

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 9 OCTOBER
2012 AT 1PM IN THE BOARD ROOM,
CUMBERLAND INFIRMARY, CARLISLE**

- Present:**
- Mr M Little, Chairman
 - Mr M Bonner, Vice Chairman
 - Professor V Bruce, Non Executive Director
 - Ms J Cooke, Non Executive Director
 - Mr M Evens, Non Executive Director
 - Mrs A Farrar, Interim Chief Executive
 - Ms C Siddall, Director of Operations
 - Mr M Walker, Medical Director
 - Mrs C Platton, Acting Director of Nursing
- In Attendance:**
- Mr D Gallagher, Director of Human Resources & OD
 - Mr E Gardiner, Deputy Director of Finance
 - Miss E Kay, Head of Communications & Reputation Management
 - Dr J Rushmer, Director of Clinical Transformation
 - Mrs J Stockdale, Head of Corporate Affairs/Acting Company Secretary

TB95/12 **WELCOME AND APOLOGIES**

Apologies for absence were received from Mr P Day and Mr A Mulvey.

TB96/12 **DECLARATIONS OF INTEREST**

No declarations of interest were recorded.

TB97/12 **CLINICAL PRESENTATION: SEPSIS 6 AUDIT**

The Chairman welcomed Dr J Sturman, Consultant Anaesthetist/ Clinical Lead for Critical Care Outreach and Ms K Geer, Critical Care Outreach Nurse to the meeting to give a presentation on audits carried out and progress overall in relation to sepsis (copies attached).

Ms Geer outlined details of the audits that had been carried out at WCH. In relation to the one hour target of delivering the Sepsis 6 care, Ms Geer explained that this was a challenge for all Trusts. The data gathered provided details on the specialties covered, the majority of which was medical admissions.

Dr Rushmer suggested carrying out the audit on a more regular basis so that staff become more accustomed and used to it.

Mrs Farrar commented that the team had done well so far as it needed a couple of years to embed and help would be made available to introduce sepsis into MEWS and the development of an appropriate training programme.

Dr Sturman outlined his presentation, which provided information on the audit carried out at CIC and conclusions overall in relation to sepsis.

Dr Sturman reconfirmed that the majority of patients covered by the audit were medical patients; however, the audit covered all wards.

The Board discussed how it could assist in ensuring that sepsis held a more prominent position and it was **AGREED**, in the first instance, be discussed with the Senior Management Team so as to take this forward.

In a question relating to antibiotic resistance, Dr Sturman explained that the Trust did not have an aggressive antibiotic policy. Some patients would have a variety of resistance causes due to a number of reasons.

The Chairman thanked Dr Sturman and Ms Geer for an interesting and informative presentation.

ACTION:

Sepsis to be discussed at SMT meeting so as to take this forward.

TB98/12

MINUTES OF THE LAST MEETINGS

The minutes of the meeting held on 11 September 2012 were **APPROVED** as a correct record, subject to the following amendments:

Page 8, 2nd bullet point to read "Advancing Quality: Following a request from the board, the unvalidated data had been included".

Page 12, 2nd paragraph, last line to read "though part of the ward was being refurbished and this was commendable."

The minutes of the meeting held on 25 September 2012 were **APPROVED** as a correct record.

TB99/12

MATTERS ARISING AND ACTION PLAN

The Acting Company Secretary outlined the Action Plan, as follows:

- TB48b/12 – Trauma Accreditation: Update to be provided to the December Board.

- TB87c – Carbon Management Plan: Mr Gardiner reported capital funds had been allocated and a plan was being prepared. No problems were envisaged. Action complete.
- TB88/12 – Operational Performance: In relation to the 5% national target for unplanned re-attendance rates in A&E, Ms Siddall reported that work was ongoing, including benchmarking, with a view to improving the Trust's performance. The issue was being picked up by the Patient Access Group which had multi-agency attendance. In relation to DTOC information in the dashboard, Ms Siddall reported that this issue was also being picked up on a weekly basis by the Patient Access Group and all delayed transfers would be reported in future reports. Action complete.
- TB91/12 – Annual Reporting: Mr Gardiner reported that plans were in place to prepare for the end of year reporting, however, he raised concerns relating to staffing. Plans were in place to address this; however, Mr Gardiner would discuss these with Mrs Farrar. Action complete.

TB100/12

SAFETY AND QUALITY

a) Improving Patient Safety

Mrs Platton and Mr Walker presented a report which gave an update on patient safety and quality issues within the Trust, which was **RECEIVED** by the Board.

Professor Bruce commented that the Board Development Session held earlier in the day on mortality and reducing harm had been very useful and she felt reassured that a very detailed review had been undertaken and she extended her thanks to Mr Walker and Dr Rushmer.

Mrs Duguid commented that it was pleasing that the Trust had launched the Butterfly Scheme, however, she queried how this would be audited. Mrs Platton explained that this would be part of the overall audit plans and would also be picked up via the CQUIN plans. An update presentation following the audit in this area was to be given to the Board early next year.

In relation to the NHS Safety Thermometer, Mr Bonner queried whether there was any benchmarking data in relation to the urinary catheters in situ. Mrs Platton explained that the NHS Safety Thermometer was a national tool and as yet there was no benchmarking data on which to compare the Trust, however, staff had felt that this figure was high. Mr Walker agreed and felt that the figure was high, however, explained that there was a high level of sick people coming into the hospitals.

b) **Service Performance**

Ms Siddall presented the Service Performance Report which provided an update on operational performance within the Trust up to the end of August, which was **RECEIVED** by the Board.

In addition to the report, Ms Siddall outlined the following key points:

- The Trust had achieved its cancer targets for September.
- 83% in relation to stroke had been achieved for September.
- The Trust was preparing for the Cancer Peer Review and the timetable for the visit would be outlined in the next Board report.
- The Trust was experiencing an increased pressure on admissions and there was little intelligence available to identify why this was the case. Staff were working extremely hard and were continuing to keep patients and departments safe. The Trust had come close to not achieving the emergency care target at the end of Quarter 2 so grateful thanks were extended to all staff for all their hard work. Plans to address these pressures were being delivered by the emergency care clinicians via the weekly senior clinical meeting and executive team members had also joined to support colleagues. In addition, adverts had been placed for the emergency care clinicians and acute care physicians.
- Further details would be provided at the next Board meeting in relation to the 18 week target. The Trust needed to reduce the number of patients waiting over 18 weeks without a treatment plan from 20% to 4% to provide greater confidence the 18 week pathway would be achieved and sustained. The Intensive Support Team visited the Trust on 10 October in relation to the 18 week pathway and would be meeting with operational managers. The IST would also be hosting a 19 weeks 'masterclass' and commissioner colleagues were also to be invited.

Mr Bonner queried the growth in demand for A&E and asked whether any studies were being undertaken to understand what was happening. Ms Siddall explained that she was not aware of any studies being undertaken, however, was aware that colleagues elsewhere were experiencing similar pressures, however, national data was reviewed nationally. Mrs Farrar explained that the Royal College of Physicians had recently reported that people were living for longer and with more complex co-morbidities and that this was likely to continue, so the NHS on the whole would need to respond to this. Mr Walker explained that the commissioners were fully aware of the pressures being experienced.

Mrs Duguid queried whether the emergency floor plan would address and improve on the long waiting times in A&E. Ms Siddall explained that the emergency floor model was to continue with additional clinical input, focusing on the long waiters in A&E and also shortening the transfer process to healthcare partners such as Newcastle. All these issues were being picked up on a weekly basis at the emergency care physicians meeting.

In answer to a query regarding stroke figures, Mrs Farrar explained that in future this data would be presented as a 'stroke bundle' and the best practice tariff would also be included in this data.

c) **Human Resources**

Mr Gallagher presented a report which summarised Trust performance against a range of workforce indicators up to the end of August 2012, which was **RECEIVED** by the Board.

Mr Gallagher confirmed that the report to be presented at the Board meeting on 23 October would include 12 month rolling averages across the indicators.

Professor Bruce commented that the trajectory approach was a good way of highlighting problems and would find it useful for the same approach to be taken in relation to mandatory training.

As highlighted by Professor Bruce, focus needed to be placed on the manual handling mandatory training percentages for the Estates Department as they were particularly low.

Mr Gallagher reported that the revised action plan for the Staff Survey would be presented to the Board at the next meeting.

ACTION:

Revised action plan for Staff Survey to be presented to next Board meeting.

TB101/12

STRATEGY AND POLICY

a) **Acquisition update**

A report providing an update in relation to the acquisition process was **RECEIVED** by the Board.

Mr Evens explained that following discussion at the Audit Committee meeting, the completion date for the acquisition was more likely to be 1 April 2013 rather than 31 March 2013. This was a significant issue as it meant that the Trust would need to produce audited accounts, which was confirmed by Mr Gardiner.

b) **Organisational Readiness for Acquisition**

Mrs Farrar presented a report which outlined progress on the key items of business being undertaken in preparation for acquisition completion, which was **RECEIVED** by the Board.

Mrs Farrar explained that as part of the new clinical structure, a review of where specialties sat within divisions was being

undertaken so as to give certain specialties more of a 'voice' within the structure.

c) **West Cumberland Hospital Redevelopment Update**

A report providing an update in relation to the West Cumberland Hospital Redevelopment was **RECEIVED** by the Board.

TB102/12

FINANCIAL PERFORMANCE

a) **Month 5 Report**

Mr Gardiner presented a report which gave an update of the Trust's financial position at the end of August 2012, which was **RECEIVED** by the Board.

Mr Evens commented that a systematic approach would need to be taken within the health economy so as to look at issues such as increased admissions into the hospitals.

TB103/12

GOVERNANCE AND ASSURANCE

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

Ms Cooke and Mr Evens gave a verbal update following their patient safety walkabout to the Physiotherapy and Occupational Therapy Departments earlier in the day.

Ms Cooke and Mr Evens met with the staff as there were no patients in the departments at the time of the visits. The staff had reported that they were happy with patient safety reporting and with the patient information coming from the wards. Although the services at West Cumberland Hospital are provided by Cumbria Partnership NHS Foundation Trust, the staff explained that the Ulyses system across the Trust was beneficial.

Ms Cooke reported that there were some cleanliness issues which would be detailed in the written report.

Ms Cooke and Mr Evens explained that the patient safety issues were somewhat different to those on the wards as the care delivered in the two departments was mainly on a 1:1 basis. There were a few issues in relation to slips on floors, but again, due to the 1:1 care provided to patients, this was managed well.

The Board **NOTED** the verbal report.

b) **Bribery Act**

Mrs C McAdams, Internal Audit Manager, presented a report regarding the Trust's compliance with the requirements of the Bribery Act 2010. In addition, a presentation was given to Board

members outlining the key issues of the Bribery Act. The report and presentation were **RECEIVED** by the Board.

The Board **APPROVED** the recommendations outlined in the report.

TB104/12 **ANNUAL REPORTING**

a) **Register of Directors' Interests, Gifts and Hospitality for 2011/12**

A report outlining details of the Register of Directors' Interests, Gifts and Hospitality for 2011/12 was **RECEIVED** by the Board.

Mr Bonner would be providing an update to his declaration via the Acting Company Secretary.

b) **Audit Committee Annual Report for 2011/12**

The Audit Committee Annual Report 2011/12 was **RECEIVED** by the Board.

TB105/12 **DATE, TIME AND LOCATION OF NEXT MEETING**

Tuesday, 23 October 2012 at 1pm in the Board Room, West Cumberland Hospital, Whitehaven.