

Minutes of the Meeting of the Board of Directors held on Monday 23 January 2012 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital

PRESENT:	Mr. B. Picken Dr. J.M. Anderson Mr. K. Bryan Ms. M. Espley Ms. C. Etches Ms. V. Hall Mrs. B. Jaspal-Mander Mr. D. Loughton CBE Dr. J. Odum Mr. K. Stringer Mr. D. Sutton Mr. J. Vanes	Non-Executive Director (Chair) Non-Executive Director Non-Executive Director Director of Planning & Contracting Chief Nursing Officer Chief Operating Officer (part) Non-Executive Director Chief Executive Medical Director Chief Financial Officer Non-Executive Director Non-Executive Director
	Ms. D. Harnin Professor D. Luesley	Director of Human Resources Associate Non-Executive Director
IN ATTENDANCE:	Mr. S. Evans Mr. A. Sargent	Head of Performance Governance Officer
OBSERVERS:	Mr. B. Griffiths Ms. J. Viner Cllr. I Claymore	Deputy Vice-Chair, Wolverhampton LINK Wolverhampton LINK Wolverhampton City Council
APOLOGIES:	Mrs. M. Corneby Mr. R. Young	Wolverhampton City PCT Wolverhampton City PCT

Part 1 – Open to the Public

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON MONDAY 28 NOVEMBER, 2011

Action

TB.3844 RESOLVED: that the Minutes of the meeting of the Board of Directors held on Monday 28 November, 2011 be approved as a correct record.

MATTERS ARISING FROM THE MINUTES

TB.3845 Industrial Unrest and the Possibility of Industrial Action (TB.3818)

Ms. Harnin reported that the “day of action” had gone ahead and that Trust staff had worked together to close the gaps and minimise detrimental effects in clinical areas. The two picket lines had conducted themselves in a responsible manner. She indicated that nationally five of the six Unions representing NHS staff continued to discuss the Government’s proposals although UNITE had currently withdrawn from the negotiations. While the talks continued, the notice of action remained “seven days hence”. In addition, the BMA had balloted doctors to test their appetite for action and 80% had now indicated that they were prepared to consider taking action. The RCM and RCN planned to approach their members during February.

The Chairman noted that the creche had been very successful.

Mr. Loughton indicated that plans remained in place for the creche facility to be repeated at short notice if required in the future.

TB.3846 End of Life Service and Hospital at Home Service (TB.3805)

Ms Espley confirmed that the Trust did use a questionnaire for feedback from patients and carers using the End of Life Service. She said that the Hospital at Home Service was part of the annual Patient Survey.

TB.3847 Procedures of Limited Clinical Value (TB.3808)

Ms Hall confirmed that a list of Procedures of Limited Clinical value had been circulated.

TB.3848 Electronic Discharge (TB.3815)

Ms Etches indicated that certain aspects of the pilot were being revisited and that further information would be circulated the the Non Executive Directors in due course.

DECLARATIONS OF INTERESTS FROM DIRECTORS AND OFFICERS

TB.3849 Dr. Anderson declared the following interests:

- Chair of Governors – Penn Hall Special School
- Compton Hospice – Director
-

CONSULTANT APPOINTMENTS

TB.3850 Mr. Loughton reported that since the previous Board meeting the following appointments had been made:

- Dr. P. Koh – Oncology (Urology/CNS)
- Dr. R. Raghavan – Diabetes
- Dr. M. Joseph – Oncology (Head and Neck)
- Dr. N. Mirza – Colorectal Surgery

OPERATIONAL PERFORMANCE

TB.3851 Performance Report

Mr. Evans introduced the monthly report on Operational Performance across the Trust and highlighted a number of issues to the Board. He pointed out that the data for community activity in the Activity Dashboard was for the period until November, and not September as stated in the report. Mr. Bryan asked why some data covered only three months where a longer time analysis would prove helpful. Mr Evans offered to pick this issue up with Mr Bryan outside the meeting.

SE/KB

Regarding the exception report on the time to initial assessment for ambulance patients, Mr. Sutton asked whether it would be appropriate to differentiate between stretcher cases and patients who walked into the hospital, in order to assess the relative urgency of cases and the potential impact of delays. Mr. Evans explained that to split the data in this way would provide more context but would require an additional recoding process to identify the two cohorts of patients. He highlighted that there had been some improvement in A & E performance during the month.

Dr. Odum told the Board that the majority of ambulance delivered patients were discharged quickly. The Trust, however, would value data on the initial view of what was wrong with each patient and the reason for bringing them to hospital in the first place.

Mr. Sutton requested clarification around the Special Reports and the overall Finance Scoring and Assessment. He noted that a later report suggested that the Trust was scored at 4.1, whereas in this report it was scored at 3. Mr. Evans explained that one report dealt with the Performance Framework and the later report dealt with the financial analysis. The Quarter 2 assessment had only just been released in December 2011 by the Department of Health and he offered to provide further explanation to Mr. Sutton outside the meeting.

Dr. Anderson asked what percentage of patients attending A & E were followed up with a second appointment. Mr. Loughton reminded the Board that some patients were multiple re-attenders at A & E and that this had been interpreted by some commentators as a sign of poor treatment, which was not necessarily the case. Mr. Evans pointed out that the indicators were described by the Department of Health as “Standards” and not “Targets”.

RESOLVED: that the monthly Performance Report be noted.

Impact of Night Time Closure of Mid-Staffordshire NHS Foundation Trust A & E Services

TB.3852 Mr. Loughton presented a report describing the impact of the night time closure of the A & E Department at Mid-Staffordshire NHS Foundation Trust since the 1 December, 2011. He drew attention to the relatively low impact upon this Trust with the exception of a slight increase in the number of patients diverted here on the 25 December. He reminded the Board that additional doctors and nurses had been employed to cover the night team and there had so far been no complaints from the public as a result of the management actions taken. He also informed the Board that following a very busy weekend the hospital was currently operating at full capacity.

RESOLVED: that the report on the Impact of the Night Time Closure of the Mid-Staffordshire NHS Foundation Trust A & E Services be noted.

BUSINESS PLANNING

TB.3853 Capital Programme 2011/2012

Mr. Stringer presented the monthly report on the Capital Programme (Month 9) and informed the Board that at the end of the period under review £6,308,406 had been spent, which was £1,932,856 behind the revised cashflow plan. The year end position as at month 9 identified an undercommitment of £344,340.

Mr. Stringer advised that satisfactory progress had been made so far on the new Pathology Laboratory.

RESOLVED: that the progress report for Month 9 on the Capital Programme 2011/12 be noted.

TB.3854	<u>Delivery of the Estates Strategy 2009/10 to 2018/19 – Quarter 3 Report for 2011/12</u>	Action
	<p>Mr. Stringer introduced the third quarterly report for 2011/12 on the implementation of the Trust’s Estates Strategy. He mentioned that the Strategy was currently being reviewed to reflect current and future clinical service requirements and that a revised Strategy would be submitted to the Board in the late Spring or early Summer. He confirmed that completion of the full interim refurbishment of the Accident and Emergency Department was on schedule for May, 2012. He also referred to the work underway to refurbish the Women’s Unit.</p> <p>The Board noted the update on other projects including the demolition of the Poplars Building, the relocation of a bus stop on the eastern side of the Hospital site, and the work to improve wayfinding around the Hospital. Mr. Vanes requested that a report be submitted to a future Board meeting on wayfinding.</p>	KS
	<p>In response to a question, Mr. Stringer indicated that it was intended to relocate the Pharmacy Department into one of the buildings vacated when the new Pathology Laboratory opened. A business case for this was being prepared.</p>	
	<p>Mr. Sutton enquired about the conditions that had been attached to the planning consent for the construction of a multi-storey car park on the site and asked whether these restrictions could be challenged. Mr. Stringer confirmed that this matter was being looked into, particularly as the number of staff now based on site had increased considerably since planning consent had been granted. He referred to a scheme under consideration in the Trust for offering bus passes to a limited number of staff who would agree to release their car park space. In response to a question from Mr. Bryan, Mr. Stringer confirmed that a Waste Manager had now been appointed who would review how the Trust dealt with its waste.</p>	
	<p>RESOLVED: that the Quarter 3 progress report on the Delivery of the Trust’s Estate Strategy be noted.</p>	
TB.3855	<u>Regional Commissioning Framework 2012/13</u>	
	<p>Ms. Espley drew out the main points of her report on the Regional Commissioning Framework, which set out the clear expectations of Commissioners and providers across the NHS Midlands and East Region.</p>	
	<p>The Board noted that there remained uncertainty about the proposal by the SHA that staff should survey 10% of patients seen.</p>	

Mr. Bryan asked why the Trust did not have a discrete Customer Care Department, containing an identifiable group of people whose principal role was to promote and protect the interests of patients. He cited the example of patients waiting for an hour or so in Out-Patient Departments and who might be unsure about who to ask about the reasons for the delays or to whom to complain (at a management level) if dissatisfied. He referred also to the current arrangements for reception desks, some of which were not staffed, and some were reliant upon volunteers. Ms. Etches drew attention to the existence of the PALS team and suggested that the Divisions were full of people whose principal role was to deliver patient services and to address quality issues.

Dr. Odum affirmed that there was already customer care in the clinical areas; it was the duty of staff to care for patients and customer care was part of their mandatory training. With regard to Out-Patients, he advised that it was the practice for staff to provide information when clinics were over-running. He questioned whether the extent to which reception desks were manned directly related to customer care, although he acknowledged that sign-posting around the Trust was important. Ms. Etches added that critical to this discussion was the underlying culture of the organisation and the need for every member of staff to be willing to engage with patients and the public. Mr. Sutton said that the establishment of separate customer services teams would represent a further overhead which was not to be welcomed in a time of financial austerity, and that the money could be better spent on qualified clinicians. He thought that clinicians must maintain a focus on customer care and that this must be deeply accepted within the culture of the organisation.

Mr. Vanes referred to phrases in the report such as “co-production”, “net promoters”, “consumers of health” and expressed disquiet about the lack of clarity around such phraseology.

Mrs. Jaspal-Mander confirmed that the Board Assurance Committee was due to receive a report at its February meeting reviewing the effectiveness of the Real Time Patient Experience initiative. Ms. Etches added that the Best Practice Audit would focus on the delivery of care in clinical settings, particularly on the Best Practice wards where time was being released to focus on the quality of patient experience. It was suggested that this work could be reviewed and discussed at the Board Awayday in March.

CE

RESOLVED: that the report on the Regional Commissioning Framework 2012/13 be noted.

TB.3856 Marketing Plan

Ms. Espley presented an updated Marketing Plan together with a progress update against the objectives in the previous Plan. She mentioned in particular the work underway to build relationships with Commissioners in order to market the services provided by the Trust, the construction of a dedicated web page for GPs (accessed by a unique PIN), the establishment of a GP liaison office as an initial point of inquiry, the creation of promotional DVDs and a specific campaign around urgent care. A marketing strategy to promote the Trust in its widest sense remained to be developed, if appropriate.

In response to a question by Mr. Sutton, Ms. Espley confirmed that the application for the change of name of the Trust remained under consideration and a response was expected by the end of the month. The existence of the Royal Charter was a major factor in this process.

Mr. Stringer suggested that more time should be spent assisting the CCGs to mature and to understand the nature of the services provided by the Trust. Dr. Odum indicated that Ms Espley and he had recently addressed a meeting of the South Staffs CCG and answered a number of questions around performance, mortality and emergency care at the Trust.

RESOLVED: that the progress now reported in delivering the objectives within the Marketing Plan and the outline for the Plan for 2012/13 as set out in the report be noted.

TB.3857 Emergency Preparedness – Quarter 3 update

Ms. Espley presented a report on activities undertaken for Emergency Planning during Quarter 3. She informed the Board that the Trust had commissioned a training DVD, one of a small number of hospitals participating in this exercise.

RESOLVED: that the Quarter 3 update on Emergency Planning be noted.

TB.3858 Refurbishment of the Accident and Emergency Department

Mr. Stringer referred to the salient points of a report on the business case for the Refurbishment of the existing Accident and Emergency Department, to provide some additional capacity and to improve the patient environment as an interim solution in advance of a new facility for these services. Mr. Loughton emphasised that the Department currently operated in a physical environment which was not fit for purpose and that, in particular, additional bays were essential.

RESOLVED: that the Business Case for the Refurbishment of the existing Accident and Emergency Department to provide some additional capacity and to improve the patient environment as an interim solution in advance of a new facility for these services, at a total capital cost of £973,781, and revenue costs of £12,780 (non-recurrent) and £15,770 (recurrent), be approved.

FINANCE AND INFORMATION

TB.3859 Financial Report

Mr. Stringer summarised the main points of the Financial Report for Month 9. He highlighted the surplus of £8,302,000 which was likely to be reduced by the end of the financial year.

He said that income was above plan by £2,747,000 and went on to advise that at Month 9, 68% of the total CIP target had been met and that against a target of 91% this represented the biggest financial risk for the Board at the time of reporting. Mr. Stringer mentioned the estimated forecast outturn to 31 March, 2012 which had been increased to reflect additional one off income being negotiated with the Staffordshire Cluster PCT in respect of costs for the A & E Department in relation to the closure of Mid-Staffordshire A & E. This related in particular to the capital expenditure incurred in bringing Ward C3 into use in order to manage the situation. He referred to the continuing overspend in Cardiothoracic surgery and said that the reasons for this had to be clearly understood as the Trust went into contract negotiations for 2012/13. In response to questions, Mr. Stringer confirmed that a number of projects had been accelerated from 2012/13 into this financial year, which should mitigate the rate of depreciation of the Trust's assets.

RESOLVED: that the Month 9 Financial Report be noted.

TB.3860 Standing Financial Instructions – authorised limits

Mr. Stringer presented a report which set out the revised Authorised Limits in the Trust's Standing Financial Instructions, approved by the Audit Committee.

RESOLVED: that the decision of the Audit Committee to revise the Authorised Limits in the Trust's Standing Financial Instructions, as set out in the report, be noted.

GOVERNANCE**TB.3861** Board Assurance Framework/Trust Risk Register

Ms. Etches informed the Board of updates to the Board Assurance Framework and Trust Risk Register.

She confirmed that the capacity issues in the Health Visiting service (Bilston) still posed a risk, and Ms. Hall indicated that work to mitigate the risk included realigning and mixing the team, examining sickness absence records and investigating the possibility of re-integrating team leaders into the teams. The Board learned that Ms. Etches and Ms. Hall regularly met with the Head of the Health Visiting Service.

Ms. Etches drew attention to the three new risks. In response to a question by Professor Luesely about protected teaching time, Ms. Harnin indicated that although teaching time was covered by the Job Plans as a process issue, the Trust was looking into the possibility of identifying a better mechanism to ensure that teacher time was optimal from the perspective of the student.

Dr. Odum described how the SPA time was currently allocated for under graduate teaching in the Trust and said that audits in the organisation had highlighted variability of practice and had generated discussion around potential development and improvement.

RESOLVED: that the report be noted.

TB.3862 Falls Prevention

Ms. Etches presented a report which set out the context for preventing falls within the Trust and outlined the preventative actions under way to reduce their incidence. She highlighted that in November six patients had fallen and sustained significant injury, but that in December there had only been one such fall. She described the information gathered from the RCAs on falls, which indicated that the risk of their occurrence appeared to be greater at particular times, notably later in the evening or very early in the morning. She referred to the practice of placing nursing staff in ward bays, when possible, to provide greater supervision of patients in certain settings. She reminded the Board that there was a connection between the prevention of falls and the safeguarding agenda.

Dr. Anderson asked whether the level of night staffing together with the structure of wards were significant issues in connection with the prevention of falls.

Ms. Etches acknowledged that the staffing of clinical in-patient areas during the night was relevant to this matter. In this connection she mentioned the national discussion around a qualified nurse seeing every patient at least once an hour, which posed a challenging target. She confirmed that on Ward D22 Safehands had assisted in so far as it raised the alarm if a patient at risk of falling began to move. She added that at West Park Hospital alarms could warn staff when patients at risk of falls began to move in their chairs.

However, she emphasised that none of these measures was foolproof.

RESOLVED: that the report on the preventative actions underway in the organisation to reduce the incidence of falls, be noted.

QUALITY AND SAFETY

TB.3863 Quality and Safety Report

Ms. Etches outlined her monthly Quality and Safety Report, highlighting that there had been no improvement in Trustwide percentage of late observations which had been highlighted by the VitalPac technology. She added that where lapses in performance were identified, action plans identifying proposed improvements were requested. This was an indicator of potential harm to patients. Regarding radiation incidents, Ms. Etches said that efforts were being made to establish benchmarks so as to enable comparisons with other Trusts and it was anticipated that this would be reported to the Quality and Safety Committee in February. She expressed disappointment that, regarding the patient experience tracker, the number of patients who felt as involved as possible in decisions about their care and treatment had fallen considerably, although the numbers who rated their care and attention as excellent or good had increased.

Mr. Loughton emphasised that great care was taken to audit and cross check the data presented in this report. He said that no cases had come to light where sub-optimal care was known to have contributed to the death of a patient. That said, he emphasised that when sub optimal care came to light practices were changed if necessary.

In response to a question from Mr. Bryan, Ms. Hall said that the turnaround of clinical correspondence within forty-eight hours remained a problem for the Trust to address. It was hoped that the increasing use of e-discharge would assist to this end.

In response to a further question from Mr. Bryan, Ms. Etches described some of the teething problems with VitalPac which, when bedded in, would provide an early warning system in respect of late ward observations. She described the difficulty when patients were off the wards and said that wards were being encouraged to pro-actively record such absences in VitalPac.

RESOLVED: that the monthly Quality and Safety Report be noted.

TB.3864 Department of Health Guidance on testing for Clostridium difficile – update report

Ms. Etches presented an update on the progress against the external C.difficile objective and the issues surrounding testing for this infection. In addition to the written report, Ms. Etches referred to the continuing review of each case within the Trust, coupled with the strong desire of the SHA to drive the incidence of this infection. She told the Board that Dr. Cooper was carrying out some work to establish which pathology laboratories across the West Midlands routinely tested for c.difficile. She added that at present 53% of stool samples submitted to the Trust's pathology laboratory were tested, among other things, for C.difficile. However, the percentage appeared to vary considerably across the region.

RESOLVED: that the report on C.difficile be noted.

HUMAN RESOURCES

TB.3865 Safeguarding Adults and Mental Capacity Act Training

Ms. Harnin submitted a report which described the proposal for the delivery of Safeguarding Adult Training and Mental Capacity Act Training.

RESOLVED: that the report be noted.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.3866 Minutes of the meeting of the Trust Management Team held on 21 October 2011

RESOLVED: that the Minutes of the meeting of the Trust Management Team held on 21 October, 2011 be noted.

TB.3867 Minutes of the meetings of the Infection Prevention and Control Committee held on 28 October and 25 November, 2011

RESOLVED: that the Minutes of the meetings of the Infection Prevention and Control Committee held on 28 October and 25 November, 2011 be noted.

TB.3868 Minutes of the Board Assurance Committee held on 27 October, 2011

RESOLVED: that the Minutes of the meeting of the Board Assurance Committee held on 27 October be noted.

TB.3869 Minutes of the Audit Committee held on 15 December, 2011

RESOLVED: that the Minutes of the meeting of the Audit Committee held on 15 December, 2011 be noted.

TB.3870 Minutes of the Charitable Funds Committee held on 14 November, 2011

RESOLVED: that the Minutes of the meeting of the Charitable Funds Committee held on 14 November, 2011 be noted.

GENERAL BUSINESS

TB.3871 Policies Approved by the Trust Management Team at the meeting held on 20 January, 2012

The Board noted that the following Policies had been approved by the Trust Management Team at its meeting held on 20 January 2012:

- HR01 Leave Policy
- HR02 Alcohol and Substances Abuse Policy
- HR08 Recruitment, Retention and Retirement
- HR16 Raising Concerns at Work – Whistleblowing Policy
- HR18 Appraisal Policy
- HR21 Staff working across Organisational boundaries
- HR24 Secondment Policy
- GP01 Corporate Governance – Principles of Public Life
- OP88 VitalPac Policy and Procedure
- OP80 Patient and Public Involvement Policy
- Policy for the Management of risks associated with Clinical Diagnosis Tests and Screening and Procedures (New Policy)

- OP81 Same Sex Accommodation Policy

TB.3872 Matters raised by members of the general public and commissioners

Mr. Griffiths of LINK raised the following matters:

1. **Would the division of the data regarding times of admission to the A & E Department for ambulance patients (as discussed earlier in the meeting) affect the Trust's adherence to the national standard?**

Ms. Hall replied that the quality indicator currently in use reflected the national standard.

2. **Would it be possible for LINK to offer its views on the welcome proposal to carry out an interim upgrade of the A & E facilities?**

Mr. Loughton offered to arrange for representatives of LINK to visit the A & E Department so that the proposals could be explained and discussed in more detail.

DL

3. **Customer Care**

Mr. Griffiths referred to earlier discussions about customer care and referred in particular to a recent audit in which less than 10% of patients appeared to know anything about the PALS service.

He also referred to waiting times in A & E and said that sometimes delays were not communicated to patients other than by means of a screen which was not always accurate.

TB.3873 Date and time of next meeting:

The Board noted that the next meeting was due to be held on Monday, 27 February, 2012 at 10.00 a.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.3874 Exclusion of the press and public

RESOLVED: that pursuant to the provisions of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.

