

**Minutes of the Meeting of the Board of Directors held in public
 On Tuesday, 1 December 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 I H Frame
 Mrs P Harle
 Mr M P Robson
 Dr A Rodgers
 Mr K Tallintire
 Mrs A Thompson
 Mr S Williamson

IN ATTENDANCE: Mrs D Burn
 Mrs C A Morgan
 Mr N Mundy
 1 member of the public

		ACTION
136/2015	Apologies for absence Apologies for absence were received from Dr S Wahid.	
137/2015	Declarations of Interest There were no declarations of interest.	
138/2015	Minutes of the Previous Meeting a) Minutes of the Meeting held in public on 29 September 2015 The minutes of the meeting held on 29 September 2015 were agreed as a correct record.	
139/2015	Matters Arising There were no matters arising.	

140/2015	<p>Chairman's Notices</p> <ul style="list-style-type: none"> i. Mr Davidson advised that the CQC Quality Summit had taken place on 30 November 2015. Following the Summit Senior Managers and Clinicians had been briefed on the key findings of the inspection. ii. Mr Davidson advised that he and Mrs Arrowsmith had visited St Benedict's Hospice which was a centre of excellence for providing specialist palliative care. He advised that they had taken the opportunity to meet staff and present awards to Volunteers. 	
141/2015	<p>Chief Executive's Report</p> <ul style="list-style-type: none"> i. Mr Williamson reported that following the CQC Quality Summit the CQC Quality Report would be published. He outlined the work in progress to make the improvements highlighted in the report. Mr Williamson commented that there would be the opportunity for the Trust to work with local and regional partners who would have a role in supporting the Trust to address areas for improvement. He advised that the CQC would return to the Trust in the summer of 2016 to review progress on those areas identified for improvement. He reiterated the ambition to achieve a "good" overall rating at the next inspection by retaining and building on the outstanding practices already identified and addressing those areas requiring improvement. Mr Davidson took the opportunity to thank the Executive Team, in particular Mr Frame, who had prepared a good balanced presentation, particularly in respect of workforce issues. ii. Mr Williamson updated the Board following the announcement from NHS England in respect of an additional £3.8bn for 2016/17 allocated to the NHS by the Treasury. iii. Mr Williamson was pleased to advise that following a very positive interview process, Dr Shaz Wahid had accepted the appointment to Medical Director. 	
142/2015	<p>Feedback from Members</p> <ul style="list-style-type: none"> i. Mrs Harle had attended a meeting hosted by Sunderland Healthwatch. She advised that a survey had been carried out to ask people in Sunderland their views on social care services, including feedback on care homes. Mrs Harle had asked for copies of the results of the survey for distribution to the Board of Directors. 	PH

	<p>ii. Mr Clarke referred to the recent local government sector 2015 spending review and the announcement that Local Authorities could raise council tax by 2% and spend the money exclusively on adult social care. Cllr Malcolm advised that further details were still awaited. Cllr Malcolm also pointed out that the public health budget was going to be cut significantly over the next two to three years which would increase the pressure on Local Authority spending.</p> <p>iii. Mr Booth reported that a Board Visiting Team had recently visited the Continuous Improvement Team based at Clarendon.</p>	
143/2015	<p>Clinical Governance & Patient Experience</p> <p>a) Patient Story</p> <p>Dr Brown reflected on the experience of a family whose mother had been nursed on a ward in the Hospital.</p> <p>Dr Brown advised that the daughter of the lady had written to advise that there were aspects of her care that had caused concern, in particular the way in which the family was communicated with, her mother's privacy and dignity, some aspects of nursing care and nutrition and the way bad news was handled by the staff. Dr Brown advised that he had met with the family and talked through their experience. The family had highlighted that some elements of the care had been exceptional, however, they asked for assurance that the Trust and the staff would learn from their experience and that the culture on the ward would change.</p> <p>The family had commented that two members of staff had been exceptionally good in the care they provided. They had been reassuring, responsive to their mother's and the family's needs, they were naturally caring and were able to show empathy and could break bad news with sensitivity. The Specialist Nurse and Ward Sister always took time to listen when it mattered most, were approachable and were an asset to the organisation.</p> <p>Dr Brown updated the Board on the Caring Cultures programme of work which had been funded by Charitable Funds, which ward sisters and safer care leads were undertaking. The programme aimed to empower staff in the organisation to deliver compassionate care which reflected the aspects of care which were important to the family mentioned above.</p> <p>Mrs Harle was pleased to hear about the Caring Cultures Programme and would be interested to hear how the Trust learned from patient experience and how the learning is taken into the wider organisation.</p>	

	<p>b) Open and Honest Staffing Report</p> <p>Dr Brown presented a report updating the Board on the monthly position of nursing and midwifery staffing capacity and capability across all inpatient areas of the Trust in September 2015.</p> <p>Dr Brown advised that the fill rate analysis for September indicated that six areas experienced staffing numbers below the 80% minimum threshold and referred the Board to the reasons and mitigating actions taken outlined in the Report. Dr Brown assured the Board that all wards were safely staffed and that local escalation and monitoring of safety, quality and experience indicators was ongoing.</p> <p>Dr Brown advised that the Trust was working with the Department of Health and was participating in the Lord Carter of Coles initiative. Dr Brown advised that the aim of the work was to produce more efficient and effective nursing staff rosters as part of the national Nursing Workforce Efficiency Programme.</p> <p>Dr Brown advised that the Trust had undertaken three audit cycles of the Safer Care Nursing Tool and initial analysis of the September 2015 data indicated those wards with the greatest gap between acuity and dependency of patients and the number of nurses available to meet their needs. A full report of the analysis would be presented to the Board at its meeting to be held in January 2016.</p> <p>Dr Brown updated the Board on the recruitment campaign to address the significant number of vacancies for both registered and non registered nurses across all wards. Dr Brown advised that recruitment sessions were held on the last Friday of the month and had resulted in posts being offered to 28 registered nurses who would come into post over coming months. He also advised that this initiative was being supplemented by an international recruitment drive as a result of which 10 Spanish nurses had been appointed. These nurses were expected to take up post in January 2016.</p> <p>Mr Booth was pleased to hear the positive news in respect of recruitment in what was a highly competitive field. Members discussed the impact of the announcement in the Government's spending review that the NHS Student Nursing Bursary was to be cut.</p> <p>IT WAS AGREED THAT: the report be received.</p>	BB
	<p>c) Patient Experience</p> <p>Dr Brown presented a report on progress and outcomes from the collection of patient information during October 2015. He advised</p>	

	<p>that the Trusts Care and Patient Involvement Team had built on the shift of emphasis from response rate targets and financial rewards to the use of questions to capture patient experience and expectations.</p> <p>It was noted that the results now included community data and Dr Brown commented that the data for Community Services in Gateshead showed a high level of satisfaction.</p> <p>Dr Brown updated the Board on the introduction of the Friends & Family Test Plus questionnaire used in Community Services and advised that it would be introduced to outpatients over the coming months.</p> <p>Mrs Harle commented that feedback to patients was very important, especially where specific issues had been raised. Dr Brown updated the Board on the establishment of a Patient & Public Involvement Panel which would provide the opportunity for teams to meet with patients and families to give and receive feedback.</p> <p>IT WAS AGREED THAT: the report be received.</p>	
144/2015	<p>PERFORMANCE MONITORING</p> <p>a) Integrated Performance Report</p> <p>Mr Robson presented the integrated performance report for the period to the end of October 2015.</p> <p>He advised that the Trust was reporting a deficit for the seven months to 31 October 2015 of £6,565k. The revised internal plan anticipated a deficit of £3,785k, excluding £12,657k of income in relation to the transfer of St. Benedict's Hospice which has still not transferred to the Trust, giving an adverse variance of £2,780k at the end of October. It was noted that the financial position had deteriorated by £586k in the month, however, this was after the release of accruals in month relating to 2014/15, amounting to £101k. Without this adjustment the deficit in month would have been £687k. Mr Robson advised that expenditure pressures continued to be focussed primarily around pay, in particular locum/agency spend for medical staff. He also advised that spend on agency nursing staff was greater than expected by £602k, mainly within Care of the Elderly, Winter Planning and Medicine, however, this had been offset by underspends of £193k in some community services and nursing posts within Corporate Services.</p> <p>It was noted that the Cost Improvement Programme was £1,378k worse than planned which reflected the planned increase in target delivery in the second half of the financial year.</p>	

Mr Robson advised that the Urgent Care Hub had opened on 1 October 2015 and appeared to be having a marginal affect in terms of overall activity. The Trust was seeing a significant increase in the number of children presenting to A & E following the opening of the Hub, however, adult A & E activity had decreased. It was noted that overall there had been a net increase in activity through A & E but as the paediatric pathway was on a block contract no additional income was due which resulted in a drop in A & E income in the month of approximately 5%.

Mr Robson advised that following agreement at the Board of Directors mid year review meeting, the forecast outturn for the year had been revised to be a deficit position of £9.4m, excluding the impact of the transfer of St Benedict's Hospice. Mr Robson updated the Board and advised that Treasury Solicitors had advised that the transfer of St Benedict's Hospice had been delayed for technical reasons.

Mrs Arrowsmith updated the Board on performance targets, and was pleased to advise that the 4 hour wait target for October stood at 95.42%.

Mrs Arrowsmith advised that pressures remained in A & E performance and outlined the challenges to meet the 4 hour wait target. She advised that work was ongoing to drive performance and flow. She advised that significant pressures remained in respect of non elective activity and outlined the escalation processes in place to address this.

Mr Frame advised that Information Governance training was slightly below target and advised that a simplified version of statutory and mandatory training was to be developed to try and address this.

Mr Frame advised that after a period of reduction in sickness absence, sickness absence for October stood at 6.1%. Analysis of the reasons for sickness absence had shown increases across all areas of the Trust, and appeared to be caused by an earlier impact of winter, with an increase in chest, coughs, flu and gastro conditions. Mr Frame updated the Board on a pilot project being undertaken in conjunction with Newcastle University, using a statistical tool to predict the level of wellbeing in an organisation. Mr Frame advised that the tool can identify underlying causes of absence and can be used to design plans to address this.

Dr Brown advised that Clostridium Difficile was currently reported as 10 cases for the year against a threshold of 8. Dr Brown advised that each case was subject to root cause analysis and that a number of cases reported in the Trust were subject to appeal.

Mr Booth noted the deterioration in cash balances and as the Trust

	<p>moved through the rest of the financial year, enquired about the impact of the deficit, under performance on electives, increasing sickness absence and winter pressures on the Trust's financial position.</p> <p>Mr Robson advised that forecasts of likely cash flows had been developed and the position was being monitored very carefully.</p> <p>Mr Williamson commented that the monthly position was broadly in line with forecasted position agreed at the Board of Directors Mid Year Review and that the Trust was sighted on actions to be taken.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
145/2015	<p>CORPORATE MATTERS</p> <p>a) Winter Plan</p> <p>Mrs Arrowsmith presented the Trust's Winter Plan which was part of a wider health economy plan produced by the South Tyneside System Resilience Group, with input from primary care, North of Tyne and Wear Mental health Trust, North East Ambulance Service, the Local Authority and the voluntary sector.</p> <p>Mrs Arrowsmith advised that the Winter Plan had been developed using learning from the winter 2014/15 and aimed to ensure the Trust responded to periods of high demand, adverse weather and the possibility of wide spread illness such as flu.</p> <p>Mrs Arrowsmith outlined the plans to ensure that clinicians were supported and issues escalated in and out of hours. A designated discharge lounge would operate in order to provide a safe environment for patients prior to their discharge to improve patient flow and to allow beds to be utilised in a timely way. Mrs Arrowsmith explained that a number of options for the site of the Discharge Lounge had been considered and it was hoped that this would be operational by the week commencing 23 November 2015.</p> <p>Members noted the plans and acknowledged the work underway to plan for a surge in activity over winter.</p> <p>Mr Booth drew attention to the policies in place related to Winter Pressures, in particular the Estates & Facilities Winter Maintenance Plan and noted that there was a requirement to test the boilers over winter. Mrs Arrowsmith agreed to ensure that this had been undertaken.</p> <p>IT WAS AGREED THAT: the Board receive the Trust's Winter Plan and acknowledged that this was a developing piece of</p>	MA

	work which was currently subject to wider consultation.	
	<p>b) Review of Terms of Reference – Charitable Funds Sub Committee</p> <p>Mr Robson presented the Terms of Reference for the Trust’s Charitable Funds Sub Committee which had been reviewed following a recommendation by the Trust’s Internal Auditors to formally review and manage risks in relation to Charitable Funds and that a separate risk register be maintained.</p> <p>Mr Robson confirmed that the Terms of Reference had been amended to reflect the recommendation.</p> <p>IT WAS AGREED THAT: the Terms of Reference for the Trust’s Charitable Funds Sub Committee be approved.</p>	
	<p>c) Equality & Diversity in South Tyneside NHS Foundation Trust</p> <p>Mr Frame presented a progress report to update the Board on the considerable amount of work that had been undertaken over recent years to progress the Trust’s responsibilities under the Equality Act 2010. Mr Frame advised that the Equality & Diversity Steering Group would reconvene and would report back to the Board.</p> <p>Mr Frame highlighted the steps to be taken to raise the profile of the Trust as an equality and diversity organisation.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
	<p>d) Intellectual Property Management and Revenue Sharing Policy</p> <p>Dr Brown presented an Intellectual Property Management and Revenue Sharing Policy and advised that staff in the Trust were continuously innovating and in the process often generated valuable intellectual property. The Policy provided a robust mechanism for the effective management of intellectual property and revenue sharing.</p> <p>IT WAS AGREED THAT: the policy be approved.</p>	
146/2015	<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, 28 January 2016 in the Board Room, Harton Wing, STDH</p>	

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CHAIRMAN

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DATE