

**Minutes of the Meeting of the Board of Directors held on Monday 27 February 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 Ms. M. Espley Ms. V. Hall Mr. D. Loughton CBE Dr. J. Odum Mr. K. Stringer Mr. J. Vanes	Non-Executive Director (Chair) Non-Executive Director Director of Planning and Contracting Chief Operating Officer Chief Executive Medical Director Chief Financial Officer Non-Executive Director
	Ms. D. Harnin Prof. D. Luesley	Director of Human Resources Associate Non-Executive Director
IN ATTENDANCE:	Ms. C. Hall Mr. A. Sargent	Deputy Chief Nursing Officer Governance Officer
OBSERVERS:	Dr. K. Ahmed Cllr. I. Claymore Mr. B. Griffiths Ms. J. Viner	Wolverhampton Clinical Commissioning Group Wolverhampton City Council Deputy Vice-Chair, Wolverhampton LINK Wolverhampton LINK
APOLOGIES:	Mr. K. Bryan Ms. C. Etches Mrs. B. Jaspal-Mander Mr. D. Sutton	Non-Executive Director Chief Nursing Officer Non-Executive Director Non-Executive Director

Part 1 – Open to the Public

WELCOME	Action
TB.3887 The Chairman welcomed Dr. Ahmed, Wolverhampton Clinical Commissioning Group, to his first meeting of the Board, replacing Mrs. M. Corneby who had been the PCT's Observer.	

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON MONDAY 23 JANUARY, 2012

TB.3888 **RESOLVED:** that the Minutes of the meeting of the Board of Directors held on Monday 23 January 2012 be approved as a correct record.

MATTERS ARISING FROM THE MINUTES

TB.3889 **Industrial Unrest and the Possibility of Industrial Action (TB.3818)**

Ms. Harnin reported that talks nationally had now concluded and staff groups were reconsidering their positions. Further developments were therefore awaited.

TB.3890 **Wayfinding Policy (TB.3854)**

Mr. Stringer indicated that this matter would be reported to the Board in April.

TB.3891 **Real-time Patient Experience Initiative (TB.3855)**

Ms. C. Hall confirmed that this matter had been reported to the Board Assurance Committee in February.

DECLARATIONS OF INTERESTS FROM DIRECTORS AND OFFICERS

TB.3892 No interests were declared at this meeting.

CONSULTANT APPOINTMENTS

TB.3893 Mr. Loughton reported that there had been no consultant appointments since the previous Board meeting.

OPERATIONAL PERFORMANCE

TB.3894 **Performance Report**

The Board received the monthly report on Operational Performance across the Trust. In presenting the report, Ms. V. Hall highlighted that in regard to C.difficile, in future the performance report would refer only to the national stretch target and not the local one. She highlighted the marked improvement in the time to initial assessment (for ambulance patients) and the good progress made around time to treatment decision.

With regard to the unplanned reattendance rate, Ms V. Hall reported that a definition of “vexacious reattendance” was awaited. She drew attention to the addition of two further indicators as a result of the Provider Management Regime. She pointed out that overall performance was likely to fall to around 93.6% in February, mainly due to the Norovirus outbreak which had also affected nursing homes and had therefore hindered the transfer of patients around the health care system. The Board noted that further beds had been opened up within the Hospital to compensate.

Finally, Ms. V. Hall reminded the Board that annual overall performance so far was 96%, and that the Trust anticipated meeting its targets by year end.

In response to a question from Dr. Anderson regarding the “new to review” ratio, which appeared to be lagging behind performance in other Trusts, Ms.V. Hall indicated that both included DNA (did not attend). Dr. Ahmed said that there was a clear variation within specialities for “new to review” and that the CCG was concentrating on quality issues. Dr. Anderson said that most patients attended for an opinion and that it needed to be finished in the first episode. Ms. V. Hall added that, for this to be effective, when the patient was referred back into the community there must be a clear understanding and confidence that treatment stipulated by this Trust would be followed up by the patient’s GP.

In response to a comment by Dr. Ahmed, Ms. V. Hall confirmed that much work was being done on the DNA figures within every speciality including some trials with automated telephone service, which were under evaluation. She summarised the current DNA policy within the Trust.

Ms. V. Hall then outlined the self-certification returns in Appendix 1 to the report.

RESOLVED:

- a) that the current progress on performance across the Trust, as detailed in the report, be noted;
- b) that the Board statements in the Provider Management Regime self-certification be approved, and that the Chairman and Chief Executive be authorised to sign the return on behalf of the Board.

TB.3895 Chief Operating Officers’ Report

Ms. V. Hall reported orally that it was understood that 513 members of staff had taken industrial action on 30 November, 2011.

She drew out the main points of her report and confirmed that there had been no cancelled out-patient appointments (which had been booked for the day), minor additional costs had been incurred, the Business Continuity Plan was under constant review, and further industrial action was anticipated.

Ms. V. Hall also summarised the involvement in the National Lung Improvement Project and drew attention to the three objectives of the project, which was anticipated to run for a period of no longer than twelve months.

RESOLVED: that the report of the Chief Operating Officer on the debrief following Industrial Action on 30 November 2011, and the involvement in the National Lung Improvement Project be noted.

Acute Trust Annual Plan – Quarter 3 2011/12

TB.3896

Ms. V. Hall introduced her report on the Quarter 3 assessment against the business outcomes contained within the Trust's Annual Plan for 2011/12, which provided reassurance to the Board of remedial actions being taken to improve performance against the key business outcomes. She said that officers had not been surprised by any changes in the rating of the items in the report.

RESOLVED: that the Quarter 3 progress report on the Acute Trust Annual Plan be noted.

BUSINESS PLANNING

TB.3897 Capital Programme 2011/12 – Month 10 Progress Report

Mr. Stringer presented the monthly progress report on the 2011/12 Capital Programme. He highlighted that the Month 10 outturn projection equated to a potential underspend of £936,091 against a CRL of £19,240,000. The actual expenditure position at Month 10 was £2,416,066 behind the revised cashflow plan (the target for which at the end of Month was £11,652,338). He assured the Board that he expected to be back on target by the end of March with an underspend of approximately £500,000. Otherwise, Mr. Stringer said that there were no significant or material issues to raise with the Board this month.

RESOLVED: that the Month 10 progress report for the 2011/12 Capital Programme be noted.

TB.3898 Commissioning Arrangements and LDP Process 2012/13

Ms. Espley submitted a detailed report on the proposed changes to the commissioning arrangements and the progress with the contract negotiations for 2012/13. She reported that by 29 February 2012, Heads of Agreement would be agreed with the PCT for all of the Acute, Specialist Services and Community Contracts with a view to the final contract being ready by the 31 March. She drew attention also to the on-going modernising process across the whole of the health economy and the urgent care strategic event recently held at this Trust as part of that modernisation agenda.

In response to a question from Mr. Stringer, Ms. Espley indicated that the Commissioning Support Service was likely to cover an area larger than just the Black Country, and there were now discussions about the implications of that for shared services with this Trust, such as HR, IT and Payroll. Dr. Ahmed added that although the CCG could see some advantages with the CSS model for services such as HR, it equally wished to retain some services locally and IT was one of them. He expressed the hope that the CCG would be able to influence such decisions going forward. Mr. Stringer highlighted his concerns about the potential break up of a shared service such as that currently operating for IT, and his concerns around the impact on patients and clinical risk. Dr. Ahmed acknowledged that the CCG also wished to retain the link between RWHT and the PCT/CCG for IT services so as not to jeopardise recent gains, such as the integrated patient record. Mr. Loughton said that whatever proposals came forward must be justified by a Benefits Realisation Plan so that changes were clearly justified at a time of significant structural change.

RESOLVED: that the report on Commissioning arrangements and the LDP process 2012/13 be noted.

TB.3899 Proposals for the review of stroke services in the three SHA areas of NHS Midlands and East

Ms. Espley highlighted the proposals set out in the report for the review of Stroke Services in the three SHA areas of NHS Midlands and East. It was suggested that the project group reviewing the implementation proposals should report to this Board on a quarterly basis.

In response to a question by Mr. Vanes, Ms. Espley said that a further evaluation of the results of the London model should be available shortly. She pointed out that the SHA paper did take account of potential interdependencies between services and that it anticipated a review of all services involved and implicated in the review of Stroke service provision in future.

Action

Dr. Odum commented that if possible a tendering process should be avoided and that to this end the West Midlands clinical teams needed to discuss and agree upon a model for future provision. He indicated that he was not convinced that the impact on related services would be “minimal” and he also doubted whether any of the Black Country hospitals would have sufficient capacity to take on all Stroke services. Mr. Loughton emphasised the need to open and develop dialogue with CCGs in South Staffordshire bearing in mind the level of service provided by this Trust to stroke patients from that area.

ME

RESOLVED: that in order to ensure that this Trust is able fully to engage in the proposed review of Stroke Services and be in a strong position to respond to the agreed method of implementation:

- a) a project group be established to oversee the response to the reconfiguration proposal;
- b) an internal assessment be undertaken to produce a gap analysis against the SHA criteria and the national good practice models;
- c) an improvement plan be developed and implemented to respond to the areas highlighted within the gap analysis;
- d) agreed representatives from RWHT engage with the SHA and the Stroke Network to develop the proposed models of care;
- e) this Trust formally responds to the period of consultation once the preferred option for the reconfigured model is agreed;
- f) the SHA implementation proposals be reviewed by the project group and that this group also oversee the method of delivery;
- g) the project group report on progress to this Board quarterly.

FINANCE AND INFORMATION

TB.3900 Financial Report January 2012 (Month 10)

Mr. Stringer drew out the main points of his monthly financial report, and asked the Board to note in particular the expenditure position at Month 10, which was £2,705,000 above the Month 10 plan. He added that by the end of March 2012 he anticipated that there would be a surplus of £8m. The Board noted that the year end figure had been agreed with the Commissioners and this financial risk had now been reduced. He also referred to the financial risk associated with the Cost Improvement Programme. After mitigation, the risk stood at £1,512,000.

RESOLVED: that the Month 10 Finance Report (January 2012) be noted.

TB.3901 Financial Planning 2012/13 update

Mr. Stringer presented his report which updated the Board on the progress of the Trust's contract negotiations and 2012/13 budget setting. He mentioned the good progress so far on contract discussions, which this year had proved very complicated due to the interplay of factors such as Best Practice Tariff, Cost Improvement Programme and CQUINS. Mr. Stringer highlighted the very significant level of efficiency savings required in the next financial year, which translated into a CIP of £15.3m.

In response to a question from Dr. Anderson about a recent article in the Express and Star, Mr. Stringer informed the Board that the article was based on a recent statement issued to the media, but which had not quantified potential job losses. He added, however, that as 62% of activity was pay based, it was likely that posts could be affected, although this may be through not filling vacant posts or discontinuing temporary staffing arrangements. Mr. Loughton emphasised that the loss of jobs did not necessarily equate to compulsory redundancies although no assurances could be given. He added that he had met with the Trade Unions very recently and discussed these difficulties with them.

RESOLVED: that the progress report on the Trust's contract negotiations and 2012/13 budget setting be noted.

GOVERNANCE

TB.3902 Board Assurance Framework/Trust Risk Register

Ms. C. Hall introduced the monthly report on the Board Assurance Framework and Trust Risk Register and highlighted the on-going risk around the failure to deliver recurrent efficiency gains and CIPs. The Chairman noted that the risk around the health visiting capacity in the Bilston team had been downgraded to amber. Ms. V. Hall indicated that this would be taken forward as soon as the findings of the external review had been received.

RESOLVED: that the monthly report on the Board Assurance Framework and the Trust Risk Register be noted.

TB.3903 Revalidation for Doctors

Dr. Odum introduced his report on Revalidation for Doctors. He reminded the Board that he had been signed-off as the Responsible Officer for the Trust and that a number of other appraisers may be required. The onus would be placed on every individual doctor to take responsibility to pass through the process, although the Trust must put systems in place to facilitate their revalidation. In response to Mr Vanes, he confirmed that this would involve some new work, although appraisals already took place, albeit not consistently, across the Directorates. It was difficult at this stage to estimate the amount of time required for each new appraisal although it was thought that it would be a more time consuming process than was presently the case. Ms. Harnin added that the next twelve to eighteen months would be concentrated on getting the system operational, ensuring data capture, and arranging for the training of appraisers and their validation. Professor Luesley pointed out that consultants already had to provide evidence of reflective practice.

In response to a question by Dr. Ahmed, Dr. Odum said that the Trust was working with the Royal Colleges who could provide some information on portfolios and on the collation of CPDs. Mr. Loughton expressed gratitude to Dr. Odum and Ms. Harnin for work so far undertaken on this important initiative.

RESOLVED: that the report on Revalidation for Doctors be noted, and that progress reports from the Revalidation Steering Group be brought to this Board on a three monthly basis.

TB.3904 Summary of complaints received in Quarter 3 – 2011/12

Ms. C. Hall presented the quarterly summary of complaints, highlighting that just one had been upheld by the Ombudsman, and 95% had been responded to (compared to a target of 90%). She described the new centralised approach for handling complaints, and the Board noted the features which were improvements over the previous system. She also referred to steps recently taken to raise the profile of the PALS team, which had resulted in more enquiries being made to that office. She added that PALS had commenced outreach in A & E and would gradually extend this around the hospital. Mr. Vanes commented upon the number of posters about the PALS service which he had recently observed on the wards.

RESOLVED: that the summary of complaints received in Quarter 3 2011/12 be noted.

TB.3905 Designation of Roles of Deputy Chair of the Board and Deputy Chief Executive**RESOLVED:**

- a) that **Keith Bryan be formally designated in the role of Deputy Chair of the Trust Board;**
- b) that **Vivien Hall, as Chief Operating Officer, be formally designated in the role of Deputy Chief Executive.**

QUALITY AND SAFETY**TB.3906** Quality and Safety Report

Ms. C. Hall submitted the monthly report on Quality and Safety in the Trust. She referred to the declining incident rate and added that there was no evidence that the Trust was failing to report incidents appropriately. With reference to mortality, she pointed out that the CQC had cleared the Trust of any outliers for mortality and she understood that the HSMR was likely to be 100 by the end of the year. Referring to in-patient falls, she said that there had been only one fall resulting in serious harm during January and that work continued around the falls bundles and increased observation of patients. She referred to performance in respect of pressure ulcers and indicated that every case was reviewed at a weekly meeting. The Trust was adopting the SHA Safety Thermometer approach. She highlighted the declining February figure (11%) for late observations, and in regard to environmental standards told the Board that a recent visit by PEAT had produced good feedback.

Mr. Loughton said that the work done in respect of mortality was proving effective, and that mortality figures for coronary angioplasty indicated that this Trust was the second lowest in the whole of the country. He paid particular tribute to work done in the Heart and Lung Centre. He added that the CQC had highly commended the Trust for its work, and that Professor Jarman was now satisfied with the Trust's methodology.

The Chairman noted the situation around single sex accommodation and breaches on critical care wards. Mr. Loughton emphasised that even on critical care wards it was important to meet the single sex accommodation target. In response to a comment about the discharge of patients from ITU to home, Ms. V. Hall said that occupancy of beds in the hospital was reviewed every day, and priority given to patients from critical care.

RESOLVED: that the monthly report on Quality and Safety be noted.

TB.3907 Joint Health Safeguarding Vulnerable Children's Committee

Ms. C. Hall drew out the main points of her report on the work of the Joint Health Safeguarding Vulnerable Children's Committee, including the implementation of actions highlighted by internal audit in 2010/11, and the serious case review which was due to be completed in the next few weeks.

RESOLVED: that the report on the work of the Joint Health Safeguarding Vulnerable Children's Committee be noted.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB. 3908 Minutes of the meeting of the Trust Management Team held on 25 November 2011

Mr. Vanes requested to be shown a copy of the Business Case for splitting the Middle Grade rota in Paediatrics and Neonates. The Chairman requested that the Minutes of the Trust Management Team held on 25 November be circulated to all Directors as these were not included in the Board packs.

**SK
ADS**

RESOLVED: that the report of the Chief Executive on the meeting of the Trust Management Team held on 25 November, 2011 be noted.

TB.3909 Minutes of the meeting of the Infection Prevention and Control Committee held on 30 December 2011

Mr. Loughton introduced this item and commented on good work going on, particularly in Community Services, adding that in Community Services there remained much more work to be done around norovirus, c.difficile and pressure sores. He referred to the number of patients in the community suffering with open pressure sores, which was a challenge to be dealt with going forward. Mr. Picken referred to a recent article in the Nursing Times on Wolverhampton's work on reducing MRSA in the community and suggested that copies be sent to the non executives.

RESOLVED: that the minutes of the meeting of the Infection Prevention and Control Committee held on 30 December, 2011 be noted.

TB.3910 Minutes of the Human Resources Sub-Committee held on 24 January 2012

RESOLVED: that the Minutes of the meeting of the Human Resources Sub-Committee held on 24 January, 2012 be noted.

GENERAL BUSINESS

TB.3911 Policies Approved by the Trust Management Team at the meeting held on 24 February 2012

The Board noted that the following Policies had been approved by the Trust Management Team at its meeting held on 24 February, 2012:

- OP26 Security Policy
- Community Clinical Records Policy
- On-Call Arrangements Policy
- OP08 Complaints Policy
- OP47 Interpreting Policy update
- OP73 EIA Policy
- MP04 Management of Medication Error Policy
- CP18 Clinical Photography, Video and Audio Recordings

TB.3912 Matters raised by members of the general public and commissioners

Cllr. Claymore referred to recent information published in the Express and Star about car parking charges and expressed concern that this increase would add to pressures on family budgets at a time of recession. He asked whether the increases could be phased in over a period of time, having regard in particular to the large number of visitors who attended the hospital on a daily basis.

Mr. Loughton responded that although the concerns were understood, the Hospital's financial position, and in particular the £15m of CIP savings to be found in the next financial year, suggested that it demonstrated the need to take steps to increase revenue. He mentioned also the desire to build a multi-story car park on the site and Cllr. Claymore offered to assist, if possible, with resolving the remaining obstacles in the planning process.

Mr. Griffiths of LINK raised the following matters:-

1. LINK shared the concerns expressed by Cllr. Claymore regarding car parking.

Mr. Griffiths thought that people did not generally come to the hospital using public transport and said that LINK will be writing to the Trust requesting that the increased charges be phased in.

2. Referring to Agenda Item 9.3, Mr. Griffiths acknowledged the work done in respect of PALS, but indicated that in the view of LINK it was necessary not only to put posters and notices on the walls of the wards, but information regarding complaints and the PALS team should be given directly to patients in the hospital.
3. Mr. Griffiths referred to comfort rounds and said that during the audit by LINK there had been little evidence of these taking place. He asked for a definition of a comfort round. In response, Ms. C. Hall said that there was currently some disparity in practice between wards but that best practice, based on the Stroke Ward, was that every hour a nurse would visit each patient on each ward and ask four specific questions. She added that there was evidence that this best practice would assist in the reduction of pressure ulcers within the hospital. Mr. Griffiths said that results of their audit would be submitted by LINK in the near future.
4. Mr. Griffiths mentioned the recent report on the high level of CIP savings in the next financial year, and asked whether potential job losses would have any impact on patient services. Mr. Stringer confirmed that this matter was under review and every Project initiation Document (PID) in connection with the Cost Improvement Programme included a quality of service check, to examine specifically what impact on patients could be anticipated. He added that more detailed CIP plans for next year would be considered by the Board at the March meeting.
5. Mr. Griffiths asked whether there was any information about the public consultation (timing and manner) in respect of the Stroke Service. Mr. Loughton said that no such information was available at present.
6. Mr. Griffiths referred to the performance around ambulance waiting times and asked whether the data provided this month reflected genuine improvements. Ms. V. Hall said that the figures did represent actual improvements in performance.

Finally, Ms. K. Shipley, Public Health Consultant, asked whether the Trust worked with industry to deal with pressure ulcers in community settings and in particular with educating and training staff in this area. She offered to speak to Ms. C. Hall outside the meeting to provide details of the services provided by her own firm.

TB.3913 Date and time of next meeting:

The Board noted that the next meeting was due to be held on Monday, 26 March 2012 at 10.00 a.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.3914 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.

This part of the meeting closed at 12.15 p.m.