

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 10 MAY
2011 IN THE BOARDROOM, CUMBERLAND
INFIRMARY, CARLISLE**

Present: Mr M Little, Chairman
Mr M Bonner, Vice Chairman
Mr M Evens, Non Executive Director
Ms J Cooke, Non Executive Director
Professor V Bruce, Non Executive Director
Mr K Clarkson, Deputy Chief Executive/Chief Operating Officer
Mr M Walker, Medical Director
Mr A Mulvey, Director of Finance
Mrs C Platton, Acting Director of Nursing, Quality and Governance

In Attendance: Mr S Brown, Acting QIPP Director
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

TB52/11 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were recorded from Mr P Day and Ms C Heatly. The Chairman extended a warm welcome to Professor V Bruce, newly appointed Non Executive Director.

TB53/11 DECLARATIONS OF INTEREST

There were no declarations of interest.

TB54/11 MINUTES OF THE LAST MEETING

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

TB55/11 MATTERS ARISING AND ACTION PLAN

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

TB21a/11 Mortality Rates – the Divisions had provided the Governance Committee with an update at the last meeting which related to the increase in mortality rates for December/January. The Acting Director of Nursing, Quality and Governance confirmed that the mortality rates were incorrect and this had occurred due to incorrect coding. The Acting Director of Nursing, Quality and Governance and the Medical Director were in the process of finalising a report, which would outline the investigation into this issue, and this would then be reported to the Governance Committee. The Acting Director of Nursing, Quality and Governance also confirmed that the reporting on mortality would be reviewed as part of introducing a quality dashboard.

TB49b/11 Governance Committee Terms of Reference – Initial discussions had taken place with Professor Bruce in relation to membership of the Governance Committee.

TB56/11 CLINICAL PRESENTATION: ADVANCING QUALITY

The Acting Director of Nursing, Quality and Governance gave a presentation to the Board (copy attached) which provided an update on the Advancing Quality project.

The Acting Director of Nursing, Quality and Governance explained that the Advancing Quality (AQ) project had been launched across the North West in October 2008 and it was a programme which focussed on improving the quality of care for patients in the North West. The measures which AQ was based on were:

- Acute myocardial infarction
- Heart failure
- Community – acquired pneumonia
- Hip and knee replacement
- Stroke (pilot commenced 2010)

The Trust had focussed on clinical engagement across all levels, with a dedicated AQ team.

The Acting Director of Nursing, Quality and Governance was pleased to report that the Trust had been successful with AQ and that in year 2 (October 2009 – March 2010), had been the top performer in the patch and had made improvements from the previous years.

The Acting Director of Nursing, Quality and Governance provided the Board with details of the work carried out in relation to heart failure, which had received recognition from the SHA.

The AQ data, following collection, is forwarded to an external partner, employed by the SHA, for audit purposes and the Acting Director of Nursing was pleased to report that the Trust had 100% compliance.

The Acting Director of Nursing, Quality and Governance explained that the next steps in the process were to continue with the monthly sub-group meetings and to aim for 'real time' data collection.

Ms J Cooke enquired as to why it appeared that the Trust did not seem to do as well as other Trusts in some of the areas. The Acting Director of Nursing, Quality and Governance explained that although the Trust was doing well in all the areas, it wanted to be excellent and would continue to strive for this. In relation to Acute Myocardial Infarction, the Acting Director of Nursing, Quality and Governance explained that the capture of data within this area resulted in the Trust showing not as good performance, however, this was now being reviewed. The Acting Director of Nursing, Quality and Governance explained that although the five specialties had been chosen for the AQ project, it was intended that the good practice being used would be rolled out to other areas.

The Director of Finance, explaining that AQ was about advancing specific pathways and, therefore, improving outcomes which resulted in reducing costs, enquired as to whether there was data available which gave details of improved survival rates. The Acting Director of Nursing, Quality and Governance explained that the data team were aiming to provide this information and that Manchester Business School were also currently looking at this and hoped to be able to provide this level of detail within the near future.

In relation to the provision of data, the Acting Director of Nursing, Quality and Governance explained that the team could provide data at a local level, and although this would not have been checked through the SHA's audit process, could be used for addressing particular issues at a local level.

The Chairman congratulated the team for all their achievements in the AQ agenda and thanked the Acting Director of Nursing, Quality and Governance for her presentation.

TB57/11 CHAIRMAN'S REPORT

The Chairman presented his report, which provided an update of business, activities and matters that he wished to bring to the attention of the Board.

The matters outlined in the report included:

- The appointment of Professor Vicki Bruce to the Board as Non Executive Director.
- Due to the lack of accessibility for disabled members of public and staff, future Board meetings at Carlisle were to be held in the Education Centre, Cumberland Infirmary instead of the Board Room.
- Exceptions to the Business Cycle as at 1 May 2011.

The report was **NOTED**.

TB58/11 **CHIEF EXECUTIVE'S REPORT**

The Deputy Chief Executive/Chief Operating Officer presented the Chief Executive's Report, which provided details of the following:

- Lung cancer services
- Improvements to antenatal screening
- National award for prosthetic technician
- Extension to cancer facilities
- GUM/sexual health services
- Cluster appointments
- Changes to NHS Northwest Board

In addition to the new appointments made within NHS Northwest, the Director of Finance reported that Ms Jane Tompkinson had been appointed as the new Director of Finance.

Mr M Evens commented on the outstanding performance in relation to the lung cancer service and enquired as to whether the good practice exhibited in this area would be used for other areas within cancer services and other services as a whole. The Deputy Chief Executive/Chief Operating Officer explained that all the outputs, whether good or bad, were taken on board across all specialties.

The report was **NOTED**.

TB59/11 **STRATEGY AND POLICY**

a) **NCAT Report**

On behalf of the Chief Executive, the Deputy Chief Executive/Chief Operating Officer outlined a report following a re-visit to north Cumbria of the National Clinical Advisory Team (NCAT) which had been held on 8 March 2011.

The NCAT visit in March 2011 had been a planned return to north Cumbria in order to review progress that had been made by the PCT and the Trust in respect of the nine conclusions and the two recommendations that were made following the original NCAT visit which took place on 29 September 2010. Details of the NCAT report from the follow up visit were provided to Board members.

The Deputy Chief Executive/Chief Operating Officer explained that the ongoing excellent collaborative work on the Clinical Strategy would be the vehicle through which the Trust and its strategic partners would deliver the main recommendations and actions that were identified within the follow up report.

The Deputy Chief Executive/Chief Operating Officer thanked all those who had been involved in the visit and was pleased to

report that Dr C Clough had commented on how impressed he was on his re-visit.

Mr Evens enquired as to whether it was felt the report was a fair assessment of what had happened and what had been done. The Medical Director confirmed this to be the case and explained that on the first visit the Trust had not been prepared, but since then, much more joint working had taken place with the PCT and GP Commissioning and this had been reflected in the report.

The Deputy Chief Executive/Chief Operating Officer confirmed that although the recommendations were accepted, there remained the question regarding affordability of the clinical strategy and the Trust would continue to work alongside commissioners to progress this. In addition, the good feedback outlined in the report meant that the Trust had a 'green light' on the four 'test' areas outlined by the Department of Health.

The Chairman enquired as to whether the NCAT team would revisit north Cumbria to which the Medical Director explained that he was unsure but felt that they would only revisit if required to do so.

Mr M Bonner drew attention to the statement "one hospital, two sites" and enquired as to whether the Trust was adopting this. The Medical Director explained that although he felt it was more about "one team, two sites", Dr Clough did recognise the aim and that it was about people rather than sites.

The Director of Finance drew attention to recommendation no.3 which talked about the viability of West Cumberland Hospital and felt that the same needed to be taken into account for the Cumberland Infirmary. The Director of Finance commented that it would be important to take into account the previous report and its recommendations regarding improving Governance across Primary and Secondary care boundaries. The Medical Director and Deputy Chief Executive/Chief Operating Officer explained that although a framework and a process would need to be developed, the clinical strategy would be the main driver for this.

The report was **NOTED**.

b) **Annual Plan and Objectives 2011/12**

On behalf of the Chief Executive, the Deputy Chief Executive/Chief Operating Officer presented a report which outlined the Trust's Annual Plan for 2011/12.

The annual plan outlined the key priorities for delivering the Trust strategic aims in the context of national and local market developments. The plan also identified the key priorities that would be developed further into a detailed implementation plan following Board approval.

The plan had been developed following the Trust Board decision to achieve Foundation Trust Status through merger or acquisition with an existing Foundation Trust. As such, it represented a transition plan for the organisation which identified key objectives for ensuring the organisation was able to secure a range of proposals for a new organisational form. This was largely built on an updated market analysis reflecting GP led commissioning priorities and the work undertaken across the health economy to develop an integrated clinical strategy.

The Trust's high level strategic aims had been updated to reflect market changes and the need to ensure the delivery of high quality sustainable and affordable services. Divisional and corporate management teams had undertaken further detailed work relating to these aims and had identified the priorities for 2011/12. The plan, therefore, focused on the following priorities:

- The further development of the integrated clinical strategy with NHS Cumbria and GP locality leads
- The continued delivery of Trust wide quality and safety priorities
- Delivery of turnaround work streams (internal and health economy wide projects)
- Redevelopment of West Cumberland Hospital

These priorities also reflected the need to secure a new organisational form, either through merger or acquisition. This new form must build on the current assets and strengths of the Trust and maintain local access to high quality services.

The Deputy Chief Executive/Chief Operating Officer extended his thanks to the Director of Strategic Planning for the development of the Plan.

The Company Secretary explained that the Plan needed to be fine-tuned and requested any comments/queries from Board members within the next two weeks. The Deputy Chief Executive/Chief Operating Officer commented that it was important that Board members were happy with the Plan and the priorities that had been set out.

Ms J Cooke and Professor Bruce commented that the plan had been written in 'today's' context and would require a level of flexibility as the organisation progresses with the Merger and Acquisition plans. The Company Secretary confirmed this was the case and the strategic aims and clinical strategy would need to be worked through with the preferred Foundation Trust partners.

Following discussion, the Trust Board **APPROVED** the Plan, subject to comments/queries being sent to the Company Secretary within two weeks.

ACTION:

Board members to send comments/queries on the Plan to the Company Secretary within two weeks.

c) **Merger and Acquisition Update**

On behalf of the Chief Executive, following introduction by the Deputy Chief Executive, the Company Secretary presented a report which provided Board members with an update on merger and acquisition.

This report provided an update for the Trust Board on the following key areas:

- The Department of Health Review of the tripartite formal agreement (TFA)
- The project management arrangements and project plan
- The development of evaluation criteria and internal workshops involving Trust staff and clinicians
- The SHA development of the external stakeholder reference group

The Company Secretary explained that there had been a lot of activity over the last few weeks in relation to the establishment of the process to be undertaken and confirmed that the first meeting of the Stakeholder Group had been held to agree the terms of reference, membership etc.

Following a question relating to patient/public involvement, the Chairman and Company Secretary reassured Board members that there would be patient/public involvement on the Stakeholder Group and throughout the overall process.

In relation to determining the details of the financial position and the Trust's plans for achieving financial balance, Mr Evens enquired as to the deadlines involved. The Director of Finance explained that there were no specific deadlines as this would be part of the ongoing clinical strategy work and would be worked through in greater detail in phase two of the project.

In relation to the general criteria questions for interested parties, Mr Evens suggested that one additional question could be "what will be the benefit to you?". The Company Secretary confirmed that the criteria would be ultimately based on the benefits for both parties from both strategic and practical perspectives.

In answer to a question regarding timescales, the Director of Finance explained that it was hoped to identify an appropriate partner by October 2011 and for the process to be complete by October 2012. The Director of Finance outlined the challenging deadlines and stressed the importance of ensuring the continuance of safe service provision and good performance during the process.

In relation to the new build at Whitehaven, the Company Secretary explained that the preferred partner, once identified, would need to outline their long term financial model and integrated business plan which would take into account all services that the Trust provides. The Deputy Chief Executive/Chief Operating Officer explained that the key message to the community was that whilst the M&A process evolved, the Trust would not detract from the development of the new hospital build.

Following discussion, the Board:

- a) **Approved** the project management arrangements.
- b) **Approved** the proposed process for developing the evaluation criteria and key roles of our staff and clinicians.
- c) **Approved** the key roles of the SHA Director of Provider Development and the role of the 'neutral' third party to manage stakeholder relationships.
- d) **Noted** the Department of Health's requirements for additional detailed information in relation to the Tripartite Formal Agreement.
- e) **Noted** an additional provisional Board meeting to be held on 2 August 2011.

d) **Health Economy Turnaround – Update**

The Director of Finance presented a report which provided an update to Board members on progress being made on the economy wide turnaround work programme.

The Director of Finance explained that the Cumbrian health economy was facing significant financial and clinical sustainability challenges as it continued to strive to provide the highest quality of patient care, ensuring the right level of access to services within an increasingly pressurised financial envelope.

In recognising these challenges, the Trust and PCT had jointly appointed Deloitte/Finnamore to support the turnaround process and future development and costing of the clinical strategy. The detail of the specification against which Deloitte and Finnamore were working was provided within the report. In summary, the deliverables covered three packages of activity, as follows:

- Review of key historic activity and financial movements over the previous three to five financial periods.
- Costing of the current clinical provision based upon the existing volumes of care and distribution of services.
- Further development and detailed costing of the clinical strategy to achieve a clinically sustainable and financially affordable provision across north Cumbria into the future.

To ensure that the overall process was closely managed, an Economy Wide Turnaround Board had been established, which met on a regular basis.

In supporting the work of the Board, a series of turnaround work streams had been identified, as had clinical pathway groups. Each work stream had an identified lead that would also ensure that the pathway groups were co-ordinated into their work stream activities.

The Director of Finance outlined the progress achieved to date as follows:

- *Agreeing the historic positions and movements* – Deloitte had prepared a first draft of the Trust and PCT historic positions, performance and key movements and had shared this with the respective Directors of Finance. A further iteration was being prepared and it was anticipated that this activity would be concluded in the next week.
- *Current cost of service provision* – Upon conclusion of the historic positions, the current cost of provision would be prepared and it was anticipated that this would be concluded in the next three weeks.
- *Developing and Costing the future strategy* – Activities, led by Finnamore, with regard to clinical pathways into the future had begun with positive clinical engagement across a broad spectrum and from both the PCT and Trust. These activities would continue in the coming weeks and be consolidated in terms of cost and turnaround within the context of the four turnaround work streams. Each of the individual work streams was also developing, with the support of Deloitte, in terms of preparing initial scoping documentation and more detailed plans. It was anticipated that firmer outputs from this section of work would be delivered in the next six weeks.

The Director of Finance confirmed that all output reports would be presented to the Turnaround Board in the first instance, following which; they would be presented to all Boards.

Mr M Bonner enquired as to whether there was a commitment to the Turnaround Board by the key representatives and queried the frequency of the meeting. The Director of Finance confirmed that there was commitment to the Turnaround Board and that weekly meetings were being held, albeit the previous week's

meeting had been cancelled due to a clash with the PCT Board meeting.

The report was **NOTED**.

TB60/11 OPERATIONAL PERFORMANCE

a) Performance Report

a) Operating Framework

The Deputy Chief Executive/Chief Operating Officer introduced the Performance Report, outlining the position as at 31 March 2011.

In relation to the Operating Framework, the Deputy Chief Executive/Chief Operating Officer reported that the new Dashboard was in preparation and would be presented at the June meeting.

Excellent performance had been achieved in March 2011 across a number of key indicators, which included:

- Nine indicators of 18 weeks performance (at Trust level)
- Seven indicators of Cancer Waiting Time performance
- Access to GUM clinics – 48 hour target (offered appointments)
- Data quality on Ethnic Groups
- 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
- Maternity HES: data quality indicator
- Elective length of stay (LOS)
- Staff Turnover
- MRSA Bacteraemia (attributed to Trust)
- Clostridium Difficile Infections (attributed to Trust)
- Risk Adjusted Mortality (CHKS)
- Slips, trips and falls (inpatients)
- Eight Estates and Facilities indicators

The availability of data for March 2011 now also allowed confirmation of the year end position for the vast majority of the performance indicators. The end of year position across all indicators in the following categories demonstrated very strong performance across the year:

- 18 weeks – RTT
- Cancer Waiting Times
- Existing Commitment Indicators
- National Priority Indicators

The only exceptions out of 31 indicators were:

- 14 day wait for symptomatic breast patients (but quarter 4 performance has seen an excellent recovery of the position).
- Cancelled operations which were 0.3% short of the required level (1.1% against a target of $\leq 0.8\%$).
- Breastfeeding initiation – just 1% short of the required level.
- Maternity HES statistics – 1.3% short of the required level (but a significant improvement in the last two months following the delivery of the action plan).

The report also outlined a number of improvement plans, and their progress, in the following areas:

- 62 day cancer treatment target – all cancers
- 31 day cancer treatment target – subsequent treatment (surgery)
- 14 day wait for symptomatic breast patients
- Thrombolysis
- Cancelled operations
- Infant health – breastfeeding initiation
- Access to GUM clinic – 48 hour target

The report also outlined the performance against the productivity and estates & facilities metrics.

The Dashboard also outlined details of the 12 month 18 week RTT position, however, some specialties required specific actions to be taken in order to improve performance and details of these were outlined in the report.

The Deputy Chief Executive/Chief Operating Officer was pleased to report the achievement of the Thrombolysis target and thanked staff for all their hard work.

b) Quality Metrics

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

- MRSA: The Trust continued to perform very well against the Department of Health's targets for reducing the incidence of MRSA bacteraemia. The Trust has achieved an excellent year end position for 2010/11 with only 2 MRSA bacteraemia. The excellent work carried out by our clinical teams to minimise infections has meant that there had been no post 48 hour bacteraemia for 11 months at the Cumberland Infirmary and for 10 months at the West Cumberland Hospital.

- CDiff: The Trust's target for 2010/2011 was set to 120, which equated to 10 attributed cases per month. The performance for the month of March 2011 again showed the Trust performing well with only 5 attributed cases. The Trust had achieved an excellent year end position for 2010/11 with only 57 attributed cases against a target of 120. This again demonstrated the excellent work carried out by the clinical teams to minimise infections across the Trust.
- Mortality Rates: The increased trends previously reported to Trust Board were still currently under investigation. The outcome of the investigation would be reviewed by the Medical Director and Nursing Director and would be formally reported to the Governance Committee.
- Slips, Trips and Falls: Excellent performance continued in respect of slips, trips and falls prevention. The March 2011 figure was 97 against a target of ≤ 100 . The year end position was an excellent level of 1026 against a target of < 1200 .
- Quality and Safety Standards: From June 2011 (which reports the April 2011 data period) the Trust is required to report quality and safety indicators as per the guidance in the recently published NHS Operating Framework 2011/2012. As Board members noted that, the testing phase for the new clinical indicators, which included pressure ulcers, fractured neck of femur sustained following a fall and venous thromboembolism (VTE) was completed in March 2011. These indicators were outlined in the report. The additional quality and safety indicators would be reported, as planned, to the Board in June when the reporting format would be in line with the NHS Operating Framework 2011/2012.
- Fracture Neck of Femur following a Slip, Trip or Fall: The Trust continued to deliver excellent performance in the overall reduction of slips, trips and falls. As part of the development of the Trust's quality and safety indicators, monthly reporting would continue to include all fractured neck of femur's sustained following a fall. A Root Cause Analysis (RCA) is completed for all falls where a fractured neck of femur has occurred. All RCA's are reviewed at the slips, trips and falls operational group where actions required and lessons learnt are disseminated to clinical teams.
- Venous Thromboembolism: From June 2010 all Acute Trust's were required to report monthly to the Department of Health on the number of inpatients who were VTE risk assessed as per the National Institute for Health and Clinical Excellence (NICE) clinical guideline number 92. By March 2011 all Trusts were expected to have reached a target of 90% of inpatients who had been risk assessed for VTE. As part of the National Commissioning for Quality and Innovation

(CQUIN) scheme the Trust was also monitored by NHS Cumbria. VTE assessment was also reported to the Governance Committee by the Divisions through the quarterly divisional reporting process. The 90% target had been achieved since January 2011.

- Pressure Ulcers: The reporting process for pressure ulcers was reviewed by the senior nursing team and Tissue Viability Specialist Nurse in 2010. This was to improve reporting of pressure ulcers and to raise awareness with clinical teams. As part of CQUIN, an audit tool was developed and baseline data collection commenced. There were two pilot groups established across the Trust focussing on continence and pressure ulcers. The continence pilot, which would be completed in May 2011, was to identify moisture lesions in comparison to pressure lesions and this was being piloted on Jenkin Ward at WCH and Willow A at CIC. The pressure area pilot had commenced across both sites on Beech A, B, Maple CD, Overwater 1 and Jenkin Ward and this focused on the classification of ulcers, increased monitoring, root cause analysis and educational development. A root cause analysis was completed on all grade 3 & 4 ulcers developed post admission.

The Acting QIPP Director explained that the CDiff targets for the coming year would be even tougher but reassured the Board that these would be tackled with the same determination as in previous years. The Acting Director of Nursing reassured the Board that plans were in place to achieve the required target.

The Acting QIPP Director enquired as to how grade 4 pressure ulcers were being addressed across the health economy. The Acting Director of Nursing explained that the Trust was working closely with PCT colleagues and the Tissue Viability Nurse and any specific concerns relating to patients admitted with pressures sores would be reported at the Safeguarding Group.

c) Workforce Report

The Director of Human Resources presented the Workforce Report, with the following key points being **NOTED**:

- Staff in post for the Trust as a whole was 3000.82 WTE at 31 March 2011. This equated to a reduction of 85.7 WTE when compared to the equivalent month in 2009/10 and a reduction of 8.95 WTE since February 2011.
- Overtime payments overall had reduced significantly.

- The Trust's sickness absence rate for month 12 was 4.11%, which was lower than the equivalent month in 2009/10 and a decrease from the previous month.
- The annualised figure for the number of appraisals completed at Trust level had increased by 9.47% to 77.47%, with 80% being the target.

The Director of Human Resources and Organisational Development informed the Board that work was commencing on looking at stress in the workplace and how this could be improved. He also confirmed that discussions were taking place across Cumbria and Lancashire with a view to having a common approach to sickness management in relation to staff stress.

Professor Bruce commented on the target set for staff appraisals and queried whether there was robust data collection systems in place to validate all eligible staff i.e. staff on maternity leave. The Director of Human Resources and Organisational Development confirmed that the data validation was improving.

Ms Cooke congratulated the Director of Human Resources and Organisational Development on achieving 77% and noted that it was a significant achievement given where the Trust started from. The Director of Human Resources and Organisational Development stated that the 80% target must be pushed for during quarter one and performance must be sustained.

d) Finance Report

The Director of Finance presented the Finance Report, with the following key points being **NOTED**:

- The Trust had achieved its primary statutory financial duty in delivering a year end surplus of £1,356k, an improvement of £2,078k in month. The improvement in month was largely due in part to a technical accounting adjustment made in relation IFRS requirements and income being greater than forecast.
- The Trust remained within its Capital Resource Limit (CRL) and had achieved a 3.5% return on its capital. The Trust remained within the adjusted EFL. The Trust did not achieve the Better Payment Practice Code due to liquidity issues faced in the autumn of 2010, although the performance had improved over the last few months.
- The Trust's income was £1,840k above the plan for the full year, which related to receiving more clinical income than originally forecast at the beginning of the year. Activity volumes and the complexity of elective activity increased in March as expected compared to previous months leading to an over performance in month.

- Whilst the run rate for pay continued to improve on a month by month basis, the cumulative overspend on pay was £5,265k for the full year. The main driver of the pay overspend continued to be the use of temporary staffing at a significant financial premium to cover for substantive medical staffing vacancies. At the year end the Trust spent £6,463k on agency staffing.
- Non-Pay overspent by £1,675k in month (excluding CIP & reserves) and ended the year cumulatively overspent by £3,328k. The majority of this overspend was recorded in the clinical areas but the significant increase in March related to technical adjustments made at the year end, such as accounting for stock movements within the year.
- The Trust had actioned CIP of £12,070k against the plan of £21,018k. £274k of CIP had been actioned in month leading to a cumulative shortfall against the annual plan of £8,948k. Preparations are well underway to fully develop robust plans for the 2011/12 CIP target which would continue to be performance managed by the Turnaround Team. The Director of Finance explained that although the Trust had not achieved its £21m target, it had achieved savings totalling more than the national average.

The report was **NOTED**.

TB61/11 **GOVERNANCE**

a) **Organ Donation Activity Report**

The Medical Director presented a report which provided an overview of organ donation activity within the Trust.

Since the publication of the Organ Donation Taskforce Report in 2008, the Trust had been working to meet the recommendations of the report endorsed by the Government. With the formation of the Organ/Tissue Donation Committee, the Trust had seen a growth in organ donation and continued to promote 100% referral of all potential organ donors in the critical care setting.

It was recognised as good practice for the Trust Board to be updated annually on organ donation activity.

The Medical Director explained that the Trust's Organ Donation Committee formally reported to the Clinical Standards Sub Committee.

The Trust Board:

- a) **Agreed** that consideration of organ/tissue donation was to be the norm for all end of life patients in the critical care setting.
- b) **Agreed** to support the development of a Trust wide policy and protocols to enhance the already developed referral pathways for organ donation.

The report was **NOTED**.

b) **Register of Seals**

The Company Secretary reported to the Board that since the last report in April 2010, the Trust's Seal had not been used and, therefore, there were no items to report to the Board.

Under the 'Standing Orders Schemes of Decisions Reserved to the Board', the Board were required to approve the application of the Seal.

The last date of the Trust Seal being used remained at 26 March 2010. The Board would continue to receive updates on the use of the Trust's Seal.

The report was **NOTED**.

TB62/11 **ANNUAL REPORTING**

a) **Security Management Service Annual Report**

The Deputy Chief Executive/Chief Operating Officer presented the Security Management Service Annual Report to the Board.

The Deputy Chief Executive/Chief Operating Officer explained that the Trust took the security of its staff, patients and visitors most seriously. This report summarised the activities undertaken during the year 2010/11 in order to continue the significant development of security awareness and action across the Trust. It was the role of the Security Management Group to oversee the ongoing improvement in security management and the raising of awareness for all Trust staff. Full details of the 2011/12 work plan were included within the report for Board members.

The overall numbers of all security incidents reported across the Trust had increased last year from 163 in 2009/10 to 259 in 2010/11. The numbers of physical assault incidents reported had reduced when compared to the last two years, but this could be attributed to the additional aggressive incident categories introduced in year of "*nuisance behaviour and threatening behaviour*".

The Trust Board **NOTED** the report and **APPROVED** the work plan for 2011/12.

TB63/11 ANY OTHER BUSINESS

a) **Questions from the Public**

A member of the public raised his concerns regarding the lack of disabled access to the Board Room and the arrangements for members of the public to ask questions at the end of the meeting rather than following each individual item. The arrangements for future Board meetings at Carlisle were outlined and the member of public was reassured that these would include disabled access.

A question was raised in relation to the Trust's achievement of the 18 week target as outlined in the NHS Constitution. The Deputy Chief Executive/Chief Operating Officer drew attention to the Performance Report, which had been discussed earlier in the meeting, which outlined the Trust's good performance against the 18 week target and reiterated that the Trust was achieving the levels/targets that had been set by the Government.

In answer to a question as to why the Trust was not represented at the Annual Patient Safety Congress, the Acting Director of Nursing, Quality and Governance explained that due to competing priorities and the need to be aware of the Trust's financial constraints, it was not possible to attend all external conferences and meetings. However, via other network events, the Trust did receive and was aware of the outputs from events such as these.

TB64/11 DATE, TIME AND PLACE OF NEXT MEETING

Tuesday, 7 June 2011 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.