the two Foundation Trusts to work together in partnership. Similar briefing sessions would happen over the next few weeks with senior clinicians, staff side and management forum. The communications teams from both Foundation Trusts were working together to develop a fortnightly newsletter.</p> <p>Mr Williamson updated members on the next steps which included agreement of a Memorandum of Understanding to formalise the arrangements being developed. Mr Williamson advised that it would be refined further before being presented to the two Foundation Trust Boards for formal agreement.</p> <p>Mr Williamson described the significant work going forward for clinical teams to identify opportunities to work in partnership to address the potential for working together to maintain sustainable services across Sunderland and South Tyneside. Mr Williamson outlined the phased approach taken by clinical teams to review and agree recommendations on significant change in the areas of stroke, trauma and emergency surgery, maternity and pharmacy.</p>	
	<p>Feedback from Members</p> <p>There was no feedback from Members.</p>	
019/2016	<p>CLINICAL GOVERNANCE</p> <p>a) Patient Story</p>	

	<p>Sam Holliday, Safe Care Lead for CAMHS and Derek Winter, Adult IAPT were in attendance and gave a presentation on the Talking Therapies Service.</p> <p>Mr Winter advised that the service offered a choice of therapies appropriate to the needs of individuals and families, adults and young people.</p>	
	<p>b) Open & Honest Staffing Report</p> <p>Dr Brown presented a report updating the Board of Directors on the monthly position of nursing and midwifery staffing capacity and capability across all in patient areas of the Trust in January 2016.</p> <p>Dr Brown advised that analysis of the fill rate for January indicated that five areas experienced staffing numbers below the 80% minimum threshold. The mitigating actions taken to ensure all wards were safety staffed, with local escalation and monitoring of safety, quality and experience indicators were outlined in the report.</p> <p>Dr Brown advised that a decision had been made to retain Primrose Ward on the District Hospital site to facilitate providing medical cover and to use the ward as winter contingency. Dr Brown advised that the Executive Board had discussed a range of risks and challenges in respect of maintaining the 29 beds over the winter. Dr Brown advised that over the 2015/16 winter the core function of the ward had shifted to a case mix more associated with a main stream care of the elderly ward. Members noted that medical cover on the ward, although acceptable, was less than was in place for other 30 bedded care of the elderly wards. Dr Brown advised that from a nursing perspective, staffing the contingency beds had proved to be challenging in terms of capacity and capability of the nursing team. Dr Brown advised that the Executive Board agreed to the reduction of the escalation beds as soon as possible after the Easter period, however, it was noted that in the longer term consideration was needed in respect of the remaining 16 beds in the Primrose Ward taking account of the financial position and the overriding patient safety needs.</p> <p>Mrs Harle noted that the management of annual leave in delivery suite through e-rostering was impacting on the reported fill rates. Dr Brown advised that this was being addressed through the Workforce Workstream and a programme of work would ensure that every ward worked to a 16% annual leave requirement.</p> <p>Mr Mundy referred to the 203% fill rate at night on Primrose Ward. Dr Brown advised that the e roster assumed the ward was staffed for 16 beds when it was actually staffed at 29 beds. Going forward it was emphasised that in all cases the narrative and data in the report should clearly represent the actual clinical position. Dr</p>	

	<p>Brown advised that work was ongoing nationally to develop the e-rostering template to take account of changes to bed numbers.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
	<p>c) Patient experience</p> <p>Dr Brown presented the Patient Experience report for February 2016. It was noted that the report included actions being taken to address areas that had low response rates for the Friends & Family Test Returns.</p> <p>Dr Brown advised that the Carer & Patient Involvement Team were making progress on identifying and mapping indicators of patient feedback across the Trust to provide a holistic picture of patient experience.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
020/2016	<p>PERFORMANCE MONITORING</p> <p>a) Integrated Performance Report</p> <p>Mr Robson advised that the Trust was reporting a deficit for the ten months to 29 February 2016 of £8,243k. The revised internal plan had anticipated a deficit of £5,167k, excluding £12,657k of income in relation to the transfer of St Benedict's Hospice, giving an adverse variance of £3,078k at the end of February 2016.</p> <p>Mr Robson advised that the financial position had deteriorated by £494k in the month and outlined the areas of over expenditure in particular medical staffing. This had been offset by a strong income performance and a continued underspend on Nursing.</p> <p>Mr Robson advised that the year end forecast outturn stood at a deficit of £9,166k.</p> <p>The Board emphasised the need for firm financial control, particularly on agency staffing costs and Mr Mundy referred to the further deterioration of £110k in elective income and asked if this could have been avoided. Mrs Arrowsmith advised that part of the deterioration related to the relatively small numbers of cancelled operations due to the junior doctors industrial action and usual winter pressures. There had been some staffing issues in Trauma and Orthopaedics which had now been resolved.</p> <p>Mrs Arrowsmith noted that the plan was agreed with the Clinical Commissioning Groups with reference to national planning guidance.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	

<p>021/2016</p>	<p>CORPORATE MATTERS</p> <p>a) Revised parental leave policy</p> <p>Mr Frame presented a revised parental leave policy which incorporated legislation and regulatory requirements associated with maternity, adoption and paternity leave. Mr Frame advised that the policy had been reviewed to include the introduction of a section on shared parental leave.</p> <p>The Policy had been agreed by the Trust's Policy Sub Group and the full Joint Consultative Committee and the Executive Board had recommended approval to the Board of Directors.</p> <p>IT WAS AGREED THAT: the Policy be approved.</p>	
	<p>b) 2015 Staff Opinion Survey Results & Action Plan</p> <p>Mr Frame presented a summary of the results of the Staff Opinion Survey 2015. It was noted that the response rate was 36% compared with 44% in 2015 which was disappointing, however, it was noted that the national response rate was also 36%.</p> <p>Mr Frame summarised the top 5 and bottom 5 performance factors, areas where there has been an improvement or deterioration since 2014 and a review of those issues which formed the basis of the 2015/16 action plan. Mr Frame highlighted an action specifically to address the response rate.</p> <p>Mr Frame also referred to the publication of the Learning from Mistakes League Table which used four of the Staff Opinion Survey Results as a source for assessing league position. Mr Frame advised that despite the Trust performing better than the national average for two of the four factors and equal to national average on one, KF7 the percentage of staff able to contribute towards improvements in work, together with other factors included in the National Reporting and Learning System, resulted in the Trust appearing at the lower end of the league table. Mr Frame advised that the 2016/17 action plan would include emphasis on improving the scores for these factors.</p> <p>Mr Clarke referred to the response rate in respect of the Friends & Family questions and whilst comparable with national responses, he was surprised at the relatively low level of staff who would recommend friends and family to come to the organisation to be treated. Members discussed the comparing responses with other Trusts.</p> <p>Mrs Harle was disappointed to note that only 67% of staff felt able to contribute towards improvements in their work.</p> <p>Mrs Harle expressed concern at the percentage of staff who had</p>	

	<p>experienced bullying and harassment from other staff which stood at 51% from BME staff. Mrs Harle suggested that efforts were required to address the work in respect of the race equality standard.</p> <p>IT WAS AGREED THAT:</p> <ol style="list-style-type: none"> i. the report be noted. ii. a report on progress against the action plan would be presented to the Board at its meeting to be held on 3 January 2017. 	IHF
	<p>c) Well Being Works – pilot programme</p> <p>Mr Frame presented a paper and summarised the work to date and initial feedback from the Well-being Project. Mr Frame advised that in November 2015 the Trust had embarked on a pilot programme in conjunction with Drummond HR to assess the current and potential psychological well being of 300 staff in four areas of the Trust.</p> <p>Mr Frame noted that, whilst the response rate to questionnaires had been low, detailed analysis had highlighted:</p> <ul style="list-style-type: none"> • 42% of respondents are thriving • 37% of respondents are hiving • 21% of respondents are surviving <p>Mr Frame noted that the underlying thinking behind the project was that if the Trust could improve the well being of staff there would be direct benefits, not only to staff but to patients and the Trust. Mr Frame advised that the analysis concluded that the level of psychological wellbeing in the pilot areas was not as high as it should be. Mr Frame proposed that as well as tackling the Trust's absence problem, the project be developed to improve attendance and performance.</p> <p>IT WAS AGREED THAT: a presentation be arranged so that the Board fully understand the data before committing to the next stage of the project.</p>	IHF
	<p>d) Trust Top Corporate Risks</p> <p>Dr Brown advised that following the Board of Directors end of year review the most significant corporate risks were further refined for agreement prior to development of the Corporate Plan and Board Assurance Framework for 2016.17.</p> <p>Dr Brown advised that the Board delegated authority to the Choose Safer Care Committee and Transformation and Recovery Plan Sub Committee to ensure standards and risks were managed.</p>	

	<p>Dr Brown proposed that a summary of key areas of current corporate risks and actions being taken to mitigate those risks be presented at each meeting of the Board. Dr Brown also advised that the Executive Team would assess each of the eight top corporate risks, rate them and agree controls and process of escalation. The summary would be presented to the Board of Directors at its meeting to be held on 25 May 2016.</p> <p>IT WAS AGREED THAT:</p> <ul style="list-style-type: none"> i. The top corporate risks as presented be agreed ii. A summary of key areas of current corporate risks be presented at each meeting of the Board of Directors 	BB
	<p>e) Information Strategy Group – annual Report and Review of Terms of Reference</p> <p>Mr Clarke presented the Annual Report of the Information Strategy Group which outlined the work of the Group in the previous 12 months and set out the workplan for 2016/17 to address the increasing emphasis on the integration agenda and the development of systems in the Community.</p> <p>Mr Clarke advised that the Terms of Reference of the Group had been revised to ensure that items which require escalation are brought to the attention of the Board of Directors.</p> <p>IT WAS AGREED THAT:</p> <ul style="list-style-type: none"> i. The Annual Report be noted ii. The work plan for 2016/17 be approved iii. The revised Terms of Reference be approved 	
	<p>e) Terms of Reference Transformation & Financial Recovery Sub Committee</p> <p>Mrs Thompson presented the revised Terms of Reference for the Transformation & Financial Recovery Sub Committee.</p> <p>IT WAS AGREED THAT: the Terms of Reference be approved.</p>	
022/2016	<p>DATE & TIME OF NEXT MEETING</p> <p>The next meeting of the Board of Directors to be held in public at 9.00am on Thursday, 29 March 2016 in the Board Room, Harton Wing, STDH</p>	

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CHAIRMAN

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DATE