The Royal Wolverhampton NHS
NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 28 October, 2013

Agenda Item No: 3

The Royal Wolverhampton NHS Trust

Minutes of the Meeting of the Board of Directors held on Monday 28 October 2013 at 10.00am in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton

PRESENT:	Mr R Harris	Chairman
	Dr J Anderson	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr S Kalirai	Non-Executive Director
	Mr D Loughton CBE	Chief Executive
	Ms G Nuttall	Chief Operating Officer
	Ms M Martin	Non-Executive Director
	Dr J Odum	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr K Stringer	Chief Financial Officer
	Mr J Vanes	Non-Executive Director
	Ms R Edwards	Associate Non-Executive Director
	Ms M Espley	Director of Planning and Contracting
IN ATTENDANCE:	Mr M Goodwin	Head of Estates Development (Part)
	Ms D Pugh	Deputy Director of Human Resources
	Mr A Sargent	Trust Board Secretary
OBSERVERS:	Ms C Lamyman	Wolverhampton Healthwatch
	Mr M Swan	Lead Shadow Governor
	Mr R Young	Wolverhampton CCCG
APOLOGIES:	Ms D Harnin	Director of Human Resources
	Professor D Kelly	Associate Non-Executive Director
	Mr D Ritchie CB	Non-Executive Director

Part 1 – Open to the public

TB.4715	**Declarations of Interest** **RESOLVED: that the register of Directors' interests 2013/14 be noted.**	
TB.4716	**Minutes** **RESOLVED: that the minutes of the meeting of the Board of Directors held on 23 September 2013 be approved as a correct record, subject to minute TB.4677 being amended so that the final sentence in the preamble to the resolution reads: "Dr Anderson noted that the Compton Hospice had suspended the LCP as soon as the review had been announced earlier this year."**	

TB.4717	**Matters Arising** The following matters were noted from the minutes of the previous meeting: • Declarations of interest (TB.4672): it was noted that the interests of Professor Kelly had been updated. • Patient's Story (TB.4674): The Chairman confirmed that he had written to the patient who had featured in the story at the September Board meeting. • Bookings in the Maternity unit (TB.4679): Ms Nuttall confirmed that the numbers of bookings continued to be monitored weekly, and that she would circulate information by email to the Non-Executive Directors • Additional clinical risks (TB.4679): Dr Odum indicated that to his knowledge there were no other Medical Director/Clinical risks which ought to be listed on the Trust Risk Register (TB.4679).	**GN**
TB.4718	**Board Action List** During discussion of the Board Action List, the following points were noted. • Staff behaviour and code of conduct: this was awaiting a slot at a Board Development Session, in common with several other matters, but it was agreed that an end date of January 2014 be given for this Item. • Pressure on Emergency Services: the Chairman said that he had discussed this with Ms Espley who in turn had raised it with the WCCCG. • Cardiac Arrest (local never events): in response to a question by Dr Anderson, Ms Etches indicated that the outcome of the audit would be considered at the Quality Governance Assurance Committee. • Safeguarding: the Chairman indicated that Dr Anderson had agreed to take responsibility as NED for safeguarding matters. • ICT 5 year Strategy: the Chairman indicated that he had spoken with the Head of IT on how the presentation would be delivered to a Board Development Session. • Patient Experience Strategy: Ms Etches indicated that a "virtual focus group" comprising of approximately 25 staff had given feedback on this Strategy. The staff were from assorted professions and grades, and their comments had been incorporated into the Strategy. **RESOLVED: That the Board Action Points List be noted.**	

TB.4719	**Chief Executive's Report** Mr Loughton reported orally that the following policies had been approved by the Trust Management Committee on 25 October: • OP26 Security Policy • MPO1 Prescribing, Storage and Administration of Drugs • OP96 Pressure Ulcer Prevention and Management for paediatric and adult patients in hospital and community services **RESOLVED: That the Chief Executive's report be noted.**	
TB.4720	**Patients' Story** The Board watched a DVD featuring Mr Cater who had been treated by the Trust for cancer. He commended the overall quality of care given and the attitudes of staff on the chemotherapy ward, along with the way he was consulted on, and involved in, his treatment. He said that he had found that services were well coordinated and inquiries were appropriately responded to. The one particularly negative aspect which he had experienced was the way in which he felt that bad news had been delivered by two junior doctors in an outpatient clinic. He felt that they were evasive and lacked compassion in their approach. On the other hand, following this incident he commended the initiative and perceptiveness of the nurse practitioner who had assisted him to deal with the news which he had received. He stressed that overall he greatly valued the NHS, and New Cross Hospital in particular. Ms Etches commented that Mr Cater had supported RWT in learning from his experience and had even spoken at a recent Grand Round. Particular learning points related to communications and waiting times. The Chairman invited Mr Cater to address the meeting. Mr Cater said that he was very pleasantly surprised by the overall level of treatment which he had received from this organisation. Referring to his talk at the Grand Round, Mr Cater said that a number of young doctors had spoken with him after the event to say that the delivery of bad news was an issue not only for those treating cancer patients but also for those involved with renal failure and baby deaths, among other things. He sensed that some doctors struggled to inform patients that their lives were coming to an end, and said that he would be willing to work with trainers to help put something together to assist young doctors and other staff to deal with such situations. In conclusion, he thanked the Trust for his treatment and commended the staff it employed. Mr Loughton asked Dr Odum to clarify what was included in the training syllabus for doctors and nurses in regard to breaking bad news to patients. He said that he thought it should be done at the beginning of their training, and expected that they could be fearful in such situations. Dr Odum confirmed that there was specific training as part of their overall training, and it was accepted that doctors must be able to speak about end of life issues. He pointed out to the	

	Board that there was only one opportunity to get this right in each patient's experience, and that it was one thing to receive formal training and another thing to put it into practice in a live situation. The greatest benefit to young doctors and other staff was the opportunity to watch an experienced person do it well. He added that some doctors and other medical staff regarded it as a failure of treatment if a patient reached the end of life stage, and this also could explain why some staff might find it difficult to acknowledge and discuss this with their patients. Ms Etches echoed what Dr Odum had said, and underlined that although there was the theoretical element in nurse training this may not be sufficient to aid confidence when staff actually have to break bad news to a patient in a clinical environment. She too believed that staff needed to observe good examples happening in clinical practice. She invited the Board to remember that bad news related not only to end of life situations but also could relate to a diagnosis or a long term disability (such as might be expected following a stroke) or the loss of a child. Ultimately, staff would only gain confidence by actually doing this and might be assisted by observing recordings showing good and bad examples. The Chairman asked whether the training currently provided was adequate. Ms Etches said that it was given pre-registration, and that it was only when staff were in the workplace and had to deliver bad news in a face to face situation that they would develop the rounded skills necessary. She acknowledged that staff needed support to do this appropriately. Mr Loughton asked whether doctors and other staff identified as not doing this particularly well were sent for re-training. Dr Odum said that this was not necessarily the case. Mr Loughton suggested that Clinical Tutors should pick this up and arrange for re-training as necessary. Dr Anderson said that she was greatly concerned that Mr Cater said that he had been discussing the most significant issues with junior doctors who were not experienced enough to undertake this role, which should be delivered by the right person, namely a senior doctor (albeit perhaps with junior doctors sitting in to observe and learn). Mr Cater supported these sentiments. Dr Odum said that most consultants would expect to deliver information of this magnitude themselves, and it sounded as if the clinic to which Mr Cater had referred was not being run specifically with the aim of delivering that item of news to him. The Chairman thanked Mr Cater for attending the meeting. **RESOLVED: that the patient's story be noted.**	
TB.4721	**<u>Never Events</u>** Ms Etches reported that further to the update given in September, the RCA relating to the Never Event in the Gynaecology Department on 13 September had been completed and the action plan was awaiting sign off by the WCCCG. The Cardiac Never Event would	

	now be subject to a thorough review, but this would not hold up the consideration of the report into the investigation later this week. She added that the RCA had now been shared with the daughter of the patient involved. **RESOLVED**: **that the oral report on recent Never Events in the Trust be noted.**	
TB.4722	**<u>Complaints and PALS Activity for Quarter 2 2013/14</u>** Ms Etches presented the quarterly report on Complaints and PALS activity which included the numbers of serious and formal complaints by Divisions, the number and themes of PALS contacts across the Trust, the numbers of formal complaints investigated and responded to within the 25 working days and those in excess of 25 days, and the number of complaints referred to, upheld and closed by the Ombudsman. She drew out the resultant actions from themes identified, namely pain management and meal provision. Referring to a request at an earlier meeting, she indicated that other Trusts were unwilling to share benchmarking information about their own complaints processes and performance. The Board noted that there had been a decrease in the number of complaints being closed off within 25 days, and that a weekly log was now being circulated to the Divisions to serve as a reminder that they must respond in a timelier manner. Mrs Rawlings commented on the response times stated in the report, and asked whether the recent extension of the response time had perhaps unwittingly led to more delays in responding. Ms Etches responded in the affirmative, and referred to a previous Board decision to retain the national standard (no longer in force nationally) for responses to complaints. She believed that it was necessary to continue to apply pressure to drive down delays and added that it was unacceptable for a member of the public to have to wait seven months for a response. Ms Edwards acknowledged that it was important to make an initial response to a complainant, if necessary to clarify the issues, and then to be able to demonstrate that the stages of the complaints process had been followed in a timely manner. Mr Vanes commented favourably upon a response to a complaint received by one of his relatives recently. He went on to ask whether the increase in complaints about delay, communication and information related primarily to delays in Trauma and Orthopaedics. Ms Etches responded that the evidence did not support this. Ms Etches added that the CLIPS meeting would receive the detail on trends in a particular department and across the trust. The Chairman expressed support for the development of the self-medication programme for women as an action from themes identified in the complaints. He also noted with approval the beneficial involvement of the PALS team so that only 6 PALS concerns developed into formal complaints. **RESOLVED: that the quarterly report on complaints and PALS activity be noted.**	

	Care Quality Commission (CQC) Update	
TB.4723	The Board noted the report giving the background to two CQC inspections during September. Ms Etches referred to the unannounced visit to Community Services which had resulted in a positive draft report, which had been circulated to the non-executives today. The visit to the hospital the following week had also led to positive informal feedback, and the written report from this was expected in November. She also alluded to the decision of the CQC to band organisations based on their risk assessments, as a result of which this organisation had been placed in band 5 which was good, (band 6 being the best). Mr Harris noted the decision of the CQC to publicise the bandings whilst in the early stages of the new hospital inspection regime. Mr Loughton paid tribute to staff of the Trust, and reminded the Board that Community Services had been assimilated as recently as April 2011 and had taken a long time to become embedded into the Trust. Ms Etches assured the Board that the item raised by the CQC inspection team in respect of the hospital related to exposed wiring in a room in the Accident and Emergency Department, and that there had been no risk of harm being caused to any person coming into contact with it. The matter had been remedied very soon after it had been brought to the attention of management. In response to a question by Dr Anderson, Ms Etches confirmed that the meeting in the Gem Centre this week was being hosted by the WCCCG and involved the CQC checking the arrangements of the CCG for transitional care. The Chairman, on behalf of the Board, congratulated all concerned in regard to the recent successful inspections. **RESOLVED: that the report informing the Board of recent inspections be noted.**	
TB.4724	**Financial report for September 2013 (Month 6)** Mr Stringer submitted the monthly finance report and highlighted that the Trust's income and expenditure position as at month 6 (September 2013) was a surplus of £2.123k, which was £1000 above the month 6 plan. This was an improvement of approximately £0.5M on the previous month, but most of it was accounted for by one off events, and the challenge would be to increase the surplus to £7M by the end of March 2014 following the critical winter period. Turning to the Cost Improvement Plan target for 2013/14, Mr Stringer confirmed that at Month 6 £7.771k had been withdrawn from budgets, representing 36.5% of the total. Of this amount, £2.578k had been achieved non-recurrently. Ms Martin referred to the meeting of the Finance and Performance Committee on 23 October, when the Director of Human Resources had tabled a report on temporary staff. It had agreed to have a more detailed discussion of this matter at the next meeting, and Ms Nuttall had been asked to carry out some further research into the topic before that time. The	

	Chief Executive indicated that a number of other staff needed to be involved in that meeting and he undertook to speak with Ms Martin about this after the Board. Mr Harris noted that the net year end surplus was predicted to be approximately £7.5M, and he asked when a more formal forecast of the end of year position might be available. Mr Stringer confirmed that the year-end position was expected to be approximately £1M above or below that figure depending on factors like having access to beds, activity levels, and the progress of the CIP. Mr Loughton indicated that the Chief Operating Officer had prepared plans to maintain activity levels of Orthopaedic surgery in line with plan, and he emphasised the need to continue to focus on temporary staffing in order to reduce that cost. Ms Nuttall indicated that she was looking into the extent to which some of the temporary staffing costs actually related to expenditure on vacant posts. Ms Martin said that the recent meeting of the Finance and Performance Committee had identified that some of the reporting practices were unclear and needed to be improved. In response to the Chairman, she said that there was nothing else to report from the recent meeting of the Finance Committee. In response to a question by Dr Anderson about the level of income being generated by the neonatal unit, Mr Loughton said that he would speak with her privately after meeting. Mrs Rawlings said that she had raised this matter at the Finance and Performance Committee and had been assured there that there had been a slight increase in income during the period under review. **RESOLVED: that the monthly report on the financial position of the Trust be noted.**	
TB.4725	**<u>Revalidation of Medical Staff – Quarterly Update</u>** Dr Odum submitted the quarterly report on the progress of the Trust towards the management of medical appraisal and revalidation. The report indicated that as at 15 October the Trust's Responsible Officer had made positive recommendations for 42 Doctors, all of which had been approved by the General Medical Council, and as at 30 September the Trust's Medical Appraisal compliance stood at 90.3%. Dr Odum pointed out that a particular issue in the NHS was the revalidation of locum doctors, and this had now been picked up by the GMC. Ms Martin welcomed the rate of appraisals now reported. In response to a question by Mr Loughton, Dr Odum said that the GMC were exploring the possibility of introducing new deadlines by which locum doctors would have to respond to GMC enquiries regarding revalidation. Mr Harris asked about the timescale for achieving 100% compliance within this Trust. Dr Odum described the process whereby monthly reminders were issued to Doctors who had not engaged with the appraisal process and said that it was hoped eventually to achieve between 95% and 98% compliance. Dr Anderson asked whether there was any concern over the quality of appraisals undertaken, on the basis that possibly not all medics were	

	well prepared as they went into the appraisal. Dr Odum responded that the appraisal process had been improved as a result of the revalidation process, and that Dr McKaig was examining appraisals critically with a view to achieving a consistently high quality; to that end, the training of appraisers would be enhanced. **RESOLVED: that the quarterly update on the revalidation of medical staff in the Trust be noted**	
TB.4726	**<u>Integrated Quality and Performance Report</u>** Ms Nuttall presented the monthly integrated Quality and Performance report, highlighting some good performance in September, notably in the Emergency Department. She informed the Board that no orthopaedic operations had been cancelled due to a lack of beds in September, and that the Department had undertaken the highest number of completed procedures during September than during the preceding 18 months. She also indicated that following a recruitment process it was anticipated that by the end of November the midwife/birth ratio would stand at 1:31. She referred to the cancer waiting times which were linked to the SOM. The Trust had not hit the target for 31 day subsequent treatment for surgery in September because it had treated less people, and it had failed the 2 week breast symptomatic target for quarter 2 because of a machine failure. Ms Etches mentioned that there had been no mixed sex breaches during the month, and that certain wards were showing an improvement in response rates under the Friends and Family Test. She went on to say that the Accident and Emergency Department had changed the methodology from a coin to a card system, and that PALS had made a big drive in this area with some improvements to show for it. She asked the Board to notice that although the results appeared to be disappointing from ward A7, there had been several positive letters about the level of care received on that ward addressed directly to the Chief Executive, and much effort and support continued to be invested into that area. With regard to the Safety Thermometer, Ms Etches indicated that there was an on-going drop in the use of catheters. Ms Etches went on to describe the continued low number of late observations and said that although the number of cardiac arrests had increased during the month, the overall trend continued to be downward. In response to a question by Mrs Rawlings, Ms Nuttall confirmed that the performance against choose and book (appointment slots) was good, and that any score below 10% was deemed satisfactory. Dr Anderson noted that although there was good performance against the VTE assessment, there appeared to be low compliance with the requirement for a 24 hour reassessment, and she suggested that this needed to be addressed. Dr Odum explained that whilst the point was accepted, most of the 24 hour reassessments merely confirmed the assessment done at 4 hours and made no change to clinical practice. Mr Loughton requested that this discussion be pursued outside the meeting.	

	Mr Kalirai asked what implications were envisaged arising from the declining number of Health Visitors. Ms Etches indicated that as Health Visitors passed through their training it was found that many wished to obtain jobs with the Trust. Mr Vanes asked whether failure to make progress against the smoking cessation target would attract any fines. Ms Nuttall confirmed that there were no fines attached to this target, and that the public health standards would be subject to renegotiation with the local authority. She reported that the Health Visitor programme was monitored month by month, and there was a comprehensive plan for recruitment which was reported into the area team. She said that she did not expect the current situation to impact on the service provided, and asked the Board to note that the team had featured in the recent unannounced visit to Community Services by the CQC. She also pointed out that there was some natural wastage contained within the picture presented this month. **RESOLVED: that the monthly Integrated Quality and Performance report be noted, and the self-certification returns appended to the report be approved.**	
TB.4727	**<u>Chatback 2013</u>** Ms Pugh presented a report providing an overview of the key results in the latest round of Chatback, and outlining steps in terms of the communication and action planning approach. Mr Loughton reminded the Board that Chatback had been refined to enable monitoring at a departmental level in regard to specific areas of interest which, amongst other things, helped to assess the quality of managers within the organisation. He also pointed out that there had been very positive results this year, despite staff in many cases having had no pay rise and being under pressure to meet targets and standards, and also facing rising living costs. The Chairman welcomed the report, but asked whether the 70% of staff who felt able to make suggestions to improve the work of their team (recorded in Chatback) should be the subject of a further piece of work so that, for example, staff might be encouraged actively to make suggestions regarding the Cost Improvement Programme and other ways in which services could be approved. Mr Loughton referred to the work done by Listening into Action, and Ms Etches added that there had been other corporate work such as the Manchester patient safety culture survey, the results of which would be triangulated with Chatback. Mr Kalirai asked whether a different response would have been achieved if the survey had taken place at a different time of year. Ms Pugh said that the survey had been done at other times in previous years, but that the summer period appeared to be optimal for this organisation. Ms Rawlings expressed concern that only 53% of those responding thought that communication between senior management and staff was effective. Ms Etches said that this finding would not be affected by the new governance arrangements.	

	RESOLVED: that the report on Chatback 2013 be noted.	
TB.4728	**Role Outlines for the Chair and Non-executive Directors at RWT** Ms Pugh presented role outlines for the Chair and Non-executive Directors of the Trust. Mr Vanes commented that the outlines for the Non-Executive Directors might benefit from further review in order to organise the points in a more logical sequence. He also noted that a very large amount was expected from Non-executive Directors. He went on to suggest that whilst agreeing in principle with the person specification for a Non-executive Director, it should be acknowledged that initially not all would match every single point listed and that only by having a commitment to on-going learning and being part of a team, namely the Board, would some of the facets be developed or acquired. He suggested that it would be beneficial for this to be reflected in the wording. Ms Edwards supported these comments and emphasised the need for Non-executive Directors to be committed to learning and developing themselves in the role. Mr Loughton that this would apply to Executive Directors too and that it was incumbent upon all to work to develop relationships. Ms Pugh said that the job specification could not be amended but that the role outline could undergo some fine tuning in terms of the way content was organised. Dr Anderson said that she needed advice on how to mentor executive directors **RESOLVED**: **that the Executive Job Description set out in appendix 3 to the report be approved, and that subject to minor revision of the way the material has been organised and the addition of a sentence highlighting the need for Non-executive Directors to be committed to their own learning and development, the Chairman be authorised to sign off the final role outlines for the Chair and Non-executive Directors at this Trust.**	**D Harnin**
	(Note: Mr Goodwin joined the meeting at this point)	
TB.4729	**Delivery of Estates Strategy 2009/10-2018/19: Q2 update for 2013/14** Mr Stringer introduced the quarterly update on the delivery of the Estates Strategy, highlighting that the Clinical Decisions Unit had opened in September with 5 spaces, and that the additional "majors" cubicles were due to become operational on 5 November. He also drew attention to the very good result for the recent PLACE Assessments, and the progress in constructing the new multi storey car park. Ms Martin asked whether further carbon reduction schemes should be prioritised in the Programme and also in the Cost Improvement Programme. Mr Stringer said that there were some new technologies to consider, but they tended to give a return only after 10-15 years. Mr Loughton indicated that the biggest scheme of this nature was the Combined Heat and Power Plant, which would be followed potentially by a new incinerator which might cost between £2 and £4 million. Mr Stringer offered to speak further	

	with Mrs Martin about this after the meeting. Dr Anderson complemented staff involved in achieving the very good PLACE assessment. However, she noted that the Chatback result for this part of the Trust had been scored as red and she wondered how this was possible given that it must be the same cohort of staff who had performed so well. **RESOLVED: that the quarter 2 update on the delivery of the Estates Strategy be noted.**	
TB.4730	**Revision to Capital Programme 2013/14** Mr Stringer submitted a position statement on the capital programme for 2013/14, which needed to be revised in order to stay within the approved Capital Resource Limit. He indicated that at the Trust Management Committee on 25 October there had been some discussion about the desirability of one or two of the schemes slipping into the next financial year, and that it had been agreed that the Executive Directors would review the proposals urgently before bringing them back to the next meeting of the Board, by which time it was hoped that certain external sources may have indicated their willingness to provide additional financial support in respect of the Programme. **RESOLVED: that the need to revise the capital programme for 2013/14 as a result of additional commitments be noted, and that a further report be submitted to the November meeting of the Board.**	**K Stringer**
TB.4731	**Five Year Capital Programme 2013/14** Mr Stringer introduced the report on proposed revisions to the Five Year Capital Programme 2013/14, required as a result of the funding requirements for the proposed new Emergency Centre. He pointed out that if discussions with external sources for additional finances proved to be successful, the schemes identified to slip might, after all, be accommodated earlier than recommended. Dr Anderson asked whether the current Linacs would continue to operate until the date of deferment. Mr Loughton said that the Chief Physicist had not raised this as a concern in connection with this report. He added, however, that the Catheter laboratories were of greater concern. In response to a question by Ms Martin about the reference to charitable funding, Mr Stringer indicated that the sum of £400,000 was a one off; Mrs Rawlings added that it was not possible to use charitable funds to pay for services and equipment which the Trust should routinely provide or purchase. Therefore charitable funding should not form part of the programme, but rather should be additional to it. **RESOLVED: That the revised Five Year Capital Programme 2013/14, as set out in the report, be approved.**	

	Emergency Centre – Outline Business Case	
TB.4732	The Chair summarised the recent history of this matter including reference to the special meeting in June and the Board Development Session on 7 October. Dr Odum introduced the Outline Business Case, which was for a £28M investment, using a clinical model in the Emergency Department which had been very carefully developed, with clinicians in support, whereby the existing A&E would be located on the ground floor and additional services housed on the 1st floor. This formed part of the Wolverhampton Urgent Care Strategy developed in conjunction with the WCCCG. The strategy would be considered shortly by the Wolverhampton Health and Wellbeing Board. He stressed the widespread support across the City for this development. Dr Odum guided the Board through, in detail, the anticipated activity levels which were set out in the outline Business Case, and confirmed that this had been prepared independently of the Trust by the Black Country Commissioning Support Unit. Ms Edwards noted that the activity assumed provided for 20% of activity to be reassigned to primary care. Mr Loughton said that by the time the facility was open patterns of demand were likely to have changed from what they are at present. Mr Goodwin referred to the technical presentations given at previous meetings. The proposal provided for greater integration in terms of the development of key parts of the New Cross site and was designed in particular to enhance the dignity of patients with less movement from one part of the hospital to another. Mr Stringer guided the Board through the financial risks set out in the outline Business Case, some of which were explicit and others less so. The major concern would be that insufficient capital was internally generated to pay for the development, and he acknowledged that there was a risk that activity could change from that which was forecast. He went on to inform the Board that the Full Business Case was due to be submitted at the end of March 2014 and much more work would have to done for that. On behalf of the WCCCG Mr Young said that the WCCCG strongly supported the development, but he said that there was less support from other commissioners. A Memorandum of Understanding was being developed to highlight matters which needed to be resolved, and there would be a presentation to WCCCG in the near future when it was hoped that the outline Business Case would be supported subject to both parties entering into this Memorandum of Understanding. He pointed out that details around care pathways was one of the elements yet to be determined, and that the 20% of patients reassigned to primary care might be dealt with by primary care staff provided by RWT. He also intimated that consideration was being given to relocating the Showell Park Walk-In Centre to the new Emergency Centre. This change in provision would be subject to public consultation. Mr Loughton thanked Mr Young and the WCCCG for their support.	

	Mr Stringer pointed out that as with any business case there was an element of risk, but every effort had been made to identify the risks and it was believed that these were manageable, and that overall the scheme would be affordable. In response to a question by Mr Harris, Mr Stringer said that one of the key issues was that if the primary care work did not come to this organisation, how the Trust could manage the downside scenario. Summing up the discussion, the Chairman told the Board that they had heard a powerful case to proceed with this development, which was expected to gain the support of the WCCCG. The Board had also received an update on risk, mitigation of the risk, and the affordability of the scheme, together with the technical detail on the project from the Head of Estates Development. There had also been information about sensitivities to the financial case and the Board was therefore being requested to approve the outline Business Case. Mr Goodwin said that the next steps would be to continue with the design work, seek tenders, and continue to refine the information regarding income activity and costs, so that in March 2014 the Board would be requested to approve a full Business Case, including capital expenditure and revenue cost based on tendered prices. The Board was now being asked to enter into a major commitment from which it would be very difficult to turn back. Dr Odum asked the Board to bear in mind that the overriding reason for this proposal was to benefit to patients of the Trust. Ms Martin said that in her opinion the risk of doing nothing was enormous. The Chairman thanked all those involved in bringing the scheme to this point. **RESOLVED: that the Outline Business Case for the New Emergency Centre be approved.** **(Note: Mr R Young left the meeting)**	
TB.4733	**<u>Report of the Change Programme Board</u>** Ms Espley submitted the monthly report of the Change Programme Board, which identified that the Trust had underachieved against the month 6 plan by £883,000, and that the underperformance for the year to date was £3.54M. She added that every month new schemes were being considered by the Change Programme Board but the vast majority were non-recurrent ones. She was asking the Divisions to consider once again the balance between recurrent and non-recurrent schemes. She confirmed that the trend report would be submitted to the November Trust Board meeting. She reminded those present that transformation schemes for 2014/15 had been recently reviewed at a Board Development Session.	

	Ms Martin noted that KPMG were now looking through the entire CIP, and she asked when an interim report would be available. Mr Stringer indicated that it had been produced by last week. Ms Nuttall said that KPMG had not identified in their report any significant new schemes, and therefore there was nothing obvious that the Trust itself had missed. There was however further work for KPMG to do including bench marking, so that the Trust could aim to be the best "in class". Mr Stringer commented that there were no easy areas for making savings and in some cases it may be necessary to invest to save. Ms Nuttall confirmed that the Divisions were being rigorously challenged on what they could deliver. Ms Edwards welcomed the intention to obtain detailed bench marking data against good practice elsewhere. **RESOLVED: that the Monthly report of the Change Programme Board be noted.**	
TB.4734	**<u>Host of the West Midlands Local Clinical Research Network (WMLCRN)</u>** Ms Espley drew out the salient points of her report, which gave an update on the delivery of the Host arrangements for the West Midlands Local Clinical Research Network (WMLCRN). The Board noted that the budget for the West Midlands Host was expected to be in the region of £27M. The report outlined the transition arrangements, and Ms Espley indicated that it was considered necessary to seek additional financial support to release certain financial staff to undertake due diligence work; it was expected that this additional resource would be made available in the near future. The Chairman welcomed the report, and indicated that a more detailed progress report would be written for a future Board meeting, including information on the governance structure which would be developed for this Host organisation. Mr Loughton emphasised the critical importance in appointing a Clinical Director and Chief Operating Officer as soon as possible. Mrs Rawlings asked whether there would be any resource to help existing RWT staff who were involved in this development. Ms Espley replied that this year there would be transition funding, which would primarily be to support the new Chief Operating Officer and Clinical Director. Ms Martin said that this had been considered at the Finance and Performance Committee recently, and there had been discussion about the need to track this funding differently from the funding for other work done within the Trust. The Chairman indicated that the Trust would not become the accountable body until 1st April 2014, although there would be some financial resources before then to assist in creating the host organisation. **RESOLVED: that the progress report on the development of the Host of the West Midlands Local Clinical Research Network be noted.**	

	Board Assurance Framework/Trust Risk Register	
TB.4735	Ms Etches presented the monthly report on the Board Assurance Framework and Trust Risk Register. It was noted that since the previous meeting no new risks had been added to the BAF or Risk Register, and that one risk had been closed. In response to a question by Mr Vanes, Ms Etches indicated that this report would normally be reviewed by the Quality Governance Assurance Committee prior to the meeting of the Trust Board and that dates of the Committee were being arranged with that in mind. Mr Vanes noted risk number 2928 (impact of economic environment) and referred to the recent announcement that the Wolverhampton City Council would be withdrawing at least £98M from its budgets, including very large reductions in grant aid to the charity sector and potentially 500 jobs removed from Adult Social Care during 2015/16. He asked whether this was likely to affect the Trust's LTFM. Mr Loughton acknowledged this concern but stressed that the overriding concern of the organisation would be any detrimental effect upon adult social services, and how that would play into support for patients. In response to a question from Mr Vanes regarding consulting with KPMG on the impact of these cuts, Mr Loughton said that it was not yet clear how this would play out across the city or across the region, and the uncertainty was so great that it was not possible for the Trust to begin to look at mitigations. Ms Nuttall added that every effort would be made to update the Trust Risk Register as and when further information came to hand. Dr Anderson noted risk number 3299 (safer childbirth and NHSLA requirement for 60 hour dedicated labour ward consultant presence for less than 4000 deliveries per year) and enquired about the progress of the business case for this. Ms Nuttall said that the business case was being prepared. Dr Anderson also referred to risk 3051 (insufficient capacity - medical beds - for the volume of medical patients) and commented that this also impacted on general surgery and ultimately on activity and income. She also drew out the link between the lack of occupational therapy assessments at the weekends hindering discharges, all of which highlighted the need for weekend working in surgery as well as in medicine. Mr Loughton informed the Board that 7 day working was improving not only in the consultant workforce but also in the support services such as social care. Ms Nuttall indicated that the bed modelling capacity suggested that the Trust had sufficient numbers of beds. She reminded the Board that last year's winter wards remained open. She also reminded the Board that the extension to the Appleby Suite had now been opened and this would ease the situation regarding orthopaedic beds. She undertook to speak with Dr Anderson further outside the meeting **RESOLVED: that the monthly report on the Board Assurance Framework/Trust Risk Register be noted.**	

TB.4736	**Trust Board Committee Structure** Ms Etches presented a report which set out the terms of reference for the sub committees of the Board, following their review at the committee meetings since July. Ms Martin indicated that at the Finance and Performance Committee last week it had been recommended that red risk 514 (failure to deliver recurrent efficiency gains and CIPs) should be added to the remit of the Committee. Mr Kalirai referred to discussions at the recent Audit Committee, which had noted with concern the duplication of responsibility with the Quality Governance Assurance Committee for reviewing the Annual Governance Statement. He thought that this was a matter for which the Audit Committee should take prime responsibility. Ms Etches responded that the Quality Governance Assurance Committee had a role in regard to the quality dimension covered by the Annual Governance Statement. **RESOLVED: That the terms of reference for the Committees of the Board be approved, subject to Risk 514 being included among those assigned to the Finance and Performance Committee.**	
TB.4737	**Dates of Board Meetings in 2014/15** **RESOLVED: That Board meetings be held at 10am on the following dates during 2014/15:** **28 April** **2 June** **30 June** **28 July** **29 September (and AGM)** **27 October** **24 November** **26 January (2015)** **23 February** **30 March**	
TB.4738	**Chair's Report and Minutes of the meeting of the Trust Management Committee held on 20 September 2013** **RESOLVED: That the Chair's report and minutes of the meeting of the Trust Management Committee held on Friday 20 September 2013 be noted.**	
TB.4739	**Chair's report of the meeting of the Quality Governance Assurance Committee held on 30 September 2013** **RESOLVED: That the Chair's report of the meeting of the Quality Governance Assurance Committee held on 30 September 2013 be noted.**	

TB.4740	**Chair's report of the meeting of the Finance and Performance Committee held on 23 October 2013** **RESOLVED: That the Chair's report of the meeting of the Finance and Performance Committee held on 23 October 2013 be noted.**	
TB.4741	**Minutes of Committees submitted for information** **RESOLVED: That the following minutes (the Chair's reports having been submitted to a previous Board) be noted:** **Quality Governance Assurance Committee, 20 August 2013** **Charities Committee, 29 August 2013** **Audit Committee, 5 September 2013** **Finance and Performance Committee, 18 September**	
TB.4742	**Matters raised by the general public and commissioners** Ms Lamyman, Wolverhampton Healthwatch, said that her organisation had expressed support for the development of the new Emergency Centre. Healthwatch was aware that local people were finding it difficult to access GP appointments. She added that she would like to know how the public would be kept informed of the progress of this development.	
TB.4743	**Any Other Business** No other business was raised at the meeting.	
TB.4744	**Date and Time of Next meeting** The Board noted that the next meeting was due to be held at 10am on Monday 25 November 2013 in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton.	
TB.4745	**Exclusion of 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.**	

The meeting closed at 1.25pm.