

**MINUTES OF THE TRUST BOARD MEETING  
HELD IN PUBLIC ON TUESDAY, 22  
JANUARY 2013 AT 1PM IN THE BOARD  
ROOM, CUMBERLAND INFIRMARY,  
CARLISLE**

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

**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 (TB7c/13 only)  
Mrs J Stockdale, Head of Corporate Affairs

**TB1/13 WELCOME AND APOLOGIES**

Apologies for absence were received from Mr M Little and Ms J Cooke.

**TB2/13 CLINICAL PRESENTATIONS**

**NATIONAL BOWEL CANCER AUDIT**

Mr Bonner welcomed Mr F Hinson, Colorectal Surgeon, to the meeting to give Board members a presentation outlining details of the National Bowel Cancer Audit Project, and in particular, the mortality data (copy attached).

Mr Hinson outlined the methodology which had been followed to understand the deaths which had occurred, whether they were expected and what were the common factors in each of the cases.

Mr Hinson outlined the data improvement plan which had been put in place and which focussed on recording accurate details following the multi-disciplinary team meetings. In addition, a review of the data

would be undertaken before this was uploaded to the main system which would allow for a comparison to be made with a pathology database.

Mrs Farrar thanked Mr Hinson for the openness and transparency of his presentation and the work undertaken to understand the mortality outlier in his service.

Mr Bonner thanked Mr Hinson for his interesting and informative presentation.

### **PLAN FOR ACHIEVING CNST MATERNITY LEVEL 3**

Mr Bonner welcomed Mr M Matar, Consultant Obstetrician and Gynaecologist and Mrs A Musgrave, Head of Midwifery, to the meeting to give Board members a presentation outlining details of a high level plan to achieve CNST Level 3 by February 2015 (copy attached).

The Board discussed the timetable for the next two years, specifically in relation to being reassessed at Level 1 and undertaking a mock assessment at Level 2. Mrs Farrar confirmed that the Trust would not be required to undertake reassessments at Level 1 and the focus of the team needed to be on achievement of Level 3.

Ms Siddall queried whether the additional resources regarding administrative support had been agreed. It was confirmed that this was in place and was being managed by the Business Unit.

Mr Bonner and Mr Evens highlighted that the focus needed to be on embedding the required standards in practice and not focussing on implementing CNST as a project, which was confirmed by Mrs Farrar and the maternity team.

Mr Bonner thanked Mr Matar and Mrs Musgrave for their interesting and informative presentation and looked forward to receiving an update in due course.

#### **TB3/13 DECLARATIONS OF INTEREST**

No declarations of interest were recorded.

#### **TB4/13 MINUTES OF THE LAST MEETING**

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

#### **TB5/13 MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

Mrs Duguid outlined the action plan, as follows:

TB131C/13: Workforce Report – Mr Gallagher reported that a joint induction and training programme would be in place by April with

Northumbria and processes would be harmonised across the two Trusts. The Workforce Committee would review the statutory requirements for equality and diversity training. Action complete.

TB132e/13: PCPI Business Case – Mr Shanahan reported that funds had been identified and allocated to fund the business case. Action complete.

**TB6/13**

**SAFETY AND QUALITY**

a) **Patient Experience/Safety & Quality**

A report providing an update on patient experience, safety and quality within the Trust was presented to the Board.

Professor Bruce commented that a detailed discussion and presentation had been held at the January Governance Committee on infection prevention. Although disappointed that the Trust had not achieved its target in this area, looking at the data, she felt that local factors could be affecting the Trust's results. Professor Bruce also commented that despite the difficulties being experienced in the Trust's A&E departments, it was good to receive positive feedback from the CQC that the Trust was doing well, and if not better than some other Trusts in this area.

Mr Walker requested the approval of the Board for Mr D Evans, Medical Director of Northumbria Healthcare, to take on the role as the Trust's Alternative Responsible Officer, should a conflict of interest arise and deem it impossible for the existing responsible officer to operate without compromising their position. This recommendation was made to the Trust by the General Medical Council and was suggested in order to help protect all parties. Following discussion, the Board **APPROVED** the appointment of Mr D Evans as the Alternative Responsible Officer for the Trust.

With regard to the Trust's Safety and Quality Priorities, Board members **NOTED** that Mrs C Simpson was addressing the issue of improving communication around patient discharge and would be linking in with Pharmacy so as to ensure patients received a better explanation of their medicines etc.

In relation to Trust Patient Experience Feedback, Mr Gallagher enquired as to why staff satisfaction appeared to be higher than then recorded in the Staff Survey. Mrs Platton explained that this was due to the patient experience audit being carried out on a smaller scale, i.e. at ward level. Professor Bruce suggested that these two pieces of data be discussed and compared at the next Workforce Committee.

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

b) **Quality Governance Assessment**

Mrs Duguid presented an update report to the board on the current position of the Quality Governance Assessment and the key areas of work still to be delivered in order to fully achieve all the requirements set out in the Monitor Quality Governance Framework.

Mrs Farrar reminded Board Directors that all Board papers needed to clearly set out 'recommendations for approval' in the future.

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

c) **Service Performance**

Ms Siddall outlined the Service Performance Report to the Board, which summarised the Trust's performance against a range of operating indicators for month 9 2012/13.

The Board discussed the importance of patients being made aware of the implications of changing their appointments when within the two week rule system so that they can make an informed decision.

With regard to the Corporate Safety and Quality Regulatory Report (Appendix 3), Ms Siddall would confirm for the Board as to whether this was in fact a completely combined report. It was **AGREED** that as from February 2013, service performance would be reported via a combined report, highlighting any problem areas as appropriate.

With regard to emergency care and the 18 week pathway, Mrs Farrar reassured Board members that these were of the ultimate importance and improvements within these areas were regularly being discussed with the senior clinical teams. Any particular risks were discussed at the weekly Senior Management Team and escalated to the Board as appropriate.

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

<p><b>ACTION:</b> As from February 2013, service performance would be reported via a combined report, highlighting any problem areas as appropriate.</p>
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d) **Workforce Report**

Mr Gallagher presented the Workforce Report which outlined performance against a range of workforce indicators for month 9 2012/13.

In relation to appraisals, Mr Gallagher reconfirmed that bank staff members were not allowed to practice on the wards until they had had their appraisals undertaken and would also be removed from the bank staff register if appraisals were not undertaken within a given period.

Mrs Duguid reported that resuscitation training was to appear on the dashboard in future reports.

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

e) **Self Certification Return – December 2012**

Ms Siddall presented a report outlining the Trust's self certification return which summarised performance against a range of operating indicators for month 9 of 2012/13 and requested Board approval.

Ms Siddall explained that the Trust was in receipt of a letter from the TDA confirming that they would receipt all returns and notify of any specific required action.

The Board **APPROVED** the Return, subject to final amendments.

**TB7/13**

**STRATEGY AND POLICY**

a) **Acquisition Update**

Mr Bonner gave a verbal update explaining that the acquisition process continued and was progressing well. The process was now being led by the Trust Development Authority.

The verbal report was **NOTED** by the Board.

b) **Organisational Readiness for Acquisition**

Mrs Farrar presented a report which provided Board members with an update on the key items of business to prepare for the acquisition date.

Mrs Farrar requested feedback from Board members on the 'plan on a page', which she would then discuss with the Business Units.

In addition to the report, Mrs Farrar reported that the Clinical Director for Ophthalmology would give a presentation to the Board in a few months time on the ophthalmology specialist service.

A meeting had been held with Dumfries & Galloway NHS Trust to discuss the vascular service. Plans were well advanced in relation to the vascular service network although a date for commencement was yet to be finalised but this was expected to be April and July 2013. The Business Case would be presented to the Board in March 2013.

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

**ACTION:**

1. Presentation to be given to the Board on Ophthalmology Specialist Service in March/April.
2. Vascular business case to be presented to the Board in March.

c) **West Cumberland Hospital Redevelopment**

Mr Morgan presented a report which provided Board members with an update on the redevelopment of the WCH clinical vision delivery plan and the revised structure and governance arrangements for the WCH redevelopment.

Mr Morgan reported that good engagement continued with all the local communities and stakeholders, with the key areas of interest focussing on bed changes and the utilisation of community hospitals.

In outlining the structure in relation to the redevelopment, Board members **NOTED** that Mrs Farrar was now the Senior Responsible Officer for the project and responsibilities had been delegated to Mr Morgan in his role as Project Director.

Mr Morgan reported that the project continued to progress on those plans agreed to date by the Board, but if any changes were required, these would come back to the Board for agreement.

Following discussion, the following action was **AGREED**:

1. Mr Morgan and Mrs Duguid to discuss the Project Board Terms of Reference so as to ensure 'any gaps in control' were appropriately covered.
2. A more detailed report to be presented to the Board in future, including copies of the Project Board minutes, timelines etc.

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

*Point of clarification following the Board meeting:*

*Mr Paul Bryson has taken on the role of Interim Project Manager for the West Cumberland re-development from the 30 January 2013. He remains an employee of the Northumbria Healthcare NHS FT and gives advice to Mr Les Morgan as Project Director and will take direct instruction from the Project Director on all decisions relating to the contract and all instructions to be given to Laing O'Rourke. Mr Morgan as, Project Director, continues to report to, and is accountable to, the SRO for the project, Interim Chief Executive, Mrs Ann Farrar.*

*A permanent Project Manager has been appointed, Mr Steve Kilday, with a start date is Monday, 4 February 2013. There will be a 6 to 8 week period of induction and shadowing of the Project Manager Role supervised by Mr Brayson. At the end of the induction period Mr Kilday will be formally named as the Project Manager within the Contract with Laing O'Rourke and be directly accountable to Mr Morgan as Project Director. Mr Kilday is an employee of Northumbria Healthcare NHS FT seconded to North Cumbria University Hospitals Trust. Liability for decisions taken through these arrangements regarding the project continue to rests with the North Cumbria University Hospital NHS Trust.*

## **TB8/13      FINANCIAL PERFORMANCE**

### **a) Month 9 Report**

Mr Shanahan presented the Finance Report, which outlined the financial position of the Trust as at month 9, 2012/13.

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

### **b) Long Term Capital Requirements**

Mr Shanahan presented a report which updated the Board on the Long Term Capital Plan.

Board members **NOTED** that the long term capital requirements were to be discussed with Northumbria and the Board would be kept updated.

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

## **TB9/13      GOVERNANCE AND ASSURANCE**

### **a) Patient Safety Walkabouts**

Professor Bruce and Mr Bonner gave a verbal update following their patient safety walkabout on Beech A Ward.

As the visit had taken place over the lunchtime period, they had talked with the Charge Nurse on duty and were able to see all the efforts made on documenting staff appraisals, training and equipment etc.

The ward layout, compared to others, appeared to contribute to factors such as trips, slips and falls, as they commented that the corridors appears to be quite dark and there was equipment stored on the corridors. Professor Bruce and Mr Bonner had discussed these issues with the staff, who had appreciated a fresh pair of eyes on these issues. The issue of the lighting and 'cluttered' corridors was to be immediately addressed.

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The action taken following the visit was **APPROVED** by the Board.

**TB10/13      STANDING COMMITTEES OF THE BOARD**

a) **Governance Committee – December 2012**

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

b) **Audit Committee – December 2012**

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

**TB11/13      DATE, TIME AND LOCATION OF THE NEXT MEETING**

Tuesday, 26 February 2013 at 1pm in the Board Room, West Cumberland Hospital.