

**MINUTES OF THE TRUST BOARD MEETING  
HELD IN PUBLIC ON  
TUESDAY, 11 JANUARY 2011,  
IN THE BOARDROOM, CUMBERLAND  
INFIRMARY, CARLISLE**

**Present:**

- Mr M Little, Chairman
- Ms C Heatly, Chief Executive
- Mr M Bonner, Vice Chairman
- Mr M Evens, Non Executive Director
- Mr P Day, Non Executive Director
- Mr K Clarkson, Deputy Chief Executive/Chief Operating Officer
- Mr M Walker, Medical Director
- Mr A Mulvey, Director of Finance
- Mr S Brown, QIPP Director
- Mrs C Platton, Acting Director of Nursing

**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

**TB1/11 WELCOME AND APOLOGIES FOR ABSENCE**

Apologies for absence were recorded from Professor S Cholerton and Ms J Cooke.

**TB2/11 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**TB3/11 MINUTES OF THE LAST MEETING**

The minutes were **APROVED** as a correct record, subject to the following amendments:

Page 7, 4<sup>th</sup> paragraph, 5<sup>th</sup> line to read 'that this *could* be the case ....'.

Page 12, 7<sup>th</sup> paragraph, 3<sup>rd</sup> line to read 'were unlikely to reduce to less than 15 *at the present time.*'

**TB4/11**      **MATTERS ARISING AND ACTION PLAN**

The Company Secretary highlighted to the Board the current status on the Trust Board actions, as follows:

TB115.1/10 Performance Report – item presented on January 2011 agenda. Action now complete.

TB128.1/10 Performance Report – quality dashboard information to be included within February report.

TB130/10 Any Other Business –Choose & Book slot availability at WCH and recognition schemes for staff 100% attendance.

The Deputy Chief Executive/Chief Operating Officer reported that following further investigation, available slots for West Cumberland Hospital under the Choose & Book system were available and 'visible'. However, the position would be monitored and an email helpline was to be set up for staff to investigate issues of this nature in the future.

The Director of Human Resources explained that he had undertaken a survey across the North West in relation to schemes to recognise 100% attendance by staff. The Director of Human Resources would discuss a range of these schemes/options with the Joint Partnership Forum, with a view to establishing a recognition scheme within the Trust. The Director of Human Resources also explained that the process for the reporting and recording of staff attendance/sickness was also to be reviewed.

Action now complete.

**TB5/11**      **CLINICAL PRESENTATION**

The Chairman welcomed the Productive Operating Theatre team to the meeting so as to outline their project to the Board.

The team consisted of:

Mr Patrick Armstrong, Clinical Director  
Ms Sheena Todhunter, Matron  
Mr Suresh Epen, Anaesthetic Representative  
Ms Jacky Robertson, Project Lead

Mr Armstrong gave a short presentation to the Board outlining the details of the project and the following key points were **NOTED**:

- The project, which was supported by the Institute of Innovation and Improvement, focussed on the safety and reliability of care, alongside team performance and staff wellbeing, which in turn would hopefully achieve value and efficiency within theatres.
- The toolkit enablers, which included team-working, scheduling, knowing 'how we are doing', well organised theatre and the Trust's operational status 'at a glance' and pre-operative assessment were explained to the Board.
- The Project had established a Steering Group and a Cross-Site Group. Although WCH was felt to be further progressed, Mr Armstrong stressed the importance of both hospital sites implementing the productive series and learning from each other along the way. Workshops had also been held and were felt to have been useful and productive.
- Mr Armstrong explained that there was a lot of work involved in the project and although no resources had been required to date, it was expected the resources were likely to be required so as to support the project. If the project were successful, operating time was expected to increase by 10%, which equated to £100k per theatre. Mr Armstrong was confident that the project would deliver the required efficiencies and was hoped that the Board would continue to support the project and provide any required resources.
- Mr Armstrong highlighted that the project would also involve looking at the overall pathway of how patients get to theatre.

The Medical Director and Director of QIPP commented that they had held the Measurement Day the previous week and had found that staff were fully engaged and focussed on the project achieving the efficiencies as well as generally improving how theatres worked.

The Company Secretary enquired as to how both hospital sites would progress with the project simultaneously. Mr Armstrong responded by explaining that the Steering Group would be monitoring the progression, however, clinical engagement would be key to the project progressing and being successful. Following the Measurement Workshop the previous week, it was expected these measures would be implemented in the middle of February and changes could then start to be made.

The Deputy Chief Executive/Chief Operating Officer explained that at the present time the Steering Group did not report to anyone, however, the group would be reshaped around a more robust framework.

Ms S Todhunter, Matron, reported that due to the decanting arrangements in relation to the new hospital build at Whitehaven, changes had already been put in place and had been well received by the staff.

Mr M Bonner enquired as to whether there was an associated network whereby information on similar schemes could be shared and to benchmark other schemes on their progression. Mr Armstrong explained that the Institute of Innovation and Improvement would support this type of network, however, at a financial cost to the Trust.

The Director of Finance enquired as to the outcome of the Measurements Workshop. Mr Armstrong explained that the workshop identified the benefits, efficiencies and risks associated with the project, with the key risk being lack of engagement.

The Chief Executive drew attention to the recently published NCAT report which identified a lack of partnership working across the Trust and re-emphasised the importance of the teams working together across sites and the benefits of learning from each other.

The Chairman thanked the Team for an interesting and informative presentation.

#### **TB6/11      CHAIRMAN'S REPORT**

The Chairman presented his report which provided the Board with an update on business, activities and matters that the Chairman wished the Board to be aware of.

The report outlined an update on the Board Cycle and those items to be discussed at the Trust Board in Quarter 4. The report stated 'Quarter 3', however, this was corrected to read 'Quarter 4'.

The Chairman explained that a response had been received from the Secretary of State to the Trust's communication in relation to the timeline and key milestones for achieving Foundation Trust status. The Trust's FT team would continue to work closely with key leads at NHS North West to monitor and support the Trust in achieving the timeframes and specific milestones identified.

On behalf of the Board, the Chairman thanked staff for all their hard work and efforts over the Christmas and New Year period, particularly in light of the pressures associated with seasonal flu etc.

The report was **NOTED**.

#### **TB7/11      CHIEF EXECUTIVE'S REPORT**

The Chief Executive presented an update report on key national and local announcements and policy developments that had recently emerged.

The following key points were **NOTED**:

- **Operating Framework for the NHS in England 2011/12:** the Chief Executive provided a synopsis of the key points of the Framework

within her report, with specific reference to the key changes which would impact on providers. Some of these would include:

- Marginal rate for emergency admissions retained at 30%.
- National efficiency requirement of 4%, which equated to £8m for the Trust.
- Best practice tariffs extended and new tariffs introduced
- National priority is VTE
- Quality framework with 31 new standards from NICE
- Baselines for Outcomes Framework established
- Choose and Book revised to reflect contract requirements
- SHAs to continue to support the FT pipeline until 2012/13
- Guidance on application of Right to Provide to NHS
- Reporting MSA breaches from April 2011-01-20 No reimbursement for re-admissions within 30 days

The Chief Executive explained that further details on specific aspects of implementation and guidance would follow in the near future, which would include:

- Development of the local pathfinder GP consortia and their commissioning plans and priorities for 2011/12
  - Governance requirements and arrangements for GP Commissioning Consortia (early 2011)
  - The first NHS Outcomes Framework (January 2011) incorporating Quality Accounts
  - National Quality Board guidance on maintaining quality and safety, early warning systems, due diligence continuity for successor bodies, provider guidance on strengthening governance etc. (early 2011)
  - DH advice for FTs on key issues and steps required to achieve FT status (January 2011)
  - New NHS Standard Contract and guidance including simplified clauses re process
  - Information Strategy (early 2011)
  - Improving Outcomes Strategy for Cancer (to be confirmed)
  - Publication of PbR Guidance for 2011/12 (early 2011)
- **Development of Clinical Strategy:** Work was continuing with PCT colleagues, GP Clinical Leads and the Trust's senior clinicians to align commissioning intentions to the future service models of care across primary and secondary care. The Chief Executive explained that two Away Days had been arranged for January, to include GP and Consultant Clinical leaders, along with their respective management teams, to progress the way forward in relation to the clinical strategy for north Cumbria.
- **Flu – Winter Pressures:** The Chief Executive explained that both hospitals had faced a very busy time over the Christmas and New Year holiday period with increased emergency admissions due to influenza and other winter viruses. Staff had worked extremely hard in difficult circumstances to ensure patients were treated safely and efficiently and she thanked staff for all their efforts.

NHS North West was releasing weekly figures to the public on numbers being treated in hospital for flu, by region. As of 5 January, the number of people with flu in critical care beds in Cumbria and Lancashire stood at 26. Across the North West as a whole, there were 108 flu patients in critical care beds.

Like all hospitals, the Trust had plans in place to increase the number of critical care beds if necessary. Hospital trusts operate as a regional and national network so that they can offer support to each other and make sure that anyone who needs an intensive care bed can get one.

On 5 January, NHS North West requested all hospitals across the region, including the Trust, to postpone some routine non life-threatening surgery as part of normal winter plans that allow staff to concentrate on the most poorly patients. Through the media, the Trust has apologised to those patients whose elective surgery had been cancelled and promised that these operations would take place as soon as possible.

- **Archbishop of York Visit:** The Archbishop of York, John Sentamu, visited West Cumberland Hospital on 17 November 2010, to meet with the staff who responded to the previous year's incidents.

The report was **NOTED**.

**TB8/11**

## **STRATEGY AND POLICY**

### a) **New West Cumberland Hospital Update**

The Deputy Chief Executive/Chief Operating Officer presented an update to the Board on the progress of the new West Cumberland Hospital development.

The following key points were **NOTED**:

- **Full Business Case:** As previously advised, a clinical strategy review process was underway and this work was not now expected to conclude until the end of January. As the clinical strategy was likely to impact on the Full Business Case (FBC) for the West Cumberland Hospital redevelopment, the submission of a revised FBC would not take place until the strategy had been finalised and the impact on the redevelopment had been assessed and incorporated into the scheme.

On completion of the clinical strategy, the Project Team would work as quickly as possible with the clinical user groups to make any necessary amendments to the plans and to ensure that the required facilities could be delivered within the available capital budget of £90 million. It is expected,

therefore, that the revised FBC would not now be submitted to the Trust Board for approval until March 2011.

- **Progress with Enabling Schemes:** Work continues on the programme of decanting and refurbishment to allow the on-site relocation of Yewdale Ward, which was the one remaining area of the current site to be demolished to allow the new build to take place. Detailed work continued with Cumbria Partnership NHS Foundation Trust staff on the design of the refurbished facilities within J Block to accommodate mental health inpatients. A programme of decanting was underway to vacate existing services from J Block to allow the refurbishment to commence.
- **Programme:** The completion of the programme was subject to a number of factors, including the completion of the clinical strategy by the end of January and the timely approval of the revised FBC by NHS North West and the Department of Health. The Board **NOTED** that the scheme now had an expected completion date of December 2013, as opposed to the previous date of Summer 2013.

In answer to a question regarding support from NHS Cumbria and GP commissioners, the Deputy Chief Executive/Chief Operating Officer confirmed that extensive discussions had taken place, particularly in relation to the clinical strategy, focussing on the new hospital development at Whitehaven. The Deputy Chief Executive/Chief Operating Officer reported that if the clinical strategy were completed by the end of January, the revisions would be relatively straight forward and FBC approval by NHS Cumbria was expected. The Deputy Chief Executive/Chief Operating Officer stated that the clinical engagement from both the Trust's senior clinical leaders and GP leads was essential to ensure necessary refinements could be made where necessary, particularly given the reduced overall financial envelope for the scheme.

The Deputy Chief Executive/Chief Operating Officer confirmed that the Department of Health, key stakeholders and NHS North West were being kept updated with the current position.

Following discussion, the Trust Board:

- **APPROVED** the revised timing for submission and approval of the Full Business Case (FBC) in accordance with the timetable for the clinical strategy.
- **NOTED** the continuing work to enable the successful and timely relocation of mental health services from Yewdale Ward to J Block.
- **APPROVED** the necessary revisions to the overall project programme.
- **NOTED** the update regarding the project budget.

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The report was **NOTED**.

b) **Communications Strategy**

The Chief Executive presented the Communication and Engagement Strategy 2011-2014 for adoption by the Board.

The Chief Executive explained that the Trust was committed to improving communication and engagement and understood the importance of clear, honest, timely and relevant communication. In addition, communication and engagement was a key part of the Trust's overarching Governance Framework to ensure the delivery of safe and effective patient care. The Strategy also included a comprehensive Patient Experience Toolkit, which would be launched to support collaborative working with our patients.

The Chief Executive thanked the Head of Communications & Reputation Management for preparing the Strategy and asked her to briefly outline the Strategy to the Board.

The Head of Communications & Reputation Management explained that the Strategy had been devised to address concerns raised by staff around communicating and consultation. It was also designed to focus on patient experience, performance, changes for the future, efficiency drives etc. She explained that the new Patient Experience Toolkit would be important to capture patient experience as this was the real test of the Trust's performance.

The Head of Communications & Reputation Manager would be working with the divisions, heads of nursing and heads of departments to rollout the Strategy across the Trust.

The Company Secretary supported the Strategy and felt that this was much more relevant and targeted. The Company Secretary explained that as part of the Strategy, a new Trust website was in the process of being developed, and which was to be presented to the Board at the February meeting.

Mr M Evens enquired as to when the Strategy would be rolled out. The Head of Communications & Reputation Management explained that following adoption by the Board, the Communications Department would immediately commence with its implementation across the Trust.

The Deputy Chief Executive/Chief Operating Officer enquired as to how the success of the Strategy would be measured. The Head of Communications & Reputation Management explained that she intended to carry out a full scale communications audit to assess its success. There were other tools and measures available to evaluate its success and this was part of the objectives in the Strategy.



The Deputy Chief Executive/Chief Operating Officer also commented that the development of more success stories within the media would be of benefit to the Trust. The Head of Communications & Reputation Management explained that communications benchmarking data was regularly distributed to the Board and compared to other acute trusts, the Trust received a higher level of positive media compared to negative.

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

c) **Occupational Health Service**

The Director of Human Resources (HR) & Organisation Development (OD) presented a report which provided an update on the future provision of Occupational Health Services within the Trust.

The Director of HR and OD explained that the Trust's current Occupational Health Service was provided in slightly different ways on both sites. The department was staffed mainly by nurses at bands 6 and 7, with one day physician input, at Whitehaven and the Carlisle site had been using a Locum Consultant in recent months. Following the appointments process, the Trust had failed to appoint a Consultant Occupational Health Physician in November. Following that selection process, the Chairman had requested that a proposal for covering the vacancy in a different way be brought to the January Board.

The Staff Pledges, which were part of the NHS Constitution, were explicit in raising the importance of NHS Trusts ensuring the health and wellbeing of their workforce. At the end of 2009 the Boorman Review of Health & Wellbeing in the NHS was published and its recommendations were accepted in full by the Department of Health. The recommendations were outlined in the report. In addition, in future, providers of Occupational Health Services would need to be accredited by the standards devised by the Faculty of Occupational Medicine.

In order to meet the future challenges, the Director of HR and OD proposed to transform the provision of Occupational Health Services into a Consultant led service to ensure that the Trust meets the recommendations contained in the Boorman report to improve employee health and wellbeing and, consequently organisational performance. It was, therefore, proposed that the Consultant in Occupational Medicine post at 4 sessions per week (previously this was only 2) be re-advertised. The increase in hours would be funded from within the current HR budget taking account of cost improvement programmes which could be achieved by changing the senior nurse management arrangement and using the existing medical budget.

The Director of HR and OD explained that there was currently a Locum Consultant in place who was having a positive impact on the service.

The Acting Director of Nursing confirmed that the proposed changes would not impact on the current nursing team within the department. In addition, she explained that the proposals were welcomed by senior nurses within the Trust as they would help in managing sickness and improving the wellbeing of staff.

Following discussion, the Trust Board **APPROVED** the proposals for the way forward.

The report was **NOTED**.

## **TB9/11      OPERATIONAL PERFORMANCE**

### **a)      Performance Report**

#### **a)      Operating Framework**

The Deputy Chief Executive/Chief Operating Officer presented the Performance Report, which outlined progress against a range of indicators as at 30 November 2010.

Excellent performance had been achieved in November 2010 across a number of key indicators, including:

- 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
- Infant Health – breastfeeding and smoking during pregnancy
- Number of patients waiting longer than 6 weeks for diagnostic tests
- Choose and Book slot availability
- Staff Turnover
- MRSA Bacteraemia (attributed to Trust)
- Clostridium Difficile Infections (attributed to Trust)
- Slips, trips and falls (inpatients)
- Estates and Facilities metrics

The Deputy Chief Executive/Chief Operating Officer explained that the dashboard had been updated in November 2010 to report the performance against the new expected measures of 18 week performance at a

“Trust level” in respect of the median and 95<sup>th</sup> percentile targets (section 1). The dashboard had now also been updated at section 11 to show the median and 95<sup>th</sup> percentile performance levels for each speciality covering admitted, non-admitted and incomplete pathways.

The Deputy Chief Executive/Chief Operating Officer outlined a number of performance improvement plans, and progress made against those, for the following:

- Cancer waiting times
- Cancelled operations
- Maternity hospital episode statistics
- Access to GUM
- Choose and book slot availability

The Deputy Chief Executive/Chief Operating Officer explained that he did not expect any further improvements in the position of ‘cancelled operations’ at the present time due to the current period of pressure on the services.

The Deputy Chief Executive/Chief Operating Officer briefly outlined the productivity metrics, with the following key points being noted by the Board:

- Elective length of stay has achieved the requirement performance levels of <+3.1 days over the last two months.
- Non elective length of stay was currently 0.7 adrift of the target level.
- Although the overall day case rate had improved to 79.8% in month, it was of concern to see that the ‘basket of 25’ rate had returned only to 69.85.
- The outpatient new to review ratio continued to remain flat during the first 7 months of the year.
- The outpatient DNA rate had improved slightly in month to a level of 8.4%.

Ophthalmology was under considerable pressure, as previously noted the Trust Board. The speciality level analysis for the median and 95<sup>th</sup> percentile also confirmed the long waits within the overall patient pathways. The Divisional Management team were working extremely hard to ensure that the maximum levels of efficiency could be achieved from within existing resources but Board members were advised that significant performance improvement levels in the short term may be difficult to achieve as all additional waiting list work had been ceased with effect from 3 January 2011 due to the Trust’s challenging financial position.

The Deputy Chief Executive/Chief Operating Officer commended the work of the Infection Prevention Teams,

particularly the work they had undertaken in relation to the influenza planning.

Mr M Evens enquired as to whether the Trust was experiencing problems with bed blocking in the community which had impacted on length of stay. The Deputy Chief Executive/Chief Operating Officer explained that the Trust had set itself quite an aggressive benchmark and, therefore, it had been quite a hard target to achieve. Overall, the Deputy Chief Executive/Chief Operating Officer felt that it was not an issue due to how the community care flow had improved to that of previous years. Some of these improvements were as a direct result of the Closer to Home strategy starting to work, as patients that the Trust was receiving tended to be more acutely ill and, therefore, staying longer in hospital. The Chief Executive stated that the Trust would need to work more closely with colleagues in Social Services and the County Council as their budgets reduce and domiciliary services reduce as a consequence, this can have the impact of affecting other services such as the NHS. The Director of Finance also explained that if budgets for intervention teams are reduced, those patients could start attending at A&E, again having an overall affect on the NHS.

In relation to ophthalmology, the Chief Executive reassured the Board that although waiting times were likely to increase within this specialty due to pressures on the service, quality of the service would never be compromised. Mr M Evens drew attention to a presentation given the previous year to the Board relating to efficiency being improved in the ophthalmic service and enquired as to why the service was in the current position. The Deputy Chief Executive/Chief Operating Officer confirmed that although that project was not yet complete, good progress was being made in the Division to ensure the service achieved the required efficiency levels.

In relation to a query from Mr M Bonner regarding a root cause analysis, which had identified missing data due to some fields not being mapped from the Trust PAS system to the national SUS data extract for maternity hospital episodes, the Deputy Chief Executive/Chief Operating Officer confirmed that the Head of Information was in the process of reviewing the system.

In recognition of all their hard work and effort over the recent period, the Chairman **AGREED** to write to the Infection Prevention Team on behalf of the Board.

b) **Quality Metrics**

The Acting Director of Nursing presented the Quality Metrics report and the following key points were **NOTED**:

- The Trust continued to perform well against the Department of Health's targets for reducing the incidence of MRSA bacteraemia. The Trust had to continue to achieve year on year reductions with the incidence of MRSA. The trajectory for 2010/11 was less than 6 apportioned cases and this would continue to be challenging throughout the year. There had been no post 48-hour bacteraemia for October and November 2010 and the Trust was, therefore, within trajectory. The excellent work to minimise infections carried out by the clinical teams had attributed to no post 48 hour bacteraemia for 7 months at the Cumberland Infirmary and for 6 months at West Cumberland Hospital.
- The Trust trajectory for Clostridium Difficile had been set to 120 for the year and this equated to 10 attributed cases per month. The performance for the months of October and November showed the Trust performing within trajectory, with 6 cases in October and only 3 in November. This again demonstrated the excellent work carried out by the clinical teams to minimise infections across the Trust.
- Hospital mortality indices, extracted from the Caspe Healthcare Knowledge System (CHKS) comparative database, were summarised in the Performance Dashboard. These were derived from data submitted by all CHKS client Trusts to the Secondary Uses Services (SUS) and were further processed through a complex methodology to produce an in-hospital risk adjusted mortality rate which compared Trust to Trust and was sensitive to factors such as differences in age, case mix or emergency admission rates so that which is left is as near to a like for like comparison as is possible. A mortality index was, in general terms, a ratio of observed number of deaths to an expected number of deaths.

Data was only currently available up to and including September and the report indicated an increase in the risk adjusted mortality index in September. There was an increase in the Clinical Support Division, however, this increase required further investigation and clarification. This would be investigated and monitored by the Medical Director and Governance Lead. The outcome of that investigation would be reported to the Governance Committee and Trust Board.

- Excellent performance continued in respect of slips, trips and falls prevention.

The Board discussed the mortality data and the Acting Director of Nursing reported that herself and the Medical Director would be looking at the data in relation to clinical support to understand the detail at consultant level.

Mr Evens highlighted the importance of understanding the numbers that drive the statistical differences, particularly where small numbers were involved. The Medical Director confirmed that a significant amount of work was being progressed through the Divisions to ensure the CHKS data was being 'drilled down' to specialty and consultant level where there were concerns/outliers in the data. The Medical Director added that data cleansing was also being progressed by the Divisions. The Company Secretary outlined that the new guidance, which came into effect on 1 April 2011, on measuring and monitoring mortality rates, would also require specific reporting to the Board on overall mortality rates as well as outliers.

c) **Workforce Report**

The Director of Human Resources (HR) and Organisational Development (OD) presented the key issues in relation to the Workforce Report.

The following key points were **NOTED**:

- There had been a reduction of 53.04 WTE when compared to the equivalent month in 2009/10.
- The Trust's sickness absence rate for month 8 was 4.74%, lower than at the equivalent point in 2009/10 when this was 4.98%. Corporate Services was below target at 2.92%. All other areas, except for medicine, had improved from month 7, with Estates showing the largest drop to 5.50%.
- The number of appraisals completed at Trust level had increased by 2% from month 7 to 58.9%, however, remained under target.

Mr P Day enquired as to why Estates & Facilities had always appeared to have high sickness levels. The Director of HR and OD explained that short term sickness absence had been a long standing issue within this specific workforce group, however, this was being robustly monitored and managed.

Mr M Bonner enquired as to whether data on overtime payments was gathered. The Director of HR and OD confirmed that this information was distributed to the Executive and Senior Team on a monthly basis, from which it was closely scrutinised and monitored. Mr Bonner commented that it would be useful to review this as part of the overall financial monitoring overspend.

d) **Finance Report**

The Director of Finance presented the Finance Report and the following key points were **NOTED**:

- The Trust was reporting a deficit of £7,953k at the end of month 8. The Trust had delivered £5,384k against a plan of £14,000k up to the end of November – the shortfall in the delivery of CIP being the main driver of the financial deficit.
- The financial position had improved since month 6 due to the Trust securing £10,600k from NHS North West to cover the loss in contract income from NHS Cumbria. A proportionate amount had, therefore, been factored into the financial position up to the end of November.
- Income was currently behind plan by £940k. Within this Private Patient income was £323k behind plan as capacity had been used to treat NHS patients. Clinical income was £684k cumulatively below the plan. This included a reduction in income due to the suspension of Breast Screening services from July.
- Pay was overspent by £1,795k. Pay expenditure increased in the month due to the increased use of bank nurses and overtime to cover for sickness and maternity cover. Agency costs remained at circa £500k per month. Work continued to try and reduce this expenditure but it remained challenging due to the high number of medical vacancies which must be filled to ensure the Trust had European Working Time Directive compliant rotas.
- Non Pay had remained consistent over recent months and was overspent by £5,699k at the end of November. Most areas of expenditure were overspent reflecting the slow delivery of cost reduction plans across the Trust. Increased controls would be put in place from January onwards to stop or slow down as much expenditure as possible and there would be a range of actions regarding reducing stock levels across the Trust.

- The Trust had actioned efficiency improvements of £8,120k against the full year target of £21,018k. CIP delivery had been low over the last two months delivering £173k. The Trust had plans to deliver the entire CIP target, although there remained some significant risk around the pace of the delivery of circa £7m of schemes.
- The Trust's year-end financial target was for a surplus of £3,000k (adjusting for the impact of IFRS this will be £1,500k against the break-even duty) which was predicated on full delivery of the CIP target and the cost recovery programme.

The Director of Finance drew attention to the new Operating Framework explaining that if Trust's over perform on elective care in the future, they will be reimbursed at 30% and not 100%.

In relation to the Trust's Cost Improvement Programme, the Director of Finance explained that the real pressure with achieving the target was around the 'pace', however, work was continuing within the Trust, PCT colleagues and the Turnaround Director to achieve as near to the £21m as possible.

The Deputy Chief Executive/Chief Operating Officer asked if the Trust would be penalised for not achieving the required level on the Better Payment Practice Code. The Director of Finance confirmed that there was Best Practice Guidelines around the Better Payment Practice Code and this was an important target to achieve, especially in the current economic climate where it is important to ensure suppliers are paid promptly. The duty was an administrative rather than statutory target and whilst the Trust should strive to achieve this, there were no direct penalties for not achieving the target.

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

**ACTION:**

Chairman to write to the Infection Control Team to thank them on behalf of the Board.

**TB10/11      GOVERNANCE**

a)      **Redfern Inquiry**

The Deputy Chief Executive/Chief Operating Officer presented a report which updated the Trust Board on the actions being taken by the Trust in order to respond to the recommendations which



were published in the Redfern Inquiry Report for NHS organisations.

The Deputy Chief Executive/Chief Operating Officer explained that the Inquiry Report, which looked into human tissue analysis in UK nuclear facilities, had been led by Mr Michael Redfern QC and was published in November 2010.

The full report and the specific chapter relating to West Cumberland Hospital had been circulated to key clinical leaders and managers to ensure that the findings from this important Inquiry were shared across the organisation.

The specific recommendations for 'NHS and Trust Management' were outlined, as follows:

- Trusts should ensure that mortuary and post mortem practice areas subject to appropriate audit.
- Trusts should be able to account for all activities undertaken in pathology departments which involve the handling, storage, examination or disposal of human tissue.
- Those responsible for the management of pathology departments should receive training in relevant legislative provisions.
- Protocols relating to post mortem examination and practice and the retention and use of human material should be available to all staff working in pathology departments.
- Trusts should ensure that mortuaries are maintained in an appropriate condition.
- Trusts should ensure that unauthorised persons are not permitted to enter the mortuary or attend post mortem examinations.

In addition to the specific recommendations for NHS organisations, other recommendations in the report had also been reviewed in terms of whether they were applicable to the Trust. A copy of the Trust's position against the action plan was attached to the report and this would be monitored as part of the Family Services and Clinical Support Divisional reporting to the Governance and Quality Committee.

The Trust Board **NOTED** the review of recommendations which had been undertaken following the publication of the Redfern Inquiry Report.

b) **Breast Screening Service Update Report**

The Deputy Chief Executive/Chief Operating Officer provided the Board with an update on progress in relation to the implementation of the recommendations outlined in the Breast

Screening Incident Report, published by NHS Cumbria in November 2010.

The final report outlined six recommendations for implementation by NHS Cumbria and the Trust, as follows:

- **Recommendation 1:** A safe and effective breast screening programme should be re-established in North Cumbria as soon as practicable. In re-establishing the programme, a larger screening programme which demonstrates centre-of-excellence qualities should be commissioned to provide screening and assessment services locally.
- **Recommendation 2:** The new service should include plans for catch up so that women whose screens had been delayed were seen as soon as possible.
- **Recommendation 3:** The new screening programme should reflect national plans for digital mammography and age expansion.
- **Recommendation 4:** Screening, diagnosis and treatment services should continue to be delivered locally within North Cumbria.
- **Recommendation 5:** A review of clinical governance procedures should be carried out by North Cumbria University Hospitals NHS Trust in other services provided by the hospitals Trust to ensure proper processes are in place. The results of this review should be presented to the NCUHT and NHS Cumbria Trust Boards. Details of the Terms of Reference for the review of governance across the Trust were provided to the Board.
- **Recommendation 6:** No North Cumbria University Hospitals NHS Trust consultant radiologists involved in this incident should be involved in breast imaging until they had completed additional training delivered by a recognised NHS Breast Screening Programme.

The Deputy Chief Executive/Chief Operating Officer also highlighted that during the investigation of the Breast Screening Incident, it was agreed by the multi-agency team that a further review of cases be undertaken to provide further assurance on whether basic mammographic interpretation at North Cumbria University Hospitals NHS Trust was being performed to an acceptable standard.

A random sample of 1,000 patient records of women who had undergone routine three-yearly or annual mammograms was undertaken by two independent radiologists.

This sample review had now been completed and it had been confirmed that these other parts of the North Cumbria University Hospitals Trust programme were working properly.

The findings from this review had been fully endorsed by both the North West Breast Screening Quality Assurance team and

the chair of the National Breast Screening Quality Assurance Coordinating Committee for Radiology.

The Trust is continuing to support NHS Cumbria in their role of commissioning a long term solution for the screening service, as well as working closely with Newcastle Upon Tyne NHS Foundation Trust on the re-commencement of the screening programme, which had commenced during the first week of January 2011. The Director of Finance commented on the value of the breast screening contract and the loss of income to the Trust with this service now being provided by Newcastle.

The Company Secretary briefly outlined the details of the Terms of Reference for the review of clinical governance across the Trust to address the recommendations. The Company Secretary outlined how these would be monitored and reported to the Trust Board. It was **NOTED** that external benchmarking was important for certain aspects of the terms of reference/objectives to understand the Trust position against key standards.

Following discussion, the Trust Board **APPROVED** the terms of reference for the governance review and **NOTED** the details outlined in the report.

#### **TB11/11      STANDING BOARD COMMITTEES**

a)      **Governance Committee Minutes and Action Plan – November 2010**

In the absence of Ms J Cooke, Chairman of the Committee, the Company Secretary reported that the Committee had held a detailed discussion on the CQC Risk & Quality Profile.

The Chief Executive explained that she would arrange to update Ms Cooke in relation to governance arrangements within the Trust.

The minutes were **APPROVED** and **NOTED**.

b)      **Charitable Funds Committee Minutes and Action Plan (unratified) – October 2010**

Mr P Day, Chairman of the Charitable Funds Committee, reported that the Committee had received a presentation and held a discussion with the HSBC Investment Manager in relation to the portfolio that was being managed on behalf of the Trust.

Mr Day commented that clinical representation on the Committee was proving extremely beneficial.

The minutes were **APPROVED** and **NOTED**.

**TB12/11      DATE, TIME AND PLACE OF NEXT MEETING**

Tuesday, 8 February 2011 at 1.00pm in the Board Room, West Cumberland Hospital, Whitehaven.