

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 25 JUNE
2013 AT 1PM IN THE BOARD ROOM, WEST
CUMBERLAND HOSPITAL, WHITEHAVEN**

Present:

- Mr I Gordon, Interim Chairman
- Professor V Bruce, Non Executive Director
- Mr M Evens, Non Executive Director
- Professor S Reveley, Non Executive Director
- Mr M Bonner, Vice Chairman
- Mrs A Farrar, Interim Chief Executive
- Ms C Siddall, Director of Operations
- Mrs C Platton, Acting Director of Nursing
- Mr S Shanahan, Interim director of Finance
- Dr J Rushmer, Interim Medical Director

In Attendance:

- Mrs I Edgar, Deputy Director of Human Resources and OD
- Mrs R Duguid, Acting Director of Governance/Company Secretary
- Mrs J Stockdale, Head of Corporate Affairs
- Mr L Morgan, WCH Director
- Mrs E Leitch, Head of Communications and Reputation Management
- Mrs L Carruthers, Deputy Director of Nursing (TB60b/13 only)
- Dr J Berry, Clinical Director, Radiology (TB60g/13 only)
Elderly Care Team (TB60E/13 only)

TB56/13 WELCOME, APOLOGIES AND CHAIRMAN'S OVERVIEW

Apologies for absence were received from Mr D Gallagher.

The Chairman's Overview Report was **APPROVED** by the Board.

TB57/13 DECLARATIONS OF INTEREST

No declarations of interest were made.

TB58/13 **MINUTES OF LAST MEETINGS**

The minutes of the meeting held on 28 May and 6 June 2013 were **APPROVED** by the Board.

TB59/13 **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

The action plan was **APPROVED** as follows:

TB27g Francis Inquiry Action Plan: Values endorsed by EMT previous week. Action complete.

TB84/12 Dementia: Update presentation to be given at future Board development session.

TB49a/13 Safety, Quality and Patient Experience: Actions complete.

TB50/13 Strategy and Policy: Actions complete. PCPI Business Case to come back to September Board in terms of clinical outcomes and development.

TB51/13 Finance Report: Action complete.

TB60/13 **SAFETY AND QUALITY**

a) **Safety, Quality and Patient Experience**

Dr Rushmer presented the Safety, Quality and Patient Experience report to the Board.

Dr Rushmer outlined the three remaining themes in relation to mortality and harm; the fourth theme (palliative care clinical coding) having been stabilised. Dr Rushmer explained that he would provide further details of the clinical information theme to the Board in July.

In relation to the NEWS audits, Dr Rushmer explained that the tables outlined in the report were currently in a 'raw' format, and although these were to be improved, it was important to reassure the Board that the data was now being collected.

Mr Bonner queried the definition of the 'crude death rate' and Dr Rushmer explained that this was the number of patients who had died.

The first meeting of the Mortality Review Group had taken place on 12 June and would form a core part of the work of the new Safety Panel.

In relation to the implementation of Duty of Candour, excellent delivery had been achieved by the teams. Mrs Duguid was to put in a place a mandatory system on the incident plan and produce a trajectory for the end of March.

The serious complaints and incidents were noted and next month the plan is to consolidate and produce this information by ward and theme level to ensure Trust-wide learning and embedded actions.

A complaints development workshop had been held on 18 June, attended by over 60 senior nurses and managers and had been very successful. Mrs Farrar reported that all the complaints over 100 days had been cleared and work was continuing in completing the over 50 days complaints.

In relation to the Safety Thermometer, Mrs Platton reported that a weekly report on pressure relieving mattresses was to be produced.

The Board **APPROVED** the report.

b) **Nurse Staffing and Escalation**

Mrs Carruthers presented the first draft of the nursing ward assurance report, which had been designed to provide assurance for the Board.

The development of this new report and indicators were ongoing and it was anticipated that by September 2013, all acute wards would be included in this report, along with ward level complaint, patient experience and staff experience. No major cause for concern about any one ward, department or team had been highlighted, but the incident of sickness absence was notable on some wards..

Ms Siddall questioned how part time ward manager cover was to be resolved. Mrs Platton explained that this would be linked into work being done on the ward establishments. Mrs Farrar explained that the Trust standard now was that ward managers would work full-time, e.g. 37.5 hours per week over 5 days.

Mrs Platton reported that the report would be presented to the Board on a monthly basis, with future reports on hours worked being split into baseline and bank staff and providing recruitment information. Mrs Farrar asked for this report to be shared with the ward managers and for feedback to the Board.

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

c) **C Difficile Service Improvement Plan**

Dr Rushmer presented a report which gave an update to the Board on the measures taken to reduce the incidence of Clostridium Difficile within the Trust so as to achieve the 2013/14 trajectory.

As at 18 June, the Trust had had 6 apportioned cases, against a trajectory of 7 by the end of June.

Details of the action plan were provided within the report; the principle concern being the delay in implementing a rolling programme of HPV cleaning. There was also a need to ensure robust mechanisms of cleaning, hand hygiene and antibiotic use were in place and for these to be sustained.

A revised and updated Infection Prevention Committee, which commenced in May, with a revised Terms of Reference, gave a much clearer accountability structure moving forward.

Repeat visits continued to be made by the TDA to the Elm pavilion and they were satisfied that progress was being made. ITU has also been visited.

The report was **APPROVED** by the Board and further update reports would be presented to the Board.

d) **Quality Regulatory Business**

Mrs Farrar presented a report which outlined a series of recommendations from the Regulators following planned inspections during May 2013.

Inspections undertaken had been:

- Keogh Review: planned review driven by the higher than expected mortality rate.
- Deanery Support: visit to review medical education and training needs and listen and advise on the plan in place.
- Care Quality Commission: unplanned inspection of West Cumberland Hospital.
- Independent Quality Assessment: part of the application by Northumbria to Monitor and a copy of the report was provided.

Although all the Regulators recognised that systems were now implemented to support improvements but that the scale of change and improvements required would take time to embed across the Trust, so that staff could own and lead on these improvements. However, they identified that there was a need for continued urgent action within the following areas:

- Improved governance and leadership: KPMG had been commissioned to assist with the corporate risk register.
- Serious incident investigations and embed learning: report provided to the Board.
- Review of staffing levels to ensure safe care was delivered: report provided to the Board and Board Development session held on 4 June.
- Review of estates capability and capacity: update to be given to the Board in July.
- Review infection and control policies: policies now being reviewed.
- Ensure mandatory training is supported: Board to receive regular reports whilst working towards compliance.
- Increase the pace to respond to promotion of a more supportive and open culture: the work on serious incidents and complaints was a good example.

Mrs Farrar explained that the Trust was on a long journey of improvement but it was on trajectory. She further explained that further visits from Regulators would be expected so as to review progress.

The Keogh Review report was to be published on 16 July. An action plan, which had consolidated all the required actions from all the Regulator visits, had been compiled and was being progressed and would form the basis of the Board's Safety & Quality Report.

Mrs Farrar had recently met with the TDA, CQC, CCG and other key partners and had discussed the recent Regulator visits; the meeting had been useful as everyone had a part to play in moving progress forward.

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

e) **Elderly Care Vision and Patient Story**

Mr Gordon welcomed the Elderly Care Senior Nurse team to the meeting to present their vision for elderly care and the outcomes following the CQC visit earlier in the year.

Dr George commenced the presentation (copy attached) by outlining the Trust-wide vision for the delivery of elderly care services. The vision consisted of three strands – early specialist intervention, surgical liaison and community geriatrics. With successful implementation these would achieve improved care and outcomes for patients.

Following the CQC visit to the elderly care wards in the Trust in March and May, the senior nursing teams developed an action plan to address the non complaint areas, as follows:

- Care and welfare of people who use services: moderate risk

- Staffing: major risk
- People's personal records including health records to be accurate and kept safe and confidential: major risk

The action plan was based on the Francis Report and the 6 C's strategy.

Members of the team outlined initiatives that had implemented in relation to the following:

- Improved communication with patients, visitors and relatives and staff.
- Intentional rounding and care rounding checklist. This involved going around all patients more regularly than presently, with an intention of doing something and also during visiting times, so that relatives can ask questions etc.
- Improved staffing. The new nursing appointments were outlined to the board. Nurse rostering had also been revised.
- Tissue viability. Care of the elderly wards had a designated Tissue Viability Link Nurse responsible for ensuring up to date information is cascaded to the teams. 88 registered nurses in the department had completed Tissue Viability training and further training sessions had been arranged so as to have 100% compliance at the end of July 2013.

The team explained that the work ongoing to ensure continued improvements for patients within the Care of the Elderly Wards within the Trust in order to deliver the CQC Action Plan.

Staff Nurse Lumsden shared with the Board details of a positive patient story.

Mr Gordon enquired as to how the team leaders had managed to get the rest of their teams within the wards to implement the changes. Sister Walker explained that it was important for the team to own the changes. Her own team had started to own the changes when they felt that they had been listened to. She also explained that the weekly ward meetings, instead of the monthly ward meetings, had made a great improvement.

Professor Reveley asked if the paperwork was manageable in relation to intentional rounding. Sister Miller confirmed that it was a good process. Matron Maughan explained that although nurses needed accountable paperwork, the paperwork had to support their primary purpose, i.e. nursing the patients on the ward. Mrs Anderson explained that the teams were trialling the new paperwork for 'rounding', following which, it would be rolled out in other areas. Dr Rushmer felt that less documentation was need, but more information needed to be gathered via the colour-coded forms for the wards. He explained that he was keen to use the 'coast to coast' documentation. Following discussion, it was **AGREED** to use the Northumbria documentation and to roadtest this in a particular area.

Professor Bruce commented that she was immensely impressed at how rapidly the team had turned around a negative issue into a positive and congratulated everyone involved. Mrs Farrar commented that she was very proud of how the team had responded to the report, remembering that the report had raised serious concerns about care delivery.

On behalf of the Board, Mr Gordon thanked the team for attending the meeting.

f) **Patient Safety Walkabouts**

Mrs Platton reported that the way in which the Patient Safety Walkabouts were undertaken was in the process of being changed and would also include the Non Executive Directors doing evening walkabouts, with the first one taking place that evening.

g) **Radiology Recruitment**

Dr Berry gave a presentation to the Board (copy attached), which outlined the current staffing ratios within the Radiology Department and the action being taken to appoint additional radiologists.

The action being taken to address recruitment included the following:

- To continue to try and recruit UK trainees.
- Employ agencies with finders fees
- Overseas recruitment
- From 2013, the Trust would get a number of trainees
- Increase the Trust's profile and attend regional and national educational training
- Allow increased sub-specialisation
- Outsourcing of audit and non urgent examinations
- Role expansion of existing members of staff

Dr Berry reported that agencies had been employed to undertake the overseas recruitment.

Ms Siddall enquired who did the reporting for the outsourcing. Dr Berry explained that this was undertaken by either NHS Employers' radiologists or a company from London whereby reports were done during the night by Australian radiologists.

Dr Berry reported that in relation to role expansion, everything was being done that was possible but there was still room for 'tweaking'.

The Board thanked Dr Berry for outlining the current position and gave their support to the action being taken.

h) **Service Performance Report**

Ms Siddall introduced the Service Performance Report which summarised the key risks in operational performance for month 2, 2013/14.

The Trust continued to make considerable progress to deliver the NHS constitution commitments. There remained challenges but the robust and pro-active improvement plan continued to be progressed.

The report outlined achievement against the national performance targets, highlight key areas of underperformance, key strategic organisational risks and demonstrating that an appropriate action plan was in place and was effective.

Ms Siddall reported that A&E performance that day was 94.92% and was on target to deliver 95% by the end of Quarter 1, which was a key milestone.

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

i) **TDA Self Certification**

Ms Siddall presented the new style TDA self certification report.

Board members felt that the new style report was not particularly user friendly and it was, therefore, **AGREED** that Ms Siddall would append a glossary to the report next month.

The Self Certification Report was **APPROVED** by the Board.

ACTION:

Glossary to be appended to the report next month.

TB61/13

STRATEGY AND POLICY

a) **West Cumberland Hospital Redevelopment**

Mr Morgan presented an update report to the Board in relation to the West Cumberland Hospital Redevelopment.

The report made particular reference to:

- The implementation of the clinical strategy
- Commissioning programme
- Contractual matters
- Community engagement
- Overview of activity

Professor Reveley queried how the infection control issues were to be addressed in relation to the transfer of high risk patients. Mr Morgan explained that this would be done by standardising the pre-assessment process and transfer policy.

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

b) **Acquisition Process**

Mrs Farrar presented an update report to the Board in relation to the acquisition process.

The report made particular reference to:

- Transaction Oversight Committee
- Stakeholder Group meeting
- Shadow governors
- Convergence criteria

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

TB62/13

FINANCIAL PERFORMANCE

a) **Finance Report**

Mr Shanahan presented the Finance Report which provided an update on the financial performance of the Trust.

The report made particular reference to:

- The month 2 financial report for 2013/14. The Trust had achieved a £102,000 surplus for the first two months of the year, which was £58,000 less than plan.
- Details of the business case for the upgrade of all mammography equipment from analogue to digital, which was a key requirement of the Age Extension of the Breast Screening Programme and required Board approval for the capital equipment costs.
- Details of the proposed amendment to the Healthcare Travel Cost Scheme; proposing that the Trust adopt the use of the advisory fuel rates specified by Her Majesty's Revenue and Customs for company cards as a proxy for the cost of fuel and that these rates would be reviewed and amended thereafter on a quarterly basis.

The Trust Board **APPROVED** the business case for the upgrade of all mammography equipment and the Healthcare Travel Cost Scheme and **APPROVED** the information within the report.

TB63/13

GOVERNANCE AND ASSURANCE

a) **Organ Donation Annual Report**

Dr Rushmer presented a report to the Board which provided details on last year's progress in relation to organ donation.

Mr Gordon enquired as to how the Trust's compared to its peers. Dr Rushmer confirmed that although the data for the regional report 2012/13 was still being validated, he had compared the Trust against Northumbria and North Cumbria had higher levels of donation.

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

b) **Quality Account**

Mrs Duguid presented the final draft version of the Quality Account to the Board.

Mrs Duguid explained that all Board members had been involved in the development of the Quality Account and all material issues had been taken on Board. There was some final editing of the report to be undertaken before its finalisation at the end of the month.

The Board thanked Mrs Duguid and her team for the production of the report.

The Board **APPROVED** the Quality Account, subject to final editing.

c) **Annual Report 2012/13**

Mr Shanahan presented the Trust's Annual Report 2012/13 to the Board for approval.

All comments from Board members had been taken into account within the report.

Mr Shanahan reported that the Audit Committee, held on 6 June, had been unable to approve the Report as it had not received the report until the day of the meeting. It was, therefore, agreed that members would approve the Operating and Financial Review section of the report in order for External Audit to be able to sign off the Annual Accounts and Annual Report. Members of the Committee were given the opportunity to comment further on the narrative and this was completed on 18 June 2013.

The Trust Board **APPROVED** the Annual Report 2012/13.

TB64/13 **STANDING COMMITTEES OF THE BOARD**

a) **Governance Committee – May 2013**

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

b) **Audit Committee – May 2013**

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

c) **Workforce Committee – April 2013**

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

TB65/13 **ANY OTHER BUSINESS**

No further business was discussed.

TB66/13 **DATE, TIME AND LOCATION OF NEXT MEETING**

Tuesday, 23 July 2013 at 1pm in the Board Room, Cumberland Infirmary, Carlisle