

North Cumbria University Hospitals 
NHS Trust

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY 25
NOVEMBER 2014 AT 1PM IN THE BOARD
ROOM, WEST CUMBERLAND HOSPITAL**

Present:

- Ms G Tiller, Chair**
- Mrs A Farrar, Chief Executive**
- Mr M Evens, Non-Executive Director**
- Mr M Cook, Non-Executive Director**
- Professor R Barton, Non-Executive Director**
- Dr H Dixon, Non Executive Director**
- Mrs H Ray, Chief Operating Officer**
- Dr D Freake, Director of Strategy**
- Ms G Naylor, Director of Nursing, Midwifery and AHP**
- Dr J Rushmer, Medical Director**
- Mr S Shanahan, Director of Finance**

In Attendance:

- Ms M N Orzel, TDA Improvement Director**
- Mrs R Duguid, Acting Director of Governance**
- Mr L Morgan, WCH Director**
- Dr C Graham, Acting Director of Infection Prevention & Control**
- Mr B Glendinning, Chief Pharmacist**
- Mrs J Stockdale, Head of Corporate Affairs/Acting Company Secretary**

TB64/14 APOLOGIES AND DECLARATIONS OF INTEREST

No apologies for absence were received.

Ms Tiller welcomed members of the public to the meeting, explaining that questions relating to items on the agenda could be asked at the end of each section.

Interests were declared by Mrs Farrar, Dr Rushmer, Mr Morgan and Dr Freake who were on secondment to the Trust and employed by Northumbria Healthcare NHS Foundation Trust. Dr Freake was also a partner of Gibson, Freake Edge.

TB65/14 MINUTES OF THE LAST MEETING

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

TB66/14 MATTERS ARISING AND ACTION PLAN

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

- TB57c/14 Ward Accreditation Framework presentation to be presented at January meeting.
- TB57d/14 Acute Medicine Pathway outlined in Strategy Report. Action complete.
- TB57f/14 Winter Plan to be presented to January meeting.
- TB58/14 Dr Rushmer had provided details to Professor Barton in relation to the numbers of patients being recruited into trials. Action complete.
- TB60a/14 Feedback from the CQC away day presented at the meeting. Action complete.
- TB60b/14 Mr Shanahan to speak to Mr J Mitchell to provide details of the security, health and safety training and any additional support required.

TB67/14 PATIENT STORY

Mr M Cook briefly outlined the details of a patient story which had been presented to the Board in its earlier private meeting.

Mrs Naylor outlined the work that had been undertaken by the wards so as to improve the patient experience and improvements being made to the complaints process.

Dr Rushmer explained that he would be addressing issues raised relating to clinicians communicating with patients, particularly between disciplines, GPs and complex care cases.

The report was **NOTED**.

TB68/14 SAFETY & QUALITY

a) **Chief Inspector of Hospitals' Report**

Mrs Naylor presented a report which provided an update to the Board on progress against delivery 'core' priorities in the Chief Inspector's Improvement Plan.

The commencement of an epidural service in Carlisle from March 2015 was welcomed by Ms Tiller, although Dr Rushmer confirmed

that this would rely heavily on the recruitment of an appropriate workforce to deliver this service.

Mr Cook explained that he had been involved in the external Maternity Review and queried when the report was to be finalised. Dr Freake explained that this was likely to be in the New Year but no final dates had been given.

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

b) **Safety & Quality Report Q2**

Dr Rushmer and Mrs Naylor outlined the key points in the Safety & Quality Report for Quarter 2.

The Board were encouraged that the Trust had no reported never events for Q2 and noted that a 'stop the line' process had worked well in theatres during the period, therefore, avoiding a Near Miss. The Board congratulated the team on their safety checking and team working.

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

c) **Medical Director's Report**

Dr Rushmer outlined his report which provided updates relating to mortality, medical staff recruitment, medical workforce engagement and the implementation of NICE guidance and the national programme for Ebola.

Dr Rushmer reported that consultant recruitment was steadily improving, but not sufficiently to mitigate any of the associated risks. Dr Dixon enquired as to whether any themes had emerged as to why it continued to be challenging to appoint into consultant positions. Dr Rushmer confirmed that there were no apparent themes that had emerged, however, the Trust continued with its recruitment campaign, educational and training connections, 'word of mouth' networking and using a recruitment premium, to recruit to these posts.

Dr Rushmer briefed the Board on the MSC 'engage and listen' event which was to be held on 27 November 2014, facilitated by external advisors. Further details on the outcome of the event would be reported to the Board in due course.

The Board **NOTED** the progress made in relation to NICE guidance and that any risks would be identified as work progressed.

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

d) **Clinical Risk Assessment and Mitigation**

Dr Rushmer presented a report which provided details of the actions taken, and the current assessment of the risks, in relation to safe maternity services and acute medicine.

Dr Rushmer requested the Board to approve the proposed action in regard to establishing a route of response to the risk monitoring process put in place for acute medicine and maternity. He explained that the Executive Leads for the Project Board would ensure the appropriate discussions, engagement and actions took place.

The Board **APPROVED** the report and **NOTED** the actions taken and the current assessment of the risk.

e) **Nursing Workforce Ward Assurance**

Mrs Naylor outlined her report which provided details of the staff % fill rate for each hospital and ward by ward, together with ward assurance indicators, so as to provide the Board that appropriate nurse staff was in place.

As Elm A had been identified as being of 'concern', Mrs Farrar suggested that it would be appropriate for a Non Executive Director colleague to do a walkround and discuss the issues with the staff. Mrs Farrar also suggested that all Board members visit all the accredited wards before the next Board meeting. Professor Barton commented that he felt reassured that this level of scrutiny was being gathered.

The Board **NOTED** the report.

f) **Control of Infection Outbreak Update**

Dr Graham, Acting Director of Infection Prevention and Control, provided the Board with an update on the Norovirus outbreak which had taken place during 12 October and 3 November.

Dr Graham reported that the outbreak had caused significant operational issues for the Trust, however, lessons had been learned so that appropriate measures could be put in place should a further outbreak occur. Dr Graham explained how different the management of the outbreak on the two sites was dealt with due to the layout of the 8 bedded wards at WCH and the smaller bays at CIC, in that it was easier to contain in the smaller bays.

Dr Freake enquired as to Dr Graham's view on the early surge of the outbreak. He explained that the previous year had been relatively quiet with Norovirus and that sometimes people's immune systems are not as immune if the virus reappears.

The Board thanked Dr Graham, his team and all the operational staff for all their hard work during that difficult period.

The report was **NOTED**.

g) **Trust's Sign Up to Safety Campaign**

Mrs Naylor outlined the report which provided the Board with details of the Trust's commitment to the 'Sign up to Safety Campaign', which was designed to help realise the ambition of making the NHS the safety healthcare system in the world by creating a system devoted to continuous learning and development.

Mrs Duguid drew the Board's attention to the Pledges and explained that these were to be integrated into the Trust's Quality Strategy.

The Board **APPROVED** the Trust's sign up to the 'Sign Up to Safety Campaign'.

h) **Endoscopy Recall Incident**

Mrs Ray gave a presentation which provided an update following the endoscopy recall incident.

Mrs Ray reported that the serious incident report, once complete, would be reported to the Board.

In answering a question as to whether there had been any harm to patients, Mrs Ray explained that one patient had tested positive for Hepatitis C, however, there had been no evidence that this had related to any Hepatitis C case.

The report was **NOTED**.

Questions from the Public

1. Nurse staffing levels on the wards; how much is provided by staff working extra hours? Mrs Naylor explained that a weekly meeting is being held where issues relating to overtime, bank usage, sickness levels are discussed, and further analysis was being undertaken to gather the detail of staff working additional hours; this was unknown at present.
2. When will the Maternity Review Report be finalised? Dr Freake reported that the report was likely to be reported in the New Year, but no dates had yet been announced by the Clinical Commission Group who had commissioned the external review. The Clinical Senate was also undertaking a review of acute medicine pathways and initial feedback was expected before the end of the year.

TB69/14 STRATEGY, POLICY AND ENGAGEMENT

a) **Clinical Strategy Progress Report**

A report, outlining progress to date in relation to clinical strategy development, was **NOTED** by the Board.

b) **Nursing and Midwifery Strategy**

Mrs Naylor presented a report which set out the vision for the Nursing, Midwifery and AHP Strategy 2014-17. The Strategy had been underpinned by a range of strategic actions set within five commitments and had been developed through extensive engagement with staff from all levels across the Trust.

Professor Barton commented that he strongly endorsed the Strategy, as it addressed a lot of issues in the Francis Report and the Trust's own safety and quality agenda.

Mrs Farrar asked how the Board would get assurance that it had been fully implemented. Mrs Naylor explained that the Nursing, Midwifery and AHP Board had been redesigned for this purpose, as this Board would monitor and ensure implementation. In addition, Mrs Naylor would be attending all Business Unit Board meetings as part of the launch and an Annual Report would be produced next year.

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

c) **Medicines Optimisation Strategy**

Mr Glendinning presented a report which outlined the Medicines Optimisation Strategy 2014-19.

Mr Glendinning explained that medicines optimisation was a strategic issue and fundamental to the way that the hospitals work and to the quality of the care provided. The Strategy outlined 7 strategic challenges to address over the next five years so as to ensure delivery of the safe and effective use of medicines. An Operational Plan had been developed which outlined the steps to deliver the actions required so as to meet the challenges; the Safety and Quality Committee would be monitoring progress.

During discussion, Board members felt that there were some real 'win wins' with this Strategy, particularly in relation to integration with health care partners, although it was appreciated that support would be required to persuade others to change and adopt the Strategy.

Following discussion, the Board **APPROVED** the Medicines Optimisation Strategy 2014-19.

d) **Medical Workforce Strategy**

Dr Rushmer outlined the key points of the Medical Workforce Strategy.

The Strategy outlined the Trust's vision for the medical workforce, the strategic goals, key strategies, objectives and priority actions and the strategic outcomes to be delivered.

Dr Rushmer reported that the Strategy was to be launched at the Clinical Policy Group in January.

Mrs Naylor explained that herself and Dr Rushmer would continue to work cohesively together in relation to the Medical Workforce and Nursing Strategies and to help the teams work more closely together.

Mr Morgan briefed the Board on a public engagement event he had attended the previous evening where the public were interested to know why the recruitment of staff was such a difficult issue for the Trust to resolve. Mr Morgan had outlined the difficulties continuing to be experienced in relation to medical and nursing staff and had explained that a Medical Workforce Strategy and Nursing Strategy had been developed which would outline the issues and actions required to address these important issues.

The Workforce Strategy was **APPROVED** by the Board.

e) **Care Quality Commission – New Regulations and Fundamental Standards**

Mrs Naylor presented a report which outlined the new CQC Fundamental Standards and Regulations which were to take effect from April 2015.

Two standards were to take effect from 27 November 2014, as follows:

- Fit and Proper Person Test for Directors
- Duty of Candour

The Board **NOTED** that the Safety & Quality Committee would receive details of the outputs from the implementation of the Standards.

The report was **NOTED**.

f) **End of Life Strategy**

Mrs Naylor outlined the End of Life Strategy to the Board.

The Board **APPROVED** the Strategy as a way forward to ensure focussed improvement of end of life care within the Trust.

TB70/14 **DELIVERY**

a) **Finance Report**

Mr Shanahan outlined the key points of the Finance Report, which related to Month 7. The report had been discussed in detail at the earlier Finance, Investment and Performance Committee the previous week.

Mr Shanahan reminded Board members that the Trust was to receive temporary support to address its financial position from the Cumbria Clinical Commissioning Group and would be submitting an application for Distress Funding in December to the Trust Development Authority to cover the financial deficit.

The Trust's financial position remained challenging and all the Directors were focused on delivering the reduced costs to meet the £28.4m forecast. Appropriate tight governance had also been put in place.

The Finance Report was **NOTED**.

b) **Core Performance Report**

Mrs Ray outlined the key points from the Core Performance Report as at the end of October. Mrs Ray apologised to Board members as the September metrics data had been sent out instead of the October data.

Mrs Ray reported that improvements had been made in the 18 week and 6 week diagnostics targets. The A&E target continued to remain challenging, as was the position nationally. Mrs Ray stressed the need to concentrate on the estimated date of discharge so as to improve flow within the Trust.

The report was **NOTED**.

c) **Workforce & Organisational Development Report**

Mrs Ray presented the Workforce & Organisational Development Report, which outlined performance against the human resource controls.

Areas requiring improvement were recruitment, appraisal rates, sickness absence and mandatory training, however, action plans were in place to address these areas of non compliance.

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

TB71/14 **REGULATORY**

a) **Risk Management Report and Board Assurance Framework**

Mrs Naylor presented the Risk Management Report and Board Assurance Framework.

The report outlined progress with embedding the systematic approach to risk management across the Trust; the outputs from the Risk and Assurance Committee and the proposed changes to the strategic risks contained within the Board Assurance Framework.

Mrs Farrar asked whether the assurance was clear for the Board in relation to progress. Mrs Duguid responded saying that one area to benefit from greater clarity would be the PFI contract. It was, therefore, **AGREED** that Mr Shanahan would ensure that the Board were made aware that the PFI provider was delivering to the contract and to the required standards.

The updates to the Board Assurance Framework were **APPROVED** and the report was **NOTED**.

ACTION:

Mr Shanahan to ensure that the Board were made aware that the PFI provider was delivering to the contract and to the required standards.

b) **Organ Donation Annual Report**

The Organ Donation Annual Report was **NOTED** by the Board.

c) **Emergency Preparedness Resilience and Response Annual Report**

Mrs Ray presented a report which provided the Board with an account of the resilience activities that had been undertaken to date from 1 April 2014. The report provided evidence of the Trust's continued effective resilience programme and progress on the work proposed within the 2014/15 Plan.

Mrs Ray explained that Mrs Wharton would be providing an update on flood defences in the next edition of Staff Update.

A shared Cumbria-wide on call system was now in place in case of an emergency exercise.

The report was **APPROVED** and progress was **NOTED**.

d) **Safeguarding Report Q1 and Q2**

Mrs Naylor presented the report, which outlined progress with regard to all aspects of safeguarding across the Trust and covered children, adults, learning disabilities, mental capacity and deprivation of liberty.

It was **AGREED** that Mrs Naylor would inform Board members which children's standards were currently non-complaint, along with action plans as to how these were to be achieved.

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

ACTION:

Mrs Naylor to inform Board members which children's standards were currently non-complaint, along with action plans as to how these were to be achieved.

e) **Director of Infection Prevention and Control of Infection Annual Report**

The Director of Infection Prevention and Control Annual Report was **NOTED** by the Board.

f) **TDA Self Certification**

Mrs Ray presented the monthly TDA Self Certification return for Board approval.

In reviewing the Board Statement, the following was **AGREED**:

Point 2: It was felt that as the Trust was compliant in some areas, this be amended to 'Amber'.

Point 5: To change to 'Amber'.

Point 10: To change to 'Amber'.

Point 14: To remain 'Amber' as to be delivered via Organisational Development Plan.

Mrs Ray explained that these Self Certification Returns were sent to the TDA on a monthly basis and approved by the Chair and Chief Executive. It was **AGREED** that this report would be presented to the Audit Committee on a quarterly basis.

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

ACTION:

TDA Self Certification Report to be presented to the Audit Committee on a quarterly basis.

TB72/14 FOR INFORMATION

a) **Safety & Quality Committee – September & October 2014**

The minutes were **RECEIVED** by the Board for information.

b) **Workforce Committee – September & October 2014**

The minutes were **RECEIVED** by the Board for information.

c) **EMT – October 2014**

The minutes were **RECEIVED** by the Board for information.

d) **Public Board Meeting Dates for 2015**

The dates were **RECEIVED** by the Board for information.

e) **Ebola Assurance**

The Ebola Assurance report was **RECEIVED** by the Board for information.

TB73/14 ANY OTHER BUSINESS

No further business was discussed.

TB74/14 DATE, TIME AND VENUE OF NEXT MEETING

Tuesday, 27 January 2015 at 1pm in the Board Room, WCH.