

**Minutes of the Meeting of the Board of Directors held in public
On Wednesday, 25 May 2016
In the Board Room, Harton Wing
South Tyneside District Hospital**

PRESENT: Mr N Mundy (in the chair)
Mrs M Arrowsmith
Dr B Brown
Mr A Clarke
Ms K Griffin
Mrs P Harle
Cllr I Malcolm
Mrs H Patterson
Mr K Tallintire
Mrs A Thompson
Dr S Wahid
Mr S Williamson

IN ATTENDANCE: Mrs D Burn

		ACTION
040/2016	Apologies for absence There were no apologies for absence.	
041/2016	Declarations of Interest There were no declarations of interest.	
042/2016	Minutes of the Previous Meeting a) Minutes of the Meeting held in public on 29 March 2016 The minutes of the Board of Directors meeting held in public on 29 March 2016 were agreed as a correct record.	
043/2016	Matters arising/actions <u>06/16 2015 Staff Opinion Survey Results & Action Plan</u> Progress against the action plan would be governed through the Workforce Sub Committee. Updates against the action plan would be presented to the Board of Directors. <u>08/16 Trust Top Corporate Risks</u> The Trust Top Corporate Risks would be integrated into the	

	Performance Report from June 2016 and the action could be closed.	
044/2016	<p>Chairman's Notices</p> <p>Mr Mundy presented the first Chairman's Report for 2016/17. Mr Mundy advised that April and May had been a period of setting the course for the financial year and monitoring progress in relation to the Trust's strategic, operational and financial position alongside developing the Group Alliance with City Hospitals Sunderland. Mr Mundy commented that there would be a need to focus on inspirational leadership and for each member of the team to gain an understanding of the pressures during this period of change.</p> <p>Mr Mundy updated the Board on discussions with Mr Richard Schofield, Deputy Regional Director at NHSI. Mr Mundy advised that the Trust had been subject to lots of scrutiny and that NHSI were keen to understand how the Trust was tackling turnaround and transformation. Mr Mundy advised that NHSI was also keen to understand progress and the commitment of both Boards to take forward the Group Alliance.</p> <p>Mr Mundy advised that the Chief Executives and Chairman of both Trusts had attended meetings of the Joint Scrutiny Committees of South Tyneside and Sunderland Council and had been questioned on the decision to establish the Group Alliance. Attendance at the Committees exposed the Trusts to the depth of local feeling, the importance of communications throughout the period of change and the need to ensure that transport implications were adequately addressed.</p> <p>Mr Mundy commented that the Transformation & Performance Sub Committee meeting held on 24 May, which had been attended by representatives from NHSI, had been very challenging. NHSI had identified weaknesses and areas for further action had been identified. Feedback from NHSI was awaited and in the meantime further urgent steps would be taken to ensure the required systems and processes were in place, with further integration of the PMO and Finance Teams. Intensive action would be required to achieve the agreed £3m control total and secure the CIP and a much greater level of recurring savings.</p> <p>Ms Griffin arrived at this point</p> <p>Mr Mundy referred to governance matters referred to in respect of the need for improvements in the level of assurance through internal audit. The issues had been discussed thoroughly at Audit Committee and positive progress had been made.</p>	
045/2016	<p>Chief Executive's report</p> <p>Mr Williamson updated the Executive Board on specific</p>	

	<p>discussions in respect of the development of the South Tyneside & Sunderland Health Care Alliance. He advised that a Clinical Review Group had been established to bring clinical teams together most efficiently and effectively. The Clinical Review Group would report progress to the Executive Board with effect from the June Meeting. Mr Williamson advised that the Alliance Board would also look at opportunities to share support and back office services and as discussions progress the Executive Board would be updated.</p> <p>Mr Williamson reported progress with the development of the STP. It was noted that Mrs Pattison, Director of Finance at City Hospitals Sunderland was providing leadership into the development of the STP footprint. NHS England had provided clarification of the funding outlook and the plans were to be submitted on 30 June 2016. Mr Williamson advised that a briefing session would be arranged to keep the Council of Governors appraised of progress with the STP development</p> <p>Mr Williamson was pleased to advise that the Trust had again received a Top Hospitals Award from CHKS. The award took account of areas such as clinical effectiveness, health outcomes, patient experience and quality of service and was a great reflection and acknowledgement of the good work of the hospital teams.</p>	
046/2016	<p>Feedback from Members</p> <p>There was no feedback to report.</p>	
047/2016	<p>CLINICAL GOVERNANCE & Patient experience</p> <p>a) Patient Story</p> <p>Dr Wahid reflected on an example of the NHS as a learning organisation. He reported the mother of an 18 year old boy had written to all NHS Trusts to highlight that on an admission to hospital, administration of IV steroids to patients on long term steroids due to adrenal insufficiency can be lifesaving. The lady's son had died after attending an A & E Department.</p> <p>Dr Wahid advised that he was aware of cases in the region where patients had come to harm and regular education sessions were provided to health staff. Dr Wahid had replied to the lady to offer condolences and advised her of the processes which had been introduced in the Trust to highlight those patients on long term steroids.</p>	
	<p>b) Open & Honest Staffing Report</p> <p>Dr Brown presented the Open & Honest Staffing Report for April 2016.</p>	

	<p>The report set out the progress made in the Trust towards safe staffing levels.</p> <p>Dr Brown advised that discussion at Executive Board had focussed on the need for better communication to alleviate anxieties with regard to potential changes in service delivery. Dr Brown highlighted the current position with regard to recruitment and retention and the challenges faced in filling vacant posts. Dr Brown outlined the recruitment strategies underway in the Trust.</p> <p>Dr Brown advised that from May 2016 NHS Improvement were introducing a new safe staffing metric, care hours per patient day and this information would be presented to the Board in future reports.</p> <p>Dr Brown advised that sickness absence rates for most wards and teams had been consistently above the 5% threshold in 2015/16 and described the actions in place to focus on staff returning to work as quickly as possible. The impact of staff sickness and the use of agency nursing staff was discussed. It was noted that all agency nurse staff shifts worked in April 2016 were above the NHSI cap. Dr Brown advised that processes and controls were now in place to ensure that every agency shift booked was needed to ensure patient safety and that every shift must now be authorised by a Clinical Business Manager. Ms Griffin reported that City Hospitals Sunderland did not use Agency Nursing and it was agreed that further consideration would be given to understand approaches taken by other Trusts whilst ensuring patient safety.</p> <p>Dr Brown updated the Board on the Lord Carter of Coles Workforce Efficiency Programme and the pilot project being carried out in the Trust to ensure each ward worked within the 22% allocated headroom built into budgets.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	
	<p>c) Patient experience</p> <p>Dr Brown presented the Patient Experience Report for April 2016.</p> <p>The report set out progress made to identify and map indicators of patient feedback across the Trust. Dr Brown advised that any service area that had a trend of lowering response rates or reduced user satisfaction received greater scrutiny and support from the Carer and Patient Involvement Team. Those teams showing a strong response rate and good satisfaction levels were noted.</p> <p>The continued implementation of the Friends & Family test as a baseline measure of patient experience was noted. Dr Brown updated the Board on the work across the Trust to develop patient satisfaction indicators such as the “you said..... we did”.</p>	

	<p>Mrs Harle was pleased to note the development of patient experience feedback. She reported she had shadowed the Carer and Patient Involvement Team and noted the increasing demands on them as more departments call on them for assistance. Dr Brown advised that the Team gathered lots of information, however, ultimately it was the responsibility of all operational teams to gather and share learning and to embed learning across the Trust.</p> <p>Mrs Harle was disappointed to note negative feedback about staff talking and socialising amongst themselves rather than talking to patients and asked if this would be followed up. Dr Brown explained the process of feeding back comments to Ward Managers.</p> <p>Mr Williamson referred to the positive comments received in respect of Gateshead Community Services and reflected that in light of the changes that were happening in the Gateshead Teams it was good to note the fantastic patient feedback received. Mr Williamson asked that the appreciation of the Board be fed back to the Teams.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	BB
048/2016	<p>PERFORMANCE MONITORING</p> <p>a) Integrated Performance Report</p> <p>Mrs Patterson presented the Integrated Performance Report and advised that the Trust was reporting a deficit for May 2016 of £797k. The position was £104k favourable to the plan submitted to NHSI in April 2016. Mrs Patterson advised that the revised internal plan had anticipated a deficit of £823k.</p> <p>Mrs Patterson advised that under the Financial Sustainability Risk Rating the risk was assessed as a 2. It was noted that this rating had triggered consideration by NHSI of further regulatory action and the Trust was currently under review awaiting a response following NHSI visit to review the PMO and governance arrangements.</p> <p>Mrs Patterson advised that an analysis of activity had shown a benefit of £37k in the month on the block contract negotiated with South Tyneside CCG. It was noted that Elective activity would be monitored during the year to ensure planned activity levels are not exceeded at a cost to the Trust. Mr Mundy emphasised that focus needed to be maintained on levels of activity and cost. Mrs Patterson reassured the Board that the block contract with South Tyneside CCG had been agreed after consideration of the value and that the block contract for activity was higher than tariff based. There was also a caveat within the contract around shared risk. It</p>	

was also noted that activity carried out for Gateshead and Sunderland was still based on tariff so the Trust would be paid for extra activity.

Mrs Patterson highlighted that key overspends in expenditure continued to be seen in agency staff, postage, pathology and theatre consumables and advised that these were included as schemes within the relevant CIP workstreams. Mrs Patterson advised that nursing was £35k overspent and medical staffing £72k overspend, however, the overspend was offset by an underspend on centrally held reserves relating to medical staffing. Mrs Patterson flagged a concern the overspend of £30k on AHPs due to agency staffing.

Mrs Patterson advised that CIP achieved was £9k ahead of plan in April, however, the CIP was profiled for majority delivery in the second half of the year. The key issue was the 74% of CIP delivered in month was non recurrent. Mrs Patterson advised that fortnightly workstream meetings reviewed the CIP schemes and work was underway to ensure all enabled schemes are transacted, that schemes in progress have credible delivery plans and further schemes are found to close the £20m gap needed into 2017/18. The workstream meetings report progress into the Transformation Steering Group and Transformation and Financial Recovery Sub Committee.

Mrs Patterson advised that Cash balances were £13,973k which was a decrease of £1.5m in the month, mainly due to capital payments and running a deficit in the month.

Mrs Patterson advised that the capital programme was planned to be £1,491k in the month and actual expenditure was only 67% of plan. Mrs Patterson advised that main reasons for the underspend were delays on Haven Court and IT schemes.

Mr Williamson referred to the risk that the Trust would require distress funding. Mr Williamson advised that a range of mitigating actions had been planned and it was forecast that the Trust would close the year with a cash balance of around £4m, however, it was noted this was dependent upon achieving a deficit of no worse than £3m and receiving all sustainability and transformation funding. Mr Tallintire commented it would be useful if the trends in cost improvement information and cash position could be presented in a graphical form.

Mrs Arrowsmith presented the performance against contract.

Mrs Arrowsmith referred to the IAPT performance and it was noted that the percentage of patients seen within 6 weeks had fallen to 37.4% against the target of 75%. Mrs Arrowsmith advised that there was an action plan in place to address staffing turnover and recruitment difficulties and it was hoped that the performance

	<p>against target would be back on track by July.</p> <p>Mrs Arrowsmith advised that during April significant pressure on demand had been seen with increased attendances and admissions throughout April. It was noted the demand had not dropped after the winter period as would be expected.</p> <p>Mrs Arrowsmith updated the Board on performance against the A & E Improvement Trajectories. Mrs Arrowsmith advised that the performance was being managed and improving against the trajectory. In view of the pressures seen the teams were doing well and there was a clear message that further improvements were required. Mr Mundy agreed that the position was enormously challenging and performance in the circumstances was quite remarkable. Mrs Arrowsmith advised that the Trust was performing well when compared to other local Trusts.</p> <p>Mrs Griffin presented the workforce performance report. Dr Brown noted that the Board needed to be mindful of the Policy change and the changes to the way information was presented in respect of completion of statutory and mandatory training.</p> <p>Mrs Griffin questioned whether the 95% compliance was achievable. Mr Clarke noted that the 95% compliance in respect of completion of information governance training was set by the requirements of the Information Governance Toolkit, however, it may be more realistic to set a target of 90% for other training. He suggested that the Workforce Sub Committee consider this issue and report outcomes of discussion to the Board of Directors.</p> <p>It was noted that sickness absence rates stood at 6% for April. Mrs Griffin advised that further work would be carried out to get behind the figures and this would be added to the agenda for the meeting of the Workforce Sub Committee.</p> <p>IT WAS AGREED THAT: the report be noted.</p>	<p>AC/KG</p> <p>AC/KG</p>
<p>049/2016</p>	<p>CORPORATE MATTERS</p> <p>a) Raising concerns at work</p> <p>Ms Griffin presented the Raising Concerns at Work Policy (Whistleblowing) Ms Griffin advised that the Policy had been updated to reflect the recommendations from the “Speak Up” Report and that Mr Tallintire and Dr Brown had been appointed Freedom to Speak Up Guardians to champion whistleblowing across the organisation.</p> <p>IT WAS AGREED THAT: the Policy be approved.</p>	
	<p>b) Employment policies</p>	

	<p>The following Employment Policies were presented for approval:</p> <ul style="list-style-type: none"> i) Management of Change Policy ii) Lease Care Policy iii) Harrassment & Bullying at Work Policy iv) Disciplinary Policy <p>It was noted that the Policies had been agreed by the Trust Policy Sub Group and the full Joint Consultative Committee.</p> <p>IT WAS AGREED THAT: the Policies be approved.</p>	
	<p>c) Terms of Reference – Audit Sub Committee</p> <p>Mr Tallintire presented the revised Terms of Reference for Audit Sub Committee. Mr Tallintire advised that the Terms of Reference had been approved at the Audit Sub Committee Meeting on 5 April 2016 and were recommended to the Board of Directors.</p> <p>IT WAS AGREED THAT: the Terms of Reference be approved.</p>	
<p>050/2016</p>	<p>DATE & TIME OF NEXT MEETING</p> <p>The next meeting of the Board of Directors would be held in public at 9.00am on 2 August 2016 in the Board Room, Harton Wing.</p>	

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CHAIRMAN

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DATE