

North Cumbria University Hospitals   
NHS Trust

**MINUTES OF THE TRUST BOARD MEETING  
HELD IN PUBLIC ON TUESDAY, 23  
OCTOBER 2012 AT 1PM IN THE BOARD  
ROOM, WEST CUMBERLAND HOSPITAL,  
WHITEHAVEN**

- Present:** Mr M Bonner, Vice Chairman (Acting Chairmn)  
Professor V Bruce, Non Executive Director  
Mr M Evens, Non Executive Director  
Mrs A Farrar, Interim Chief Executive  
Ms C Siddall, Director of Operations  
Mr M Walker, Medical Director  
Mrs C Platton, Acting Director of Nursing
- In Attendance:** Mr D Gallagher, Director of Human Resources & OD  
Mr E Gardiner, Deputy Director of Finance  
Dr J Rushmer, Director of Clinical Transformation  
Miss E Kay, Head of Communications & Reputation  
Management  
Mrs J Stockdale, Head of Corporate Affairs/Acting Company  
Secretary
- TB106/12**      **WELCOME AND APOLOGIES**
- Apologies for absence were received from Mr M Little, Ms J Cooke, Mr P Day and Mr A Mulvey.
- TB107/12**      **DECLARATIONS OF INTEREST**
- No declarations were recorded.
- TB108/12**      **MINUTES OF THE LAST MEETING**
- The minutes were **APPROVED** as a correct record.
- TB109/12**      **MATTERS ARISING AND ACTION PLAN**
- No matters arising were raised and the action plan was **NOTED**.

TB110/12

**SAFETY AND QUALITY**

a) **Improving Patient Safety**

Mrs Platton and Mr Walker presented a report on patient safety and quality within the Trust, which was **RECEIVED** by the Board.

The Board discussed the importance of recognising the significant work undertaken by the Patient Panels. Mr Bonner explained that the Panel members were concerned as to their future role as their voluntary status was important to them. Mrs Platton reported that Mr Little and herself regularly attended their Patient Panel meetings so as to thank them for all their valuable work, however, **AGREED** to look at how their concerns and recognition could be addressed further.

Mr Evens queried what was actually measured by the Patient Stories and what action was taken with the information collected as he felt it important that the Board see the actual information. Mrs Platton explained that the information was gathered across all the divisions following discussions with patients and/or their carers. It was **AGREED** that Mrs Platton would provide the Board with more detail within this area and that Mrs C Simpson would come back to the Board in the near future so as to give an update. Mrs Platton would also query with the Information Department as to why it appeared that the Trust had been penalised for doing over 25 patient stories as this did not appear to be correct.

Mrs Farrar reported that 'accountabilities' were to be outlined in future dashboards as well as being highlighted around the Trust.

In relation to CQC safeguarding, Mr Bonner queried how the Trust dealt with ownership and collaboration issues across the health economy. Mrs Platton explained that there was a high level Chief Executive led forum, which was very driven from the top downwards. There were other forum levels via the commissioners, all of which had an escalation process.

**ACTION:**

1. Mrs Platton to address concerns and recognition of the Patient Panels.
2. Mrs Platton to provide the Board with more detail on the Patient Stories.
3. Mrs Platton to query 'red' rating on dashboard in relation to Patient Stories.

b) **Service Performance**

Ms Siddall presented the Service Performance Report which was **RECEIVED** by the Board.

Ms Siddall outlined the following key points:

- A&E had not achieved 95% in September. Ms Siddall was keeping the CCG updated as to the Trust's position. The PCT had agreed that the Trust could count type 3 A&E attendances in with the figures; however, it was unclear as yet as to how these numbers would impact on the Trust's performance.
- An action plan to address the backlog in relation to 18 weeks had been developed and was being reviewed by the Intensive Support Team, who had indicated that they did not see any significant issues with its delivery.
- Good progress had been achieved in preparing for the Cancer Peer Review visit. Root cause analyses were continuing to be undertaken on all cancer breaches. More detail would be provided in due course on the new rules in relation to shared breaches.
- Ms Siddall to circulate to the Board a letter received from NHS North of England in relation to their expectations for delivery in relation to 18 weeks, A&E, control of infection, trolley waits etc.

Mrs Farrar reported that the new Emergency Care Standards had been signed off by the clinicians, who had also agreed to change their rotas which would improve the current system, particularly in relation to handover and 'physician of the week'. Mrs Farrar also stressed the importance of reinstating beds that had been taken out of the system and a 'week by week' update was being provided on when these beds were becoming operational. This issue was being discussed as a 'high priority' on a weekly basis at the Senior Management Team meetings. Dr Rushmer also reported that recruitment to key clinical posts in this area were being addressed as a matter of urgency.

Mr Evens queried a long wait in A&E at Carlisle of 4 hours, 39 minutes and the background to this. Ms Siddall **AGREED** to look into the detail behind this as she expected that this may be incorrect.

Mrs Farrar explained that any waits over 4 hours in A&E were being reported directly to her, so that there could be understanding as to why these were happening. Mrs Farrar reported that the staff in A&E departments were doing a great job of putting treatment plans in place, however, the problem sat with finding a bed in other parts of the hospitals. Mrs Platten and Ms Siddall reassured the Board that all breaches were fully reviewed and a root cause analysis undertaken on each and every case.

**ACTION:**

1. To clear the backlog of patients waiting over 18 weeks.
2. To deliver the A&E target (95%) at both CIC and WCH in quarter 3 and create sufficient headroom to transfer high risk medical and surgical patients.
3. Ms Siddall to circulate to the Board a letter received from NHS North of England in relation to their expectations for delivery in relation to 18 weeks, A&E, control of infection, trolley waits etc.
4. Ms Siddall to look into the detail behind the long wait in A&E at CIC.

c) **Human Resources**

Mr Gallagher presented the Workforce Report which was **RECEIVED** by the Board.

Professor Bruce commented that although it was pleasing to see a reduction in sickness absence, she did not feel that significant progress was being made in relation to mandatory training and appraisals. Mrs Farrar commented that the issue of mandatory training and appraisals was discussed on a weekly basis at the Senior Management Team. She explained that headroom in emergency care needed to be created so that staff could undertake the training and appraisals as currently the figures were not acceptable.

Mr Gallagher explained that there would be a significant improvement next month in relation to manual handling training, due to the fact that this had not been previously recorded.

**TB111/12**      **STRATEGY AND POLICY**

a) **Acquisition Update**

The Acquisition Update Report was **RECEIVED** by the Board.

b) **Organisational Readiness for Acquisition**

Mrs Farrar presented a report which outlined progress achieved on the key items of business in preparing the Trust for the acquisition. The report was **RECEIVED** by the Board.

The Board discussed the organisational and clinical service strategy workshops which were to be held in November/December and led by Bernard Marr. Although Mr Walker felt it important for the Trust's strategy to be based on and shared with the whole health economy, Dr Rushmer felt it would be important for the organisation to be clear on where it was going before discussing with the wider health economy. Ms Siddall commented that it would also be important for the

Business Units to understand the organisation's strategy so that they could develop their clinical strategies. Mrs Farrar explained that she had thought about this at length and felt that both had to complement each other. She felt that the clinical strategy is about committing to the team on paper.

Following discussion, the Board **APPROVED** the process for the organisational and clinical service strategy.

c) **West Cumberland Hospital Redevelopment Update**

Mrs Halsall presented the WCH Redevelopment Update Report, which was **RECEIVED** by the Board.

**TB112/12** **FINANCIAL PERFORMANCE**

a) **Month 6 Report**

Mr Gardiner presented the Finance Report at the end of month 6, which was **RECEIVED** by the Board.

**TB113/12** **GOVERNANCE & ASSURANCE**

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

Mrs Platton explained that there had not been any patient safety walkabouts carried out that day due to other Board business.

Mrs Platton reported that the Senior Management Team were to start undertaking patient safety walkabouts and reports would be given to the SMT on a weekly basis. Revised monitoring paperwork had been prepared.

**TB114/12** **STANDING COMMITTEES OF THE BOARD**

a) **Governance Committee – September 2012**

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

b) **Audit Committee – September 2012**

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

**TB115/12** **DATE, TIME AND LOCATION OF NEXT MEETING**

Tuesday, 27 November 2012 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.