

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 10 JULY
2012 AT 1PM IN THE BOARD ROOM, WEST
CUMBERLAND HOSPITAL, WHITEHAVEN**

Present: Mr M Little, Chairman
Mr M Bonner, Vice Chairman
Professor V Bruce, Non Executive Director
Mr M Evens, 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, Acting Director of Nursing

In Attendance: Mrs C Griffiths, Acting Director of Governance/Director of Acquisition
Mr D Gallagher, Director of Human Resources & OD
Mrs J Stockdale, Head of Corporate Affairs/Acting Company Secretary
Miss E Kay, Head of Communications & Reputation Management
Mr A Davidson, Director of Estates & Facilities

TB70/12 WELCOME AND APOLOGIES

Apologies for absence were received from Mr P Day and Ms J Cooke.

TB71/12 DECLARATIONS OF INTEREST

No declarations of interest were recorded.

TB72/12 CLINICAL PRESENTATION: EMERGENCY AND ELECTIVE FLOW PROJECT UPDATE

The Chairman welcomed Dr O Orugun, Mr P Armstrong, Mr C McGibney, Mrs B Monk and Ms L Corlett to the meeting.

The team gave a presentation to the Board outlining progress achieved to date in relation to the two projects (copy attached).

In relation to the Emergency Flow Project, it was explained that this involved internal and whole system change relating to patient discharge, wards and the development of an urgent care centre. The

aims of the project were to improve patient experience and care and reduce costs through improved design of patient flow and reductions in length of stay.

The project involved external stakeholders such as the CCG, CHOC and the Cumbria Partnership NHS Foundation Trust.

The key changes for July, August and October were outlined to the Board.

Dr Orugun explained that the project focussed very much on improving the service for the patient. He explained that patients would be identified for discharge the day before so as alleviate the current problems being experienced, however, this was very much dependant on external discharge processes, hence the whole system approach being taken. Dr Orugun reported that the new model of care and patient flow would entail a whole culture change in how doctors would work for the future. In addition, Dr Orugun stressed the importance of a whole system approach being taken for both projects to be successful.

Mr Armstrong reported that the Elective Project was similar to that of the Emergency Project and was as ambitious and complex. The main aims were to improve patient experience and care, whilst at the same time aligning capacity and demand and reprimating activity.

The elective flow improvement ideas and achievements to date were outlined to the Board. Changes expected in the future would include the re-alignment of resources, re-design of pre-assessment and improved discharge processes.

Mr Armstrong and Ms Corlett explained that the project, like that of emergency, involved a great deal of clinical input and was, therefore, very time consuming. The Director of Operations explained that there was detailed planning behind both projects and any 'blockages' would be managed with the support of the Executive team. Ms Monk explained that in addition to an escalation process for the projects, all the health economy organisations were holding each other to account for delivery. Delivery of these projects were also built into the Clinical Commissioning Group's CQUIN plans.

The team reassured Board members that the individual needs and circumstances of all patients, particularly elderly care patients, would be taken into account across both of the projects.

The Chairman thanked the team for an interesting and informative presentation.

TB73/12

MINUTES OF THE LAST MEETING

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

TB74/12 **MATTERS ARISING AND ACTION PLAN**

In relation to accommodation charges and payments from partner organisations (page 4), the Director of Finance/Deputy Chief Executive confirmed that he would pursuing this to a point of conclusion.

The Head of Corporate Affairs/Acting Company Secretary outlined the action plan, as follows:

TB48b/12 Trauma Accreditation: Director of Operations to update the Board at the September meeting, following the first meeting of the Trauma Board in July.

TB75/12 **STRATEGY AND POLICY**

a) **Acquisition Update**

The Interim Chief Executive presented the progress report in relation to the acquisition process.

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

- Business Transfer Agreement (BTA) or 'Transaction Agreement' and interim management arrangements
- Acquirer due diligence process
- Development of the transition plan
- Application for approving the transaction from the NHS Cooperation and Competition Panel (CCP)
- Foundation Trust membership recruitment for North Cumbria

In relation to staff membership, the Interim Chief Executive confirmed that staff would be automatically 'opted in' as members, however, they would have the option to 'opt out'.

The report was **NOTED**.

b) **West Cumberland Hospital Redevelopment Update**

The Director of Finance/Deputy Chief Executive reported that Department of Health approval had been received for the project. Treasury approval was awaited and anticipated in the coming week.

The Cumbria Partnership Trust had now moved into J block and, therefore, refurbishment work could now commence so as to keep the project on track.

Laing O'Rourke were also on track for the next phase of work.

The verbal report was **NOTED**.

c) **Update on Trust's Position on the Contract for 2012/13, Quality Improvements and Financial Turnaround**

The Director of Finance/Deputy Chief Executive presented a report which updated the Board in relation to the clinical contracts for 2012/13, including the CQUIN targets, the quality schedule and the current performance up to the end of May 2012. In addition, the report updated the Board on the current performance against the savings target.

The following key points were **NOTED**:

- The Trust had a statutory duty to breakeven year on year whilst also ensuring that national access targets were achieved at the same time as maintaining safe and high quality services. Through the contracting process, financial incentives and penalties were now becoming the norm to influence behaviour to ensure organisations were rewarded for best practice and penalised for failing to deliver against a number of quality standards.
- The Trust had formally agreed its contract with NHS Cumbria by the required national deadline of March at a value of £170m, which was significantly higher than the previous year and £25m higher than that forecast in the initial Closer to Home predictions.
- 2012/13 was a transitional year with PCTs being replaced by Clinical Commissioning Groups (CCGs) who would formally take over as the lead commissioners next year. The relationship was developing well with the Cumbria CCG, with both sides being open and transparent. It was becoming apparent that there was more emphasis on managing and overseeing the Trust's performance both operationally and financially. At this stage of the year, there were no significant activity variances which were causing a concern, however, waiting times in Ophthalmology and Gynaecology continued to be closely monitored with additional lists being provided to ensure the waiting times were reduced in line with national waiting targets.
- The Trust's performance on the Commissioning for Quality and Innovation (CQUIN) measures were reviewed and monitored by NHS Cumbria Commissioners. CQUIN measures were based on three separate categories, with a total of 11 schemes agreed for 2012/13. CQUIN for 2012/13 had been increased to 2.5%, an increase of 1% compared to last year (1.5% in 2011/12). This was currently valued at £4.3m. The CQUIN targets were monitored on a monthly basis and formally discussed with the commissioners at the Service & Quality Contract Sub Group. The Trust is currently forecasting that it would achieve 100% of the CQUIN target at this stage of the year.
- The Trust had set a CIP target of £16.9m to close the financial gap between expenditure and income. In terms of achievement in the first two months of the financial year, £2.2m of savings had been delivered against a target of £16.9m. This was behind the planned target although the profile of the CIP delivery was phased towards the end of the financial year. It was essential

that all plans were delivered according to the agreed timescales and that ideas being developed were converted into firm plans as quickly as possible to enable the Trust to maximise the delivery of CIP savings during the year.

The Trust's CQUIN contract was led by the Acting Director of Nursing. Meetings with the CCG were held on a monthly basis so as to provide the evidence on the measures. The Director of Finance/Deputy Chief Executive explained that the measures were both national and local. So as to provide assurance for the Board, the Acting Director of Governance/Director of Acquisition **AGREED** to bring details of the CQUIN targets to the meeting in September.

Following discussion, It was **AGREED** that a column be added to the Trust's dashboard, outlining the CQUIN measures and details of those responsible for delivery.

The Director of Operations commented that the Trust's dashboard would need to be aligned to that of Northumbria.

In answer to a question in relation to mixed sex breaches, the Acting Director of Nursing explained that discussions had been held at length with the commissioners. She explained that breaches had occurred when transferring patients from ITU to other wards outwith the 4 hour target. She explained that some Trusts had put different timelines on this particular target. Advice had been sought from the NHS North of England with regard to the Trust's reporting of this target for consistency against other Trusts. The Acting Director of Nursing explained that the Trust's 'red' reporting could actually be 'green' if every Trust was reporting in the same way.

The report was **NOTED**.

ACTION:

1. A column to be added to the Trust's dashboard, outlining the CQUIN measures and details of those responsible for delivery.
2. Details of the CQUIN targets to be outlined at the September Board meeting.

d) **Trust's Registration with the Care Quality Commission and Associated Quality Improvement Plans**

The Acting Director of Governance/Director of Acquisition presented a report which provided the Board with key information on the Trust's registration with the Care Quality Commission (CQC) and associated Quality Improvement Plans.

The report summarised the following:

- CQC unannounced visit to the Cumberland Infirmary on 12 June 2012.

- CQC Market Report on Cumberland Infirmary and West Cumberland Hospital.
- Results of the internal unannounced reviews for CQC compliance.
- Quality Improvement Priorities for 2012/13.
- CQC Registration.

The Acting Director of Governance/Director of Acquisition advised the Board the that report, following the visit to A&E at CIC, was awaited as was the report for the recent unannounced visit to Overwater at Whitehaven.

The Board were pleased to **NOTE** that both hospitals were fully compliant in all of the 5 standards, following the publication of the CQC's Market Report, and that it was the only fully compliant provider in Cumbria. Mr Bonner and Mr Evens enquired as to how this good news would be communicated to staff so that they received the same reassurance as Board members. The Acting Director of Governance/Director of Acquisition and Acting Director of Nursing reported that details of the report would be included in the next edition of the Staff Newsletter as well as speakly directly to staff on wards and departments. The Acting Director of Nursing explained that at the end of unannounced visits, it was normal practice for the inspectors to feedback to staff on the wards/departments they had visited. When staff are interviewed by the CQC during their visits, it is also normal practice for this to be done without any management presence so that they can speak freely and openly. The Acting Director of Governance/Director of Acquisition explained that the CQC had an evolving relationship with Monitor on quality issues and expected that relationship to increase.

The report was **NOTED**.

TB76/12

OPERATIONAL PERFORMANCE

a) **Performance Report**

a) **Operating Performance**

The Director of Operations presented the Operational Performance Report and highlighted the following exceptions:

- Referral to treatment – admitted patient care 95th percentile: 32.14 weeks against a target of 23 weeks. This was an improvement on the previous month's position. Ophthalmology and gynaecology remained on target to achieve 18 week compliance as part of the overall Trust recovery plan. The Director of Operations assured the Board that the Trust was on track to achieve this by 1 July. A plan had been agreed with commissioners which would also include ophthalmology and gynaecology.

- A&E unplanned re-attendance rates: the CIC had recorded a return of 5.2% and WCH 5.9% against the national target of 5%. All patients re-attending had been attributable to mental health, substance misuse or alcohol related issues. All the A&E clinical quality indicators were monitored on a weekly basis and key issues were being addressed by the emergency flow project. The Director of Operations stated that amendments would be made to the dates outlined in the report in relation to April and March 2012 data.
- Cancer 62 day waits for first treatment - screening: Out of 13 patients seen, there had been 3 breaches, thereby achieving 76.9% against the target of 90%. These breaches had occurred to capacity issues (which were being addressed), further investigations being required and patient being referred to specialist for treatment for further cancer.
- Stroke: weekly monitoring of performance indicators were now in place on both sites.
- Delayed transfers of care: The Trust was continuing to meet with the wider health economy about a whole system approach to Delayed Transfer of Care (DTC). There was a health economy workshop in mid-July held which aimed to develop a new integrated approach to reducing delayed transfer of care. Discussions had been held with the NHS North of England surrounding definitions of DTC. They had suggested that the Trust define patients who were identified suitable for transferring to community hospitals as not a delay under the definitions. This was being confirmed in writing. Overall there was still a slight downward trend in the number of delays.
- Cancelled operations: The cancellation of patients on the day of admission continued to be an area of focus. The escalation processes in advance of patient cancellation had improved however there were a number of key improvement areas that were being tackled within divisions to reduce the number of cancellations.

In relation to cancelled operations, the Director of Operations explained that no operations were to be cancelled within the Trust unless the reasons for doing so were escalated to the Director of Operations' office and had been agreed. A new process for booking ITU beds for elective procedures had also been introduced and the system was much more robust than previous.

The report was **NOTED**.

b) **Quality Report**

The Acting Director of Nursing presented the Quality Report and the following key issues were **NOTED** by the Board:

- Although a new Quality dashboard of the performance report was planned to be presented to the July 2012 Trust Board,

this was now being aligned against Northumbria's quality dashboard and would be presented in due course.

- The Trust's performance on the Commissioning for Quality Improvement (CQUIN) measures were reviewed and monitored by NHS Cumbria Commissioners. CQUIN measures were based on three separate categories; the Department of Health (DOH) National Measures, the Strategic Health Authority Regional Measures and locally agreed measures set by NHS commissioners. All clinical and management leads had no exceptions to report for quarter 1.
- There had been an increased incidence of falls reported in May 2012 which were being reviewed by the slips trips and falls steering group led by the Matron for Nursing Standards and Deputy Director of Nursing.
- The excellent work carried out by clinical teams to minimise infections had attributed to no post 48 hour hospital acquired MRSA bacteraemia for 24 months. This was a tremendous achievement which was due to the excellent work of clinical staff and the infection prevention team in maintaining high standards of infection prevention and control across the Trust. The performance for the month of May 2012 for attributed Clostridium Difficile showed the Trust performing within trajectory with 2 attributed cases. This again demonstrated the excellent work carried out by the clinical teams to minimise infections across the Trust.

The Board extended their appreciation to staff for the continuation of the excellent performance in relation to control of infection. The Acting Director of Nursing explained that it would be a real challenge for the Trust to continue at this level and, therefore, it was intended to 'step up' on assessments, e.g. glow testing so as to test the effectiveness of cleaning, hand cleaning etc.

The report was **NOTED**.

c) **Workforce Report**

The Director of Human Resources (HR) presented the Workforce Report, with the following key points being **NOTED**:

- Staff in post at May 2012 had reduced by 68.12 WTE when compared to the equivalent month in 2011.
- Overtime in May had significantly reduced.
- The Trust's overall sickness rate had reduced to 4.58%, however, Estates was still the major outlier at 7.13%.
- The annualised percentage of appraisals at May 2012 was 60.49%.
- Work continued to support the completion of mandatory training, particularly in clinical areas.

The Director of HR voiced his concern regarding appraisals and mandatory training, but explained that action in these areas continued so as to achieve improvements.

Mr Evens enquired as to how long it was going to take to reduce the sickness levels in the Estates Department as he felt the levels were appalling and that action taken to date had had little or no effect. He also queried why the sickness levels were higher than those on the wards. Mr Evens drew attention to the fact that this issue had been raised on several occasions and the Board had not received a satisfactory response to date so as to understand the causes of the actual sickness or whether it related to a management issue. The Director of HR explained that it was 'traditional' that this group of staff, being one of the lowest paid group, had the highest sickness rate. He explained that the staff were being well managed but the sickness rates did correlate to the rates of pay for this particular group of staff. The Director of Estates and Facilities commented that he was disappointed that the sickness target had not been achieved. He also reported that 19 members of staff had been referred for Occupational Health assessment and that a new HR manager had been appointed who was working with the Estates management team to improve the sickness levels.

Following discussion, it was **AGREED** that a report, providing more detail on the sickness issues and action taken to resolve these, along with a comparison against other Estate Departments in acute trusts, would be presented to the Board in September.

Professor Bruce raised her concerns as to current position of appraisals and mandatory training. She stated that she felt that the Trust was 'exposed' having such low levels and that this could create risks for the Trust and also in relation to the acquisition. The Director of HR confirmed that the Trust had declared itself non compliant with the CQC for mandatory training, however, the plan was to be fully compliant within 6 months of the acquisition being completed. He also explained that a policy for protected time to undertake mandatory training was to be implemented which would help to achieve this compliance. The Director of HR explained that Northumbria Trust had a dedicated member of staff who works with the staff on the wards to ensure the training is completed and this concept was being discussed with Northumbria colleagues.

The report was **NOTED**.

d) **Finance Report**

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

- The Trust was reporting a surplus of £60k at the end of May against a planned surplus of £65k. The position in May was supported by £4.1m 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.
- Total income was £19m for May against a target of £19.2m. Clinical income was £17.4m against a target of £17.8m.
- Pay expenditure in April was £11.7m which was higher than the level of pay costs in the preceding months.
- Expenditure on non-pay in May was £5.9m which, although it was higher than April's expenditure of £5.5m, was in line with the 2011/12 average. The increase was mainly in clinical supplies and services and drugs and blood products and reflected the return to normal elective activity levels following the Easter period.
- The Trust delivered £669k of efficiency savings in May bringing the total for the year so far to £2.2m against the annual plan of £16.9m. The Project Management Office (PMO) continued to support the Divisions to ensure that approved plans were implemented on time and delivered in full. The generation and development of new saving schemes for 2012/13 continued as the Trust tried to reduce its overall cost base. As in previous years, this represented the largest single financial risk to the Trust, with any shortfall in the delivery of CIP having to be substituted with additional income.
- The Trust's liquidity position had improved compared to 2011/12, although it remained fragile. The cash flow continued to be closely monitored to ensure core obligations were met.

The Director of Finance/Deputy Chief Executive reported that the Performance Dashboard would be slightly revised in relation to some of the dates. In relation to the reporting of advancing quality data, which was reporting the previous 3 months, the Acting Director of Nursing and Director of Operations were currently looking into the provisional reporting of more up to date information.

The report was **NOTED**.

ACTION:

A report, providing more detail on the sickness issues and action taken to resolve these, along with a comparison against other Estate Departments in acute trusts, would be presented to the Board in September.

TB77/12

GOVERNANCE AND ASSURANCE

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

Due to urgent Board business, the patient safety walkabout was cancelled.

b) **Single Equality Scheme Update**

The Director of Human Resources presented a report which provided Board members with an update in relation to a review and assessment of equality and diversity in the Trust using the NHS Equality Delivery System (EDS) and details of the Trust's equality objectives, as required under the Equality Act 2010.

The Director of Human Resources reported that the action plan and objectives had been previously approved by the Governance Committee.

The Board debated the data in the report, noting that this was data from the national observatory and not Trust data. The percentage relating to 'disabled – working age' was queried. The Director of Human Resources explained that the definition was wider than probably expected as it included various illnesses.

The Board **NOTED** the report and **APPROVED** the objectives.

c) **Medical Revalidation Update**

The Medical Director presented a report which provided the Board with an update in relation to progress achieved around medical revalidation.

Significant progress had been made and the Trust was on track to meet the revalidation timetable, however, there was still work to be done to ensure the Trust's process was aligned with the Northumbria model and to ensure readiness for the first revalidation appraisal in early 2013.

The report was **NOTED**.

TB78/12 **STANDING COMMITTEE OF THE BOARD**

a) **Governance Committee – May 2012**

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

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

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

TB79/12 **ANNUAL REPORTING**

a) **Security Management Service Annual Report**

The Director of Estates & Facilities presented the Security Management Annual report 2011/12.

The report summarised security events, incidents and information for the financial year 2011/12 and details of the 2012/13 security work plan.

The report had been presented at and discussed by the Governance Committee at its meeting on 26 June 2012. The Governance Committee had requested a slight change in presentation of the report which had been actioned.

The Director of Estates & Facilities confirmed that concerns raised regarding training for staff relating to conflict resolution were being addressed.

The report was **NOTED**.

b) **Infection, Prevention and Control Annual Report**

The Acting Director of Nursing presented the Infection, Prevention and Control Annual Report for 2011/12, which outlined the work undertaken over the past year to ensure compliance with the Health & Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance. The report also included details of the annual programme for 2012/13 and the Trust's performance for MRSA and Clostridium Difficile.

The Board extended their thanks and appreciation to staff for the achievement of such excellent results through all their hard work.

The report was **NOTED**.

TB80/12 **ANY OTHER BUSINESS**

No further business was discussed.

TB81/12

DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 11 September 2012 at 1pm in the Board Room, West Cumberland Hospital, Whitehaven.