

North Cumbria University Hospitals 
NHS Trust

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 17 APRIL
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 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:

- Mrs I Edgar, Deputy Director of Human Resources & Organisational Development
- Mrs R Duguid, Acting Director of Governance/Company Secretary
- Mrs C Griffiths, Director of Acquisition
- Miss E Kay, Head of Communications & Reputation Management
- Mrs J Lynch, Office Manager (minute taker)

TB34/12 **WELCOME AND APOLOGIES**

Apologies for absence were received from Mr P Day and Mr D Gallagher.

TB35/12 **DECLARATIONS OF INTEREST**

No declarations of interest were recorded.

TB36/12 **MINUTES OF THE LAST MEETING**

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

TB37/12 **MATTERS ARISING AND ACTION PLAN**

There were no matters arising discussed.

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

TB110b/11: Clinical Strategy Update: action ongoing.

TB19a/12: Real Time Patient Satisfaction Report: This will be reported to the Trust Board in May 2012.

TB29/12: Performance Report: The mandatory training documentation is currently being reviewed by the Head of Education and Training and would be presented to the Governance Committee at its next meeting: Action ongoing.

TB38/12

STRATEGY AND POLICY

a) Acquisition Update

The Interim Chief Executive informed members that the Trust was currently working through the Heads of Terms, which was a non legal document outlining the expectations of both the Trust and Northumbria Healthcare NHS Foundation Trust in relation to the core elements and substance of the transaction. In tandem with the development of the Heads of Terms there is also a focus on establishing the detailed governance arrangements to support and manage the delivery of the transaction process. It is anticipated that the Heads of Terms and the governance arrangements underpinning the transaction management will be concluded in the coming weeks.

Mr Bonner asked if the risk of challenge by the non selected Bidder had disappeared as it was now 10 weeks since the decision had been made to progress the acquisition with Northumbria Healthcare NHS Foundation Trust. The Interim Chief Executive reported that this was correct as the time limit had been exceeded.

Mr Evens requested confirmation that the acquisition of the Trust was still progressing on an 'as is' basis. The Interim Chief Executive confirmed that this was correct and that the "as is" nature of the transaction would be reflected within the Heads of Agreement.

Ms Cooke questioned the rag rating status of amber/green. The Interim Chief Executive informed members that this was based upon where the Trust was in relation to Northumbria Healthcare NHS Foundation Trust. He further stated that the rag rating may lapse to amber as the Heads of Terms had not been signed but this was an issue which was being closely managed and will be closed off in the coming weeks.

The verbal update was **NOTED**.

b) West Cumberland Hospital Redevelopment Update

The Director of Finance/Deputy Chief Executive updated members on the current progression of the Full Business Case (FBC) through

the approvals process for the West Cumberland Hospital redevelopment. The FBC has now lodged with the Department of Health awaiting formal approval. The Director of Finance/Deputy Chief Executive had met with representatives from the Department of Health in March to discuss the progression of the Full Business Case and full and formal approval was expected in June/July 2012. As the Trust Board has previously agreed the Trust would continue to fund the project using Trust Capital whilst awaiting the release of funds from the Department of Health. The Medical Director asked if the starting date was still the planned date. The Director of Finance/Deputy Chief Executive confirmed that the planned start date on site remained 2 July 2012, subject to formal approval of the FBC. In supporting the redevelopment through the building and commissioning phase of the scheme the Trust would be looking to appoint a new project director and it was hoped to advertise this post by the end of April 2012.

Ms Cooke requested to know if the West Cumbrian population were being updated on the progress of the project. The Director of Finance/Deputy Chief Executive confirmed that information was being disseminated.

The report was **NOTED**.

TB39/12

OPERATIONAL PERFORMANCE

a) Operating Performance

The Director of Operations updated Trust Board members on the operational performance of the Trust. The report summarised the Trusts performance against a range of operating, quality, financial and workforce indicators. The following key points were **NOTED**:

- Referral to Treatment: Admitted Patient Care 95th Percentile. There had been a drop in performance which was attributable to patients within the specialities of Ophthalmology and Gynaecology exceeding the requisite waiting times. Both specialities have recovery plans in place, agreed with the PCT, CCG and SHA to ensure that waiting times comply with the national standards by June 2012. Good progress is being made in achieving this with close management of all aspects of patient pathways to ensure timely care is provided.
- A&E Clinical Indicators: with regard to unplanned re-attendances the Trust was continuing to work with the rolling audit of all patients who re-attend within 7 days of each attendance. In March the Cumberland Infirmary had reported 5.2% re-attendances against the national target of 5%, whilst the West Cumberland Hospital had reported 6.2%; this represented deterioration from the previous months' figure of

4.7%. The Trust Board would be kept updated of any issues or trends.

- The Performance dashboard required amending to ensure all national targets were correct. A full report would be presented to Trust Board next month with the rag status amended.
- Cancer: 62 days waits: There had been a number of patients who had breached this target in February and the report gave details of these cases. The Trust performance had improved in March and the following targets had been achieved; 14 day, 31 day and 62 day.
- Stroke: Patients with 90% of their admission on a Stroke Ward: The Trust continued with the action plan and the performance relating to this target continued to improve. It was anticipated that the Trust would consistently hit this target from 1 May 2012.
- Delayed Transfers of Care: The performance in this area had deteriorated and the Director of Operations was monitoring this at the weekly meeting.
- Cancelled Operations: There had been a number of cancelled operations on the day with a number of causes behind this. The Trust had worked with clinicians to develop a system to initiate theatre lists in a managed way when there was the expectation of an available bed following surgery. It is anticipated that this agreement will support starting lists on time, improve patient experience and minimise delays in patient pathways where patients are awaiting theatre slots. Mr Evens questioned the risk management process of this system to which the Director of Operations reported that the criteria had been identified for the policy but she would update Mr Evens on the detail of the policy.

Mr Little questioned the requirement for a patient to have a planned bed as there was a risk to the patient if there was no bed available. The Director of Operations reported that the Trust planned availability at its bed management meetings, and beds were identified a few days in advance of theatre lists. Non elective admissions had to be accommodated into this process and managed appropriately so that medical patients were not admitted into surgical beds. The work in this sphere of activity was progressing. The Trust was also working on the theatre lists to ensure best available use of theatre time.

Mr Bonner and Mr Evens reported that they found the performance section of the report more readable and very informative.

The report was **NOTED**.

ACTION:

1. The performance dashboard to be amended to ensure all national targets are correct. A full report to be presented to the next Board meeting with rag status amended
2. The Director of Operations to update Mr Evens on the details of the policy the Trust was using to bring to an end to the delays in relation to Theatre lists.

b) Quality Report

The Acting Director of Nursing and Quality reported that the Trust continued to develop the quality section of the report in line with the development of the quality dashboard, and highlighted to Board members an error in the report which stated the appendix was A2 when it was actually A3.

There had been significant improvement in agreeing the detailed aspects of CQUIN for 2012/13 specifically around measurement and performance attainment. The Trust was working with the commissioners and the report was in the final stages and a full update would be presented to the Trust Board at the next meeting.

With regard to Advancing Quality, the Trust showed underperformance in the areas of smoking cessation and recording of the CURB-65 score. Although the figures involved represented only a small number of patients, further work was required to improve the recording of data to raise awareness and increase both the actual levels of smoking cessation advice provided as well as the recorded levels of advice.

The monitoring of complaints received had been added to the quality dashboard as a new item. Work is continuing to gather data on complaints and analyse this data in various ways to support improvements within the provision of care by identifying trends and learning the lessons where regular issues are highlighted. The reporting of complaints will develop in the coming periods and this will be shared with the Trust Board at the May meeting, in conjunction with the real time patient experience monitoring.

ACTION:

1. The CQUIN report would be presented to the Board at the May Meeting.
2. The Acting Director of Nursing and Quality would present further information relating to Complaints to Trust Board at the May meeting, in conjunction with the real time patient experience monitoring

The report was **NOTED**.

c) **Workforce Report**

The Deputy Director of Human Resources updated Trust Board members on the workforce aspect of the Performance report. The following key points were **NOTED**.

- There had been a reduction of 85.66 whole time equivalents (WTE) when compared to the equivalent month in 2010/11 and a reduction of 5.17 WTE compared to January 2012.
- Total overtime in February 2012 had decreased compared to January 2012.
- Annualised turnover for non medical staff in February was 10.67%. There were 28 non medical staff leavers during February.
- The Trust sickness absence rate had risen marginally to 4.7% in February from 4.61% in January 2012. Corporate Services continued to be below the benchmark of 3.5%. Absence duration continued to be primarily short term and HR business partners continued to actively support line managers within divisions in managing their departmental sickness absence appropriately. Sickness Absence cautionary hearings had further tightened this process and to date 39 hearings had been held and 25 first written absence cautions had been issued.
- The percentage of appraisals undertaken had decreased slightly to 61.54% in February from 62.80% in January 2012. A number of areas are above the minimum target of 80% and action plans are being put in place to complete outstanding appraisals in the Divisions which fall short of the target. All Foundation Doctors undertake an Annual Review of Competence Progressions (ARCP) in May/June. Ms Cooke questioned if action plans were being put in place in relation to the issue of appraisals. The Deputy Director of Human Resources reported that whilst the Divisions have plans the milestones and targets dates within these are not always necessarily achieved resulting in slippage in performance. The Director of Operations informed members that the Divisions would be held to account at their Monthly Divisional Performance Review meetings for performance against the requisite appraisal rate targets.
- The Trust mandatory training programme had been revised and included both core mandatory skills and Trust mandatory skills. The changes made reflect the 10 core subjects delivered by the majority of organisations across the health sector in the North West. Employees on maternity leave, long term sick leave or employed for less than 12 months are not included in the figures. Work is continuing to support the completion of mandatory training, particularly in clinical areas.

The Acting Director of Governance informed members that work was ongoing in relation to mandatory training and a meeting with the Head of Training and Education had been arranged to progress this, this meeting would also review aspects of study leave to ensure this is also aligned to objectives and priorities.

The report was **NOTED**.

d) **Finance Report**

The Director of Finance/Deputy Chief Executive reported that at the end of February the Trust was reporting a surplus of £612k against a planned surplus of £870k, resulting in an adverse variance of £258k. The Trust continues to forecast the achievement of a £1m surplus in line with its agreed Recovery Plan. The Trusts national efficiency target for 2012/13 (c 4%) would be c£8.7m, but due to the shortfall of CIP achieved in 2011/12 the actual target would be significantly above this level at between £15m to £16m depending upon identified cost pressures and the finalisation of the budget setting process. £16.9m. Discussions with NHS North West had taken place to look at plans for the future and potential strategic support requirements. Whilst future requirements need to be set within the context of the acquisition process it is essential that the Trust remain focused on its responsibilities to deliver the necessary financial position with as little external support as possible.

The Trust is forecasting achievement of its statutory financial responsibilities but as previously reported will not achieve its administrative duty of the Better Practice Payment Code (BPPC) target due to liquidity issues.

Income in February had increased by £286k compared to January due to continuing high levels of patient related activity. Total income was £4.2m ahead of the cumulative plan, of which £3.8m was for NHS Clinical Income and £0.4m for Non NHS Clinical Income which covered Private Patients and income received under the NHS Cost Recover Scheme.

The report was **NOTED**.

TB40/12

GOVERNANCE AND ASSURANCE

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

Professor Vicky Bruce and Mr Michael Bonner conducted a safety walkabout in the areas of Paediatrics and Maternity on the Cumberland Infirmary site. Professor Bruce reported that whilst time was pressured on the visits they had talked to clinical staff, nursing staff, patients and visitors. Specifically feedback included:

- Environment and systems: these were better than 3 years ago. Some areas had staffing level issues and staff members were anxious in relation to the staffing reviews that were currently being conducted.
- Reporting of incidents: Staff reported that they felt the computer system was not as user friendly as the old paper based system. Professor Bruce had the opportunity to see the live system and observed that the system appeared cumbersome to use. Staff indicated that accessing PC on the ward was also sometimes problematic. The Acting Director of Governance reported that whilst the incident reporting system was not necessarily the most innovative system it had significantly improved the Trusts ability to capture, record, analyse and critically learn lessons from incidents recorded in an electronic rather than paper based system. The system remains core to the ongoing governance development and consideration will be given as to how its usability may not be enhanced in the current system.
- Birth of Triplets: Professor Bruce reported that during the visit they had been given access to a good news story. The Trust had delivered pre-term triplets. The birth had been planned for Newcastle but due to transport problems the delivery of the triplets had taken place at the Cumberland Infirmary. The parents were very satisfied with their experience with the babies all being well and the opportunities for the father to visit the mother and babies significantly improved as there was no need to travel to the north east.

The Acting Director of Nursing and Quality thanked Matron Claire Moore and Lead Midwife Meredith Jardine for supporting the visit. She further reported that this was the 3rd month of departmental visits and the staff had fed back their appreciation for the Non Executive Directors taking the time to visit their areas. The Acting Director of Nursing and Quality noted the time pressures associated with visiting multiple areas and would consider whether to change the visits to one area to allow more time. Professor Bruce agreed with this as the visit undertaken had not allowed much time to be spent on the children's ward.

The Director of Finance/Deputy Chief Executive questioned the collation of feedback from the visits and whether a report would be produced, consolidating the findings. The Acting Director of Nursing and Quality stated that a report would be presented to the Trust Board after 6 months and those common themes would be identified and actions taken as necessary.

The verbal update was NOTED.

ACTION:

1. Consideration to be given to determine how the timing of the visits may be best managed.
2. A report, consolidating all the findings would be presented to the Trust Board after 6 months of site visits (September 2012)

b) **Staff Survey Action Plan**

The Chairman informed Trust Board members that he required more information to be presented in the staff survey action plan report, along with further analysis against previous results/reports. The report as it stood would be removed from the agenda and would be reported back to the Trust Board at a future meeting with the further information he required. Board members agreed with this decision

ACTION:

The report to be brought back to the June Trust Board meeting with more information and statistical evidence to back up the information provided

TB41/12

STANDING COMMITTEES OF THE BOARD

a) **Governance Committee – February 2012**

Mr Bonner informed Trust Board members that the Governance Committee had been informed that the Trust was going to fail certain aspects of the IG Toolkit Self-Assessment 2011/12 target. The Acting Director of Governance reported that there would be compliance issues if the Trust failed to hit this target and the Governance Committee would be monitoring this.

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

b) **Audit Committee – Unratified February 2012**

Mr Evens informed Trust Board members of the concerns that the Audit Committee had noted in relation to Medical Equipment. A detailed discussion had been held at the Audit Committee meeting with the Director of Estates and Facilities and the Governance Committee had been asked to follow up the concerns raised in relation to the Medical Equipment Internal Audit Report. Mr Evens had attended the Governance Committee and noted that the issues had not been dealt with in the manner he had envisaged, so the issue had been re-escalated to the Audit Committee and Mr Davidson would be attending a meeting in May. The Director of Operations informed members that along with the Director of Governance they would ensure that these issues were dealt with appropriately.

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

TB42/12

ANY OTHER BUSINESS

No further business was discussed.

The Chairman asked members of the public if they had any questions in relation to what they had heard at the public meeting. Ms D Edwards

informed members that she had something to query but wished to leave it at the present time as she wanted to look further into the issue.

Addendum to minutes: The Acting Director of Nursing and Quality spoke to Ms Edwards after the public meeting and reported back to the Trust Board members at the private meeting that she was looking into the issue Ms Edwards had raised.

TB43/12

DATE, TIME AND PLACE OF NEXT MEETING

Tuesday, 15 May 2012 at 1pm in the Board Room, West Cumberland Hospital, Whitehaven.