

**MINUTES OF A TRUST BOARD MEETING
HELD IN PUBLIC ON
TUESDAY, 29 SEPTEMBER 2015 AT 1PM
NOON IN THE BOARD ROOM, WEST
CUMBERLAND HOSPITAL**

Present:

- Ms G Tiller, Chair**
- Ms L Robson, Non Executive Director**
- Mr M Cook, Non Executive Director**
- Mr N Mundy, Board Advisor/Interim Audit Chair**
- Professor R Barton, Non Executive Director**
- Mr G Liston, Non Executive Director**
- Mrs A Farrar, Chief Executive**
- Dr J Rushmer, Medical Director**
- Mr S Shanahan, Director of Finance**
- Dr D Freake, Director of Strategy**
- Mrs H Ray, Chief Operating Officer**
- Mrs G Naylor, Director of Nursing & Midwifery**

In Attendance:

- Mrs J Stockdale, Head of Corporate Affairs/Acting Company Secretary**
- Dr D Thomson, Medical Director (Designate)**
- Mrs Y Chaudhry, Improvement Director TDA**
- Mr M Thomas (TB52/15 only)**
- Mr G Putnam (TB52/15 only)**

TB48/15 APOLOGIES AND DECLARATIONS OF INTEREST

No apologies for absence were received.

Declarations of interest were declared by Mrs A Farrar, Dr J Rushmer, Dr D Freake, Mr N Mundy and Dr D Thomson as secondees from Northumbria Healthcare NHS Foundation Trust. Dr Freake also made a declaration as a partner of Gibson, Freake Edge.

TB49/15 MINUTES OF THE LAST MEETINGS

The Minutes of the meeting held on 28 July were **APPROVED**

The Minutes of the Annual Public Meeting held on 28 July were **APPROVED** by the Board.

TB50/15 MATTERS ARISING AND ACTION PLAN

No matters arising were discussed.

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

TB15e/15 Nursing Workforce Review: Reported presented at meeting.
Action complete.

TB43b/15 Core Performance Report: Mrs Ray confirmed that the
advertisement for the cancer clinical lead post was being
progressed. Action complete.

TB44b/15 Local Counter Fraud: Mr Shanahan had organised a staff
reminder via the Communications Department and the
Counter Fraud Lead would be invited to attend the Board
next year to present the Annual Report. Action complete.

TB51/15 PATIENT STORY

Professor Barton outlined the Patient Story that had been shared in the private part of the agenda.

The story related to a female patient who had attended A&E with slurred speech, a heavy right arm and poor fine motor skills. She was convinced she was having a stroke. She was admitted to WCH, seen by a junior doctor who organised a number of diagnostic tests. Her observations were recorded and a provisional diagnosis of migraine made. The lady's symptoms worsened and she felt she was not listened to. The Consultant attended and she was informed she had suffered a stroke.

This lady is undergoing a period of rehabilitation, she has returned to work very recently on a very part-time basis and has referred her complaint to the Ombudsman for further investigation.

Key learning points / improvements made

- It was recognised that sometimes a stroke can be difficult to diagnose when symptoms are not 100% typical of a stroke, however, as the lady did have some neurological symptoms, a stroke could not be ruled out and she should have been reviewed by the Stroke Team.
- In order to strengthen the way staff can access the Stroke Team, a mobile phone has been purchased with a dedicated number so immediate referrals can be made when a patient is suspected to have suffered a stroke.
- A Stroke Specialist Nurse now visits A&E on a regular basis throughout the day to ensure any patients within the department with stroke symptoms however mild are identified and assessed and treatment initiated as soon as possible.

- A stroke bundle has been developed for use in A&E and the wards to identify potential stroke patients. This is a set of best practice investigations and assessments, which will help us to improve and standardise the care for all stroke patients.
- Regular stroke training has been introduced for all staff on all the wards to ensure that we highlight the symptoms of stroke and the need for urgent intervention to prevent deterioration.
- Reflection has taken place with the medical and nursing teams in A&E.

The patient story, and the learning and action taken to date, was **NOTED**.

TB52/15 STRATEGY, POLICY AND ENGAGEMENT

a) Clinical Strategy

i. Success Regime

Mrs Farrar, on behalf of the Board, welcomed Sir Neil Mackay as Chair of the Success Regime Programme Board.

She explained that all healthcare partners were working towards improving the patient journey and making changes; the best interests of the patient would be at the heart of these changes and the Trust would fully engage with the Success Regime and its partners.

The Board would receive regular updates as the Success Regime progressed.

ii. Maternity Services

Mrs Naylor presented a report in relation to the review of maternity services in North Cumbria.

Significant progress had been made in developing models of care in relation to Option 1. The key challenge that remained was the medical workforce and the significant changes required to deliver Option 1. Good progress had been made from a midwifery point of view in relation to a midwifery led unit at WCH and CIC and significant consultation had been undertaken.

A workshop has been planned for 1 October to allow clinicians to set out their details proposals for the delivery of Option 1 and identify any residual challenges to be addressed (the same workshop was to be held on 2 October for Morecambe Bay).

Dr Freake explained an enormous amount of work had been undertaken by all the teams at looking at the potential solutions and addressing the constraints facing the Trust.

Ms Robson enquired as to what patient; public and maternity services liaison committee (MSLC) involvement had taken place. Mrs Naylor explained that an overarching group met regularly and included representatives of the MSLC; all of whom were involved in the debate and discussion. She further explained that a lot of work had been undertaken locally to get a good level of engagement. Mrs Naylor confirmed that Penrith Hospital was out with the review.

The Board **NOTED** the progress made to date and the next steps outlined in the report.

b) **Nursing, Midwifery and AHP Strategy Delivery Update**

Mrs Naylor presented the progress report to the Board since the launch of the Strategy in December 2014 and outlined the key achievements in relation to the five commitments.

Ms Tiller was pleased to hear that the Cadet Scheme was being rolled out at the Cumberland Infirmary.

Project Manager being held to account for the delivery of the timescales for e-rostering called Allocate.

Ms Robson was pleased to see the refurbishment of the dementia ward at Carlisle. Mrs Naylor confirmed that there was provision for a dementia ward at Whitehaven.

Mr Cook welcomed the report and all the progress achieved to date. He asked how this success was being shared within the nursing teams. Mrs Naylor explained that following every Nursing, Midwifery and AHP Board, a newsletter is circulated, however, it was hoped to hold an Annual Celebration Event in the future. Dr Freake commented that discussions had been held by the Executive Management Team in relation to holding a celebratory event for all staff and this was to be picked up by the new Associate Director of HR when she took up her post in October.

Mrs Farrar requested Mrs Naylor to consider the production of an engagement tracker for discussion at the Board at a future meeting.

The Board **NOTED** the progress made to date outlined in the Board.

ACTION

Mrs Naylor to consider the production of an engagement tracker and to report back to the Board at the November meeting.

c) **Review of Improvement Approach Delivery Update**

Dr Freake presented a report which outlined progress made by the Trust over the past year in embedding a new systematic approach to improvement.

Dr Freake explained that thought needed to be given to Trust-wide improvement plans so that the Improvement Board could take these forward. Improvement out with the Trust would be taken via the Success Regime.

The Board **NOTED** the progress in embedding a Trust wide approach to improvement, the proposed focus of the Change Team in the remainder of 15/16 and the next steps.

d) **IM&T Strategy Delivery Update**

Mr Putnam and Mr Thomas presented a report which outlined progress on the delivery of the IM&T Strategy.

Mr Putnam provided Board members with details of future plans and outlined the evidence of quality of care for each.

Dr Rushmer commented that the progress achieved was a significant step in a long journey and he was very supportive. To have a system where patient documents can be shared between primary and secondary care was a significant improvement, but a big challenge. It would, however, require commitment from each clinician and a change in behaviours from a paper based system to that of an electronic system. He stressed the importance of having a compelling story for change. Mr Mundy queried how it was all to be implemented as he felt that some of the dates were a little ambitious. He also queried how it was to be resourced and the need to get existing systems into a good shape. In relation to recurrent license costs, Mr Putnam confirmed that these were not related to this project.

Board members commented that there were no costings within the report. Mr Putnam reported that the fees for Inflex were going up but the company had not implemented an increase to the Trust as they realised that the system had not yet been fully implemented

The Board **NOTED** the progress achieved to date. It was **AGREED** that financial implications of future plans would be presented to the Board.

ACTION:

The financial implications of future plans to be presented to the Board as and when appropriate.

Questions from the floor:

1. Clinical Strategy – Maternity. It was recognised that a significant amount of work was going on across all the specialties in relation to Option 1. Different challenges for them all in relation to Option 1 but Midwifery probably easier to implement. In relation to a question about the lack of a dedicated anaesthetic team in relation to maternity, Mrs Naylor confirmed that the Trust did not have

a dedicated tier on the WCH site, but for safety reasons, had a 3rd on call tier. This was one of the issues that would need to be addressed via the maternity review. Dr Rushmer explained about the residency on call requirements for a dedicated maternity anaesthetic and how this continued to be a challenge.

2. Mrs Naylor answered questions in relation to the Cadet Scheme and support workers.

TB53/15 SAFETY AND QUALITY

a) Safety & Quality Report

Mrs Naylor and Dr Rushmer presented the report which outlined the key safety and quality indicators across the Trust for Q1 of 2015/16.

Overall the Trust had improved on its Patient Safety Summary Dashboard from the same time last year.

Mrs Naylor explained that patients were no longer able to use the 'tokens' in A&E following national guidance, and although there were other methods to receive patient feedback, there had been a drop in the response rate.

Mr Liston highlighted that in some areas there were a lot of 'greens' and suggested that perhaps it was now time to 'raise the bar'.

In relation to CQC intelligent monitoring, Mr Mundy felt that the Trust seemed to be stuck in the red zone. Dr Rushmer explained that the Trust had been meeting the VTE standard for a while now but struggled to maintain 80% for all of them.

The Board **APPROVED** the report and the achievements against the key safety & quality indicators for Q1 of 2015/16 .

i. Quality Improvement Plan

Mrs Naylor provided Board members with a copy of the Quality Improvement Plan which had been submitted to the Chief Inspector of Hospitals, following the visit to the Trust earlier in the year, and in response to the recent CQC report.

Mrs Naylor was pleased to report that the Trust's epidural service was to commence in October 2015 on both sites.

The progress of the business units was being monitored and the named leads in the QIP were to have their responsibilities incorporated into their personal objectives. Mrs Naylor explained that a key requirement for the delivery of the QIP was the Success Regime.

Mr Mundy felt that the Trust was setting itself a significant challenge in relation to reducing the variation in mortality between hospital sites.

The Board **APPROVED** the Quality Improvement Plan and **NOTED** that the Safety & Quality Committee would monitor progress.

b) **Nurse Staffing Ward Assurance**

Mrs Naylor presented the report which provided the Board with assurance in relation to safe staffing levels and the impact on quality and safety indicators.

The report received monthly scrutiny via the Safety & Quality Committee. A number of areas had been escalated where the staffing fill rates fell below 80%.

The Metrics on training and appraisal which indicated 0% were queried. Mrs Naylor explained that this was because the scores were zero rated at the beginning of the year.

Support to those wards with staffing problems would be prioritised for re-allocation of staff and matrons would also go and work on these wards.

Mrs Naylor had requested Mike Stacey to look at some trend analysis in relation to the heat map for the wards.

In relation to areas with high sickness, or management of long term sickness, Mrs Naylor said that this was because monitoring had not been as robust as it could have been and these areas were now been targeted for improvement. Mrs Ray queried whether the 'greens' should be 3.5 or below so that these were aligned with the sickness target.

Dr Rushmer flagged up that some of the figures did not seem to add up; Mrs Naylor to pick this up as it might be how the information was collected.

The Board **APPROVED** the report and the mitigation provided.

ACTION:

Mrs Naylor to review the collection and production of the information within the report.

c) **Fire Safety Plan**

Mr Dickie presented a report which summarised the ongoing issues and assurance of the urgent steps the Trust had taken relating to the serious and immediate issues in relation to fire safety at the Cumberland Infirmary.

Dr Rushmer thanked Mr Dickie and his team for the support that they were giving Mrs Naylor and him to ensure that all the right mitigations were in place and that staff and patients were kept safe.

Mr Mundy enquired as to whether there had been any development on the planning application for the decant facility. Mr Dickie explained that HMC were looking to pursue this; the Trust was also looking at this. Building control was also to be looked at, as well as the site plan, and how this could connect to the existing hospital.

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

Questions from the public:

- It was confirmed that the control of infection cleaning standards at CIC had been resolved.
- In relation to Duty of candour, Dr Rushmer reported that 2% of staff had undertaken the training; he felt it was early days, and what with the ward staffing problems, other methods of delivery were to be investigated.
- Intelligent Monitoring – Staff Survey and Whistleblowing - are there any indications of improvement. Dr Rushmer explained that the Staff Survey was an annual survey, however, would expect to see improvements as we have an action plan which addresses the previous year's survey.

TB54/15

DELIVERY

a) Finance Report

Mr Shanahan presented the Finance Report, which outlined the Trust's financial position as at the end of August 2015.

In relation to depreciations and impairments, Mr Mundy asked whether the Trust practiced profiling. Mr Shanahan confirmed that this was the case and that all the profiling had been included, as at March, within the resubmission of the plan.

Mr Mundy enquired as to the outcome of the meeting with the Cumbria Partnership Trust on 23 September in relation to outstanding monies. Mr Shanahan explained that it had been a positive meeting and the outstanding monies were to be cleared. Monies relating to the WCH mental health unit were still outstanding, but an agreement was to be signed off between both parties and, therefore, the monies would be coming through to the Trust.

Mr Shanahan identified current spending of £1.6m a month on medical locums. Dr Rushmer explained that whilst this allowed medical rotas to be kept going across the Trust, 51 rotas were dependant on locum medical staff and this represented an incredible large amount of the Trust's medical workforce and did not enable great efficiency. Dr

Rushmer commented that he was happy to support Mr Shanahan in the review of locums. At the heart of this, however, was the delivery of a permanent workforce and the Trust continued to work with UCLAN to deliver this. Mr Shanahan highlighted that there was a national review ongoing in relation to agency nursing and it was expected that the same would be undertaken in relation to doctors. Mr Cook commented that there may be difficult decisions that need to be taken in the future to make small savings and he recognised that locum staff were a significant issue.

Ms Robson enquired if the Trust had been subject to A&E handover fines. Mr Shanahan explained that these related to ambulance handover times to A&E, and to date, the Trust had not received any such fines from North West Ambulance.

In relation to the Trust's bid to tackle the structural deficit, Mr Mundy asked whether an extension to the application had been granted an extension. Mr Shanahan said that to date, no response had yet been received. Mr Shanahan had spoken with Monitor and a bid for A&E services would be submitted, followed by a full application. Mrs Farrar reported that the TDA had given their support to the Trust in relation to the Local Price Modification application.

Mrs Farrar commented that the Board was taking this position very seriously. The delivery of cost improvement and efficiency was being addressed via a robust group giving particular focus to this task. In addition, a Finance Risk Executive Group was held on a weekly basis, which gave intense scrutiny around financial governance.

In summarising, Mr Shanahan reiterated that the Trust's financial position was an issue of significant importance to address and one which the Board was taking very seriously.

The Board **NOTED** the action being taken to address the Trust's financial position, as outlined in the report.

b) **Core Performance Report**

Mrs Ray presented a report which outlined the Trust's progress in delivering the core standards at the end of August 2015.

Mrs Ray explained that some of the figures within the report would need to be validated and may be subject to change.

The Trust continued to work with its partners to improve patient flow and to understand and address the challenges being experienced with admissions.

In relation to the lead post for Cancer Services, Mrs Ray reported that the job description had been finalised, however, the funding needed to be identified from existing budgets.

The Trust had been unsuccessful in getting extra capacity via the independent sector but Mrs Ray would continue to pursue this. She explained that it would not be possible to give assurance to the Board that additional beds could be opened at the present time due to staffing issues.

In relation to the reduction of non obstetric ultrasound capacity, Mrs Ray explained that this was due to capacity issues within the Trust due to annual leave. She explained that 60% of requests originated from GPs.

Dr Rushmer enquired as to how the System Resilience Group had been functioning as it appeared that the start of this year's winter period was in a worse position. Mrs Ray felt that the current position was very 'mixed. Where improvements had been made, these were due to the responsiveness of healthcare partners, despite them still having their own challenges. The biggest concern was capacity in adult social care, which impacted on the Trust as patients were kept in hospital for longer.

In relation to the 62 day cancer waits, Mrs Ray explained that the Trust needed to achieve a trajectory of 2% improvement so as to achieve the national target.

Ms Robson asked if a plan was in place for patients who had a delayed transfer of their care. Mrs Ray explained that there was a plan which was monitored by the discharge group, clinicians, nursing teams and partners, however, capacity remained a significant problem. Mr Mundy commented that he felt that the Trust could not afford to pick up the additional costs for delayed transfers of care, as the financial position of the Trust would just deteriorate further and, therefore, a solution would need to be sought.

The Board **NOTED** the report and the assurance provided within that the Trust was making every effort to deliver the core standards.

c) **Workforce Report**

Mrs Ray presented a report which outlined the Trust's performance against key human resources controls as at the end of August 2015.

In answer to a question regarding any identified themes relating to estates and surgery sickness, Mrs Ray explained that there had been high levels of sickness for staff undergoing surgery within the Surgical Business Unit. With regard to the sickness levels within estates, although it was still high, it was much reduced than previously and represented a downward trend.

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

TB55/15 REGULATORY

a) **TDA Self Certification Report**

The Report was **APPROVED** by the Board, subject to the addition of a sentence relating to limited assurance under point 8.

ACTION:

Sentence to be added under point 8 regarding limited assurance.

b) **Board Assurance Framework and Risk Register**

Mrs Naylor presented the report which provided an update of the position from April to September 2015 for the Board Assurance Framework and Risk Register; providing a summary against each objective and a reduction/increase in risk rating where deemed necessary.

Mrs Naylor reported that the risk grading tool was to be reviewed and revised and the Risk and Assurance Committee and the Board would be kept updated.

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

c) **Charitable Funds Annual Report 2014/15**

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

d) **Audit Committee Annual Report 2014/15**

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

TB56/15 FOR INFORMATION

a) **Workforce Committee Minutes – June 2015**

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

b) **Safety & Quality Committee Minutes – June 2015**

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

c) **EMT Minutes – September 2015**

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

d) **Declaration of Interests Register 2015**

The Register was **ACCEPTED** and **NOTED** by the Board.

e) **IM&T Committee Minutes – July 2015**

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

TB57/15 **DATE, TIME AND LOCATION OF NEXT MEETING**

Tuesday, 24 November 2015 at 1pm in the Board Room, Cumberland Infirmary.