

**MINUTES OF A TRUST BOARD MEETING
HELD IN PUBLIC ON
TUESDAY, 24 NOVEMBER 2015 AT 1PM
(STARTED AT 1.25PM) IN THE BOARD
ROOM, CUMBERLAND INFIRMARY**

Present:

- Ms G Tiller, Chair**
- Ms L Robson, Non Executive Director**
- Mr M Cook, Non Executive Director**
- Professor R Barton, Non Executive Director**
- Mr G Liston, Non Executive Director**
- Mrs A Farrar, Chief Executive**
- Dr J Rushmer, Medical Director**
- Mr D Tomlinson, Director of Finance**
- Dr D Freake, Director of Strategy (from TB64/15)**
- Mrs H Ray, Chief Operating Officer**
- Mrs G Naylor, Director of Nursing & Midwifery**
- Dr D Thomson, Medical Director**

In Attendance:

- Mrs J Stockdale, Head of Corporate Affairs/Acting Company Secretary**
- Dr C Flucker, Deputy Medical Director**
- Mrs S Marsh (TB62d/15 only)**
- Mr B Dickie (TB62e/15 only)**

TB58/15 APOLOGIES AND DECLARATIONS OF INTEREST

Apologies for absence were received Mr N Mundy.

Ms Tiller welcomed Mr Tomlinson as his role as Interim Director of Finance.

Declarations of interest were declared by Mrs A Farrar, Dr J Rushmer, Dr D Freake, 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.

TB59/15 MINUTES OF THE LAST MEETINGS

The minutes of the meeting held on 20 October were **APPROVED** subject to the following amendment:

TB53ai/15 Quality Improvement Plan: 2nd paragraph to read "Mrs Naylor was pleased to report that the epidural service at the

Cumberland Infirmary was to commence in October 2015. The epidural service at WCH had been in operation for a number of years”.

TB60/15 MATTERS ARISING AND ACTION PLAN

No matters arising were discussed.

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

TB52b/15 Nursing, Midwifery and AHP Strategy Delivery: Mrs Naylor explained that she was working with Ms Brereton in reviewing the Trust’s Organisational Development Strategy to look at how the engagement tracker could be captured. Action complete.

TB53b/15 Nurse Staffing Ward Assurance: Mrs Naylor confirmed that the figures within the report had been checked and were correct. Action complete.

TB61/15 STRATEGY, POLICY AND ENGAGEMENT

a) **Success Regime**

Mrs Farrar outlined a verbal update from Sir N Mackay, Chair of the Success Regime Programme Board, as follows:

“Chairman,

I am pleased to be able to give the board a verbal update on progress with respect to the West, North and East Cumbria Success Regime.

As the board is aware this is an ambitious programme in which all the NHS organisations in the area are working together with local people and with each other to improve the delivery of healthcare and to make it sustainable into the future.

The Success Regime brings extra resources to West, North and East Cumbria, to help the NHS work closely with and listen to local people and healthcare providers, such as hospitals and GPs, to find out what is wanted and what is needed to ensure better healthcare in the future. The aim is to use these vital conversations to transform how healthcare is provided in the area.

The area has been chosen as one of three in the country which faces serious health challenges. In West, North and East Cumbria these include difficulties recruiting key healthcare staff, and making sure everyone is able to access care particularly in isolated, rural communities. Other challenges include a rising demand for services coupled with high levels of obesity, smoking and mental health issues.

The main work of the Success Regime involves a number of groups, led by local clinicians – with advice and support from independent external clinicians - each focusing on a specific area of challenge. These groups include mental health; children, families and maternity; specialised services; proactive and emergency care and elective care. The Success Regime is also looking at ways of improving patient transport; recruiting more staff; stabilising the financial position and determining how the local NHS might best talk to and listens to local people.

In the past, there have been other programmes to improve healthcare in West, North and East Cumbria which have had some success. For example, GP access has improved and a new hospital has opened in Whitehaven. The Success Regime will build on these initiatives but will go further and faster and will involve local people and local organisations in developing the best solutions.

The Success Regime is backed by three national organisations the NHS Trust Development Authority, NHS England and Monitor, the health regulator. Together these organisations are ensuring that all the key partners are working collaboratively and effectively in the interests of local patients.

The Success Regime has only just begun work but it aims to have firm plans for improvement agreed by the spring of 2016. These plans will then start to be put in place over the summer.

Chairman, I can also report that last week the Chief Executive at this Trust along with the Interim Chief Clinical Officer at NHS Cumbria Clinical Commissioning Group, the Director of Operations at the North West Ambulance Service and the Chief Executive at the Cumbria Partnership Trust all signed an open letter to local residents in West, North and East Cumbria.

The letter confirmed the plans of the local health community to develop a clear Clinical Strategy for local services by the spring of 2016. In developing this plan, the four chief executives recognised the strength of feeling of many members of the public, our staff, and our patients about the future of local services in west Cumbria and made several important commitments.

They said they are fully committed to the continued delivery of the 24 hours a day, 7 days a week, Accident and Emergency service at West Cumberland Hospital.

They said that while everyone recognises the need for significant change and service improvements there will be no further changes to any of the clinical services currently provided at West Cumberland Hospital until the Clinical Strategy has been developed.

And they confirmed that any long term plans that involve major service changes would be subject to public consultation.

Chairman, I think these important commitments will be welcomed by patients, residents and staff across Cumbria.

Thank you.”

The update in relation to the Success Regime was **NOTED** by Board members.

Questions from the Public

With regard to the Open letter, Ms Stucke commented that it was not apparent that it was ‘open’ and this needed to be addressed. Mrs Farrar suggested that members of the public contact the Success Regime with regard to how this was distributed. Ms Stucke said that she had seen the letter but queried if the statement would be put onto the Trust website, which Mrs Farrar confirmed that it would in due course.

In relation to stakeholder engagement, Mrs Farrar confirmed that the Success Regime were in the process of arranging these stakeholder events and would be widely circulated.

Members of the public said that they did not know about the Success Regime. Ms Tiller explained the purpose of the Success Regime. Members of the public suggested leaflet dropping to households and also parish councils. Ms Tiller said that the Trust would be happy to forward email addresses and addresses on to the Success Regime to help communication.

A question was raised regarding whether a ‘loyalty’ bonus could be introduced to staff so as to retain them. Dr Rushmer explained that this was already in place at West Cumberland Hospital and was called a ‘recruitment premium’; unique to West Cumberland Hospital and in the North of England.

A question was raised about the use of private ambulances. The Trust used private ambulances for out of hours work and these were slightly more expensive than NWAS, but NWAS were not commissioned to provide a 24/7 service. Private ambulances are used when patients go home late, elderly patients going home etc.

TB62/15 SAFETY AND QUALITY

a) Quality Improvement Report

Mrs Naylor presented the Quality Improvement Report, which was the Trust’s response to the Chief Inspector’s Report.

Mrs Naylor reported that this was a new style report which brought together all the Trust’s improvement reports and replaced the previous Safety & Quality Report.

Mrs Naylor outlined performance for quarter two 2015/16. The report outlined the exceptions, all of which had robust action plans.

Ms Tiller commented that it was pleasing to see that pressure ulcers appeared to have improved, however, trips, slips and falls seemed to have significantly increased. Mrs Naylor explained that despite doing some follow-up since this increase, no specific issues or trends had been identified. Dr Rushmer explained that this may have been due to the change in casemix because of seasonal variations and it may be worthwhile checking this against the previous year.

Ms Robson found the new report very useful and information easy to read and was pleased to see some good news. Ms Robson had attended a Duty of Candour conference on behalf of the Audit Committee and agreed to circulate the slides to Board members as some interesting issues had been raised in relation to the audit of Duty of Candour and how this also had to be applied when patients were being advised of 'something that could happen to them' and had then subsequently happened. She felt that compared to some Trusts, the Trust had made tremendous progress in getting so much adherence to Duty of Candour.

Mrs Naylor **AGREED** to relook at the RAG rating/exception reporting so that this was made a bit clearer.

The Board **NOTED** the report.

ACTION:

Mrs Naylor **AGREED** to relook at the RAG rating/exception reporting so that this was made a bit clearer.

b) **Nurse Staffing Assurance**

Mrs Naylor outlined the monthly assurance report which provided the Board with an overview of safe staffing levels and the impact on quality and safety indicators for August and September 2015.

In outlining the report, Mrs Naylor explained that no staffing exceptions had been required to be escalated to the Executive Management Team, and although there remained staffing challenges, these had been managed within the Business Units.

In relation to the high sickness within Larch A/B (EAU), the Board **NOTED** that this was due to a small number being on long term sick and that the ward was not normally predicated by sickness.

Mrs Farrar reported that A&E at WCH had escalated a concern regarding their staffing and this had been addressed. Mrs Farrar suggested that future reports should also include clinical staff, as well as nursing.

Mr Liston commented that he did not know whether, from the report, things were working well or not; Mrs Naylor and Mr Liston to discuss outside of the meeting. Professor Barton had recently been on a patient safety walk round and performance was very clearly displayed on wards etc.

The Board **APPROVED** the content of the nurse staffing assurance report and the level of assurance and mitigation in place.

ACTION:

Mrs Naylor to include clinical staff in future reports.

c) **Cancer Peer Review**

Mrs Ray outlined a report to the Board which provided feedback following a quality surveillance visit of the Trust's chemotherapy and breast symptomatic services in September 2015.

There had been 3 'immediate risks' and 6 'serious concerns' identified, all of which had either been resolved, had associated action plans and one had been disputed, which remained to be concluded. Mrs Ray **AGREED** to report back to the Board in December on the completion of the outstanding 'immediate risk'.

Mrs Farrar reported that the new National Responsible Officer for Cancer Services was to visit the Trust on 3 December to meet with the staff and a tour of the service.

The Board **NOTED** the report and **AGREED** to receive information at the December meeting in relation to the resolution of the outstanding immediate risk.

ACTION:

Mrs Ray to provide details to the Board in December on the resolution of the outstanding immediate risk.

d) **Medical Director's Report**

Dr Rushmer presented his report, which provided Board members with an update in relation to the Medical Director arrangements, following his departure, and the Trust's Library Services.

Mr Liston enquired if the Library and Knowledge Services Strategic Plan was linked into the IM&T strategy. Dr Rushmer and Mrs Marsh commented that this was not linked at the present time but that it would be crucial for the future. Mrs Marsh reported that the Strategy would provide support with regard to learning for all staff and was also feeding in to the Success Regime.

Dr Rushmer was to leave the Trust at the end of November to take up a new post as Medical Director in Northumbria. He explained that he formally proposed handing over to Dr D Thomson, as Executive Medical Director, later that day, supported by Dr C Flucker in his role as Deputy Medical Director. As Dr Thomson and Dr Flucker had not been trained as Responsible Officer, and as Mr D Evans (current Responsible Officer) was now the Interim CEO of Northumbria, it was proposed that Dr Afolabi from Northumbria take up the role. The Board **APPROVED** the recommendation.

Dr Rushmer reported that the Trust had implemented the Agency Cap Policy, with the proviso of adapting this in light of any safety issues; the Trust had a number of agency staff who were paid above the agency cap and the Trust would be contacting those staff on an individual basis.

In relation to the junior doctors' strike on December 1, 8 and 16th. The Trust was working in partnership with the BMA and had put the necessary mitigations in place. Dr Rushmer was unsure at the present time whether staff would turn into work or not.

On behalf of the Board, Ms Tiller thanked Dr Rushmer for all his hard work as Medical Director, and recognised all the improvements that had taken place over the past 3 years.

The Board **NOTED** the report and **APPROVED** the recommendation of Dr Afolabi taking up the role as Responsible Officer.

e) **Fire Safety Plan**

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

Mr Dickie was pleased to report that the Enforcement Notice had been lifted on 23 October by Cumbria, Fire and Rescue as they felt that the management of the fire issues demonstrated suitable and sufficient measures to satisfy the requirements of the legislation.

Mr Dickie explained that the Smoke Free Policy had been presented at last EMT meeting and drew Board members' attention to some of the considerations which had been supported, as per the report.

The outcome was still awaited following the Swift Haven major incident training on 23 September.

Mr Dickie reported that the decant wards were on hold at present as the completion of work by HMC was awaited, however, planning permission was being progressed.

Mrs Ray explained that on 19 November, the Cumberland Infirmary had a small electrical fire in the sterile services department which involved one of the washers. The fire alarms had worked as they should have and Cumbria Fire & Rescue were on site quickly and put out the fire. The residual issue was the smoke damage so all the general sterilisers were out of commission, although the endoscopy washers were now up and running and the service was back to normal for endoscopy. The general washers would be out of service until the end of the week, so contingency planning had been put in place, e.g. Dumfries & Galloway NHS Trust had been very helpful and some of the Trust's staff had been working there to process our equipment so that emergency surgery could continue. Northumbria had also carried out some processing and North Tees had given the Trust access to their CSSD department, and staff, until the Trust was back up and running.

All of the cancelled elective operations were being tracked and the Trust was working closely with clinicians so as to reduce any associated risks. The impact on the 18 week standard was going to be significant. Overall, this was being managed as an internal incident. The Trust was also working with Cumbria Fire & Rescue around any learning points.

Mrs Ray explained that there had been an extraordinary response from staff and the teams and they were to be commended. A formal letter of thanks had been sent to staff and partners.

The Board **NOTED** the report and the ongoing and appropriate steps that were in place to mitigate the risk and **APPROVED** the assurance that had been provided.

Questions from the Public

A question was asked as to whether any patient involvement had been included in peer reviews. Mrs Ray was unsure as to whether patient representatives were included within panels but would enquire.

In answer to a question about the number of cancelled operations due to the fire at the Cumberland Infirmary, in excess of 100 patients had been affected and it would take some time for these operations to be rearranged. Mrs Ray said that the Trust would be working with clinicians as to patients' clinical priority.

TB63/15

DELIVERY

a) Finance Report

Mr Tomlinson outlined the key points from the Finance Report, which covered the period of October 2015.

Mr Tomlinson reported that at month 7, the Trust was reporting a year to date deficit of £32.6m; a variance of £7.5m compared to the Stretch Plan. The in-month deficit was £4.5m.

At month 7, the Trust had delivered cumulative savings of £1.9m against a plan of £4.7m; a shortfall of £2.8m.

The Trust's deficit continued to put considerable strain on the cash position. An application was to be submitted for Distress Funding for 2015/16, however, in the meantime, the Trust would access up to £20.4m of Interim Revolving Working Capital Support. High levels of agency expenditure continued to be incurred, which represented a significant risk to the delivery of the Trust's financial plan. Mr Tomlinson outlined the action being taken to address these significant risks to the Trust's financial position. Mr Tomlinson explained that the biggest variance was pay; both agency and nursing workforce, both of which were in the process of being reviewed. Mr Tomlinson reported that it was hoped that a review of clinical income would be completed by the end of the week.

Mr Cook raised the issue of funds still being owed by the Cumbria Partnership Trust of £3.728m. Mr Tomlinson confirmed that this was being pursued.

Mr Tomlinson presented a revised version of the Treasury Management Policy and requested Board approval. The Board **APPROVED** the Treasury Management Policy.

Following discussion, the Board **NOTED** the month 7 financial position and the actions being taken to address the issues and **APPROVED** the Treasury Management Policy.

b) **Core Performance Report**

Mrs Ray presented the Performance Report which provided the Board with assurances linked to the delivery of the core standards up to the week ending 8 November.

Mrs Ray reported that cancer performance had improved; A&E and RTT had not been achieved but that diagnostics were on track to be achieved by February. Work was continuing to improve across all areas of the core standards. Mrs Ray reported that there had been 4 and 12 hour waits in A&E during the month, but that there had not been any 12 hour trolley waits.

3 major projects had been initiated during the past month, which included a review of DTOC with the Partnership Trust; the setting up of a multidisciplinary team to move to a 'home first' approach and the implementation, at a ground level, of the safer care bundles.

Ms Robson asked who made the decisions about the use of community beds. Mrs Ray explained that the decision to send a patient to a community bed was made between the Trust and CPFT. Although they had a significant number of community facilities, the

access criteria could be quite hard, so this was being looked at by the Success Regime.

Norovirus was of concern to Professor Barton and he requested assurance that everything had been done to avoid any significant outbreaks. Mr Ray reported that based on the learning from the previous year, control of infection team had made significant improvements. Work was still required in relation to the doors. Mrs Ray further explained that despite all the best efforts and all the necessary actions being taken, it would not be possible to totally avoid any future outbreaks..

Mr Cook reported that the Charitable Funds Committee had just authorised funds to purchase some new microbiology equipment which would help with the diagnosis and management of outbreaks in the future.

Mrs Ray **AGREED** to provide Ms Tiller with details of the number of patients unable to be relocated to a community bed from the Trust.

Following discussion, the Board **NOTED** the report and the assurance that measures were in place to manage underperformance against the standards.

ACTION:

Mrs Ray to provide details to Ms Tiller of the number of patients unable to be relocated to a community bed from the Trust.

c) **Winter Plan**

Mrs Ray presented a report which provided Board members with details of the measures put into place to mitigate against the impact of winter pressures and to ensure that the Trust managed surges in demand for services throughout the year.

Dr Freake commented that her understanding was that there was no additional money for winter plans, so enquired if there was anything further that could be done to keep the patients flowing with flexed staffing over this period, e.g additional ward rounds etc. Mrs Ray explained that the Medical teams revised their rotas for ward rounds during the winter period and the AHPs provided a 7 day service for both sites. No information had been received, as yet, as to GP hours over the Xmas/New Year period and social care needed to be requested to provide a service on this period.

The Board **APPROVED** the Winter Plan.

Questions from the Public:

The emergency care standard appeared to have seen a significant deterioration at WCH, why? Mrs Ray explained that this was due to

moving into the new department and new footprint etc and part of it is associated to a different bed compliment – 4 less medical beds but 3 to go back in and a planned reduction of 8 inpatient beds and exchanged for day surgery beds. There was an agreement with the CCG that there would be additional contingency beds put in place and the Trust was working through this element with CCG with regard to fulfilling this commitment.

TB64/15 **REGULATORY**

a) **TDA Self Certification Report**

The Board **APPROVED** the TDA Self Certification return for the monthly submission to the TDA.

b) **Sustainability Annual Report 2014/15**

Mr Tomlinson presented the Sustainability Annual Report.

It was **AGREED** that Mr Tomlinson would provide more detail on the carbon footprint to the Board as the report had outlined a decline.

The Board **APPROVED** the Sustainability Annual Report.

ACTION:

Mr Tomlinson to provide more detail on the carbon footprint to the Board as the report had outlined a decline.

c) **Organ Donation Annual Report 2014/15**

Dr Rushmer presented the Organ Donation Annual Report.

Dr Rushmer reported that 24 organs had been retrieved within the year in North Cumbria with an approach rate of 100%.

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

d) **Emergency Preparedness, Resilience and Response Annual Report 2014/15**

Mrs Ray presented the Emergency Preparedness, Resilience and Response Annual Report for 2014/15, which was **APPROVED** by the Board.

Ms Tiller **AGREED** to advise Mrs Ray of a nominated NED in relation to Emergency Preparedness, Resilience and Response.

ACTION:

Ms Tiller to advise Mrs Ray of a nominated NED in relation to Emergency Preparedness, Resilience and Response.

e) **Caldicott Guardian**

Mr Tomlinson presented the Caldicott Guardian Annual Report for 2014/15.

Mrs Ray reported that staff were expected to move into the new medical records building in 2016.

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

Questions from the Public:

What is DCD? It means where a patient has died and the organs are harvested at death, as opposed to when the patient's heart is still beating and the medical team are waiting for the patient to pass away.

TB65/15 **FOR INFORMATION**

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

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

b) **Safety & Quality Committee Minutes – July and September 2015**

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

c) **EMT Minutes – October 2015**

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

d) **IM&T Minutes – October 2015**

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

TB66/15 **DATE, TIME AND LOCATION OF NEXT MEETING**

Tuesday, 26 January 2016 at 1pm in the Board Room, West Cumberland Hospital.