

North Cumbria University Hospitals



NHS Trust

MINUTES OF THE TRUST BOARD MEETING HELD IN PUBLIC ON TUESDAY 24 JUNE AT 1PM IN THE BOARD ROOM, CUMBERLAND INFIRMARY, CARLISLE

Present:

- Ms G Tiller, Chair
- Mrs A Farrar, Chief Executive
- Mr M Evens, Non-Executive Director
- Mr M Cook, Non-Executive Director
- Professor R Barton, Non-Executive Director
- Mr S Shanahan, Director of Finance
- Mrs H Ray, Chief Operating Officer
- Mrs G Naylor, Director of Nursing
- Dr D Freake, Director of Strategy

In Attendance:

- Mrs R Duguid, Acting Director of Governance/Company Secretary
- Mr D Gallagher, Director of Human Resources
- Mr Les Morgan, Director of Redevelopment
- Mrs C Riley, Northumbria Director of Communications
- Ms A Laverty, Northumbria Director of Patient Experience
- Mrs J Lynch, Office Manager

TB31/14 **APOLOGIES AND DECLARATIONS OF INTEREST**

Apologies were received from Mr H Dixon

Interests were declared by Professor R Barton, who has an honorary contract with Northumbria Healthcare NHS Foundation Trust, Mr L Morgan and Mrs C Riley who had Northumbrian Contracts.

TB32/14 **MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 5 June 2014 were **APPROVED** as a correct record.

TB33/14 **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

The actions were **APPROVED** as follows:

TB97b/13: This action is ongoing: Gill Harris had been spoken with and this would be reflected in the next quarterly report.

TB97d/13: This action is Complete

TB34/14 **A PATIENT STORY**

Ms Tiller welcomed Sister Caroline Shaw, Ward Manager Rachel Eastham (CCU) and Deputy Ward Manager Andrea Hayton (Willow C Ward) to the meeting, to present to the Board the progress made following the opening of the Cardiac Centre a year ago (see attached presentation). The main points to note were:

- Primary PCI procedure was now offered to patients which is a 'gold standard' treatment. There had also been a decrease in inpatient deaths.
- Over 200 patients were being treated per month for various procedures, which was consistently above the national standard.
- Nursing staff were trained in all areas of the Cardiac Centre; thereby staff could be moved around as required, which was good for team working. Weekly team meetings were held where issues were discussed and patient feedback was also shared.
- A patient story was described in detail. This showed good patient care and how the team worked together.
- Patient feedback was positive and some patients are becoming involved in fundraising for the unit as a thank you for the treatment and care given to them.

Board members discussed the presentation and the good work that had been achieved. Ms Tiller thanked the team for coming to the meeting and sharing their experience.

TB35/14 **SAFETY AND QUALITY**

a) **Keogh Action Plan**

Mrs Farrar updated members on the current status of the Keogh Action Plan. Mrs Farrar reported that since the last review of this document the Trust had completed and evidenced a further 5 actions. There were no red/off track actions in the report and 7 actions were green and on track for delivery. There were 2 key risks and work was progressing in both those areas. The management capacity in the Emergency Care and Surgical Business unit was improving with a number of posts being filled and the Director (Mr Nick Strong) starting at the beginning of July.

The report was **APPROVED**.

b) **Safety & Quality Report Q4**

Dr Rushmer reported to Board members that there continued to be a reduction in crude death rate and standardised mortality rate. The new system to review all deaths had also commenced in quarter 4. The implementation of care bundles continued and this was now being monitored.

Mrs Naylor reported that a number of the wards were regularly achieving 95% or above on the ward indicators, with a number of improvements being implemented. Discussions were continuing on the Cumberland Infirmary site to further increase the number of wards achieving this target. In relation to the safety thermometer and falls; there were improvements in most areas and work is continuing to make further improvements.

Mrs Duguid reported that there had been a number of serious incidents declared in quarter 4 and these were being or had been investigated. The number of incidents reported to the National Patient Safety Agency (NPSA) by the Trust was now close to the national median. Patients were being informed when they were involved in a moderate or major patient safety incident. In relation to patient complaints the Trust had made a significant achievement in ensuring the complaints were closed within the timeframe agreed with the patient.

The report was **NOTED**.

c) **Clinical Negligence Scheme for Trusts**

Mrs Naylor informed Board members of the need for an independent assessment against the CNST Maternity Clinical Risk Management Standards level 1. The final report following the review confirmed that the Trust was compliant with level 1. This was a key action for the Risk Summit.

The report was **NOTED**.

d) **Nurse staffing and Outcomes**

Mrs Naylor presented the nurse staffing and outcomes report, which provided assurance to Board members that safe care is being delivered, in line with the Trust Board standards which were approved in October 2013. Key points noted were:

- Recruitment continued to be a significant challenge to the Trust. A major recruitment campaign had started and this included participating in staff recruitment fairs.
- Key risk areas remained WCH acute medical wards and the nursing staff for the additional bed capacity at the Cumberland Infirmary site to be opened.
- Daily monitoring of ward staffing levels continued and the escalation process had been strengthened.

The report was **NOTED**.

e) **KPGM Quality Governance Assessment**

Mrs Duguid informed members that the Trust had been independently assessed in June 2014 by KPMG, in relation to the Monitor Quality Governance Framework. Aspiring Foundation Trust should achieve through the assessment a score no higher than 3.5. In May 2013, the Trust had scored 9.5; since then the Trust had worked hard to implement key changes and improvements which had resulted in the score decreasing to 6.5 in May 2014. An action plan was being developed to address the recommendations made in the assessment and this would be reported to the Safety and Quality Committee and the Executive Management Team in September 2014.

The report was **APPROVED**.

f) **Patient Experience**

Mrs Naylor reported that the Trust was making good progress in relation to the patient experience. A lot of proactive working had been undertaken at ward and team levels. The 'Friends and Family' test was showing positive results, compared to quarter one from the previous year. The Trust would continue to look at ways to improve the patient experience and a further report would be brought to the Trust Board in July. Mrs Laverty reported that during the following year the Trust would be working closely with Healthwatch regarding our most vulnerable patients and using the dignity framework.

The report was **APPROVED** and **NOTED**.

g) **Car Parking**

Mr Shanahan informed members, that following a number of complaints relating to the car parking facilities at both the West Cumberland Hospital and the Cumberland Infirmary, the Trust had looked at different ways to increase the parking facilities on both sites. The Trust was also working with the Cumbria County Council with regards to a park and ride system, as another option to ease the parking problems. A plan was being produced that would be brought to the Trust Board. Mr Morgan informed members that car parking at the West Cumberland Hospital would further deteriorate, whilst work was continuing in relation to the new hospital build, but plans were being discussed to alleviate this. Mrs Farrar requested an updated report be brought back to the Trust Board in 3 months time.

The report was **NOTED**.

ACTION:

An updated report to be brought to the Trust Board in 3 month's time on the plans for car parking on both the West Cumberland Hospital site and the Cumberland Infirmary site.

h) **Medical Director's Report**

Dr Rushmer presented the Medical Directors report which was accepted by members. The key points were noted:

- The Trust continued to scrutinise the locum agency spend, as well as actively working to recruit to vacant posts.
- All permanent medical staff had received a copy of the 'Medical Engagement Survey' and had been invited to a number of focus group/engagement events. The Board will be updated on how this progresses.
- An external review of the Terms of Reference for the West Cumberland Hospital and Cumberland Infirmary medical staff committees will be undertaken by Dr Umes Prabhu, Medical Director from Wigan/Wrightington, Professor Singh and Wendy Cowie.
- The appointment rate for Foundation Year 1 doctors is at nearly 100% which is excellent news. Two Acute Care Common Stem posts have also been appointed to at the Cumberland Infirmary site. There are still vacant posts on the GP Training Scheme and work is progressing to fill the vacant posts.
- Work is continuing to fill the vacant medical posts at the West Cumberland Hospital. The Trust is also exploring the use of the Nurse Practitioners to evolve a different way of working at the West Cumberland Hospital.

The report was **NOTED**.

i) **Clinical Audit Plan 2014/15**

Dr Rushmer reported that the Clinical Audit plan outlined the overall programme for 2014/15. The Safety and Quality Committee continued to receive and scrutinise the quarterly reports and sought assurance when required. Mr Cook confirmed that the reports were discussed in detail at the Safety and Quality Committee.

The report was **APPROVED**.

j) **Risk Management Report**

Mrs Duguid informed members that the Trust had looked at strengthening the risk management approach over the previous year. The report supported the Board Assurance Framework document and outlined the risks. The report was also presented to the Safety and Quality Committee. Mrs Duguid drew member's attention to the following areas:

- The number of corporate risks per Business Unit/Corporate functions.
- The material changes to existing risks on the Board Assurance Framework
- The new risks that had been added to the Board Assurance Framework.
- The updated strategic risk profiles.

It was agreed that it was important that the Trust Board openly discussed its risks so that the general public were aware that this was being taken seriously.

The report was **APPROVED**.

TB36/14

QUESTIONS FROM THE PUBLIC

1. Was the Trust seeking subsidies for the park and ride scheme?
Response: The Trust was in discussion at the present time; these discussions had only started and requirements had not been discussed.
2. Where would the park and ride scheme run from and to?
Response: This information was all part of the discussions that were taking place at the present time.
3. If the Trust is not acquired, what will happen to all the Consultants that have and are being recruited using the Northumbria scheme?
Response: The posts would automatically revert to North Cumbrian posts.

TB37/14

STRATEGY POLICY AND ENGAGEMENT

a) 5 Year Clinical Strategy 2014/15 – 2018/19 and Integrated Business Plan

Dr Freake verbally reported to members that the Clinical Strategy had been submitted on 20 June 2014. Work was ongoing with the Business Units regarding the delivery of the strategy and how this would be progressed. Work was also progressing with our system wide partners in relation to the strategy, to ensure that plans were fully aligned. Dr Freake informed members that she would keep them updated regarding the detail of the work.

The verbal update was **NOTED**.

b) Monitor's Strategy to 2017

Dr Freake informed members that the report provided an update on the 3 year Monitor Strategy which had been published in April. It identified 4 main themes that Monitor expected to lie at the heart of their work over the next three years. Members agreed that the report was very relevant to our Trust

The report was **NOTED**.

c) **Standing financial Instructions and Standing Orders**

Mr Shanahan informed the Board members that there was a requirement to review this document annually. Since the last time it had been reviewed there had been a few minor modifications, the document now included information relating to the bribery act, it reflected the new organisational structure and included the number of colleagues from Northumbria Healthcare NHS Foundation Trust on honorary contracts. Mrs Duguid asked for an amendment to be made to page 122 of the documents and Mr Shanahan agreed to do this. Mr Shanahan was asked to report on how individuals were made aware of their delegated responsibilities; he reported that the information was on the intranet and the individuals were also notified via email.

The report was **APPROVED**.

ACTION:

Page 122: delegated matter 32; should sit with the Director of Estates and Facilities. The document to be amended to reflect this

TB38/14

DELIVERY

a) **Finance Report**

Mr Shanahan reported to Board members that the Finance report had been discussed in great detail at the Finance, Investment and Performance Committee. There were a number of serious concerns and these related to agency spend for doctors and nurses, non-elective activity being above plan, elective activity being behind plan and outpatient attendances being ahead of plan. Actions to address these were being taken and a full report would be provided at the end of Quarter 1. In relation to the increase of non-elective attendances, Mr Shanahan reported that he would be discussing this at the Contract meeting with a view to renegotiating costs.

The report was **NOTED**.

b) **Core Performance Report**

Mrs Ray provided Board members with an update on the Trusts delivery of core standards. The key points were noted:

- The key targets being met were: MRSA, C Difficile, Cancer 31 day and Cancer Screening.
- The key targets not being met, but with proactive improvement plans in place were: Cancer 62 day pathway, Cancer 2 week waits, 18 weeks admitted pathway at Trust and Specialty level, 95% 4 hour waiting times and Cancelled Operations. In relation to the 95% 4 hour waiting time target the Trust was now

consistently attaining this target on both sites, with occasional slight dips.

- Work had been undertaken regarding discharges. A number of discharges were now taking place earlier in the day. This improved the bed availability for patients being admitted. Work was also continuing with our key stakeholders to improve the length of stay for admitted patients.
- 62 day pathway: work was ongoing to recover the standard with all breaches being scrutinised.
- 6/52 pathway: with the arrival of the MRI van this pathway had improved and the Trust was almost at the 5 week position. Outpatient hysteroscopy was now in place and the sonographers had almost finished their training. Work was ongoing in relation to improving the amount of cancelled operations.

Members had a general discussion about the improvements and changes that could be made, to help improve the patients' journey and decrease the amount of cancelled operations,

- 18 week pathway: options for improvement were currently being reviewed. There were concerns in relation to Orthopaedics and Mrs Ray reported that a paper may have to be brought to the Trust Board to approve the level of consultants.

The report was **APPROVED**.

c) **Workforce Report**

Mr Gallagher updated members on the quarterly report to Trust Board and informed members that the Workforce Control Committee looked at all aspects of the report in detail on a monthly basis. The key points were noted:

- The key Human Resource controls were RAG rated as green with the exception of recruitment, sickness absence, mandatory training and appraisal which were all amber apart from appraisal which was red. Mrs Farrar emphasised the importance of achieving the new appraisal standard of all staff being appraised. This would require robust escalation and monitoring.
- The whistleblowing policy had been reviewed and there was now a helpline and dedicated email address.
- Sickness absence was reducing but was still slightly higher than the national rate.
- Changes had been made to the way appraisals and mandatory training was undertaken, with a 3 month 'window' being allowed for these to be undertaken. There was also a new appraisal system currently being piloted, with the aim to roll it out across the Trust.
- A number of staff were being trained in mediation which would be a benefit to the Trust.

The report was **NOTED**.

TB39/14

QUESTIONS FROM THE PUBLIC:

- 1 As the reports used abbreviations that members of the public were not aware of, could a glossary of abbreviations be included in future reports?
Response: This was agreed.
2. In relation to the financial activity; this was below what was expected, does the Trust include all recorded or non-coded activity?
Response: The Trust included all uncoded.
3. What about investment in staff?
Response: This would be picked up in the Workforce review report and the July report will have a breakdown of ward staffing.
4. What about ward assistant training
Response: It was important to invest in staff. There had been a lot of additional training and further development sessions were going to take place. A lot of training took place within departments and this information was not captured. Mr Gallagher was asked to look into how this information could be captured and presented to the Workforce Committee.

ACTION:

1. When abbreviations were used in reports; a glossary to be provided in the report.
2. Mr Gallagher to look into how the information related to training taking place within departments can be captured and presented to the Workforce Committee.

TB40/14

REGULATORY

a) **TDA Self Certification**

Mrs Ray informed members that it was intended that Board members sign this document off as fully compliant. There were a couple of elements that were still red and work was progressing in both these areas. Another element previously declared as red in March had now moved to amber.

The report was **APPROVED**.

b) **DIPCI Annual Report 2013/14**

Dr Rushmer reported that the Trust was now in a much better position in relation to Infection Control than it was 12 months ago. A lot of work had been done within the Trust which had resulted in the number of Clostridium Difficile cases being halved, an improvement in the hand washing procedure and a range of improvements in other areas. The Trust had an Infection Control Committee which was chaired by the Chief Executive and met on a

monthly basis. The Trust was also currently working towards an Infection Prevention development day.

The report was **APPROVED**.

c) **Complaints/PALS Annual Report**

Mrs Duguid informed members that the Annual Report gave details on the management of complaints, which was a key item, following the Keogh report. This was the first Annual Report to be produced for a number of years but it showed the work that had been done and continued to be done to improve the service provision.

The report was **APPROVED**.

d) **Quality Account 2013/14**

Mrs Duguid reported that Board members had seen this document previously; it had been brought back to the meeting as there had been a couple of minor amendments, following feedback from Healthwatch, External Audit and the Care Quality Commission. Mrs Duguid thanked Mr Evens for his help in producing this report.

The report was **APPROVED**

TB41/14

FOR INFORMATION:

a) **Safety and Quality Committee – March and April 2014**

The minutes were received

b) **Audit Committee – May 2014**

The minutes were received

c) **Workforce Committee – March and April 2014**

The minutes were received

d) **EMT – May 2014**

The minutes were received.

e) **Risk and Assurance Committee – February and May 2014**

The minutes were received.

TB42/14

DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 29 July 2014 at 1pm in the Board Room, West Cumberland Hospital.