

North Cumbria University Hospitals 
NHS Trust

**MINUTES OF A TRUST BOARD MEETING
HELD IN PUBLIC ON
TUESDAY, 28 JULY 2015 AT 1PM NOON IN
THE BOARD ROOM, CUMBERLAND
INFIRMARY, CARLISLE**

Present: Ms G Tiller, Chair
Ms L Robson, Non Executive Director
Mr M Cook, Non Executive Director
Mr N Mundy, Board Advisor/Interim Audit Chair
Mr G Liston, Non Executive Director
Mr S Shanahan, Director of Finance
Dr D Freake, Director of Strategy
Mrs H Ray, Chief Operating Officer

In Attendance: Mrs L Carruthers, Deputy Director of Nursing & Midwifery
Ms M Woodward, Interim Associate Director of Governance
Dr C Graham, Associate Medical Director
Mrs J Stockdale, Head of Corporate Affairs/Acting Company Secretary

TB37/15 APOLOGIES AND DECLARATIONS OF INTEREST

Apologies for absence were received from Professor R Barton, Mrs A Farrar, Dr J Rushmer and Mrs G Naylor.

Declarations of interest were declared by Dr D Freake as a secondee from Northumbria Healthcare NHS Foundation Trust and a partner of Gibson, Freake Edge.

Ms Tiller welcomed Mr Liston to his first Board meeting.

TB38/15 MINUTES OF THE LAST MEETINGS

2 June 2015: The minutes were **APPROVED** as a correct record, subject to the following amendments:

Mr Mundy's attendance to be recorded at the meeting
Page 6, 7th paragraph to read – Mr Cook
Page 7, 3rd paragraph, 2nd last line to read - the LNC

3 June 2015: The minutes were **APPROVED** as a correct record, subject to the following amendment:

Page 2, 2nd paragraph, 2nd last line to read – However, as the sum was not material, the external auditors had confirmed.....

30 June 2015: The minutes were **APPROVED** as a correct record.

TB39/15 **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

The Action Plan was **APPROVED** as follows:

TB26d/15 Medical Director Report: Dr Rushmer had provided the information to Ms Robson in relation to paediatric surgery at WCH. Action complete.

TB40/15 **PATIENT STORY**

Mr Cook outlined brief details of a patient story which had been given at the private meeting earlier that day.

The main points that had been explained to the Board included the patient feeling that staff lacked a human touch and social skills, no introductions from staff, constantly being asked for the same information, surgery cancelled several times, resulting in personal and working life being messed due to cancellations etc.

Action to be taken following this patient story would include reviewing the new cancer pathways, having a single point of contact for operations that were cancelled and a review of operational processes such as pre-operative assessment forms.

The patient story was noted.

TB41/15 **STRATEGY, POLICY AND ENGAGEMENT**

a) **Success Regime Mandate**

Dr Freake gave a verbal update in relation to the Success Regime.

Dr Freake explained that North Cumbria was one of three areas identified for the Success Regime; a national initiative to help challenged economies and to provide support and direction to those areas.

Big issues were the financial gap of an estimated £90m and a heavy reliance on temporary and locum staff. Board members **NOTED** that the Success Regime would build on the work of Together for a Healthier Future.

NHS TDA, NHS England and Monitor were in the process of appointing a Project Director and Project Manager for the Autumn so that engagement can commence. Dr Freake reported that, to date, the

Trust had been working with partner Trusts to identify key priorities and 'quick wins' and outlined the differing 'arms' of the Success Regime.

The Board were very supportive and looked forward to the start of the process. Dr Freake would be providing regular reports to the Board.

The verbal report was **NOTED**.

TB42/15 SAFETY AND QUALITY

a) Outbreak Improvement Plan

Dr Graham presented a report which gave details of the action plan following the Norovirus outbreak earlier in the year.

Dr Graham confirmed that the Trust had good working relations with colleagues within the community, e.g. nursing and residential homes, and all organisations were sharing best practice so as to minimise infection.

Although the majority of the issues had been identified at CIC, the teams were also looking at WCH to roll out some of the revised processes and standardised cleaning products.

The Improvement Plan was **APPROVED**.

b) Nursing Workforce Ward Assurance

Mrs Carruthers presented the report with provided the Board with an overview of safe staffing levels and the impact on quality and safety indicators. The areas escalated to the Board were those that fell below the 80% fill rate.

Mrs Carruthers reported that during the period reported for May 2015, the wards did not go below 1:8 and 1:10, however, the fill rate of 80% for that period was not reached in a number of wards.

Ms Tiller commented that she was pleased to hear that the cadet scheme was being rolled out to Carlisle and that the Trust was appointing all student nurses.

The Board discussed falls and pressure ulcers and the emphasis and importance that is placed on these at Board level. Mrs Carruthers reported that the Trust was proactive in its handling to prevent these.

In answer to a question as to where the detail is provided from in relation to errors, Ms Woodward explained that this was the Ullyses system as reported by staff.

The report was **NOTED**.

c) **Nursing Revalidation – 6 Month Update**

Mrs Carruthers presented a report which provided the Board with details of the requirements from the Nursing and Midwifery Council (NMC) that nurses and midwives must meet when they renew their registration every three years. This new process, which took effect from April 2016, would replace the current Post-Registration Education and Practice Standards (PREP) to bring nursing and midwifery in line with other professions.

Data analysis had already been undertaken within the Trust and had identified 11 midwives and 58 registered nurses who were due to revalidate in the first quarter from April 2016. Bank nurses would also be addressed within this process.

Ms Robson queried what the Trust was actually doing for the nurses, e.g. developing an application for them to use etc. Mrs Carruthers felt confident that the staff on the ground had sufficient evidence for their revalidation; it was those nurses in research roles that would perhaps need further assistance. Mrs Carruthers assured Board members that although study leave was not included within establishments, staff were given the time to undertake the revalidation process.

The report was **NOTED**.

d) **Fire Safety Issues CIC**

Mr Bannister outlined a report which provided an update to the Board on the ongoing issues relating to serious and immediate issues in relation to fire safety at the Cumberland Infirmary.

Mr Bannister reported that work continued to be progressed and that some key reports were awaited from external experts on 31 July. The reports would be technically focussed and would initially be shared with Arup, who will then report to the Board with any required actions.

With regard to the Enforcement Notice (against the Trust, HMCL and Interserve), it had a closure date of 10 September. The Trust had met Fire and Rescue the previous week and informed them that plans were on track to deliver by then.

Mr Bannister assured the Board that he was resourcing up very heavily on all the projects of work to address this important issue, so as to ensure that patients and staff were kept safe. Mr Bannister confirmed that the Board would be regularly provided with the action plan.

Mr Bannister also stressed the need to reinforce that the hospital sites were 'no smoking' sites. Mr Bannister also thanked staff for their vigilance and for also giving up their toasters, kettles etc in those areas where it was not appropriate to have these pieces of equipment.

The report was **NOTED**.

Questions from the Floor:

Phil Coleman raised FOI refusal to share the fire report. The Board confirmed that it was happy to discuss the FOI issue outside of the Board meeting. The report referred to was not a public report and, therefore, could not be shared in the public domain and Mrs Ray confirmed that it would not release the report under FOI.

With regard to toasters etc., Mr Bannister explained that toasters were only allowed in appropriate areas, e.g. patient kitchens.

Human fire wardens, watchers etc., we are asking our own staff to assess their own workspace, which is a requirement of all staff. Interserve are providing fire walkers and wardens and watchers on an hourly basis, 24/7.

TB43/15 DELIVERY

a) Finance Report

Mr Shanahan presented the Finance Report covering the period at the end of June 2015.

The key points highlighted were:

- There was an overspend against plan of £3.765m, which was the result of a shortfall in income, overspend in pay and non pay.
- The Trust would be submitting an application for distress funding in 2015/16, which was originally forecast to be £52.2m, but would not be sufficient as the Trust continued to significantly overspend against the planned deficit of £42.5m.

Mr Mundy alluded to an earlier Board discussion about holding an additional meeting on the financial position of the Trust, particularly the principles of budget control, cost improvement delivery and cashflow. An additional meeting of the Finance, Investment and Performance Committee was to be arranged in August.

Ms Robson enquired as to where business units took their cost improvement plans. Mr Shanahan explained that these were discussed on a monthly basis by the Executive Management Team. Mr Cook commented that he felt more assured that the weekly meetings held by the Executives were tackling cost improvement more effectively.

The report was **NOTED**.

b) **Core Performance Report**

Mrs Ray outlined the Core Performance Report which provided the Board with assurances linked to the delivery of cores standards set out in the NHS Constitution.

The report highlighted key areas of underperformance and provided detailed reports and actions plans that were set to improve delivery against those standards.

Ms Robson alluded to feedback received the previous day when walking the wards at the Cumberland Infirmary where staff felt that Realtime was not a clinical priority. Mrs Ray commented that Realtime was fully utilised at West Cumberland Hospital, which helped with their patient flow and although staff at Cumberland Infirmary had been trained in the use of the system, this was not fully utilised. Mrs Ray confirmed that it was a priority for the organisation, and at the end of the Breaking the Cycle week, Realtime would be on the action plan coming out of that process. Mrs Carruthers confirmed that the benefits of Realtime were beginning to show at WCH. She explained that there had been good engagement on both hospitals sites, and some good ownership taken of late. Mr Bannister explained that there were lessons to learn and engagement with staff was key as it was a good product. Initial infrastructure problems had now been rectified.

In relation to A&E performance, Mrs Ray reported that on 12 July, 95% had been achieved and attained for a week which was a significant improvement.

The Trust continued to underperform in relation to the cancer standards and the Board were provided with a copy of the action plan. A Tripartite letter had been issued to all Trusts in relation to improving cancer performance which the Trust would continue to address.

Mrs Ray explained a weekly meeting where breaches to the standards are discussed and all the diagnostic capacity (cancer modality).

Ms Robson queried if the Clinical Lead post for Cancer could be advertised with the appropriate remuneration or to link this role with any new consultant advertised posts etc. Mrs Ray **AGREED** to look into this.

Following the patient story earlier that day, Mrs Ray confirmed that cancellations were reported centrally. Changes were put in place 9/10 months ago whereby no urgent or cancer cases were cancelled without permission from Mrs H Ray, and this had been the case. Mrs Ray also confirmed that a Theatre Users Group was also to be established.

The report and action plans were **NOTED**.

ACTION:

1. Mrs Ray to look into the most appropriate advertisement for the Cancer Clinical Lead post.

TB44/15 **REGULATORY**

a) **Annual Report and Accounts 2014/15**

The Board **APPROVED** the Annual Report and Accounts for 2014/15 and extended their thanks to Mrs J Stockdale and the Finance Team.

b) **Local Counter Fraud Annual Report 2014/15**

Mr Shanahan presented a report which provided the Board with details of the Counter Fraud Work for 2014/15; the report had been discussed at the Audit Committee on 21 July 2015.

Mr Mundy suggested that the Board consider inviting the Counter Fraud Lead to attend the Board to present the report in the future. Mr Shanahan **AGREED** to action this for next year.

It was also **AGREED** to do a reminder of the Local Fraud Service via the Staff Newsletter.

The report was **APPROVED**.

ACTION:

1. Mr Shanahan to invite the Counter Fraud Lead to present the Annual Report in 2016.
2. Mr Shanahan to organise a reminder about the Local Fraud Service via the Staff Newsletter.

c) **Internal Auditor's Annual Report 2014/15**

Mr Shanahan presented a report which provided the Board with details of the annual summary of performance of Internal Audit for 2014/15, together with details of the reports issued and current KPIs; the report had been discussed by the Audit Committee on 21 July 2015.

Mr Mundy explained that when it had been discussed at the Audit Committee, it had been agreed that during August, meetings would be held with the leads to discuss how they intended to achieve the recommendations and try and understand a bit more about the pressures that the teams were undergoing.

Mr Cook felt that the Trust needed to use these audits to help in addressing some of the challenging areas and drew attention to the fact that the three key areas for discussion at the Board today had had audits undertaken on them.

Ms Woodward relayed feedback she had received from the auditors relating to their interpretation of 'limited assurance' and she felt that perhaps they were not doing as much of a 'deep dive' audit as they could have. Mr Mundy felt that he was not yet in a position to get a feel for this as yet, but hoped to be able to comment further in relation to the Limited Assurance items in September/October. Mr Mundy **AGREED** to provide further information to the Board in a couple of months and to base this around the risks on the risk assurance framework.

ACTION:

Mr Mundy to report back to the Board in September/October in relation to the Limited Assurance issues.

d) **Revalidation Annual Report 2014/15**

Dr H Dixon, Associate Medical Director for Appraisal and Validation, presented the Revalidation Annual Report 2014/15 and requested approval of the Board in relation to the Statement of Compliance.

The report highlighted the number of doctors with a prescribed connection to the Trust and reported on the number of completed appraisals in the year 2014/15.

Ms Woodward queried the governance around the Responsible Officer role in Northumbria and also the administration. It was **AGREED** that a meeting would be arranged to finalise the information to be provided in to the Statement of Compliance and the Board to receive a copy of the final report via Dr Rushmer.

The report was **NOTED**.

ACTION:

Ms Woodward to arrange a meeting to finalise the detail for the Statement of Compliance and Dr Rushmer to forward a copy of the finalised Statement to the Board.

e) **Research & Development Annual Report 2014/15**

Dr Graham presented the Research & Development Annual Report for 2014/15 on behalf of Dr Rushmer.

Dr Graham highlighted the key points within the report and extended his thanks to Mr L Jonker and his team for all their hard work during the year.

The report was **NOTED**.

TB45/15 FOR INFORMATION

a) **Workforce Committee Minutes – June 2015**

The minutes were **RECEIVED** by the Board.

b) **Safety & Quality Committee Minutes – May 2015**

The minutes were **RECEIVED** by the Board.

c) **EMT Minutes – July 2015**

The minutes were **RECEIVED** by the Board.

d) **IM&T Committee Minutes- May 2015**

The minutes were **RECEIVED** by the Board.

e) **Risk & Assurance Committee Minutes – March 2015**

The minutes were **RECEIVED** by the Board. It was **AGREED** that unratified minutes would be brought to the Board in the future due to the meeting taking place on a quarterly basis.

TB46/15 ANY OTHER BUSINESS

a) **Sub-Committees**

The Board discussed the issue of sub-committee membership and the number of meetings held within the Trust, and the amount of duplication. The Board felt that these needed to be reviewed and for the Committee's priorities to be revised. Ms Woodward would be bringing back a report to the Board.

TB47/15 DATE, TIME AND VENUE OF NEXT MEETING

Tuesday, 29 September 2015 at 1pm in the Board Room, West Cumberland Hospital.