

**MINUTES OF THE TRUST BOARD MEETING  
HELD IN PUBLIC ON TUESDAY, 26  
FEBRUARY 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**
- Ms J Cooke, 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**

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

**TB12/13**      **WELCOME AND APOLOGIES**

Apologies for absence were received from Mrs C Platton.

Mr Gordon made a statement to the Board, outlining his initial observations since taking up his role of Interim Chairman of the Trust since the beginning of February. Mr Gordon explained how he had been made very welcome and had found a warm and caring attitude in all parts of the hospitals that he had visited so far.

Mr Gordon extended sincere thanks to Mr M Little, the retiring Chairman, and to Mr M Bonner, Vice Chairman, who had taken on extra responsibilities in the interim period.

He stressed the importance of the Trust working as efficiently and effectively as it could for the benefits of patients. He would continue to visit wards and departments and feedback to the Board as appropriate.

**TB13/13**      **DECLARATIONS OF INTEREST**

No interests were declared.

**TB14/13**      **MINUTES OF THE LAST MEETING**

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

**TB15/13**      **MATTERS ARISING AND ACTION PLAN**

No matters arising were discussed.

Mrs Duguid outlined the action plan, as follows:

TB131a/12 Improving Patient Safety: Mrs Platton to provide peer comparison data in March 2013.

**TB16/13**      **SAFETY AND QUALITY**

a)      **Francis Inquiry**

Mrs Farrar presented a report, explaining that a Board Development session was held earlier than morning to discuss the Francis Inquiry recommendations.

Mrs Farrar reported that the Board had had an open and positive discussion and had agreed to start the engagement process with staff in March/April so as to share and discuss the key messages and build on the work already undertaken to date on the Trust's values, openness and patient experience. Mrs Farrar also explained that patient experience feedback would be presented to the Board in the near future.

The report and actions to be taken were **APPROVED** by the Board.

**ACTION:**

Development Plan to be developed following the Board Development Session on 26 February.

b)      **Safety and Quality and Patient Experience**

Mrs Duguid introduced the Safety, Quality and Patient Experience report.

Mr Walker explained that the Trust was one of 14 Trusts to receive support from a Rapid Responsive Review Team in relation to hospital mortality rates. Mr Walker further explained that a full review of all deaths that had taken place in the hospitals since April 2011 to March 2012. The review had been

completed in November 2012, and in conjunction with clinicians, an action plan had been developed and implemented. Mr Walker outlined the four key themes of work to the Board in relation to clinical care; leadership and reporting culture; improved use of clinical information and improved identification and care for dying patients.

Mrs Farrar commented that this was the first time that the Board had received a full report on mortality in the public part of the meeting, which had been led by the clinicians, which would be very reassuring to patients and the public. Mrs Farrar stated that it would be arranged for the clinician leading on Theme One: Clinical Care to give an update to the Board on work undertaken to date.

Professor Bruce explained that although the Governance Committee had an interest in how the work on addressing the mortality issues and received regular updates, it would be important for scrutiny to continue at Board level.

Mr Bonner commented that, in relation to the Infection Prevention Report which had gone to the Governance Committee, the detailed tables, ward by ward, were not consistent with the dashboards. Ms Siddall **AGREED** to look at this in the absence of Mrs Platton.

In answer to a question from Ms Cooke relating to Patient Panel members being integrated and part of the new patient experience process, Mrs Duguid confirmed that this was the case and plans were also in place to outline their continued role within the new organisation.

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

**ACTION:**

To receive measurement improvements to mortality at the next meeting.

c) **Service Performance**

Ms Siddall presented the Service Performance Report.

Ms Siddall explained that Mr D Barnes, from the IST Team, planned to give his presentation to the Board in March, but due to illness, this was deferred until April.

Mr Evens queried the Monitor Governance Risk Rating section within the report and Ms Siddall **AGREED** that a Board Development Session would be arranged to take the Board through the Monitor Compliance Framework and Risk Rating.

In relation to CDiff, Mrs Farrar explained that a meeting had been held with clinicians and the Director of Infection Control from Northumbria, to agree on consistent standards and adopting some of the Northumbria ways of working, learnt from visits to high performing Trusts.

Mrs Farrar commented that it was pleasing to note that 10 of the 13 specialties were providing the 18 week pathway service and that it would be important for the Finance Committee to see details of the capacity and demand timetable. Ms Siddall confirmed that next month's report would include details of the improvements made in the pathways for those patients who had been waiting over 18 weeks and how these had been significantly reduced. The aim was to deliver 90% for all specialties by the end of Quarter 2.

The Board had a discussion about duplication of topics at some of the sub-committees and the importance of critical issues being covered across them all. Mrs Duguid explained that she was working with Northumbria colleagues to align governance, including the alignment of committees.

In relation to CQC compliance, Mrs Duguid reported that the 6 CQC outcomes were non compliant areas of non compliant; actions plans had been developed. Business Units were to also have their own assurance systems to monitor compliance within their specialties, which would address outcome 16. There was also additional work required in relation to Outcome 11 and 14, however, the remainder would be achieved. Mrs Duguid would provide Mrs Farrar with details of how Outcomes 11, 14 and 16 would also be achieved so as to achieve compliance. The Board remained committed to compliance by Quarter 4, 2012/13, apart from one which would take until Quarter 1, 2013/14.

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

d) **Workforce Report**

Mr Gallagher presented the Workforce Report which summarised Trust performance against a range of workforce indicators for Month 10.

Mr Gallagher and Professor Bruce reported that the Workforce Committee had met on two occasions to date, where there was much greater discussion held on the workforce indicators. Quarterly reports from the Committee would be presented to the Board, along with copies of the Committee minutes.

Professor Bruce voiced her disappointment at the lack of improvement in the appraisals rate for Month 10 and did not feel that these should be coded as 'amber' as there had been no progress achieved on the previous month. Professor Bruce also stressed the importance of maintaining momentum with regard to

mandatory training so that the targets could be achieved by the end of March. Although the Estates & Facilities Department had to be commended for their high levels of training undertaken, their sickness levels continued to be disappointing.

Mr Gallagher said he remained confident that the appraisal and training standards would be achieved and he was holding weekly meetings to ensure compliance.

Mrs Farrar queried the additional 67 members of staff in post. Mr Gallagher explained that the additional staff had been appointed to staff the extra beds that had been opened. Mrs Farrar commented that a reduction in overtime payments within this area would be expected because of the appointment of additional staff and he should make clear the impact of strategic decisions on workforce.

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

e) **TDA Self Certification**

Ms Siddall outlined the draft self certification return for month 10.

The Board discussed the Board Statements, noting that there remained 4 statements which continued to have a response of 'No' and the place in place to address these by 1 October 2013.

Mr Bonner drew attention to statement 12, which related to the minimum achievement of level 2 performance against the requirements of the Information Governance Toolkit. Mr Bonner felt that there appeared to be multiple counting of those undertaking the training and that it would be disappointing if the Trust were not to achieve this standard. Mrs Farrar commented that huge efforts were being made and she was confident that the Trust would achieve this. Mrs Farrar further commented that although ideally all of the statements needed to be achieved by the end of March, the Trust had explained to the Trust Development Authority (TDA) that it expected to achieve all of these, but perhaps not all of them by the end of March. The TDA are indicated that they were happy with the Trust's assurance that the statements would be met as soon as possible.

Ms Siddall **AGREED** to give Mr Gordon a briefing session on the self certification and to provide Board members with an Executive Summary on the Board Statements.

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

**ACTION:**

Ms Siddall to give Mr Gordon a briefing session on the self certification and to provide Board members with an Executive Summary on the Board Statements.

**TB17/13**

**STRATEGY AND POLICY**

a) **Chairman Overview**

Mr Gordon presented a report which outlined the key business of the Trust Board as it moved forward into the final stages of the acquisition.

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

b) **Organisational Readiness**

Mrs Farrar outlined a report which provided a progress report to the Board on the key items of business to prepare for the acquisition date.

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

c) **West Cumberland Hospital Redevelopment Update**

Mr Morgan presented an update on the West Cumberland Hospital redevelopment.

In reviewing the table which compared WCH activity, actual and predicted, it was **AGREED** that an additional column would be added on length of stay. It was also **AGREED** that the March report would detail how staff are being briefed and getting engaged. Mr Morgan explained that a communications strategy was being developed; open forums were to be established; notices at the main entrance doors were to be revamped and a 'countdown' clock was to be installed.

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

**ACTION:**

Length of stay details to be provided in relation to activity and further details to be provided on how staff are being briefed and getting engaged.

**TB18/13**

**FINANCIAL PERFORMANCE**

a) **Month 10 Report**

Mr Shanahan presented a report which outlined the financial position of the Trust at Month 10.

Mr Shanahan reported that the Trust was now forecasting an outturn position of £200k, as opposed to the original £1m. In addition, it was reported that the final 2012/13 contract between the Trust and the Clinical Commissioning Group had now been agreed.

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

**TB19/13**      **GOVERNANCE AND ASSURANCE**

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

Professor Bruce and Ms Cooke gave a verbal update following their patient safety walkabouts in the Outpatient Department earlier that day.

They explained that at the time of their visit there had been 8 different clinics in operation. The three key issues identified following discussions with nursing and administrative staff were:

- Tracking of medical records across site and across multiple clinics. The Medical Records Manager would be addressing these issues.
- The safety and cleanliness of the department and the logging of medical equipment was good.
- Staff had commented that there was a lot of incident reporting carried out but felt there was not a great deal 'coming back down' by way of feedback.

Mrs Farrar reported that the issue relating to medical records had been discussed by the Senior Management Team a few weeks ago, whereby options for the use of a casenote tracking system and storage were being pursued.

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

**TB20/13**      **STANDING COMMITTEES OF THE BOARD**

a)      **Governance Committee – January 2013**

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

b)      **Charitable Funds Committee – January 2013**

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

**TB21/13**      **ANY OTHER BUSINESS**

a)      **Questions from the Public Gallery**

The Chairman gave members of the public the opportunity to raise any questions they had.

In answer to a question as to who monitors care in the community, including mortality rates, Mr Walker explained that some of the Trust's mortality measures included deaths that he occurred in the community within 30 days of discharge from the hospital. The Clinical Commissioning Group were becoming

more aware of working with GPs in looking at mortality rate, but stressed the importance of this being reviewed as an overall health system.

In relation to the Safety, Quality and Patient Experience Report, in relation to mortality, the sentence “from the review, care was found to be safe but for a few patients the outcomes could have been better” was queried as to its actual meaning. Following discussion, it was felt that this sentence needed to be reworded in future reports.

In relation to the staffing levels outlined in the AQUA mortality report, Mrs Farrar reported that these were Dr Foster quoted levels and not the Trust’s actual staffing levels. Mrs Farrar explained that the Trust’s staffing levels were actually higher than those of Northumbria, but Northumbria’s mortality levels were a lot lower. Mrs Farrar did not feel that there was a correlation between staffing levels and mortality. Mr Walker stressed the importance of reducing harm for all patients and improving the quality of all services.

In answer to a question relating to complaints, Mrs Farrar confirmed that the Board reviewed the broad themes of complaints, however, specific complaints would be addressed in the Private section of the meeting due to the confidential nature of the issues.

**TB22/13**

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

Tuesday, 26 March 2013 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.