

**MINUTES OF THE TRUST BOARD MEETING  
HELD IN PUBLIC ON  
TUESDAY, 2 NOVEMBER 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 M Walker, Medical Director**
- 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**
- Mr E Gardiner, Deputy Director of Finance**
- Mrs J Stockdale, Head of Corporate Affairs**

**TB120/10 WELCOME AND APOLOGIES FOR ABSENCE**

Apologies for absence were recorded from Professor S Cholerton, Mr P Day and Mr A Mulvey.

**TB121/10 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**TB122/10 MINUTES OF THE LAST MEETING**

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

- Page 14, 4<sup>th</sup> paragraph to read "The Trust had an annual CIP target of £21,018k in 2010/11, of which £3,166k had been achieved by the end of August against a target of £8,750k, resulting in a year-to-date shortfall of £5,584k. Plans were being developed by the QIPP

Team for each Division which, once implemented, should see an improvement in the delivery of CIP against the target.”

- Page 15, 2<sup>nd</sup> paragraph – last sentence to read “The Committee noted that although the Financial Recovery Plan 2007 had not been documented, this was now being developed and had been taken forward by the Finance Committee.” 2<sup>nd</sup> bullet point on TB118.2/10, page 17, to be reworded as the same.

## **TB123/10     MATTERS ARISING AND ACTION PLAN**

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

The following key points were **NOTED**:

TB44/10/10 – Governance Framework for the Management of Charitable Funds – discussed at the Charitable Funds Committee the previous week and to be discussed further at the January meeting. Update to be presented to the Trust Board in February 2011.

TB100/10 – White Paper consultation response – copy of response to be sent to all Board members.

## **TB124/10     CLINICAL PRESENTATION**

The Chairman welcomed Ms Muriel Nixon, Strategy Development Manager, LD Pooled Fund, NHS Cumbria, to the meeting.

Ms Nixon gave a presentation (copy attached) outlining the action taken by NHS Cumbria and the local authority to address the recommendations outlined in the ‘Healthcare for All’ (2008), ‘Six Lives’ (2009) and ‘Death by Indifference’ (2007) reports.

In March 2009, the Parliamentary and Health Service Ombudsman and Local Government Ombudsman published ‘Six Lives: the provision of public services to people with learning disabilities’, which involved an investigation into the deaths of six people with learning disabilities who were in the care of the NHS. The report contained serious criticism of the way public services had responded to the needs of people with learning disabilities.

‘Six Lives’ included a series of recommendations, one of which was for the DH to support implementation and produce a progress report outlining what had been done.

Ms Nixon explained that a self assessment framework reporting structure had been produced which would allow the NHS to assess progress against the recommendations.

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Within Cumbria, the following action had been taken:

- A Learning Disability Partnership Board had been established, which checked the delivery of Valuing People objectives and Health Care for All.
- A comprehensive review of all services within Cumbria was undertaken in 2008.
- In 2009, the Partnership Board agreed to write a new strategic commissioning intentions strategy, and progress of the strategy would be reviewed by the Partnership Board and sub-groups.

Ms Nixon outlined the structure for the sub-groups, one of which was the Health Sub Group, on which the Trust played a key role.

The Health Sub Group covered four main areas, which were explained to the Board, as follows:

- Acute access and hospital passport
- Annual health check and health action plans
- Green light
- Health self assessment

Ms Nixon explained that the 'hospital passport' was used all around the country and detailed patients' medication, their family history and details, any communication issues. The Acting Director of Nursing confirmed that training had been given to ward and PALS staff on the use of the 'passport', which helped with the care of patients. The Acting Director of Nursing also confirmed that the Trust was working closely with the learning disabilities team and carers, and although there remained a long way to go, work was progressing well.

Ms J Cooke enquired as to the role of the voluntary services and GPs in identifying patients in this group. Ms Nixon explained that the list of patients within this group was held by GPs and had been cross-checked with the list held by the Partnership Board. With regard to voluntary services, they were heavily involved with this group of patients as the majority of the time they provided the additional support. Ms Nixon explained that although children were not included within the lists held, children were supported well by Children's Services.

In referring to the letter from Sir David Nicholson, in relation to the expectations throughout the NHS for the care of people with learning disabilities, Mr M Bonner enquired as to where Cumbria, and the Trust, was on the path if a patient did not come into hospital with a 'passport'. Ms Nixon explained that this specific issue was to be discussed at the next Partnership Board meeting and would also incorporate 'end of life' issues into the discussion. The Acting Director of Nursing confirmed that the Trust was also developing specific policies for patients with learning disabilities.

In answer to a query regarding patients with learning disabilities being admitted to hospital who were perhaps not clearly identified into this group, Ms Nixon explained that this was being discussed with GPs.

The Trust Board **NOTED** the action to date and the Chairman thanked Ms Nixon for her interesting and informative presentation.

## **TB125/10**    **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:

- Update on board Cycle of Business as at 1 November 2010
- North West Chairs' Meeting
- Foundation Trust Application

Mr Bonner, who attended the North West Chairs' Meeting on behalf of the Chairman, briefed the Trust Board, explaining that the meeting was substantially focused on GP commissioning and an update had been given on AQUA, outlining progress made on projects since the summer.

In relation to foundation trust plans, the Chief Executive was to meet with the SHA the following day to discuss the Trust's timeline in relation to foundation trust status.

It was **AGREED** that copy of the Trust's response to the Secretary of State would be circulated to Board members.

In addition, a copy of the draft Communications Strategy would be circulated to Board members prior to the January Board meeting.

The report was **NOTED**.

**ACTION:** Trust's response to Secretary of State in relation to FT and draft Communications Strategy to be circulated to Board members.

## **TB126/10**    **CHIEF EXECUTIVE'S REPORT**

The Chief Executive presented her report, which updated the Board on a number of items, as follows:

- Breast Services
- Coalition Government's Spending Review
- Fit for the Future
- Care Quality Commission – Meeting Essential Standards of Care
- Winter Planning
- Caldicott Guardian
- Celebrating Excellence

The Trust Board **NOTED** that the PCT were currently finalising the Breast Screening Incident Report and this was due to be released within the next few days.

The report gave details of the Government's Spending Review. The Chief Executive explained that there would be no growth in the future but Trusts would still have to achieve 4% efficiencies every year.

One of the key drivers in the Spending Review and the White Paper was the focus on reducing organisational boundaries between primary and secondary care. The Chief Executive reported that partnership working between the Trust's clinical leaders and GPs had been developed during the last 12 months, which would be important to build on even further as GP commissioning evolved.

The Chief Executive informed the Board about the well attended Fit for the Future road shows, which had been held on both hospital sites the previous month. The purpose of the road shows was to update staff on the progress made towards achieving the cost improvement programme. The Chief Executive reported that in addition to the nursing review and bed reconfiguration, a review of the management structure was to be undertaken by an independent Chief Executive and Medical Director from an NHS Foundation Trust. The Chief Executive explained that this process had commenced in that the divisional structure had reduced from 4 to 3 divisions. The Chief Executive explained that although the Trust's management costs were the lowest in the North West region, all aspects of the management structure were to be reviewed. Ms J Cooke commented that although she supported the management review, care would need to be taken so as not to reduce the structure too far as the Trust had a lot to achieve both operationally and strategically that would require strong management and leadership capacity.

The Board **NOTED** that Mr M Putnam had been appointed as the Trust's Caldicott Guardian as from 1 September 2010.

The Board **NOTED** that the third Celebrating Excellence Awards were to be held on 11 November. The Awards, which were funded via sponsorship, recognised the achievements of hospital staff who delivered extraordinary levels of care to many thousands of patients each year.

The report was **NOTED**.

**TB127/10 STRATEGY AND POLICY**

**TB127.1/10 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**:

- Further to the report given to the Board in October, the clinical review process was now underway and a number of joint clinical work streams had been formed, comprising of hospital clinicians and local GPs. These groups, over the coming weeks, would inform any changes to the plans particularly in relation to the new hospital build.
- The work streams covered ambulatory care, elective care, emergency care, children and family services, elderly care and clinical partnership working. Their work would inform any changes that may be required in respect of the plans for the new West Cumberland Hospital and also the primary care led developments at Cocker mouth and Cleator Moor. A number of key principles had already been agreed, which would feed through into the plans for the respective developments.

The clinical review would mean that a revised and updated FBC would need to be prepared to reflect a potentially amended scheme. This would be progressed by the Project Team following the conclusion of the clinical discussions. The Trust was also undertaking, with its professional advisers, an analysis of possible procurement routes for the construction phase of the project in order to determine which would offer the most competitive price for the works as requested by the Department of Health. On conclusion of the reviews, the Trust would seek to submit a revised FBC for final approval by the Strategic Health Authority (SHA) in January 2011 and the Deputy Chief Executive/Chief Operating Officer was confident the Trust could meet this deadline.

- In relation to the overall programme, and the requirement to relocate mental health inpatient services, the demolition of Yewdale Ward and construction works in that area would not now commence until mid-2011. However, it was expected that timings could be clawed back at the end of the project so as to keep the overall project broadly on track.

Mr M Evens enquired as to when details would emerge in relation to the clinical review. The Deputy Chief Executive/Chief Operating Officer reported that interim outputs had been received from the groups and the full outputs were expected by the end of the month. To date, the outputs received had not indicated any wholesale changes to the plans and were in line with the commissioning intentions set out in the Closer to Home Strategy. The Medical Director reported that it was reassuring that what the Project Team had developed to date, had linked in to the requirements and intentions of GP colleagues.

Trust Board members would be kept up to date regarding progress.

The report was **NOTED**.

## **TB127.2/10 Liberating the NHS**

The Deputy Chief Executive/Chief Operating Officer presented a report which provided the Trust Board with an update in relation to developments that were linked to the White Paper "Equity and Excellence: Liberating the NHS".

The report covers matters relating to:

- GP Led Commissioning
- Locality Priorities
- Clinical Leaders Group
- Development of Integrated Service Models
- Foundation Trust Status

The Deputy Chief Executive/Chief Operating Officer explained that the majority of the key themes emanating from the White Paper are what the Trust had been doing for the last 12 months and, therefore, was quite well ahead on progress compared to others. It was important to note that the PCT had commissioned their Transitional Leads and Commissioning Boards and, therefore, Cumbria was leading the way.

In relation to GP led commissioning, Mr M Bonner enquired as to whether there would be different care pathways and competing priorities between the 4 localities of Allerdale, Copeland, Carlisle and Eden. The Deputy Chief Executive/Chief Operating Officer explained that this would be the case as the community needs in each of the localities would be different, however, these would be as complementary as possible across all the localities and the two hospitals. The Medical Director confirmed that the Clinical Senate would ensure all localities had a balanced approach to healthcare across east and west Cumbria, which was important from both a clinical and financial perspective.

Ms J Cooke was concerned that the Eden and Carlisle Localities had not yet met with the Trust, whereas Allerdale and Copeland were well progressed. The Medical Director explained that the 'driver' for Allerdale and Copeland being further progressed than Eden and Carlisle was the new hospital build at Whitehaven, however, confirmed that the support was nevertheless evident.

Mr M Evens enquired as to the new pathway for care for the elderly. The Medical Director explained that the new pathway would involve patients being assessed by a senior clinician at the 'front door' and via other methods, e.g. over the telephone. The Deputy Chief Executive/Chief Operating Officer explained that for the Trust to achieve this new care pathway, the clinical teams had agreed to change their current working practices and job plans and that this was a significant commitment by clinicians to work differently. Mr Evens felt it was important to acknowledge and recognise this significant change to how healthcare for the elderly was to be delivered in the future. The Medical Director agreed and explained that this was part of modernising

healthcare. The Chief Executive commented that as the population in the west of the county is predominantly elderly, this change in the delivery of healthcare would be of immense benefit to patients.

The Trust Board discussed the associated funding issues of future service changes. The Deputy Chief Executive/Chief Operating Officer explained that the whole of the west Cumbria healthcare budget was 'on the table' for discussion, which would include Cockermouth, Cleator Moor, and it may be that some current services may not be required, or felt to be essential, for the future, however, these decisions would be taken jointly by consultant and GP colleagues.

The report was **NOTED**.

## **TB128/10 OPERATIONAL PERFORMANCE**

### **TB128.1/10 Performance Report**

#### **a) Operating Performance**

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

Excellent performance had been achieved in September 2010 across a number of key indicators and these 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 (inpatients)
- Estates and Facilities metrics

Information had now been received which confirmed the expected measures of 18 week performance in respect of the median and 95<sup>th</sup> percentiles. These had been added to the Performance Dashboard with the "traffic light" assessment criteria being adjusted accordingly.

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

- Cancer waiting times



- 14 day wait for symptomatic breast patients
- Cancelled operations
- Infant health
- Maternity hospital episode statistics
- Access to GUM clinics
- Choose and book availability

The Deputy Chief Executive/Chief Operating Officer reported that elective length of stay had deteriorated by 0.5 days in month to a level of 3.7 days. Early investigation had identified that this related to two patients who were discharged in August 2010 with lengths of stay of 82 and 84 days. A review of the classification of these two cases was underway, as both were under the care of the Consultant in Rehabilitation Medicine.

Non elective length of stay remained static in month at a level of 4.8 days. The target level of 4.2 days would remain challenging throughout the rest of the year especially with the winter period approaching.

#### **b) Quality Metrics**

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

- The quality metrics and clinical indicators included on the dashboard have been reviewed and this piece of work was due to be complete for December/January to allow further quality indicators to be included in the performance report in order to provide further information on the standards of care provided across the Trust. This would be introduced to the performance report in February/March 2011.
- The Trust continued to perform well against the Department of Health's targets for reducing the incidence of MRSA bacteraemia. There had been no post 48-hour bacteraemia for September 2010 and the Trust was, therefore, within trajectory.
- 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 month of September again showed the Trust performing within trajectory with only 4 cases at the Cumberland Infirmary and no cases at the West Cumberland Hospital. This again demonstrated the excellent work carried out by the clinical teams to minimise infections.
- The report outlined an increase in the risk adjusted mortality index in August 2010. This data was still subject to a third cycle of data quality assurance, however, the increase required further investigation. This would be investigated and monitored by the Medical Director and Head of Governance. The outcome of that investigation would be reported to the Governance Committee and the Trust Board in due course.

- The QIPP Director drew attention to the significant work undertaken by the Slips, Trips and Falls Group over the past 18 months. He drew particular attention to Jenkin Ward who had significantly reduced their figures and congratulations were extended by the Board.

### 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 slight reduction in headcount within the Trust. Overall, headcount for the North West had started to reduce. Vacancies continued to be monitored via the Workforce Exception Panel on a weekly basis.
- The Trust sickness absence rate for Month 6 was 5.03%, which was lower than at the equivalent point in 2009/2010 when sickness absence was 5.29%, but had risen from Month 5. The financial year to date sickness absence figure was currently 4.62%, which also showed an increase of 0.08% compared to the year to date figure last month of 4.54%. This was 1.62% above the revised Trust target of 3%.
- A review of the Trust's Occupational Health Service was underway, particularly in relation to the support given to managers in dealing with sickness absence, and a full report would be presented to the Board in January.
- The Health & Well Being Group had been established, with the aim of reducing sickness absence due to stress related illness. Mr A Paterson, Consultant Oral Surgeon, was the consultant representative on the group.

Mr M Evens queried the data under 3.5, Employee Relations, as this referred to 'previous procedure' and 'new procedure' and was not sure as to what message this was trying to get across. The Director of HR and OD explained that the data was a little 'cluttered' due to this being reported from old and new Disciplinary Policies and the data had not evolved sufficiently to give a clearer picture.

### d) Finance Report

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

- The Trust was reporting a deficit of £11,013k at the end of Month 6, which was a deterioration of £2,467k during the month.

- The proportionate CIP target after 6 months was £10,500k, against which, savings of £3,943k had been achieved. The Trust's in year deficit was driven by a shortfall against CIP of £6,557k, plus the cumulative impact of arbitration of £4,500k, combined with some overspending budgets.
- Income fell by £739k in the month compared to the plan and was lower in month compared to previous months. Income was now behind the plan by £574k.
- The amount spent on pay reduced in month reflecting the reduced headcount in the Trust compared to previous months, however, it overspent by £210k due to the continuing high use of Medical Agency staffing. Agency costs were £454k in the month which represented a reduction for the third consecutive month.
- The Trust had actioned efficiency improvements of £7,947k against the full year target of £21,018k. A local Turnaround Director had been appointed across NHS Cumbria and the Trust to ensure both organisations plans were aligned. The Trust Turnaround (or QIPP) Team were now holding weekly meetings with each clinical Division having implemented their '30 day plans' and continue to work towards implementing their '60 day plans'. There remained some medium to high risks around the successful implementation of some of the planned schemes.
- The outcome of arbitration continued to have a significant impact on the Trust's liquidity (cash position) and the Trust was currently in discussion with partners to ensure that sufficient cash was available to meet the Trust's statutory financial obligations as they fell due. The Trust continued to fully engage the SHA to find a solution that would enable the Trust to achieve its financial targets and improve the liquidity position.
- The Trusts year-end financial target was for a surplus of £3,000k (adjusting for the impact of IFRS this would be £1,500k against the break-even duty) which was predicated on full delivery of the CIP target and a resolution to the loss of income from the contract arbitration. These are clearly significant risks which the Trust needs to manage over the coming months.

The report was **NOTED**.

**ACTION:**

- i. The quality metrics and clinical indicators included on the dashboard have been reviewed and this piece of work was due to be complete for December/January to allow further quality indicators to be included in the performance report in order to provide further information on the standards of care provided across the Trust. This would be introduced to the performance report in February/March 2011
- ii. Report on Occupational Health Service to be presented to the January meeting.

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**TB129/10 STANDING BOARD COMMITTEES**

**TB129.1/10 Governance Committee Minutes and Action Plan – September 2010**

The minutes and action plan were **ADOPTED** by the Board.

**TB130/10 ANY OTHER BUSINESS**

**a) Questions from the Floor**

The Board addressed a number of questions from members of staff and the public in relation to funding for the new hospital; Liberating the NHS; bed reconfiguration; Choose and Book; GP commissioning; winter pressures; sickness absence, as follows:

- The Deputy Chief Executive/Chief Operating Officer confirmed that funding totalling £90m was available for the new hospital build in Whitehaven. As part of the process of ensuring 'value for money' for the DH, the Trust was working closely with Laing O'Rourke and the Trust did not anticipate any significant problems.
- The Company Secretary confirmed that the Trust would be liaising with many carer, user and public involvement groups in relation to the projects linked to the new White Paper, and in particular, the Trust's plans for Foundation Trust status.
- In relation to the current bed reconfiguration, the Medical Director explained that the reduction in bed numbers would be across both hospital sites and that the bed reductions on the WCH site had nearly been achieved. The Medical Director explained about the areas to be involved and how some beds were not currently being utilised. The Deputy Chief Executive/Chief Operating Officer confirmed that the proposed bed reductions were in line with Closer to Home. Discussions were ongoing with clinical and nursing staff and covered issues such as discharge, length of stay, skill mix etc. The QIPP Director confirmed that a reduction of approximately 40 beds at the Cumberland Infirmary was anticipated.

It was anticipated that beds would be reduced across both hospital sites by approximately 76, with most of the 30 beds at WCH already closed.

In relation to paediatric beds on the WCH site, the Deputy Chief Executive/Chief Operating Officer confirmed that these were unlikely to reduce to less than 15.

- In relation to a query being raised that West Cumberland Hospital was not being offered via the Choose and Book system, the Deputy Chief Executive/Chief Operating Officer

confirmed that all availability for CIC and WCH was being advertised, however, agreed to investigate this further.

- In relation to GP commissioning and the involvement of the Carlisle GPs, the Medical Director explained that the Allerdale and Copeland GPs had been more involved in the process to date due to the new hospital build, however, discussions with the Carlisle and Eden commissioning leads had commenced. Carlisle and Eden had outlined their intentions to progress with their priorities and the Trust would be collaborating with all GP leads so as to discuss future services.
- The Medical Director reassured staff and the public that the Trust was making the necessary arrangements to deal with winter pressures, some of which would include 'swing' beds and appropriate flexibilities with staffing and skill mix levels. The QIPP Director also confirmed that the Trust was working with primary care colleagues in relation to discharge planning.
- In relation to sickness absence, the Trust agreed to look into suitable ways of recognising those staff with 100% attendance.

**ACTION:**

- i. In relation to Choose & Book and the availability of WCH, the Chief Operating Officer to investigate this further.
- ii. In relation to 100% attendance by staff, the Director of Human Resources to look at suitable ways of recognising this achievement.

**TB131/10 DATE, TIME AND LOCATION OF NEXT MEETING**

**Tuesday, 11 January 2011 at 1.00pm in the Board Room, Cumberland Infirmary, Carlisle.**