

**MINUTES OF A TRUST BOARD MEETING
HELD IN PUBLIC ON
TUESDAY, 26 JANUARY 2016 AT 1PM IN
THE BOARD ROOM, WEST CUMBERLAND
HOSPITAL**

Present: Ms G Tiller, Chair
Ms L Robson, Non Executive Director
Mr M Cook, Non Executive Director
Professor R Barton, Non Executive Director
Mr G Liston, Non Executive Director
Mr S Eames, Chief Executive
Dr D Thomson, Medical Director
Mr D Tomlinson, Director of Finance
Dr D Freake, Director of Strategy
Mrs H Ray, Chief Operating Officer
Mrs G Naylor, Director of Nursing & Midwifery

In Attendance: Mrs J Stockdale, Head of Corporate Affairs/Acting Company Secretary
Ms A Stabler, Deputy Director of Nursing

TB1/16 APOLOGIES AND DECLARATIONS OF INTEREST

No apologies for absence were received.

Declarations of interest were declared Dr D Freake and Dr D Thomson as secondees from Northumbria Healthcare NHS Foundation Trust and Mr Eames from Mid Yorks NHS Trust. Dr Freake also made a declaration as a partner of Gibson, Freake Edge.

Ms Tiller welcomed Ms Stabler to the meeting, who was attending the meeting as part of her development.

TB2/16 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 24 November 2015 were **APPROVED** as a correct record.

TB3/16 MATTERS ARISING AND ACTION PLAN

No matters arising were discussed and the Action Plan was **APPROVED**, as follows:

TB64d/16 Emergency Preparedness, Resilience and Response: Ms Tiller to speak to Non Executive Director colleagues and to report back to Mrs Ray.

TB4/16 PATIENT STORY

Professor Barton outlined the key points of a patient story which had been presented to the Board by a complainant earlier in the day, which related to the level of care provided to his wife during her admissions to WCH.

The complaint related to concerns around basic nursing care, communication and discharge arrangements.

The complainant had met with staff from the Elderly Care Business Unit and had had the opportunity to detail his concerns in detail.

Details of the complaint had been shared with staff who had reflected on the communication given and how this had affected the patient and the family. Intentional rounding would also support the improvements in communication.

Mrs Naylor said that it was important for the Board to receive the negative feedback, as well as the good, as this had a positive impact for patients and their families and enabled improvements in care to be made.

TB5/16 CHIEF EXECUTIVE'S REPORT

Mr Eames presented a report which highlighted key issues of importance for the Board in relation to NHS Improvement, Cumbria floods and the Success Regime.

The following key points were **NOTED**:

- The Success Regime had been appointed by the Government and Department of Health to look at how the healthcare system works in Cumbria. Mr Eames was working closely with the Success Regime and wanted to be a powerful voice and have the opportunity to influence what the Success Regime achieves. The Regime had a clear remit of outlining a clear clinical strategy; which will be done via consultation from April for 12 weeks. Mr Eames saw both hospitals as having a full range of services that were of a high quality and affordable; with a continuation of children's, emergency, medical and midwifery services at WCH, but those services were likely to face changes. More information would be available during the consultation phase.
- The Trust's relationship with Northumbria would continue to be ongoing as the acquisition process had moved to a position where it needed to design a new style of partnership working. In addition, the Trust intended to work more in partnership with Newcastle Trust so that a wider range of services for patients could be provided.
- There was a need to drive as much improvement on performance within the Trust as possible, particularly in relation to the A&E

standards, cost efficiencies and improve on the current position going forward.

- All staff were working really hard; highly committed and working in challenging circumstances, so important for the Board to recognise this and create a positive spirit amongst the staff relating to the challenges.

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

Questions from the Public:

Rumours about A&E doctors resigning and that the Chief Executive's recent meeting with the team did not go well. Mr Eames reported that he had had a very positive meeting with the team and reiterated that the Board shared their concerns and was committed to providing a high quality service.

TB6/16

SAFETY AND QUALITY

a) Nurse Staffing Assurance

Mrs Naylor presented the monthly assurance report which provided the Board with an overview of safe staffing levels and the impact on quality and safety indicators.

E-rostering had been rolled out to four wards; this was quite a challenge moving from a paper system to electronic but the benefits outweighed this.

Professor Barton enquired as to the update from students in relation to nurse recruitment. Mrs Naylor confirmed that there had been a full uptake for nursing positions from the students and that the Trust also held timeout sessions with University colleagues twice yearly so as to ensure maximum engagement for this process.

Ms Robson commented that there appeared to be less wards on the exception list, which was good news. Ms Stabler explained that this was due to the new staff getting their registration coming through and being appointed.

The Board **APPROVED** the report and the level of assurance and mitigation provided.

b) Medical Director's Report

Dr Thomson outlined his report to the Board with provided an update on key issues within the Medical Director's office.

Dr Thomson explained that a review of the Medical Director functions had been undertaken and a new structure was being developed. The structures were in the process of being finalised and these would be shared with the Board in due course.

In relation medical appraisals, Dr Freake asked if any specific themes coming out from these were being gathered and looked into further. Dr Thomson felt that this was essential and would speak to Dr Dixon to ensure that this was being actioned. Mr Liston enquired if the Board could be provided with more regular updates in relation to the progress on medical appraisals. Dr Thomson explained that as the appraisal process was now more embedded within the Trust, this would be easier to do.

In relation to the developments with UCLAN, Dr Thomson reported that the roles were currently being reviewed and would be going out again to advert.

The report was **NOTED**.

c) **NHS Preparedness for a Major Incident**

Mrs Ray presented a report to the Board which provided details of the Trust's Statement of Readiness in response to the recent Paris attacks. The report provided the Board with assurance that the Trust had in place the required capabilities to respond to such an incident.

Mrs Ray also confirmed that the Trust's internal resilience programme had a programme of regular testing.

The Board **APPROVED** the level of assurance offered and **AGREED** the Statement of Readiness for submission to the Department of Health and NHS England.

d) **Risk and Assurance Framework 2016/17**

Mrs Naylor outlined the Risk and Assurance Framework for 2016/17, which outlined how the organisation was governed and how risk management worked in practice.

In relation to the Board Governance Review, Mr Tomlinson drew attention to the new Audit and Risk Committee; explaining that this would have to keep its independence in relation to risk and undertake more of a review role in relation to this aspect.

Mr Liston enquired as to where the low level incidents got picked up so as to get some assurance on these. Mrs Naylor reported that the low level incidents were reported to the Safety and Quality Committee but she felt that these needed to be more transparent within the organisation. Mrs Naylor **AGREED** to reflect on this in future reports and to amend as appropriate.

In answer to a question regarding membership of the workforce group, Ms Tiller confirmed that the membership had been reviewed and refocused.

The Board **APPROVED** the Board Risk and Assurance Framework for 2015/16.

e) **Board Assurance Framework and Risk Register Q3**

Mrs Naylor outlined the report which provided details of the Corporate Risk Register and Board Assurance Framework for the period October to December 2015 which was **APPROVED** by the Board.

Questions from the Public:

What is happening with the recruitment of consultants if the acquisition is not going ahead? Mr Eames explained that although the acquisition was not going ahead, there would still be a continuing relationship with Northumbria. Mr Eames also explained that as part of the Success Regime process, Cumbria would be looking at having an integrated staffing function as a whole, rather than via Northumbria. Dr Freake explained that work had already commenced on working in an integrated way with partners in North Cumbria; and also supported by Northumbria.

In answer to a question regarding reporting of the fire in the Sterile Services Unit in the Board reports, Mrs Ray explained that a full incident review had been undertaken, which was normal practice whenever an incident of this nature happened. The Trust was working with the Fire Service in relation to the incident and would report back to the Board at an appropriate time with a detailed report. Mrs Ray explained that the same process would be undertaken with regard to the report relating to the floods. Ms Whytock also explained that a great deal of communication had been put out at the time of both incidents but would be happy to share these again if required.

Does the Trust have processes in place to receive feedback from staff during periods of when they are being utilised in other areas? Mrs Naylor explained that every occasion of this nature was reviewed and that there were many forums across the Trust where these were discussed and reviewed.

TB7/16

DELIVERY

a) **Finance Report**

Mr Tomlinson briefly outlined the Finance Report for Month 9, which had been discussed in detail the previous day at the Finance, Investment and Performance Committee (FIP).

Mr Tomlinson reiterated the importance of the Trust living within the agreed outturn control target of no more than £64.6m by the end of the financial year. Mr Cook explained that FIP had discussed the report in great detail and achieving the control target was of the utmost importance. Mr Cook felt more confident with the financial information now being received, which would enable improved financial forecasting going forward. Mr Eames commented that the Trust needed to set a

robust plan for the coming year in relation efficiency and make sure that this was deliverable; the Board would receive regular updates.

The report outlining the Trust's financial position as at the end of Month 9 was **NOTED**.

b) **Core Performance Report**

Mrs Ray presented a report which provided the Board with an update in relation to the delivery of core standards as set out in the NHS Constitution.

Mrs Ray explained that an integrated performance report was in the process of being developed and would be presented to the Board from April.

In outlining the key issues within the report, Mrs Ray reported that there had been a significant deterioration in the A&E performance. However, all action was being taken to ensure an improved position going forward. In relation to cancer, some support had been secured from peer review services and an event was to be held with multi-disciplinary team leads to ensure there was a turnaround for all those patients against the 62 day standards.

In relation to CQUIN, although this was reported through the Finance, Investment and Performance Committee, Mr Eames explained that detail would be included within the new integrated performance report from April.

Dr Freake commented that it was pleasing to note that the casenote improvements had been sustained for a whole year; an issue which had been highlighted by the CIOH.

The current position was **NOTED** and the action being taken to improve performance was **APPROVED** by the Board.

c) **Workforce and Organisational Development Report – Q3**

Ms Brereton presented a report which set out the workforce and organisational development activity and data for the period September – December 2015.

Mr Liston questioned if there were any trends and/or drivers in relation to sickness absence. Ms Brereton reported that she was establishing a sickness absence group, working with the business units, and a Health & Wellbeing Group had been established, so that any particular trends and/or drivers could be identified and addressed via these routes. Mr Cook commented that he would find it useful to compare the Trust's sickness levels and sickness reasons with other Trusts. Ms Brereton reported that the Trust's sickness levels were an improvement on the previous year and were better than the local

average. Mrs Naylor commented that with nursing revalidation coming in from April, this would also have a positive impact on appraisal rates.

Ms Brereton explained that the new learning and development team had had a great impact on staff development within the Trust which would also link into improving appraisal rates, mandatory training etc.

The report was **NOTED**.

Questions from the Public

In answer to a question regarding the Trust's length of stay, Mrs Ray explained that this was reviewed on a daily basis in a great level of detail. She further explained that the Trust's length of stay was low nationally, however, it was longer in medicine and was a key marker for efficiency.

An issue was raised about jobs advertised on line having out of date information and Ms Brereton said that she would look into this.

In relation to cancer waiting times, do these take into account patients waiting to go to other Trusts for their treatment? Mrs Ray confirmed that this was the case with Trusts sharing half of a breach if the standard is breached due to waiting to go to another Trust, however, this was not an increasing trend.

TB8/16

REGULATORY

a) **TDA Self Certification Report**

The Board **APPROVED** the TDA Self Certification and Monitor Provider Licence submissions.

TB9/16

BOARD SUB-COMMITTEES

a) **Safety & Quality Committee**

The minutes of the meetings held in October and November 2015 were **RECEIVED** by the Board.

b) **Executive Management Team**

The minutes of the meeting held in January 2016 were **RECEIVED** by the Board.

c) **Charitable Funds Committee**

The minutes of the meetings held in October and November 2015 were **RECEIVED** by the Board.

Mr Cook commented that the Committee had approved some good schemes recently and requested Executives to encourage their teams

to submit further schemes for approval by the Charitable Funds Committee.

ACTION:

Executives encouraged their teams to submit further schemes for approval by the Charitable Funds Committee.

Questions from the Public:

In relation to the Norovirus action plans, when are the new ward doors going to be fitted? Mrs Ray explained that the reason they had been delayed was due to the emergency care pressures as wards would need to be emptied for the doors to be fitted.

TB10/16 ANY OTHER BUSINESS

a) **Board Meetings held in Public**

In answer to a question as to why members of the public were not allowed to ask questions other than those related to the agenda, Ms Tiller explained that this was because the meetings were Board meetings held in public, and not a public meeting. However, Mr Eames **AGREED** to look at options for establishing an open forum for members of the public to address Board members with their questions.

ACTION:

Mr Eames to look at options for establishing an open forum for members of the public to address Board members with their questions.

TB11/16 DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 29 March 2016 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.