



**Minutes of the Meeting of the Board of Directors held in public
 On Thursday, 23 June 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 L B Lambert
 Cllr I Malcolm
 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

		ACTION
068/2015	Apologies for absence Apologies for absence were received from Mrs P Harle.	
069/2015	Declarations of Interest There were no declarations of interest.	
070/2015	Minutes of the Previous Meeting a) Minutes of the Meeting held in public on 21 May 2015 The minutes of the meeting held on 21 May 2015 were agreed as a correct record.	
071/2015	Matters Arising There were no matters arising.	
072/2015	Chairman's Notices i. Mr Davidson confirmed that, subject to formal approval by	

	<p>the Council of Governors, Mr Williamson had been appointed to the post of Chief Executive of the Trust. He would take up post on 1 October 2015 following Mrs Lambert's retirement. Mr Davidson advised that there had been a strong field of applicants for this post and took the opportunity to thank the internal and external assessors and the Non Executive Director's who made up the interview panel and Mr Frame for his support in managing the process.</p> <p>ii. Mr Davidson advised the Board that he would be on a period of sick leave following surgery. He advised that Mrs Thompson as Vice Chair and Mr Clarke as Senior Independent Director would cover in his absence.</p>	
073/2015	<p>Chief Executive's Report</p> <p>i. Mrs Lambert advised that Professor Colin Rees had been appointed to the post of Vice President of the British Society of Gastroenterology. This was a fantastic achievement and Mrs Lambert took the opportunity to congratulate Professor Rees on this appointment.</p> <p>ii. Dr Brown advised that the Continuous Quality Improvement Team had won the "Share and Spread" Category Award at the North East Transformation Awards for the work undertaken in respect of dementia awareness through Barbara's Story.</p> <p>iii. Dr Brown advised that a number of nominations had been made by members of the public in the Sunderland Caring for Carers Awards 2015. The awards aim to recognise health workers, who have made a real difference to the lives of carers.</p>	
074/2015	<p>Feedback from Members</p> <p>There was no feedback from Members.</p>	
075/2015	<p><u>Clinical Governance & Patient Experience</u></p> <p>a) Patient Story</p> <p>Dr Rodgers related the case of a lady who had been referred to the rapid assessment chest pain clinic with symptoms suggestive of angina. Following NICE guidance for the treatment of such symptoms, the lady underwent a myocardial perfusion scan which was reported as normal. She was then referred to Respiratory Services and Gastro-intestinal for further tests. All the test results were clear, however, she suffered a heart attack whilst on holiday in Spain.</p>	

	<p>Investigations carried out in Spain showed she had very narrow blood vessels. She did recover and had asked how her condition had not been identified when she presented at the clinic here.</p> <p>Dr Rodgers advised that this particular case had been reviewed in a Clinical Incident Review Group and, whilst NICE guidance had been followed and results had been clear, the Clinical Incident Review Group agreed that if symptoms were suggestive of abnormality further investigations should be carried out.</p> <p>Dr Rodgers confirmed that the matter had been discussed with the patient under duty of candour when she was advised that had she had earlier treatment she may well not have had the heart attack.</p>	
	<p>b) Patient Experience</p> <p>Dr Brown advised that from April 2015, the national CQUIN targets for the Friends and Family test had been changed and the Net Promoter Score as a measurement of patient satisfaction had been removed. It had been replaced with a percentage satisfaction response calculated on a combination of people scoring both “extremely likely” and “likely” to recommend the service to Friends and Family.</p> <p>Dr Brown highlighted the number of responses and the percentage satisfaction, in particular A & E where 436 responses had been received with a 93.7% satisfaction. Where response levels were lower, Dr Brown advised these would be monitored to identify trends.</p> <p>Dr Brown outlined the work of the Carer and Patient Involvement Team to collect real time patient feedback and the advantage of face to face interviews. It was noted that reports of interviews are returned to managers of the clinical areas within eight working hours with the potential to make improvements within 24 hours of interviews taking place.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
	<p>c) <u>Infection Prevention and Control</u></p> <p>i) Annual Report 2014-2015</p> <p>Dr Brown presented the Infection, Prevention and Control Annual Report for 2014/15 outlining progress towards achieving the sustained reduction in Health Care Acquired Infections (HCAI). The Report also outlined the annual programme of infection prevention and control activity across both the acute and community settings.</p>	

	<p>Dr Brown highlighted the good progress in the year in carrying out surveillance of surgical sites. The Team had worked to identify strategies to reduce the potential for infection and ensure there was a robust system for identifying and treating infection. Dr Brown advised that 100% of Trust patients were followed up against the national average of only 65-67%.</p> <p>Dr Brown advised that Audit programme had largely been achieved and detailed feedback to demonstrate learning was included within the Annual Report.</p> <p>Dr Brown highlighted the difficulty in meeting infection control mandatory training targets and the ongoing work to review the training provision.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
	<p>ii) Annual Plan 2015-2016</p> <p>Dr Brown advised that an Annual Infection Prevention and Control programme was required under NHS Litigation Authority Scheme for Trusts and presented the Annual Plan for 2015/16. The annual plan sets out a programme of activities towards improving the patient experience, particularly in relation to the zero tolerance approach to avoidable healthcare acquired infections.</p> <p>Dr Brown advised that the number of Clostridium Difficile Infections per year was an established performance indicator and that the target for 2015/16 was no more than 8 cases attributable to the Trust post 72 hours of admission. This would be a challenge for the Trust and Dr Brown advised that 4 cases of Clostridium Difficile Infections had already been reported in the year. Dr Rodgers commented that the audit and exception reports received by the Healthcare Acquired Infection Committee provided assurance that practice in the Trust was good and whilst the reduced target would be a challenge the position was monitored on a daily basis and reported to the Board.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
	<p>d) CQC Inpatient Survey – summary of results</p> <p>Dr Brown presented a summary of the results of the 2014 National Inpatient Survey.</p> <p>Dr Brown advised that the annual survey explored patient's views on a range of areas including their experience from the time of their admission, aspects of privacy and dignity, care, communication and cleanliness. A total of 850 patients from the Trust had been sent a questionnaire of which 323 returned a completed questionnaire, giving a response rate of 39%. Dr Brown advised</p>	

	<p>that this was a 4% increase on the response rate in 2013, however, it remained below the average of 45% response rate of the 78 Trusts surveyed.</p> <p>Dr Brown advised that compared to the Trust's own results in the 2013 survey the Trust had scored significantly worse on 3 areas. An action plan to address those areas where there was room for improvement was in development and Dr Brown advised the action plan would be presented to the Board in the July round of meetings.</p> <p>Dr Brown advised that those areas where the Trust performed significantly better than the "Picker average" included:</p> <ul style="list-style-type: none"> • Discharge: staff discussed need for further health or social care services • Overall: treated with respect or dignity • Overall: feeling well looked after by staff <p>IT WAS AGREED THAT:</p> <ol style="list-style-type: none"> i. The summary report be received ii. An action plan to address areas for improvement would be presented to the Board in the July round of meetings. 	BB
	<p>e) Quality and Clinical Audit Annual Report 2014-2015</p> <p>Dr Brown presented the Quality and Clinical Audit Report outlining progress towards achieving quality clinical care through the annual planned programme of clinical audit across the organisation.</p> <p>It was noted that the Quality, Research and Clinical Audit Team was responsible for the administration of the process for the implementation and monitoring of NICE guidance</p> <p>Members noted the Quality Clinical Audit Forward Plan- setting out the priorities for 2015-2016.</p> <p>IT WAS AGREED THAT: the Quality and Clinical Audit Annual Report be received.</p>	
076/2015	<p>PERFORMANCE MONITORING</p> <p>a) Integrated Performance Report</p> <p>Mr Robson presented the integrated performance and advised that the Trust would reporting a deficit for the two months to 31 May 2015 of £3,025k. It was noted that the annual plan had anticipated a deficit of £1,729k.</p>	

It was noted that expenditure pressures continued to be focussed primarily around locum/agency spend for medical and nursing staff. Mr Robson advised that in addition slippage in the cost improvement programme was contributing to the overall variance.

Mr Robson advised that FRMG had agreed that improving the income position, reducing staff spend and delivery of the CIP were key to recovering the financial position in year.

Mr Williamson highlighted the range of actions which were in place to help recover the position, including winter pressure monies, pathology transformation, driving outpatient and theatre activity to turn around the elective position.

Members stressed the need for tighter management to address the pressures early in the year, particularly given the changes to the senior team with the retirement of the Chief Executive and a new appointment to the Chief Operating Officer post.

Mr Booth queried whether income was reduced due to referral patterns from GPs and asked what actions were being taken to remedy the reduced income. Mr Williamson advised that there was sufficient demand and activity in the first half of the year to recover the financial position and the teams were focussing on increasing out patient and theatre utilisation. The Team were looking at referral patterns and a report would be brought to a future meeting of the Board.

Mr Tallintire asked if a plan was in place to recover the position. Mr Robson advised that the Annual Plan described the mitigations in place to address the deficit. For Mr Talinitire's benefit, Mrs Lambert outlined the governance in place and advised that the FRMG met on a monthly basis to monitor the position, alongside monthly Chairman's Review Group Meetings which addressed emerging issues. The financial position was subject to continuous review.

Mr Clarke asked if the new delegated authority had made managing the process more difficult. Mr Robson advised that budget management was improved with the level of decision making clearer.

Mr Williamson advised that whilst a & E performance had improved in May, for June to date, performance was just over 91% against the four hour wait target, suggesting the target would be missed for Q1. Mr Williamson advised that under Monitor's Risk Assessment Framework a governance concern would be triggered if the Trust failed to meet the A & E target twice in any two quarters. Mr Williamson advised that an action plan to address the pressures had been developed and would be shared with Monitor.

	<p>IT WAS AGREED THAT: the integrated performance report and the mitigating actions proposed to improve performance be noted.</p>	
077/2015	<p>CORPORATE MATTERS</p> <p>a) Consultation Risk Assessment Framework</p> <p>Mr Robson presented a report from Monitor setting out proposed changes to the Risk Assessment Frame. Responses to the consultation were required by 5.00pm on 1 July 2015 and Members were asked to forward any comments to Mr Robson who would draft a response on behalf of the Trust.</p> <p>IT WAS AGREED THAT: Members would forward comments to Mr Robson who would draft a response on behalf of the Trust.</p>	
	<p>b) Monitor Guidance – Agency Costs, Consultancy Costs</p> <p>Mr Robson advised that Monitor had recently written to Chairs and Chief Executives of Foundation Trusts outlining how it intended to support a Department of Health initiative to identify actions Trusts can take to help address the financial challenges faced by the NHS in 2015/16.</p> <p>The Department of Health Guidance included increasing scrutiny of annual plans, the adoption of best practice approaches, consultation on the introduction of changes to the Risk Assessment Framework and making the best possible support available to providers.</p> <p>Mr Robson advised that whilst Monitor only require those Trusts in breach of their licence to take part in these initiatives, they have recommended that all Trusts consider voluntarily taking part.</p> <p>IT WAS AGREED THAT:</p> <ul style="list-style-type: none"> i. The report be noted ii. The Trust would respond to Monitor to confirm it would voluntarily take part in the initiatives to address the financial challenges faced 	
	<p>c) Monitor Guidance – Pay and conditions of service for senior managers in the NHS</p> <p>Mr Frame advised that the Secretary of State for Health had written to Chairs of NHS Trusts regarding proposals to review the pay and conditions of Very Senior Managers, Executive Directors and Chief Executives.</p>	

	<p>The proposals included:</p> <ul style="list-style-type: none"> • Seek approval to appoint anyone to a salary above that of the Prime Minister • Reduce the rates of pay paid to interim Board Members • Restrict Senior Managers ability to retire and return to a salary package which was higher than the package they retired on • Putting a cap on redundancy/compensation packages • Introducing a nationally stipulated senior managers pay framework <p>Members discussed the proposals. Mr Frame commented that there was a clear message that the Secretary of State believed that in some cases senior salaries were disproportionate to front line staff. Members commented that comparing a Chief Executive salary to that of the Prime Minister was not a logical comparator. The Board agreed that as a Foundation Trust, the Trust had the ability to set its own payscales. The Board was going through a period of change and it was suggested that the restrictions proposed may make recruitment and retention of high quality staff very difficult. Members did not agree to the suggested changes to terms and conditions in respect of pensions. It was agreed that the retire and return scheme as it stood helped to retain skilled staff.</p> <p>IT WAS AGREED THAT: Mr Frame draft a response on behalf of the Trust taking account of the above comments.</p>	
	<p>d) Employment Policies</p> <p>Mr Frame presented 5 employment policies which had been discussed and agreed by the Policy Sub Group and the full Joint Consultative Committee.</p> <ul style="list-style-type: none"> i) Length of Service Recognition Policy ii) Drug and Alcohol Policy iii) Recruitment and Selection Policy iv) Pre-employment Check Policy v) No Smoking Policy <p>Mr Frame advised that whilst not strictly an employment policy, the No Smoking Policy had significant staffing applications and was a revision of an existing policy. It was noted that designated smoking areas had been retained. Mr Frame advised that for the purpose of the No Smoking policy e-cigarettes had been treated as ordinary cigarettes.</p> <p>IT WAS AGREED THAT: the policies be approved.</p>	

078/2015	DATE & TIME OF NEXT MEETING The next meeting of the Board of Directors to be held in public at 8.30am on Tuesday, 28 July 2015 in the Board Room, Harton Wing, STDH	
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CHAIRMAN

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DATE