

North Cumbria University Hospitals



NHS Trust

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY 29 JULY
2014 AT 1PM IN THE BOARD ROOM, WEST
CUMBERLAND HOSPITAL**

Present:

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

In Attendance:

- Mr Les Morgan, Director of Redevelopment**
- Mrs L Carruthers, Deputy Director of Nursing**
- Mrs J Stockdale, Head of Corporate Affairs**

TB43/14 APOLOGIES AND DECLARATIONS OF INTEREST

Apologies were received from Professor R Barton, Mrs G Naylor, Mrs R Duguid and Mr D Gallagher.

Interests were declared by Mrs Farrar, Dr Rushmer, Mr Morgan and Dr Freake who were on secondment to the Trust and employed by Northumbria Healthcare NHS Foundation Trust. Dr Freake was also a partner of Gibson, Freake Edge.

TB43/14 MINUTES OF THE LAST MEETING

The minutes were **APPROVED** as a correct record.

TB44/14 MATTERS ARISING AND ACTION PLAN

No matters arising were discussed. The action plan was **APPROVED** as follows:

TB39/14 Mr Gallagher and Mrs Naylor to update the Board at September meeting on healthcare assistant training taking place within departments and how this could be captured and presented to the Workforce Committee.

TB45/14 PATIENT STORY

Mrs Carruthers outlined a patient story regarding an 84 year old female patient who had been transferred from West Cumberland Hospital (WCH) to the Cumberland Infirmary (CIC) for her care.

The patient had been living independently and following a fall at home, had been admitted via the A&E department at WCH. The patient had been triaged quickly and received manipulation for her fractured ankle and admitted to Patterdale Ward overnight.

The patient was to be transferred to CIC the following day, however, due to the wrong ambulance being sent, there was a delay in her transfer. As her family wished to be with her for her operation, they chose to take the patient via their own transport to CIC.

The patient was transferred to CIC but due to swelling of her ankle, the operation was delayed for 3 days. Following the operation, the patient was transferred back to WCH. Following a visit by the physiotherapy team, the patient was then discharged back home.

The patient has since attended a follow-up appointment at the CIC, at which point she was advised that she required a further operation and she received this operation on the same day.

Mrs Carruthers had spoken with the patient's family and they had been very happy with her care, with their only issue being the wrong ambulance being sent, however, they had preferred to drive her to the CIC themselves.

The patient wished to place on record that she received exemplary care from all the staff at both hospitals.

Ms Tiller thanked Mrs Carruthers for reporting a positive patient experience.

On behalf of the Board, Ms Tiller congratulated Mrs Carruthers, who was celebrating her 40th year, that day, within the Health Service. Mrs Carruthers had commenced her career in the NHS as a Cadet.

TB46/14 SAFETY AND QUALITY

a) **Chief Inspector of Hospitals' Report**

The report detailing the Trust's Quality Improvement Plan, and the action taken to date, was **RECEIVED** by the Board.

The Quality Improvement Plan outlined the action that had been completed by 31 July, as well as additional action to be taken within the next 6 months. Health economy support would be required for

some of the actions, e.g. clinical strategy, 95% A&E, patients transfers etc.

A copy of the draft report had been forwarded to health economy partners for their comments before submitting to the Chief Inspector of Hospitals by 4 August 2014.

Mr Evens commented that he was pleased to see health economy partners included on the delivery of some of the actions.

The report was **APPROVED** by the Board.

b) **Medical Director's Report**

Dr Rushmer presented his report which outlined key clinical issues and this was **RECEIVED** by the Board.

Mr Evens enquired as to the amount of cross-site working within the Trust. Dr Rushmer explained that there was a lot of cross site working, however, acute medicine on both hospital sites was currently 'high risk', so action needed to be taken so as to avoid de-stabilising either site. He further explained that the majority of specialities worked cross-site, however, locums were excluded from working cross-site so that they can get used to working in a localised pattern and routine.

In answer to a question as to the meaning of 'strategic hospital programme', Dr Rusher explained that this meant the writing of a plan with the Clinical Commissioning Group on the consolidation of high risk medicine and any other services, as required, as no firm plans had yet been made to date.

The report was **NOTED** by the Board.

a. **Medical Revalidation and Appraisal**

A report outlining progress achieved to date for the number of clinical appraisal for 2013/14 was **RECEIVED** by the Board.

Dr Rushmer reported that good progress had been made with 81% of doctors having received an appraisal, as opposed to 49% the previous year. Those doctors who had not yet been appraised were being addressed appropriately but this was generally due to personal circumstances. Locum consultants, before being appointed, went through a rigorous process and were covered by a revalidation officer from either the Locum Agency or their own organisation.

Mr Cook enquired as to how the Trust compared to its peers. Dr Rushmer explained that it was difficult to benchmark itself against its peers, however, a generic benchmark would be in the region of 80-85%.

Dr Dixon felt it would be useful to received quarterly reports to the Workforce Committee and to the Board on a 6 monthly basis.

The report was **NOTED**.

c) **Nursing Workforce Review**

A report outlining the ward staffing levels was **RECEIVED** by the Trust.

The Board extended their thanks to the staff in those areas where extra hours were being worked due to staffing problems.

Mrs Carruthers, in outlining the report, and particularly the non clinical role review, explained that the nurse management team (including the Director of Nursing) were working on the wards and reviewing the nurse practitioner role to see how they could be used further.

The report was **NOTED**.

d) **Ward Accreditation Framework**

A report which provided an overview of the proposed approach to a ward accreditation framework was **RECEIVED** by the Board.

Mrs Carruthers reported that it was hoped to implement the framework in August.

Mrs Carruthers explained that as Northumbria had '15 Steps', they would not be implementing the framework. In answer to a question from Mr Evens as to what the Trust would be 'stopping', Mrs Carruthers confirmed that this would be the duplication of information gathering. Mrs Farrar stressed the importance of this being linked in with the information technology department so as to ensure that the correct information was being gathered.

The report was **APPROVED**.

e) **Patient Safety Walkrounds**

A report detailing the proposed action following the patient safety walkround programme in November 2013 was **RECEIVED** by the Board.

Ms Tiller confirmed that were possible, Non Executive Directors would participate in the next programme of walkrounds.

The actions outlined in the report was **APPROVED** by the Board.

f) **Questions from the Public Gallery**

- i. In relation to the revalidation process, Mr Alexander enquired if there had been any patient involvement. Dr Rushmer explained that there had not been a direct input into the appraisal process, however, any complaints received relating to any doctors were included within the process.
- ii. Ms Gearing enquired as to what services had been transferred from Whitehaven to Carlisle and what services were yet to be transferred. She said that the public were concerned that the West Cumberland Hospital (WCH) would end up being a cottage hospital. Mrs Farrar reassured Ms Gearing that WCH would not be a cottage hospital but did confirm that the hospital was being remodelled so as to attract more staff to work there and a consolidation of services was being undertaken. Ms Tiller stressed the importance of the Trust provide safe and sustainable services for the future. Mrs Farrar confirmed that high risk emergency trauma had transferred in 2013 and was approved in the public consultation in 2008. The transfer of high risk emergency surgery had resulted in better outcomes. Dr Rushmer said that although he was keen to provide local services, he stressed the importance of good outcomes for patients. Since transferring the services to date, mortality figures were better. It was also important to have the same good outcomes, irrespective of which hospital provided the care. Public consultation would be led by the Clinical Commissioning Group in due course.
- iii. No decision had yet been made about maternity services. There was currently only one anaesthetic rota at WCH and national standards were that two rotas should be in place. Dr Rushmer explained that there were not many consultant led maternity units in the country, i.e. there were 6 in total, and two of these were in Cumbria. Ms Ellison asked if the Board considered it to be a safe option to transfer pregnant women to Carlisle from Whitehaven. Dr Rushmer, Mrs Farrar and Dr Freake confirmed that in their opinion this was a safe option. Proposed options would be outlined for consultation by the Clinical Commissioning Group. Mrs Farrar said that the most urgent high risk service to address first was acute medicine.

TB47/14 STRATEGY, POLICY AND ENGAGEMENT

a) **Integrated Business Plan Executive Summary**

The Board **RECEIVED** and **NOTED** the Integrated Business Plan Executive Summary report.

b) **Engagement Report**

The report which summarised recent engagement with leading GPs within North Cumbria was **RECEIVED** by the Board.

Following discussion with the Clinical Commissioning Groups and lead GPs, it had been agreed to reactivate the Clinical Leads Forum with the Trust, which would be a valuable forum for engagement.

The report was **NOTED**.

c) **Cumbria Care and Health Alliance**

Mrs Farrar reported that health economy Chairs, Chief Executives and Medical Directors had met approximately 4 weeks previously, and also recently, to discuss key issues affecting all organisations, e.g. clinical strategy, clinical information strategy etc.

Ms Tiller stressed the importance of engaging with the North West Ambulance Services (NWAS) as they were key to the Trust's services. Mrs Farrar assured Ms Tiller that NWAS representatives were invited to all meetings affecting the health economy.

The verbal report was **NOTED**.

d) **Strategic Plan Implementation: RISE Change Programme Delivery**

The Board **RECEIVED** a report which outlined details of Phase 2 of the improvement of the strategic change programme, which had been approved by the Executive Management Team.

The report was **NOTED**.

TB48/14 **DELIVERY**

a) **Finance Report**

The Finance Report, reporting at the end of June 2014, was **RECEIVED** by the Board.

Mr Shanahan reported that the Trust's financial position had been discussed in detail at the Finance, Investment and Performance meeting the previous week.

Mrs Ray reported that the Trust was trying to recover the position on activity, in particular in ophthalmology, so Medinet had been sub-contracted to undertake some cases. Mrs Ray was confident that they would deliver a significant number of cases. She further explained that the Trust was working with its 'buddy' (Northumbria) to understand how they could help support the orthopaedic service.

Mrs Farrar said that the Trust was working with health economy partners so as to work better across North Cumbria, which would include some surgical work coming back to West Cumberland Hospital.

The report was **NOTED**.

b) **Core Performance Report**

The report outlining the Trust's delivery of core standards and key areas of under-performance was **RECEIVED** by the Board.

Mrs Ray highlighted the exception areas and the improvement plans so as to achieve delivery.

Mrs Ray briefed the Board on the action being taken to improve the availability of medical notes on both sites. An audit based on the availability of medical notes for the previous day had recorded 100% for Workington, 85% for Cumberland Infirmary and 97% for West Cumberland Hospital. Work would continue to significantly improve medical note availability.

Following discussion, it was **AGREED** that Mrs Ray would include a trajectory to the next Core Performance Report.

The report was **NOTED**.

ACTION:

Mrs Ray to include trajectories for the core performance targets.

c) **Arrangements for Sustaining Acute Medical Care at West Cumberland Hospital**

The report outlining the arrangements for sustaining acute medical care at West Cumberland Hospital was **RECEIVED** by the Board.

Mr Morgan reported that the Cumbria Partnership NHS Foundation Trust and the Clinical Commissioning Group had offered to give doctor assistance should the Trust's staffing situation worsen, so as to keep the service safe.

The report was **NOTED**.

TB49/14 **REGULATORY**

a) **TDA Self Certification**

The Board **RECEIVED** the TDA Self Certification Report for July.

Mrs Ray confirmed that there were no changes to be made to the Monitor License Conditions, but queried the 'amber' rating on the

Self Certification Board Statement, number 14. Mrs Farrar explained that the 'amber' rating related to the infancy of appointments within the Business Units and confirmed that this needed to remain as 'amber'.

b) **Internal Audit Annual Report 2013/14**

The Internal Audit Annual Report 2013/14 was **RECEIVED** by the Board.

Board members **NOTED** that the Trust's internal audit provision was changing to Northumbria's internal audit consortium.

The report had been discussed in detail at the recent Audit Committee.

The report was **APPROVED**.

c) **Local Counter Fraud Annual Report 2013/14**

The Local Counter Fraud Annual Report 2013/14 was **RECEIVED** by the Board.

Mr Evens reported that the Local Counter Fraud Annual Report 2013/14 had been reviewed in detail at the recent Audit Committee.

The Board **APPROVED** the report.

d) **Terms of Reference – IM&T Committee**

The report proposing the establishment of a new Trust IM&T Committee was **RECEIVED** by the Board.

Ms Tiller explained that she would speak with Professor Barton to seek his agreement to act as the Chair of the Committee.

Following discussion, the Board **APPROVED** the establishment of the Committee and the Terms of Reference (TOR), subject to specifying the role of the Caldicott Guardian within the TOR.

ACTION:

- Ms Tiller to speak to Professor Barton to seek his agreement to as Chair of the Committee.
- Terms of Reference to include and specify role of Caldicott Guardian.

TB50/14 FOR INFORMATION

a) **Safety and Quality Committee – May 2014**

The minutes were **RECEIVED** for information.

b) **Workforce Committee – May 2014**

The minutes were **RECEIVED** for information.

c) **EMT – June 2014**

The minutes were **RECEIVED** for information.

TB51/14 **ANY OTHER BUSINESS**

a) **Glossary**

Ms Tiller confirmed that the Directors would be producing a Glossary in future Board reports or would outline abbreviations in full in reports.

ACTION:

Directors to produce either a glossary in Board reports or to remove abbreviations.

TB52/14 **DATE, TIME AND LOCATION OF NEXT MEETING**

**Tuesday, 30 September 2014 at 1pm in the Board Room,
Cumberland Infirmary.**