

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 4 OCTOBER
2011 AT 1.00PM IN THE BOARD ROOM,
WEST CUMBERLAND HOSPITAL,
WHITEHAVEN**

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
- Dr N Goodwin, Interim Chief Executive
- Mr M Walker, Medical Director
- Mr A Mulvey, Director of Finance
- Ms C Siddall, Acting Director of Operations
- Mrs C Platton, Acting Director of Nursing

In Attendance:

- Mrs I Edgar, Deputy Director of Human Resources & Organisational Development
- Mrs R Duguid, Acting Director of Governance/Company Secretary
- Mrs J Stockdale, Head of Corporate Affairs
- Miss E Kay, Head of Communications & Reputation Management

TB98/11 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were recorded from Mr P Day and Mr D Gallagher.

TB99/11 DECLARATIONS OF INTEREST

There were no interests declared by Board members.

TB100/11 MINUTES OF THE LAST MEETING

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

Page 4, 2nd last line to read "included Admission Tracking and Discharge, single sign-on and".

TB101/11 MATTERS ARISING AND ACTION PLAN

There were no matters arising.

The Acting Director of Nursing gave a verbal update in relation to the two mixed sex accommodation breaches which had been reported to the Board the previous month.

The Acting Director of Nursing reported that the two breaches had related to ITU patients and this area was not counted within the national reporting system.

Within ITU, all Trusts have a four hour window in which to transfer patients and, therefore, if patients are not transferred within this period, the breach has to be declared.

The Acting Director explained that there had been a further non reportable breach in August which related to the same area.

TB102/11 STRATEGY AND POLICY

a) **Acquisition Update**

The Interim Chief Executive presented an update report in relation to the acquisition process.

The following key points were **NOTED**:

- The Phase 1 milestones had been met.
- The draft Deloitte report would be considered by the Board in October.
- The Trust had introduced a Bidder Compliance Protocol in order to ensure all activities were consistent with the principles of fair competition.
- FT interest in the acquisition continued, however, there were concerns about the Phase 2 timescales. The Trust had responded by developing a condensed programme and timescales.
- Arrangements for the Stakeholder Event on 12 October were complete and the External Stakeholder Group had agreed the briefing document for FTs and delegates.
- Stakeholder views would be submitted to the Trust and would be summarised in a briefing for the Board in preparation for the November Trust Board.
- The Trust Board would meet all FTs on 1 November and would make a decision on the FT(s) proceeding to Phase 2 at the Trust Board Meeting on 8 November.

The Interim Chief Executive confirmed that the Board would make the decision as to Phase 2 at its private meeting in November and that decision would be publicly announced the following day.

In answer to a question relating to the FT pipeline monitoring, the Interim Chief Executive explained that the Trust was monitored month on month against pre-determined milestones.

The report was **NOTED**.

b) **Workforce Strategy Update**

The Deputy Director of HR presented an update to the board on the Workforce Strategy.

The following key points were **NOTED**:

- The implementation of the HR Business Partner model, where each division had an assigned HR professional responsible for pro-actively promoting the Workforce Strategy, had continued to improve the quality of HR management throughout the Trust.
- The major HR policies had been revised and updated.
- Dialogue with the trade unions had been improved through revised and updated terms of reference for the Trust Partnership Forum.
- Workforce planning continued to improve and the Trust now had a workforce plan which reflected the divisional view of the workforce for the future.
- The Trust had also been a pilot site for the SHA's new electronic workforce information network (e-Win) and was now implementing the finished product to help division and corporate functions refine their workforce plans and compare themselves with best practice in other Trusts.
- The HR metrics available to both the Board and line managers continued to be improved almost on a monthly basis.

Ms Cooke extended her thanks to the Director of Human Resources and his team for all the achievements with the workforce strategy. Ms Cooke supported the developments being initially focused on clinical divisions and noted that this now also needed to be the standard within corporate functions.

The report was **NOTED**.

TB103/11 OPERATIONAL PERFORMANCE

a) **Performance Report**

a) **Operating Framework**

The Director of Operations presented the Operating Framework and highlighted the following key points:

- Validation of data quality is currently being undertaken as part of the new measures in relation to the A&E clinical quality indicators. Specific anomalies had been highlighted with the delay in real time data input such as time to initial assessment and time to treatment. In addition, a comprehensive assessment of patient pathways through the A&E departments on each site was planned to commence September 2011 so as to streamline processes and improvement performance. The Director of Operations explained that further A&E quality measures were being looked at including a new set of indicators and patient flow, with a key focus on data collection within the department.
- Implementation of improvement initiatives in the stroke pathway and data quality had returned significant upturn in performance for August 2011, with 91.9% achievement in month against a target of 90%.
- Day case rates consistently performed at the local target of 80%.
- Delayed transfers of care returned an aggregate position of 4.2% against a target of 3.5%.
- In relation to referral to treatment, addressing the backlog issue in June 2011 had strengthened the Trust's overall performance. This had reflected on the improved aggregate position of 22.4 weeks against a target of 23 weeks. Oral surgery remained on trajectory and would be compliant by 31 October 2011. Ophthalmology remained a significant risk for the Trust with approximately 40% of patients waiting over 23 weeks. To fully address the issue, the Division was developing a business case that would eradicate the existing backlog and support sustained compliance through the development of integrated patient pathways.

In answer to a question regarding neurology services, the Director of Operations explained that a piece of work, looking at the patient pathway, was currently underway with the commissioner so as to improve the situation.

Mr Evens queried the advancing quality data in relation to pneumonia. The Acting Director of Nursing explained that the

data was from evidence recorded and the data was being looked at by the clinical teams, which was why it was not included. The Director of Operations reported that it was hoped to record this information in future as part of the patient pathway.

Ms Cooke raised the Smoking Cessation (red) and Smoking During Pregnancy (green) targets and queried why these differed significantly. The Acting Director of Nursing explained that this was due to different systems in place for midwifery and general medicine. The team were looking into the referral system to the community as no hospital service was provided. Where improvements had been made these had not always been sustained. The recording of referrals was currently being reviewed by the AQ and clinical teams.

b) **Quality Report**

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

- Although the report included the second draft of the quality dashboard, this would continue to evolve. The dashboard would ensure that exceptions against performance could be easily identified and monitored throughout the year from a safety and quality perspective.
- The CQUIN targets were still being finalised with the commissioners but it was hoped that these could be signed off by October 2011.
- The pressure sores target for the Trust was to have a reduction in the number of grade 3 and 4 pressure sores in comparison to 2010/11. A significant amount of work had been undertaken across the ward areas to raise awareness of pressure area care. This had resulted in improved incident reporting of pressure sores across both hospital sites.
- The Trust had a specific target set for a reduction in falls as well as falls that resulted in a fractured neck of femur. In August, the Trust had one fractured neck of femur on the WCH site on Gable Ward. A full investigation and root cause analysis was carried out on all falls and 'key lessons' had been implemented.

Ms Cooke enquired as to whether the data in the dashboard could be identified as site specific. The Acting Director of Nursing confirmed that this could be provided.

c) **Workforce Report**

The Deputy Director of Human Resources (HR) presented the Workforce Report and the following key points were **NOTED**:

- As at the end of August 2011, the Trust had seen a reduction of 126 WTE posts when compared to the same period the previous year.
- Overtime figures had slightly increased and this was being monitored within the divisions.
- The annualised turnover for non-medical staff for August was 12.03%. There were 42 non-medical staff leavers and this included a number of staff leaving on the MARS scheme.
- The Trust's sickness absence rate for August was 4.80% which was a decrease of 0.09% on the previous month.
- The Trust's flu vaccination programme was to commence the week commencing 10 October.
- The annualised percentage of appraisals, over the last 12 months to August 2011, was 68.71%, inclusive of consultant medical staff.
- As at the end of August 2011, 61.76% of staff had completed the mandatory training programme.

Ms Cooke enquired as to the non achievement of the appraisal target within the Finance Division. The Director of Finance explained that this related to staff within IM&T.

Professor Bruce commented that it would be useful to see the staff numbers relating to appraisals in all areas.

d) **Finance Report**

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

- At the end of August, the Trust was reporting a surplus of £47k against a planned surplus of £223k, resulting in an adverse variance of £176k.
- Total income for the Trust was £1,080k ahead of the plan in August and is now £1,873k ahead cumulatively
- Pay had overspent by £176k in August taking the cumulative overspend to £339k. Although pay had overspent in month, pay expenditure reduced in month despite £185k of payments to staff for the MARS scheme. Pay was forecast to continue to reduce over the following months as any staff that were to leave would not automatically be replaced. Agency medical staffing had reduced in month although it still remained high with the Trust having spent a total of £2.3m on agency staffing up to the end of August. Non-Pay (inclusive of unallocated CIP and reserves) had overspent by £928k in

August and was £1.7m overspent cumulatively. Whilst Non-Pay was overspent, actual expenditure reduced in month, reversing some of the trend seen in previous months. Expenditure on clinical supplies and services remained high due to the high patient activity volumes, with the current high inflation rates leading to increases in prices.

- To date, an annualised £3.0m of CIP had been achieved against an annual requirement of £15.2m. As plans were approved by the Corporate Recovery Board they then moved into the delivery phase of the workstream. The Project Management Office's (PMO) latest assessment of opportunities, risks, progress and forecast outturn against the initial 18 workstreams is of a risk assessed forecast benefit of £8.2m for 2011/12 leaving a further £7.0m to be identified and delivered in year. Several new initiatives were being developed which would be factored into the plans during the following month. Key to the delivery of the overall savings target was the delivery of the Workforce Planning workstream as the Trust spends over 60% of its income on staffing costs. The Trust needs to reduce the overall run rate of expenditure to align this with the available budget on a month on month basis as soon as possible in order to be sustainable on a long term basis. It was, however, recognised that this will require significant action and change.

The Trust had agreed a financial plan to deliver a surplus of £1m at the end of March 2012 predicated on delivering the CIP target of £15.2m. This did contain a significant element of risk based on the current CIP performance.

In balancing the shortfall of CIP, to maintain a balanced financial position, a disproportionate amount of strategic support had been applied year to date. The overall management of the financial position continued to be discussed with the SHA.

- There had been significant press coverage in recent weeks regarding PFI schemes and whether they represented value for money. The Department of Health (DoH) was currently reviewing 22 PFI schemes nationally, which included the Cumberland Infirmary, to establish if additional income is justified to these organisations based on the affordability of the PFI schemes under the National Tariff payment mechanism. The Director of Finance explained that the Trust had submitted the information requested to the DoH and awaited the outcome of their review.

Ms Cooke enquired as to whether the Trust anticipated the delivery of further plans to contribute to the CIP. The Director of Finance confirmed this to be the case and outlined details of the workforce plan, which would involve the downsizing of the

workforce, whilst at the same time, maintaining the quality of services.

TB104/11 ANY OTHER BUSINESS

a) **Director Walkabouts**

Following a recent walkabout in ITU at West Cumberland Hospital, the Director of Finance had been requested, by a patient, to report back to the Board the excellent high quality care he had received from the nursing staff.

TB105/11 DATE, TIME AND PLACE OF NEXT MEETING

Tuesday, 8 November 2011 at 1.00pm in the Medical Common Room, Education Centre, Cumberland Infirmary, Carlisle.