

**Minutes of the Meeting of the Board of Directors held in public  
 On Tuesday, 28 July 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  
 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

		<b>ACTION</b>
<b>090/2015</b>	<b>Apologies for absence</b>  Apologies for absence were received from Mrs C A Morgan.	
<b>09a/2015</b>	<b>Declarations of Interest</b>  There were no declarations of interest.	
<b>092/2015</b>	<b>Minutes of the Previous Meeting</b>  <b>a) Minutes of the Meeting held in public on 23 June 2015</b>  The minutes of the meeting held on 23 June 2015 were agreed as a correct record.	
<b>093/2015</b>	<b>Matters Arising</b>  There were no matters arising.	
<b>094/2015</b>	<b>Chairman's Notices</b>  There were no Chairman's Notices.	

095/2015	<p><b>Chief Executive's Report</b></p> <p>Dr Rodgers was pleased to advise that Mr Dionysios Trigkilidas, a foot surgeon, had been appointed.</p>	
096/2015	<p><b>Feedback from Members</b></p> <p>There was no feedback from Members.</p>	
097/2015	<p><b>Clinical Governance &amp; Patient Experience</b></p> <p><b>a) Patient Story</b></p> <p>Dr Rodgers related a patient story which highlighted the actions of Dr Wiseman which had resulted in a positive outcome for a gentleman who had been admitted to hospital for end of life care.</p> <p>Dr Wiseman carried out a number of tests on the patient and referred the gentleman to Newcastle Hospitals for a neurological opinion. The results of tests at Newcastle were inconclusive but suggested that the gentleman possibly had a muscle wasting condition which Dr Wiseman treated.</p> <p>Dr Rodgers advised that initially the patient made minimum progress, however, he had been moved to Ward 20 where over time his condition had improved and he was now awaiting discharge to a care home.</p> <p>Dr Rodgers advised that this particular Patient Story showed the benefits of spending time with the patient, paying attention to their story and finding a diagnosis.</p>	
	<p><b>b) Patient Experience – the proactive approach to gathering patients' experiences within the Trust</b></p> <p>Dr Brown presented a report setting out changes to the way patient feedback is collected. He advised that there had been a shift of emphasis from response rate targets and financial rewards, to a broader use of questions and patients' expectations to identify service improvements.</p> <p>Dr Brown advised that the Trust was required to follow national guidelines in respect of the continued implementation of the Friends &amp; Family Test and had used the questions to gather broader patient views and pass on information to clinical areas which enabled improvements to be made to patient care.</p> <p>The report set out the results for June 2015 which were generally positive. Some low response rates had been noted and Dr Brown advised that the Trust's Carer and Patient Involvement Team were working to motivate staff to gather patient feedback.</p>	

	<p><b>IT WAS AGREED THAT: the report be noted.</b></p>	
	<p><b>c) Open and Honest Care: Staffing Levels, Safety Quality and Experience Indicators Inpatient Settings</b></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 May 2015. The report also set out a phased approach to triangulating this information with a range of safety, quality and experience indicators through the development of a new dashboard.</p> <p>Dr Brown advised that the nurse staffing data had been uploaded to the national database and was available to the public through a link on the NHS Choices website.</p> <p>Dr Brown advised that the nurse staffing fill rate analysis for May 2015 indicated that the majority of wards were staffed according to their established demand. Dr Brown highlighted four wards where staffing levels had been lower than established and the reasons for this. Dr Brown outlined the mitigating actions taken to ensure patient safety and service quality was maintained.</p> <p>In SCBU it was noted that the current establishment was managed with ongoing support from paediatric nurses and that every shift in May had included a qualified neonatal nurse and there had been no occasions when the unit was closed to admission. Dr Brown advised that work in respect of the Safety Quality Experience Dashboard included the development of more appropriate indicators for SCBU.</p> <p>Dr Brown advised that on Primrose Ward 20, staffing levels had been adjusted to reflect the number of occupied beds. During May there had been 24 red flag occurrences on the Ward when the registered nursing complement was below the agreed establishment, however, all safety, quality and experience indicators had been within the expected range and completed Friends &amp; Family returns had demonstrated 100% satisfaction.</p> <p>There had been an increased level of sickness on the Acute Stroke Unit, however, the number of registered nurses had remained at normal levels for all shifts.</p> <p>Dr Brown advised that at St Benedict's Hospice staff had been working extra hours to maintain safe levels of staffing at all times.</p> <p>Dr Brown outlined the approach to developing a comprehensive dashboard of safety, quality and experience indicators and advised that a safety trigger tool, QuESTT would be used to create a total score and a RAG rating for each area across a range of indicators.</p>	

	<p><b>IT WAS AGREED THAT: the staffing data, areas of exception with regard to staffing shortfalls and other safety, quality and experience indicators and mitigating actions taken be noted.</b></p>	
098/2015	<p><b>PERFORMANCE MONITORING</b></p> <p><b>a) Integrated Performance Report</b></p> <p>Mr Robson presented the Integrated Performance Report and advised that the Trust was reporting a deficit for the three months to 30 June 2015 of £3,698k.</p> <p>Mr Robson advised that whilst the financial position had deteriorated by £646k in the month, variance against the plan had improved mainly due to an improved income position. Mr Robson advised that elective activity was below plan by £545k, however, this had been offset by non elective income which was better than plan by £375k.</p> <p>Mr Robson advised that expenditure pressures continued to be focussed primarily around locum/agency spend for medical and nursing staff. The cost improvement position had improved in the month, however, only £1,290k had been transacted to date giving a variance of £264k.</p> <p>Mr Robson explained the process employed by the Finance Risk Management Group to prepare the forecast year end outturn position. Mr Robson advised that an underlying forecast deficit of £9,322m assumed that all CIP schemes identified to date were delivered. The underlying deficit was then sensitised to produce a best, worst and likely position which was reported to FRMG.</p> <p>Mr Robson advised that quarterly review meetings had been implemented within each Division to monitor key financial deliverables within the annual plan and in addition FRMG now met twice monthly to review financial recovery. Mr Robson outlined the areas identified and actions taken to control the financial position.</p> <p><b>IT WAS AGREED THAT: the report be noted.</b></p>	
	<p><b>b) Monitor Q1</b></p> <p>Mr Robson presented the Quarter 1 Return which was to be submitted to Monitor.</p> <p><b>IT WAS AGREED THAT: the Board remained committed to delivery of planned targets and approved submission of all governance statements within the Q1 Return.</b></p>	

099/2015	<p><b>ITEMS FOR INFORMATION</b></p> <p>a) <b>Lord Carter of Coles – Review of Operational Productivity in NHS Providers</b></p>	
100/2015	<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, 29 September 2015 in the Board Room, Harton Wing, STDH</p>	

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**CHAIRMAN**

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**DATE**