

**Minutes of the Meeting of the Board of Directors held in public
On Tuesday, 27 January 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 W D Fleetwood
- Mr I H Frame
- Mrs P Harle
- Mr M P Robson
- Dr A Rodgers
- Mrs A Thompson
- Mr S Williamson

IN ATTENDANCE: Mrs D Burn

		ACTION
001/2015	Apologies for absence Apologies for absence were received from Mrs L B Lambert, Cllr I Malcolm and Mrs C A Morgan.	
002/2015	Declarations of Interest There were no declarations of interest.	
003/2015	Minutes of the Previous Meeting a) Minutes of the Meeting held in public on 2 December 2014 The minutes of the meeting held in public on 2 December 2014 were agreed as a correct record.	
004/2015	Matters Arising There were no matters arising.	
005/2015	Chairman's Notices i. Mr Davidson advised that Mrs Lambert, Mr Fleetwood, Mr Williamson and himself had recently visited A & E to observe how pressures and capacity issues were being	

	<p>handled. He passed on his thanks and appreciation to the Team and noted the fantastic effort by whole organisation to manage the pressures during this time.</p> <p>ii. Mr Davidson had attended the South Tyneside Health & Wellbeing meeting which was held jointly with the South Tyneside Transformation Board. The meeting had been very much about working together. Mr Davidson had also taken the opportunity to discuss the pressures across the whole system with Mr Swales and Cllr Malcolm.</p> <p>iii. Dr Rodgers advised that Mr Singh, a Colorectal Surgeon had recently been appointed.</p> <p>iv. Mr Davidson advised that he had recently given an update on the setting up of a Charitable Trust for South Tyneside to the Trust's Council of Governors.</p> <p>v. Mr Davidson updated the Board on a recommendation from the Council of Governors Communication Sub Group to establish a communications system for Governors. He thanked Mr Burnell and Mr Jamieson for their input.</p>	
006/2015	<p>Chief Executive's Report</p> <p>There was no Chief Executive's Report.</p>	
007/2015	<p>Feedback from Members</p> <p>There was no feedback from Members.</p>	
008/2015	<p>CLINICAL GOVERNANCE & PATIENT EXPERIENCE</p> <p>a) Patient Story</p> <p>Due to patient confidentiality requirements this item was moved to the in confidence part of the Board of Directors agenda.</p>	
	<p>b) Open & Honest Care – Staffing Levels Nursing & Midwifery</p> <p>Dr Brown presented a report to update the Board of Directors on the monthly position of nursing and midwifery staffing capacity and capability across all inpatient areas of the Trust in December 2014. Dr Brown advised that this information would be used alongside other data to build up a total picture of the staffing complement across the Trust.</p> <p>Dr Brown advised that feedback from NHS England suggested that staffing fill rates of less than 80% or greater than 150% would be regarded as below expected levels and highlighted those areas in</p>	

	<p>the Trust which dropped below 80%. He outlined the mitigating actions and assured the Board that the Trust was sighted on the figures on a day to day basis and that staffing escalation plans were monitored through the winter command and control process. He advised that there continued to be significant sickness and vacancies in some areas.</p> <p>Dr Brown advised that a review of the nurse establishment levels had been carried out in September 2014 utilising the Safer Care Nursing Tool which was an evidence based tool that enabled nurses to assess patient acuity and dependency to ensure nursing establishment reflected patient need. Dr Brown advised that further workforce planning in respect of the number of registered nurses required per shift to meet demand would be carried out in March 2015 and the results would be reported to the Board at its workshop to be held on 14 April 2015.</p> <p>In response to a question from Mr Clarke, Dr Brown advised that the Trust had a rolling programme for recruitment of nurses and worked closely with the Universities. Dr Brown advised that a piece of work was underway to look at options for recruitment into nurse vacancies across hospital and community.</p> <p>Mr Booth queried the fill rates for each of the wards and asked if it was a patient safety concern when the rate dropped below 80%. Dr Brown advised that this information was considered alongside other safety indicators and the daily oversight provided assurance that the complement of nursing staff addressed the needs of individual patients.</p> <p>IT WAS AGREED THAT: the report be received.</p>	<p>BB</p>
	<p>c) Friends & Family Test</p> <p>Dr Brown presented the results of the Friends & Family test for December 2014.</p> <p>Dr Brown advised that there had been a reduction to 14% in the responses received in A & E and highlighted the requirement for an overall 20% response rate by the end of quarter 4 to meet CQUIN requirements. Dr Brown advised that a number of actions had been instigated to achieve the end of year target position of 20% response rate in A & E.</p> <p>Members noted the reduction in the number of people responding across all areas. Dr Brown advised that the Net Promoter Score for the combined areas was 73.11 which demonstrated that patients were more willing to recommend Trust services than not.</p> <p>Members agreed that given the pressures seen across recent</p>	

	<p>months and during a period of significant change, it was good to note that the net promoter score remained high.</p> <p>Dr Brown advised that guidance had been published in respect of the Friends & Family Test from April 2015 which confirmed that the Friends & Family Test would remain a key route for patients and their families to give feedback on care received. Dr Brown also advised that from 1 April 2015 the Net Promoter Score would no longer be used. Dr Brown advised that going forward the Trust would depend less on surveys and would listen to people's experiences to record real time feedback.</p> <p>IT WAS AGREED THAT: the report be received.</p>	
009/2015	<p>PERFORMANCE MONITORING</p> <p>a) Integrated Performance Report</p> <p>Mr Robson presented the integrated performance report to 31 December 2014.</p> <p>The Trust was reporting a deficit of £4,535k compared to a project deficit within the reforecast plan submitted to Monitor of £4,435k.</p> <p>Mr Robson advised that in order to deliver a deficit of £2.8m the reforecast plan assumed a number of major actions and outstanding risks which would be addressed before the year end. These risks would be monitored in detail by the Finance Risk Management Group.</p> <p>Mr Williamson advised that year to date attendances to A&E were 2.4% (1104 attendances) higher than the same period last year, an increase which had been reflected nationally. Mr Williamson advised the Trust continued to focus on patient safety and outlined the actions taken including increasing the consultant presence in A & E and on wards and increased presence over the weekend to help speed up the discharge process. The Trust had also commissioned extra transport and was using the command and control process to monitor the situation and make rapid decisions to improve patient flow. Extra capacity in terms of time to think beds and extra nursing care beds had been agreed.</p> <p>Mr Williamson highlighted the risk of staff sickness if the level of pressure continued and advised that actions were in place to support staff.</p> <p>Elective activity was 910 spells (7.8%) below plan for the year to date, which was a further deterioration in the month. Mr Williamson advised that this was, in part due to a number of elective operations being cancelled due to the emergency admission pressures.</p>	

	<p>Mrs Thompson asked if there appeared to be any reputational issues. Mr Davidson reported that there had been lots of positive coverage locally.</p> <p>Mr Fleetwood noted that the first MRSA case since May 2013 was identified in December. 4 cases of clostridium difficile had been identified across November and December. Dr Rodgers advised that a root cause analysis had shown that these could not have been prevented and that there had been nothing to suggest there had been failures of practice due to increased activity and/or pressures.</p> <p>Mr Frame advised that a staff strike had been called for Thursday, 29 January 2015 which may increase pressure in the Trust. Mr Williamson advised that, whilst challenging, plans were in place and supported by the Unions, patient safety would not be compromised.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
	<p>b) Monitor Q3</p> <p>Mr Robson presented the Q3 report to Monitor reflecting the reprofiled plan.</p> <p>Mr Fleetwood noted that whilst the Trust expected to deliver the £12.8m cost improvement programme, the Trust was currently forecasting a deficit of £2.8m prior to adjusting the planned 2014/15 revaluation and the transfer of St. Benedict's Hospice.</p> <p>IT WAS AGREED THAT: subject to an amendment to the narrative to emphasise that £1.5m of the CIP related to a reduction in depreciation and PDC dividend following the revaluation of the Trust's specialised property and the transfer of St Benedict's hospice, the return be submitted to Monitor.</p>	
010/2015	<p>ITEMS FOR INFORMATION</p> <p>a) 2015/16 Planning Guidance</p> <ul style="list-style-type: none"> i) Five Year Forward View ii) The Forward View into Action: Planning for 2015/16 iii) Guidance on 2015/16 Annual Planning Review for NHS Foundation Trusts iv) Better Care Fund Policy Framework 	

011/2015	DATE & TIME OF NEXT MEETING The next meeting of the Board of Directors to be held in public at 8.30am on Tuesday, 31 March 2015 in the Board Room, Harton Wing, STDH	
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CHAIRMAN

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DATE