

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 8
NOVEMBER 2011 AT 1PM 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**
- 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 R Whytock, Communications Officer**

CLINICAL PRESENTATION: UPDATE ON THE TELESTROKE PROJECT – DR PAUL DAVIES AND MS KATHY BLACKER

Dr Davies and Ms Blacker gave an update to the Board on the Telestroke Project (copy attached).

Ms Blacker explained that the Trust, as the host Trust, had led the successful implementation of the Project, which had involved major effort and dedication from the Trust's team. Particular credit was given to Mrs B Monk, Dr P Davies and Mr M Thomas.

Dr Davies explained that the implementation of the Telestroke Project had enhanced the daytime treatment of patients, as patients were getting through the system quicker because of the improved out of hours service.

Dr Davies explained that although the rota system across Cumbria and Lancashire was quite complex, there had been no problems to date, but contingency plans had been prepared.

The Medical Director enquired as to whether this type of project would be the way forward for emergency care departments. Dr Davies explained that Telestroke was a visual system and was suitable for the treatment of patients suffering stroke, however, he felt that this system would not be able to replace all branches of emergency procedures and that 'face to face' care was preferable.

With regard to associated costs, Dr Davies explained that the Trust was given initial funds for the setting up and running of the project, it would be difficult to identify 'real' savings albeit there would be service improvements in both secondary and primary care.

The Chairman thanked Dr Davies and Ms Blacker for their update.

TB106/11 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were recorded from Mr P Day.

TB107/11 DECLARATIONS OF INTEREST

There were no interests declared by Board members.

TB108/11 MINUTES OF THE LAST MEETING

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

Page 2, 3rd paragraph, TB101/11 to read "The Acting Director of Nursing reported that the two breaches had related to ITU patients and this was not counted originally within the national reporting system."

TB109/11 MATTERS ARISING AND ACTION PLAN

There were no matters arising for discussion and the action plan was **NOTED**.

TB110/11 STRATEGY AND POLICY

a) **Acquisition Update**

The Chief Executive presented a report which gave an update in relation to the acquisition process and the following key points were **NOTED**:

- The Phase 1 milestones have been met.
- The Deloitte report will be presented to section 2 of the Trust Board meeting in November.
- FT interest in the acquisition continues, however University Hospitals of Morecambe Bay NHS Foundation Trust has withdrawn from the process due to the issues relating to maternity services identified by the CQC in September.

- The Stakeholder Event was held on 12 October and a briefing document for FTs and delegates was provided in advance of the meeting.
- Stakeholder views were summarised in a briefing for the Trust Board in preparation for the 1 November Trust Board meetings with the Foundation Trusts. The final report will be submitted to section 2 of the Trust Board.
- The Trust Board met with the Foundation Trust Boards on 1 November. The question and answer session in the meeting was based on Stakeholder feedback.
- Preparation for the formal Invitation to Tender is almost complete.

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

b) **Clinical Strategy Update**

The Chief Executive reported that the clinical strategy was currently being costed and it was expected that this would be presented to the Board at the January meeting.

The update was **NOTED**.

ACTION:

Report on costed clinical strategy to be presented at January Board meeting.

c) **New West Cumberland Hospital Development Update**

The Director of Finance/Deputy Chief Executive reported that discussions/negotiations relating to the legal agreement and guaranteed minimum price were now completed with Laing O'Rourke.

An addendum was currently being prepared around the clinical strategy so as to align this to the project.

Plans were being redesigned and Yewdale Ward (J Block) was well advanced.

The update was **NOTED**.

d) **Turnaround Update**

The Director of Finance/Deputy Chief Executive provided Board members with an update in relation to the Trust's internal turnaround.

The Director of Finance/Deputy Chief Executive reported that recent changes and enhancements had been made to the programme for

the development and delivery of the necessary CIP of £15.2m in 2011/12. These changes were focused on improving delivery and achievement of CIP through enhancements to clinical engagement, a swifter turnaround of proposals and increasingly stringent performance management. These changes had been supplemented with staffing changes within the PMO which was now led by an experienced turnaround manager with a recent track record of significant delivery in this field.

Through these changes, and although challenging, the Trust would continue to focus on its absolute requirement to achieve its CIP target of £15.2m and improve its in year and underlying financial position continuing to balance this delivery with the delivery of the highest quality clinical services.

The Board **NOTED** an amendment on page 7 of the report, within the table where the words “ward closures” should read “flexibility of capacity/demand”.

The report was **NOTED**.

TB111/11 **OPERATIONAL PERFORMANCE**

a) **Performance Report**

a) **Operating Performance**

The Acting Director of Operations presented the Operating Performance Report and explained that operational performance against key targets remained broadly strong with some pressures with specific specialties on access targets.

Significant issues remained within ophthalmology and the Acting Director of Operations **AGREED** to bring a detailed action plan to the Board in due course. The Acting Director of Operations explained that the division had devised an action plan, which also involved increasing capacity. However, a short term improvement plan was in operation which had received support from the GP commissioners.

In addition, the Director of Operations confirmed that action plans were also in operation for oral surgery and neurology.

ACTION:

Ophthalmology action plan to be presented to the Board.

b) **Quality Report**

The Acting Director of Nursing presented the Quality Report and drew specific attention to updates in the following areas:

- Fractured neck of femur
- Complaints and patient experience

- Mortality
- Control of infection

Excellent performance on minimisation of infection across the Trust continued with no incidences of MRSA bacteraemia for 17 months and CDiff remained below trajectory.

In relation to the new Summary Hospital Mortality Indicator (SHMI), which had been launched in October 2011, Professor Bruce enquired as to whether there was any evidence of a change of demography, which could reflect a population problem, in relation to the Trust's indicators. The Medical Director confirmed that the indicators were adjusted for populations, however, further analysis was required on patients who had died post 30 days of discharge from hospital. The Medical Director reported that overall the Trust's mortality rate was on a downward trend, however, this was not reducing as quickly as the Trust's peer groups. Although it was anticipated that the inclusion of all deaths in the SHMI would potentially increase a hospital's mortality by 35%, Mr Bonner indicated that the Risk Adjusted Mortality Index (RAMI) indicated a higher level than this and he felt that the figures needed to be explained more clearly so as to be understood better. This comment was also shared by Mr Evens who also felt that a more detailed report, with clear explanations, needed to be presented to the Board in the future.

It was, therefore, **AGREED** that future reports would be reviewed and clarified.

ACTION:

Future reports to be reviewed and provide more clarity on specific outliers.

c) **Workforce Report**

The Director of Human Resources (HR) presented the Workforce Report.

The Director of HR outlined the arrangements that had been put into place for the planned day of industrial action on 29 November which was related to changes proposed by the Government to public sector pensions. Meetings had been held with all the divisions to discuss emergency planning arrangements.

The Acting Director of Governance, in relation to appraisals, stressed the importance of continuing with the steady improvement made with appraisals, which needed to increase pace in order to achieve a minimum of 80% achievement at the year end. The Acting Director of Governance queried whether the bank staff data was correct as specific work had been undertaken in this area to improve the appraisal position. The

Director of HR explained that those staff who had not been appraised had now been removed from the 'bank' and those that had been appraised were being utilised on the wards.

d) **Finance Report**

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

The Trust was reporting a balanced financial position predicated on the delivery of the efficiency target of £15.2m by the year end. The pace of the delivery of the CIP needed to increase over the second half of the year in order to ensure the target was achieved.

The Director of Finance/Deputy Chief Executive explained that discussions were taking place with commissioners in relation to payment for over performance on the current year's contract. Negotiations in relation to next year's contract were shortly to commence with commissioners and it was hoped that these would continue in the current vein of positive discussions.

The report was **NOTED**.

TB112/11 **GOVERNANCE AND ASSURANCE**

a) **Standing Orders – Amendment**

The Acting Director of Governance/Company Secretary presented a report which recommended an amendment to Section 2, Sub-Section 2.1, as follows:

- Chief Executive
- **Director of Finance/Deputy Chief Executive**
- **Director of Operations**
- A registered medical practitioner (Medical Director)
- A registered nurse or midwife (**Director of Nursing and Quality**)

The Board **APPROVED** the amendment.

TB113/11 **STANDING COMMITTEES OF THE BOARD**

a) **Audit Committee (unratified) – September 2011**

Mr M Evens, Chairman of the Committee, advised that a few minor changes had been made to the minutes since circulating these to Board members as he had not had time to read through these before they were distributed.

Mr Evens commented that good progress was being made on the Assurance Framework and the quality of the Audit Committee recommendations were significantly improved, albeit the speed of implementing the recommendations was slower than expected.

TB114/11 ANY OTHER BUSINESS

No further business was discussed.

TB115/11 DATE, TIME AND PLACE OF NEXT MEETING

Tuesday, 17 January 2012 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.