North Cumbria University Hospitals NHS
NHS Trust

MINUTES OF THE TRUST BOARD MEETING HELD IN PUBLIC ON TUESDAY, 5 APRIL 2011, IN THE BOARDROOM, WEST CUMBERLAND HOSPITAL, WHITEHAVEN

Present:

Mr M Little, Chairman
Ms C Heatly, Chief Executive
Mr M Bonner, Vice Chairman
Mr M Evens, 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

In Attendance:

Mr S Brown, Acting QIPP Director
Mr D Gallagher, Director of Human Resources & Organisational Development
Mrs R Duguid, Company Secretary
Mr A Davidson, Director of Estates & Facilities
Mrs J Stockdale, Head of Corporate Affairs
Miss E Kay, Head of Communications & Reputation Management

TB40/11 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were recorded from Professor S Cholerton, Ms J Cooke and Mr P Day.

TB41/11 DECLARATIONS OF INTEREST

There were no declarations of interest.

TB42/11 MINUTES OF THE LAST MEETING

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

TB26/11: Apologies for Absence: Mrs C Platton, Acting Director of Nursing, was in attendance at the meeting and did not submit her apologies.

TBtb33b/11: Estates Strategy Update: The Director of Estates & Facilities confirmed that the Trust would only be able to sell the leasehold interest and not freehold and the period of lease should not exceed the remaining term of the PFI contract.

TB43/11 MATTERS ARISING AND ACTION PLAN

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

TB44.10/10 Governance Framework for the Management of Charitable Funds: Issue to be progressed at the next Charitable Funds Committee and to be discussed at the next Trust Board Development Session.

TB128.1/10 Performance Report: new indicators included within April report. Action complete.

TB21a/11 Performance Report: overtime commentary provided in April report. Action complete.

TB29/11 Matters Arising: Director of Finance spoken directly with Mrs C Wharrier regarding SLAs. Action complete.

TB36a/11 Charitable Funds Annual Report and Accounts: Communications Department issued details of Charitable Funds spending. Action complete.

TB44/11 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:

- Exception report on Board Cycle of Business 2010/11
- Board Cycle of Business for 2011/12
- The NHS North West Chair's Meeting – 17 March 2011

The Chairman was pleased to announce that Mr M Bonner had been reappointed for a further term of office. Professor V Bruce had been appointed as a Non Executive Director, succeeding Professor S Cholerton.

The Deputy Chief Executive/Chief Operating Officer explained that with regard to the Board Business Cycle 2011/12, the New West Cumberland Hospital Update Report would be reported on a bi-monthly basis in the future. However, the Company Secretary explained that reports could be brought more frequently as and when required.

The Trust Board **APPROVED** the Board Cycle of Business for 2011/12.

TB45/11 CHIEF EXECUTIVE'S REPORT

The Chief Executive presented her report which provided the Board with an update on key national and local announcements and policy developments that had recently emerged.

The report gave an update on the following issues:

- Mixed sex accommodation
- Improving patient experience
- Ensuring patient confidentiality
- Telephone reminder service
- Meeting essential standards of safety and quality

In relation to the introduction of the new self-service check-in, Mr M Bonner enquired as to how long the trial was likely to last at West Cumberland Hospital. The Deputy Chief Executive/Chief Operating Officer confirmed that it was likely the trial would last for 3 months, following which, it would be introduced at the Cumberland Infirmary. The Chief Executive confirmed that the new service was available for Board members to view at any time.

The Board extended their thanks to the staff involved in the recent CQC spot check visit and the Chairman **AGREED** to follow this up via a letter of thanks.

The report was **NOTED**.

ACTION:
Chairman to send a letter of thanks to those staff involved in the recent CQC spot check visit.

TB46/11 STRATEGY AND POLICY

a) Merger and Acquisition Update

The Chief Executive presented a report which informed the Board on the development of the process for merger and acquisition and the next steps which would be progressed over the forthcoming weeks.

Following the Board's decision to seek to be merged or acquired by an existing NHS Foundation Trust, initial scoping work had been completed in association with the SHA lead Director for the process.

This work included:

- Finalising the formal tripartite agreement (TFA), which would need to be signed by the Department of Health, NHS North West and the Trust.
- Confirming the timeframe and key milestones for the merger process outlined in the TFA.

- Defining the process and project governance for successfully securing a preferred option which would meet key evaluation criteria and involve all relevant external and internal stakeholders.
- Identifying key inputs from external advisers which are required to ensure the process was compliant with DH requirements.

The Chief Executive explained that to date the Trust had identified a number of potential partners which may respond positively to an invitation to partner with the Trust, e.g Morecambe Bay, Newcastle, Northumbria and Cumbria Partnership. Informal discussions had taken place and were ongoing with all interested parties to ensure they were aware of the Board decision and the current development of the M&A process which was being agreed with the SHA. This initial briefing also included confirmation of each organisation's strategic position and priorities for the next 3-5 years.

The Deputy Chief Executive/Chief Operating Officer enquired as to the likely timescales for the commencement of the External Stakeholder Group. The Chief Executive explained that following Board approval of the overall process and structure, the Group would be established. It was envisaged that Mrs C Shaw, Director of Provider Development, NHS Northwest, would chair the Group and the membership would incorporate a range of key stakeholders. The Deputy Chief Executive/Chief Operating Officer reported that the Trust Partnership Forum had been asked to think about how they could become involved in the overall project and saw the merits in including this group within the overall project structure. The Chief Executive confirmed that the Trust Partnership Forum would play a key role in the process, which would also help to reassure staff.

Mr M Evens enquired as to the confidence of meeting the timelines. The Chief Executive explained that although the timelines were ambitious, it was imperative to progress at pace with the process so as to avoid any unnecessary impacts on the delivery of services and patient care. The Chief Executive further explained that the process which had been agreed with NHS Northwest allowed for thorough engagement with key stakeholders, as well as ensuring that the Board had a robust plan in place to achieve the timescales.

Following discussion, the Trust Board:

a) **Noted** the Tripartite Formal Agreement and timescales.

b) **Noted** the need for an accelerated transparent option appraisal process involving all interested parties.

c) **Noted** the proposed project architecture and governance framework.

d) **Approved** the over arching strategic vision for the merger and acquisition.

e) **Noted** the key roles of the SHA Director of Provider Development, the 'neutral' third party to manage stakeholder relationships and Deloittes as external advisors on the process.

The report was **NOTED**.

b) **Clinical Strategy**

The Medical Director presented the Clinical Strategy for north Cumbria to the Board.

The Medical Director reminded the Board that in 2008 the NHS in north Cumbria agreed a plan to provide more health services closer to home thus allowing the Trust's hospitals to concentrate on providing more specialised care for acutely ill patients.

Since then, improvements at the Cumberland Infirmary and the West Cumberland Hospital have seen significant falls in infection rates and other performance and quality improvements, alongside the development of new community health services, which provide treatment and care to more people, closer to where they live.

Working together over the last six months, senior hospital clinicians and GPs have developed a clinical strategy, which sets out how the rest of the changes agreed in the Closer to Home consultation will be delivered over the coming years.

The strategy describes the opportunity to develop more specialised services locally for which people currently have to travel outside Cumbria to receive. It also included a commitment to the new West Cumberland Hospital.

Importantly, the strategy reaffirmed the commitment of GPs and hospital clinicians to consultant-led maternity and to accident & emergency services at both hospitals, which was a key component of the original Closer to Home plan.

The clinical strategy would now be assessed by independent health economists to make sure it was sustainable and that it achieves the efficiencies the whole NHS is being asked to make over the next four years. It would also form part of the Full Business Case (FBC) for the new West Cumberland Hospital.

The Medical Director explained that the next step in the process would be to cost the strategy and to decide on how best to proceed with the models. The Medical Director also explained how the clinical leadership had changed significantly as GPs and Trust clinicians were now working together to develop the best care for patients together.

The Chief Executive commended the Medical Director for an excellent piece of work. She explained that the Strategy outlined that the Trust had to make services safe and sustainable, however, affordability would still need to be determined.

The Medical Director explained that part of the working being carried out by Deloittes was to look at whether the Strategy was affordable. Part of this work would entail looking at the baseline of Closer to Home and clarity on this would be required before the costing of the Strategy could be finalised.

In answer to a query from Mr M Bonner, the Medical Director confirmed that the document had been published within the community and was a joint document between the Trust and PCT.

The Deputy Chief Executive/Chief Operating Officer felt that the document, and some of the statements made within it, could be interpreted in different ways and, therefore, it would be important to ensure clarity within communications, particularly on how acute services would be delivered and what the pathways of care would look like.

The Medical Director confirmed that the outcome of the costing work being done by Deloittes would determine the affordability of the Strategy, which may result in the Strategy being reviewed and changed as appropriate with the GP commissioners.

The Trust Board **ENDORSED** the clinical strategy, pending assessment by independent health economists (Deloittes).

c) **New West Cumberland Hospital Development**

The Deputy Chief Executive/Chief Operating Officer presented a report which provided an update for the Board on the progress of the new West Cumberland Hospital development.

The following key points were **NOTED**:

- The Project Team and designers continue to work with clinical users to amend the plans for the new hospital to ensure that the facilities required to deliver the clinical strategy can be provided within the available capital budget of £90 million. Revised plans had been prepared and discussed at clinical user meetings during February and March 2011. It was expected that revised plans at 1:200 scale would be finally agreed with users in early April 2011. These will then form the basis of the revised scheme which would be included within the updated FBC. This, therefore, meant that the timeline for Trust Board approval of the FBC had been amended to May 2011.

- Work continues on the programme of decanting and refurbishment to allow the on-site relocation of Yewdale Ward, which is the one remaining area of the current site to be

demolished, to allow the new build to take place. The overall design of the new mental health facility, to be located within Block J at WCH, had been signed off by the Cumbria Partnership NHS Foundation Trust and the detailed design stage was now well underway. The decanting process was planned for completion by May 2011, thus allowing Block J to be vacated and works to commence to convert the vacated areas for mental health use. The capital works to re-provide Yewdale Ward within Block J would need to commence in advance of FBC approval in order to not delay the overall programme. A formal request had, therefore, been made to the Cumbria Partnership NHS Foundation Trust to provide interim capital funding to allow these works to commence immediately upon vacation of Block J, as the Trust would not receive the outstanding £70m capital from the Department of Health until the approval of the FBC had been received.

- There were changes to the new build and the refurbishment and demolition elements of the scheme resulting from the re-design process. Therefore, the date for completion and commissioning of the new facilities was currently being reviewed in detail and this would be confirmed at a future Trust Board meeting.

Mr M Bonner enquired as to whether the Trust had advised the NHS Northwest on the revised milestones and whether or not they were happy with the current position. The Deputy Chief Executive/Chief Operating Officer confirmed that NHS Northwest had been fully briefed on the position and were happy with the Trust's approach.

Following discussion the Trust Board:

- **Noted** the work underway to revise the Full Business Case (FBC) in line with the recently published clinical strategy.
- **Noted** the work that continued with clinical users to develop and agree a revised scheme within the available £90 million capital funding for inclusion in the Full Business Case (FBC).
- **Noted** progress with the design and the ongoing programme of decanting to enable the successful and timely relocation of mental health services from Yewdale Ward to Block J.
- **Noted** the revised project programme and the budget update.

d) **Carbon Management Plan**

The Deputy Chief Executive/Chief Operating Officer presented the Carbon Management Plan and requested approval by the Board.

The Deputy Chief Executive/Chief Operating Officer explained that the NHS had an agreed target to reduce carbon emissions by 25% no later than 31 March 2015 and the Trust's Carbon Management Plan was the vehicle to achieve this target. The plan had been jointly prepared with the Carbon Trust.

The Director of Estates & Facilities explained that the new development at Whitehaven was a key enabler to ensuring the Trust achieved the agreed target even with the revised programme.

The Acting QIPP Director enquired as to whether the Carbon Trust had offered to assist the Trust with any staff awareness/engagement sessions. The Director of Estates & Facilities explained that a few staff awareness/engagement models were currently in the process of being developed, however, one session had been held in November 2010 but it was envisaged to run additional sessions and to look at including details within the Trust's mandatory training programme.

Mr M Evens queried the numbers outlined in the plan. The Director of Estates & Facilities explained that the figures detailed in the plan were mainly 'broadbrush' and that the detailed costings, and associated savings, would be outlined in the Full Business Case. The Director of Estates & Facilities further explained that the report focussed on reducing the Trust's carbon footprint and out of this would come efficiencies.

Mr M Evens enquired as to the whether any CO2 emission savings were being achieved in relation to the boreholes. The Director of Estates and Facilities explained that no CO2 emission savings would be achieve, however, the Trust would make financial savings. He explained that the water borehole scheme was permissible as a carbon reduction saving due to the lack of water treatment and pumping associated costs.

Following discussion, the Board **APPROVED** the Carbon Management Plan. It was also **AGREED** that an update on progress would be presented to the Board on a quarterly basis.

ACTION:
Update to be presented to the Board on a quarterly basis and to be added to the Trust's Business Cycle.

TB47/11 OPERATIONAL PERFORMANCE

a) **Performance Report**

a) **Operating Framework**

The Deputy Chief Executive/Chief Operating Officer introduced the Performance Report, outlining the position as at 28 February 2011.

Excellent performance had been achieved in February 2011 across a number of key indicators and these included:

- Seven indicators of 18 weeks performance (at Trust level)
- Six 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
- Cancelled operations (percentage cancelled)
- Infant Health – breastfeeding initiation
- Infant Health – smoking during pregnancy
- Maternity HES: data quality indicator
- Number of patients waiting longer than 6 weeks for diagnostic tests
- Choose and Book slot availability
- Elective length of stay (LOS)
- Staff Turnover
- MRSA Bacteraemia (attributed to Trust)
- Clostridium Difficile Infections (attributed to Trust)
- Slips, trips and falls (inpatients)
- Eight Estates and Facilities indicators

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

- Percentage of admitted patients treated within 18 weeks
- 62 day cancer treatment target – all cancers
- 14 day wait for symptomatic breast patients
- Cancelled operations
- Infant health – breastfeeding initiation
- Maternity hospital episode statistics – data quality indicator
- Access to GUM clinics – 48 hour target (patients seen)

The Deputy Chief Executive/Chief Operating Officer outlined the productivity metrics, drawing attention to the outpatient DNA rate which had improved for the second month running, returning a level of 8.4% in month and explaining that the Trust was one of the better performing Trusts in the country as the average was 12%. It was noted that £2m per annum was being lost through patients missing appointments.

The Deputy Chief Executive/Chief Operating Officer reported that the 18 week targets continued to be a difficult target to achieve and drew attention to specialty specific action plans which continued in order to improve performance in Ophthalmology, Dermatology, Gynaecology, Oral Surgery and Orthopaedics.

Mr M Evens enquired as to how much the 18 week target performance had been affected by Gold Command. The Deputy Chief Executive/Chief Operating Officer explained that the suspension of elective surgery in January had had a significant impact on performance.

The Medical Director explained that outpatient rates were currently being reviewed, with a view to changing the way in which patients were followed up.

Mr M Bonner enquired as to the current waiting times in Ophthalmology. The Deputy Chief Executive/Chief Operating Officer reported that the current waiting times were up to and beyond 30 weeks due to the huge amount of ophthalmic patients being referred to the Trust.

b) **Quality Metrics**

The Acting Director of Nursing outlined the Quality Metrics with the following key points being noted:

- The Trust continues 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. There had been no post 48-hour bacteraemia for February 2011 and the Trust was therefore within trajectory. The excellent work to minimise infections carried out by the clinical teams has attributed to no post 48 hour bacteraemia for 10 months at the Cumberland Infirmary and for 9 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 month of February 2011 showed the Trust performing well within its trajectory with 3 attributed cases. This again demonstrated the excellent work carried out by the clinical teams to minimise infections across the Trust. The work of the Steering Group would continue to ensure clinical teams maintained the Trust's excellent position.

- In relation to mortality rates, data was only currently available up to and including January 2011. The data showed an increase in trend in the risk adjusted mortality index for December 2010 and January 2011. The increase in trend was currently subject to further investigation and clarification. The outcome of the investigation would be formally reported to the Governance Committee by the Surgical and Medical Divisions.

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

- At the February 2011 meeting of the Trust Board, detailed information was provided regarding the further development of quality and safety indicators for reporting to the Board. 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 were aware, 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. 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.

- As part of the development of the Trust's quality and safety indicators, monthly reporting would now include all fractured neck of femur's sustained following a fall. A Root Cause Analysis (RCA) was completed for all falls where a fractured neck of femur had 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.

- From June 2010 all Acute Trusts 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 have been risk assessed for VTE. As part of the National Commissioning for Quality and Innovation (CQUIN) scheme the Trust is also monitored by NHS Cumbria. VTE assessment is also reported to the Governance Committee by the Divisions through the quarterly divisional reporting process.

- 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 raise awareness with clinical teams. As part of CQUIN an audit tool was developed and baseline data collection commenced. There are two pilot groups established across the Trust focussing on continence and pressure ulcers. The continence pilot, which will be completed in May 2011, is to identify moisture lesions in comparison to pressure lesions and this is being piloted on Jenkin Ward at WCH and Willow A at CIC. The pressure area pilot has commenced on across both sites on Beech A, B, Maple CD, Overwater 1 and Jenkin wards and this focuses on the classification of ulcers, increased monitoring, root cause analysis and educational development. A root cause analysis is completed on all grade 3 & 4 ulcers developed post admission.

In relation to pressure sores, the Chief Executive enquired as to whether, if patients are admitted to hospital with sores, does the Trust look at the source from where the patient originally came. The Acting Director of Nursing confirmed that this was the case

and cases of this nature would be picked up via the Tissue Viability Nurse, and in some cases, would be reported via the safeguarding process. In addition, the Acting QIPP Director explained that another route for picking up this issue was the Cumbria-Wide Group who also review care provided in other establishments, for example, nursing homes.

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 currently running at 3007.9 WTE, which equated to a reduction of 73.24 WTE to the equivalent month in 2009/10 and a reduction of 1.2 WTE since month 10.

- Turnover was slightly higher than the previous year with 340 leavers to date.

- The Trust's sickness absence rate for Month 11 was 4.18%, which was lower than the equivalent period for the previous year.

- The annualised figure for the number of appraisals completed at Trust level had increased to 68%, continuing the upward trend in year. Work would continue in this area.

- In relation to overtime, Corporate Services was minimal with some bank nurse expenditure and private work initially classed as overtime and then recharged. Estates and Facilities had continued to decline with month 11 showing the lowest result for the whole year. Within Clinical Support and Family Services the vast majority of overtime related to Pathology and the local agreements that were in place concerning shift patterns and extended working practices. These local agreements were currently protected but were being re-negotiated with a view to implementation from 1 May 2011. The Medical Division had shown a significant reduction in year and only used overtime as a last resort to cover sickness and vacancies. Surgery had shown an increase in February due to additional pressures in January caused by the pandemic flu surge that had affected Theatres, ITU and the regional directive to increase Critical Care provision.

The Chief Executive enquired as to whether the outlined overtime payments included additional payments paid to doctors. The Director of HR confirmed that this was not the case as additional payments to doctors were not classed as overtime, but were reviewed separately as part of the overall monitoring of additional workforce costs.

Mr M Bonner enquired as to whether the on-call payments in Family Services were unique to that specific area. The Director of HR explained that they were unique in that the payments to that particular area were historical by way of a local agreement. There was now a national requirement for Trusts to move the same system, including doctors, by 1 May.

The Deputy Chief Executive/Chief Operating Officer drew attention to the number of cautionary hearings being held in relation to staff sickness and enquired as to whether the HR Business Partners had capacity to undertake these as it could be expected that hearings of this nature would continue and rise in numbers. The Director of HR confirmed that capacity was a concern, however, line managers were to be trained to undertake these hearings without HR being involved.

d) **Finance Report**

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

- The Trust was reporting a deficit of £722k at the end of Month 11, an improvement of £642k in month. The Trust had delivered full year CIP of £11,698k. The financial position had improved in the month due to reductions in pay and non pay expenditure when compared to previous periods and some aspects of income being greater than planned.

- The Trust's overall income plan remained £195k behind that forecast at the beginning of the financial year. This was an improvement on the Month 10 position as increases in volumes and complexity of care specifically in ITU provided in January were reflected in financial flows in February. Across the other care pathways, such as elective and non elective in-patients, both volumes and complexity remained behind plan and these factors are driving the year to date under recovery of income.

- Whilst the run rate for pay continued to improve on a month by month basis i.e. the Trust was reducing payroll costs each month and consequently the rate of over spending was slowing, the cumulative position on pay remained an overspend of £4,377k. The main driver of pay overspending was the use of locum and agency staffing, at a significant financial premium, in covering for substantive staff vacancies. The costs of agency staff significantly outweighed the savings from vacant posts.

- Non-pay was underspent by £204k in month (excluding reserves) but remained cumulatively overspent by £1,653k. Clinical Supplies & Services were lower than budgeted for in month and this made up the majority of February's underspend. Non-pay was expected to reduce in February

due to the reduction in the number of working days compared to an average month, but overall the run rate continued to reduce slowly.

- The Trust has actioned full year CIP of £11,698k against the plan of £21,018k. £269k of CIP had been actioned in month. The year-end CIP forecast remained at £12,085k, a shortfall of £8,933k. The focus was now on ensuring robust plans were in place to deliver the 2011/12 CIP target which would continue to be performance managed.

- Given the improvement seen between month 10 and 11, the Trust continued to forecast that it would achieve its statutory financial duties including breaking even on an income and expenditure basis. However, the Director of Finance reported that the Trust would not achieve the Better Practice Code.

The report was **NOTED**.

TB48/11 GOVERNANCE

a) **Register of Directors' Interests**

The Company Secretary presented the Register of Interests for Executive and Non Executive Directors.

The following key points were **NOTED:**

- Declaration of Interests for Ms J Cooke to be added to the register for 2011/12
- Declaration of Interests for newly appointed Professor V Bruce will be included.

The Company Secretary also informed the Board of a correction to Mr Bonner's declarations and confirmed the register had been updated accordingly.

The report was **NOTED**.

b) **Patient Survey Action Plan**

The Acting Director of Nursing presented a report which updated the Board on progress on the Care Quality Commission's Inpatient Survey, and the subsequent actions taken.

The Acting Director of Nursing explained that the Care Quality Commission undertook an inpatient satisfactory survey in August 2009. The report, which was published in May 2010, identified:

- Improvements to care and services
- Areas that required addressing for ongoing improvement
- How North Cumbria University Hospitals Trust benchmarked against the findings of other Trusts

The Acting Director of Nursing outlined the objectives and priorities for 2010/11 and reported that in certain aspects, the Trust performed the same or better compared to other Trusts. The plan for 2011/12 would be finalised in May.

The report would be monitored and evaluated through the compliance steering group and taken to the Governance Committee where actions would be monitored and updated accordingly. The Divisions would be monitoring patient experience through the real time Auditr tool and this was displayed on each ward area. In addition, the Company Secretary explained that as part of the Trust's Communication Strategy, this would feed in to the Patient Experience Toolkit, which would be commenced this year.

The report was **NOTED**.

TB49/11 STANDING BOARD COMMITTEES

a) **Governance Committee Minutes and Action Plan – February 2011**

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

b) **Governance Committee Terms of Reference**

On behalf of Ms J Cooke, Mr M Bonner presented the terms of reference of the Governance and Quality Committee.

The Committee, as a direct sub-committee of the Trust Board, had to be chaired by a Non Executive Director of the Board. Although the Terms of Reference demonstrated this, it was felt that these needed to be revised to reflect this when the chair was unavailable the Vice Chair would be a Non Executive Director. Following discussion it was, therefore, **AGREED** that the Company Secretary would review the terms of reference with a view to appointing another Non Executive Director to the Committee.

The report was **NOTED**.

ACTION:
Company Secretary to review Terms of Reference and to appoint another Non Executive Director to the Committee.

TB50/11 ANY OTHER BUSINESS

a) **Questions from the Public**

In answer to a question regarding the clinical strategy and the costs associated for the provision of services for West Cumbria, the Medical Director explained that the funding available would

have to be balanced across the whole of Cumbria, with GPs and clinicians prioritising the provision of services for the future.

In relation to merger and acquisition, the Chief Executive confirmed that it was expected that the merger/acquisition process for identification of a preferred partner would be complete by September 2011.

In answer to a question regarding the continued provision of ITU services at WCH, the Medical Director stated that, in his opinion, he felt it would not be safe to not have ITU services at WCH, however, this service, like all other services, would need to be affordable.

TB51/11 DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 10 May 2011 at 11.00am in the Board Room, Cumberland Infirmary, Carlisle.