North Cumbria University Hospitals NHS
NHS Trust

MINUTES OF THE TRUST BOARD MEETING HELD IN PUBLIC ON TUESDAY, 7 SEPTEMBER 2010, IN THE BOARDROOM, WEST CUMBERLAND HOSPITAL, WHITEHAVEN

Present:

Mr M Little, Chairman
Ms C Heatly, Chief Executive
Mr M Bonner, Vice Chairman
Ms J Cooke, Non Executive Director
Mr M Evens, Non Executive Director
Mr K Clarkson, Deputy Chief Executive/Chief Operating Officer
Mr A Mulvey, Director of Finance
Mr M Walker, Medical Director
Mr S Brown, QIPP Director

In Attendance:

Mr D Gallagher, Director of Human Resources & Organisational Development
Mrs R Duguid, Company Secretary
Mrs J Stockdale, Head of Corporate Affairs
Miss E Kay, Head of Communications & Reputation Management
Mr M Irving, Upper GI Clinical Nurse Specialist (for TB98/10 only)

TB94/10 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were recorded from Professor S Cholerton, Mr P Day and Mrs C Platton.

The Chairman extended a welcome to Mr M Walker in his new role as the Trust's Medical Director.

TB95/10 DECLARATIONS OF INTEREST

There were no declarations of interest.

TB96/10 MINUTES OF THE LAST MEETING

TB96.1/10 Minutes of the Meeting held on 8 June 2010

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

TB96.2/10 Minutes of the Meeting held on 6 July 2010

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

TB97/10 MATTERS ARISING AND ACTION PLAN

The Company Secretary highlighted to the Board the current status on the Trust Board actions.

In relation to TB86/10, Pay Protection Policy, the Director of HR and Organisational Development updated the Board on the current position, explaining that further negotiations had been held with the full-time union officers with a view to reaching an agreement in relation to the Policy. At the meeting it was agreed that the Trust, and other Cumbrian Trusts, would review the options outlined in the Policy. The Director of HR and Organisational Development anticipated that the Policy would be discussed with the full time officers within the forthcoming week.

In relation to TB88.1/10, Workforce Metrics, the Director of HR and Organisational Development explained to the Board the reasons for the increase in corporate and facility functions. The increases in headcount were mainly in the catering, portering and domestic departments and were aimed at reducing the amount of overtime being paid. A number of bank nurses had also been employed, however, these posts were not currently incurring any costs.

The Board **NOTED** the action list, associated updates and matters arising from the last minutes.

TB98/10 CLINICAL PRESENTATIONS

Development of Web Based Tool to Monitor Nursing Standards, Patient and Staff Experience

The Director of QIPP and Mr M Irving, Upper GI Clinical Nurse Specialist, gave a presentation which provided Board members with details of the web based tool which have been developed, by Mr Irving, to monitor nursing standards, patient and staff experience (copy attached).

The presentation highlighted the following points:

- Triangulation aspects between patient and staff experience and clinical indicators, including complaints
- Ownership and engagement of the staff
- Capabilities of the web based system internally and externally
- Examples of the reports that the system was able to produce, which provided ‘early warnings’ and had provoked constructive discussion within teams
- It was envisaged that the tool would be used for a patient satisfaction exercise with the Patient Panel groups

- Reporting structures had been developed for the Trust Board, Governance Committee, Divisions and Ward as well as QIPP data recording. The Care Quality Commission had also registered their interest in using the tool.
- In summary, the tool was a tailor made system and was fully flexible to the Trust's requirements of measuring performance and maintaining and improving standards and the system had engaged staff.

In answer to a query from the Medical Director, the QIPP Director confirmed that the matrix could be changed, however, the system was not able to gather patient sensitive information at this stage. Mr Irving confirmed that the system would eventually enable individuals to identify their own audits.

The QIPP Director confirmed that the core questions for patients and staff were the same, however, the clinical indicators were unique.

The Chief Executive congratulated the QIPP Director and Mr Irving on being shortlisted for an award in the Innovations category of the 2010 Health Service Journal Annual Awards, for which the award ceremony was to be held in London shortly. The team had also received national recognition following presentations given to the Department of Health and NHS Northwest.

The QIPP Director **AGREED** to circulate copies of the presentation to Board members.

ACTION: QIPP Director to circulate copies of the presentation to Board members.

TB99/10 **CHAIRMAN'S REPORT**

The Chairman presented his report, which provided an update on the Chairman's business and activities. The report highlighted the following items:

- Exception report on Board Cycle for 2010/11 as at 1 September 2010.
- Changes to Board Director profiles.

The Chairman briefed Board members following positive meetings held with local MPs recently.

In answer to a query from Ms J Cooke, Non Executive Director, the Head of Communications & Reputation Management confirmed that patient groups would be involved in the development of the new Trust website.

The Board **NOTED** the report.

TB100/10 CHIEF EXECUTIVE'S REPORT

The Chief Executive presented her report, which updated the Board on the following items:

- Breast Services
- Outcome of Arbitration
- Trust QIPP Arrangements
- Consultation on the White Paper

The Chief Executive gave Board members an update in relation to breast services. The Chief Executive commented that until the review was completed and the report finalised, it would not be helpful to speculate on numbers involved.

The Board were reassured that regular communication had been and would continue to be made with patients, staff, public, local MPs and the Overview and Scrutiny Committee.

In relation to the arbitration outcome, the Chief Executive reported that the Trust had received notification on 16 July 2010. The detailed implications of the outcome would be reflected within the contracting systems and were forecast to impact upon the Trust's income plans by adding £10m to the contract, but was still below the £20m the Trust had sought. The Trust would continue to discuss both internally and externally how the shortfall would be managed.

The Chief Executive reported that Mr S Brown had been appointed as the Executive Director to lead the Trust's turnaround programme. The Trust would be approaching turnaround from a Quality, Innovation, Productivity and Prevention (QIPP) perspective, reflecting the national DH programme for delivering £15-20bn savings across the NHS over the next 5 years.

On behalf of the Board, the Company Secretary would be coordinating the consultation process in relation to the White Paper, a summary of which would be presented to the October Board meeting prior to submission to the Department of Health.

Mr M Evens, Non Executive Director, explained that all Non Executive Directors had been requested, via NHS Northwest, to outline their views and he enquired as to whether these views needed to be submitted separately or collated within the Board response. The Chief Executive encouraged the Non Executive Directors to respond to the request, however, for this to form part of a co-ordinated response from the Board.

The Company Secretary requested Board members to send their responses to her directly so that she could be collated and circulated before the next Board meeting on 5 October.

The report was **NOTED**.

ACTION: Board members to send their comments/views on the White Paper consultation to the Company Secretary as soon as possible.

TB101/10 STRATEGY AND POLICY

TB101.1/10 New West Cumberland Hospital Update

The Deputy Chief Executive/Chief Operating Officer presented a report which updated the Board on key items in relation to the new West Cumberland Hospital development.

The following key points were **NOTED** by the Board:

- The Trust received final approval for the Outline Business Case from the Department of Health and HM Treasury on 8 July 2010.
- With the confirmation of the Department of Health contribution, £90 million of the total funding had been secured. However, the Trust had recently been formally notified by the North West Regional Development Agency (NWDA) that it was no longer in a position to commit any funding to the new hospital project. Although efforts were being made to identify alternative sources of capital funding, there remained a significant risk that replacement funding would not be secured and, therefore, the Project Board has requested the Project Team to work with clinical users and primary care colleagues to review options for delivering the scheme within a reduced budget.
- A review of the scheme was to be undertaken in conjunction with the lead GP commissioners for Copeland and Allerdale and it was expected that this review process would be completed by October 2010. The Deputy Chief Executive/Chief Operating Officer reported that the first meeting with lead GPs had been held the previous week and had been a positive and collaborative meeting.
- With a reduction in capital funding, a revised Full Business Case was to be prepared so as to reflect an amended scheme, which was to be progressed by the Project Team following discussions with clinical users and GP commissioners.
- Demolition of the former Winderemere, Buttermere and Crummock wards and the former estates workshops were now complete. The Trust and Cumbria Partnership NHS Foundation Trust had reviewed further possible on-site location options for the relocation of Yewdale Ward which would avoid the need for the service to be temporarily decanted off site during construction. Work was now underway to plan these options in detail, however, best estimates were that the time required to design and carry out the necessary conversion works would mean that the ward may not be able to be vacated until June 2011. The extended timescales would not affect the overall delivery of the programme.

Mr M Bonner, Non Executive Director, enquired as to when the Full Business Case was likely to be revisited. The Deputy Chief

Executive/Chief Operating Officer confirmed that this was likely to be November, with a 'backstop' of January 2011.

The Chairman enquired as to the possibility of securing alternative funding of £10m. The Deputy Chief Executive/Chief Operating Officer explained that it was extremely unlikely that the Trust would be able to secure additional funding and it would be unwise to 'hang a hat' on identifying this. The Project Team would be kept focussed on the current available resources.

The report was **NOTED**.

TB101.2/10 Closer to Home Update

The Deputy Chief Executive/Chief Operating Officer presented a report which provided an update to the Board regarding the "Closer to Home" work being undertaken in partnership with NHS Cumbria.

The following key points were **NOTED**:

- In relation to the new West Cumberland Hospital and following the July Project Board meeting, it had been agreed that a further set of clinically led discussions be held between representatives of the Trust, NHS Cumbria and the Locality Lead GPs from Copeland and Allerdale. The purpose of the meetings being to determine what further opportunities to refine the scheme design may be possible by continuing to develop the close working relationships between primary and secondary care. The Trust already had an excellent basis for ensuring that these discussions were productive as they were seen as a natural addition to the excellent dialogue that now existed between senior secondary care clinicians and the Locality Lead GPs, who had met regularly over the past year.
- The Clinical Leaders Group, which meets every fortnight, continued to be well attended by the senior clinicians from both primary care and secondary care with managerial support being provided from senior officers of both Trusts. The work of this group appeared to be visibly impacting upon activity levels, most notably that across Cumbria non-elective emergency admissions were in fact down when compared to previous years. Recent SHA QIPP data had shown that Cumbria was currently the only health community where such reductions were being achieved when compared to the other health communities across the North West.
- The Clinical Leaders Group had requested that a new specification for the emergency floor to be drawn up and piloted at the West Cumberland Hospital. The working group would be looking at the feasibility of a model of emergency floor provision that would move towards true integration of the clinicians who provide accident and emergency services, primary care services and the out of hours doctor service (CHOC). The Clinical Leaders Group would be considering the model, once developed, and following clinical approval, it would be taken through the appropriate business processes of the partner organisations. Board members would be kept updated.

- Via the Clinical Leaders meeting, Dr John Howarth, Lead GP for Community Hospitals, would be organising a workshop involving the Trust's Care of the Elderly Physicians. The purpose of the workshop would be to further examine how the relationships could be developed between primary and secondary care professionals in order to further improve the flow of patients from acute hospital beds to an appropriate community hospital.

The Deputy Chief Executive/Chief Operating Officer explained that as the original briefing process surrounding progress with "Closer to Home" had moved on considerably in that the Clinical Leaders Group was leading on some excellent work that not only embraced "Closer to Home" but matters related to the White Paper, that future reports be encompassed with a "Liberating the NHS" framework report. Following discussion, the Trust Board **AGREED** that future updates in relation to "Closer to Home" and initiatives in respect of the White Paper would be covered within a newly entitled "Liberating the NHS" report.

The Chairman commented that following a discussion with the Chief Executive and Company Secretary, it was felt that as a Board, agenda items needed to be reviewed so as to ensure that topics for discussion were in line with the current position, both locally and nationally.

The report was **NOTED**.

ACTION: Future reports to be entitled "Liberating the NHS" and to encompass initiatives from the Clinical Leaders Group and in relation to the White Paper.

TB102/10 OPERATIONAL PERFORMANCE

TB102.1/10 Performance Report

a) Operating Performance

The Deputy Chief Executive/Chief Operating Officer presented the Operating Performance Report, which outlined progress against a range of indicators as at 31 July 2010.

The Deputy Chief Executive/Chief Operating Officer reported that the CQC had not yet confirmed the final assessment criteria for 2010/11, however, the Performance Dashboard would be updated throughout the year as information was released from the CQC.

The Deputy Chief Executive/Chief Operating Officer drew Board members' attention to new metrics which had been added to the Dashboard and changes which had been made to metrics.

Excellent performance had been achieved across a number of key indicators and these had included:

- Overall 18 weeks performance (at Trust level)

- Access to GUM clinics – 48 hour target (offered appointments)
- Data quality on Ethnic Groups
- Thrombolysis: 60 minute call to needle time
- Delayed transfers of care
- Total time in A&E: 4 hours or less
- Median waiting time in A&E
- Rapid access chest pain patients seen within 2 weeks
- Number of patients waiting longer than 6 weeks for diagnostic tests
- Staff turnover
- MRSA Bacteraemia (attributed to Trust)
- Clostridium Difficile Infections (attributed to Trust)
- Slips, trips and falls
- Estates and Facilities metrics

The Deputy Chief Executive/Chief Operating Officer highlighted the following performance improvement plans:

- Cancer waiting times - Excellent aggregate performance across all indicators had been achieved during quarter one. Six indicators were also at the required levels during month four. The 62-day treatment target for all cancers was 3.9% adrift of target in month and this was now subject to a review and the additional validation of patient pathways. The year to date figure, however , remained on track. The 14-day wait for symptomatic breast patients had also dipped slightly in month, being 4% adrift of the required level. This did not represent a small drop in performance but was a reflection of the additional pressure that was created on the symptomatic service with the suspension of the screening service at the end of June 2010. The year to date figure remained at the required level.

- Cancelled operations - The 28-day rule performance target had again been fully met in July 2010.

  The first part of the indicator (% cancelled) had improved to a level of 0.9% in month and was only 0.1% adrift of the required level. This element of the indicator would, however, remain a considerable challenge throughout the year. The previously discussed action plan was starting to show results through the increased performance management of the plan having been instigated within the Surgical Division.

- Infant health - The smoking during pregnancy indicator achieved an excellent level of 14.6% in month and was now well within the required year to date level at 16.3%. The Deputy Chief Executive/Chief Operating Officer congratulated the Maternity Team.

  The breastfeeding initiation performance was, however, continuing to perform below the target level of 68% being 66.4% in month and 66.5% year to date. The Division were continuing to review individual patient level data and the overall

performance levels each month, instigating appropriate corrective action where necessary. A further formal review would take place towards the end of quarter two should performance not improve over the next two months.

- Access to GUM clinics (48 hour target – patients seen) - the GUM service continues to achieve excellent performance in respect of the "48 hour offered appointment" target. The aspirational "seen" target continues to struggle with an in month level of 70.3%. The Trust Board had previously held extensive discussions regarding this target and its relationship with patient choice. However, the previously reported planned change in the service model was now underway and the Division were taking the opportunity to re-look at this indicator and its associated performance levels as part of the service changes.

- Choose and book slot availability – the slot availability had remained generally static during the first four months of the year and was currently at a year to date figure of 69.5%. The Outpatient Improvement Steering Group continued to develop action plans across all major specialities with any key matters and pressures being discussed at the weekly Key Performance Indicator (KPI) meeting. Referral demand for new outpatient appointments continued to generally be as per plan with no significant reduction in demand being seen during the year to date.

The Deputy Chief Executive/Chief Operating Officer reported that the productivity metrics were now shown monthly, instead of quarterly, due to the availability of data from the CHKS system and these were outlined to Board members.

In response to a query from Mr M Bonner, the QIPP Director confirmed that data on same sex accommodation would be reported via the Governance Committee and Trust Board in due course.

Mr M Evens enquired as to whether the new 'median' metrics were seen as a positive introduction. The Deputy Chief Executive/Chief Operating Officer confirmed that the new 'median' metrics were seen as a positive introduction and were important to patients.

Ms J Cooke drew attention to some of the text within the report were indicators were recorded as 'improving' but were marked as 'amber' in the dashboard. The Deputy Chief Executive/Chief Operating Officer commented that indicators would not be marked as 'green' until full compliance had been achieved. Ms Cooke also enquired as to whether the Governance Committee could have further details on the cancelled operations. The Deputy Chief Executive/Chief Operating Officer explained that the cancelled operations were discussed and reviewed by the KPI team on a weekly basis and could provide the Committee with whatever level of detail they required. The Deputy Chief Executive/Chief Operating Officer

confirmed that any 'amber' or 'red' plans would be accelerated and would ensure that these linked into to other associated plans.

b) Quality Metrics

On behalf of the Acting Director of Nursing, Governance & Quality, the QIPP Director presented the key issues in relation to the Quality Metrics section of the Performance Report.

The following key points were **NOTED**:

- MRSA - the Trust continued to perform well against the Department of Health's targets for reducing the incidence of MRSA bacteraemia. The trajectory for 2010/11 was less than 6 apportioned cases and this would be challenging throughout the year. There had been no post 48 hour bacteraemia for June and July. The Trust was, therefore, within trajectory and there had been some excellent work carried out by the clinical teams to ensure that the Trust minimised infections.

- Clostridium Difficile (CDiff) – the Trust trajectory for CDiff was set at 120 for the year and this equated to 10 attributed cases per month. The performance for the months of June and July had been excellent with only 5 attributed cases per month.

- Hospital Standardised Mortality Rates (HSMR) – the mortality data was derived from data submitted by all Trusts to the Secondary Uses Service (SUS) and further processed through a complex methodology to produce an in-hospital risk adjusted mortality rate which compares Trust to Trust and is sensitive to factors such as differences in age, case mix or emergency admission rates so that what is left is as near to a like for like comparison as is possible. A mortality index is, in general terms, a ratio of observed number of deaths to an expected number of deaths. The Risk Adjusted Mortality index, which was derived from the CHKS system, was not the same as the HSMR analysis, which is produced by Dr Foster. The intention was to refine the criteria for benchmarking the CHKS indicator by applying an analysis of the peer group and to also seek to introduce the HSMR quarterly data to the Dashboard if this could be successfully sourced through national datasets, which are provided by Dr Foster. The QIPP Director explained that the Information Department would calculate both sets of data and report the Dr Foster data quarterly to the Board commencing either October or November.

- Slips, Trips and Falls – the work of the Slips, Trips and Falls Steering Group had now been extended to all ward areas and would form part of the CQUIN contract for 2010/11. The Group was reviewing falls, with particular reference to injury to patients. The completion date for the introduction of electronic reporting was to be 1 October 2010 and it was anticipated that this would

improve the overall timeliness of reporting and enable clinical teams to act promptly to reduce falls.

c) Workforce Report

The Director of Human Resources (HR) and Organisational Development (OD) presented the key issues in relation to the workforce metrics section of the performance report.

The following key points were **NOTED**:

- Staff in post for the Trust as a whole is currently running at 3082.85 WTE into Month 4 2010/11. This equated to a reduction of 14.27 WTE when compared to the equivalent month in 2009/10.
- Turnover for the Trust into Month 4 is 0.57% and was, therefore, well within the green standard. This figure was also lower than the equivalent month in 2009/2010 with a reduction of 0.60%.
- The sickness absence rate for the Trust for Month 4 was 4.42%. This performance is considerably better than the equivalent point last year (Month 4 2009/2010) when sickness absence was 5.74%.

  The financial year to date sickness absence figure was currently 4.57% which was 0.57% outside the Trust target for the year.

  In terms of divisional performance, Corporate Services (2.18%), Clinical Support (3.92%) and Family Services (4.16%) show the lowest percentages for Month 4. Estates and Facilities and Medicine have the highest monthly figures, those being 6.86% and 5.55% respectively.

  Absence duration continues to be primarily short term (1-7 days). HR Business Partners were actively managing absence performance within each Division and the recently amended Sickness Absence Management policy would further tighten this process. Sickness Absence training for managers had also been taking place as part of the HR Key Skills programme, with 181 managers having attended.
- Appraisal completion at Trust level remains under target and was reporting as red, with 41.22% of appraisals being reported as completed as at the end of Month 4. This was an improvement of 3.22% from Month 3. Estates and Facilities and Corporate Services had the highest rates with 92% and 59% respectively. Medicine and Bank appraisals had the lowest figures, with Bank showing only very limited improvement from Month 3.

  The HR Business Partners were now actively monitoring appraisal completion within the Divisions and action plans had been put in place. Formal reviews of progress had recently taken place as part of the quarterly Divisional Business Reviews. Each Division was working to an agreed trajectory to

achieve the required improvements. The Director of HR & OD reported that improvements were still required in the recording of appraisal data and work on this would continue.

The Director of HR & OD reported that he was currently developing 'site by site' metrics and an electronic data system, which would allow benchmarking against other Trusts, and these would be reported to the Board in due course.

The Director of HR & OD informed the Board that a Stress Reduction Group was being established, which it was hoped would work towards improve stress related absence.

The Chief Executive enquired as to why, if an effective use of appraisals were supposed to reduce sickness levels, the largest sickness levels in the Trust were in the Estates Department and this group of staff had the highest level of appraisals. The Director of HR & OD reported that depending on the quality and effectiveness of appraisals, these should motivate staff and reduce sickness levels. The Director of HR & OD explained that this area was currently under review.

Mr M Evens enquired as to the sickness levels within the Estates Department and drew attention to the fact that levels did not appear to be improving and that that Board regularly discussed this issue. The Director of HR & OD explained that a great deal of work had been carried out in this area, which had included training of the departmental managers and appropriate action plans. The Director of HR & OD also explained that some staff had also been dismissed. The sickness levels in this particular area related to both short and long term sickness.

In answer to a query, the Director of HR & OD explained that the Trust had a responsibility to appraise bank staff, but in relation to agency staff, their competencies were recorded via the PASA Framework which formed part of their contract with the Trust.

Ms J Cooke commented that it would be useful to be provided with the separate data for the recently merged Family and Clinical Support Divisions and the Director of HR & OD **AGREED** to provide this.

The Chief Executive commented that the Executive Team were looking at and monitoring those areas that had high levels of sickness and overtime which a view to making significant improvements.

d) Financial Report

The Director of Finance presented the financial performance section of the report.

The following key points were **NOTED**:

- The Trust had a deficit of £2.8m at the end of Month 4, which was a deterioration of £1.4m in month. The overspending related to continued pressures in the deliver of the cost improvement programme, coupled with additional and growing costs of agency and locum medical staff. There was currently a monthly shortfall of £0.6m against the £21m annual CIP target.

- Expenditure on agency staffing was approximately £2.5m after 4 months, and whilst there was under spending on other pay lines, this did not cover the full costs and was, therefore, contributing to the current financial pressures. The Director of Finance had written to the locum agencies so as to define and confirm clear rates of pay.

- The Trust's main clinical contract is with NHS Cumbria. At the beginning of the financial year a contract value of £182m had been assumed. The Trust and PCT were unable to agree this contract and following a process of arbitration a contract value of c£173m was agreed.

  Against the contract value of £173m the Trust was currently over performing by c£0.9m. The Director of Finance explained that the Trust would be discussing the issue of over performance with the commissioners so as to agree how this would be managed. The Trust was looking at balancing at the end of every quarter rather than waiting until the end of the financial year. The Director of Finance explained that colleagues at Morecambe Bay Trust were also considering the same route.

- Due to difficulties in achieving the CIP target, plus the reduction in the overall contract value, pressures were being placed on the Trust's cash position. The Trust was in discussion with partners to ensure that sufficient cash was available to meet the Trust's payments.

- The Trust was forecasting that it would achieve all of its statutory financial targets at the end of the financial year, with the financial surplus being predicted on the CIP target being achieved. The Trust was, however, marginally behind the Better Payment Practice Code target due to poor performance in April and May, although this was now improving.

The Director of Finance drew Board members' attention to Divisional performance, performance against SLAs and outpatient performance.

The Performance Report was **NOTED** by the Board.

ACTION: Director of HR & OD to provide details of Family Care and Clinical Support data to Board members.

TB103/10 ANNUAL REPORTING

TB103.1/10 Annual Audit Letter

The Director of Finance presented the Annual Audit Letter for 2009/10 to the Board.

The Audit Committee had received the Letter in July as part of the overall Governance Report. The Report had highlighted a number of areas for improvement, which were being addressed as part of the preparation of the final accounts for 2010/11.

The Director of Finance explained that the recommendations outlined in the Letter were to be addressed, however, anticipated undertaking quarterly annual accounts recording as well as other aspects of financial accounting being tightened up. The recommendations would be monitored by the Audit Committee.

The report was **NOTED**.

TB104/10 STANDING BOARD COMMITTEES

TB104.1/10 Audit Committee Minutes and Action Plan – 8 June 2010

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

TB104.2/10 Audit Committee Unratified Minutes and Action Plan – July 2010

Mr M Evens, Chairman of the Audit Committee, explained that an additional meeting of the Committee had been held in July due to the amount of Committee business needing to be discussed. Mr Evens reported that good progress had been made in relation to addressing the outstanding Committee actions.

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

TB104.3/10 Governance Committee Minutes and Action Plan – June 2010

Ms J Cooke, Chairman of the Committee, reported that the Committee had had detailed discussions regarding the movement and tracking of patients within the hospital and this issue was to be monitored.

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

TB104.4/10 Governance Committee Unratified Minutes and Action Plan – July 2010

Ms Cooke extended her sincere thanks and appreciation to Mrs G Hetherington, Management PA, for managing to produce a set of well recorded minutes, despite the problems experienced during the meeting due to technical problems with the teleconference equipment.

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

TB104.5/10 Charitable Funds Committee Unratified Minutes and Action Plan – July 2010

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

TB105/10 ANY OTHER URGENT BUSINESS

TB105.1/10 Trust Board Meeting Dates for 2011

The proposed Trust Board meeting dates for 2011 were **APPROVED**, subject to the February meeting date being confirmed.

11 January 2011 at Cumberland Infirmary
8 February 2011 at West Cumberland Hospital (amended from 2 February)
8 March 2011 at Cumberland Infirmary
5 April 2011 at West Cumberland Hospital
10 May 2011 at Cumberland Infirmary
7 June 2011 at West Cumberland Hospital
5 July 2011 at Cumberland Infirmary
6 September 2011 at Cumberland Infirmary (Also Annual General Meeting)
4 October 2011 at West Cumberland Hospital
8 November 2011 at Cumberland Infirmary

The Company Secretary confirmed that all the Trust Board and Assurance Committee meeting dates for 2011 would be compiled into a chart form and circulated to Board members in due course.

ACTION: Trust Board and Assurance Committee meeting dates for 2011 to be compiled into a chart form and circulated to Board members in due course by the Company Secretary.

TB105.2/10 Questions from the Public

The Board addressed a number of questions from one member of the public in relation to slips, trips and falls; staff turnover; staff sickness; staff stress reduction; staff appraisals and staff agency usage.

A reporter from the local newspaper was present and enquired as to when updated numbers would be given in relation to the breast screening review. The Chief Executive explained that the numbers would be confirmed once the review was complete. The Deputy Chief Executive/Chief Operating Officer explained that the breast screening incident team were meeting on a weekly basis to review and monitor the situation. All patients who had required review had all been given appointments during September and, therefore, it was expected that the review would be completed during September.

In relation to the nursing and bed restructure, the QIPP Director explained that this was in line with the plans outlined at the recent “Fit

for the Future" staff roadshows. The Chief Executive explained that as productivity improved, there would be a need for less beds within the system and, therefore, less staff.

TB106/10 DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 5 October 2010 at 1.00pm in the Board Room, Cumberland Infirmary, Carlisle.