

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 5 JULY 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
- Mrs C Platton, Acting Director of Nursing & Quality

In Attendance:

- 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

TB78/11 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were recorded from Mr P Day.

The Chairman drew attention to the new style agenda which focussed on the key strategic issues facing the Trust at the present time.

The Chairman requested questions from the public on issues pertinent to the agenda so that these could be addressed by the relevant Director at the point of that agenda item.

TB79/11 DECLARATIONS OF INTEREST

There were no interests declared by Board members.

TB80/11 MINUTES OF THE LAST MEETING

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

Page 6 3rd line, to read: 'Sickness Absence: the rate for Month 1 was 0.86% lower than that'.

Page 8 In relation to the approval of the Annual Report, Mr Evens commented that although the Board had approved the Report, the Operating and Financial Review (O&FR) had not been approved by the Audit Committee previously and, therefore, the Board **AGREED** to include the following statement as an addendum to the minutes:

Mr M Evens highlighted that whilst it was not technically necessary for the Audit Committee to approve the O&FR, it had reviewed it and substantial changes were required. The revisions had been made but were yet to be reviewed. It was **AGREED** that the revised version would be shared with Mr Evens so that assurance that the necessary changes were reflected in the final version.

TB81/11 MATTERS ARISING AND ACTION PLAN

In relation to the approval by the Board of the Annual Accounts at the meeting held in June 2011, the Director of Finance confirmed that following the meeting, the Trust's auditors had made amendments to the accounts, which had been duly reflected in the Annual Report and the document had been concluded and signed off. The Director of Finance felt that the changes made by the auditors to the accounts did not require any further review or approval by the Board prior to final sign off. The Board formally **APPROVED** the changes made to the Annual Accounts for inclusion within the Annual Report which would be presented to the Annual General Meeting in September 2011.

The Company Secretary outlined the action list, as follows:

TB44/10/10 Governance Framework for the Management of Charitable Funds – the issue of the Trust Board acting as trustees for charitable funds is still to be taken forward by the Director of Finance.

TB72/11 Performance Report:

1. Data in relation to median waits in A&E had been clarified with Mr Evens and the data had been updated in the Performance Report to be presented later in the meeting – completed.
2. Data relating to overtime and additional reports was to be reported separately in the Performance Report which was to be presented later in the meeting – completed.

TB82/11 STRATEGY AND POLICY

a) New West Cumberland Hospital Development

The Interim Chief Executive gave a verbal update in relation to the new West Cumberland Hospital development.

The Interim Chief Executive explained that the Full Business Case (FBC) had been prepared on the basis of a new Clinical Strategy for north Cumbria which had been developed in the context of the Closer to Home strategy which was publically consulted upon in 2009.

The Clinical Strategy was currently being independently reviewed following detailed work by hospital clinicians and GPs in north Cumbria over the past nine months, to ensure that it was clinically and financially sustainable for the future.

The FBC would be formally considered by NHS North West once this work had been completed by the Trust and NHS Cumbria.

The Interim Chief Executive explained that completing this process was perfectly normal with a scheme of this nature, however, enabling works currently taking place on the site would continue.

The stakeholder meeting for the redevelopment of West Cumberland Hospital, as well as the Cumbria Health and Well-being Scrutiny Task Group for the new development, would receive a specific update on the status of the FBC in September 2011.

The report was **NOTED**.

b) Clinical Strategy Update

The Medical Director gave a verbal update in relation to the clinical strategy for north Cumbria.

The Medical Director explained that a lot of work had been undertaken over the last few months in relation to the costing of the strategy.

A large part of the work undertaken had involved looking at the various workstreams/pathways, as follows:

- Emergency Care (Integrated) Pathway: this pathway would maximise efficiency and incorporate primary and secondary assessment and would involve consultants and GPs working closely together.
- Paediatric Workstream: This pathway was focussed on ensuring the correct primary and secondary care pathways were in place

for paediatrics to ensure children and families were cared for in the correct setting to allow a fully accessible and responsive service across North Cumbria.

- Anaesthetic Workstream: as anaesthetics supported other specialties, this group was closely linked with other workstreams. ITU/HDU were currently being looked at on both hospital sites to ensure the correct critical care model was in place across North Cumbria.
- Planned Workstream: this workstream was looking at a model of providing short stay care at WCH and more complex cases being undertaken at CIC as well as looking at repatriation of elective work that currently takes place out of the county.
- Obstetrics Workstream: this workstream was looking at providing a service across both sites, which included looking at using practitioners differently and also taking into account the sustainability of medical rotas in the future.

In summary, the Medical Director explained that there was a lot of work being undertaken by the clinical teams on the specific workstreams.

The Medical Director confirmed that the clinical strategy would be costed for affordability from both a commissioning and provider perspective, details of which would be provided to the Board in due course.

The verbal update was **NOTED**.

c) **Senior Nursing Review Update**

The Acting Director of Nursing presented an update report in relation to the Senior Nursing Review.

The Senior Nursing Review had commenced in September 2010 and since then, the Trust Board had had detailed discussions regarding the review at its meetings in April, May and June 2011. At the June meeting the Board were supportive of the structure, particularly in relation to the ward sister and charge nurse positions, however, requested further information on the financial analysis, which had since been reviewed by the Director of Finance.

The Interim Chief Executive had requested an external review of the proposed new structure, which would predominantly focus on the Heads of Nursing and Matron roles, and this was to be concluded by mid July 2011. The external review would provide further assurance on the new proposals before they were implemented. The outcomes of this review would be communicated to all staff and associated staff side representatives so as to ensure transparency on the posts.

A final version of the structure was to be reviewed by the Director of Finance to ensure value for money, relative to other organisations, and circulated to Board members for any further comments/queries etc. Following feedback from Board members on the final proposals, the structure would be approved by the Interim Chief Executive for implementation by the end of August 2011.

The Acting Director of Nursing explained that as part of the review process, benchmarking with Trusts across the North West and Devon had been undertaken, as well as looking at data from e-WIN (Workforce Information Network portal). The Director of Finance explained that Deloitte and Finnamore had also undertaken some work relating to the review and it was important to progress with the implementation of the new proposed structure.

The Board welcomed that the review would be concluded by the end of August and **NOTED** the update report.

d) **Acquisition Update**

The Interim Chief Executive gave a verbal update on the acquisition process.

The Interim Chief Executive explained that there continued to be strong interest from the four Foundation Trusts. The process would continue to be progressed until October/November, at which point the Trust Board would be requested to approve 'preferred bidders' who would move onto stage two of the process.

A virtual data room had been established for the interested Trusts to access data and information relating to the Trust to ensure a co-ordinated approach to giving and receiving information.

The next Stakeholder Group was to be held on 14 July, and as part of the process, this Group, and the Trust Board, would meet the interested Foundation Trusts, before the final proposals would be considered by the Board.

The update report was **NOTED**.

TB83/11 **OPERATIONAL PERFORMANCE**

a) **Performance Report**

a) **Operating Framework**

The Director of Finance presented the Operating Framework, outlining the Trust's performance against a key range of national output performance targets at month 2.

The Director of Finance explained that the Performance Dashboard had been reviewed and updated to ensure all the operating performance target data was now aligned to the

integrated performance measures which were published in the Technical guidance for the 2011/12 Operating Framework.

Month 2 had seen a continuation of sound performance against a range of targets. The report outlined a number of performance improvement plans, and the progress achieved, relating to thrombolysis, cancelled operations, the 28 day rule and cancer 62 day waits.

In relation to the 18 weeks 'referral to treatment' targets, significant pressure continued within ophthalmology, which was impacted upon the Trust's overall performance against the 95th percentile achievement. So as to manage the pressures within ophthalmology specifically, and some other specialities experiencing pressure, plans to reduce the numbers of long waiters were in place and would continue throughout June.

b) Quality Report

The Acting Director of Nursing presented the Quality Report, which outlined performance against quality and safety indicators as outlined in the Operating Framework.

c) Workforce Report

The Director of Human Resources (HR) presented the Workforce Report, which outlined details in relation to staff in post, overtime, turnover, sickness absence and appraisals.

Mr M Bonner drew attention to the revised stretch target of 3.5% in relation to sickness absence, enquiring as to whether this was a new target. The Director of HR explained that the target was linked to Health and Well Being under the QIPP targets and also had attached financial incentives.

In answer to a question relating to an increase in basic overtime payments, the Director of HR explained that this was due to the increase in usage of lower banded staff and also the usage of more part-time staff, who were more cost effective to employ.

In relation to the appraisal data, the Director of HR explained that medical staff were not included and this would be added in future reports. The Medical Director confirmed that the Board would also receive an update on medical staff validation in due course.

In answer to a query from Mr M Evens in relation to agency staff, the Director of HR explained work with the Divisions was continuing to address the usage of medical staff locums with a view to significantly reducing, and stopping, this expenditure.

The Company Secretary enquired as to the improvements being achieved in relation to short term sickness absence. The Director of HR confirmed that overall sickness absence was

continuing to improve, however, the policing of this continued to be carried out by the HR Business Partners rather than line managers and this would be addressed.

d) Finance Report

The Director of Finance presented the Finance Report which outlined the Trust's financial position at the end of month 2.

The Trust's performance in the first two months, whilst broadly on target, was underpinned by the assumption of closing out a favourable contractual position with the PCT, securing necessary strategic support via the SHA and delivering a challenging CIP. Each area would attract a high degree of risk individually and the Trust was working closely with all internal and external partners to close off all discussions and mitigate and manage all risks. In answer to a question as to when the risks would be addressed, the Director of Finance explained that all the risks were being addressed as a matter of urgency and an update report would be given to the Board in September.

The Director of Finance reported that the Trust's cost improvement programme had been re-launched so as to ensure full engagement with clinicians. Additional resource had also been injected into the programme and it was hoped that by mid year to gauge cost improvements achieved. The Interim Chief Executive explained that an additional turnaround specialist had been appointed (reporting directly to the Interim Chief Executive) to look at areas of non pay expenditure. In addition, the senior team core meetings structure had been revised so as to speed up decision-making and with a view to improving clinical engagement.

The report was **NOTED**.

ACTION: Workforce Report

In relation to the appraisal data, the Director of HR explained that medical staff were not included and this would be added in future reports. The Medical Director confirmed that the Board also receive an update on medical staff validation in due course.

TB84/11 GOVERNANCE AND ASSURANCE

a) Review of Clinical Governance

The Company Secretary updated the Board on the review of clinical governance which had been undertaken across the Trust.

The review, which had been based on eight core objectives, was now concluded and the key findings and recommendations were outlined in a report for Board members.

The Company Secretary extended her thanks and appreciation to the Internal Audit Department for undertaking a series of reviews as part of the process.

The Medical Director stressed the importance of the review and commented that he felt reassured that the actions outlined in the report would put the Trust in a better position, particularly as the Trust moved towards acquisition.

Mr M Evens voiced his concerns relating to the large amount of recommendations and queried whether there was adequate resources to implement these and whether there would be any financial implications. The Company Secretary explained that the review had consisted of a very detailed review of the Trust's key systems which had resulted in a number of recommendations. The Company Secretary reassured the Board that there were sufficient resources to implement the recommendations, some of which would be actioned immediately, whereas others would be implemented later in the year. The Company Secretary confirmed that all the recommendations would form part of a Governance Improvement Plan which would clearly outline the priority areas for achievement. The Company Secretary confirmed that the Governance and Quality Committee would receive a monthly exception report on implementing the recommendations. The Company Secretary stated that the review of the supporting structures for governance was crucial to ensure the key roles and responsibilities were focussed on the Trusts priorities from a resource perspective.

Ms J Cooke felt that the report still remained a little 'jargonistic' and before it was rolled out across the Trust would need to be slightly reworded. She felt that the presentation of the report needed to be clear on issues which were 'non negotiable'.

Following discussion, it was **AGREED** that:

- All the recommendations would be combined into a Governance Improvement Plan for 2011/12, which would be reviewed by the Governance and Quality Committee on a monthly basis by exception.
- The Audit Committee would review the details Internal Audit identified from their audits for consistency.
- Key findings of the review would be shared with all staff.
- Key findings and details of the review to be shared with all key stakeholders.
- The new structure would be implemented.

b) **Carbon Management Plan Update**

The Director of Finance provided an update to the Board in relation to progress achieved against the Carbon Management Plan.

In relation to the water borehole on the Cumberland Infirmary site, the Director of Finance explained that the borehole was not currently being used, however, discussions would continue with Renal Department specialists.

Mr M Bonner enquired as to whether, following registration with the Environment Agency as Operating Members of the Carbon Reduction Commitment Scheme, the Trust would be committed to the associated charges. The Director of Finance confirmed that this was the case and explained that changes in design in relation to the new West Cumberland Hospital build had been taken into account.

Professor V Bruce was pleased to see that the Trust was moving forward on this initiative and queried why w/c 29 August 2011 had been chosen for an Energy Awareness Week, as this was the bank holiday weekend. The Director of Finance **AGREED** to look into this.

Ms J Cooke commented that there did not appear to be any targets about 'turning off' and/or 'turning down' and details about joining in with more national initiatives across the country. The Director of Finance explained that updates would be brought back to the Board for periodic review and **AGREED** to look at the Trust linking into other initiatives.

The report was **NOTED**.

ACTION:

1. Director of Finance to look into the date of the Energy Awareness Week.
2. The Director of Finance to provide periodic updates to the Board and to look at the Trust linking into other initiatives.

c) **Update Report on Registration with the Care Quality Commission**

The Acting Director of Nursing presented an update report with regard to the Trust's position against CQC Regulations compliance. The Acting Director of Nursing explained that this is a new report to ensure the Board were appraised in the status of registration with the CQC.

The following key points were **NOTED**:

- The system of reporting on CQC regulations had been strengthened and now included the key issues from the QRPs, PCAs and also determined an overall 'Red Amber Green' rating.
- The internal spot checks were a key area for development and plans were in place to phase in the spot checks across the ward areas during the forthcoming months.

- The report highlighted two 'red' areas regarding the regulations below:
 - 16 - Safety, availability and suitability of equipment (action plan in place to ensure evidence was submitted)
 - 23 - Supporting workers (action plan in place to ensure evidence was submitted)

The rationale for these regulations being rated as 'red' was due to the evidence in place to confirm compliance. Action plans for both regulations were in place and would be reported to the Governance and Quality Committee for review. The action plan focused on the gaps in evidence that were required from the individual management leads.

- The Board would receive a quarterly update on the Trust's position with compliance against the regulations on a quarterly basis, in accordance with the Board Cycle of Business.

In answer to a question regarding the robustness of evidence, the Company Secretary explained that the Compliance Group reviewed the evidence for each area and also 'challenged' evidence to ensure absolute clarity on the evidence in place to support compliance

Mr Bonner queried the difference between the CQC 'requirement' and 'request' for information. The Company Secretary explained that all providers were required to have completed 'Provider Compliance Assessments' in place which would be requested by the CQC at any time.

The report was **NOTED**.

d) **Standards of Business Conduct Policy**

The Company Secretary provided an update to the Board on the process for declaring interests, gifts and hospitality, which had recently been reviewed.

Following a review of the Trust's Standards of Business Conduct Policy, and supporting procedures, a number of areas had been highlighted which had resulted in the policy being strengthened and revised. The new policy, and supporting procedures, was due for implementation by the end of July 2011.

Ms Cooke queried whether drug company events were allowed to occur. The Company Secretary explained that the revised policy had taken into account issues such as this, which made it clear that they should be registered.

The report was **NOTED**.

e) **Update on Single Equality Scheme**

The Director of Human Resources presented an update to Board members on the Trust's Single Equality Scheme and identified progress made to date.

The report, which was originally approved in 2010, had been updated to reflect the requirements of the latest legislation. The scheme incorporated a 5 year action plan that was monitored by the Equality & Diversity Steering Group and a new, more specific, action plan was formulated every year to fit in with NHS North West's Equality Performance Indicator Toolkit (EPIT) requirements. The Trust successfully gained accreditation at 'Developing' level last year and had applied for 'Achieving' level in 10 out of the 13 areas. The Trust was now aiming at a higher level than many of the other local Trusts.

Specific training and training interventions for Trust Board members and senior managers was to be arranged, as leadership played an important role in promoting equality and diversity.

Following discussion, it was **AGREED** that the Governance Committee would monitor the action plan and that the Board would receive a copy of the Annual Report.

The report was **NOTED**.

ACTION:

- a. Trust Board to receive a copy of the Equality & Diversity Annual Report.
- b. The Governance Committee to monitor the Equality and Diversity Action Plan.

TB85/11

ANNUAL REPORTING

a) **Infection, Prevention and Control Annual Report and Forward Plan**

The Acting Director of Nursing presented the Annual Infection Prevention and Control Report for 2010/11.

The report described the activities undertaken to ensure compliance with the Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance. The report also outlined actions that had been incorporated into the annual programme and additional activities which had also been undertaken.

The Acting Director of Nursing reported that the Trust remained committed to ensuring high standards of infection prevention and control was fundamental to the care of patients within its hospitals.

She pointed out that the Trust had seen a significant improvement in MRSA and Clostridium Difficile infection rates, which was due to the work carried out with staff by the Infection Control Team across the Trust. However, 2011/12 would not be without challenges and these were outlined in the annual programme for 2011/12.

Mr M Bonner enquired as to whether the Trust's improvements were reflecting a national trend. The Acting Director of Nursing explained that although there was a national trend to reduce MRSA/CDiff, the levels appeared to vary. Although the Trust had seen significant reductions in CDiff levels, which equated to approximately 70%, it would still remain a challenge in the future and, therefore, the Trust would ensure it had systems and monitoring in place so as to keep up the good performance.

In answer to a question from the Company Secretary regarding the closure of wards during periods of D&V, the Acting Director of Nursing explained that a rolling programme for deep cleaning on the wards had been established so as to minimise disruption to patients, however, this was slightly more problematic at the Cumberland Infirmary due to the casemix on Willow and Elm Wards. The Acting Director of Nursing confirmed that the IPC team were working with the clinical teams and estates to ensure the deep cleaning programme is co-ordinated.

The Board **NOTED** the Annual Report and **APPROVED** the Annual Programme for 2011/12.

TB86/11 **STANDING COMMITTEES OF THE BOARD**

a) **Audit Committee – 2 June 2011**

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

TB87/11 **ANY OTHER BUSINESS**

No further business was discussed.

TB88/11 **DATE, TIME AND LOCATION OF NEXT MEETING**

Tuesday, 6 September 2011 at 1pm in the Medical Common Room, Education Centre, Cumberland Infirmary, Carlisle.