

**MINUTES OF THE TRUST BOARD MEETING  
HELD IN PUBLIC ON TUESDAY, 26 MARCH  
2013 AT 1PM IN THE BOARD ROOM,  
CUMBERLAND INFIRMARY, CARLISLE**

**Present:** Mr I Gordon, Interim Chairman  
Mr M Bonner, Vice Chairman  
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  
Mr S Shanahan, Interim Director of Finance  
Mrs C Platton, Acting Director of Nursing

**In Attendance:** Mr D Gallagher, Director of Human Resources & OD  
Mrs R Duguid, Acting Director of Governance/Company Secretary  
Miss E Kay, Head of Communications & Reputation Management  
Mr L Morgan, Director WCH Project  
Dr J Rushmer, Director of Clinical Transformation  
Mrs J Stockdale, Head of Corporate Affairs

**TB23/13**      **WELCOME, APOLOGIES AND CHAIRMAN'S OVERVIEW**

Apologies for absence were received from Ms J Cooke.

Mr Gordon introduced Professor S Reveley and announced that she would be joining the Board as a Non Executive Director on 1 April 2013.

Mr Gordon outlined his overview report.

On behalf of the Board, Mr Gordon extended his thanks to Ms J Cooke for her thoughtful contribution over the last 4 years as a Non Executive Director and for her commitment to the Trust.

Mr Gordon and Mrs Farrar had recently met with the new Governors, elected for Cumbria, who were all excited about their new roles in Northumbria Healthcare NHS Foundation Trust.

The report was **APPROVED** by the Board.

**TB24/13**      **DECLARATIONS OF INTEREST**

No interests were declared.

**TB25/13**      **MINUTES OF THE LAST MEETING**

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

**TB26/13**      **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

Mrs Duguid outlined the action plan, as follows:

TB131a/12 – Improving Patient Safety: information circulated. Action complete.

TB16b/13 – Patient Experience, Safety and Quality: information provided at April meeting. Action complete.

TB17c/13 – WCH Redevelopment Update: information provided at April meeting. Action complete.

**TB27/13**      **SAFETY AND QUALITY**

a)      **Safety, Quality and Patient Experience**

Mr Walker presented the Safety, Quality and Patient Experience Report, which gave an update to the Board on work undertaken in the previous month to embed the improvement priorities to reduce our mortality and harm rates.

In relation to the Trust's mortality data, Mr Bonner queried the congestive heart failure non-hypertensive diagnostic group, which was referred to on page 3 of the report, however, did not appear to be mentioned any further within the report. Mrs Farrar confirmed that a specific piece of work would be required to define this by CPG and would be reported to the Board by April.

Mr Gordon referred to the mortality table on page 4 of the report. Mr Walker explained that the rise in the crude death rates were due to seasonal fluctuations e.g. flu epidemic. Board members discussed the algorithms for the RAMI and SHMI data and how these were all differently defined.

Mrs Duguid outlined the patient incidents and complaints data within the report. Mrs Duguid explained that due to the reporting thresholds changing and encouraging a more open culture, the Trust was noting a larger amount of SUIs being reported. The Trust would need to be mindful that it had the right capacity and capabilities across the clinical teams to address these.

The Board discussed the complaints in detail, looking at key themes such as delays and attitudes of staff. The Board **NOTED** it was considering the themes from the serious complaints and serious incidents in the Board session that afternoon. Board members **NOTED** that key themes resulting from complaints would be fed into the Trust's safety and quality priorities and the action plans would be followed up via the Clinical Audit Plan 2013/14. Following discussion, it was **AGREED** that Mrs Duguid would provide more detail on the outcome of complaints in future reports.

It was also **AGREED** that the next Non Executive Director walkabouts would look at one of the productive wards.

Mrs Farrar congratulated Mrs Duguid, Mr Walker and Mrs Platton for producing a more transparent and open report. Thanks were also extended to Mrs C Simpson and colleagues at Northumbria for all their work on patient experience.

The report was **APPROVED** by the Board.

**ACTION:**

- a) Further information to be provided to the Board on the congestive heart failure non-hypertensive diagnostic group by April.
- b) Board to confirm the themes involved in the serious complaints and incidents and confirm in the Safety & Quality Priorities 2013/14.
- c) April NED patient safety walkabouts to look at one of the productive wards.

b) **Service Performance**

The Service Performance Report, which provided details of achievement against the national performance targets, highlighting exception key areas, was outlined to the Board.

Ms Siddall described in detail the operational service performance report to Board members. It remained a serious concern to Board members that a number of the NHS minimum standards were not met but they were assured an appropriate plan was in place. The A&E plan required further discussion to understand when the 95% target would be met.

With regard to Stroke, Ms Siddall reported that the aim was to achieve the 90% and to improve on other quality outcomes. Stroke was also included within the CQUIN target for this year.

In outlining the Monitor Governance Risk Rating, Mrs Duguid confirmed the work in progress to meet the 7 outcomes not met. Professor Bruce commented that she was confused by Appendix 4 (quality and risk profile) as outcome 10 was graded as 'green', but the Trust had this outcome as one of concern, and Mrs

Duguid agreed to clarify this point. Mrs Farrar reported that an advert had been placed for the role of Fire Safety Adviser and it was hoped that this could be appointed to within the near future. Mrs Farrar further reported that all outcomes had to be compliant by September 2013, and it was expected that this would be the case, apart from outcome 10, which would take until March 2014.

Mrs Farrar reported that the Medical Director and Director of Nursing were undertaking daily discharge ward rounds and feedback would be reported to the Board next month. Ms Siddall reported that the daily teleconferences with health economy partners had also been reinstated.

Mr Evens enquired about the dermatology performance, which had been reported as 'red' at the end of February. Ms Siddall explained that this was due to backlog of cases, however, additional capacity had been put into this area to address this.

The report was **APPROVED** by the Board.

**ACTION:**

A Board Development session to be held to better understand the plan for patient flow.

c) **Workforce Report**

Mr Gallagher presented the Workforce Report to the Board, outlining performance against a range of workforce indicators up to the end of February 2013.

In answer to a query regarding Interserve staff and their mandatory training, Mr Gallagher explained these details were not included within the Trust's figures, however, confirmed that the staff received the same training as Trust staff and this was monitored via the contract. Mr Gallagher **AGREED** to provide the Board with further information.

In relation to the information governance target of 95%, Mr Gallagher reported that the Trust was at 92%, with all adjustments and exclusions being taken account of, however, Mr Gallagher expected the Trust to be fully compliant by the end of the month.

With regard to appraisals, rates had increased slightly but these remained under trajectory. Mr Gallagher expected these to be close to 80% by the end of the month.

Professor Bruce briefed the Board following the last meeting of the Workforce Committee, which had now held 3 meetings. The Committee felt that good progress had been made over the last

few months, particularly in relation to mandatory training and appraisals.

Following discussion, the Board felt that the Trust had the beginnings of a Trust-wide system for mandatory training and it was **AGREED** that these standards would be rolled out to other areas of training and on this basis would recommend that this Outcome be considered as met with an appropriate action plan to be approved by the Finance, Information and Performance Group next month.

The report was **APPROVED** by the Board.

d) **TDA Self Certification**

Ms Siddall outlined the Trust's Self Certification Return for February 2013.

It was **AGREED** that subject to any further amendments from Board members, the Return would be submitted.

The report was **APPROVED** by the Board.

e) **Staff Survey**

Mr Gallagher outlined a report and presentation, providing the Board with a summary of the results of the 2012 Staff Survey and the action plan so as to improve future results.

Mrs Farrar reassured Board members that every effort would be made so as to ensure improved results for next year.

Details of the 'first cut' of results of a staff 'survey monkey' would be outlined at the April Board.

The report was **APPROVED** by the Board.

**ACTON:**

Details of the 'first cut' of results of a staff 'survey monkey' would be outlined at the April Board.

f) **Clinical Audit Plan 2012/13**

Mr Walker and Mrs Duguid presented a report which summarised the Trust's position against the Clinical Audit Plan for 2012/13 and outlined objectives for clinical audit and effectiveness for 2013/14.

Mrs Farrar explained that the report provided assurance to the Board on the clinical outcomes and that the 2013/14 Plan would be presented to the April Board meeting. Mrs Farrar confirmed that every service would have an audit in the coming year.

Mr Evens commented that the level of participation in national audits did not appear to be complete and queried how the Trust compared to its peers. Mrs Duguid explained that she had not compared the Trust to others, however, it was beholden on Trusts to take part in audits as much as possible. Mrs Farrar said the audit results should be better and the reasons given by clinical teams for low level participation was due to staff availability, particularly as the Trust had had high numbers of locum staff. Some audits were only done on a local level, rather than a national level, and these tended to be of a much higher standard. This culture had to improve during 2013/14.

Mr Evens queried what level of comfort the Board had that the results and actions from the audits were being taken forward. Mrs Duguid explained that the Business Unit governance teams would be picking up the actions and the Board would receive assurance about progress in a quarterly report to the Board. Mrs Farrar reported that the Board would receive quarterly reports outlining actions taken relating to any critical areas. This clinical audit plan provided assurance on progress with Outcome 16, but this outcome could not be fully met until a Trust-wide system for NICE guidelines was in place. Plans were expected to deliver this by the end of October.

The report was **APPROVED** by the Board.

g) **Francis Inquiry – Action Plan**

Mrs Farrar outlined a report to the Board which gave details of the action agreed at the Board Development Session the previous month, which took into account the recommendations of the Francis Inquiry Report.

Mrs Farrar reported that engagement with staff on the Francis Inquiry and Trust's Values was to commence on 9 April and feedback on these would be gathered and reported to the Board in June.

The Department of Health's response to the recommendations, which was to be released that day, would be discussed at next month's Board meeting.

The report was **APPROVED** by the Board.

**ACTION:**

The Department of Health's response to the recommendations to be discussed at next month's Board meeting.

TB28/13

**STRATEGY AND POLICY**

a) **Draft Organisational Development Plan**

Mr Gallagher presented a report which provided the Board with an update on the Organisational Development work that was taking place within the Trust.

Mrs Farrar reported that the Senior Management Team had discussed what needed to be included within the Organisational Development Plan, e.g. a key piece of work being the Ward Managers Development Plan.

Professor Bruce commented that it would be useful to see what the development days would help staff to achieve in relation to organisational imperatives. The Board also felt it would be useful to see more information on education and training programmes/training needs analysis. Mr Gallagher would provide this information to the Board.

The report recommended Northumbria Healthcare's values, which were **APPROVED** by the Board. An engagement/consultation process would commence with Staff Roadshows in April. The Board also **APPROVED** the continued roll-out of the Organisational Development Proposal produced by Northumbria in order to help bring together the two workforces to provide excellent delivery of care to the patients served by the Trust.

The report, and recommendations, were **APPROVED** by the Board.

**ACTION:**

To set out in the introduction the key strategic goals and how the OD plan fits these objectives.

b) **West Cumberland Hospital Redevelopment Update**

Mr Morgan outlined a report which provided Board members with an update on the redevelopment of the West Cumberland Hospital, with emphasis on the following issues:

- The implementation of the clinical strategy
- Commissioning programme
- Contractual matters
- Community engagement
- Overview of activity

The report was **APPROVED** by the Board.

c) **Organisational Readiness**

Mrs Farrar outlined a report which provided an update on the key items of business in preparation for the acquisition date. The report focussed on the following areas:

- Establishing the right leadership
- Ensuring the clinical strategy drives the highest quality of care
- Draft Integrated Forward Plan 2013/14
- Being visible

The report was **APPROVED** by the Board.

d) **Acquisition Process**

Mrs Farrar presented a report which provided Board members with an update on the progress achieved in relation to the acquisition process.

The report focussed on the following issues:

- Key milestones
- Convergence criteria
- Revised interim management arrangements
- Governor appointments

The report was **APPROVED** by the Board.

**TB29/13**

**FINANCIAL PERFORMANCE**

a) **Month 11 Report**

Mr Shanahan presented his report which outlined the Trust's financial position as at the end of Month 11.

Mr Shanahan reported that the Trust was on track to have a £200k surplus at the end of March.

The report was **APPROVED** by the Board.

**TB30/13**

**GOVERNANCE & ASSURANCE**

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

Professor Bruce and Mr Gordon gave a verbal report following a patient safety walkabout to Willow A (elderly care) earlier in the day.



Professor Bruce commented that the ward had a dark central corridor and appeared to be rather 'crowded' with pieces of equipment. As this was a particularly busy ward, Professor Bruce queried if the darkness of the corridor and the equipment would make it difficult for patients.

Professor Bruce and Mr Gordon spoke to a couple of patients, one of whom was quite active and 'up and about'. Discharge was discussed with the staff and whether acute care was the best environment for some of the patients on the ward. The lack of suitable step down care for elderly care patients was also raised by the staff. The staff reported that they used the Ulyses incident reporting system and were happy with it, however, raised the issue of feedback being reported to them.

Following discussion, it was **AGREED** that the lighting and equipment issues on the corridor would be addressed, as well as the reporting mechanism to staff on incidents.

**ACTION:**

The lighting and equipment issues on the corridor to be addressed, as well as the reporting mechanism to staff on incidents.

**TB31/13**

**STANDING COMMITTEES OF THE BOARD**

a) **Governance Committee – February 2013**

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

**TB32/13**

**DATE, TIME AND PLACE OF NEXT MEETING**

Tuesday, 30 April 2013 at 1pm in the Board Room, West Cumberland Hospital, Whitehaven.