

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 17
DECEMBER 2013 AT 1PM IN THE BOARD
ROOM, WEST CUMBERLAND HOSPITAL**

Present:

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

In Attendance:

- Mrs R Duguid, Acting Director of Governance/Company Secretary
- Mr D Gallagher, Director of Human Resources
- Mrs L Carruthers, Deputy Director of Nursing
- Mr S Bannister, Interim Estates and Facilities Director
- Mrs E Leitch, Head of Communications & Reputation Mgt
- Dr C Graham, Clinical Business Unit
- Mrs J Stockdale, Head of Corporate Affairs

TB117/13 WELCOME & APOLOGIES

Mr Gordon welcomed Mr M Cook, Non Executive Director, to the Board and to his first public Board meeting.

TB118/13 A PATIENT STORY

Mr Gordon welcomed the Surgical Ward and Operational Managers to the meeting to outline improvements on the surgical wards, following the first CQC visit in March 2013.

Mr Heaton, Chief Matron, introduced his team of ward and operational managers presenting at the meeting. The focus for improvement was to achieve full compliance in Outcomes 4 (Care and Welfare), 13 (Staffing) and 21 (Records).

The presentation (copy attached) provided assurance to the Board on progress against the outcomes and particular highlights were, as follows:

- CQC outcomes had improved since March but there was still some way to go.

Outcome 4: Care and Welfare

- The standard length of stay within the surgical assessment unit was 24 hours, which was effective in helping with patient flow.
- The wards were looking at introducing a week block on-call so that consultants could more familiarise themselves with patients, as some of the negative comments coming from patients were that they were seeing a lot of different doctors.
- The wards were looking at the use of iPads and the production of leaflets so as to continue improvements in communication.

Outcome 13: Staffing

- Staff who had attended the Never Events session recently had found the event beneficial, from both a sharing and learning point of view.

Outcome 21: Records

- A daily audit of 3 sets of casenotes had commenced.
- The '15 Steps' audit was outlined to the Board which had taken place on Kirkstone/Overwater. The process of the '15 Steps' audit identified issues which needed to be addressed and the process followed was the same as that for a typical CQC visit. Two areas had been non compliant – medicines management and care/welfare – and these were being addressed.

The team ended their presentation by sharing a patient story. This related to a patient who was transferred from WCH to CIC. Unfortunately the patient had not been reviewed by a registrar or consultant for 36 hours following transfer due to a mix-up relating to the consultant name. The transfer policy had since been updated and a transfer form was being used to ensure patients were received to the transferring hospital under the correct consultant name.

Ms Tiller explained to the team that the Board were pleased with their incident reporting and hoped that they still felt encouraged by what has been done and reassured them that the Board took these issues seriously.

Professor Reveley enquired as to staffing levels. The team felt that night staffing had much improved but covering for sickness absence was still a challenge.

Mrs Farrar extended the thanks and appreciation of the Board to the team. The next and final team to present to the Board were the Medical Wards and this was planned for January.

TB119/13 **DECLARATIONS OF INTEREST**

No interests were declared.

TB120/13 **MINUTES OF THE LAST MEETING**

The minutes of the last meeting were **AGREED** as a correct record.

TB121/13 **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed and the action plan was **NOTED**.

TB122/13 **QUESTIONS FROM THE PUBLIC**

No questions were raised, however, Ms Stucke commented that she was pleased to see that a lot of good work was being undertaken in relation to cancer services particularly in light of national comments with regard to Cumbria.

TB123/13 **SAFETY AND QUALITY**

a) **Progress with Special Measures**

Mrs Farrar presented a report which outlined the key requirements to be achieved which would enable the Trust to come out of Special Measures along with key exceptions.

Mrs Farrar reported that progress continued to be made with the Keogh Action Plan as described in the report and the exceptions would be monitored until complete.

Mr Bannister had been asked to attend to describe progress with the Cumberland Infirmary PFI review. Mr Bannister explained that a meeting had recently been held with HMC colleagues, the PFI facilities management provider at CIC, where the Trust had raised concerns as to how the estate was being run and that they were open to corporate manslaughter and fraud risks in relation to legionella, pseudomonas etc. A response had since been received to confirm that a review was to be undertaken by HMC, which was similar to that already undertaken by Mr Bannister in relation to the delivery of the contract. Mr Bannister explained that the Trust needed to be more pro-active with managing the contract with the 'docile' company. Mrs Farrar reported that she had explained to HMC that the Board had lost confidence in them and that new standards had to be delivered. Mr Bannister further reported that HMC were now in the process of market testing and had indicated that they would require an additional £1m for the same service. It

was **AGREED** that the HMC report would be reported to the Board as a high priority.

The report was **NOTED**.

ACTION:

HMC report would be reported to the Board as a high priority.

i. **Control of Infection**

Dr Graham presented a report which outlined performance in relation to the control of infection.

Dr Graham reported that he would be looking at benchmarking data in relation to C Diff.

Hand hygiene assurance audits had commenced and were indicating that compliance levels were lower than previously reported. Non compliant areas were to be addressed.

Dr Graham explained that he was awaiting validated data on surgical site infections as the Trust had had some infections. He was not able to give the exact figures as he was not certain that all the cases had been captured. An improvement plan had been drafted by the Surgical Business Unit to deal with the concerns raised regarding SSIs and the most important next step was to establish a surgical site improvement group with clear terms of reference to model best practice in NICE.

The report was **NOTED**.

ACTION:

Surgical site improvement group to be developed, with clear terms of reference to model best practice in NICE.

ii. **Cancer Improvement Plan**

Dr Graham presented a report which outlined the Trust's current performance in the delivery of cancer services and the action being taken.

Dr Graham explained that key staff appointments had been made over the past year in clinical oncology and radiotherapy, however, a significant amount of work and investment was required to make the service sustainable and robust for the future and for the delivery of high quality care for patients.

The Peer Review had highlighted a number of immediate risks and serious concerns and these were being addressed as a matter of urgency.

The report gave an update on current performance. Some pathways were at a great risk of non compliance with the 62 day standard and required in-depth focus on these pathways including timeliness of referral. The action plan for each tumour site would be approved at the Executive Team in January, including resource implications and trajectories to complete.

In relation to radiotherapy services, good progress was being made and it was intended that this service would be delivered alongside a partner via an integrated service. The Medical Director, Local Area Team, would provide details of the phased plan by the next meeting.

The Board **APPROVED** the work undertaken to date to address the key national targets.

ACTION:

The action plan for each tumour site would be approved at the Executive Team in January, including resource implications and trajectories to be completed.

iii. **Nurse Staffing**

Mrs Carruthers presented a report which provided the Board with assurance in relation to the ward staffing levels and the monitoring of agreed indicators to ensure safe care was delivered.

Mrs Carruthers reported that in November 2013, 91% of adult general wards were reported as having the agreed qualified nursing numbers, ratio and skill mix. The report identified those wards that were under close supervision and monitoring due to vacancies and sickness. A&E, emergency and surgical assessment units across the Trust remained a concern due to the challenges with patient flow. These were being closed monitored via a weekly patient flow meeting, chaired by the Chief Executive.

Mrs Carruthers reported that there was no major cause for concern relating to the ward areas across the Trust for any ward, department or team. Mrs Farrar suggested that the report should present staffing, excluding cover arrangements, so the Board could better understand the resilience of the staffing as she was aware of concerns. She also wanted the safety indicators described rather than bundled.

Professor Bruce reported that the Safety & Quality Committee are provided with this information at their meetings and the issues are discussed in detail.

Ms Tiller also explained that the Committee also discusses the associated costs.

Mrs Farrar queried why those areas that did not have a 60/40 ratio were not being raised as an area of concern. Mrs Carruthers explained that some areas would never have a ratio of 60/40 due to the levels of patients.

In relation to ITU staffing, Mrs Platton reassured the Board that acuity and staffing was being continually monitored.

With regard to recruitment, overseas recruitment was being looked at and also the possibility of a second intake of newly qualified staff.

The report was **APPROVED**.

ACTION:

To evolve the report to include more detail on staffing and clinical indicators.

b) **Medical Director's Report**

Dr Rushmer presented his report, providing updates in relation to:

- Obstetrics and gynaecology
- Medical recruitment
- Dr Foster intelligence report

The Board **NOTED** that the obstetric and gynaecology report would be presented to the Board in January.

In relation to Bruce Keogh's 7 Day Working Report, Mrs Farrar explained that the Trust would need to look at what it had achieved in relation to this and this would be reflected in the 3-5 year Plan.

The report was **NOTED**.

c) **Service Performance Report**

Mrs Farrar presented the Service Performance Report which outlined the key targets achieved and those areas where the targets had not been met and improvement plans had been put in place.

Mrs Farrar reported that patient flow continued to impact on the Trust's A&E performance, particularly in relation to community and social care. Discussions continued to be held with the Cumbria Partnership and Adult and Social Care colleagues so as to alleviate the problems being experienced.

Mrs Farrar reported that Mrs Wright had produced the 18 week plan to deliver the national targets but she had concerns regarding capacity (bed availability and workforce) to deliver this standard as

described and would request Mrs Wright to revise the plan by February.

The report was **NOTED**.

ACTION:

18 week plan to be revised by February.

d) **TDA Self Certification**

The Trust Development Authority monthly Self-Certification Return for November 2013 was **APPROVED** by the Board.

TB124/13

STRATEGY AND POLICY

a) **3-5 Draft Strategy and High Level Plan**

Mrs Farrar presented a report which outlined an update in relation to the development of the Trust's 3-5 Strategy and High Level Plan and the key dates to be achieved.

This provided a significant opportunity to plan the right services to achieve the best outcomes and would be done in partnership with the leaders in the Cumbria Health & Care Alliance.

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

TB125/13

FINANCIAL PERFORMANCE

a) **Finance Report 2013/14**

Mr Shanahan outlined the Finance Report as at the end of month 8.

Outlining key points in relation to financial performance, income and activity, expenditure and liquidity, Mr Shanahan also explained that the Trust was forecasting a deficit for the year of £22.8m. Particular attention to address the deficit was being focused on reducing medical locum expenditure, increasing elective activity and reducing non pay expenditure.

The Board held a general discussion on the current financial position of the Trust and the key areas requiring particular focus.

Mr Shanahan explained that a large piece of financial analysis had been undertaken which would have a small impact in quarter 4, but a larger impact in quarter 1 of 2014/15. Mr Cook commented that it was important to have the right analysis so as to enable the right decisions to be made. Dr Rushmer explained to Board members that there were ways that expenditure could be reduced and gave on call payments to consultants as an example and reassured the Board that issues such as this would be looked at.

The report was **NOTED**.

TB126/13 **STANDING COMMITTEES OF THE BOARD**

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

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

TB127/13 **ANY OTHER BUSINESS**

a) **Professor S Reveley**

On behalf of the Board, Mr Gordon extended his thanks and appreciation to Professor Reveley for all her support and hard work as her term of office was to end on 31 December.

TB128/13 **DATE, TIME AND PLACE OF NEXT MEETING**

Tuesday, 28 January 2014 at 1pm in the Board Room, Cumberland Infirmary.