

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 17
JANUARY 2012 AT 1PM IN THE BOARD
ROOM, 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**

In Attendance:

**Mr D Gallagher, 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**

**CLINICAL PRESENTATION: CLINICAL INDICATORS – DIANE MURCHISON,
NURSE POLICY AND PRACTICE DEVELOPMENT CO-ORDINATOR AND
GILLIAN LONG, PRODUCTIVE WARD CO-ORDINATOR.**

The Chairman welcomed Mrs D Murchison and Mrs G Long, Productive Ward Co-ordinators, to the meeting to give a presentation on the Clinical Indicators/Monthly Ward Healthcheck project (copy attached).

Mrs Murchison explained that following a review of the previous clinical indicators' system, a new system had been developed so as to record and monitor clinical indicators across the Trust. The new system had been divided into a set of standards relating to ward management and a set of standards relating to clinical care. This new system had been developed into two separate monthly audits – the Monthly Ward Health Check (MWHC) and Developed Clinical Indicators (CI).

The new system had commenced in January 2011 and Mrs Murchison outlined the implementation timetable.

Mrs Murchison explained that the MWHC was a monthly ward/departmental assessment of basic ward 'housekeeping' and management so as to standardise practice across the Trust. The clinical indicators were described as an assurance that the quality of care delivered was of the highest standard and were a measurable assessment of essential care on a 'back to basics' theory.

The elements that were assessed were outlined to the Board.

Mrs Long explained that in relation to the clinical indicators, 5 patients were assessed per ward, per month and in 'real time'. This meant that any actions required were automatically recorded on the ward and, therefore, available instantly for nursing and clinical teams. Mrs Long explained about the Trust-wide web based application called Auditr, which was developed in house, to help facilitate 'real time' data entry and reporting and which was created on a bespoke basis to meet the needs of the Trust. This system was also able to be adapted as and when the Trust's needs changed.

Mrs Long outlined the benefits of the monthly ward checks and the clinical indicator assessments, as follows:

- Available 'real time' data
- Allowed Trust to scrutinise standards of care in individual areas
- Empowered ward leaders to take ownership of standards of care
- Allowed comparisons against peer groups
- Identified areas of good practice
- Identified areas that required improvements
- Early warning in situations where corrective action may be required
- Allowed triangulation of data (patient and staff satisfaction)
- Introduced 'healthy' competition between wards
- Builds professional pride and confidence
- Provides assurance to the Board and external agencies, e.g. CQC that care is being delivered to a set standard

Mrs Long and Mrs Murchison explained that overall the new systems had been well accepted by the nursing staff and they too were seeing the benefits.

Mrs Long outlined some of the results achieved to date which clearly indicated significant improvements had been achieved.

Mrs Murchison and Mrs Long explained that the Auditr reporting system would continue to be developed. They would also be looking to develop clinical indicators in the areas of maternity and paediatrics.

Professor Bruce congratulated Mrs Murchison and Mrs Long on an interesting and informative presentation and queried how the systems interfaced with the Government's new directives of hourly ward rounds etc. The Acting Director of Nursing explained that the detail in the Quality Account outlined what the Trust had achieved and was hoping to achieve in the future. In relation to the Operating Framework, she explained that the Trust had the tools to take this forward and adopt any new directives as outlined by the Government.

The Medical Director explained that the systems were very adaptable and response, and with the 'real time' actions, helped to achieve significant change in a much quicker timescale.

The Acting Director of Nursing also confirmed that staff were on board with these new systems.

Mr Bonner enquired as to how the Trust linked in with the North West and how our good ideas were shared. Mrs Murchison explained that herself and Mrs Long attended regular meetings in the North West to discuss clinical indicators and patient experience and presently the Trust was well ahead of others. She explained that Birmingham also had a bespoke system. The Acting Director of Nursing commented that more promotion on the Trust's systems would be arranged.

Ms Cooke enquired as to whether any other health professionals were involved. She also enquired as to what happened if any areas were still 'red' after 3 months. Mrs Long explained that although the systems were very much nursing based at the current time, other professionals, such as pharmacy, were looking at similar systems. The Acting Director of Governance/Company Secretary explained that the recent data had been reported to consultants at the Clinical Sub-Group in December and that the next development would be to feed in the 'red' areas to the multi-disciplinary teams so as to progress these. Any actions made as a result of exceptions would automatically go through to the wards.

Mr Evens enquired as to how long one audit would usually last. Mrs Long explained that it was approximately 20 minutes for clinical indicators and 30 minutes for a ward check. The Acting Director of Nursing explained that these were carried out by the Ward Sisters and also owned by them. Ward Sisters were given 'protected' time to carry out these audits.

The Director of Human Resources enquired as to the level of staff satisfaction on the systems. Mrs Long explained that although the majority was currently 'amber', the remainder had moved to 'green' and she felt that there was a gradual improvement in staff satisfaction overall.

On behalf of the Board, the Chairman thanked Mrs Murchison and Mrs Long for their very interesting and informative presentation.

TB1/12 WELCOME AND APOLOGIES

Apologies for absence were received from Mr P Day and Ms C Siddall.

TB2/12 DECLARATIONS OF INTEREST

No declarations of interest were recorded.

TB3/12 MINUTES OF THE LAST MEETING

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

Page 4, TB111/11 – Operating Framework. 2nd paragraph to read 'Significant issues remained within ophthalmology and the Acting

Director of Operations AGREED to bring a detailed action plan to the Board in January 2012.'

Page 6, TB111/11 – Workforce Report. First paragraph to read 'Director of HR explained that those staff who had not been appraised were not being used and only those staff who had been appraised were being utilised on the wards.'

TB4/12 MATTERS ARISING AND ACTION PLAN

There were no matters arising for discussion.

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

TB110b/11 Clinical Strategy Update: costings for the clinical strategy were still being progressed. Action ongoing.

TB111a/11 Performance Report:
a) Ophthalmology action plan on January agenda – action complete.
b) Mortality reports reviewed on January agenda – action complete.

TB5/12 STRATEGY AND POLICY

a) Acquisition Update

The Interim Chief Executive gave an update to Board members relating to the acquisition process as outlined in the written report.

The Interim Chief Executive confirmed that the process continued to progress well and that the Board would be requested to make the decision of a preferred bidder on 31 January 2012.

The report was **NOTED**.

b) Clinical Strategy Update

The Director of Finance/Deputy Chief Executive presented a written update report in relation to the Clinical Strategy.

The development and implementation of the clinical strategy continued to be programme managed on behalf of the Health Economy by the PCT cluster through the System Wide Implementation and Integration Board.

This Board met fortnightly and was the forum whereby operational progress on the implementation was monitored and issues that required escalation to senior executive level for decision making could be raised. The Board comprised the Chief Executives and Medical Directors of NHS Cumbria, Cumbria Partnership Foundation Trust, NCUH and the CCG.

In addition to this, the Directors of Operations of the respective organisations meet on a weekly basis to performance manage progress against milestones in each of the three the key workstreams of the clinical strategy, e.g. Planned Care, Unplanned Care and Paediatrics.

The Director of Finance/Deputy Chief Executive explained that in relation to the costing of the clinical strategy, a template was being currently being developed which would aide the completion of the costings. The Interim Chief Executive explained that the Trust had spent a significant amount of time securing agreement from commissioners as to what services they wanted and this had taken longer than anticipated. The next step in the process would be to look at the final costings for the services required as these could not be implemented at any cost. The Medical Director stated that discussions with commissioners had been positive and constructive which had been important for partnership working.

The Board would be kept updated.

c) Turnaround Update

The Director of Finance/Deputy Chief Executive gave a verbal update to the Board in relation to Trust turnaround.

The Director of Finance/Deputy Chief Executive explained that the Trust had introduced a new approach to turnaround which had patient safety at the forefront, as all schemes had to be signed off by the Medical Director. Support was given to the clinical teams by the Project Management Office (PMO) in considering all proposed schemes. Director of Finance/Deputy Chief Executive explained that although pace needed to be increased, clinical safety would always be taken account of.

The PMO had met with over 300 staff over the last few weeks to discuss the new process; the purpose of which had been to communicate the principles and systems underlying the new process. The Trust's current cost improvement total for 2011/12 was £7.4m against a target of £15.2m, meaning that there was a current shortfall of £7.8m.

Professor Bruce commented that she was pleased to see, following the earlier presentation at the meeting, that although the Trust was working hard to identify efficiencies, quality services continued to be delivered and staff were being empowered.

The Medical Director explained that doctors and nurses were identifying efficiencies from the shop floor, which were then forwarded to himself and the Acting Director of Nursing on a weekly basis to undergo a rigorous quality and safety check approval process. He commented that the fact that these ideas were coming from the shop floor meant that any clinical risks were also reduced.

The update was **NOTED**.

d) Quality Account 2011/12

The Acting Director of Nursing presented a report which gave an update on the preparation for the production of the Trust's annual Quality Account.

The report updated the Board on the following key areas:

- Progress with implementing the Quality Account priorities set for 2011/12
- Priority setting for 2012/13
- Production of the Quality Account for 2011/12

The Acting Director of Nursing, in giving further clarity on stakeholder engagement, explained that as per the previous year in developing the Account, the Trust would be seeking views from stakeholders so as to get as much feedback as possible on the proposed priorities for next year.

The Acting Director of Governance/Company Secretary confirmed that the Trust was on track to fully achieve the priorities it set out for 2011/12 by 31 March 2012. In addition, she explained that patient safety walkabouts for Board members were to commence in February, which would then enable the Board to receive direct feedback. The Acting Director of Governance/Company Secretary also reported that the implementation of weekly mortality reporting was to commence which would provide the Board with additional assurance.

In answer to a question regarding the roll-out of the Productive Ward, the Acting Director of Nursing confirmed that all wards had now commenced and this was being led by Mrs G Long, Productive Ward Co-ordinator.

The report was **NOTED**.

e) New West Cumberland Hospital Development Update

The Director of Finance/Deputy Chief Executive presented a report which gave an update in relation to the West Cumberland Hospital development.

The following key points were **NOTED**:

- The new scheme build design had been developed through to completion of the 1:50 scale via a detailed process of working with clinical user groups.
- The re-provision of inpatient mental health facilities from Yewdale Ward into replacement accommodation within the

existing J Block, at a cost of c.£3 million, lay on the critical path for the overall redevelopment programme. The works within J Block were on site and continued to progress well towards completion in May, with relocation of patients from Yewdale Ward to take place during June.

- Further detailed work had been undertaken with NHS Cumbria and NHS North of England to enable their Boards to confirm approval of the FBC. Approval remained outstanding at present and the Project Team continued to work closely with both organisations to secure approval, in order to avoid any further adverse impact on the programme for the new build.

The Interim Chief Executive voiced his disappointment at the lack of approval for the FBC by NHS Cumbria. He explained that NHS Cumbria had confirmed that they would consider the FBC at their Board meeting in January, however, was embarrassed to report that this was not now going to be delivered. He stressed the importance of the development being approved as soon as possible and prior to the acquisition process being completed otherwise the two issues could become inappropriately embroiled. He explained that the Trust would be requesting NHS Cumbria to convene an extraordinary Board meeting in February so as to discuss any outstanding issues they had prior to approval. Following NHS Cumbria approval, it was hoped that the SHA would then approve the FBC at their March Board meeting. The Interim Chief Executive also commented that NHS Cumbria would also require the approval of their two schemes, e.g. Cockermouth and Cleator Moor, and until approval was given for the development at WCH, Trust support for these two schemes would not be given and, therefore, all schemes would then be delayed.

Board members would be kept updated.

TB6/12 OPERATIONAL PERFORMANCE

a) Performance Report

a) Operating Performance

The Director of Finance/Deputy Chief Executive presented the Operating Performance report.

Operational performance against key targets remained broadly strong with some pressures within specific specialities on access targets.

The Director of Finance/Deputy Chief Executive explained that there had been an increase of referrals to the symptomatic breast service due to the PIP implant issues. He reported that the Trust had never used these types of implants but were helping women who were presenting with problems associated with these implants, however, the situation was being monitored.

In answer to a query as to the stroke data outlined in the report, the Director of Finance/Deputy Chief Executive explained that the data related to the ongoing care of stroke patients, whereas Telestroke was predominantly focussed on the timely access to out of hours care for stroke care. The Medical Director explained that the stroke care patients were receiving was actually better than what the data reported and felt that this was down to how the data was being recorded and when. The Director of Finance/Deputy Chief Executive reported that although immediate stroke care was cutting edge, there may be an issue with then getting an appropriately placed stroke bed and it was in this area that the Trust was not doing as well as it could be (???). The Medical Director confirmed that the stroke teams were currently looking at this particular area with a view to improvements. He further explained that it was the location as to where the patient received the stroke care that was triggering the indicator.

Ms Cooke enquired as to the number of patients waiting to be admitted and how long they had been waiting. The Acting Director of Governance/Company Secretary confirmed that the Director of Operations would be able to provide this information.

Mr Evens enquired as to the delayed transfers of care. The Director of Finance/Deputy Chief Executive explained that there is an expected length of care/stay for each patient and if this length of stay is increased, those patients are then classed as a 'delayed transfer of care'. He explained that all partners were currently meeting on a weekly basis so as to improve discharge e.g. to community hospital, residential care, home care packages, but it was felt that this was not progressing fast enough. The Medical Director explained that if the Trust was to become efficient, its partners would also need to be efficient, and this was a big challenge.

The report was **NOTED**.

b) **Quality Report**

The Acting Director of Nursing presented the Quality Report.

Excellent performance on minimisation of infection across the Trust continued, with no incidences of MRSA bacteraemia for 19 months and CDiff remaining below trajectory.

The Medical Director reported that a lot of work had been undertaken in relation to mortality indicators. He explained it was difficult to do comparisons with indicators as it was quite complex.

The Medical Director explained that he would be implementing weekly mortality reviews. The purpose of these meetings would be to:

- Introduce an immediate check and review on hospital deaths to ensure any patient safety issues or sub-standard care was identified quickly.
- Assess deaths in relation to a specific trigger tool.
- Ensure that coding of patient deaths was correct.

Specific terms of reference were being developed for the weekly mortality reviews, which would commence in February 2012. This would allow for improved reporting and assurance to the Trust Board on the review of hospital deaths as well as the work which was generated from Dr Foster or CHKS reports.

It was also recognised that the coding of patients on discharge generally needed to be improved across the Trust, which should start to come to fruition with the introduction of Electronic Discharge, however, the performance on discharge was still poor in a number of areas. To improve this position, a 'pre-discharge' summary was also being piloted to provide greater senior doctor input into patient discharge.

The introduction of the weekly mortality reviews were essential to ensure hospital deaths were managed pro-actively, prior to any analysis on mortality being published. A number of clinical would take place during February and would be reported to the Trust Board in March 2012.

Mr Bonner enquired as to whether other Trusts had issues with 'classification'. The Medical Director explained that this was the case, but the Trust's issues related to the collection of the appropriate information and, therefore, better processes would need to be established so as to achieve better outcomes.

The report was **NOTED**.

c) **Workforce Report**

The Director of Human Resources presented the Workforce Report.

In answer to a question from Ms Cooke regarding revalidation, the Director of Human Resources reported that this piece of work was currently being undertaken by the Medical Director's office. The Medical Director reassured the Board that the Trust had taken all the steps it needed to and was on track. The Acting Director of Governance/Company Secretary explained that the Governance Committee had received a detailed report on revalidation, however, would ensure that this information was included in a forthcoming Performance Report for information.

The report was **NOTED**.

d) **Finance Report**

The Director of Finance/Deputy Chief Executive presented the Finance Report.

The following key points were **NOTED**:

- At the end of November the Trust was reporting a surplus of £43k against a planned surplus of £483k, resulting in an adverse variance of £440k.
- There had been an improvement of £320k in the Trust's income position in month which was now £2,810k ahead of the cumulative plan.
- CIP actioned in month was £453k, bringing the total CIP achieved year to date to £3.7m against the annual requirement of £15.2m. Considerable effort would need to be made to ensure that all identified CIP schemes, which were clinically safe and patient focussed, were fully supported across the Trust allowing implementation in full and on time. The Trust could not rely on external resources from the SHA or others and, therefore, it was crucial to achieve maximum efficiencies.
- Efforts must be made to reduce expenditure in order to bring costs back into line with the income generated.
- The Trust's target of delivering a surplus of £1m at the end of March 2012 remained a significant risk unless further cash releasing CIP was delivered.
- Discussions were ongoing with the Clinical Commissioning Group in relation to next year's contract.

The report was **NOTED**.

TB7/12 **GOVERNANCE AND ASSURANCE**

a) **CQC Registration Update**

The Acting Director of Governance/Company Secretary provided the Board with an update on the Trust's registration with the Care Quality Commission.

The report summarised the current position on compliance with the CQC regulations and outcomes in three key areas, as follows:

- Quality risk profile
- Provider compliance assessments

- Internal spot checks

Following a review by the compliance team as at Q3, the majority of regulations were forecasting 'green' for the end of year position. However, there were two regulations where the Trust was not forecasting 'green', as follows:

- Regulation 16 – Safety, availability and suitability of equipment
- Regulation 23 – Supporting workers

It was anticipated that action plans would remain in place at the end of Q4 to ensure specific issues were addressed so as to maintain compliance with these regulations.

The Acting Director of Governance/Company Secretary reported that the Trust had received a follow up unannounced visit to West Cumberland Hospital on 24 November 2011. The follow up visit looked specifically at the actions the Trust had put in place in relation to Outcome 01 - Respecting and involving people who use services, Outcome 05 - Meeting nutritional needs and Outcome 14 – Supporting Workers. The Trust had received positive informal feedback from the visit at West Cumberland Hospital, however, final reports from the CQC were awaited.

The Acting Director of Governance/Company Secretary stressed the importance of monitoring these areas in addition to all the strategic issues the Trust was progressing

The report was **NOTED**.

b) Trust Governance Risk and Quality Strategy

The Acting Director of Governance/Company Secretary presented the Governance, Risk Management and Quality Strategy 2011/13 and requested the Board to ratify the document.

The strategy had been updated in minor areas to ensure that it was up to date and reflected current practice. The objectives set out in the strategy for 2011/12 related to the delivery of the governance improvement plan, which was approved by the Board in July 2011, following the review of clinical governance undertaken across the Trust.

The Governance and Quality Committee reviewed the updated strategy in December 2011 and approved the strategy, subject to any final amendments, prior to the Board receiving the strategy in January 2012 for ratification.

The Board **RATIFIED** the Strategy.

c) Maternity Risk Management Strategy

The Acting Director of Governance/Company Secretary presented the Maternity Risk Management Strategy, requesting Board ratification.

The Acting Director of Governance/Company Secretary explained that during the last 18 months, the Trust had developed the 'general' governance and risk management strategy with the aim of improving the Trust's governance systems and processes.

The governance team had been working with the maternity team during the last 3 months to update and align the maternity risk management strategy so as to ensure the maternity risk processes were linked into the Trust's main systems for governance and risk management.

The Acting Director of Governance/Company Secretary highlighted that maternity services had a very explicit governance framework to follow as part of their CNST arrangements which were reflected in this strategy.

The work that had been progressed on the maternity strategy now ensured that the systems and processes in practice were fully reflected and dovetailed into the Trust's main systems for governance.

The Governance and Quality Committee reviewed the updated strategy in December 2011 and approved the strategy, subject to any final amendments by the Board.

The Board **RATIFIED** the Strategy.

d) WCH Deanery Visit

The Interim Chief Executive presented a report which updated the Board on the action plan which had been put in place following the Deanery visit to West Cumberland Hospital.

In November 2011, the Northern Deanery visited the Trust following concerns which had been raised regarding the educational experience of trainees and potential patient safety concerns.

The visit involved meeting senior Trust colleagues, both clinical and administrative, as well as interviewing trainees, medical and consultant staff.

The Trust received a confidential report, following the visit which outlined a number of recommendations for the Trust to implement. The recommendations related to different aspects, including:

- The governance arrangements and support for medical trainees

- Systems and working practices
- Induction and supervision for medical trainees

The Trust has been working closely with the Deanery to put in place an action plan, which was outlined in the report. Regular meetings with the Chief Executive, Senior Directors, Consultant Team at Whitehaven and the Medical Division had been established to deliver the key areas in the action plan.

The Trust had discussed with the Deanery the future ways of working for Medicine across the two hospital sites, which linked to the implementation of the clinical strategy and associated programmes of work for example development of the integrated emergency floor.

The Deanery would be undertaking a follow up to their visit and progress with implementing the action plan, which would be reported to the Board in March 2012.

Ms Cooke enquired as to whether the trainees had seen the action plan. The Interim Chief Executive explained that this would be a task for the Deanery to undertake, not the Trust.

The report was **NOTED**.

TB8/12 ANNUAL REPORTING

a) Safeguarding Annual Report

The Acting Director of Governance presented the Safeguarding Annual Report to the Board which provided information and progress pertaining to all aspects of safeguarding within the Trust relating to children, adults and patients with learning disabilities.

The report was **NOTED** by the Board.

b) Audit Committee Annual Report

Mr M Evens, Chairman of the Audit Committee, presented the 2010/11 Audit Committee Annual Report.

The report principally covered the activities of the Committee in the financial year and included matters relevant to that year. The report also highlighted specific exceptional matters that had arisen during the year.

Mr Evens stated that he was pleased that there had been more importance placed on the audit recommendations, although implementation required more focus.

Mr Evens reported that an extraordinary meeting of the Committee had been held earlier that day to discuss the acquisition process.

The Report was **NOTED** by the Board.

TB9/12 STANDING COMMITTEES OF THE BOARD

a) Audit Committee – November 2011

Mr M Evens, Chairman of the Committee, reported that the medical equipment audit had been reported to the Committee and was pleased that an action plan was now in place.

The minutes were **NOTED** by the Board.

b) Charitable Funds Committee – December 2011

Mr M Bonner, Acting Chairman of the Committee, reported that the Charitable Funds Annual Accounts had been approved at a meeting earlier that day.

Mr Bonner commented that there had been much better clinical engagement over the past year with 900 applications for support being received.

The minutes were **NOTED** by the Board.

TB10/12 ANY OTHER BUSINESS

a) Questions from the Floor

Ms C Kitchen, Ward Sister, WCH, commented that she had seen big improvements in the care of stroke patients at WCH, and although there was pressure on beds, the care had improved.

Mrs E Cullen enquired as to whether the training for health care assistants had commenced. The Acting Director of Governance/Company Secretary reported that a new system of more robust training recording had been put into place and the next steps would be to ensure continuing improvements.

Mrs Cullen enquired as to a reported underspend by the PCT in relation to ophthalmology. The Director of Finance/Deputy Chief Executive was unaware of any underspend but confirmed that currently the Trust had more patients being referred to this specialty than it could care for.

Mrs Cullen enquired as to whether the Trust had sufficient midwifery staff. The Acting Director of Nursing confirmed that this was the case and the Trust's staffing was in line with Birthright recommendations.

TB11/12 DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 14 February 2012 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.