



**TB119/12**      **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

The action plan was **APPROVED** as follows:

TB110a/12    Improving Patient Safety: Mrs Platton reported that the Patient Panel members were to meet with Northumbria colleagues and had been reassured that their roles would continue into the future. The Improving Patient Safety report had been updated so as to provide more detail on the patient stories. Action complete.

TB110b/12    Service Improvement: Ms Siddall to give an update at the December Board meeting.

**TB120/12**      **SAFETY AND QUALITY**

a)      **Improving Patient Safety**

Mrs Platton and Mr Walker presented the Improving Patient Safety report, which was **APPROVED** by the Board.

b)      **Patient Experience and Proposed Quality Strategy**

Mr Bonner welcomed Mrs A Laverty, Director of Patient Experience, Northumbria FT, to the meeting.

Mrs Laverty gave a presentation and outlined a report to the Board (copy attached) which outlined Northumbria's approach to measuring patient experience and the strategy for quality.

In relation to the consultant scoring, Mrs Laverty explained that it was the Trust's commitment for all consultants to sit in the 'top 20' and the data was used as a measurement for improvement as opposed to judgement. Mr Walker felt that clinicians would embrace this as it gave them more ownership.

Mrs Laverty explained that the system was completely transferrable to the Trust. Mrs C Simpson was currently doing a lot of the work and had visited Northumbria to look at the system. Ms Siddall commented that she felt that this system would achieve better 'buy in' from the staff. Professor Bruce reminded Board members that it must not forget the fantastic work of the Patient Panel members in gathering patient data. Mrs Farrar enquired as to whether there would be any available resources to implement the scheme within the Trust. Mrs Laverty explained that the DH had indicated that they were interested in replicating the scheme within the Trust but only £7k funds would be made available. It was **AGREED** to approve the patient experience system and implement with immediate effect.

In relation to the quality strategy, Mrs Farrar asked if the Board were happy with the proposed model so that this could be presented to the Clinical Policy Group. The Board **APPROVED** the strategy. Following discussion, it was **AGREED** to progress the model with the CPG.

Mr Bonner thanked Mrs Laverty for her presentation.

c) **Service Performance**

On behalf of Ms Siddall, Mrs Farrar presented the Service Performance report, which was **APPROVED** by the Board.

Mrs Farrar outlined the following key points:

- Pressure continued to be experienced within the system, however, staff and health economy partners were responding well. Mrs Farrar felt it was still possible for the Trust to achieve 95% for Q3.
- Dr M Doshi and Mr C Biggin from Northumbria had visited the Trust to look at emergency care services and were to give their feedback/suggestions to clinical staff later that day.
- The 18 week plan had been re-drafted. Patients would be treated in chronological order. The plan would be signed off by the SHA and the commissioners and would take up to March 2013 to achieve. Ms Siddall would outline at the next meeting how 18 weeks was to be transformed in relation to 'real choice'.
- Dr J Lothian, Dr J Howarth and Ms Siddall were in the process of a casenote review with regard to length of stay and delayed transfers of care.

In response to a question from Ms Cooke, Mrs Farrar confirmed that all patients who had waited more than 18 weeks would be treated by the end of March 2013. The challenge remained within the specialties of ophthalmology and orthopaedics and it was planned to repatriate these back into the Trust rather than the private sector. Orthopaedics had signed off a new directory of services and were directly in competition with Hexham. The plan for ophthalmology would include being a sub-specialty service offering the service to a wider population. A plan was also being finalised for gynaecology services.

Mrs Farrar explained that the Emergency Care presentation would now be made at the December Board by Dr Burke and Mrs Monk. The presentation would outline the pressures being experienced and what action had been taken to address these.

**ACTION:**

Ms Siddall to outline how 18 weeks was to be transformed in relation to 'real choice'.

d) **Workforce Report**

Mr Gallagher presented the Workforce Report, which was **APPROVED** by the Board.

Professor Bruce commented that the appraisal figures had marginally improved. In relation to mandatory training, she enquired if the data covered the percentage of staff required to undertake the training during that period. Mr Gallagher confirmed that this was the case as this was the compliance requirements for the data. Professor Bruce suggested that it might be useful to have a 13 month reporting 'window' for internal scrutiny.

In relation to information governance, Mr Gallagher reported that there remained a lot of paperwork to count in the Education and Training Department and, therefore, expected the figures to increase. Professor Bruce commented that the Trust needed to be able to demonstrate that if the figures were not good, that it was able to change and improve on these.

Mr Bonner queried the premium overtime rate for the 7 month period, as this exceeded the figure for the previous full year. Mrs Farrar confirmed that Mr Shanahan would look into this detail.

**ACTION:**

Mr Shanahan to review figures in relation to 7 month period for overtime.

TB121/12

**STRATEGY AND POLICY**

a) **Acquisition Update**

Board members **APPROVED** the Acquisition Update report.

Mr Bonner commented that the report was now slightly out of date since its production as the process was 'dynamic' .

b) **Organisational Readiness for Acquisition**

Mrs Farrar presented the Organisational Readiness for Acquisition report, which was **APPROVED** by the Board.

The Board **APPROVED** the recommendations that the Clinical Business Unit Director for Clinical Support Services explore options for an integrated Business Unit and that the Associate Medical Director for Paediatrics explore the options for an Integrated Clinical Business Unit for Paediatrics with Northumbria and that both reviews report their findings to the Board before March 2013.

**ACTION:**

Findings for the review of integrated business units for clinical support and paediatrics to be reported to the Board by March 2013.

c) **West Cumberland Hospital Redevelopment Update**

Mrs Halsall gave a brief verbal update reporting that at a meeting of the Board, held on 20 November 2012, it had looked at the Laing O'Rourke stage 4 contract in some detail and had approved the signing of the contract, subject to some further details being finalised.

d) **Workforce Committee**

Mr Gallagher presented a report outlining proposals for the establishment of a Trust Workforce Committee, which was **APPROVED** by the Board.

Professor Bruce commented that the proposal of such a Committee was a good idea, however, felt that the size of the Committee was too big, especially as 50% of the attendance was required to be quorate. She suggested that the numbers be 'pruned' as she felt the Committee was more of a 'forum' with the current numbers. Professor Bruce was happy to be associated with the Committee, however, drew attention to the Non Executive Directors being under strength in numbers at present due to other issues and suggested that perhaps the meetings could be held on the same day as the Governance Committee so as to make an efficient use of time.

Following discussion, it was **AGREED** that Mrs Duguid would liaise with Mr Gallagher in relation to the Terms of Reference and timing of the Committee. The Board **APPROVED** the establishment of the Committee and nominated Professor Bruce as the Chair.

**ACTION:**

Mrs Duguid to liaise with Mr Gallagher in relation to the Terms of Reference and timing of the Committee.

TB122/12

**FINANCIAL PERFORMANCE**

a) **Month 7 Report**

Mr Shanahan presented the month 7 Financial Report which was **RECEIVED** by the Board. It was **NOTED** that this report had been fully considered at the Finance Committee.

**TB123/12      GOVERNANCE & ASSURANCE**

a)      **Patient Safety Walkabouts**

Mrs Platton reported that the patient safety walkabouts with the Non Executive Directors had been deferred due to Board business. Executive patient safety walkabouts, involving members of the Senior Management Team, had commenced. Mr Walker updated the Board on a recent patient safety walkabout on Kirkstone Ward, WCH, which had been extremely informative.

**TB124/12      ANY OTHER BUSINESS**

a)      **Revised Terms of Reference for Audit Committee**

Mr Evens, as Chairman of the Audit Committee, presented the revised terms of reference, which had been amended in line with the Audit Committee Handbook.

Following discussion, the Board **AGREED** the following:

- The Director of Finance would be the Management Lead and the Director of Governance/Company Secretary to be a member of the Committee.
- To include a sentence indicating that the Audit Committee will approve the annual Quality Account and Annual Report.
- To strengthen and focus on clinical audit.
- Mrs Duguid to amend the Terms of Reference.

Subject to the agreed amendments, the Board **APPROVED** the Terms of Reference for the Audit Committee.

**ACTION:**

Mrs Duguid to amend the terms of reference in line with Board suggestions.

**TB125/12      DATE, TIME AND PLACE OF NEXT MEETING**

Tuesday, 18 December 2012 at 1pm in the Board Room, West Cumberland Hospital, Whitehaven.