

**MINUTES OF THE TRUST BOARD MEETING  
HELD IN PUBLIC ON TUESDAY, 6  
SEPTEMBER 2011 AT 1.00PM IN THE  
MEDICAL COMMON ROOM, EDUCATION  
CENTRE, 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**
- Dr N Goodwin, Interim Chief Executive**
- Mr M Walker, Medical Director**
- Mr A Mulvey, Director of Finance**
- Ms C Siddall, Acting Director of Operations**

**In Attendance:**

- Mr D Gallagher, Director of Human Resources & Organisational Development**
- Mrs R Duguid, Acting Director of Governance/Company Secretary**
- Mrs C Griffiths, Director of Acquisition/Strategic Planning**
- Mrs J Stockdale, Head of Corporate Affairs**
- Miss E Kay, Head of Communications & Reputation Management**
- Mr M Thomas, Director of IM&T (TB93D/11 only)**

**TB89/11      WELCOME AND APOLOGIES FOR ABSENCE**

Apologies for absence were recorded from Mr P Day and Mrs C Platten.

The Chairman welcomed Ms C Siddall, Acting Director of Operations, to the Trust and her first Trust Board meeting.

**TB90/11      DECLARATIONS OF INTEREST**

There were no interests declared by Board members.

**TB91/11      MINUTES OF THE LAST MEETING**

The minutes were **APPROVED** as a correct record, subject to the wording on the Clinical Strategy reading:

*The Medical Director confirmed that the clinical strategy was being costed for affordability from both a commissioning and provider perspective, details of which would be provided to the Board following completion of the work during the summer. This would be reported/forwarded to Non Executive Directors.*

## **TB92/11      MATTERS ARISING AND ACTION PLAN**

There were no matters arising.

The Director of Governance/Company Secretary outlined the action plan, as follows:

TB44.10/10 Governance Framework for the Management of Charitable Funds: Director of Finance to progress via the Charitable Funds Committee and to discuss further at a Board Development session.

TB83C/11 Workforce Report: Medical staff data to be included in the October Performance Report.

TB84b/11 Carbon Management Plan Update: The Director of Finance explained that the date for the Energy Awareness Week had been set nationally and also confirmed that the Trust would look to link itself to other initiatives.

## **TB93/11      STRATEGY AND POLICY**

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

The Director of Finance presented a report which provided Board members with an update in relation to the new West Cumberland Hospital development.

The following key points were **NOTED**:

- The new build scheme design continued to be developed through to completion of the 1:50 scale drawings. The revised scheme had also secured full planning approval following the meeting of the Copeland Borough Council's Planning Panel on 17 August 2011.
- The re-provision of inpatient mental health facilities within the existing J block were progressing well.
- The clinical strategy outputs were yet to be concluded. The Director of Finance reminded Board members that one of the caveats to the approval of the FBC by the SHA was that a fully costed and affordable clinical strategy was required to be in place prior to approval. Although there was a requirement, both internally and externally, to conclude the clinical strategy work, discussions were ongoing with the SHA to ensure the outputs

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from the clinical strategy would satisfy their requirements in relation to approving the FBC.

Mr M Evens enquired as to the expectations of the SHA in relation to the costings of the clinical strategy. The Interim Chief Executive explained that the SHA had requested broad costings and felt that this would be easily achieved once the clinical strategy work was concluded. The Director of Finance highlighted that the same rigor and tests would be applied to all the north Cumbria schemes, e.g. West Cumberland Hospital, Cockermouth and Cleator Moor.

Ms J Cooke commented that it would be useful to see more detail within future update reports, such as the overall targets within the scheme and the status of them.

The report was **NOTED**.

b) **Clinical Strategy Update**

The Medical Director presented a report which provided the Board with an update on the progress with the development of the clinical strategy.

The Trust, in partnership with locality commissioning GPs, began the design of the clinical strategy in late 2010/early 2011 and the services of Deloitte/Finnamore had been engaged to assist with this process.

The Medical Director outlined that the outputs of the Deloitte work and Finnamore were being brought together within the next few weeks, with the aim of having a finalised report.

The Medical Director reported that significant progress had been made in relation to clinical engagement and development of the strategy, and although some key decisions remained outstanding, clinicians and GPs would continue to work closely so as to finalise the pathways and overall models of care.

Mr M Evens commented that he was disappointed with the time it had taken to get a costed clinical strategy and queried why this work had taken so long and when it was likely to be completed. The Medical Director explained that in hindsight the clinical segment of the work had been more difficult to achieve due to engagement. Now that engagement was working well, the pathways of care could be agreed and costed. The Medical Director explained that the clinical teams were very aware that to move forward, the clinical strategy needed to be finalised.

The Board **NOTED** that the timeframe for concluding this work on a costed strategy was the end of September

c) **Acquisition Update**

The Interim Chief Executive presented a report which provided the Board with an update on the acquisition process.

The following key points were **NOTED**:

- 3 bids had been received from interested FTs. These being Northumbria NHS Foundation Trust, University Hospitals Morecambe Bay NHS Foundation Trust and a joint bid from Cumbria Partnership NHS Foundation Trust and Newcastle NHS Foundation Trust.
- The non-financial assessment of the bids had been undertaken and evaluated. Deloitte would be preparing a report combining the financial and non-financial assessment for consideration by the Trust Board in due course.
- Phase 1 had been extended from October to November so as to allow stronger stakeholder engagement in the process.
- A stakeholder event, where all the FTs would present their proposal/submission to a wide range of internal and external stakeholders, was to be held on 12 October.
- The Trust Board would meet the FTs on 1 November prior to the Trust Board meeting on 8 November, where the Board would be making the decision as to how many of the bidding FTs would go through to phase 2.

The Interim Chief Executive explained that it was anticipated that the Board would be requested to make their final decision as to the successful bidding FT to acquire the Trust in February/March 2012.

The report was **NOTED**.

d) **Informatics Strategy Update**

The Director of IM&T presented a report which provided Board members with an update on progress achieved in the delivery of the 2011/12 element of the IM&T 2009-2012 strategy and an overview of the deliverables over the coming months.

The core elements of the 2011/12 delivery programme, which all directly support patient care pathways and clinical information and are being internally marketed as the ForWard programme, continue to have the necessary clinical support for the change programme and which will see the first ward go 'live' at WCH in October. Some of the core elements included within the delivery programme included Admission Tracking and Discharge, Single Sing-On and Order Comms.

Future work would include looking at the requirements for the e-prescribing element of ForWard and working with clinicians in ophthalmic services to look at an integrated solution that would provide their requirements and link into ForWard and primary care.

As the national contract for PACS and RIS is due to end in 2013, discussions would be taking place with the potential acquisition partners to ensure that all parties have the necessary information to ensure this element of any such acquisition was not under estimated.

In answer to a question as to why the programme was being implemented 'ward by ward' in a phased approach instead of a more single 'go live' approach across both sites at the same time, the Director of IM&T explained that the reason for the extended timescale was due to the amount of change to be undertaken for approximately 3500 staff and the training this involved. He explained that although there were a limited number of trainers, the training plan was robust to address the training requirements, however, would look to see whether the training programme could be accelerated, although this would also depend upon ward staff availability to undertake the training. The Director of IM&T agreed to review this following the first 'go live' at West Cumberland Hospital in October.

In relation to the electronic discharge module, the Director of IM&T confirmed that as the overall programme was rolled out via wards, they would be given access to the module in due course.

The Director of IM&T also explained that the Trust had been working with primary and social care colleagues to ensure an integrated approach to the care pathways, explaining that the new systems would link into the interventional teams and GPs. However, he explained that paper copy systems would remain in place until ForWard was live on that ward. The Director of IM&T explained that electronic discharge summary was part of ForWard, however, the paper version was the same as format and would follow the same process to ensure that the GPs did not have to change any processes during and after the implementation.

The report was **NOTED**.

**TB94/11**      **OPERATIONAL PERFORMANCE**

a) **Performance Report**

a) **Operating Performance**

The Acting Director of Operations presented the Operating Performance report, explaining that performance against key targets remained broadly strong, however, pressure remained within specific specialities on access targets.

The Director of Operations gave update reports on a number of improvement plans in the following areas:

- A&E clinical quality indicators
- Cancelled operations
- 28 day rule performance
- Cancer 62 day wait
- Stroke

Ophthalmology continued to be a significant pressure for the Trust, however, this was being rigorously addressed with commissioners and primary care partners and an update would be given in next month's report.

Mr M Bonner drew attention to the dashboard which had highlighted breaches in relation to mixed sex accommodation. The Director of Governance explained that that data was being reviewed for accuracy, as any actual breaches on mixed sex accommodation were referred to the governance team.

#### b) **Quality Report**

On behalf of the Director of Nursing, the Acting Director of Governance presented the Quality Report.

The report included the first draft of the quality dashboard and Board members noted that this was still under development and would continue to evolve over coming months.

The report outlined details of the development of quality and safety indicators with exception reporting on areas of underperformance, such as pressure sores, fractured neck of femur and complaints.

The Director of Governance explained that the governance team were working closely with information colleagues so as to gain more detail in relation to mortality, which was scheduled to be discussed in detail at the October Governance and Quality Committee.

In response to concerns raised as to increased numbers of pressure sores, the Director of Governance explained that as the reporting of such sores was more accurate, it was expected to see a rise in these initially, however, explained that these levels would eventually reduce, once reporting had improved. Ms Cooke commented that she was not convinced about this.

#### c) **Workforce Report**

The Director of Human Resources presented the Workforce Report, which summarised areas such as:

- Staff in post and turnover

- Overtime
- Sickness absence
- Appraisals
- Mandatory training

The Director of Human Resources and the Director of Finance had recently met with colleagues from Trusts within the region to compare workforce data so as to ensure that the Trust's workforce plans were aligned to those within the region.

In answer to a question regarding turnover rates, the Director of Human Resources reported that the Trust's turnover levels were in line nationally.

The Board discussed the appraisal data, recognising that it would be important to ensure that these targets were achieved, particularly in light of the Care Quality Commission reviewing the Trust's position. It was **NOTED** that further work on confirming the accuracy of figures was required.

#### d) **Finance Report**

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

- At the end of July, the Trust reported a surplus of £33k against a planned surplus of £173k. Total income was £1,622k behind plan in July but remained £793k ahead cumulatively.
- Negotiations had concluded with NHS Cumbria in relation to the contract. NHS Cumbria had also agreed to pay for over performance against the contract, which had been agreed at approximately £165m. In relation to activity over the past 18 months, evidence had shown an upward trend and discussions were to be held with NHS Cumbria, but more particularly the GP commissioners, as to the impact of Closer to Home so as to understand the trend.
- Pay was overspent by £343k. This was due to some staff having left under the Trust's MARS scheme and the added pressures of agency medical staffing.
- To date, £1.2m of CIP had been recognised against an annual requirement of £15.2m. Additional discussions with the divisions and corporate directorates were taking place to determine how the gap could be closed. A number of other plans were now being brought forward with savings focused on 2011/12, but considerable action and change was required for the Trust to meet its target in year.

Mr M Evens voiced his disappointment that very little cost improvement had been delivered and queried what the Board

could expect to see in the coming months on delivery. The Director of Finance explained that the following month would show no material change, however, he expected to see improvements in the coming months. The Director of Finance commented that the achievement of £15m cost improvement was a significant risk to the Trust, however, the Trust needed to aspire to achieve as much as possible.

The report was **NOTED**.

b) **Estates & Facilities Department Update**

The Director of Operations presented a report which provided the Board with an update on workforce information, in relation to the Estates & Facilities Department, as requested at the June 2011 Board meeting.

Professor V Bruce enquired as to whether there were any differences in the level of services provided between the staff employed by the Trust and those employed by Interserve. The Director of Finance explained that normally both hospital sites received 'excellent' PEAT scores.

The report was **NOTED**.

**TB95/11**      **GOVERNANCE AND ASSURANCE**

a) **Annual Governance Report Update**

The Director of Finance presented a report which provided an update to the board on the key issues arising from the 2010/11 Annual Governance Report, which had been prepared by the Trust's external auditors, the Audit Commission.

The report highlighted a series of recommendations which would be delivered operationally by the director of Finance and performance managed via the Trust's Audit Committee.

The report was **NOTED**.

**TB96/11**      **STANDING COMMITTEES OF THE BOARD**

a) **Audit Committee – July 2011**

Mr M Evens, Chairman of the Audit Committee, reported that the Committee had highlighted a few issues in relation to the Trust's Quality Account, particularly regarding the assurance process. The Acting Director of Governance/Company Secretary reported that an action plan was to be presented to the Committee at its September meeting.



b) **Charitable Funds – July 2011**

Mr M Bonner, Vice Chairman, reported that the Committee were currently looking at the arrangements for the charitable funds post acquisition. In addition, the Committee continued to work with the divisions with a view to spending some of the charitable funds.

**TB97/11**      **ANY OTHER BUSINESS**

a) **Trust Board Meeting Dates for 2012**

The Board **AGREED** the following dates for meetings during 2012:

Tuesday, 17 January 2012 at WCH  
Tuesday, 14 February 2012 at CIC  
Tuesday, 13 March 2012 at WCH  
Tuesday, 17 April 2012 at CIC  
Tuesday, 15 May 2012 at WCH  
Tuesday, 19 June 2012 at CIC  
Tuesday, 10 July 2012 at WCH  
Tuesday, 11 September 2012 at WCH \*  
Tuesday, 9 October 2012 at CIC  
Tuesday, 13 November 2012 at WCH

\* Annual General Meeting to be held on 11 September 2012.