

**PUBLIC BOARD OF DIRECTORS MEETING**Thursday 26<sup>th</sup> January 2017

10.00am, Cobalt Conference Centre

**Present:**

Alan Richardson	Chair
Alison Marshall	Non-Executive Director
Martin Knowles	Non-Executive Director
John Marsden	Non-Executive Director
David Evans	Chief Executive
Birju Bartoli	Executive Director of Performance and Governance
Paul Dunn	Executive Director of Finance
Ann Wright	Executive Director of Operations
Ann Stringer	Executive Director of Human Resources
Mark Thomas	Director of Health Informatics
Jeremy Rushmer	Divisional Medical Director
Steven Bannister	Director of Estates
Annie Laverty	Director of Patient Experience
Daljit Lally	Executive Director of Community Services
Claire Riley	Director of Communications and Corporate Affairs
Susan Dungworth	Northumberland County Council

**In attendance:**

Caroline Cornwell	Corporate Governance Assistant
Sophie Stephenson	Company Secretary (KIT day)
Paul Peas	(for item 2.1 only )
Marion Dickson	Deputy Director Surgery
Eliot Sykes	Surgical Business Unit Director
Nikhil Premchand	Consultant Infectious Diseases
Beatrice Downie	NHEE Observer
Gillian Sheppard	Observer
Chris Tiplady	Consultant

**1.1/1/17 Apologies for absence and declarations of interest**

Apologies for absence were received from:

Debbie Reape  
Peter Sanderson  
Allan Hepple

Board members declared their interests as:

Director	Details of nature and extent of interest
John Marsden	<ul style="list-style-type: none"> <li>Non-Executive Director of Northumbria Healthcare Facilities Management Limited ('NHFML'), a wholly-owned subsidiary of the Trust.*</li> </ul>
Steven Bannister	<ul style="list-style-type: none"> <li>Managing Director of NHFML.</li> </ul>
Ann Stringer	<ul style="list-style-type: none"> <li>Directors of NPC.</li> </ul>
Ann Wright	<ul style="list-style-type: none"> <li>Director of NPC</li> </ul>

Daljit Lally	<ul style="list-style-type: none"> <li>• Deputy Chief Executive at Northumberland County Council</li> <li>•</li> </ul>
Susan Dungworth	<ul style="list-style-type: none"> <li>• Councillor, Ward member for Hartley Ward.</li> <li>• Cabinet Member for Adult Care &amp; Public Health</li> <li>• Chair Northumberland Health &amp; Wellbeing Board.</li> </ul>
Claire Riley	<ul style="list-style-type: none"> <li>• Director of NPC</li> <li>• Explain Market Research- NED.</li> <li>• North Cumbria Hospital Trust-Honorary Contract and Buddy arrangement.</li> <li>• Governor at Ashington high school</li> </ul>

### **1.2/1/17 Minutes of the previous meeting dated 20<sup>th</sup> October 2016**

The Chairman asked the members if the minutes were a true record of the last public meeting.

The Board approved the minutes as a true record.

### **1.3/1/17 Action log**

**The Chairman noted there were no outstanding actions.**

### **1.4/1/17 Items from the CEO.**

The CEO delivered the following updates;

- There has been an increase in the levels of patients attending NESCH and all other sites, the staff across all sites have been fabulous this shows clearly in the Patient satisfaction surveys completed.
- The Trust and region has received cold weather warnings, however to date the Trust has not seen increased levels of flu previously recorded.
- Northumberland CCG now has Steve Mason as the Accountable Officer.
- Newcastle Hospitals Foundation trust has interim management arrangements in place due to the CEO being on extended leave.
- Outline Business Case (OBC) for the ACO was submitted in December 2016. The work is on-going with timescales yet to be set.

The Board noted the CEO update.

### **1.5/1/17 Items from the Chair.**

The Chair noted the on-going work from staff across all areas, noting the pressures which they are currently facing daily.

The Board noted the Chair update.

### **1.6/1/17 Patients Story.**

Annie Laverty spoke to a presentation and advised of the thought behind patients stories at Board meetings. Annie Laverty explained that the stories set the tone for the meeting with a mixture of both celebratory stories and reflective learning stories.

The story today came from a female patient who had asked to share her experiences with the Board. The story highlights many missed opportunities for patient centred care, the lack of compassion and empathy shown to the patient is clearly highlighted within her experience.

Jeremy Rushmer explained that the Trust has training in place for delivering bad news and empathy. The committee members noted that this example has various learning and teaching issue which need to be addressed. The committee asked that a formal letter from the Board is sent to the patient, to acknowledge the experiences and respecting the patient's wishes to raise awareness at Board level.

**Action 1: Annie Laverty to draft on behalf of the Board a letter for the patient.**

The Board received the report.

### **2.1/1/17 PACs update.**

Paul Peas spoke to a presentation and discussed the streams of work within the PACS Vanguard.

- Enhanced Care- Integrated care supporting complex needs for high risk patients.
- Enabling Care- Tools to support self-management.
- Episodic Care-Emergency and urgent care needing assistance in the right place at the right time.

Discussions continued on the provision of out of hospital care, using the Out of Hospital Model which aims to utilise locality based teams to work across boundaries, sharing information through improved communication, to ensure the provision of joined up services via one set of shared patient health record.

The Out of Hospital Model is looking to utilise the concept of one set of shared patient health record to enable all professionals involved, the ability to actively plan and care for the needs of all patients, including patients with more complex health needs. The long term goals for the Out of Hospital Model process involves; focussing on the tools and information needed for both professionals and patients to support self-management of conditions and care.

The teams involved with the patients care will then be able to utilise all of the information and resources available, to coordinate and plan effectively patients discharge home from hospitals, including those who need additional assistance.

Discussions ensued on potential issue with the Model and the challenges ahead given the geographical areas the plan covers.

The Board noted the information and received the report.

### **2.2/1/17 Election 2017**

Claire Riley presented the report and explained the background of the election process inclusive of the timings of the elections to the council of governors, alongside the process which indicates those governors who are approaching the end of their three year terms.

The members were informed that the Trust is struggling to recruit staff governors; however the team are constantly working to promote the opportunities; however time constraints appear to be one of the factors which deter applicants with many staff members informing the team that their managers are not supportive of time away from their posts for governor's work. The committee were advised that the elections will be earlier this year to enable relevant checks to be completed prior to elected governors taken up the posts on the 1<sup>st</sup> August 2017.

The Board noted the report and contents.

### **2.3/1/17 Surgery BU update**

Eliot Sykes spoke to a presentation and delivered the Surgical BU update, informing the Board that the recent winter pressure transfer of ward 8 at NTGH to medicine for a 6 week period and the unplanned transfer for ward 10 for 1 week at WGH have been completed as per plan.

Theatre performance for elective surgery sessions during the period of 19<sup>th</sup> of December and the 1<sup>st</sup> January 2017 were reduced from 78% during the previous week to 54% before returning the following week to 75%.

Birju Bartoli queried the completed figures on the WHO Surgical Safety checklist due to the significant decrease from November and during December 2016. Eliot Sykes informed the Board that anything short of 100% on the WHO checklist can be a cause for concern and that the BU are looking at the detail (by theatre) of where there is noncompliance. Endoscopy metric similar principle, however the Board were advised that the BU have asked to do a different analysis.

The Board received the update.

### **2.5/01/17 CQC Mortality Review.**

Birju Bartoli spoke to a presentation and discussed the Learning, Candour and Accountability paper by the CQC relating to Mortality deaths. This paper advised of a review of the way NHS Trusts review and investigate the

deaths of patients in England. The review has highlighted 7 recommendations for Boards, including the development of a National Framework sharing learning from deaths that is developed with families.

There is a clear focus on MH/LD with Primary Care and Secondary Care sharing to ensure learning from these deaths is paramount. The recommendations require Boards to identify a Non-Executive Director to lead on mortality and learning from deaths, & well as an exec director leading for patient safety. It was agreed this was to be Alison Marshall & Jeremy Rushmer.

The Board noted the report.

### **2.7/01/17 Winter Planning update.**

Ann Wright updated the Board on the current winter plan and advised the committee that the Trust is experiencing a busy time, however on a positive note the ERS service has been extended until the end of March 2017.

The Board noted the report.

### **3.1/01/17 Workforce report & Annual report on Education.**

Ann Stringer informed the Board that the workforce report is available within the papers for information; if there are any questions she would be happy to answer them. Ann Stringer advised the Board that the Trust came 35<sup>th</sup> out of 100 businesses in the country for the National Apprenticeship scheme and that NHCFT was the only NHS Trust nominated.

Chris Tiplady spoke to a presentation on the Annual Education Report advising the Board that the ED department at NSECH has 24 hour consultants presence with work rotas designed to include clinical training and supervision for junior staff, however the lack of formal educational space particularly at NSECH is starting to become an area of concern.

The Facilities Teaching Space report has been before the BaCF/FIP committees with Ann Stringer informing the Board that they need to be mindful of the contributions and responsibilities that the Trust has to junior doctors and the universities. Discussions ensued with Board members advising that the NSECH site is an emergency facility and that educational facilities are provided on the General Hospital and community sites. The Board were reminded that education and training are core business and without suitable facilities the level of junior doctors may be at risk.

The Board received the Annual Education report

The Board received the Workforce report

### **3.2/01/17 GOSW update.**

Nikhil Premachand advised the Board that today's update is the three month progress report. The Board were informed that 49 of the F1 Dr are now on the new contract, however many of the F1 staff are still unclear on when to submit exception reports on working hours, which is an area of focus for the next few months. Delays from Consultants to address any issues relating to rotas or rest periods are further issues which are being addressed presently.

The Board were informed that a Safe Working Administrator has been appointed, there has also been the First Junior Doctor Forum and implementation of the GOSW website page on the Trust intranet and on-going training for supervisors planned.

The Board received the update.

### **3.3/01/17 Patient Experience report**

Annie Laverty delivered the report and advised that the Trust has a very strong position going into quarter 3 with consistent assurance given for high quality care across all aspects of the patient experience programme.

- Patient perspective; 94% of inpatients, 93% of emergency care and 98% of day case patient rated their care or experiences as good or very good.
- Real Time feedback; Consistent high quality scores across the Trust despite pressures within the system.
- Friends and family Test; The Trust rated excellent across the board when benchmarked with national data.

The Board were asked to note the report.

The Board noted the report.

### **3.5/01/17 Assurance Framework**

Birju Bartoli advised the Board that the updated figures show 8 of the 10 performance standards have been met including the cancer performance target. A&E remains a high risk alongside numbers of staffing vacancies. The Assurance Framework has been discussed in detail at the Audit Committee and is due to be discussed further at February 2017 Board Development session, with a view to understand the Boards appetite towards risk. Birju Bartoli advised that the report was compiled following assurance committee earlier in the month.

The Board noted the report.

### **3.6/01/17 CQC Action Plan**

Birju Bartoli informed the Board that following the CQC inspection in November 2015 the Trust had a total of 38 issues which needed to be addressed, of those 5 were must do and 33 were should do. The Trusts action plan following this was approved by the Board in May and submitted to the CQC in June, with no further amends required by the CQC. Birju Bartoli confirmed that the CQC inspectors had reviewed the evidence against the action plan and provided positive verbal feedback.

The Board noted the report.

### **4. Items for information only.**

**S&Q key Issues report:** Birju Bartoli highlighted the S&Q key issues report to Board members and in particular noted the report relating to nursing with the pressures in this area not reducing. In light of this the nurse staffing vacancies in medicine have been moved in medicine from low to moderate risk for CQC compliance. Jeremy Rushmer and Ann Wright both discussed measures taken and highlighted a meeting the following week to look at possible short term measures.

The Chair asked observers if they had any questions for the Board, before declaring the Public Board session closed.

**Meeting Closed.**

The next Public Board will be on April 27<sup>th</sup> 2017 at Cobalt Conference Centre from 10.00am