

# North Cumbria University Hospitals



NHS Trust

**MINUTES OF THE TRUST BOARD MEETING  
HELD IN PUBLIC ON TUESDAY, 29  
OCTOBER 2013 AT 1PM IN THE BOARD  
ROOM, WEST CUMBERLAND HOSPITAL,  
WHITEHAVEN**

**Present:**

Mr I Gordon, Interim Chairman  
Professor V Bruce, Non Executive Director  
Professor S Reveley, Non Executive Director  
Mr M Evens, Non Executive Director  
Mrs A Farrar, Interim Chief Executive  
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  
Mr L Morgan, WCH Director  
Mrs R Duguid, Acting Director of Governance/Company Secretary  
Mrs L Carruthers, Deputy Director of Nursing  
Mrs J Lynch, Office Manager  
Mr S Bannister, Interim Estates and Facilities Director (item TB97a4/13 only)  
Ms C Moore, Operational Services Manager, Child Health (Item TB93/13 only)  
Sister C Walker (Item TB97c/13 only)  
Sister L Fitzpatrick (Item TB97c/13 only)  
Matron J Pickering (Item TB97c/13 only)  
Ms B Godwin, Operational Services Manager (Item TB97c/13 only)  
Dr R Moore, Lead Consultant in Interventional Cardiology (Item TB97i/13 only)  
Mrs L Gorley, Operational Services Manager (Item TB97i/13 only)

**TB91/13**

**WELCOME, APOLOGIES AND CHAIRMAN'S OVERVIEW**

Apologies for absence were received from Ms G Tiller, Mr M Bonner, Ms C Siddall.

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

**TB92/13**      **DECLARATIONS OF INTEREST**

No declarations of interest were made.

**TB93/13**      **A PATIENT STORY**

Mrs Farrar introduced and welcomed Ms C Moore to the Board meeting. Ms Moore informed Board members of a patient who had been admitted to the Fairfield Ward, West Cumberland Hospital.

The family of the patient had reported that the child had received excellent care. All the staff had been very supportive, and it showed how passionate they were about the work they did. The whole experience had been very positive.

Mr Gordon queried why Ms Moore had chosen this story to report on, to which Ms Moore reported that this story had been discussed at the patient safety day and it had been very useful. Mrs Farrar reported that this was good news and it should be reported at the ward team meeting.

Mr Gordon questioned the patient safety days that had been held and Ms Moore reported that the Business Unit had held 2 days, which had mirrored the days held by Dr Rushmer as he had been unable to attend their sessions. Dr Deb Lee was the lead person for the culture tool and Mrs Farrar requested that Ms Moore ask Dr Lee to send the feedback from the sessions to Mrs R Duguid.

**TB94/13**      **MINUTES OF THE LAST MEETINGS**

With the following changes the minutes were **APPROVED** by the Board.

TB89i/13: 2<sup>nd</sup> Paragraph; The words Business Unit Directors to be replaced by the words Clinical Unit Directors.

TB89e/13: Mr Evens reported that the Audit Committee Annual Report did not include the annual accounting process. He would look at how the report could be brought forward from its current date. Mrs Farrar requested Mr Evens come back to the Board with his recommendations by January 2014

TB84/13: Question 2 from the Public; The penultimate sentence on page 3 to have the words 'higher than expected' to be added to the end of the sentence.

**TB95/13**      **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed and the action plan was **AGREED** as follows:

TB50/13      Complete  
TB73h/13      Complete

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TB76/13 Complete  
TB85ai/13 Complete  
TB85aiii/13 Complete

**TB96/13**

**QUESTIONS FROM THE PUBLIC**

The following questions were raised by members of the public in attendance:

1. Emergency Winter Planning; Fifteen additional beds are planned at the West Cumberland Hospital subject to the recruitment of staff. How realistic is this given the difficulties in recruiting nursing staff, especially to West Cumbria. Mrs Platton reported that the Trust had commenced recruitment; the advertisement for posts had been rolled out and the Trust was also using overseas recruitment.
2. a. What were the clinical safety issues that led to the earlier move of patients to CIC?  
b. How many patients are being transferred weekly?  
c. Concern about both the process of transfer and the rationale for the decision?  
d. Public confidence is low, reflected in the local media  
e. Perception that there is/has been a lack of transparency re the decision-making around these patients.  
f. Reports of concern expressed by the CCG at the meeting of the Governing Body. Members of the public present requested the concern be raised.

Dr Rushmer explained the clinical issues relating to the surgery moves as highlighted in the Board Quality and Safety Report. Dr Rushmer reported that there had been two very serious incidents related to the West Cumberland Hospital. In answer to other points, Dr Rushmer reported where there were issues raised by the consultant body they had been widely discussed and brought to CPG (including a wide invite to September's meeting) in such a way that concerns were raised discussed and were addressed by all in attendance. Since no work (indeed the intention is to repatriate work) is leaving the organisation arrangements could be made for any issue raised through appraisal and job planning to be met with opportunities for cross site working.

3. a. What key changes are happening in community hospitals to support the transfer of patients from acute to community hospitals?  
b. Where is the transparency around how these decisions were agreed between NCUH and CPFT.

Mr Morgan reported that the Trust was working closely with its stakeholders in relation to the transfer of patients to the community hospitals. Meetings were also being held weekly.

**TB97/13**

**SAFETY AND QUALITY**

a) **Progress with the Keogh Action Plan**

Mrs Farrar reported that a single plan had been produced which will continue to be further developed. A meeting had been held with the Trust Development Authority and the Clinical Commissioning Group and they were pleased with the way the Trust was improving. Work was ongoing in the Trust in the following areas:

- Review leadership structure to ensure that the capability and capacity gaps are filled.
- Review of staffing levels to ensure safe care is delivered.

It was noted that Mandatory Training would not be delivered in the timescale set, but it was felt appropriate at the current time that this was the case. Work was ongoing in this area and a further update would be given at the next meeting.

Mrs Farrar also reported on the delivery of CQC compliance against all standards; this information was reported to the Finance, Investment and Performance Committee and Ms B Rana was leading on this.

The report was **APPROVED** by the Board

i. **Governance and Leadership**

Mrs Duguid presented the Governance and Leadership report which updated the Board on the following items

KPMG Quality Governance: The recommendations from the action plan presented to the Board in September were being updated into the main Keogh Action Plan.

Board Assurance Framework and Risk Registers: The report was presented to the Board in September and following that a number of key outcomes are now being implemented.

Mrs Duguid also reported that the Assurance Committee had held its first meeting in October and the outputs from this meeting would be reported to the Board at the November meeting.

Mr Bonner questioned the actions the Trust had to undertake to get out of Special Measures and requested that the risks/assurances were reported at the next meeting.

The report was **APPROVED** by the Board

**ACTION:**

1. The minutes from the Assurance Committee meeting in October to be reported to the Board meeting in November
2. The Trust Assurance Framework to be updated to include special measures

ii. **Staffing Shortfalls**

Mrs Carruthers presented the Ward Nursing Team Assurance report for July and August 2013. The ward reported provided the assurance that the ward staffing levels and monitoring of agreed indicators ensured safe care is delivered in line with Keogh.

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

iii. **Support for Staff**

Mr Gallagher presented the report on Support for Staff which showed the progress of the organisational development plan.

Mrs Farrar requested that the outcomes from the development sessions be presented to the Board meeting in November so more detail on the outcomes be presented.

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

**ACTION:**

The outcomes from the development sessions to be presented to the Board meeting in November.

iv. **Adequate Governance for Estates and Equipment**

Mr Bannister reported that the Estates team were highly engaged and pro-active in managing the risks that had come out of the Keogh report. A report was presented regularly to the Safety and Quality Committee showing progress made in relation to medical devices.

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

v. **Adequate Governance for Infection Control**

Mrs Farrar informed members that the Trust was making very good progress. There had been 3 cases of Clostridium Difficile in October; these had been discussed and actions initiated. There were no systemic concerns. The two admission wards had made good progress on antibiotic compliance and were 100% compliant. The deep cleaning programme was challenging but meetings were being held weekly and a structured approach had been developed. It was expected that all wards would be deep

cleaned by xmas enabling at least 50% of wards to be compliant with a full bundle of care for infection control.

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

b) **Safety and Quality Quarter Two Report**

Dr J Rushmer and Mrs R Duguid presented the Safety and Quality Q2 report which showed the key performance in relation to Safety and Quality across the Trust.

- The Medical Director reviewed the results of the ward reviews relating to mortality triggers and there are no significant areas of concern which had not already been identified in the Trusts's priorities for improvement.
- The Ward Assurance Report which was presented to the Board in July 2013 continues to be developed. A number of key areas for improvement had been identified and work was progressing to improve those areas.
- Mrs Platton reported on the key trends from the Trust falls data. This showed the peak time for falls was from 7pm through to 7am and the least time for falls was from 7am through to 1pm. Work was ongoing in this area to ensure improvements.
- A number of developments had been undertaken in the improvement of pressure area care. Mrs Farrar requested that benchmarking data been added to the report so the Trust could see where it ranked amongst its peers.
- Mrs Duguid reported that the Trust was improving the data quality in Ulyses and that managers were closing down incidents.
- In relation to complaints, the backlog had been fully addressed. A number of other improvements had been also made in this area.
- CQC area progress continued to be made with improving the Trusts position on compliance with NICE; this remains a priority with the Trust.

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

**ACTION:**

Pressure Ulcer benchmarking data to be added to the report so the Trust could see where it ranked amongst its peers

c) **CQC Action Plan (Elderly Care)**

Mrs C Platton welcomed Sister C Walker, Sister L Fitzpatrick, Matron J Pickering and Ms B Godwin to the meeting to present the delivery of the action plan

Ms Godwin informed members that the presentation would update members on the progress made following the Care Quality Commission visits to the Cumberland Infirmary and the West

Cumberland Hospital. Since the visit there had been a number of positive changes:

The presentation is enclosed.

Ms Goodwin reported that there were a number of areas for further development which included storage of large equipment. Mrs Farrar suggested Ms Goodwin spoke to Mr Steven Bannister regarding this.

Mrs Platton confirmed the latest report ratings by the CQC.

Both Mrs Platton and Mrs Farrar gave thanks to the wards for the work that had been done. All Trust Board members thanked the ward staff for the improvement.

Mrs Farrar reported that the Surgical Business Unit would give a presentation to Trust Board in January 2014 on the work they have achieved on the understanding that the rest of Melbrake Ward make similar progress.

**ACTION:**

The Surgical Business Unit to present to Trust Board in January 2014 on the work they have achieved.

d) **Medical Director's Report**

Dr J Rushmer presented the Medical Director's report which summarised key areas delivered in light of the changes to the North West Vascular Network and high risk Surgical Moves.

- Improvements continue in relation to surgical patient moves
- Dr Rushmer suggested that the Cardiac team could report on a patient story.
- Mrs Farrar thanked the Trauma and Orthopaedic specialties for the work they had undertaken. Lists would start mid-November for all day Saturday/Sunday working. Further efficiencies could be made to the trauma rota and Mr Armstrong and Ms Ann Wright are to be asked to feedback with proposed efficiencies by January 2014.
- Formal agreement on the handover of patients from the Cumberland Infirmary to the West Cumberland Hospital Care of the Elderly to be confirmed by November 2013

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

**ACTION**

1. The Cardiac Team to be invited to a future Board Meeting to report on a patient story.
2. Mr Armstrong and Ms Ann Wright are to be asked to feedback with proposed efficiencies by January 2014.
3. The transfer of Care of the Elderly patients from Carlisle to Whitehaven to be confirmed by November 2013

e) **Emergency and Winter Planning**

Mrs Farrar presented the Emergency and Winter Planning report which provided an overview on the progress made on developing and enhancing winter and emergency resilience for 2013/14.

The Trust was undertaking a lot of work in relation to improving this service, with a number of initiatives being acted on. Mrs Farrar requested that Dr Peter Weaving presented a report at the next meeting on Ambulatory Care.

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

**ACTION:**

Dr P Weaving to attend the next Board meeting and report on Ambulatory Care

f) **Service Performance Report**

Mrs Farrar presented the Service Performance Report and updated members on the following points:

- A clinical communication centre (CCC) was being built in the atrium at the Cumberland Infirmary and would go live from 11 November 2013. This would encompass the Trust working with health and social care partners and would help to improve the patients' journey through the system. This is a significant move forward for the Trust and Mrs Farrar invited Trust Board members to go along and see the work being done once it became 'live'.
- A General Manager had been seconded to lead the CCC for six months.
- Referral to Treatment: The Trust was forecasting 90% by the end of October
- The Intensive Support Team was visiting the Trust in mid-November in relation to Elective care and on 12 November in relation to Emergency Care as they wanted to get a clearer focus on the Trusts plans.
- The Trust continued to underperform on a number of cancer targets. Action plans were being developed to improve

performance and would be reported to the Finance, Investment and Performance Committee

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

g) **TDA Self Certification**

Mrs Farrar presented the TDA Self Certification report which was **APPROVED** by the Board.

h) **Workforce Report**

Mrs Edgar presented the Workforce Report. Members were informed that the Business Units were working on decreasing the level of sickness absence. In relation to appraisals there were differences in levels of performance but plans were in place to get these completed within the timescale. A lot of work was being undertaken in relation to mandatory training; this included staff being given the time off to undertake their training and also face to face training being undertaken.

Mrs Duguid requested the figures in the table on page 3 of the report relating to risk management be amended to show 5 sessions and 99 participants.

Mrs Farrar reported on the importance of the consultant job planning written agreements and asked that they all be written or reasons be given at the next meeting.

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

**ACTION:**

1. In relation to Risk Management, the table on page 3 to be amended to show 5 sessions and 99 participants.
2. The job plans completed to be written or reasons given

i) **PCPI Implementation Review**

Dr R Moore and Mrs L Gorley were welcomed to the meeting. Dr Moore gave Board members the background details to the work he undertook and how the work had progressed. The Presentation is enclosed. The key issues were:

- Dr Moore informed members of the need for a second PCI lab which would help to increase the work further, and would help the service should there be prolonged 'downtime'. A business case to be produced by January 2014.
- The costs exceeded the business case and more work was required to understand why. A report to be presented to the FIP committee by December 2013.

Mrs Farrar thanked Dr Moore and Mrs Gorley for attending the meeting.

**ACTION:**

Ms Gorley to draft a letter for Mrs Farrar to be sent to the CEO of NWAS regarding the treating of patients from the South Lakes area

**TB98/13**

**STRATEGY AND POLICY**

a) **West Cumberland Hospital Redevelopment**

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

- Good progress was being made and the work was on schedule.
- The Business case for Phase 2 was being prepared.
- The Mayors visit had been a big success and at a meeting the previous night Mr Morgan and Dr Rushmer had invited Copeland Councillors to visit the site.
- Engagement with key stakeholders continued.
- The clinical work streams continued to progress. It was noted that Medicine was behind schedule but meetings were being held to look at their progress.
- There were a few areas where there were concerns in relation to either increase or decrease of activity and these were being looked into.

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

b) **Strategic Plan 2014 - 17**

Mrs Farrar informed Board members that the Trust needed to deliver the strategic plan. Board Development sessions were being arranged; the first one would be held in November and information relating to that session would be sent out to all members, along with Business Unit Directors who were also being invited.

The Trust was also arranging a joint meeting with Cumbria Partnership Foundation NHS Trust and the Clinical Commissioning Group. Mrs Stockdale was currently arranging this and would send details out once finalised.

The report was **APPROVED**.

**ACTION:**

Mrs Stockdale to inform members of the details for the joint NCUH/CPFT/CCG meeting once finalised

**TB99/13**

**FINANCIAL PERFORMANCE**

a) **Finance Report**

Mr Shanahan reported that the Trust was in discussion with the Trust Development Authority (TDA) in relation to short term borrowing. The Trust had also received the support for PFI taper relief in October.

The Trust was £6.39 million off plan at month six and was looking at the areas of clinical income, elective activity and agency spend. A new agreement had been reached in relation to agency spend and this should reduce the agency rates of pay.

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

**TB100/13**      **GOVERNANCE & ASSURANCE**

a) **Declarations of Interest**

This item was covered earlier in the meeting but Mr Gordon requested members check the report and if there were any changes to inform Mrs Stockdale.

**ACTION:**

Trust Board members to check the register of interests and report any changes to Mrs Stockdale

**TB101/13**      **STANDING COMMITTEES OF THE BOARD**

a) **Safety & Quality Committee – September 2013**

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

b) **Audit Committee – September 2013**

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

**TB102/13**      **ANY OTHER BUSINESS**

There was no further business to discuss.

**TB103/13**      **DATE, TIME AND PLACE OF NEXT MEETING**

Tuesday, 26 November 2013 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.