

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 23 JULY
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
- 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:

- Mr D Gallagher, 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 (TB73a/13 only)
- Mrs V Wright, Matron, Control of Infection
- Dr P Weaving, GP Clinical Director (TB73/13 only)

TB67/13 WELCOME, APOLOGIES AND CHAIRMAN'S OVERVIEW

No apologies for absence were received.

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

TB68/13 A PATIENT STORY: MEDICINE

On behalf of the Medicine Business Unit, Mrs Platton shared with the Board, a patient story relating to an 81 year old female who came into the Trust from a residential home.

A number of issues were identified during discussion, as follows:

- Communication in the A&E department
- Fluid and nutritional issues in the A&E department
- Communication within EAU
- Inadequate discharge planning
- Telemetry removal

Mrs Platton explained that lessons had been learned by the teams involved in this patient's care and all issues addressed.

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

TB69/13 **DECLARATIONS OF INTEREST**

No interests were declared.

TB70/13 **MINUTES OF THE LAST MEETING**

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

TB71/13 **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

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

TB84/12 Dementia Clinical Presentation: Update presentation to be given to EMT. Action complete.

TB50/13 PCPI, Vascular and Orthopaedics: 3 month review to be given at October Board.

Tb60i/13 TDA Self Certification: Glossary appended to July report. Action complete.

TB72/13 **QUESTIONS FROM THE PUBLIC**

Ms Stucke commended the Trust for its action plan following the Keogh Review, however, felt somewhat disconcerted that some issues still needed to be addressed. She welcomed the changes to the complaints process and felt it was important to have a Non Executive Director on the Trust's Safety Group. Mr Gordon confirmed that Professor Reveley was a member of the Safety Group.

Ms Stucke asked for reassurance that there were now safe nursing levels on a sustainable basis. Mrs Platton explained that the Trust now had a more robust escalation process in place to address any staffing issues.

TB73/13

SAFETY AND QUALITY

a) **Findings of the Keogh Review**

Mrs Farrar presented a report which outlined the findings of the Keogh Review, along with the Trust's action plan and progress achieved to date.

Mrs Farrar reassured the Board that this was one of the Trust's highest priorities. The Trust would be meeting with the Trust Development Agency on a monthly basis so as to review progress in relation to the action plan. Board members felt encouraged by the action plan and noted that the Trust could expect a further visit by the Keogh team later in the year.

Mrs Farrar explained the outcome of an independent assessment of the documentation to support compliance with the CQC essential safety and quality outcomes. The overall assessment of the 14 CQC standards was that only 1 (outcome 5 – Meeting Nutritional Needs) was compliant. Appropriate action plans were, therefore, being developed to deliver compliance by the end of Quarter 3.

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

i. **Draft Board Assurance Framework**

Mrs Farrar presented the draft Board Assurance Framework and requested Board approval.

The Framework had been debated at the Clinical Policy Group meeting on 19 July by all Clinical Directors and lead managers and their comments and suggestions had been taken into account.

Professor Bruce pointed out that some of the 'gross' and 'net' figures appeared to be the same despite the controls and it was agreed that Mrs Duguid would review these.

Any further comments were requested to be forwarded to Mrs Farrar.

The report was **APPROVED** by the Board, subject to any final amendments.

ii. **Revised Complaints and SUI Process**

Mrs Duguid presented a report which outlined improvements which had been made to the Trust's complaints and SUI process so as to improve the timeliness of investigating complaints and serious untoward incidents.

In outlining the role of the Safety Panel with regard to reviewing complaints and SUIs, Professor Reveley, as a

member of the Safety Panel, explained that a big focus was being placed on learning and a very robust process was now being put in place.

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

iii. **Estates Improvement Plan**

Mr Bannister presented a report which gave an update in relation to estates and facilities issues raised by the Keogh Review Team and the CQC and the action taken to date. A copy of the Risk Prioritisation for Forced Ventilation was tabled for Board members.

Mr Bannister confirmed that all theatres were now compliant and safe to use. There remained some work to be carried out in some of the ancillary rooms but this would be completed shortly. Meetings were now being held every Friday so as to review all ventilated areas within the Trust. Mr Bannister confirmed that the Trust was now on target to meet the required assurance for the TDA and the CQC.

Mr Bannister also reported that a policy for PAP testing was currently being developed – internally for WCH and via an extension in the contract with Interserve for CIC. With regard to non compliant medical devices, Mr Bannister reported that these had been signed off separately. These had all been tested and he was satisfied with the maintenance plans. It was **AGREED** that a copy of the report would be forwarded to Mr Evens for information.

The Board extended their thanks to Mr Bannister for all his hard work in achieving the action to date.

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

ACTION:

Copy of medical devices report to be forwarded to Mr Evens.

iv. **Clinical Audit Q1**

Dr Rushmer presented the first quarterly report for the Trust to monitor the delivery of the approved Clinical Audit Plan for 2013/14.

Dr Rushmer explained that the report would continue to be developed during quarter two so as to clearly identify the performance in audit and what the outcome of the audits are confirming about the quality and effectiveness of care provided to patients at specialty level.

Mr Evens asked why a large number of audits were awaiting responses in relation to NICE compliance. Dr Rushmer explained that this issue had been raised at the recent CPG meeting and those areas required to respond were being chased to do so.

Mrs Farrar commented that the Trust's top priority was mortality. A check would need to be undertaken to see which of the audits were applicable. Mrs Farrar suggested that clinical directors meet with Dr D Thompson to look at NICE guidance.

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

ACTION:

Clinical Directors to meet with Dr D Thompson to look at NICE guidance.

v. **Ward Staffing Assurance**

Mrs Carruthers presented an update report, which provided assurance for the Board about the ward staffing levels, which, with monitoring of agreed indicators, should ensure safe care was being delivered in line with Keogh.

Mrs Carruthers further reported that ward manager training had now been undertaken and the nursing review was expected to be completed by September.

Professor Reveley enquired as to the current sickness levels. Mrs Carruthers explained that this was a mixture of long and short term sickness and ward managers were working with the HR managers to address this.

Mrs Carruthers confirmed that all wards would be included within the report by September.

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

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

Dr Rushmer presented a report to the Board which outlined the further work undertaken during the last month on patient safety, quality of care and patient experience.

Dr Rushmer outlined the report, with the following key points being noted:

- **Mortality Statistics:** The Trust's SHMI statistics were going down and the Trust was moving further into the pack. RAMI continued

to slow and was moving towards the peer average. Dr Rushmer was chairing the NEWS Reporting Group.

- Four Themes of Work from Mortality Review: Good progress continue to be made within the themes.
- Incident Reporting: The Trust continued to report patient incidents to NPSA above the upper quartile and national median.
- Safety Thermometer: 504 patient audits were completed on 19 June to assess patients on the four harms included in the safety thermometer point prevalence audit.

Mr Evens asked if the Trust had any comparative data in relation to patient experience. Mrs Platton explained that the Trust had compared itself to Northumbria with the results being very good. However, Mrs Platton **AGREED** to provide details of national comparators.

Mrs Platton reported that the programme for the Non Executive Directors' patient safety walkabouts have been reviewed and revised in line with the Northumbria model.

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

ACTION:

National comparative data to be provided in relation to patient experience.

c) **Workforce Report**

Mr Gallagher presented the Workforce Report.

All key HR controls had been RAG rated green, with the exception of recruitment (amber), sickness absence (amber), appraisal rates and mandatory training (amber). Action plans were being monitored by the Workforce Committee.

Mr Gallagher reported that there had been a definite shift seen by the Workforce Committee whereby the Business Units were now taking ownership of these issues.

Mrs Farrar stressed the importance of senior staff undertaking their mandatory training and appraisals so as to set an example to the rest of the organisation.

It was **AGREED** that details of the job planning outcomes would be discussed at the next Private Board in September.

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

ACTION:

Job planning outcomes to be discussed at Private Board in September.

d) **Stakeholder Experience**

On behalf of Mrs Riley, Mrs Leitch gave a presentation (copy attached) which outlined the results of a recent perception survey carried out in North Cumbria. The public were telephoned and GPs completed an online survey

Overall, satisfaction levels were recorded as 70% of patients and the public being 'satisfied' or 'very satisfied' with the services provided to them. Issues poorly regarded by stakeholders included the Trust's financial position; management problems; reputational issues; poor patient experience and performance and ongoing negative press coverage. However, stakeholders were aware of the impending acquisition and were keen to build and develop relationships and partnerships with Northumbria Healthcare.

It was **AGREED** that Mrs Leitch would circulate the stakeholder report to Board members.

Dr Weaving outlined his new role in the organisation as the GP Clinical Director and how this was helping to improve communication with GPs and provided for more involvement in decision making with senior stakeholders. He said communication and engagement was a priority for the organisation.

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

e) **C Difficile Implementation Plan Update**

Dr Graham presented a report which gave Board members an update on the action plan for Clostridium Difficile.

The following key points were **NOTED**:

- The Trust had had 8 apportioned CDiff cases to date. Although there had not been any further reduction in cases, the Trust was on trajectory and numbers were lower than in previous months. The infection prevention team met with the heads of nursing on a weekly basis to discuss these in more detail.
- Further work needed to be done to improve the day to day cleaning and antibiotic use. Dr Graham explained that the key to antibiotics was getting it right on admission. Dr Graham and Ms Siddall would be discussing the problems in relation to HPV cleaning.

- Hand hygiene products were being standardised across the Trust with the same products.
- The Trust's concerns regarding the lack of a community infection prevention team had been raised with the Clinical Commissioning Group by the Chief Executive.

Dr Graham explained that a further area of concern was around non reporting and the lack of taking part in audits at WCH. Mrs Wright would be speaking to these areas and outlining the Board's concern and the need to improve.

The Board discussed hand hygiene and infection prevention training and the importance of this being undertaken across the Trust by all disciplines of staff. Dr Rushmer suggested that this type of information should be publicised on ward areas by the ward managers.

Ms Siddall commented that she would like to see antibiotics having more of a prominence within the action plan and for the action plan to have more detail on the trajectory.

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

f) **Medical Director's Report**

Dr Rushmer presented his report, which gave an update on the following issues:

- Ophthalmology
- Coast to Coast Business Unit
- High Risk Pathways
- Clinical Records
- Vascular Services

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

g) **Service Performance Report**

Ms Siddall presented the Corporate Safety and Quality Regulatory Report up the end of June 2013.

The following key points were **NOTED**:

- The Trust had failed the 95% A&E target the previous week so the current week was critical to achieve. The Trust had achieved an overall score of 94.81% for the quarter to date. All necessary action was being taken so as to achieve the required standards.
- The Trust had failed two of the eight national cancer targets in relation to 62 day patients (GP referral to first definitive treatment) and 14 day rule (breast symptomatic patients). All action was being taken to achieve the required standards.

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

h) **TDA Self Certification**

Ms Siddall presented the TDA monthly Self Certification Return for June 2013.

Ms Siddall reported that the submission date had now changed to the last day of the month and, therefore, future submissions would have to be given approval outside of the Board meeting by the Chairman and Chief Executive.

The Board discussed the New NHS Provider Licence document and felt that a summary of the document would be appropriate.

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

ACTION:

Summary of the New NHS Provider Licence document to be provided to Board members.

TB74/13

STRATEGY AND POLICY

a) **West Cumberland Hospital Redevelopment**

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

The following key points were **NOTED:**

- Good progress continued to be made on the construction and Laing O'Rourke had indicated that the completion date currently remained at 19 December 2014. No solution was yet in place to protect the north face of blocks E and C to allow cranes to work in close proximity to these areas, which was essential to completion of the build. Mr Morgan felt that there would be a slight delay in the timetable due to decanting plans.
- Work on the clinical workstreams as progressing well, although medicine was a little behind on its timescales.
- The average length of stay reduction in medicine was reducing but remained too high.
- Significant bed reconfiguration had occurred in month in the surgical bed base.
- Emergency activity remained high as did bed occupancy.
- Progress was slow in relation to bed contingency plans with partner organisations.

- Mr Morgan was to organise an Executive Team Timeout session in September to look at the medical high risk pathway and to also discuss any other service changes at West Cumberland Hospital in relation to the redevelopment.
- Mr Morgan assured the Board that the TDA were being kept fully up to date with the project.
- In relation to Cumbria Partnership NHS Foundation Trust, Mr Morgan reported that there was now an understanding that this needed to be paid for, therefore, discussions were ongoing.

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

b) **Acquisition Process**

Mrs Farrar presented the Acquisition Process update report which was **NOTED** and **APPROVED** by the Board.

TB75/13

FINANCIAL PERFORMANCE

a) **Finance Report**

Mr Shanahan presented the Finance Report, for the period up to the end of June 2013, which was **NOTED** and **APPROVED** by the Board.

TB76/13

GOVERNANCE AND ASSURANCE

a) **Governance and Risk Management Strategy and Board Sub-Committees**

Mrs Duguid presented a report which updated the Board on interim changes which had been made to the Governance and Risk Management Strategy and which proposed specific changes for Board approval to the Board Sub-Committee Structure for 2013/14.

Professor Bruce commented that she would like to see committee business and programmes of work being more streamlined in future.

Mrs Duguid explained that the membership and management leads on some of the committees were to be reviewed and revised.

Mr Gordon reported that he would be chairing the FIP committee. Mr Bonner would chair the new Assurance Committee and Professor Bruce the Safety and Quality Committee. Membership would be announced later. Mr Gordon also asked that the Non Executive Chairs of the sub-committees liaise with the relevant Director for that committee, especially in preparing committee agendas.

Mrs Farrar queried how the provision of information data was to be provided due to Ms S Hughes 'acting up' following the departure of

Mr F Din and asked if there were any plans for Northumbria colleagues to support the Trust. It was **AGREED** that Mr Shanahan would outlined these plans at the Board meeting in September.

Following discussion the Board **APPROVED** the interim Governance and Risk Management Strategy for 2013/14 and the new Sub-Committee structure.

ACTION:

Mr Shanahan to outline plans for the provision of info data and leadership of the Information Department at the September meeting.

TB77/13

STANDING COMMITTEES OF THE BOARD

a) **Governance Committee – June 2013**

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

b) **Audit Committee – June 2013**

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

Mr Bonner reported that he expected all outstanding issues to be completed by September.

TB78/13

DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 24 September 2013 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.