

**Minutes of the Meeting of the Board of Directors held in public
On Thursday, 28 January 2016
In the Board Room, Harton Wing
South Tyneside District Hospital**

PRESENT: Mr N Mundy (in the chair)
Mrs M Arrowsmith
Mr G Booth
Mrs L Burn
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
One member of the public

		ACTION
001/2016	Apologies for absence Apologies for absence were received from Dr B Brown and Cllr I Malcolm. .	
002/2016	Declarations of Interest There were no declarations of interest.	
003/2016	Minutes of the Previous Meeting a) Minutes of the Meeting held in public on 1 December 2015 The minutes of the meeting held on 1 December 2015 were agreed as a correct record subject to noting that Mrs Arrowsmith was present at the meeting.	
004/2016	Matters Arising i) <u>Min no 145/23015 Winter Plan</u> Mrs Arrowsmith advised that she had been assured that the Estates & Facilities Winter Maintenance Plan included the requirement to test the boilers over the winter period and that the	

	<p>tests had been carried out in accordance with the plan.</p> <p>Mr Mundy advised that he had asked about the resilience of the boilers during a recent Board Visit to the Estates Department. Mr Booth clarified that he had queried what the contingency plan was if the boilers should fail and what process was in place if this should occur. Mr Mundy advised that he had been assured that there was a back up system in place if the main boilers should fail. He requested that written assurance be sought on resilience of the boilers to inform the business case and investment in new facilities.</p> <p>Mrs Arrowsmith advised that Ms Ramsay-Dunn had approached the Carbon Fund to explore the feasibility of accessing funding to support the investment in new carbon offset technology. She would keep the Board informed of progress.</p>	MA
005/2016	<p>Chairman's Notices</p> <p>Mr Mundy presented his first report as Chair and noted that January had been a particularly busy month. He commented that he saw his role to support Mr Williamson and the Executive Team to meet the challenges ahead.</p> <p>Mr Mundy reported that he had visited many wards, departments and community teams and had been impressed by the degree of commitment of all members of staff who he had met.</p> <p>Mr Mundy talked of developing relationships with the Executive and Non Executive Team and advised that he had attended a number of meetings and events with partners across South Tyneside, Sunderland and Gateshead. Mr Mundy advised that he had attended a meeting of the MEC and he and Mr Williamson had met a number of clinicians and had been invited to attend meetings on a regular basis which would enhance communications with the clinicians.</p> <p>Mr Mundy reported that he had attended a meeting of the Council of Governors. Feedback from the meeting had been positive and he looked forward to working with Governors to improvement engagement with members of the Trust.</p> <p>Mr Mundy commented that his first month had given him an insight into the challenges facing the Trust and the progress being made to transform services. He had taken the opportunity to consider the Trust's cash flow forecasts and working capital position and the implications that meant Monitor may seek to intervene. He stressed the requirement for improved financial reporting to provide the Board with underpinning information to allow the Board to address key risks.</p> <p>Mr Mundy commented on the importance of visibility of the Board and regular visits to teams which gave staff the opportunity to</p>	

	<p>highlight issues.</p> <p>Mr Mundy discussed the information flow to the Board and commented that he was very keen to ensure that the Board had a sound understanding of key performance indicators and risks. He noted that the outcomes of the Board effectiveness survey would inform discussions to review the governance structure in order to enable the Board to deliver transformational change.</p>	
<p>006/2016</p>	<p>Chief Executive's Report</p> <ul style="list-style-type: none"> i. Mr Williamson advised that as at the end of December the Trust remained on plan to hit the year end agreed deficit position £9.4m. He advised that Monitor had been supportive of actions taken to adjust the financial forecast to the improved position of £9.4m. Mr Williamson advised that it was critical that the Trust achieved the plan and remained on target going forward into 2016/17. ii. Mr Williamson advised that Planning Guidance for 2016/17 had been issued on 22 December and that the first draft of the Operational Plan 2016/17 was due to be submitted to monitor on 8 February 2016. iii. Mr Williamson advised that £3.8bn of transformation funds had been announced and the Trust had the opportunity to obtain £4.9m transitional funding for 2016/17 to deliver major transformation. Monitor had advised that in order to access the funding the Trust had to achieve a control target of £3.4m deficit for 2016/17. iv. Mr Williamson updated the Board on Sustainable Transformation Planning and advised that NHS England and Monitor had announced transformational plans based on 3 localities across the north east region. Plans were due for submission by the end of June 2016 and Mr Williamson advised he would be meeting with regional Directors to develop the Sunderland and South Tyneside plan and develop the framework to work within to access the transformational funding. v. Mr Williamson updated the Board on the on-going winter pressures over a significant proportion of the month. Mr Williamson advised that the Trust teams had been managing very well and at times the Trust had provided support to Sunderland and Gateshead. He advised that Clinical and Operational Teams had worked very effectively to manage the overall waiting times in A & E and that an increased response had been seen from Social Services and CCGs in response to the pressures. vi. Mr Williamson advised that progress is being made against 	

	<p>the action plan in place following the CQC inspection. He was confident that all 21 actions identified would be addressed and that the Trust was on course to being assessed as good in these areas at the post inspection visit.</p>	
007/2016	<p>Feedback from Members</p> <p>Mrs Thompson advised that Irene Lucas CBE, the previous Chief Executive at South Tyneside had been appointed as Interim Chief Executive at Sunderland City Council and would take up post with effect from 1 April 2016.</p>	
008/2016	<p>CLINICAL GOVERNANCE & PATIENT EXPERIENCE</p> <p>a) Patient Story</p> <p>Dr Wahid presented two very positive patient stories from Community Teams.</p> <ul style="list-style-type: none"> i. Dr Wahid described a new initiative “All Together Better” which aimed to activate the full potential of Community Health Champions to improve the health and wellbeing of their communities. Dr Wahid advised this was an award winning model of working in the Community to change services to achieve better outcomes, transform relationships, create capacity and meet increasing demand. Dr Wahid advised that Sunderland Community Services had been chosen as 1 of 29 Vanguard Areas across the country and the “Better Health for Sunderland “ scheme would enhance the Recovery at Home Service to support people’s recovery after discharge from hospital and prevent future emergency admissions. ii. Dr Wahid reported that a 51 year old gentleman was admitted during the Christmas period after a previous discharge on Christmas Eve. He had an exacerbation of COPD and heightened anxiety levels. The patient was assessed by the Older Person’s Assessment and Liaison Team (OPAL) and was discovered to be in need of nursing intervention for a respiratory condition. Dr Wahid described that the multi disciplinary team including occupational therapists, physiotherapist, pharmacy, Age Uk and community services worked together during the very busy period to enable the gentleman to be discharged home. Dr Wahid advised that there were lots of examples of positive patient stories across the Sunderland, South Tyneside and Gateshead Community Services. <p>Mrs Harle referred to a challenge from Governors in respect of learning from the good practice outlined above. She asked how issues were identified and how learning was shared across the organisation.</p>	

	<p>Mr Mundy referred to a posting on NHS Choices about care of a child and asked that Dr Wahid review the particular case to see if the response to the issues could have been better. He also referred to the Trust's responsibilities under Duty of Candour to be open and honest when things go wrong.</p> <p>Mrs Arrowsmith commented that in terms of learning, bringing a member of staff or a patient to the Board may enhance the understanding of the issues. Mr Mundy agreed with this approach and suggested that he follow this up.</p>	NM
	<p>b) Open & Honest Staffing Report</p> <p>Mrs Burn presented the Open & Honest Staffing Report to update the Board on the monthly position of nursing and midwifery staffing capacity and capability across all in patient areas of the Trust in November 2015.</p> <p>Mrs Burn summarised the data and it was noted that the fill analysis for November indicated that six areas experienced staffing numbers below the 80% minimum threshold – SCBU, St Benedict's In Patient Unit, Elmville Respite Unit, Wards 2, 6, 22 and Maternity Delivery Suite. Mrs Burn outlined the mitigating actions taken and the Board was assured that all wards were safely staffed with local escalation and monitoring of safety, quality and experience indicators.</p> <p>Mrs Burn updated the Board on progress in respect of performance reporting to the Board and advised that future performance reports would integrate safe staffing and other patient indicators into the Integrated Performance Report. Mr Mundy noted that the accuracy of data and performance reporting was an area highlighted for improvement by the CQC at its recent inspection.</p> <p>Mr Mundy referred to the sickness absence rates which was very high on some of the wards. Mrs Burn advised that as part of the Lord Carter of Coles efficiency programme the ward managers were considering the management of sickness absence and the interpretation of the sickness absence policy.</p> <p>Mrs Harle noted the exception report in respect of delivery suite and the over allocation of leave. Mrs Burn advised that work was on going to consider a more effective use of e rostering to allocate annual leave efficiently across the whole service.</p> <p>Mrs Harle referred to the exception report in respect of Elmville Respite Unit. Mrs Burn advised that unpredictable patient clinic demand and the ability to take crisis admissions meant that staffing was flexed on a daily basis in order to ensure that staffing levels met the needs of clients.</p>	

	<p>In response to a question from Mr Booth, Mrs Burn updated the Board on the recruitment of nurses from Spain.</p> <p>Mr Williamson noted the discussion in respect of sickness absence, e rostering and asked that a update be given to the Board at the forthcoming Transformation & Financial Recovery Plan Sub Committee on the management of these areas and the efficiencies expected over the course of the next year.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
	<p>c) Patient Experience</p> <p>Mrs Burn presented a report on progress and outcomes for information collected during December 2015 in respect of patient experiences based on the Friends & Family Test.</p> <p>Mrs Burn advised that the Carer and Patient Information Team (CAPI) had revised their processes to a broader use of questions and additional use of Real Time Feedback reports.</p> <p>Mr Mundy questioned what was being done to generate more responses and commented that encouraging a higher response level must be made a priority. Mrs Burn advised that the CAPI Team were working with wards and teams and that the Executive Board had specifically asked that work be done in A & E to improve the response rate.</p> <p>Mr Mundy commented on the importance of feedback to staff who were proud of their caring reputation.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
009/2016	<p>PERFORMANCE MONITORING</p> <p>a) Integrated Performance Report</p> <p>Mr Robson presented the Integrated Performance Report.</p> <p>It was noted that the Trust was reporting a deficit for the nine months to 31 December 2015 of £7,572k. The revised internal plan anticipated a deficit of £4,443k, 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 £3,129k at the end of December 2015. The transfer of St Benedict's was now anticipated to complete on 29 February 2016. Mr Robson advised that whilst the deficit had increased within the month, this was not out of line with the forecast given to Monitor.</p> <p>Mr Robson advised that pay expenditure pressures continued to be focussed primarily around locum/agency spend for medical staffing although the variance only worsened by £79k in the month demonstrating the improvements which had been made in recent</p>	

	<p>months.</p> <p>Mr Robson highlighted the risk analysis which had been undertaken and it was noted that the risks were not currently part of the forecast outturn position. It was agreed that the risks would need to be resolved or mitigations identified.</p> <p>Mr Booth noted that elective activity was 8.3% below plan for the year and asked if there was a correlation with referral patterns from South Tyneside GPs. Mr Williamson advised that referral patterns did not appear to be impacting directly on activity and updated the Board on the reasons for the reduction in elective activity.</p> <p>Mrs Arrowsmith updated the Board on performance against the 4 hour A & E access target and outlined a deteriorating picture nationally. She advised that pressure was being seen locally with performance against the 4 hour target below 95% for all types of attendances at A & E. Mrs Arrowsmith that in the week commencing 18 January 2016 the Trust's performance was 94.8% against the four hour target. Mrs Arrowsmith noted that performance was very variable and that the pressure seen in emergency care had adversely impacted on the elective programme. Some elective operations had been cancelled, however, Mrs Arrowsmith assured the Board that no clinically urgent procedures had been cancelled.</p> <p>Mr Mundy commented that the Trust's performance against the four hour target reflected the considerable efforts of the team over the very busy period.</p> <p>Mr Mundy noted that Clostridium Dificile was currently reported as 10 cases for the year against a full year threshold of 8 cases. Dr Wahid advised that four the cases were subject to appeal and he would keep the Board advised of the outcome of the appeals.</p> <p>Mr Booth noted that the Trust was below 80% in respect of screening for MRSA. Dr Wahid advised that there had been a change in the national guidance and that there was a requirement to train staff to meet the requirements in respect of selective screening.</p> <p>Mr Frame presented the workforce performance report. He advised that work was on going to review the performance report and asked that Directors consider the types of information they would like to see at the Board and feedback comments to him.</p> <p>Mr Frame referred to the compliance in respect of statutory and mandatory training and advised that work was underway to introduce a robust annual training programme from 1 April 2016. Mr Frame advised for 2015/16 particular emphasis would be placed on Information Governance Training compliance and</p>	<p>SWa</p> <p>SWa</p>
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	<p>advised that additional training sessions had been made available. He stressed that if the Trust did not meet the 95% compliance target for Information Governance training, the Trust would be marked “red” and this would impact negatively on any contractual and tender applications. Mr Mundy emphasised that the message about the importance of completing training must be cascaded to the organisation from the Board and that it was within the control of the Board to ensure the organisation met its compliance targets for statutory and mandatory training.</p> <p>Mr Frame advised that sickness absence rose by 0.2% in the month to 6.1% and continues to be a concern. Mr Frame assured the Board that Occupational Health and Personnel had undertaken reviews of sickness absence and that there was a plan in place for every member of staff on long term sick. Mr Frame advised that he was aware that the Trust was using comparable methods to other Trusts to manage sickness. Mr Williamson advised that the management of sickness absence would be subject to further discussion at the Transformation & Financial Recovery Plan Sub Committee and that assurance would be sought that Managers were using and implementing Trust Policies and that the Policies were robust.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
	<p>b) Monitor Q3 Financial Commentary c) Monitor Q3 Templates</p> <p>Mr Robson presented the Monitor Q3 report and supporting financial templates.</p> <p>Members discussed the content of the report and Mr Robson asked that any comments be forwarded to him prior to the deadline for submission to Monitor.</p> <p>IT WAS AGREED THAT: the report be submitted.</p>	
010/2016	<p>CORPORATE MATTERS</p> <p>a) Annual Security Report 2014/15</p> <p>Mr Frame presented the Annual Security Report 2014/15 reflecting the work carried out to comply with NHS Protect Security Management Standards during 2014/15. The report also included the 2015/16 annual security work plan and progress made to date.</p> <p>Mr Williamson noted that the report referred to 2014. Mr Frame explained that the report formed part of the submission to NHS Protect which was made in November 2015, however, agreed that an annual report could be presented to the Board earlier in the year.</p>	IHF

	<p>Mrs Harle noted that she was the designated Non Executive Lead for Security. She asked that the roles and responsibilities of Non Executive Leads be subject to further discussion at the forthcoming end of year review.</p> <p>Mr Mundy referred to the numbers of staff who had undertaken conflict resolution training. Mr Frame advised that this did not form part of the annual statutory and mandatory training programme, however, a review of compliance was underway. Mr Mundy asked for a comparison with the numbers from previous years and noted it would be useful for the Board to understand if this was an improving trend.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	IHF
011/2016	<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