

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 28 MAY
2013 AT 1PM IN THE BOARD ROOM,
CUMBERLAND INFIRMARY, CARLISLE**

- Present:** Mr I Gordon, Interim Chairman
Professor V Bruce, Non Executive Director
Mr M Evens, Non Executive Director
Professor S Reveley, Non Executive Director
Mrs A Farrar, Interim Chief Executive
Ms C Siddall, Director of Operations
Mrs C Platton, Acting Director of Nursing
- In Attendance:** Mr D Gallagher, Director of Human Resources & OD
Mrs R Duguid, Acting Director of Governance/Company Secretary
Ms R Whytock, Communications Officer
Mr L Morgan, Director WCH Project
Mr E Gardiner, Deputy Director of Finance
Ms A Proudfoot, Head of Patient Experience - Northumbria Healthcare
Ms L Gorley, Business Manager – Internal Medicine
Dr R Moore, Clinical Director - Cardiology
Ms L Corlett, Surgical Deputy Business Unit Director
Mr T Ojimba, Vascular Surgeon
Dr C Graham, Clinical Director
Dr D Burke, Clinical Director
Ms L Klein, Lead Nurse Emergency Care
Mrs K Crook, Management PA

TB44/13 WELCOME, APOLOGIES AND CHAIRMAN'S OVERVIEW

Apologies for absence were received from Mr M Bonner, Vice Chairman, Mr S Shanahan, Interim Director of Finance and Dr J Rushmer, Medical Director.

Mr Gordon advised that Mr Bonner had sent his apologies due to a family bereavement. Mr Bonner was grateful for the excellent care his family member had received while here in our hospital.

Mr Gordon welcomed Ms Proudfoot to the meeting for patient experience and Mr Gardiner who was representing Mr Shanahan.

Mr Gordon outlined his overview report, advising that May had been a difficult month in various ways.

Mr Gordon provided Board members with updates on the revised Interim Management Agreements. Dr Rushmer has been appointed as Interim Medical Director to the Trust following Mr Walker's announcement in March that he wished to stand down.

Mr Bannister has been seconded to the Trust from Northumbria Healthcare Foundation Trust (NHFT) 2 days per week to work with Estates.

Mrs Farrar advised that there are 4 posts: Dr C Tiplady, Mr S Raimes, Mr M Walker who will be leading on patient experience at West Cumberland Hospital (WCH) and a fourth role which will be a senior clinician dedicated to complaints and SUI's all supporting the Medical Director.

Mr Gordon asked that the Board's thanks to Mr Walker who stepped forward into the role at a difficult time be recorded.

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

TB45/13 **DECLARATIONS OF INTEREST**

No interests were declared by members of the Board.

TB46/13 **MINUTES OF THE LAST MEETING**

Mr Evens noted that an action for Mrs Farrar on page 7 to provide a briefing report on the KPMG assessment for Non Executive Director colleagues had not been included in the action list.

The minutes were **AGREED** as a correct record.

TB47/13 **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

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

TB7b/13: Update given at May Board. Action complete.

TB37a/13: Update given at May Board. Action complete.

TB48/13 **QUESTIONS FROM THE PUBLIC**

Mr Gordon asked the public present if they had any questions. The Board was asked if they are going to be taking ideas from NHFT. Mrs Farrar referred to Enc 4 which tracks mortality and the reviews which have been introduced and adopted from NHFT. Mrs Farrar also referred to patient experience and introduced Ms Proudfoot who was in attendance from NHFT. Mrs Farrar stated that NHFT have adopted our

Clinical Information System with each Trust taking the best from both sides to continue learning from best practice.

TB49/13

SAFETY AND QUALITY

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

Mortality

Overall our mortality rate was improving however, there were issues of note.

Mrs Platton advised that in accordance with the Trust's mortality framework, 54 of the 64 reviews have now been completed. The SHMI has been rebased nationally and the Trust's value of 110 was categorised as expected.

The Medical Director will provide a full report on congestive heart failure to the Board in June.

Mrs Farrar enquired as to how the actual death rate peaked in February/March yet the mortality risk adjusted only slightly and in line with peers. Professor Bruce explained that numbers can peak due to seasonal effects. Mrs Farrar suggested it would be useful to invite Tony Roberts to Trust Board as it will be helpful for the Board to explore the mortality framework. Members agreed this will be useful.

Mrs Platton reported that of the 18 elective deaths identified, 2 cases have been found to be non elective admissions. The relevant clinical teams have been asked to provide more data which will then be reported to the Clinical Business Unit for discussion before being reported back to the Board.

ACTIONS:

Mrs Platton to invite Tony Roberts to a future Trust Board meeting to discuss the mortality framework.

Mrs Platton to report back to Trust Board on the 2 non elective deaths.

Improvement Themes from Mortality and Harm Review 2012/13

Mrs Platton reported there is no significant improvement in the calculation of recording NEWS at CIC, however there is improvement at WCH in NEWS being correctly calculated. The NEWS audits were presented to the Clinical Policy Group (CPG) in May. Improvements are required in the response to abnormal NEWS scores and training sessions have been put in place for medical staff.

The first meeting of the management of deteriorating patients had taken place and will continue to meet bi-monthly reporting to CPG.

Mrs Farrar stated that the Board will look to this group to confirm consultants have been trained and support is in place to ensure the training happens.

Mrs Farrar congratulated the wards for their significant improvement in April and asked that Mrs Platton and Dr Rushmer pass on her thanks to the ward staff.

Ms Siddall asked if there was an issue with the threshold for triggering action. Mrs Platton advised there had been a discussion about this point at the Clinical Policy Group and agreement on how staff could be flexible.

ACTION:

Mrs Platton and Dr Rushmer to pass on Mrs Farrar's thanks to ward staff for their significant improvement.

Mr Gordon enquired about the process for investigating and learning from SUIs. Mrs Duguid advised that the Trust are implementing the NHFT approach looking at categories and the establishment of safety panels.

Mr Gordon referred to the percentage of patient discharge letters in case notes which plateaued in March and April. Mrs Farrar advised she had met with the consultants that had the lowest number to consider how they could improve by the end of June.

Mrs Farrar highlighted the need now for an improvement plan on the identification and care for dying patients. Mrs Farrar commented that there has been a lot of feedback on this matter and we need to think about how it is presented to the Board.

Meeting the Contractual Duty of Candour

Mrs Duguid reported on the duty of candour which is a requirement to ensure that patients/families are informed about any patient safety incident that has affected them during their care. The Trust is obliged to ensure patients/families are informed within 10 days of an incident. Mr Evens enquired if the Trust was compliant for cases in April. Mrs Duguid confirmed the Trust was compliant for serious, not moderate safety incidents and this was being addressed in the Business Units.

Mr Gordon asked if the duty of candour will be put in this year's contract. Mrs Duguid replied it will.

Mrs Farrar suggested that there be a standard form of wording for sincere expressions of sorrow which should be discussed with ward managers.

RESOLVED

Learning from Complaints

Mrs Duguid reported that a development session for all staff involved in complaints will be held on 18 June 2013 with the Chief Executive and Medical Director.

Mrs Duguid advised that the work on the review of complaints has not yet concluded and the outputs of the review will be reported in June 2013.

Mrs Reveley enquired if the number of complaints is within the normal range. Mr Gordon expressed concern about delays. Mrs Farrar advised that complaints need to be presented so they can be benchmarked. Mrs Farrar commented it would be useful for a Non-Executive Director to attend the development session and it was agreed that Professor Reveley would attend.

Clinical Audit and Effectiveness

Mrs Duguid drew attention to the implementing NICE. Mrs Duguid stated Derek Thompson, Medical Director from NHFT is supporting this to track delivery and highlight any risks. Mr Gordon commented it will be helpful to establish a baseline.

Measuring the Patient Experience

Mrs Platton advised the Board that future reports will include national data. Ms Proudfoot commented that the response rate is encouraging and the scores at WCH are very positive. Mrs Farrar asked that we think about how best to present information to patients and staff. Mrs Farrar asked Ms Proudfoot to send a letter to A&E staff from the Trust Board to make them aware of this good outcome.

ACTION:

Ms Proudfoot to send a letter to A&E staff from the Trust Board.

Mrs Platton explained that the graph represented a one day snap shot on the safety thermometer. Each ward has a detailed analysis of the harms across the Trust. Mrs Farrar asked if there is any one ward that has more harms than others. Mrs Platton replied that the acute frail and elderly wards have more. There were 2 cases at WCH which triggered a detailed root cause analysis which will be presented to the Board in June. Mr Evens asked for assurance that this will come back to the Board with a reasonable level of detail. Mr Gordon asked that it goes to Governance Committee then Board.

ACTION:

Mrs Platton to present a detailed root cause analysis to June Trust Board.

Dr Graham reported that issues have been addressed with water sampling with Steven Bannister from NHFT, using a risk assessment approach. More work is needed and this is moving forward. Tests will be staggered and carried out every 6 months which does not currently happen in all areas. More detailed discussions are needed to find the most appropriate method for all areas. Mrs Farrar commented that this seems a very practical approach and asked if there are any concerns with clinical areas. Dr Graham advised that Oncology, Outpatients and Larch D are the most out of date areas. Mrs Farrar asked for a rolling programme to be reported to the Board quarterly to have assurance this is delivered. Mrs Farrar asked Dr Graham to write to the renal clinicians setting out what the Board has agreed today.

ACTION:

Dr Graham to provide to provide a rolling programme of water sampling to be reported to the Board quarterly to have assurance this is delivered. Mrs Farrar asked Dr Graham to write to the renal clinicians setting out what the Board has agreed today.

b) **Serious Complaint Emergency Care**

Dr Burke and Ms Klein presented a report of action following receipt of a serious complaint highlighting deficiencies in the care provided to a patient visiting Cumbria. The Emergency Care and Medicine Business Unit investigated the incident.

Mrs Farrar expressed her thanks to the team for this effort to engage staff in a programme of improvement. She asked what arrangements are in place for the improvement to keep going. Dr Burke replied process mapping is in place and Unipart are coming to work with the team. Ms Klein advised there will be regular meetings to track progress on the action plan.

Professor Reveley asked if they would consider having patients involved to develop working together for patient experience. Ms Proudfoot commented that the ward has since received a number of complimentary letters.

Mr Gordon explained the key issue is to keep the work going and see if it can be repeated in other areas. Mrs Farrar advised there are another 7 wards to go through this approach. She asked Dr Burke to report back on progress to the Board in September; and if they required any support from the Board. Dr Burke said it is about the staff taking ownership of the students on the ward.

Mr Gordon thanked Dr Burke and Ms Klein for their report.

ACTIONS:

Dr Burke to provide a progress report to the Board in September.

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

c) **Assurance for Nurse Staffing Shortfalls and Escalation Process**

Mrs Platton outlined a report which provided the Board with assurance that the Trust have in place a robust escalation plan to address staffing shortfalls within clinical areas.

Mr Gordon asked for a formal staffing plan rota with objective measurement of staff shortages and absences. Mrs Platton advised she will present this to the Board in June.

Mrs Farrar said she had seen the work which has been done which is very thorough. They needed now to look at how to feedback to staff when short staffed; and take the sitrep a step further by confirming to ward managers when staffing requests have been actioned.

ACTION:

Mrs Platton to present a formal staffing plan rota with objective measurement of staff shortages and absences to the Board in June.

The report was **APPROVED**.

d) **Safeguarding Quarterly Report**

Mrs Platton outlined a report which provided the Board with information and progress pertaining to all aspects of Safeguarding with the Trust relating to Safeguarding Children, Adults and Patients with learning disabilities.

This is a quarterly report for the Board to be aware of safeguarding issues and how we address them.

Mr Gordon enquired what is the definition of the problem we are trying to tackle. Mrs Farrar stressed that we must ensure on a regular basis that legal standards are being met.

The main issues are what we can do to ensure the staff are trained. Mr Gordon asked if there is a document he can read to be clear on what we need to do to understand the practical challenges in an acute hospital.

Mrs Platton suggested having a board development session on safeguarding as there are lots of questions to take outside of the meeting and as board members they require a certain level of understanding.

ACTION:

Mrs Platton to provide a board development session on Safeguarding in July.

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

e) **Service Performance**

Ms Siddall presented the Service Performance report to the Board, outlining the key issues.

The Service Performance Report has been reviewed by the Finance, Investment and Performance Committee (FIP).

Mrs Farrar expressed concern regarding the orthopaedic service due to the continued reduction in 18 week performance. Mrs Farrar asked Ms Siddall to write to every manager in orthopaedics regarding their planned contractual position within 2 weeks to ensure a full understanding in orthopaedics. External action is being considered.

Mrs Duguid advised they are meeting 10 of the essential 16 CQC outcomes. Mrs Farrar commented they had discussed outcomes 10,11 and 16 at the Directors' meeting to ensure full assurance is provided. Mrs Farrar will discuss outcomes 10 and 11 with Steven Bannister this week. Mrs Duguid advised she is working on outcome 16.

ACTION:

Ms Siddall to write to every manager in orthopaedics regarding their planned contractual position within 2 weeks to ensure a full understanding in orthopaedics.

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

f) **Intensive Support Team Action Plan**

Ms Siddall outlined a report which provided the Board with assurance that the recommendations and actions from the ECIST visits to CIC and WCH in February 2012 have been completed or are in progress with realistic completion dates.

Ms Siddall gave the Board assurance that the actions and recommendations have been picked up and an action plan is being compiled detailing what is complete and what is ongoing in one document for consistency. Mrs Farrar asked that this be

returned to Board next month and sent to NHFT to forward to Monitor.

ACTION:

Ms Siddall to return the completed action plans in one document to Board next month and send a copy to NHFT to forward to Monitor.

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

g) **TDA Self Certification**

Ms Siddall presented the Trust Self Certification Return for April 2013 which updated the Board on the new NHS Trust Development Authority (TDA) arrangements for monthly self-certification.

Ms Siddall reported that the TDA have updated the requirements of the previous monthly self certification. The Board were asked to note Appendix 1 – Board Statements Return and Appendix 2 – Compliance Monitor Return.

Ms Siddall stated that both documents were submitted to the TDA on 17 May. The TDA recognised that the submission had not been through Board assurances as required due to the tight timescale.

Following discussion, Mrs Farrar asked for a 45 minute Board development session to talk through what it means.

ACTION:

Ms Siddall to provide a Board Development Session on the new NHS Trust Development Authority (TDA) arrangements for monthly self-certification.

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

h) **National Cancer Action Team – Action Plan**

Ms Siddall outlined a report to update and seek approval of the Board on the National Cancer Action Team Action Plan.

Ms Siddall explained that there are a number of actions to be followed up from the report. The Radiotherapy team with the support of the Clinical Business Unit have produced a draft action plan to address the recommendations of the report.

Dr Graham commented that there are key things to learn from the report for the service which will shortly not have a clinical director. Mrs Farrar agreed the service cannot grow without

leadership and asked for an early advert to be placed for this post. Dr Graham said this is imminent.

Mrs Farrar and Mr Gordon asked that focus be given to the key priorities in the report.

ACTION:

Mr Gallagher to ensure an advert is placed for a consultant for Cancer Services. Dr Graham to report back next steps with the priorities in the report.

i) **Service Improvement Plan – C Difficile**

Dr Graham presented a report to update the Board on those measures identified as necessary to reduce the incidence of Clostridium difficile at NCUH in order to achieve our trajectory for 2013-14.

Mrs Farrar added that reassurance is needed that the antibiotic policy is being adhered to.

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

j) **Independent Quality Governance Assessment**

Mrs Duguid outlined a report which updated the Board on the current position of the Quality Governance Assessment and the key areas of work still to be delivered in order to fully achieve all the requirements set out in the Monitor Quality Governance Framework and the KPMG assessment which was to commence week commencing 13 May 2013.

Mrs Farrar stressed the importance of the assessment and agreed to provide a briefing report for Non Executive Director colleagues.

The report was **APPROVED**.

k) **Quality Account**

Mrs Duguid presented to the Board the Trust Quality Account for 2012/2013.

Mrs Duguid asked for comments to be sent to her before returning to the Board in June for ratification.

TB50/13

STRATEGY AND POLICY

a) **Transfer of High Risk Pathway for Vascular Surgery**

Mr Ojimba and Ms Corlett gave a presentation to the Board which gave details of the transfer of high risk pathway for vascular surgery since 4th of May.

Examples of patient timelines and how they are expected to proceed were included in the presentation. Patient feedback through patient stories show that 3 out of 4 were happy with their care, the 4th patient stated they preferred WCH to CIC.

There are issues to address regarding the transfer of patients back to WCH and the transfer of patients back to medical core wards at CIC. Mrs Duguid advised that an urgent focus needs to be put on updating the Trust Transfer Policy. Ms Corlett agreed to implement this.

On behalf of the Board, Mrs Farrar thanked and congratulated Mr Ojimba and Ms Corlett for the first big service development.

ACTION:

Ms Corlett to update the Trust Transfer Policy for these patients.

b) **PCPI Business Case**

Mr Moore and Ms Gorley gave a presentation to the Board introducing a primary PCI service in North Cumbria.

They advised there are a large amount of benefits from this service which developed 18 months ago bringing a significant contribution to the Trust in terms of income. It is proving difficult providing a 24/7 rota and extra development is needed to sustain the service in the long-term. There have been a number of issues and challenges to take into account.

The presentation covered the following areas:

- The need for PCI in North Cumbria
- Service Evolution
- Phase 2 Development – Business Case
- Planning Issues and Challenges
- Business Case Approval
- Current Project Status
- Anticipated Challenges

Mrs Farrar commented that the implementation plan was very practical and asked that it be taken to CPG in June.

Mr Moore explained that the on call rota could have an impact on echo services and he is trying to find a solution with the cardiology manager. The risk management of a single lab is a concern as if it breaks down there would be problems as a 3 lab hospital is running with 1 lab. Ms Siddall asked that they proactively do something now if anticipating problems with echo. Ms Gorley advised they are out to advert for a locum. Ms Siddall requested that the risk register be updated stating what would happen in the event of a break down.

Mrs Farrar asked what is the general length of stay for patients. Mr Moore advised they would expect to reduce the length of stay and patients who are in early enough could leave the same day. Mrs Farrar asked that this is noted in the business case.

Mrs Farrar commented that this is fantastic development and asked Mr Moore and Ms Gorley to report again to the Board in 3 months in terms of clinical outcomes and development.

The Board gave their support to the PCPI Business Case.

ACTIONS:

Ms Gorley to take the business case to CPG in June. The business case to note the expected reduction in length of stay for patients who are in early.

The risk register to be updated stating what would happen in the event of a break down in the lab.

Mr Moore and Ms Gorley to report again to the Board in 3 months in terms of clinical outcomes and development.

c) **West Cumberland Hospital Redevelopment**

Mr Morgan presented his update report in relation to the redevelopment of West Cumberland Hospital.

The report covered the following areas:

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

Mr Morgan advised that the CCG want to commission beds as a joint approach with the Partnership Trust which he will lead on. Mrs Farrar stressed that a formal letter is needed from the CCG in terms of the 45 beds giving absolute clarity on what has been agreed.

Following the incident when a crane struck the side of the existing hospital a lot of precautions have been put in place and Laing O'Rourke have been asked to find a solution. Professor Reveley asked if the Health & Safety Executive had been informed. Mr Morgan advised they were informed and it was fortunate that nobody was hurt in the incident.

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

d) **2013/14 Operating Plan**

Mrs Farrar presented a letter from Dr Dean Spencer at the TDA regarding the 2013/14 Operating Plan. Mrs Farrar advised she presented the letter to the Board as a matter of good governance.

e) **Acquisition Process**

Mrs Farrar presented an acquisition update report which outlined progress achieved on the following issues:

- Key milestones
- Convergence criteria
- Business transfer agreement
- Revised interim management arrangements
- Governor appointments

Mrs Farrar commented that some of the information in this report needs to be expanded to inform people of what has been done. Mrs Duguid offered to develop a checklist on an A4 sheet.

Mr Gordon noted there is a lot of activity planned for September making it a tight schedule.

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

TB51/13

FINANCIAL PERFORMANCE

a) **Interim Director of Finance Report**

Mr Gardiner introduced the report. Mrs Farrar asked where in the executive summary was an overview of the CIP delivery. Mr Evens said this was raised at the FIP meeting and it was noted that it will be discussed at Board. Mr Gardiner advised the report has been amended since the FIP meeting and the breakdown of CIP is on pages 5&6.

Discussion followed and Mrs Farrar stated that the report needs rewritten quickly to give absolute clarity on what has not been achieved.

Mrs Farrar advised that she will discuss CIP with the Business Units on 4 June.

ACTION:

Mr Gardiner to rewrite the Finance Report within 48 hours and return to Mrs Farrar.

TB52/13

GOVERNANCE AND ASSURANCE

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

Professor Reveley and Professor Bruce gave a verbal report following their patient safety walkabout in Larch A/B, the Emergency Assessment Unit earlier that day.

They reported that the department was well run with a good grasp on patient safety. They inspected sharp boxes and trolleys which had very practical things on them. There was a lot of information for staff in the corridor.

Professor Reveley and Professor Bruce spoke to staff about medical devices, training and appraisals. The ward sister was well informed. They asked about visibility of senior staff and were told the Director of Nursing and Chief Executive are visible to staff.

They also spoke to 3 patients who were all happy with their treatment and experience. Professor Bruce concluded that it is a good ward.

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

TB53/13

STANDING COMMITTEES OF THE BOARD

a) **Governance Committee – April 2013**

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

b) **Audit Committee – April 2013**

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

TB54/13

ANY OTHER BUSINESS

a) **Planned Preventative Maintenance**

Ms Siddall tabled a paper to update the Board on the current status of the Planned Preventative Maintenance programme, the events preceding and following the closure of Theatres 4 and 5 at WCH, the immediate actions taken and the measures put in place during the on-going incident and subsequent investigation.

Ms Siddall advised that since writing the report this morning, Theatres 2 and 3 have closed at WCH and she is waiting on an update. Ms Siddall has put an urgent call into Ann Ford at the CQC to advise her of this matter. Mrs Farrar stated that a formal letter needs to be sent to the CQC advising them of our actions and to confirm full assurance. This should be done within 48 hours.

Mr Gordon enquired if there are any retrospective problems. Ms Siddall advised that Theatre 5 is now working and can be used for 4 weeks. Mrs Farrar asked that this matter be brought back to Board to discuss how we risk manage this.

ACTIONS:

Mrs Farrar asked Ms Siddall write to the CQC as a matter of urgency informing them of Theatre closures and updating them on what we are doing.

The report was **NOTED** by the Board

b) **Cancer Peer Review – Progress Report**

Mrs Farrar presented a copy of a letter to Mr McMahon, Quality Director at the National Cancer Peer Review Programme to provide a progress update to the Board in terms of serious concerns and immediate risks which were raised around the provision of an acute oncology and chemotherapy service across North Cumbria.

Mrs Farrar said she had presented the letter for the Board to receive before sending to NHFT to forward to Monitor.

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

Mr Gordon apologised for the length of the Board meeting and asked that for future Board meetings Part 2 takes place in the morning and the development session after the public Board in the afternoon.

TB55/13

DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 25 June 2013 at 1pm in the Board Room, West Cumberland Hospital, Whitehaven.