

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY 2 JUNE 2015
AT 1PM IN THE BOARD ROOM, WEST
CUMBERLAND HOSPITAL, WHITEHAVEN**

Present: Ms G Tiller, Chair
Mr M Cook, Non Executive Director
Ms L Robson, Non Executive Director
Professor R Barton, Non Executive Director
Mrs A Farrar, Chief Executive
Mr S Shanahan, Director of Finance
Mrs H Ray, Chief Operating Officer
Mrs G Naylor, Director of Nursing & Midwifery
Dr D Freake, Director of Strategy
Dr J Rushmer, Medical Director
Mr L Morgan, Project Director West Cumberland Hospital

In Attendance: Mrs J Lynch, Office Manager
Mr M Thomas, Director of Informatics NUTH
Dr S Stevenson, Palliative Care Doctor (item TB22/15 only)
Ms V Williams, APT, Mortuary, CIC (Item T22/15 only)
Dr C Graham, Associate Medical Director, Consultant Medical Microbiologist (Items TB26a/15 and TB26b/15 only)
Ms N O'Reilly, Matron for Infection Prevention and Control (Items TB26a/15 and TB26b/15 only)

TB21/15 APOLOGIES FOR ABSENCE

Ms Tiller welcomed everyone to the meeting.

Apologies for absence were received from Mrs R Duguid

Interests were declared by Mrs Farrar, Dr Rushmer 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.

TB22/15 PATIENT STORY

Mrs Naylor introduced Dr Sarah Stevenson and Ms Victoria Williams to the meeting and informed members that they would be giving details firstly relating to the care of two patients and secondly relating to an initiative with the mortuary unit.

Dr Sarah Stevenson, Specialty Doctor for Palliative Care gave details of two patients who had been admitted and passed away within the A&E Department at the West Cumberland Hospital. The first patient had been admitted unconscious to the A&E department from a residential home. The decision was made not for resuscitation and the family were involved with all the discussions and decisions. The staff within the A&E department had been concerned about the patient staying within their department and that they were doing everything they could for the patient. The palliative care team were involved also in the patient care and the patient was moved to a bed within Eskdale ward, where she later passed away peacefully. The staff anticipated that a complaint would come in from the family due to the patient being managed within the A&E department. In fact a letter of thanks had been received for the care given to the patient and to the family.

The second patient was an expected death and hospice at home had been planned. The patient had fitted at home and had been brought into hospital. The palliative care team were involved in the patient care and the patient was moved into a cubicle in Eskdale ward. The family were happy for the patient to be treated in Eskdale ward and the staff did everything they could for the patient and the patient's family. A letter of thanks had been received and thanks to the staff had also been noted in the newspaper.

Dr Stevenson wanted to report that even though at times patients were treated in areas that were not wholly appropriate, the care given to patients at that time was paramount and these cases showed that the staff had the needs and care of these patients at the forefront of everything they did during those periods.

Mrs Naylor reported that these cases had been discussed at the End Of Life meeting in relation to supporting staff with training and end of life training will be rolled out to staff as part of their mandatory training. Mrs Naylor further reported that these cases showed that staff were giving patients the best of care.

Mrs Naylor then introduced Ms Victoria Williams and reported that she had visited the mortuary area, shortly after starting with the Trust. Ms Williams informed members that a working group had looked at how the facilities for families could be improved within the mortuary area. A lot of changes had been made to the area that had been known as the 'viewing area' but had been changed to the Lavender Suite; these included new flooring, new chairs and tables, repainting of the room, making the room less clinical looking, the addition of nice tissues and soap for the families to use in the bathroom. The patients were placed in a bed and were covered with hospital blankets. All these small changes made the time the family spent with the patient more appealing and less clinical. Bereavement leaflets were also placed on the tables and it had been noted that these were being taken by the families. Procedures had also been put in place to release patients out of hours as long as all the criteria had been met. Ms Williams also

stated that she was talking to ward staff about the changes that had been made so that they could pass this information to families at ward level.

Ms Tiller thanked both members of staff for attending the meeting and encouraged Board members to visit the Mortuary area and see for themselves the changes that had been implemented. Mrs Naylor informed members that the changes that had been made had come from use of Charitable Funds and that this showed the good use of these funds. Mrs Ray thanked both members of staff for the good work they were doing within their areas. Mrs Robson thanked both members of staff for their presentations and was pleased to hear that both patients had died in beds. Ms Williams informed members that they were trialling bringing patients down to the mortuary in their beds. The hospice had also invited the mortuary to use their cold room facility for bereaved children.

Dr Stevenson and Ms Williams left the meeting.

Mrs Farrar informed member of the good news the Trust had received in receiving the CHKS award and that she had been delighted to pick up the award along with Mr Shanahan and Dr Fiona Graham. The CHKS awards were given to the top 40 hospitals in Great Britain and this was testament to the improvements the Trust had, and continued to make. Mrs Farrar also reported that the Trust had been shortlisted for the Patient Safety Congress award in relation to the achievements of the Trauma team. These awards were all down to the work of the staff and the improvements they were making. Mr Cook asked if there was any publication relating to these awards and Mrs Farrar stated that the CHKS award had been publicised and Dr Graham was taking the award round the relevant areas within both hospitals to celebrate the success.

TB23/15 MINUTES OF THE LAST MEETING

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

TB24/15 MATTERS ARISING AND ACTION PLAN

No matters arising were discussed.

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

- T15c1/15** Dr Rushmer reported that the paper had been written and would be presented to EMT when a slot was available. Action Ongoing.
- TB15c2/15** Dr Rushmer had written to NHS England. Action Complete.
- TB15e1/15** The report to be presented to September Board. Action Ongoing.
- TB15e2/15** This would be actioned in due course. Action Complete.
- TB15f/15** This item was on the agenda. Action Complete.

- TB15g/15** This item was on the agenda. Action Complete.
- TB16b/15** Dr Freake reported that the information had been received. Action Complete.
- TB16e1/15** Dr Freake reported that all comments had been incorporated into the report. Action Complete.
- TB16e2/15** The information would be sent out with the payslips. Action Complete.
- TB18c1/15** The Risk Register and BAF had been discussed at EMT. Action Complete.
- TB18c2/15** The Risk Register and BAF had been updated. Action Complete.

TB25/15 **STRATEGY POLICY AND ENGAGEMENT**

a) **Information Management and Technology Strategy**

Mr Thomas presented the report which described the clinical strategic objectives for the Information Management and Technology Strategy. Mr Thomas described the specifics of the report in detail.

Professor Barton questioned the risk of the costs increasing and the non-delivery of the project. Mr Thomas reported that he was confident that the development would be delivered and that the IT plan was also owned by both clinical and nursing colleagues. Mr Thomas also reported that there would be improvements to the VC and MDT facilities. Ms Robson questioned the report being recorded with a low risk rating and members agreed that it should be reclassified as a high risk document.

Mrs Farrar thanked Mr Thomas for bringing the report to the Trust Board and requested that he update the Board three times per year and also to give detailed reports to the Executive Management Team.

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

ACTION:

1. Mr Thomas to update the Trust Board three times per year on the delivery of the agreed priorities.
2. Mr Thomas to present regular reports to the Executive Management Team on delivery every two months.

b) **Clinical Strategy – Quarterly Progress**

Dr Freake updated the Board on the progress on the 'in hospital' elements of the Together for a Healthier Future programme. The work was being undertaken with the Clinical Commissioning Group (CCG), Cumbria Partnership NHS Foundation Trust (CPFT) and Social Care. Information relating to this would be circulated to all staff with their payslips at the end of the month. Dr Freake reported

that a number of areas that had been identified as requiring improvement by the CQC, and had, therefore, been included in the Trust's clinical options report. Work was ongoing to improve those areas and discussions were also taking place with health and care providers at programme meetings. Dr Freake also updated members where the Trust was in regard to the treatment of the most seriously ill patients – acute medicine, Upper GI and cardiology patients, stroke patients, respiratory patients, deteriorating patients, obstetric and midwifery care, child health and planned care and outpatients.

Dr Rushmer informed members that there was still a lot of work to do but he was pleased with the progress that was being made.

The report was **NOTED**.

Questions from the Floor:

1. In relation to communication problems, was pleased to see the implementation for high risk patients but were there lessons to be learned? Dr Freake reported that the Trust was working very closely with the CCG in relation to communication as they were the lead for this and dialogue would continue.
2. Communication seemed to be a problem in relation to Closer to Home. A conversation had taken place with Mr Thomas out with this meeting which had been beneficial but there were still problems. Dr Freake reported that the Information Management and Technology would help the clinical interaction of information which will be very important

TB26/15 SAFETY AND QUALITY

Ms Tiller informed members that she was changing the agenda around and would take items 6.2, Outbreak Improvement Plan and Item 8.6, Director of Infection Prevention and Control Annual Report 2014/15 first.

a) Director of Infection Prevention and Control Annual Report 2014/15

Dr Clive Graham outlined the details of the Annual Report and the key points were noted to be the need to implement improvements in design and layout on the Cumberland Infirmary site to mitigate risks of future norovirus outbreaks, the cleaning standards required improving to implement the BIS 2014 standards and the Trust needed to achieve the Clostridium difficile trajectory for 2015/16.

Mrs Tiller thanked the staff within the Infection Prevention and Control department for the work they had done during the norovirus outbreak.

The report was **NOTED**.

b) **Outbreak Improvement Plan**

Dr Graham presented the delivery work plan for 2015/16 which informed members of the work that had been completed, the work that was still ongoing and the key risk areas. It was noted that the lead matron for Infection Prevention and Control was working closely with both Interserve and the Trust to ensure the cleaning standards was improved.

Mrs Farrar asked if there was any more support required to help Infection Prevention and Control to which Ms O'Reilly reported that ownership within the wards had improved and the infection prevention staff were more visible around the Trust.

Dr Graham welcomed any of the Board members to visit the wards with the infection prevention staff and requested that they booked these through Ms O'Reilly.

The report was **APPROVED**.

c) **Safety and Quality Report Q4**

Mrs Naylor presented a report which outlined the progress being made with regard to the key safety and quality priorities across the Trust for quarter 4 of 2014/15.

There had been a lot of positive achievements during this period which included the patient experience, which had been reported at 95% showing excellent, very good and good. This was above the national average. There were still some areas of concern and work was ongoing in those areas to address the issues.

Mr Cooked thanked Mrs Naylor for reporting all the positive news but questioned how the Trust could achieve the 95% compliance target as it always fell short of that target. Mrs Naylor reported that work was being undertaken to revise the complaints process and culture and it was hoped that the target would be achieved in quarter 1 and sustained.

The report was **APPROVED**.

d) **Medical Director's Report**

Dr Rushmer outlined his report, which gave an update to Board members on key clinical issues.

Dr Rushmer reported that initial meetings had taken place with the Dean and Sub-Dean from the University of Central Lancashire and work was progressing in relation to having a West Cumberland campus. A significant joint recruitment of posts with UCLAN was planned for September and there was most likely to be

a positive outcome. A number of medical appointments had been made within the Trust and this was a positive move. Mrs Robson questioned the appointment of a Paediatric Surgeon to the West Cumberland Hospital and if this meant Paediatric Surgery was being undertaken on that site. Dr Rushmer responded by saying that very little Paediatric surgery was undertaken at Whitehaven but he would look into this and feedback to Mrs Robson

The report was **NOTED**.

ACTION:

Dr Rushmer to check what Paediatric Surgery was undertaken at Whitehaven and feedback this information to Mrs Robson

e) **Nursing Workforce And Ward Assurance**

Mrs Naylor outlined her report which provided assurance to the Board on nurse staffing and detailed the mitigations in place to ensure safe staffing and quality outcomes. Meetings were taking place on a daily and weekly basis to ensure safe staffing levels and international recruitment was ongoing to recruit to vacant posts. Mrs Robson questioned the recent case regarding the nurse from the Philippines and what checks our own Trust undertook. Mrs Naylor reported that in relation to the case reported nationally, the TDA and the LMC were looking in to this and the Trust was in regular contact with them.

The report was **NOTED**.

f) **Trust Response to Lampard Review**

Mrs Naylor informed members that each Trust had been asked to formally respond to a number of recommendations in the Lampard Review by the end of May 2015. This report showed the Trust's responses to the recommendations. Work was progressing in some areas still. A volunteer co-ordinator had been appointed and would be pivotal at looking at the process for volunteers. The compliance would be monitored through the Safety and Quality Committee.

The report was **NOTED**.

g) **Car Park Implementation Plan for WCH**

Mr Morgan, on behalf of Mr Shanahan reported that the Trust had secured a new 10 year lease for the land in Sneckyeat Road and the proposal was for it to be used for extended car parking facilities, creating 190 to 269 additional temporary car parking spaces. This would allow cohort parking for staff and would give patients better car parking access to clinical areas. Mrs Farrar reported that this was very good news

The report was **APPROVED**.

Questions from the Floor:

1. The staffing levels that are reported in the Safety and Quality Report – is this trained staff at night? Mrs Naylor reported that the Trust was using a lot of initiatives to ensure that there were enough nurses to cover. The Trust had secured 36 student nurses who would start with the Trust in September. The preceptorship programme was due to start and weekly safe staffing meetings took place to ensure all areas were safe and there was a robust escalation plan in place to ensure patient safety.
2. In relation to infection control what was happening in relation to the cleaning standards at the Cumberland Infirmary site as it seemed to be a major problem, also following the trauma review in March, there was nothing in the report?. Dr Rushmer reported that the Trust was still awaiting the action plan following the trauma review and this would be detailed in the next report. Ms Tiller reported that she had attended the weekly meetings relating to the norovirus outbreak and had been assured that this was being monitored. A lot of work was being undertaken and she was confident that improvements were being made.

TB27/15 DELIVERY

a) Finance Report

Mr Shanahan informed members that the report gave details of the 2015/16 Financial Plan which had been submitted to the Trust Development Authority in May 2015, along with the Trust's financial position as at the end of April 2015.

This information was discussed in greater detail at the Trust's Finance, Investment and Performance Committee.

The 2015/16 Financial Plan was **APPROVED** and the Trust's financial position at the end of month 1 was **NOTED**.

b) Core Performance Report

Mrs Ray outlined the Core Performance Report which provided the Board with an update on the Trust's delivery of the core standards, highlighting by exception, key areas of underperformance and improvement plans to improve delivery.

Mrs Ray reported that the Trust had 3 x 12 hour breaches during May and these were in the process of being reviewed. The three patients had been cared for in beds and there had been no clinical incidents. A full year end review of performance had been undertaken and this had led to a full review and rewrite of the core action plan. This would be included in the next performance report.

Mrs Robson asked a number of questions relating to the number of patients that had their operations cancelled. Mrs Ray informed members that all those patients would be given new dates within the 28 day rule. Mr Cook stated that this information was discussed in great detail at the Finance, Investment and Performance Committee

and Mrs Robson would be welcomed if she wished to attend this meeting.

The report was **NOTED**.

c) **Workforce Report**

Mrs Ray presented the Workforce and Organisational Development Report which provided Board members with an update on progress on all the key HR controls. The improvement plan for the red/amber ratings were fully considered at the Workforce Committee and approved.

Dr Freake questioned the organisational development numbers and asked if this was all internal staff. Mrs Ray reported that it was.

Mrs Farrar asked that the trajectory for nursing staff recruitment to be included in the report in future, along with the trajectory for consultants leaving/retiring.

The report was **NOTED**.

ACTION:

Future Workforce Report to show the trajectory for nursing staff in future, along with the trajectory for consultants leaving/retiring

Questions from the floor:

1. In relation to the Trust performance the cancer 31 day wait was currently standing at 50%. Mrs Ray reported that in relation to the position, this was done at the point the report was produced and a lot of the pathways had not 'closed' at that point. Mrs Ray accepted that the information was confusing but it was produced at 'a point in time', and did not sit at 50%, the annual position for the cancer 31 day wait sat at 98%.

TB28/15 REGULATORY

a) **Draft Quality Account 2014/15**

Mrs Naylor presented the draft Quality Accounts. The document had been reviewed at the Audit Committee and the Safety and Quality Committee at their May meetings. Board members had also been asked to comment on the document. The report would be finalised over the forthcoming weeks and presented to the Board at the end of June for final ratification.

Members **NOTED** the draft Quality Accounts and **ACCEPTED** that it would be brought back to the Trust Board meeting for final ratification

b) **Annual Accounts 2014/15**

Mr Shanahan informed members that the Accounts should have been presented to the Audit Committee the previous day, but due to issues with the Auditors regarding the Audit Opinion, following the fire safety issues at the Cumberland Infirmary, the meeting had been delayed. Work had been undertaken in the past week and Grant Thornton were now considering the matter and would report back to Mr Shanahan by 5pm this evening. The Board would reconvene the following day to sign off the Accounts. Both the Department of Health and the Trust Development Authority were aware of the issue and the work that was taking place to resolve the issue. Mr Mundy reported that the Audit Committee members needed time before the planned meeting that evening to study the reports. The Internal Audit Opinion was of significant assurance on the finance reports, other areas had limited assurance and there would be an additional Audit Committee meeting to monitor those reports.

The report was **NOTED**.

c) **Annual Governance Statement 2014/15**

Mrs Naylor presented the Annual Governance Statement and reported that the statement had been reviewed in detail by the Trust's External Auditors and the Audit Committee. A draft Annual Governance Statement had also been submitted to the Trust Development Authority. Mr Mundy reported that the document would be discussed further at the Audit Committee that evening; it had been seen before in the Audit Committee and the amendments had been included. The document would be endorsed at the Audit Committee.

The report was **APPROVED**.

d) **Clinical Audit Plan 2015/16**

Dr Rushmer presented the Clinical Audit Programme which gave details of the Clinical Audits planned for the forthcoming year. Members were asked to note that this was a 'live' programme and audits were subject to alteration should circumstances change.

Mr Cook informed member that he was pleased to see this report and it showed the improvements made from the previous year. He was also happy to see that Business Units were scrutinising the audits. Dr Rushmer reported that the Clinical Director for Clinical Audit, Dr Fiona Graham was working with each Business Unit. Mr Mundy requested information relating to a few areas of Clinical Audit and Dr Rushmer responded with the details required. Mrs Farrar informed members that the Board needed assurance from Clinical Audit that the NICE standards were being met, and requested information be added to future reports, to which Professor Barton reported that a report was presented to the Safety and Quality

Committee which gave more information relating to the NICE standards.

The report was **NOTED** but it was **AGREED** that Executive Summary would be revised to clarify the objective for 2015/16 and source of assurance.

ACTION:

Executive Summary to be revised to clarify the objectives for 2015/16 and source of assurance.

e) **Board Development Plan**

Mrs Tiller informed Board members that the report gave the dates of the proposed Board development sessions and requested that the dates were placed into their diaries. Mrs Tiller further reported that the dates were flexible and could be moved if required.

The report was **APPROVED**.

f) **Safeguarding Annual Report (April 2014 – March 2015)**

Mrs Naylor presented the report which reflected the progress and challenges in relation to all aspects of safeguarding across the Trust. The Trust had made good progress in the past year in all areas of safeguarding and were continue to work closely with health care partners across the health economy. There were a number of areas the Trust would focus on in the current year and these included the Lampard review and case reflections in Paediatrics.

Mrs Robson questioned if the Lead Midwife in maternity was a full time role to which Mrs Naylor replied that it was a full time post and was also part of the safeguarding team. Mrs Robson also requested that in relation to item 2.5.1 in the report she would like to see evidence of what was happening and Mrs Naylor reported that she would amend the report in quarter one to reflect this

The Report was **NOTED**.

ACTION:

Mrs Naylor to amend the quarterly safeguarding report to show evidence (numbers) in relation to safeguarding supervision.

g) **TDA Self Certification**

Mrs Ray presented the report which would be submitted to the Trust Development Authority. Mr Shanahan stated that he would discuss the finance section with Mrs Ray outwith the meeting. Mr Mundy questioned if Internal Audit were involved in the process to which

Mrs Ray stated that they were. Mrs Ray was asked to amend the report to show that there was 2 Non Executive vacancies.

The Trust Development Authority Self Certification was **APPROVED** by the Board.

ACTION:

1. Mr Shanahan to discuss the finance aspect of the report with Mrs Ray outwith the Board meeting.
2. Mrs Ray to amend the report to show that there was 2 Non Executive vacancies.

h) **Accountability Framework for NHS Trust Board 2015/16**

Mrs Farrar presented the Accountability Framework and reported this was a refreshed version that the Trust Development Authority (TDA) had published in April 2015. The Framework sets out how the TDA will work alongside Trusts to meet the very significant challenge they face. The Trust will be working with the TDA to provide better and consistent reporting.

The report was **NOTED**.

TB29/15 **FOR INFORMATION**

a) **Workforce Committee – March 2015**

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

b) **Safety & Quality Committee – March 2015**

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

c) **EMT – May 2015**

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

TB30/15 **ANY OTHER BUSINESS**

Mrs Farrar informed members that Dr Rushmer would be moving to a new post in Northumbria. This would be a new exciting phase for Dr Rushmer and the Board wishes him all the best in his new role.

Questions from the floor:

1. In relation to the news about the uncoupling of the West Cumberland Hospital what assurance can be given. Mrs Farrar reported that rumours are a concern to the Trust. The statement that was issued the previous week still stood; the acquisition was still ongoing and the Clinical Strategy played a big part in this. The Board were very keen for the Clinical Strategy to be formed and to go out to the public for consultation. The statement that was issued re-affirms this.

TB31/15 DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 28 July 2015 at 1pm in the Board Room, Cumberland Infirmary and Annual Public Meeting at 5pm.