North Cumbria University Hospitals NHS
NHS Trust

MINUTES OF THE TRUST BOARD MEETING HELD IN PUBLIC ON TUESDAY, 14 FEBRUARY 2012 AT 1PM IN THE BOARD ROOM, CUMBERLAND INFIRMARY, CARLISLE

Present:

Mr M Little, Chairman
Mr M Bonner, Vice Chairman
Mr M Evens, Non Executive Director
Ms J Cooke, Non Executive Director
Professor V Bruce, Non Executive Director
Dr N Goodwin, Interim Chief Executive
Mr A Mulvey, Director of Finance
Mrs C Platton, Acting Director of Nursing
Ms C Siddall, Director of Operations

In Attendance:

Mrs I Edgar, Deputy Director of Human Resources & Organisational Development
Mrs R Duguid, Acting Director of Governance/Company Secretary
Mrs C Griffiths, Director of Acquisition and Strategic Planning
Miss E Kay, Head of Communications & Reputation Management
Mr A Davidson, Director of Estates and Facilities
Mrs J Lynch, Office Manager (Minute Taker)

CLINICAL PRESENTATION: SAFEGUARDING ADULTS – DIANE MURCHISON, NURSE POLICY AND PRACTICE DEVELOPMENT CO-ORDINATOR

The Chairman welcomed Mrs D Murchison, Nurse Policy and Practice Development Co-ordinator to the meeting to give a presentation on Safeguarding Adults (copy attached).

Mrs Murchison described the process the Trust underwent in relation to adult patients who presented to the Trust and give concern in relation to their physical or mental state. Mrs Murchison further updated members on the developments undertaken within the Trust to ensure the safety of vulnerable adult patients.

The Chairman asked Mrs Murchison if the numbers of patients requiring safeguarding was increasing and if this was due to the amount of patients presenting with problems or due to better reporting of such patients. Mrs Murchison reported that more people were aware of the adult safeguarding issues, but also the

procedures and processes had improved across the Trust, although there was still a long way to go. The Acting Director of Nursing further stated that nationally there had been an increase in referrals which showed better awareness of the problem.

Members discussed the contributory factors, the background to the patients coming into the Trust and the increased number of cases. Mrs Murchison further informed members that the Trust was unable to do anything without the consent of the patient and there were a small proportion of patients who would not report the abuse.

The Acting Director of Nursing reported that the tools used by the Trust to help safeguard adults were effective and gave details of the bodymap which had been proven to be a very effective tool for monitoring they physical condition of patients on admission but also during their time in hospital.

Ms Cooke questioned the lack of training in relation to safeguarding adults. Mrs Murchison informed members that Education and Training were looking at this and Safeguarding Adults was to be included as part of the Trust mandatory training. Ms Cooke further questioned the referral process and the length of time the process took. Mrs Murchison reported that from patient referral to meeting the process had to be achieved within 5 working days and that patients would be kept in hospital as a place of safety during this process.

On behalf of the Board, the Chairman thanked Mrs Murchison for her very interesting and informative presentation and Mrs Murchison left the meeting.

TB12/12 QUESTIONS FROM THE FLOOR

The Chairman asked the members of the public if they had any questions they wished to ask in relation to the agenda items so that the relevant Director could answer the questions whilst presenting the report

Question 1: Mrs Cullen: There was concern regarding the takeover of the hospital as the Cumbrian people were passionate about their hospital. What was the possibility of departments within the hospital being downgraded as part of the acquisition?

Question 2: Mr Earley: How will the local voice be heard on the new Board? What thought had been given to that? This is an issue that a lot of people were concerned about.

The Chairman thanked the members of the public for those questions and reiterated the questions would be answered during the presentation of that agenda item.

TB13/12 WELCOME AND APOLOGIES

Apologies for absence were received from Mr P Day, Mr D Gallagher and Mr M Walker.

TB14/12 DECLARATIONS OF INTEREST

No declarations of interest were recorded.

TB15/12 MINUTES OF THE LAST MEETING

The minutes were **APPROVED** as a correct record subject to the following amendments:

Page 8, TB6/12 – Performance Report. The question marks to be removed from the 1st paragraph at the top of page 8.

Page 9, TB6/12 – Quality Report. In the final sentence of the Fourth paragraph there were words missing after the word 'clinical'.

TB16/12 MATTERS ARISING AND ACTION PLAN

There were no matters arising for discussion.

The Acting Director of Governance/Company Secretary outlined the action plan as follows:

TB84e(1)/11 Equality and Diversity Annual Report: This item was confirmed as being on the agenda for the February public Trust Board Meeting. Action complete.

TB84e(2)/11 The Governance and Quality Committee to monitor the Equality and Diversity Action Plan. This item was confirmed as an item that would be going to the Governance Committee in February. Action ongoing

TB110b/11 Clinical Strategy Update. Work was continuing with the CCG on the Clinical Strategy and was linked into the Trust contract. Action ongoing.

TB17/12 STRATEGY AND POLICY

a) Acquisition Update

The Interim Chief Executive gave an update to Board members relating to the acquisition process as outlined in the written report.

The Interim Chief Executive confirmed that the next stage in the process would be taken forward with Northumbria Healthcare NHS Foundation Trust as the preferred bidder and that it was expected that the process would take approximately 6 months in totality, however, this was dependent on other timeframes, for example he National Co-operation and Competition Panel. The Trust Board would remain active until the process was complete, when it would be dissolved and Northumbria Healthcare NHS Foundation Trust would take over the two hospitals. There was a lot of work to be done in the forthcoming months.

In relation to the public questions:

Question 1: The Trust would be taken over as an 'as is' acquisition and the bids reflected this. There were no proposals for changing

services or how they would be provided. If Northumbria Healthcare NHS Foundation Trust wished to change services in future they would have to work within the normal policies in relation to this, and this would involve discussions with stakeholders and a formal public consultation.

Question 2: As a Foundation Trust Northumbria Healthcare NHS Foundation Trust already have members and governors that have been appointed. Northumbria Healthcare NHS Foundation Trust had a good reputation for involving the local population and the Trust would need to ensure that there was a membership and Council of Governors in place who are representative of the communities they serve. The Director of Acquisition and Strategic Planning would be leading on this on behalf of the Trust and Northumbria Healthcare and there would be opportunities to apply to become members or governors.

The report was **NOTED**.

b) <u>West Cumberland Hospital – Full Business Case Approval Process</u>

The Director of Finance/Deputy Chief Executive presented a written report in relation to the Full Business Case Approval for the West Cumberland Hospital. The Director of Finance/Deputy Chief Executive reported that following the Trust Board meeting today, the Full Business Case (FBC) would be presented to NHS Cumbria's Trust Board on 21 February for approval before going to the North of England Strategic Health Authority Board meeting on 8 March for formal approval. Discussions that had taken place gave assurance that the approvals would take place and the document would then be progressed to the Department of Health and HM Treasury for final approval.

Following the initial submission it became necessary to update the main Full Business Case, through an addendum to accommodate:

- Revisions to the commissioning intentions for 2012/13 to 2014/15 as notified by Cumbria CCG.
- The most recent planning assumptions as set out in the NHS Operating Framework and NHS North of England Planning Framework for 2012/13 with regard to inflation and tariff.
- The further development of the Trust Turnaround Programme.
- The changes to service delivery models agreed as part of implementing the key themes within the Clinical Strategy, managed by the system-wide Board.

Ms Cooke asked how long it was thought the Department of Health process would take. The Director of Finance/Deputy Chief Executive reported that he thought it would take approximately 3 months but the Trust would be continuing to talk to the Department of Health in relation to this. The Interim Chief Executive reported

that Laing O'Rourke were expected to start work on the site in July 2012 and were being kept informed of the process. Mr Bonner requested to know if NHS Cumbria and the CCG had seen the addendum documentation. The Director of Finance/Deputy Chief Executive informed members that the report had been prepared in partnership with NHS Cumbria and the CCG to give assurance.

The report was **NOTED.**

c) Carbon Management Process

The Director of Estates and Facilities Management presented a written report in relation to the Carbon Management Plan.

The Director of Estates and Facilities Management reported to Trust Board members on the progress made on the 25% reduction of carbon emissions by 2015. The Trust had met its projected carbon emission target for 2011/12, but capital investment was required for 2012/13 to realise the projected target of 1476 tonnes which will realise 46% of the overall target for 2015.

The Director of Estates and Facilities Management further informed members that the energy consumption for 2011/12 was estimated to be the same as for 2010/11. This was due to the heavy industrial usage of equipment and buildings on the Laing O'Rourke building site which was metered to the Trust. It was anticipated that this would continue to be a consumption pressure for the duration of the construction project at the West Cumberland Hospital.

Mr Bonner questioned what the implications were in relation to project numbers 6,9,12 and 15 if the Trust did not get agreement with Interserve and Health Management (Carlisle) plc. The Director of Estates and Facilities Management reported that the projects would go ahead and be funded, but it was hoped that they would be funded through the life cycle costs.

Professor Bruce asked if projects 15 and 16 were the same as they did not have the same payback period. The Director of Estates and Facilities Management reported that it went back to the original contract negotiations. Professor Bruce expressed her concern that the pay back details were incorrect and the Director of Estates and Facilities Management agreed to check the details for both projects.

Ms Cooke questioned the provision of the boreholes at the West Cumberland Hospital and the Cumberland Infirmary sites. The Director of Estates and Facilities Management reported that this was an ongoing project; the water quality is proven and the membership of the meeting group had been established. Mr Evens asked if the project was effective to which the Director of Estates and Facilities Management reported that each project would continue to be looked at to ensure that it was cost effective and financially viable.

Ms Cooke requested that the information relating to the Trust Carbon Management process be put into the public domain as it was a good news story.

The report was **NOTED** but Board members felt it was not appropriate to agree the capital investment aspect as it was felt more appropriate that the capital agreement should come from another forum. Mr Davidson agreed to pursue this aspect via another meeting forum. Mr Davidson also agreed to clarify the financial details of projects 15 and 16

Action: Carbon Management Plan:
a. The Director of Estates and Facilities Management to check the payback terms in relation to projects 15 and 16 to ensure they are correct.
b. The Director of Estates and Facilities Management to to discuss with the Head of Communications and Reputation Management the releasing of the carbon management process as a good news story.
c. The Director of Estates and Facilities Management to take forward the approval of the capital agreement to a more appropriate meeting forum.

TB18/12 OPERATIONAL PERFORMANCE

a) Performance Report

a) **Operating Performance**

The Director of Operations presented the written report on the Trust operational, financial, workforce and care quality performance.

The Director of Operations informed members that in relation to Transient Ischaemic Attacks (TIA's) 5 patients had been referred in December. TIA patients were now being picked up through the TIA Pathway and the Director of Operations was comfortable with this process.

The Director of Operations reported that the performance in relation to delayed transfers of care had improved. The data had been tracked through January and had improved significantly due to the weekly MDT/Multi Agency meetings that were taking place.

In relation to Ophthalmology, the Director of Operations reported that the Trust was working through the backlog of patients with the help of the Private Sector. A plan to manage the backlog patients had been agreed and together with an agreed demand management plan and the capacity increase requirement which have been approved in the Business Case, Ophthalmology

should be brought back into line with the 18 week performance target. The Director of Operations reported that she would further update Board members at the March meeting if there were any further delays. NHS Cumbria and the CCG were both aware of the issue and the SHA were also being updated weekly.

The report was **NOTED**.

b) **Quality Report**

The Acting Director of Governance updated members on the Quality Report.

There had been delays in identifying how to measure the CQUIN 2011/2012 however work had commenced on the 2012/2013 measures and it was hoped that targets would be finalised and agreed by the end of March.

Smoking cessation on acute myocardial infarction (AMI) was continuing to underperform and this has been discussed clinically at ward level. Training sessions have been planned and the re-launch of the sticker system on patients' notes is also being explored.

The pneumonia data is currently being reviewed for the variation in results on the CURB-65 score as it had dropped to 54% in September.

Significant work has been undertaken in the review of all reported grade 3 and 4 pressure sores and looking at both avoidable and unavoidable pressure areas. For the reporting period to date the Trust has no grade 3 avoidable pressure areas and 1 avoidable grade 4 pressure area (May 2011). A full root cause analysis was undertaken and with extensive training and the use of body maps the Trust has a more robust assessment on patients on both admission and transfer.

The monitoring of complaints has now been added to the dashboard and work is underway to further improve the reporting of complaints to ensure that these can be reviewed by hospital site and specialty to identify trends in complaints received from patients. The Trust's complaints policy is currently being reviewed to re-introduce a target date for responding to and investigating complaints.

The Acting Director of Nursing reported that the Trust had no attributable MRSA bacteraemia within the past 20 months and the cases of Clostridium Difficile are also within trajectory

Mr Bonner requested further information relating to the 3 mixed sex accommodation breaches in December. The Acting Director of Nursing reported that the excess breaches had occurred in

ITU areas due to bed issues and that there had been no breaches in wards or assessment areas.

The report was **NOTED**.

c) **Workforce Report**

The Deputy Director of Human Resources updated Board members on the Workforce report.

The total amount of staff in post for the Trust as a whole was 2939.51 WTE at December 2011. This equates to a reduction of 76.80 WTE when compared to the equivalent month in 2010/11.

Sickness absence rate has fallen in the Trust to 4.30% in December. Absence duration continues primarily to be short term (1 – 7 days) and HR Business Partners are continuing to actively manage sickness absence performance within each division.

The current Appraisal percentage rate at December 2011 is 61.29%, which is an increase from November 2011. Action plans were being put in place to complete outstanding appraisals in the areas where they fall short of the target and HR Business Partners are continuing to actively monitor appraisal completion.

Mr Evens stated that he was pleased to note the reduction in sickness in the Estates and Facilities Management Division and hoped that it would continue with this downward trend.

The report was **NOTED.**

d) **Finance Report**

The Director of Finance/Deputy Chief Executive informed Board members on the financial position of the Trust at month 9 (December 2011).

The Trust was reporting a surplus of £53k against a planned surplus of £610k, resulting in an adverse variance of £577k. Income in December had reduced by £400k, this was felt to be driven by reduced activity due to the festive period. Income remained ahead of the planned level and was now £3,040k ahead of the cumulative plan as a result of higher than planned outpatient and emergency activity throughout the year. The casemix of all activity continued to be richer and therefore generated more income than originally planned at the beginning of the year.

Pay overspent by £111k in December, increasing the cumulative overspend to £1,954k. Nurse bank and overtime costs continued to decrease and remained significantly lower than in the first half of the year.

Non pay expenditure decreased in December by £320k, however all non pay budgets remained overspent.

£6.3m of efficiency savings had been implemented up to the end of December against the annual requirement of £15.2m. The Trust was continuing to ensure that the forecasted target is achieved and the momentum is carried forward into the new financial year. The Trust will not be able to deliver the balance of the required Cost Improvement Programme target in year and discussions are continuing to take place with the Strategic Health Authority (SHA) to secure additional income to close this gap and ensure the Trust is able to deliver the planned surplus of £1m. Without securing additional income, the Trust would have to post a financial deficit at the year end.

The Trust is one of seven NHS Trusts who will receive additional support from the Department of Health as a result of the PFI scheme. Confirmation is awaited on how this funding will be available and how it will impact upon the Trust.

The Trust has reached an agreement with NHS Cumbria and the Clinical Commissioning Group regarding the contract. The payment of £168.4m is slightly above the contract baseline to reflect over performance.

Mr Bonner questioned how the support the Trust would receive in relation to the PFI scheme would impact on the future of the Trust. Mr Mulvey informed members that the support the Trust would receive would not be a one off payment but would be a form of continued support until the end of PFI contact.

The report was **NOTED**.

TB19/12 GOVERNANCE AND ASSURANCE

a) Real Time Patient Satisfaction Report

The Acting Director of Nursing updated Trust Board members on the real time patient satisfaction feedback. The Acting Director of Nursing reported that the information collated from patients was used by staff members to review and improve services. The patient satisfaction survey had been updated and extra questions included after consideration of the National Patient Survey. The response options available to questions had also been increased and a comment box added to allow free text.

Action planning through the alerts issued by Auditr was becoming established into ward practice and had been assisted by the implementation of the monthly ward health check. The Matron for Patient Experience would be leading on this in the future.

The Trust had recruited a number of volunteers for the Cumberland Infirmary site and they were now undertaking inpatient satisfaction audits in allocated areas. It was planned that each clinical area would have a designated volunteer who would complete the required number of surveys each month. The Trust feels it was important that the information was collected by volunteers rather than nursing or clinical staff so that the patients could be open and honest with their feedback.

The Matron for Patient Experience would lead on the capture of patient feedback on the discharge process to facilitate improvements in patient discharge and the information provided.

The outpatient satisfaction survey had been redesigned to meet the needs of generic outpatient services. This had been trialled in specific areas and would now be rolled out to further areas.

Accident and Emergency had successfully implemented a patient survey specific to their needs.

The results of the Care Quality Commission's (CQC) national outpatient department survey had been released and showed the Trust to be 'average' across all aspects. The findings of the report would be looked at in further detail and would be further reported to the Board with a clear action plan.

The results from the CQC inpatient survey published in 2011 demonstrated the Trusts' performance on all areas and provided a comparison with other Trusts. Further work in some areas was required and the Trust would be looking at this.

Professor Bruce asked how the Trust engaged with family members to gain their views, particularly in relation to older patients. The Acting Director of Nursing informed members that a lot of work had been done from learning on what had been done at the Heart of England Foundation Trust and that the Matron for Patient Experience was networking with that Trust to bring the good practice back to the Trust. The Trust was also looking into gaining feedback from children and carers.

The Acting Director of Governance reported that the Trust was rigorously promoting CQC standards on all ward areas and especially in those areas where there were vulnerable patients to ensure patients and carers were empowered to ask questions on the essential standards of safety and quality.

Ms Cooke questioned what the Trust was doing in relation to following up the information relating to patient discharges. The Acting Director of Governance reported that improving various aspects of patient discharge was now a key priority for the Trust.

The report was **NOTED**.

Action: The CQC national outpatient survey results which showed the Trust to be average to be looked into in further detail and reported back to the Trust with an action plan.

b) **Patient Safety Walkabouts – Feedback from Non Executive Directors**

The Acting Director of Nursing informed Trust Board members that the patient safety walkabouts had been reviewed to ensure direct feedback to the Trust Board on the outcomes from the walkrounds. Dedicated time had been allocated on the Trust Board days and Non-Executive Directors visited departments in the hospital with the Head of Nursing or ward Sister. The ward visit had taken place earlier that day by Mr Michael Bonner, Non Executive Director.

Mr Bonner informed members that the allocated time had not been appropriate to allow him to visit the three areas allocated. The Head of Nursing for Medicine had taken him to the A&E department and he had spent approximately 40 minutes in that area. He felt that the visit had been useful and had spoken to frontline staff, nurses and consultants. The visit had focused on their perception of patient safety and the recognition of incidents and the use of the 'lilac form' and the Ulysses database. Mr Bonner reported that he had found the visit to be very interesting and described an incident that had been reported to him that had resulted in a complainant offering to be a volunteer for the Trust and therefore a negative had been turned into a positive. Mr Bonner reported that one area of concern was the lack of communication and information for visitors to the A&E department.

Mr Bonner then reported that they had visited Beech A ward where he had spoken to nursing staff. The visit had focused on patient safety, and the Ulysses recording tool. Mr Bonner felt that staff on Beech A ward found the Ulysses system easier to use than the A&E staff. He further noted that there was a lot of information on the ward but he did not feel that patients and visitors could clearly identify that this information was for them. Mr Bonner suggested putting visitor focused packs on the wards that would hopefully be useful for visitors and patients.

Mr Bonner finished by stating he felt the time allocated only allowed for 2 visits and not 3 as proposed. The Acting Director of Nursing suggested that the visit could be split and the Non Executive Directors undertaking the visits would attend 1 area each, thereby giving them more dedicated time in the area they were visiting.

Ms Cooke stated that the feedback from these visits should be reported to the Governance Committee and it was agreed that this should happen and also feedback would be given to the wards following the visits to ensure staff had feedback.

The verbal report was **NOTED.**

Action: Patient Safety Walkabout a. Feedback from the patient safety walkabout visits to be reported to the Governance Committee quarterly. b. Feedback to be given to the wards following the ward visits.

TB20/12 ANNUAL REPORTING

a) Charitable Funds Annual Report

Mr Bonner presented the Charitable Funds Annual Accounts for the financial period ending 31 March 2011. Mr Bonner asked Board members to note the activities of the Charitable Funds Committee for the past 18 months. This had included broader engagement and the development of spending plans. Over 900 grants had been made, with the funds continuing to support a wide range of charitable and health related activities benefiting both patients and staff. There was greater clinical engagement as the committee currently had 2 clinicians as members and was progressing with a nursing representative to join the committee.

The committee was continuing to look into ensuring that donations and legacies that had and continued to be given to the Trust were used for the reasons requested within the remit of the donation/legacy following acquisition and had taken legal advice on this aspect.

The Charitable Funds Annual Report also included the Charitable Funds Annual Accounts and Mr Bonner asked members to adopt the 2010/11 Annual Accounts.

Professor Bruce enquired what the outcome would be if a legacy had been donated for local use that could not be used locally. The Director of Finance/Deputy Chief Executive reported that the Trust would not be able to accept the legacy if it did not fit the criteria.

The Trust Board **NOTED** the increased activity within the Charitable Funds Committee in the past 18 months and supported the activities of the Charitable Funds Committee in the run up to the conclusion of the acquisition process.
The Charitable Funds Annual Accounts were **ADOPTED** by Trust Board.

b) Equality and Diversity Annual Report

The Deputy Director of Human Resources presented a written report which updated Board Members on how the Trust met the General Equality Duty and the Public Sector Equality Duty.

The report gave an overview of the equality and diversity work within the Trust and outlined the further actions for 2012.

The Trust's Single Equality Scheme was published in September 2010 and updated in April 2011. As part of the consultation arrangements, the Trust continued to be a member of the Cumbria Consortium with other public sector organisations.

The Equality and Diversity Steering Group continued to meet monthly. This was the principal internal regulatory body for all matters relating to Equality and Diversity and it reported to the Governance Committee.

The Trust took part in the Equality Performance Indicators Toolkit (EPIT) annual exercise. The Trust submitted its report in 2011 for external review and feedback received was very positive and indicated that the Trust would meet the level defined as 'achieving/developing' status.

The Trust is currently working on the implementation of the Equality Delivery System (EDS) linking with other organisations in the Cumbria and Lancashire health economy.

The Trust had been awarded use of the disability symbol (the 'two ticks' scheme).

The Trust had published both workforce and patient data relating to the equality strands on its internet site, which met the new legislation requirements that allowed members of the public to find information relating to Equality and Diversity within 'three clicks of the mouse'.

Professor Bruce questioned the Trusts approach on protected characteristics as her own organisation did not have this information. The Deputy Director of Human Resources informed members that the Trust gave information out what information it could but not all categories of information was disclosed due to respecting individual preferences.

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

TB21/12 STANDING COMMITTEES OF THE BOARD

a) Governance Committee – December 2011

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

b) Audit Committee – January 2012 (unratified)

Mr Evens informed members that the meeting had been held to give Audit Committee members assurance on the acquisition process and that members had gained assurance from the information presented at the meeting.

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

c) Charitable Funds Committee – 17 January meeting

Mr Bonner reported that the meeting had been held sign off the Charitable Funds annual accounts.

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

d) Charitable Funds Committee – 31 January meeting (unratified)

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

TB22/12 ANY OTHER BUSINESS

There was no other urgent business to note.

TB23/12 DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday 13 March 2012 at 1pm in the Board Room, West Cumberland Hospital, Whitehaven.