North Cumbria University Hospitals
NHS Trust

MINUTES OF THE TRUST BOARD MEETING HELD IN PUBLIC ON TUESDAY, 28 JANUARY 2014 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
Ms G Tiller, Non Executive Director
Mr M Cook, Non Executive Director
Mrs A Farrar, Chief Executive
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 A Pounds, Director of Human Resources
Mr E Gardiner, Deputy Director of Finance
Miss R Whytock, Communications Officer
Dr C Graham, Associate Medical Director
Mrs J Stockdale, Head of Corporate Affairs

TB1/14 **WELCOME & APOLOGIES**

Apologies were received from Mr S Shanahan and Mr D Gallagher.

TB2/14 **A PATIENT STORY**

The Patient Story was covered later in the agenda (TB7aiii/14).

TB3/14 **DECLARATIONS OF INTEREST**

Professor Bruce declared that her husband was the Vice Chancellor of the University of Cumbria and that this had a bearing in relation to Trust training.

The declaration was **NOTED**.

TB4/14 **MINUTES OF THE LAST MEETINGS**

The minutes of the meeting held on 17 December 2013 were **APPROVED** by the Board, subject to the following amendment:

Page 6, TB123iii/13, 2nd paragraph, last sentence to read: 'Mrs Carruthers explained that some areas would never have a ratio of 60/40 due to the levels of patients and where additional HCA staff were in place.'

The minutes of the Trust Board Development Session held on 13 January 2014 were **APROVED** by the Board.

TB5/14 **MATTERS ARISING AND ACTION PLAN**

Mr Gordon announced that following the Board's agreement to appoint Ms Tiller as the Vice Chairman, and the end of his term of office on 31 January 2014, Ms Tiller was to be appointed as Interim Chair until a substantive appointment was made.

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

TB97b/13 Pressure Ulcer Benchmarking: Mrs Platton explained that there was currently no national benchmarking data available. However, an approach had been made to AQUA, who had agreed to work with the Trust so as to understand data in line with that of Northumbria.

TB97d/13 Medical Director Report: Cardiac Team to attend May public Board meeting. Efficiencies addressed via 18 weeks report – action complete.

TB123/13 Progress with Coming out of Special Measures: all items updated via agenda. Action complete.

TB123c/13 18 Week Report: Report revised. Action complete.

TB6/14 **QUESTIONS FROM THE PUBLIC**

Mr Martlew raised his concerns relating to the significant problems being experienced by patients, the public and staff in relation to car parking on the site. Mrs Farrar explained that the Board recognised that this was a major problem, and although this could not be addressed immediately, Mr Bannister was looking at solutions, which would be brought to the Executive Management Team for implementation. In answer to a query relating to an audit of car parking provision on the Carlisle site, Mrs Farrar explained that should this be included within the overall external review being undertaken relating to the services provided by Interserve, this information would be shared with the Board.

Mr Martlew also commented that in relation to the current Chairman vacancy, he hoped that Mr Gordon would put himself forward for a further term of office.

Ms Gadsden enquired as to the level of scrutiny in place in relation to items discussed in private by the board. Mr Gordon explained that this was 'policed' by the Non Executive Directors of the board and the Trust Development Authority. Items discussed in private related to patient confidentiality and commercial in confidence issues. The Board also held private meetings at where developmental sessions for Board members were held. Ms Gadsden enquired as to whether it was worth having external scrutiny for private issues. Mrs Farrar explained that external scrutiny was regularly carried out by the Trust Development Authority and the CQC and also explained that the Keogh Review team had also scrutinised all the Board papers. Ms Tiller explained that the role of a Non Executive Director was to provide scrutiny and that all NHS bodies routinely reported the majority of its business in public meetings. Furthermore, Mrs Duguid reported that the Trust's Board papers were also audited by the Audit Commission.

TB7/14 **SAFETY AND QUALITY**

a) **Progress with Special Measures**

i. **Keogh Action Plan**

Mrs Farrar presented a report which confirmed details of the requirements and the progress achieved with regard to the Trust coming out of Special Measures.

The requirements were:

- The Keogh Action Plan needed to be fully addressed.
- Trust to be regarded as 'well led' as defined by the new Chief Inspector of Hospitals. A development session for the Trust's key clinical leaders was to be held on 6 February to discuss this issue in detail.
- Core performance targets to be achieved.
- Financial plan to be approved by the TDA.
- A strategy, with an ambition for being 'best in class' and a clear high level plan approved by the TDA.

The key exceptions to the Keogh Action Plan were:

- The middle management level needed to be enhanced.
- Recruitment of additional nursing staff to open additional beds.
- Small clinical teams to be supported to deliver enhanced outcomes.
- Training levels to increase so as to achieve targets.

- An independent external validation of the estates and facilities for the Cumberland Infirmary site.

The action taken in relation to these exceptions was outlined in the report.

In relation to radiotherapy services, Mrs Farrar reported that the Trust was awaiting clarification from NHS England regarding Newcastle continuing with support after 1 April from and that they had also been requested to report on the review of vascular services.

Mrs Farrar reported that it was hoped to report the findings of the Interserve review to the Board in April.

The Board **NOTED** that the Clinical Director for GI services would be attending the Board meeting in February so as to outline how the service would be provided for the future, taking into account the national shortage of GI consultants.

The Board **NOTED** the information provided in the report and **APPROVED** the action being taken.

ii. **Control of Infection**

Dr Graham presented a report which gave an update in relation to control of infection performance within the Trust.

The following key points were **NOTED:**

- To date the Trust had had 19 apportioned Clostridium Difficile cases within the financial year, against a trajectory of 29.
- The Trust had had 1 MRSA bacteraemia case.
- Hand hygiene assurance audits had commenced and were indicating that compliance levels were lower than previously reported. The Trust was on target for all wards (100%) to fully meet the infection control bundle by March 2014, however, all action was being taken to achieve compliance across all 36 ward areas. Mrs Platton commented that she expected to see all nursing staff on Pillar/Patterdale to achieve 100%. Mrs Farrar reiterated the importance of all clinical staff achieving 100% in this area.
- A service improvement plan had been drafted by the Surgical Business Unit to deal with the concerns raised relating to surgical site infections. The first meeting of the newly formed Surgical Site Improvement Team met on 21 January. The Terms of Reference was to implement the best practice recommended by NICE. The Trust's Infection Prevention Committee would be monitoring progress.

The report was **NOTED**.

iii. **CQC – Medicine Ward Managers**

Mr Gordon welcomed the Medicine Ward Managers to the meeting to present to the Board the progress made in relation to the CQC outcomes, reported as a concern in 2013:

- Staffing
- Records – patient documentation
- Care and welfare of patients

The team outlined the processes being undertaken on the wards in relation to these outcomes. A copy of the presentation was provided to Board members.

Staffing:

Ms Tiller enquired as to the meaning of a 'nurse bench'. Mrs Platton explained that this a group of staff who were able to work across all wards as and when required to cover shifts. They were employed by the Trust and were the equivalent to a 'nurse pool'.

Records:

The team explained that although they had commenced reviewing three sets of casenotes every week, there was a lot of duplication, as they had been previously reviewing five sets of casenotes in relation to the clinical indicators.

Professor Bruce commented that it was very good to hear that paperwork had been standardised, however, enquired as to whether the completion of paperwork was taking the nursing staff away from patient care. The team confirmed that it did and it could impact on patient care.

Patient Story:

The team outlined a patient story which related to a 78 year old gentleman with kidney disease, testicular cancer, long term bowel problems and having had a hip replacement. The patient had had a cystoscopy and stent and following discharge, came back to the Trust with MRSA. Ms Cleminson outlined his pathway of care up to his point of discharge and explained how this pathway had now been reviewed. Patients were now audited for antibiotics, lines, catheters etc. Ms Cleminson reported that following this review, they had not had any MRSA and CDiff cases.

Dr Rushmer thanked the team for all their efforts in helping to improve patient care. Mrs Farrar said that progress was evident and the staff should be congratulated on their efforts.

iv. **Nurse Staffing**

Mrs Platton outlined a report which provided assurance to the Board that the ward staffing levels, and the monitoring of the agreed indicators, ensured safe care was being delivered in line with the Keogh recommendations.

A number of wards were under close supervision and monitoring due to vacancies and sickness. At WCH the ward staffing shortfalls were of serious concern, in addition to medical staffing vacancies. Daily monitoring was, however, in place and supervision by the matron and operational service managers, to ensure robust plans and support for staff, was in place. An additional matron had been appointed to WCH along with an operational service manager to support the ward teams and Medical Business Unit.

Mrs Farrar requested Mrs Platton to outline the action taken over the past year, including investments made in relation to posts, in the next report to the Board.

Dr Rushmer explained that the same problems were being experienced with medical staff at WCH.

The report was **NOTED** by the Board and it was **AGREED** to receive information in the next report relating to improvements made over the last year.

ACTION:
To receive information in the next report relating to improvements made over the last year.

b) **Safety & Quality Quarter 3 Report**

Dr Rushmer presented a report which outlined safety and quality issues up to the end of December 2013 (quarter 3).

The key headlines were **NOTED** as follows:

- The Trust's HSMR and 'crude' death rates continued to reduce. A new system to review all deaths was being implemented for quarter 4.
- The Trust remained on trajectory for C Difficile.
- The Trust achieved 95% for 'harm free care' for the quarter.
- Performance in the handling of complaints continued to improve.
- Compliance with NICE guidance, and the Trust's policy, had improved during the quarter.

- Progress had been made on implementing the care bundles across the Trust.
- The patient safety walkabout programme had been revised so as to specifically focus on embedding learning from serious incidents.

Board members thanked Mrs Duguid for updating and revising the information provided within the report.

Professor Bruce explained that the Safety & Quality Committee received a lot more detail on each of the topics on a monthly basis and the Committee was pleased to note a trend of continuing improvement.

In relation to the clinical incident themes, Mrs Farrar explained that these were the Trust's highest clinical priorities and questioned whether Board members felt they were receiving sufficient assurance that these were being addressed and delivered. Dr Rushmer reported that the robustness of some of the schemes were 'work in progress', however, he felt that these were going in the right direction.

The action outlined in the report was **APPROVED** by the Board.

The report was **NOTED**.

c) **Medical Director's Report**

Dr Rushmer presented his report, updating Board members on the following key issues:

- Outcome of the Medical Engagement Survey.
- Medical revalidation and appraisals.
- Medical recruitment.
- Acute medicine CT trainees from HENE.
- Progress in relation to specialist services.
- Issues raised by NWAS in relation to transfers from WCH to CIC.

Dr Rushmer explained that the Trust's medical recruitment process was not as effective as it should be so support was being provided by the TDA.

Dr Rushmer tabled a copy of the Bowel Cancer Screening Programme Annual Report 2012/13. The Programme, of which the Trust as part of, was operated by University Hospitals of Morecambe Bay. A business case was being produced to expand capacity in response to the new age limits.

The Medical Director report and the Bowel Cancer Screening Programme Annual Report 2012/13 were **NOTED**.

TB8/14 PERFORMANCE

a) Finance Report

Mr Gardiner presented a report which provided Board members with details of the Trust's financial position as at the end of December 2013.

The key highlights of the report were **NOTED**, as follows:

- The Trust was forecasting a deficit of £22.8m at the end of December, with the assumption that revenue support from Cumbria CCG would be received. Without the support, the forecast outturn would be a deficit of £30.5m. A decision was awaited as to whether the support would be received.
- The Trust and Cumbria CCG had agreed an outturn position of £166.2m for 2013/14 against a plan of £164.4m; £1.8m in excess of the plan.
- Pay costs were above plan by £1.1m in month and £7.2m cumulatively. Agency spend continued due to ongoing difficulties in recruiting substantive staffing and were £4.9m over plan.
- Non pay costs were £949,000 above plan in month and £6.5m above plan year to date.

Mrs Farrar explained that she had written to the Clinical Commissioning Group to request that the revenue funding in relation to the acquisition be paid to the Trust; the funding which would go towards some of the measures taken in relation to enhancing quality.

Mrs Farrar reported that weekly financial meetings with the clinical teams were to be reinstated and led by herself and the Director of Finance.

The report was **NOTED**.

ACTION: To report back to the Board on the outcome of the acquisition funding from the CCG.

b) Patient Experience Report

Mrs Platton outlined the Patient Experience Report to Board members, with the following key points being highlighted:

- The quarter 3 results were very positive and demonstrated significant improvements.
- The level of engagement had exceeded all expectations and staff and teams were to be commended.
- Maternity friends and family had been successfully rolled out in October in line with CQUIN requirements.

- The Trust had been shortlisted as a finalist in the National Patient Experience Network awards.

Board members were extremely pleased with the results and extended their thanks to all staff. Mrs Platton confirmed that the results were regularly shared with staff.

Professor Bruce explained the results were discussed by the Safety & Quality Committee and these provided good evidence of progress.

Mr Evens queried why there appeared to be a 'dip' in December for Inpatient Friends and Family. Mrs Platton and Dr Rushmer assumed that this related to the period over the Christmas holidays.

In discussing the differences in scores between both sites, Dr Rushmer felt that this was to do with the differences in culture in the two hospitals, e.g. small town/city, locations, attitudes etc.

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

c) **Workforce Report**

On behalf of Mr Gallagher, Mr Pounds, Associate Director of HR, outlined the key issues in the Workforce Report.

Mr Pounds reported that all the key HR controls were RAG rated as green, with the exception of the following:

- Recruitment – amber
- Sickness – amber. Sickness rates had increased over the quarter to 5.33%
- Appraisal rates – red. Appraisal rates had decreased to 59.81%.
- Attendance at mandatory training – red. Detailed plans had been put in place to meet mandatory training requirements, with the majority of in-house training now being available via workbook and an increase in provision of face-to-face so as to meet demand.

Mrs Farrar queried what dates had been set for training to be undertaken by those areas below target. As Mr Pounds did not have this information readily available, he would provide this to Mrs Farrar later that day.

The report was **NOTED** and the action being taken was **APPROVED**.

d) **Core Performance Report**

Mrs Farrar outlined the Core Performance Report to the Board, drawing attention to the following key issues:

- The key targets met included a reduction in the number of clostridium difficile, mixed sex accommodation and achievement of 75% of staff having received their flu vaccination.
- Pressure continued with the A&E 4 hour target. Mrs Farrar reported that the Cumbria Partnership NHS Foundation Trust continued to have nurse staffing issues, which continued to impact on the Trust. Beds had now opened at Penrith Hospital. The IST had visited North Cumbria on 13 January and held a workshop with health economy partners looking at collectively working together to get patients in the correct patient care setting. Dr Doshi, Northumbria, was also spending time in the Trust looking at and revising discharge processes. Mrs Farrar explained that there was a greater understanding from the CCG that the Trust manage all urgent care across the system, which would help the Trust in achieving the 95% A&E target.
- In reviewing the 18 week position, Mrs Farrar explained that although the report did not outlined when this was likely to be achieved, Mrs Wright, Northumbria, was currently working on this and would provide details to the Board in due course.
- Delivery of the 62 day pathway was the Trust's main focus for improvement. The additional management capacity would ensure the cancer teams worked in tight units to transform the patient pathways by building in more resilience to deliver the pathway on a continuous basis. Each pathway would, or has, received investment in order to meet the standard.

Mrs Farrar extended her thanks to the local authority as currently no patient was waiting for residential care.

The report was **NOTED** and the action being taken was **APPROVED**.

TB9/14 **STRATEGY AND POLICY**

a) **3-5 Year Strategy: Timetable**

Mrs Farrar outlined a revised timetable for the 3-5 year strategy, and the actions taken to date, to Board members.

Mrs Farrar reported that a Programme Board was in the process of being developed by the Cumbria Health and Care Alliance. The Programme Board would go out and consult and engage with the public on the strategy.

The report was **NOTED**.

b) **West Cumberland Hospital Redevelopment**

Mr Morgan provided Board members with an update in relation to the West Cumberland Hospital redevelopment.

The following key issues were highlighted, as follows:

- The project, and build, remained on course for practical completion by 19 December 2014. Discussions continued to take place with staff as the project progressed. There had been no significant impact on services during the changes.
- A final decision on the Phase 2 business case, which had been submitted to the NTDA on 24 January 2014, was expected in March 2014.
- Work on the clinical workstreams was progressing well, although medicine remained behind on its timescales.
- Changes to high risk surgical pathways were now bedding in.
- Average length of stay in medicine had increased.
- The new major area in A&E had become functional from 18 November 2013 and was working well.
- The Discharge Lounge had become functional on 25 November 2013 but had been slow to take off.
- Emergency activity had been high over the Christmas and New Year periods.

Mr Morgan reported that the Clinical Support Business Unit had recommended the centralisation of internal aseptic production onto one site at the Cumberland Infirmary and outlined the details of this as per the report.

Dr Rushmer outlined the differences in how the aseptic suites were used and medication produced and reported that he fully supported the centralisation of the aseptic suite, from a patient safety point of view for the standardisation of medication preparation.

In discussing the recommendation, it was **AGREED** that the notes of the discussion that the Business Unit had on the options paper that led them to the decision to centralise on the CIC site be provided to Board members. Ms Tiller commented that 7 day working would also need to be addressed within the centralisation plans. Following discussion, the Board **APPROVED** the centralisation of aseptic services on the Cumberland Infirmary site, subject to additional information on the Business Unit review of the options being provided to Board members.

The report was **NOTED** and it was **AGREED** to provide Board members with further information.

ACTION:
Board members to be provided with the notes of the discussion that the Business Unit had on the options paper that led them to the decision to centralise on the CIC site

TB10/14 **GOVERNANCE**

a) **TDA Self Certification**

The TDA Self Certification report for December 2013 was **APPROVED** by the Board.

b) **Safety & Quality Committee – December 2013**

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

c) **Joint Clinical Policy Group – December 2014**

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

d) **Audit Committee – December 2013**

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

TB11/14 **ANY OTHER BUSINESS**

a) **Interim Chairman**

On behalf of the Board, Mr Evens thanked Mr Gordon for all his help and support to the Board, and the Trust, during his tenure as Interim Chairman, which was to end on 31 January 2014.

Mr Gordon thanked Board members for their support and hard work during his term of office, particularly during such a challenging period.

TB12/14 **DATE, TIME AND LOCATION OF NEXT MEETING**

Tuesday, 25 March 2014 at 1pm in the Board Room, West Cumberland Hospital