

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 30 APRIL
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
 - Mrs A Farrar, Interim Chief Executive
 - Ms C Siddall, Director of Operations
 - Mr M Walker, Medical Director
 - Mr S Shanahan, Interim Director of Finance
 - 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
 - Miss E Kay, Head of Communications & Reputation Management
 - Mr L Morgan, Director WCH Project
 - Dr J Rushmer, Director of Clinical Transformation
 - Mrs J Stockdale, Head of Corporate Affairs
 - Dr B Marshall, Microbiologist, Northumbria Healthcare

TB33/13 WELCOME, APOLOGIES AND CHAIRMAN'S OVERVIEW

Apologies for absence were received from Mr M Bonner, Vice Chairman, who was representing the Trust at a national TDA event.

Mr Gordon outlined his overview report, providing Board members with updates on the revised Interim Management Agreement, the induction of shadow Governors and continued visits to wards and departments across the Trust.

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

TB34/13 DECLARATIONS OF INTEREST

No interests were declared by members of the Board.

TB35/13 **MINUTES OF THE LAST MEETING**

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

TB36/13 **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

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

TB27a/13 Update given at April Board. Action complete.

TB27b/13: Session organised for 13 May. Action complete.

TB273/13: Update given at April Board. Action complete.

TB28a/13: Update given at April Board. Action complete.

TB30a/13: Mrs Platton reported that Interserve were carrying out a lighting analysis of the ward area and the de-cluttering of the equipment had been completed. The Bank Staff Manager had confirmed that bank staff did receive incident training. Action complete.

TB37/13 **SAFETY AND QUALITY**

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

Questions from members of the public were taken in relation to this agenda item, as follows:

1. Clinical care audit results, there appears to be substantial pieces of data missing on the audit results.

Mr Walker explained that this was the first audit of its kind and recognised that there needed to be improvement in the data and this was currently being worked on. This was quite a robust piece of work which was being rolled out across the Trust. A monthly audit was in place and Mr Walker expected that this would be much improved.

2. Page 17 of the report, learning from patient incidents – priority to enhance staff, what are the timescales?

Mrs Platton explained that there had been a great deal of work undertaken, in conjunction with the Northumbria Director of Nursing, and Business Units, at looking at the nurse staffing establishments, and to date, some staffing had been increased in some areas, e.g. A&E. When comparing the Trust to Northumbria, Northumbria had less nursing staff at ward level per shift. The nurse staffing establishment review was looking at the whole team alongside medical staff,

physio staff etc. Mrs Platton further explained that the review was due to be completed within the next 3 months and she expected there to be an increase in healthcare assistants to ensure most, if not all, posts were filled.

3. Measuring patient experience and 4 new members of staff. Will there still be a patient experience matron?

Mrs Platton explained that the Trust had been working with the Northumbria patient experience team so as to improve the realtime feedback received. Four new staff members had been appointed, which mirrored the Northumbria model, however, the Matron role at Northumbria did not exist and instead they had a Director of Patient Experience. Mrs Platton reported that she did not expect the patient experience matron post to be replaced following the retirement of the current postholder. Mrs Platton confirmed that the four new staff members would be very visible within the Trust.

Board members were provided with an updated version of the Safety and Quality report.

Mr Walker outlined the mortality and reducing harm data within the report and the action taken to date. He explained that there was currently a national debate ongoing as to a 'normal' level of avoidable deaths, and this ranged between 5-10%. Mr Walker felt that Professor Keogh was more likely to look at 5% being the 'norm', which was more consistent with the findings of the Trust's own audit of deaths during 2011-12.

Mr Walker reported that the Trust's SHMI was showing some early improvements and was now down to 110 and the crude death rate had reduced to 1.43% per 1000 admissions. In relation to RAMI, the Trust was better than the peer average. Mr Walker reassured Board members that the Trust was working extremely hard to reduce both its mortality rates, as well as any other harm that might be suffered amongst all patients.

Mr Evens thanked the team for including the HMSR data in the revised report. The RAMI data appeared to be up to date and he asked why the HMSR figures were not similarly up to date. Mr Walker explained that the Trust subscribed to CHKS. Mr Evens asked why the crude death rate appeared not to have changed, whereas the RAMI rate was showing a downward trend. Mr Walker explained that the crude mortality rate looked at the rolling averages and seasonal influences could impact on these, e.g. flu outbreaks. The RAMI improvements were due to a complex interaction of factors. CHKS had recently reported that RAMI was also to be rebased. Mr Walker felt that the Trust was appropriately addressing the concerns and was ahead of the field in that respect. Mrs Farrar commented that the data

provided was the best intelligence that the Board could look at and that the improvement plan outlined the action taken to date.

In relation to the NEWS audit, Mrs Farrar queried whether CCU/ITU had been included and Mr Walker agreed to include these services in future.

In relation to palliative care coding, Mr Gordon queried the slight increase. Mr Walker confirmed that this was being addressed and that the criteria being used by the Clinical Coding Department was correct.

Mrs Duguid reported that a total of 44 SUIs had been declared for 2012/13, which was the highest number of SUIs ever reported in the organisation and reflected the work being progressed to improve incident reporting and escalation across the Trust. She also drew attention to the importance of the Trust's Duty of Candour in involving the families in such issues. She explained that since 1 April, all patients or relatives had been informed of a patient safety incident within 10 days if the incident was catastrophic or major. Patients who experience moderate harm were being reviewed to ensure the right data quality and these patients would be informed by next month.

With regard to complaints, 7 serious complaints had been reviewed and the outcomes and lessons learnt from these had been included as part of the Trust's Safety & Quality Priorities for 2013/14. The timeliness of answering complaints was also to be addressed and a training session for staff was to be arranged for June.

Mrs Platton reported that she had seen an increased number of applicants for nursing posts, both in qualified and non qualified, which was encouraging. She further reported that the Trust was committed to establishing a nurse bench on both sites where staff would be allocated on a daily basis to support ward teams covering short term sickness and extra staff required to a ward/department based on patient need.

In relation to the national inpatient survey, Professor Bruce had found it interesting to see that the Trust was shown as 'about the same' on most items and that this had been the case for the last/previous years. Mrs Farrar thought that this was incorrect and that the Trust's reports had been poor in previous years. It was, therefore, **AGREED** that Mrs Platton would provide the Board with details on the Trust's national position for the last 3 years.

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

ACTION:

Mrs Platton to provide Board members with details of the Trust's performance from the last 3 year's national inpatient survey.

b) **Rapid Response Review Team**

Mrs Farrar reported that Sir Bruce Keogh, NHS Medical Director has advised the Trust of the arrangements for the Rapid Response Review Team to visit the Trust on 7 May 2013. The review was expected to take from May to the end of July when a public report would be made available.

There were three key stages, preparatory stage, review and reporting. The preparatory stage has involved the Trust Board setting out the challenges in general terms and specifically with regard to how had it reported and responded to mortality reviews over the past two years. A data pack was expected soon for checking and these two sets of information would be the key lines of enquiry.

The Review Team would consist of a team of experienced clinicians, managers, regulators and patient/public representatives. They would hold scheduled and unscheduled site visits. The Team would be led by NHS England's Regional Medical Directors or Chief Nurses, who were accountable to Sir Bruce Keogh.

The Trust expected to receive the report following the visit from the Review Team late June/early July and this would be reported to the Board in due course.

The Trust remained committed to its broad and robust service improvement plan, which was described in detail in the Safety, Quality and Patient Experience Report, and looked forward to welcoming the visit of Rapid Response Review Team on 7 May 2013.

A staff briefing and media release were to be issued, providing details of the staff and public sessions to be held.

Board members would be kept updated.

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

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

On behalf of Dr C Graham, Dr B Marshall, Consultant Microbiologist, Northumbria Healthcare, presented a report which outlined the measures to be taken to reduce the incidence of Clostridium Difficile within the Trust order to achieve the 2013/14 trajectory.

The following key points were outlined:

- Following the visit of the TDA, and the findings from that visit, action was being taken to address the outcomes, including cultural issues which had also been identified.
- As the Trust was over its trajectory in 2012/13, i.e. 56 cases against a target of 40, urgent and radical action was required to achieve the 2013/14 target of 29.
- The key measures identified, from the root cause analyses and best practice, to be addressed with immediate effect were:
 - Cleaning
 - Vapor
 - Antimicrobial use

Dr Marshall explained that the Trust was a current outlier, although not the worst in the country, but rates were high. Dr Marshall's advice was to adopt a whole health economy approach, which was the approach adopted by Northumbria and had been successful. Mrs Farrar reassured the Board that the CCG had confirmed that they would take an active part in the Trust's Infection Control Committee in the future.

Mr Evens enquired as to how many of the CDiff cases had had antibiotics prescribed. Dr Marshall reported that a root cause analysis is carried out on each case, however, did not have this information to hand. Mrs Platton explained that each root cause analysis is completed and reported within the week and the infection control team review the analysis. A review of all 56 cases was to be undertaken so that further information could be gathered.

Mrs Farrar explained that she had requested the TDA to come into the Trust to undertake an independent assessment. The assessment had indicated that there was a culture of infection prevention not being owned Trust-wide. Mrs Farrar was to Chair the Trust's Control of Infection Committee in the future so that this could be addressed at a more robust level.

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

d) **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**.

e) **Service Performance**

Ms Siddall presented the Service Performance report to the Board, outlining key issues, as follows:

- The Service Performance Report would now be scrutinised by the Finance, Investment and Performance Committee (FIP) on a monthly basis.
- A Board Development Session had been held earlier that day where the Board received a presentation from the Intensive Support Team (IST) in relation to the Trust's 18 week pathway. The IST had been a great support to the Trust and the Board found the session very useful. The Trust's dashboard would be discussed in more detail at the Trust Board Development Session on 13 May to discuss Patient Flow.
- The A&E position was now improving. The Trust Development Authority had requested all Trusts to submit a daily SITREP. Performance for April was 91.3% so unfortunately the 95% target had not been achieved.

Mr Gordon enquired as to the financial penalties of not achieving the 95% target. Mr Shanahan would outline these penalties at the next FIP meeting. He also confirmed that there were 'fines' associated with not achieving the CDiff and 18 week targets. Professor Bruce commented that it would be useful for Board members to see the detail behind some of the breaches.

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

f) **Workforce Report**

Mr Gallagher outlined the Workforce Report which provided an update to the Board on the commitments that had been made to improve the Trust's staff experience in the workplace and the actions that were being taken as the safety and quality priorities for 2013/14 were being implemented. The report examined the progress that was being made towards the Trust's stated aim to create excellent staff experience through the implementation of the 4 staff pledges contained in the NHS Constitution. Success would be measured by the opinions of employees through future staff opinion surveys as the Trust aimed to move out of the bottom 20% of NHS Trusts as measured by the national survey.

Mr Gallagher reported that the Trust now had a more robust mandatory training programme in place and it was achieving what it needed to achieve every month and could, therefore, reassure the CQC. In relation to Outcome 14 (supporting workers), Mr Gallagher confirmed that this had now been achieved, with minor actions and this was approved by the Workforce Committee.

A copy of the recruitment plan for clinical staff was tabled. Mrs Farrar outlined the current appointments process for consultant staff, which included the involvement of the Royal College and was somewhat a lengthy process. She outlined the more streamlined process being used by Northumbria and requested the approval of the Board to move to this model, which would allow a much more efficient appointments process for clinical staff. The Board **APPROVED** the recommendation to move to the Northumbria appointments model for clinical staff.

The Board **APPROVED** the report and the measures being taken to improve key performance indicators.

g) **Clinical Audit Plan 2013/14**

Mrs Duguid presented to the Board the draft Clinical Audit Plan for 2013/14.

She explained that one of the key areas of improvement in Clinical Governance across the Trust had been the need to improve performance in clinical audit. In March 2013, the Trust Board received a report on the delivery of the 2012/13 audit plan, which was to be included in the Trust's Quality Account for 2012/13.

The draft Clinical Audit Plan for 2013/14 as based on National priorities as well as the Trust priorities and had been presented to the Clinical Policy Group in April 2013.

The Trust Board Safety and Quality Report would be updated to ensure progress updates against delivery of the Clinical Audit Plan and would be given on a quarterly basis.

Final feedback from the Business Units had been requested for 30 April 2013. This would include the areas of NICE guidance which each Clinical Business Unit would audit during 2013/14.

The outputs from the Clinical Audits would be reported to the Governance and Quality Committee throughout 2013/14.

Board members queried whether the Trust had the capacity to undertake these audits, however, Mrs Duguid explained that audit was an integral part of delivering care and service improvement and, therefore, would need to be undertaken.

The Draft Clinical Audit Plan for 2013/14 was **APPROVED** by the Board.

h) **TDA Self Certification**

Ms Siddall presented the draft Trust Self Certification Return for March 2013 for the Board to consider before being finalised for submission.

Following discussion, the following action was **AGREED** so that the Return could be finalised for submission:

- Board Statement No.12 to be recorded as 'yes' as the Trust had achieved Level 2 performance against the requirements of the Information Governance Toolkit.
- CQC information to be updated.
- Cdiff data to be included.

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

TB38/13

STRATEGY AND POLICY

a) **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 drew attention to page 5 of the report and highlighted two amendments, as follows:

1. On Table 1, Unplanned inpatients for 2012/13, the figure quoted in the report was incorrect and would be amended.
2. Third bullet point to read – Length of stay split between elective and emergency.

In relation to activity relating to outpatient procedures, Mr Shanahan would pick this up.

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

b) **Organisational Readiness**

Mrs Farrar presented a report which outlined progress to the Board on the key items of business to prepare for the acquisition date.

The report focused on:

- Establishing the right leadership
- Corporate strategy, clinical strategy and integrated forward plan
- Ensuring the right relationships with the Clinical Commissioning Group, Cumbria Partnership NHS FT and the County Council
- Being visible and listening

Mrs Farrar reported that all senior clinical appointments had been made within the Clinical Business Units and details of these would be displayed on the Trust's website.

Consultation was to commence the following day with matrons and business managers, based on the same principles as Northumbria.

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

c) **Acquisition Process**

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

- Key milestones
- Convergence criteria
- Revised interim management arrangements
- Governor appointments

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

d) **Service Improvement: Trauma and Orthopaedic Service**

Mr Armstrong and Ms Corlett gave a presentation to the Board (copy attached) which gave details of the service improvements for the trauma and orthopaedics service.

They explained that the service improvements would involve concentrating complex surgery on the CIC site and developing WCH as a high throughput, efficient unit and encompassing the culture of a single team, with single consultant on-call and cross-site working. The benefits would result in having an overall safer, efficient and better experience for patients.

Mr Armstrong outlined the process being followed in taking this forward with staff and communicating it internally and externally.

There remained some work outstanding, however, this was being progressed, for example, Mr Armstrong stressed the importance of ensuring the right numbers of nurses at CIC were available to treat the more complex patients.

On behalf of the Board, Mrs Farrar thanked Mr Armstrong, Ms Corlett and their team for taking an idea to a point of 4 week's until commencement and through a process of clinical and staff engagement.

Mrs Farrar explained that Choose and Book had been revised. To make north Cumbria attractive, however, the first appointments needed to be within 4 weeks.

The Board gave their support to the Trauma and Orthopaedic Service Improvement.

TB39/13

FINANCIAL PERFORMANCE

a) **Interim Director of Finance Report**

Mr Shanahan presented the Finance Report, which covered the following key items:

- Details of the month 12 financial position of the Trust for 2012/13. The Trust had achieved a £200,000 year-end surplus which was in line with the revised forecast agreed with the SHA, subject to external audit.
- The 2013/14 provisional revenue (income and expenditure) budget which was approved by the Finance, Improvement and Performance Committee on 26 March 2013. As regards the commissioning contract, both parties were committed to having a signed contract in place by 30 April 2013.
- Details of the Capital Plan, which had been approved by the Finance, Improvement and Performance Committee on 26 March 2013.

Mr Evens commented that he was not happy for the Audit Committee to approve the annual accounts as these needed to be approved by the Board. It was, therefore, **AGREED** that an additional Board meeting would be arranged, to be held at the end of the Audit Committee, so that the annual accounts could be approved.

In relation to PCPI, Mr Shanahan reported that further work needed to be done, in conjunction with Northumbria, then this would come back to the Board for approval.

Mrs Farrar commented that the Board needed to have a better understanding of why the contract with the CCG had not yet been signed. Mr Shanahan explained that this was due to the finalisation of the documentation, however, he would chase the

CCG for this documentation so that the contract could be completed in time.

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

ACTION:

An additional Board meeting to be arranged, to be held at the end of the Audit Committee, so that the annual accounts could be approved.

TB40/13

GOVERNANCE AND ASSURANCE

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

Professor Reveley and Mr Evens gave a verbal report following their patient safety walkabout to the Physiotherapy Department earlier that day.

They reported that the department was clean, with good lighting, and the refurbishment carried out to a high standard and the care provided appeared to be 'seamless'.

Professor Reveley and Mr Evens spoke to the staff, who were employed by the Cumbria Partnership NHS Foundation Trust. The staff were happy with the incident reporting system and were well aware of the incident procedures, handwashing hygiene, fire safety, checking of equipment. The atmosphere was busy but organised and the interaction of the staff was positive too.

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

TB41/13

STANDING COMMITTEES OF THE BOARD

a) **Governance Committee – March 2013**

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

b) **Audit Committee – February 2013**

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

c) **Charitable Funds Committee – March 2013**

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

TB42/13 **ANY OTHER BUSINESS**

a) **Quality Account**

Mrs Duguid would be circulating the latest draft of the Quality Account to Board members to scrutinise before final sign-off by the Board.

a) **Annual General Meeting**

The Board discussed the date for the Annual General Meeting and **AGREED** it should be brought forward to July.

TB43/13 **DATE, TIME AND LOCATION OF NEXT MEETING**

Tuesday, 28 May 2013 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.