

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 15 MAY
2012 AT 1PM IN THE BOARD ROOM, WEST
CUMBERLAND HOSPITAL, WHITEHAVEN**

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
Mr A Mulvey, Director of Finance/Deputy Chief Executive
Ms C Siddall, Director of Operations
Mr M Walker, Medical Director
Mrs C Platton, Director of Nursing and Quality

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
Mrs J Stockdale, Head of Corporate Affairs
Miss E Kay, Head of Communications & Reputation
Management

TB44/12 WELCOME AND APOLOGIES

Apologies for absence were received from Mr P Day and Dr N Goodwin.

TB45/12 DECLARATIONS OF INTEREST

No declarations of interest were recorded.

TB46/12 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 17 April 2012 were **APPROVED**, subject to the following amendments:

Finance Report: Page 7, 3rd paragraph, 11th line – remove £16.9m.

Patient Safety Walkabouts: Page 7, last paragraph, to read – ‘Professor Vicki Bruce and Ms Judith Cooke’.

TB47/12 **MATTERS ARISING AND ACTION PLAN**

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

- TB110b/11 Clinical Strategy Update: work was continuing with the CCG on the strategy and was linked to the Trust contract. Action ongoing.
- TB19a/12 Real Time Patient Satisfaction Report: To be reported to the Trust Board in June.
- TB39a/12 Performance Report: performance dashboard to be amended to ensure all national targets, and subsequent RAG ratings, were correct and to be presented at the Trust Board in June.
- TB39b/12 Performance Report: Further information, in relation to complaints, to be presented at June meeting.
- TB40a/12 Patient Safety Walkabouts: Report detailing a review of the walkabouts to be presented to the Board in September.
- TB40b/12 Staff Survey Action Plan: To be presented to the Board in June.

TB48/12 **STRATEGY AND POLICY**

a) **Acquisition Update**

The Director of Finance/Deputy Chief Executive outlined a report which provided Board members with an update in relation to the following acquisition issues:

- Feedback from the External Stakeholder Reference Group
- Conclusion of the SHA and Commissioners' discussions on the apportionment of the transitional financial support for the acquisition
- Development of the Heads of Agreement
- Due diligence process
- The Governance Framework required to deliver the acquisition
- Development of the transition programme
- Progress on developing the application for approval of the transaction from the Cooperation and Competition Panel (CCP)
- Expected timescales for completing the acquisition

The Director of Finance/Deputy Chief Executive reported that the Heads of Agreement were being finalised and that as soon as these were complete, the transition workstreams would commence.

The report was **NOTED**.

b) **West Cumberland Hospital Redevelopment Update**

The Director of Finance/Deputy Chief Executive reported that the Full Business Case was continuing through the DH and Treasury approval process and feedback was awaited. Subject to necessary approvals a start date on site remained as planned for 2nd July.

The verbal report was **NOTED**.

c) **Trauma Accreditation**

The Director of Operations presented a report which outlined the process for major trauma unit accreditation for the Trust and the next steps.

The process had commenced in February 2012, whereby an initial application for major trauma unit status had been submitted; supported by the SHA and clinical commissioners. The application needed further development of specific pathways which would be different compared to other major trauma units in recognition of the North Cumbria geography and extended range of sub-specialist services.

Additional information had been submitted to the Accreditation Panel and confirmation of the 'go live' date for the system would be set in the near future by the clinical commissioners once assurance that the Trust met the necessary requirements was in place.

A Major Trauma Board and workstreams were to be established, to support the delivery of the necessary elements and coordinate activities of all groups feeding into the process. The first meeting is scheduled to be held in June.

Mr Bonner enquired as to the governance arrangements and queried why the external partner 'attendees' on the Trauma Board were not full members of the Board. Ms Cooke queried communications with other key players such as air ambulance and queried whether the North East link would disadvantage the Trust. The Director of Operations confirmed that she would seek clarity on some of this detail, however, explained that the terms of reference from the Trauma Board were driven by the network, however, the Director of Operations would pick up the membership issue to ensure that full and appropriate membership of the group is in place.. It was **AGREED** that the Director of Operations would provide further detail on the governance arrangements, membership of the Board and communication with other key players.

The Acting Director of Governance/Company Secretary explained that she had provided feedback comments in relation to the membership of the Trauma Board, suggesting that there needed to be an identified role of governance within the membership.

In answer to how many patients the service would affect, the Director of Operations explained that due to the area cover, this would be minimal, however, would be monitored on how it developed in terms of clinical pathways and the impact on other clinical services. The Medical Director explained that it would be a challenge to maintain skills in this area due to the small number of patients involved (approximately 40-50 patients) and this would be the downside and, therefore, governance would be vital for the population base.

Mr Evens enquired as to the benefits for patients, staff and the Trust overall. The Director of Acquisition highlighted that the standards would be challenging, however, the improvements for patients would be around many elements of care but critically the rehabilitation prescription. She further explained that the accreditation process did not have an end point and the final pieces of evidence were currently being submitted. A start date would be decided with NWAS after all the pathways had been finalised and submitted. She explained that rehabilitation aspects of the model needed to be co-ordinated as close to home for patients as possible.

The report was **NOTED**.

ACTION:

Director of Operations to provide further detail on the governance arrangements, membership of the Board and communication with other key players

TB49/12

OPERATIONAL PERFORMANCE

a) **Performance Report**

i. **Operating Performance**

The Director of Operations presented the Operating Performance report and the following key points were **NOTED**:

- The Trust is being monitored against achievement of its 18 week targets. Specifically pressures are being faced in the specialities of maxillo-facial surgery, orthopaedics, ophthalmology and gynaecology, however, the Trust remains on trajectory to achieve its plan by the end of June.
- Clarity was being sought in relation to definitions for critical care settings in relation to mixed sex accommodation.
- All cancer targets had been achieved and the Trust was above trajectory for April.
- Several mechanisms were now in place for the Trust's performance to be monitored at SHA and Cluster level. This was to be reviewed as part of the acquisition process so as to ensure it was in line with Monitor requirements.
- The Director of Operations **AGREED** to review the processes within A&E in relation to unplanned re-attendance rates, and

particularly multiple attendees and how these were addressed with community providers. .

Mr Bonner drew attention to items 8.1 (risk adjusted mortality) and 8.3 (MSSA) and highlighted that these two items had not been included within the Quality Report as indicated. The Director of Operations noted the erroneous omissions and confirmed that these would be reported in the following month's report.

ii. **Quality Report**

The Acting Director of Nursing presented the Quality Report the following key points were **NOTED**:

- The Trust's performance on the Commissioning for Quality Improvement (CQUIN) measures were reviewed and monitored by NHS Cumbria Commissioners. The measures were based on three separate categories, i.e. national, regional and local measures, and these were outlined in the report.
- The number of complaints received had increased over 2011/2012 and 41 had been received in March. All complaints continued to be reviewed and monitored weekly.
- Excellent work continued to be carried out by the clinical teams which had resulted in minimising infections and the Trust had had no attributable post 48 hour bacteraemia for the preceding 23 months.

The Director of Finance/Deputy Chief Executive enquired as to whether there were any specific issues/trends which related to the high level of complaints within the Surgical Division for March 2012. The Acting Director of Governance/Company Secretary explained that these complaints had related to the data loss, cancellation of operations and operational difficulties within the Division. The Acting Director of Governance/Company Secretary reporting that the categorisation of complaints was to be reviewed so as to be in line with national guidance.

Mr Evens, in relation to the recording of post 48 hour MRSA cases, enquired if there had been any changes to community cases coming in. The Acting Director of Nursing confirmed that there had been improvements in this area too, however, it would be crucial to continue working closely with GPs and clinicians, particularly in relation to antibiotic prescribing, so as to continue achieving a reduction in infections.

The report was **NOTED**.

iii. **Workforce Report**

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

- The total number of staff in post had reduced by 6.50 WTE during March.
- Sickness absence had remained steady at 4.97% in March.
- The annualised percentage of appraisals, including consultants, completed at Trust level over the last 12 months to March 2012 was 58.71%; a decrease from February of 61.54%.
- The mandatory training programme had recently been revised and the completion rates across the Trust continued to be poor.

In relation to sickness absence and appraisals the Board felt it would be useful to have details of outliers in future reports and it was, therefore, **AGREED** that this detail would be provided.

The Board had a focused discussion regarding appraisals and mandatory training and how further work needed to be undertaken so as to improve achievements in both areas.

Professor Bruce, in relation to the 'amber' RAG rating for appraisals and mandatory training, felt that as both of these areas were worsening, an 'amber' rating was perhaps not the most appropriate rating to be used. The Acting Director of Governance/Company Secretary reported that the performance information presented to the Board was currently under review, with a view to this providing more clarity in future. It was **AGREED** that the draft workforce matrix would be circulated before the next Board meeting.

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**:

- At the end of the financial year the Trust had achieved a surplus of £1.014m; the final value of the surplus was subject to external review by the Audit Commission as the Trust's External Auditors.
- Whilst the Trust had achieved a positive outcome to the financial year, this had been underpinned by external funding support from the Strategic Health Authority to offset cost which the Trust had failed to manage internally through its planned savings programmes.
- In addition to achieving its surplus target, the Trust had also achieved its other financial duties in terms of cash management, rate of return on assets employed and capital expenditure limits; again the achievement of these targets was subject to external audit review. As previously reported to the Board, the Trust had failed to achieve its better practice

- payment code targets due to in year and ongoing cash management pressures.
- Discussions continued with the Department of Health in relation to possible additional funding for the PFI scheme.

The Director of Finance/Deputy Chief Executive stressed that although it was positive to report achievement of the requisite targets in 2011/12, the focus must now be on the achievement of targets in 2012/13 with a significantly greater level of internal cost reduction and reduced reliance upon external financial support. The Director of Finance/Deputy Chief Executive explained that 2012/13 would see a higher than average cost improvement programme for the Trust to meet the national financial challenge and to make further progress in reducing the Trusts underlying deficit to secure a more resilient position as the Trust moves through the acquisition process.

Ms Cooke enquired if it was the intention of the Department of Health to bring those Trusts facing financial pressures as a result of historically costly PFI schemes in line with those in better positions. The Director of Finance/Deputy Chief Executive felt that any support given to the Trust would fall within £6-7m so as to cover the excess costs associated with the PFI scheme, although this was yet to be confirmed. He explained that it was not an easy formula to calculate and was merely an assumption based on the Trust's cost base being more expensive due to the PFI hospital, two rural DGH's and not having tackled national efficiencies as best as the Trust could have.

The report was **NOTED**.

ACTION:

- i. The Director of Operations **AGREED** to review at the processes within A&E in relation to unplanned re-attendance rates, and particularly multiple attendees, and how these were addressed with community providers.
- ii. Risk adjusted mortality and MSSA to be included in Quality Report in June.
- iii. Details of 'outliers' in the workforce report to be outlined in future.
- iv. Draft workforce matrix to be circulated before June Board meeting.

TB50/12

GOVERNANCE AND ASSURANCE

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

Professor Bruce and Mr Bonner gave a verbal update following their patient safety walkabout to the Radiology Department at WCH earlier that day.

They reported that they had had an excellent visit to the department and had met with a significant number of patients who felt that they had been well looked after by the staff and that nothing had stressed or endangered them.

However, concerns by nearly all the patients spoken too had been raised with regard to car parking facilities and the need for maps to be situated around the hospital site and on each car park to help location of facilities on the site.

Professor Bruce and Mr Bonner had also met a many of the staff within the department who had commented that they found the Trust's IT systems helpful and useful, particularly the CRIS system. Good feedback was also given about Ullyses, which they felt had helped with the reporting of incidents.

Professor Bruce and Mr Bonner also observed that the communication between staff and patients in the department was good.

Patients commented on their good experience within the department compared to treatment they had received elsewhere in the country.

A staff member raised an issue about staff in the NHS now having to work longer until retirement and how this would have an impact on certain roles in relation to lifting and handling etc. The Board recognised that in light of pension legislation, the changing age profile of staff would need to be taken into account. The Director of Finance/Deputy Chief Executive explained that the age profile of staff had been detailed in the FBC for the new build.

Professor Bruce and Mr Bonner commented that it had been much more beneficial visiting only one area during the patient safety walkabout rather than several in the same timeframe as it allowed for a greater degree of detailed discussion and the opportunity to pick up observations in more detail. . The Acting Director of Nursing confirmed that the walkabouts were to be condensed to individual departments so as to make best use of the visits.

The update was **NOTED**.

b) **Patient Discharge and Transfers**

The Director of Operations presented a report which gave an update in relation to the discharge of patients between the hours of 11.00pm and 6.00am. This report had been produced following a national press Freedom of Information request of all providers on discharges between 11.00pm and 6.00am.

The following key points were **NOTED**:

- Year on year the Trust had reduced the number of patients who had been discharged between 11.00pm and 6.00am to approximately 1.77%, which compared favourably to the national average benchmark of 3.5%.
- Patients are only discharged from the hospitals when it is safe and clinically appropriate to do so and the aim was always to ensure ongoing care needs are fully assessed and appropriate plans in place with the support of responsible adult or community services.
- The monitoring of patient discharges during this period, via the divisional performance reviews, would continue. In addition, discharges between 9.00pm and 11.00pm was also to be commenced.

The Director of Operations explained that as yet there were no national directives on patient transfer times. The Director of Operations also reassured the Board that the Trust did not discharge patients late in the evening so as to create bed capacity.

The report was **NOTED**.

c) **Governance Improvement Plan – Annual Report 2011/12**

The Acting Director of Governance presented a report which provided the Board with an update on the review of Clinical Governance, which was undertaken across the Trust during 2011/12.

The report provided details of the achievements that had been made during the last eight months and outlined recommendations for 2012/13 so as to ensure the Trust continued with the progress it had made on improving clinical governance across the organisation.

The Director of Finance/Deputy Chief Executive requested additional information on actions 46, 51, 53 and 54. In relation to recommendation number 46, the Acting Director of Governance confirmed that the reconvening of the Integrated Governance Team would still be delivered but that this would be actioned in a different way. In relation to recommendation numbers 51, 53 and 54, the Acting Director of Governance explained that these areas were currently being reviewed, focussing on clinical guidelines and updating the procedural list.

The report was **NOTED**.

d) **Update on the Trust's Registration with the Care Quality Commission**

The Acting Director of Governance updated and informed the Board on the Trust's position with compliance with the CQC Regulations/Outcomes as at 31 March 2012 and changes to the CQC inspection guidance as from 1 April 2012.

Professor Bruce commented that it would be helpful for the Board to review some of the risks on the strategic risk register in relation to the outcomes which were currently sitting as Amber, for example medical equipment. It was agreed that this would be undertaken when the Assurance Framework was discussed.

Mr Evens enquired as to where PCAs sat within the CQC regulatory framework. The Acting Director of Governance explained that the CQC do not make it mandatory for organisations to complete PCAs and the CQC will not necessarily request a PCA prior to inspections. However, they are still recognised as good practice for organisations to use as a tool to self-assess against the specific outcomes and the associated requirements/prompts for evidence.

The Director of Acquisition enquired as to whether there was additional evidence required on some of the outcomes that were showing as overall green. The Acting Director of Governance confirmed that in addition to the amber and yellow areas on the PCAs, evidence against other outcomes had been reviewed and updates would be required on learning lessons from complaints, corporate records management and fire safety assessments.

The report was **NOTED**.

e) **Register of Seal**

The Acting Director of Governance/Company Secretary presented a report which advised the Board on the application of the Trust seal since May 2011 to date.

The Board **NOTED** that the Trust's seal had been used once on 19 April 2012 for the license to change use relating to a lease of Phase 1a on the Cumberland Infirmary site. The document, signed under seal, had been done so by the Director of Finance/Deputy Chief Executive and Medical Director.

The report was **NOTED**.

f) **Trust Board Cycle of Business**

The Acting Director of Governance/Company Secretary presented a report which provided the Board with details on the exceptions for the Trust's Board Cycle of Business for 2011/12 and details of the proposed Cycle for 2012/13.

The Board **APPROVED** the Cycle of Business for 2012/13 but it was **AGREED** that the reporting dates for the Audit Committee be reviewed.

ACTION:

Audit Committee minutes reporting dates to be reviewed on the Cycle for 2012/13.

TB51/12

STANDING COMMITTEES OF THE BOARD

a) **Governance Committee – March 2012**

Agreed at the meeting that medical devices to be discussed further at the next full meeting of the Audit Committee.

TB52/12

ANY OTHER BUSINESS

a) **Woodland Trust – Jubilee Tree Planting**

Mr Bonner briefed Board members on the Jubilee NHS Forest, in conjunction with the Woodland Trust, tree planting ceremonies had taken place on both hospital sites with both being successful events and enjoyed by the local school children who had taken part.

b) **Acting Director of Governance/Company Secretary**

The Chairman and the Board thanked the Acting Director of Governance/Company Secretary for supporting the Trust Board in undertaking its work as this was the final Board meeting prior to her going on maternity leave in advance of the arrival of her baby.

TB53/12

DATE, TIME AND PLACE OF NEXT MEETING

Tuesday, 19 June 2012 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.