

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 19 JUNE
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
- Dr N Goodwin, Interim Chief Executive
- Mr A Mulvey, Director of Finance/Deputy Chief Executive
- Mrs C Platton, Director of Nursing and Quality

In Attendance:

- Mr D Gallagher, Director of Human Resources & Organisational Development
- Mrs C Griffiths, Acting Director of Governance & Acquisition
- Mr E Tallis, Associate Director of Operations
- Mrs J Stockdale, Head of Corporate Affairs/Acting Company Secretary
- Miss R Whytock, Communications Officer

TB58/12 WELCOME AND APOLOGIES

Apologies for absence were received from Mr P Day, Professor V Bruce, Mr M Walker and Ms C Siddall.

TB59/12 DECLARATIONS OF INTEREST

No declarations of interest were recorded.

TB60/12 CLINICAL PRESENTATION: PATIENT STORIES – CREA SIMPSON, MATRON, PATIENT EXPERIENCE

The Chairman welcomed Crea Simpson, Matron of Patient Experience, to the meeting to give a presentation outlining her role (copy attached).

Mrs Simpson explained that her role as a Quality Matron focusing on patient experience entailed her walking the wards, speaking to patients and their relatives about their care and also talking and working with the staff. Part of this role also involved collecting information in relation to the patients' journey through the Trust and feeding this information back to the wards and department for use in reflective practice and

sharing lessons learned. The reports and stories collected were then uploaded onto the Trust's AuditR programme and shared with staff so as to improve services.

Mrs Simpson explained that two common themes had been identified and these related to communication and staffing levels. In relation to communication, patients had commented that they wanted more information to hand when being discharged from hospital and for staff to be more pro-active in sharing this information with their relatives and/or next of kin. In relation to staffing levels this related to patients wanting staff to have more time to talk to them whilst delivering their care. These two themes were, therefore, being addressed.

With regard to the next steps, Mrs Simpson explained that the formal reporting to divisions of issues/themes identified had started and the action plans for the implementation of changes and monitoring had been developed. Progress and the changes implemented would be published in due course. The data would also be linked with other quality measures such as CQUIN and the CQC outcomes.

Mrs Simpson explained that the prime aim was to embed patient experience in all activities across the Trust. She explained that staff were engaged and very keen to see the improvements happen.

Mr Bonner explained that the Board received a lot of data relating to complaints and incidents and enquired if Mrs Simpson's data linked in with this. Mrs Simpson explained the Patient Satisfaction Manager, who dealt with the complaints, and herself worked pro-actively alongside each other.

Ms Cooke commented that the feedback received from patient stories were likely to impact on how staff worked and would need to be embedded. Staff would, therefore, need support and encouragement. Mrs Simpson agreed and explained that staff were being supported and given feedback and that she was very 'visible' on the wards in order to assist with this process.

In answer to a question from Mr Bonner as to how we maintain a elderly dementia patient's dignity, Mrs Simpson explained that the consultant would still ask the permission of the patient to carry out the assessment and talk to the patient directly, however, in the presence of the patient's next of kin or family.

Mrs Simpson explained that, to date, her role was being used and accepted in a positive way by patients and staff alike.

The Chairman thanked Mrs Simpson for an interesting and informative presentation.

TB61/12

MINUTES OF THE LAST MEETING

The minutes of the meetings held on 15 May 2012 and 6 June 2012 were **APPROVED** as a correct record.

TB62/12 **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed. The Head of Corporate Affairs/Acting Company Secretary outlined the action plan, as follows:

TB110b/11 Clinical Strategy Update: update to be given at the July Board meeting.

TB48b/12 Trauma Accreditation: membership and governance arrangements of the Trauma Accreditation Board to be more clearly defined at July Board meeting.

TB63/12 **STRATEGY AND POLICY**

a) **Acquisition Update**

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

The report described progress since the selection of Northumbria Healthcare NHS Foundation Trust (Northumbria) as the preferred bidder, including:

- The Heads of Terms and transaction timescales
- Due diligence process
- The governance framework required to deliver the acquisition
- Development of a transition plan
- Application for approving the transaction from the NHS Co-operation and Competition Panel (CCP)
- Foundation Trust membership recruitment for north Cumbria

The Interim Chief Executive reported that significant progress had been achieved since the previous meeting.

Mr Evens enquired as to whether the completion of the Business Transfer Agreement relied on the Secretary of State approval or whether it could be completed earlier. The Interim Chief Executive explained that although the completion of the Agreement could take place earlier, it would still require Secretary of State and regulatory approval.

The Acting Director of Governance/Acquisition clarified that tasks requiring integration pre and post-transaction were tasks such as policies and procedures and the workstreams were currently looking at these.

The Acting Director of Governance/Acquisition also explained that there was a communications protocol in place so as to keep stakeholders updated and that workstreams were expected to provide the communications team with regular briefings.

The Acting Director of Governance/Acquisition explained that feedback from the CCP was important as the timescales for the acquisition could change depending on their overall work programme and whether the CCP decided on a one or two stage process to assess the application.

The report was **NOTED**.

b) **West Cumberland Hospital Redevelopment Update**

The Director of Finance/Deputy Chief Executive reported that the Full Business Case was currently with the Department of Health and Treasury and the Trust was awaiting approval, which was hoped would be received within the next few weeks, following which, the work on site would commence in July.

An update would be given at July's Board meeting.

The verbal report was **NOTED**.

c) **Annual Plan and Budget 2012/13**

The Director of Finance/Deputy Chief Executive presented a report which outlined the revised and final Annual Plan for 2012/13, together with the revenue and capital budgets, the draft of which had been presented to the Board in May.

Under 'other operating income' on page 6, Mr Evens enquired as to the £4m outturn under 'other'. The Director of Finance/Deputy Chief Executive stated that although he would need to double-check the detail, explained that this related to the contracting out of ophthalmology services.

Mr Evens also enquired as to the current position for the recovery of rental income from other organisations who, to date, had been receiving this free of charge from the Trust. The Director of Finance/Deputy Chief Executive explained that the Trust was speaking to these organisations regarding accommodation charges, however, these were difficult conversations.

Mr Bonner drew attention to the 5th line of the 5th paragraph on page 10, where the word 'shortfall' needed to be inserted after 'secured to cover any ...'

The Director of Finance/Deputy Chief Executive confirmed that Northumbria colleagues were fully aware of the proposals. He also confirmed that sitting behind the report was a process which was more defined in its detailing systems so as to meet the CQUIN targets. The Acting Director of Nursing explained that the Trust had lead Directors who had individual responsibility for delivery and monitoring as part of the contract. The Director of Finance/Deputy Chief Executive explained that the delivery of CQUIN also came with significant financial benefits to the Trust.

The report was **NOTED**.

TB64/12 **OPERATIONAL PERFORMANCE**

a) **Performance Report**

i. **Operating Performance**

The Associate Director of Operations presented the Operating Performance report for April 2012, reporting that operational performance against key targets remained broadly strong with some pressures within specific specialities relating to access targets.

The Associate Director of Operations outlined exception reports in the following areas:

- Referral to treatment; admitted patient care 95th percentile
- Mixed sex accommodation breaches – the timescale for transferring a patient from ITU to a ward bed was 4 hours.
- A&E clinical indicators
- Cancer: 2 week waits – in relation to symptomatic patients, they had been given the appointment within the 2 week rule window, however, as they had decided to change the date due to personal reasons, the Trust had to record these as breaches.
- Cancer: 31 day waits
- Strokes: patients with 90% of their admission on a stroke ward
- Delayed transfer of care – a daily report from the community hospitals was now being received which was of great help.
- Temporary staffing costs
- Thrombolysis – 6 of the 7 breaches were due to the extended call to door times and the Director of Operations would pick up this issue with NWAS.

The Director of Finance/Deputy Chief Executive stressed the importance of looking at the pressures in particular areas of the Trust's performance which depended heavily on the performance of others, for example, thrombolysis performance and delayed transfers of care performance.

In relation to the stroke service, the Acting Director of Nursing explained that the out of hours and the daytime services played a key part in complementing each other.

Ms Cooke enquired as to how the Trust was learning from other service providers. The Associate Director of Operations explained that the Trust was trying to 'dig' down to the facts across the health economy so as to have a joined up picture on what is/was happening. A series of audits across the health economy was also to be undertaken.

The Director of Finance/Deputy Chief Executive reported that the Trust expected to make some pharmacy savings over the next few years via national and local initiatives; however, this was dependant on working in partnership with the PCT and commissioners. The commissioners had indicated that any savings would be achieved would be shared with the Trust 50/50.

The report was **NOTED**.

ii. **Quality Report**

The Acting Director of Nursing presented the Quality Report.

The quality dashboard of the performance report was under review and the new format would be reported to the July 2012 Trust Board. The new format would include all of the CQUIN measures and include the quality schedules which formed part of the Trust's contract with NHS Cumbria. The key aim of this was to ensure that exceptions against performance were reported to the Trust Board. The Acting Director of Nursing confirmed that the dashboard would be aligned to that of the Northumbria format as closely as possible.

The Acting Director of Nursing reported that excellent performance on minimisation of infection across the Trust continued, with no incidences of hospital acquired MRSA bacteraemia for 23 months and CDiff remaining below trajectory.

The Acting Director of Nursing outlined details of plans which were in place to address areas of underperformance in relation to Advancing Quality Pneumonia and fractured neck of femur.

The Board congratulated staff on all the hard work undertaken on the continued excellent infection prevention reporting, which was a reflection of the quality of services being provided.

The report was **NOTED**.

iii. **Workforce Report**

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

- Staff in post had reduced by 80.20 WTE when compared to the equivalent month in 2010/11.
- It was hoped to achieve the targets for appraisal and mandatory training by the acquisition completion, as this was part of the HR workstream and integration plan.
- The sickness absence rate had reduced to 4.70%.

The report was **NOTED**.

iv. Finance Report

The Director of Finance/Deputy Chief Executive presented the Finance Report and the following key points were **NOTED**:

- The Trust reported a surplus of £30k at the end of April against a planned surplus of £32k. This position was supported by £2.35m of strategic support funding. As in previous years, the Trust would require strategic support funding to bridge the gap between income and expenditure, although the final amount had yet to be agreed with NHS North of England as well as delivery of the cost improvement programme.
- Total income for April was £16.7m against a target of £16.9m. Clinical activity was ahead of the plan with activity levels remaining high.
- Pay expenditure in April was £11.5m. This was in line with the level of pay costs in the final quarter of 2011/12. Expenditure on nurse bank and overtime increased again in April as the Trust continued to have escalation beds open and staffed.
- Expenditure on non-pay in April was £5.5m which was lower than the 2011/12 average. Elective activity levels were lower in some of the high cost specialties such as Orthopaedics and Cardiology as a result of the Easter period. The Trust expected expenditure to increase in future months in line with the trends witnessed in previous years.
- The Trust had delivered £1.6m of efficiency savings in April against the annual plan of £16.9m. The Project Management Office (PMO) were currently reviewing existing plans across all areas and working with the appropriate staff to ensure that approved plans were implemented on time and delivered in full. The PMO continued to support staff to generate and develop new ideas for 2012/13 schemes for delivery in the current and future financial years as the Trust continued to work to reduce its overall cost base.

In summarising, the Director of Finance/Deputy Chief Executive explained that the emphasis over the next few months would be to ensure cash releasing CIP was delivered to help reduce the financial gap between expenditure and income which would also help improve the overall liquidity position of the Trust.

The report was **NOTED**.

TB65/12

GOVERNANCE AND ASSURANCE

a) **Patient Safety Walkabouts – Feedback from Non Executive Directors**

Ms Cooke and Mr Evens gave their verbal feedback following a patient safety walkabout to ITU earlier that day.

Ms Cooke commented that there appeared to be good engagement in the unit and reported that they had spoken to staff, patients and their families/carers.

It was a hard working area with all patients and families present happy with the care provided.

Problems with bed pressures were identified, particularly in relation to patients awaiting beds in other areas of the hospital, however, there had been no suggestion of any patient's care being compromised.

Mr Evens confirmed that there had been no safety concerns raised, particularly given such a high risk area. Mr Evens commented that the main risk within the unit was managing its occupancy levels. He reported that there was an excellent team in place and team working was extremely good.

With regard to incident reporting, the staff Ms Cooke and Mr Evens spoke with were comfortable with the system and were using it and did not feel inhibited as they recognised the importance of reporting incidents.

The Acting Director of Nursing confirmed that future visits would consist of visiting only one ward/department as it was felt more beneficial because issues could be explored in more depth

The verbal report was **NOTED**.

b) **Inpatient and Outpatient National Patient Survey Report**

The Acting Director of Nursing presented the results of the Inpatient and Outpatient National Patient Survey 2011.

As outlined earlier in the presentation by the Matron Patient Experience, the Acting Director of Nursing explained that the provision of information to patients on their discharge was looking being addressed.

The report was **NOTED**.

c) **Staff Survey Action Plan**

The Director of Human Resources presented a report which provided the Board with a 9 year comparison of the Trust's staff survey results, including areas to ensure improvements in working conditions and practices for staff at a local level and the proposed follow up actions.

As the action plan had been presented to the Governance Committee in May, it was **AGREED** that the Committee would monitor its delivery.

The report was **NOTED**.

ACTION:

Governance Committee to monitor delivery of staff survey action plan.

d) **Compliance, Governance Quality and Safety Report**

The Acting Director of Governance/Acquisition presented a report which provided the Board with key information on the compliance and governance of quality and safety during May 2012.

The report summarised the key governance developments in relation to quality and safety as follows:

- Care Quality Commission (CQC) review of Outcome 21 in March and the Trust compliance for this standard.
- Developments in the Trust's approach to Board assurance for CQC compliance.
- Care Quality Commission (CQC) Quality and Risk Profile (31 May 2012).

The Chairman enquired as to when the Trust could make public the findings from the recent unannounced visit to A&E and Pharmacy by the CQC. The Interim Chief Executive explained that the report was expected within the next 3-4 weeks, at which point the CQC would publically publish the report. The Director of Finance/Deputy Chief Executive explained that although good informal feedback had been received immediately following the visit, the Board had to be mindful as sometimes informal feedback could change.

The report was **NOTED**.

TB66/12

STANDING COMMITTEES OF THE BOARD

a) **Governance Committee – April 2012**

The minutes were **NOTED** as a correct record.

b) **Charitable Funds Committee (unratified) – June 2012**

The minutes were **NOTED** as a correct record.

TB67/12

ANNUAL REPORTING

a) **Annual Governance Report 2011/12**

The Director of Finance/Deputy Chief Executive reported that the finalised Annual Governance Report was still awaited from the Auditors and it was hoped that this would be received for the July Board.

The Director of Finance/Deputy Chief Executive commented that he expected a qualification around value for money.

The verbal report was **NOTED**.

b) **Annual Report and Accounts 2011/12**

The Director of Finance/Deputy Chief Executive presented to the Board the final version of the Annual Report and Accounts, following their approval at the Trust Board meeting on 6 June 2012.

The Director of Finance/Deputy Chief Executive reported that some text and tables needed to be further refined.

Mr Evens commented that although substantial improvements had been made to the key national targets table on page 31 of the document, he felt that a further few improvements could be made in relation to the A&E 95th percentile and median measures.

It was also **NOTED** that the word 'Revenue' would be deleted from the top of the table on page 65.

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

c) **Annual Quality Account 2011/12**

The Acting Director of Nursing presented the Trust's Annual Quality Account for 2011/12.

As per the Annual Report, the A&E section would be reviewed.

The Annual Quality Account was **APPROVED** by the Board.

d) **Caldicott Guardian Annual Report**

The Director of Finance/Deputy Chief Executive presented the Annual Report of the Caldicott Guardian for 2011/12, which advised the Board on the work undertaken by, and in support of, the Caldicott Guardian.

The Director of Finance/Deputy Chief Executive reported that additional resource was required for information governance and he confirmed that he would look into this.

The Director of Finance/Deputy Chief Executive explained that details of the data loss in November had been shared with the Information Commissioner and a response was awaited.

The Annual Report of the Caldicott Guardian was **NOTED**.

TB68/12

ANY OTHER BUSINESS

a) **Questions from the Public**

Mrs Edwards commented that she had been impressed with the interview given on the local TV by the Acting Director of Nursing defending the nursing staff. She also commented on the visit to A&E by the Interim Chief Executive and enquired as to the visit and the importance of staff safety. The Interim Chief Executive and Acting Director of Nursing agreed and confirmed that staff safety was of the utmost importance.

Mrs Edwards also shared her personal experience of the new telephone booking system, explaining that the system did not seem to be compatible with her telephone.

TB69/12

DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 10 July 2012 at 1pm in the Board Room, West Cumberland Hospital, Whitehaven.