The Royal Wolverhampton Hospitals NHS
NHS Trust

Minutes of the Meeting of the Board of Directors held on Monday 28 May 2011 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital

PRESENT:	Mr. B. Picken	Non-Executive Director (Chair)
	Dr. J. M. Anderson	Non-Executive Director
	Mr. K. Bryan	Non-Executive Director
	Ms. C. Etches	Chief Nursing Officer
	Ms. V. Hall	Chief Operating Officer
	Ms. B. Jaspal-Mander	Non-Executive Director
	Mr. D. Loughton CBE	Chief Executive
	Dr. J. Odum	Medical Director
	Mr. K. Stringer	Chief Financial Officer
	Mr. D. Sutton	Non-Executive Director
	Mr. J. Vanes	Non-Executive Director
	Ms. M. Espley	Director of Planning & Contracting
	Ms. D. Harnin	Director of Human Resources
IN ATTENDANCE:	Mr. M. Goodwin (part)	Head of Estates Development
	Mr. A. Sargent	Trust Board Secretary
OBSERVERS:	Dr. K. Ahmed	Wolverhampton CCG
	Mr. B. Griffiths	Vice Chairman, Wolverhampton LINk
	Mr. M. Swan	Lead Governor, Council of Members
	Ms. J. Viner	Wolverhampton LINk
PRESENT BY INVITATION:	Mr. D. Hoppe	Monitor
	Ms. S. Dorje	Monitor
	Ms. A. Charles	Monitor
	Mr. M. Ramran	Deloitte LLP
APOLOGIES:	Mr. M. Ogden-Meade	Interim Chief Operating Officer
	Mr. R. Young	Head of Commissioning, WCPCT

Part 1 – Open to the Public

Action

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON MONDAY 23 APRIL 2012

TB.4009 **RESOLVED: that the Minutes of the Meeting of the Board of Directors held on Monday 23 April, 2012 be approved as a correct record, subject to the following amendments:**

a) **TB.3971 – in the final paragraph the word "satisfaction" being replaced by the word "congratulations"**
b) **TB.3972 – in the third paragraph replace "October 2011" with "October 2010"**
c) **TB.3977 – in the final paragraph replace the word "admissions" with the word "re-admissions"**
d) **TB.3978 – in the first paragraph after the word "total" on the seventh line, insert "recurring"**

MATTERS ARISING FROM THE MINUTES

TB.4010 Board Action List (TB.3969)

The Board discussed the need to revisit the Care and Compassion Report as soon as possible, and it was agreed that instead of this being dealt with at a Board Development session, a progress report would be brought to the June Trust Board. **CE**

TB.4011 Annual Report on Emergency Preparedness (TB.3976)

Ms. Harnin reported that the outcome of the BMA ballot on industrial action regarding pensions was expected this week, and management would work through any local implications as soon as the outcome was known. **DH**

TB.4012 Finance Report – March 2012: Income and Costs of the Divisions (TB.3978)

Mr. Stringer said that an update on the tariff for 2012/13 would be included in his report to the next meeting. **KS**

BOARD ACTION LIST

TB.4013 It was noted that the Charitable Funds Annual Report was expected in September, when the outstanding action was likely to be addressed.

RESOLVED: that the report on the Board Action List be noted.

Action

DECLARATIONS OF INTEREST

TB.4014 No interests were declared at this meeting.

CONSULTANT APPOINTMENTS

TB.4015 Mr. Loughton reported that since the previous Board meeting the following consultants had been appointed:

- Dr. B. Tan – Nephrology
- Dr. A. Fahim – Respiratory Medicine
- Dr. A. Kalhan – Diabetes
- Dr. V. Oguntolu – Diabetes
- Dr. B. Rangarajan – Radiology

TB.4016 The Chairman announced that Mr. Surrinder Kalarai had been appointed as a Non-Executive Director of this Trust with effect from 1 July, 2012. Mr. Kalarai was a chartered accountant who was presently Chair of the PCT's Audit Committee and also served on the Audit Committee of the Black Country Cluster.

QUALITY AND SAFETY

TB.4017 Prevention of Pressure Ulcers – the Organisational Approach

Ms. Etches submitted a report which described the approach of the Trust to prevent patient harm resulting from avoidable pressure ulcers. She highlighted the work being done in communication and education, and explained that there was a weekly accountability meeting at which, among other things, the uptake of training was raised and, if necessary, challenged across the organisation. She also described measures being taken to improve adherence to best practice, and to enhance information relating to pressure ulcers. She confirmed that the aim was to have no pressure ulcers in the Trust, and it was disappointing that there remained a number of avoidable ones. She said that lessons had been learned from the approach taken towards infection prevention where a person had been appointed to liaise with nursing homes to improve their practice and performance.

Ms. Etches also referred to the recent SHA Peer Review visit which had focused on adherence to care bundles, and during which there had been a number of visits to wards and other clinical areas. Early feedback was positive, and the SHA had found palpable evidence of good quality of care.

Action

She believed that this was linked to the close working of the Chief Nursing Officer and the Medical Director. Issues raised by the Peer Review visit included equipment not always being in the right place at the right time, and the need to improve staff perception of the availability of that equipment.

The Chairman noted that success with MRSA had been based on partnership working with care homes and the appointment of a project nurse to drive that work forward. In response to questions, Mr. Loughton confirmed that the intention was presently only to liaise with nursing homes in regard to pressure ulcers due to the limited resources available. Mrs. Jaspal-Mander noted the issue of equipment, and confirmed that this had also been raised at meetings of the Board Assurance Committee. In response to a question, Ms. Etches explained the background to the reclassification of pressure ulcers which had recently been brought into effect.

RESOLVED: that the approach of the organisation to prevent patient harm as a result of avoidable pressure ulcers, as set out in the report, be noted and endorsed.

TB.4018 Quality and Safety Reports

Ms. Etches guided the Board through the details of her monthly Quality and Safety Report which, subject to the board's approval of proposals contained within the report, would be the last one in the current format. She asked the Board in particular to note that incident rates were slightly down, safeguarding adult incidents were still increasing, there were further audits to take place in respect of mortality, there had been a dramatic fall in the number of falls resulting in serious injury, and some improvement in recognition of the deteriorating patient. She reminded the Board that the Trust Management Team had approved the establishment of a line therapy team which would promote best practice in respect of DRHABs. The Board was asked to note that a significant number of patients with *c.difficile* were actually stable and quite well. The Board noted the increased numbers of complaints received in February, and the departure of the Complaints Manager, whose replacement was due to commence in office on 1 June. She explained that the use of the patient experience tracker had been hindered by a lack of volunteers to collect the hand held responses from patients. Consideration was being given to the use of student nurses for this purpose, which would help raise their awareness of the feelings of patients.

Action

Ms. Etches informed the Board that Hand Hygiene continued to be an issue about which awareness was being raised and that there would continue to be spot checks across the Trust in order to improve performance. She added that she did not believe that the dip in performance against this indicator had led to increased numbers of infected patients.

Mr. Vanes noted that the Trust had received an outlier alert for alcoholic deaths in March 2012, and he referred to a report by the Director of Public Health of the PCT in July 2011, which had mentioned a high level of alcohol consumption in the City and the need for ongoing preventative work. He asked whether it was inevitable that there would be excess deaths from alcoholic liver illnesses given the social and economic conditions within the City. If so, he wondered how it was possible to establish whether the Trust could do better for these patients. Dr. Odum responded that nineteen deaths from alcoholic liver disease had generated the alert; a review of these indicated an age range which was generally younger than the national average presenting with alcohol related disease. Of the nineteen, three had probably not died primarily due to alcoholic liver disease although it was a co-morbidity. There was some acceptance that in the younger age group alcoholic liver disease may contribute to premature death. He confirmed that the Trust was looking at this matter in more detail in a bid to standardise care pathways. Also, Dr. Odum remarked this was not the first alert received in this Trust for alcoholic liver disease related deaths and that similar conclusions had been reached as a result of investigations after past alerts. This was a matter which was not factored into the standardisation used nationally. Alerts were more likely given the relative ages of the patients concerned. Mr. Loughton added that the Trust already worked closely with the Director of Public Health in respect of problems linked to excess alcohol consumption, and that further work on this was required. Some of the patients had had a considerable length of stay within the Hospital prior to their deaths. The question needed to be asked as to what opportunities had been missed with these patients in terms of intervention, particularly in primary care.

Mr. Sutton referred to the hand hygiene target, and noted that the trend appeared to have stabilised. He asked whether action plans were in place to improve performance, particularly in view of the fact that the Minutes of the Infection Prevention and Control Committee recorded comments from the NHSLA on this matter. Ms. Etches acknowleged that the Infection Prevention and Control Committee closely monitored this matter through divisional monthly reports on performance.

Action

This was linked with annual mandatary training, although the most recent report to the Committee indicated that the percentage of staff who had completed the training had slightly reduced recently.

The Committee had asked all areas to seek improvements in performance within the next month. Ms. Etches agreed that a targeted approach should be the subject of reports to the Board in respect of under performing areas.

Mr. Sutton referred also to the deteriorating position, according to the Division 1 dashboard, on patient experience and resources. He asked if there was any recognised link between the overall situation (such as the pay budget or appraisals) and the patient experience recorded. Ms. Etches said that it was not possible to give a definitive answer to this question. Ms. Harnin indicated that appraisal rates within the directorates had dipped during the winter period but had then picked up later during the year. However, she added that it was not possible to make a link between a decline in the appraisal rate and patient experience.

Mrs. Jaspal-Mander referred to the mortality target and asked what additional information was being sought through the audits which were mentioned in the report. Dr. Odum responded that there had been concern for some time over the rates of death due to alcoholic liver disease. Cases were discussed at the Directorate Mortality meetings and these were then taken forward to the Mortality Review Action Group. During the process, lessons learned were recorded. The detailed analysis, he said, was all about whether the Trust was doing all the right things for the patients concerned from the time they were first admitted to the Hospital.

Mrs. Jaspal-Mander referred to the terminology being used in the patient experience questionnaires, and suggested that it did not translate easily into her own community language. She agreed to discuss with Ms. Etches outside the meeting ways in which this might be reviewed in order to improve the scope for translation. The Chairman emphasised that as twenty-seven percent of the population were from BME communities, it was vital to find an acceptable form of words for use in patient experience surveys.

Mrs. Jaspal-Mander congratulated the Trust in having identified dedicated individuals in respect of safeguarding.

Dr. Anderson referred to nursing and midwifery staffing levels. She asked whether the decline had been taken into account by the workforce review, or whether it was due to sickness absences.

Action

She went on to note that the report claimed that there had been no patient harm due to reduced numbers of staff, but asked whether delays in Vitalpac inspections might after all be due to a shortfall of nurses on wards.

Ms. Etches said that the shortages were based on the current establishment and that a further review of the workforce would be considered by the Trust Board in June. She went on to say that it was not easy to measure the impact of staffing shortages on patient experience although it was fair to say that there had been no overt harm to patients. She emphasised that the situation had arisen mainly due to sickness absences. Ms. Hall said that there had been high sickness rates in two areas of the Trust with a consequently high use of bank staff to compensate. Ms. Harnin indicated that short term sickness absence was of great concern to the Trust and that this would be picked up in a later report on the Agenda.

Mr. Bryan commented favourably upon the improving performance around recognition of the deteriorating patient, but asked whether it was likely that the Trust would ever reach its target of five percent. Ms. Etches said that the target was tough but realistic, and that part of the problem was in the clinical areas which continued to use a traditional approach to observations. She explained that Vitalpac was a trigger to decide whether patients required more frequent observations through an individualised pattern tailored to the needs of the patient. She went on to say that monitoring through the divisional structures was complimented by the review of action plans through the weekly Senior Nurses meeting.

Mr. Bryan went on to note that VTE appeared to be more volatile in the community, and asked whether any reason for this could be discerned. Ms. Etches responded that one of the issues was the need to raise awareness and improve recording of VTE in the community, and it was necessary to understand each RCA before it was possible to identify any contributing factor in either the community or the acute setting.

Mr. Bryan also referred to recurrent red indicators on the dashboards and asked what was being done to secure improvements. Ms. Hall responded that the actions depended on what the issues were. She said that there were regular reports to the appropriate groups, such as financial targets were considered by the Operational Finance Group and that some matters (such as cancelled operations) were reviewed on a weekly basis. Ms. Etches confirmed that systems and processes were in place to review and, where necessary, intervene in respect of inadequate performance.

The Chairman noted the good progress against Essence of Care Standards.

Action

RESOLVED:

a) **that the Quality and Safety Reports as now submitted be noted;**
b) **that the following changes be made for future Quality and Safety Reports:**

- **Complaints – remove from future reports**
- **Litigation and inquests – remove from future reports**
- **Single Sex Accommodation – remove (to remain in the Chief Operating Officer's overall Performance Report)**
- **Essential Care Standards – remove**
- **Net Promoter Score – new item to be included**
- **Safety Thermometer – new item to be included**
- **Never Events – new item to be included**

TB.4019 Complaints and PALS Activity for Quarter 4 2011/12

Ms. Etches presented the Quarterly Report summarising the numbers and themes of complaints and PALS activity during January to March 2012. She highlighted that during the period under review there had been a total of four serious complaints and seven complaints referred to the Ombudsman. The Board noted that a number of issues had been resolved informally through the work of the PALS service at a local level. Mr. Bryan noted the success in this regard and enquired whether it would be possible to receive information about the range of issues with which the PALS team had been involved. Ms. Etches indicated that this information could be included in the next Quarterly Report. She confirmed that the Divisions were keen to discover the concerns raised by patients with the PALS team, and Ms. Hall added that the A & E Department were also positive about feedback received in this way.

CE

RESOLVED: that the report be noted.

TB.4020 Results of April 2012 Safety Thermometer for RWHT

Ms. Etches submitted the report on the results of the Safety Thermometer taken on the 18 April, which showed an improvement in the percentage of harm free care, up from 86.63% to 92%, based on a total of 1,002 patients surveyed. The Board noted that the SHA were keen to develop this tool with a view to it being used on a national basis.

Action

Ms. Etches indicated that lessons had been learned from the first round of data collection and that staff seemed to have positively engaged with the process.

This item would in future feature in the monthly Quality and Safety Report.

RESOLVED: that the results of the Safety Thermometer for RWHT taken on the 18 April, be noted.

TB.4021 The Patient Revolution Ambition

Ms. Etches highlighted the salient points of her report on the Patient Revolution Ambition, which included the Month 1 scores showing 66.8% of patients discharged being extremely likely to recommend the Trust to their family and friends, and 75.3% of staff expressing similar sentiments. The Board noted that 240 patients per month were required to complete the survey, and that low numbers of responses could create problems for the Trust. Ms. Etches indicated that staff could be the best promoters of an organisation and that the possible use of staff surveys in this connection was under review. Ms. Harnin added that some of this ground was already covered in local ChatBack surveys. The overall message was the importance of encouraging a higher uptake of the survey.

Dr. Anderson reflected on recent walkabouts when she had enquired whether staff would be happy for their relatives to be treated in the Hospital, and in response most had replied in the affirmative. Mr. Vanes asked whether there was evidence of lower patient satisfaction during periods of winter pressure. Ms. Etches said that the aim was to deliver the same quality of care irrespective of seasonal pressures, although it was possible that during outbreaks there may be more negative responses, because for example visiting arrangements might be adversely affected.

In response to a question from Dr. Armed, Ms. Etches said that the data was gathered from in-patients only, and not from Accident and Emergency. Mr. Bryan noted that the measurement was of patients discharged and staff who would be **extremely** likely to recommend the Trust, and he wondered whether a number of others were positive about their experiences (but not “extremely” so) would, if included, take the percentage much closer to 100%.

RESOLVED: that the progress report on the Net Promoter Survey, be noted.

Action

TB.4022 The Development and Publication of Equality Objectives to comply with Public Sector Equality Duty (PSED) 2011 and the Equality Act 2010

Ms. Etches submitted the draft Equality Objectives for approval prior to publication on the Trust's website, intranet site and circulation to partner agencies.
She said that the document had been approved by the Trust Management Team on 25 May, with the proviso that the leads named against some of the action points needed to be reviewed, and she requested that the Board bear this mind. Mr. Sutton asked whether the documents had been informed by the NHS Equality Delivery System. Ms. Etches said that the author of the report had been guided by guidance from the SHA and other bodies, and would also be requested to ensure that the document was consistent with the NHS Equality Delivery System. Mr. Vanes noted that the document had been circulated within the community at which point some observers had expressed the view that it appeared to be somewhat dry and mechanistic. Ms. Etches acknowleged this point and undertook to aim for something more accessible in a future review.

CE

RESOLVED: that the draft Equality Objectives set out in the report be approved for publication with the proviso that the leads identified in the implementation plan be reviewed.

GOVERNANCE

TB.4023 Board Assurance Framework/Trust Risk Register

Ms. Etches introduced the monthly report on the Board Assurance Framework and the Trust Risk Register, and highlighted two red risks on the Board Assurance Framework and three red risks on the Trust Risk Register. She said that the Never Events would remain on the Board Assurance Framework until the Trust was happy that the situation was settling down.

In response to a question by Mr. Bryan, Mr. Stringer indicated that SQL stood for Specialist Query Language, which related to investment in server capacity in the Trust. This was expected to come on line in June, and would be monitored on a weekly basis.

Mr. Bryan asked who had carried out the review of Health Visiting Services. Ms. Hall explained that the review had been undertaken by an experienced Health Visitor from outside of the Trust. The report had been submitted on 2nd May, and had been reviewed by Directors last week, and then put on the Board Assurance Framework.

Action

In response to a question from Dr. Anderson, Ms. Hall summarised the eight themes in the report and explained the role of the Health Visiting Service in respect of children under five. Ms. Etches emphasised that the report confirmed the need for significant change and modernisation in the Health Visiting Service and that a steering group had been established, including representatives of the Local Authority and CCG, to oversee the necessary work.

Dr. Anderson expressed the hope that the Health Visiting Service would remain based within the Trust. She spoke of the important relationship between Health Visitors and Social Workers in order to achieve collaborative working and good information sharing for the benefit of patients and clients. She also noted the significant role of Health Visitors in respect of safeguarding. Mr Loughton said that the report had contained few surprises but that there would be some turbulence while necessary modernisation of the Service was carried out.

Mr. Vanes reflected on the new risk on the Trust Risk Register in respect of the interpreting and translation service, and noted the significant and growing pressures on this service across the wider health economy. Ms. Etches confirmed that the service had struggled to cope with demand.

Mr. Sutton referred to the quality impact assessment on CIP schemes and asked whether there was on-going quality monitoring during the currency of the programme. Ms. Etches responded that there was a separate risk assessment for each CIP scheme and that all types of risks were being brought together and would be subject to on-going periodic review. She added that each CIP project had mitigations in place against any risks identified, including information about likely quality impact. She added that in the last week the need for a post-mitigation risk assessment had been identified. Mr. Sutton then asked whether any PIDs had been pushed back because of concern over impact on quality of service. Ms. Etches indicated that some PIDs had been referred back to departments on the basis of their potential adverse impact on quality.

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

Action

FINANCE AND INFORMATION

TB.4024 Financial Report April 2012 (Month 1)

Mr. Stringer presented the Finance Report for Month 1 (April 2012). He reported that the income and expenditure postion was £376,000 above the Month 1 plan, income was above plan by £507,000, and directorate expenditure was favourable to plan by £111,000. He added that at Month 1 £3,050,000 had been withdrawn from budgets, which represented 20% of the total CIP target for 2012/13. The Board noted that capital spend for Month 1 was on target with spend of just below £1,086,000 and the cash balance was higher than plan by £7,000,000. Mr. Bryan noted that income from Sandwell PCT was almost 50% above plan.

Ms. Hall said that this could be due to some specialised services work. Mr. Bryan also noticed potential over performance with two of the most significant Commissioners, namely Wolverhampton and South Staffs. Ms. Hall pointed out that there had been spikes in referrals in January and February.

In response to a question from Mrs. Jaspal-Mander, Ms. Hall said that whilst she did not have details of the winter pressure plans of other Trusts, she could confirm that every organisation had to put a winter plan in place, and to include extra capacity in order to cope. This Trust had maintained a second contingency ward during Month 1 which had led to an overspend. Mr. Loughton emphasised that the second busiest day ever had been in August and that the Trust's A & E Department performance was better than in many Trusts, which was related to its flexibility.

Mr. Vanes queried the performance against PCT activity (out-patient first – page 8). Ms. Hall indicated that the biggest drivers were primarily ophthalmology, respiratory and oncology, with just over 2,000 extra new patients during the period under review.

RESOLVED: that the Finance Report for April 2012, be noted.

TB.4025 Delegated Authority for Submission of the Trust's Annual Accounts

RESOLVED: that the Audit Committee be authorised to review the Trust's Annual Accounts for 2011/12 taking account of any issues raised by the external auditors, prior to submission of the Accounts to the Trust Board Annual General Meeting in September.

Action

BUSINESS PLANNING

TB.4026 Capital Programme 2012/2013 – Month 1 progress report

Mr. Stringer submitted the Month 1 progress report for the 2012/13 Capital Programme. He reported that the actual and target expenditure position at Month 1 was £1,085,723. He also said that mitigation strategies were currently in place to offset high risk projects valued at £2.49m.

RESOLVED: that the progress report for Month 1 for the 2012/13 Capital Programme, be noted.

TB.4027 Delivery of the Estates Strategy 2009/2010 to 2018/19, Quarter 4 report for 2011/12

Mr. Stringer introduced the fourth quarterly report for 2011/12 on the implementation of the Trust's Estates Strategy, including key points and progress since the previous report in January, 2012. He highlighted the slower than anticipated progress in carrying out the review of the Estates Strategy. The Non-Executive Directors noted the positive service user feedback and staff appreciation linked to recent refurbishment in the Maternity and A & E Departments, both of which had been achieved whilst maintaining service standards during the progress of the building works. The Chief Executive indicated that morale had risen in the A & E Department due to the investment in the facilities there.

RESOLVED: that the Quarter 4 report on the Estates Strategy for 2011/12 be noted.

TB.4028 Way Finding Strategy

Mr. Goodwin presented a report and gave a PowerPoint presentation highlighting the need for a new Wayfinding strategy, the basis upon which it had been developed, and the implementation plan. He indicated that, of a number of hospitals which had recently been resigned, it was thought that the Royal University Hospital in Bath was the best which they had visited. In terms of consultation and communications, he informed the Board that the proposals would be placed on the intranet and internet, there would be information packs for the public, staff briefings and an information stand within the Hospital, staff bulletins and posters/leaflet displays and patient, public and media briefings. He emphasised that there was no intention to proceed until everything was in place.

Mrs. Jaspal-Mander referred to the resigning at the Walsall Manor Hospital which staff and patients had found confusing.

Action

Mr. Goodwin assured her that Walsall had been visited and had been found to be using a different (route based) system. However, it was proposed for this Trust to use a zone system.

Mr. Loughton suggested that a small group of Executive and Non-Executive Directors visit the RUH in Bath to observe the system working for themselves. He also expressed concern over the £8,000 revenue commitment referred to in the report, and requested that this figure be checked to ensure that the scheme could be delivered at this cost, and that suppliers such as Phillips also be requested to confirm the cost of software programming.

Mr. Vanes spoke in support of the model proposed, but stressed the need for its careful implementation. He suggested that the local news media might usefully be invited into the Hospital to be shown the proposals before the launch date. He also pointed out that many patients relied for transport on taxi and private hire vehicles and suggested that it might be worth considering ways of informing these as a distinct group, given the role they play.

In response to a question about the possibility of translating signs into community languages, Mr. Goodwin said that this was a matter for consultation at the moment, although care would have to be taken about how the information hierarchy was structured when more than one language was in use.

In response to a question, Mr. Goodwin indicated that the colour scheme reflected NHS standard colours and was good visually.

RESOLVED: that the proposed Way Finding Strategy, as detailed in the report, be approved.

TB.4029 Palliative Care Funding Pilots

Ms. Espley presented a report which gave details of a successful bid for a two-year pilot to provide evidence to increase the equity of resources across providers of end of life services, and the actions required in connection with the bid. The Chairman expressed congratulations to those involved with submitting this bid, and emphasised the importance of a sound end of life strategy for both patients and carers.

In response to a question from Ms. Hall, Ms. Espley confirmed that work on a community tariff continued to be undertaken and proposals would be brought to the strategic group in the near future. The intention was to try to agree local tariffs for community with the PCT in the near future.

Action

Dr. Anderson enquired about palliative care for children. Ms. Espley indicated that there were opportunities to work on end of life services for children and that one of the Trust's consultant paediatricians chaired a group which was dealing with that area of work.

RESOLVED: that the progress report on Palliative Care Funding Pilots be noted.

TB.4030 Review of the Model of Stroke Services

Ms. Espley submitted a progress report on the proposed review by the NHS Midlands and East of the model of Stroke Services across the Region. She indicated that the SHA intended for a preferred model of care to be ready for public consultation by June, and that by the Autumn there should be clarity over the Government's preferred model. She confirmed that this Trust was engaged, with two members of its clinical team, on the Programme Board, which comprised representatives of each of the Networks. Mr. Loughton asked whether the tender would be based on Cluster areas or a wider area. He pointed out that the Stroke Service from Mid-Staffordshire had been transferred to this Trust. Ms. Espley responded that the original proposal was for Black Country and Birmingham but this Trust had identified in writing the significant impact of patient movement from Staffordshire on the service provided, and in view of that there would be a meeting with the equivalent team in Staffordshire so that they could also be engaged.

RESOLVED: that the progress report on the Proposed Review of the Model of Stroke Services across the Region, be noted.

TB.4031 Report of the Change Programme Board

Ms. Espley provided an update on the work of the Change Programme Board for April 2012, including the overall financial position, the review of the progress of schemes during April, and an assessment of the quality impact of the programme. She highlighted that there were no red risks against any of the quality impact assessments, and that the seventeen amber rated schemes had mitigation schemes linked with them. Each project had key milestones linked to delivery and the Project Management Office would review the qualilty impact assesment when each milestone was reached.

Mr. Stringer noted that the Board had recently been challenged over the phasing of the CIP schemes and confirmed that the PIDs were clear on the anticipated start date of each project.

Action

He added that all of the 186 schemes had been reviewed and assurance gained that mitigating actions were in place to counter any slippage during the remainder of the financial year. He confirmed that lessons had been learnt about the length of time it could take to get schemes off the ground and that the phasing of schemes had been reviewed. The Board noted that the intention was to increase the percentage of schemes under way by September to 70%.

Mr. Sutton queried the phasing of the schemes and the potential £1.3m slippage. Mr. Vanes noted that a significant amount was at stake around the sickness management scheme. He noted the phasing, and feedback from the pilot projects, associated with this CIP.

RESOLVED: that the report of the work of the Change Programme Board in April 2012 be noted.

OPERATIONAL PERFORMANCE

TB.4032 Format for Performance Monitoring Reports for 2012/13

Ms. Hall presented a report which recommended certain changes to the format and content of the monthly Operational Performance Report for 2012/13. In response to questions, she confirmed that finance would continue to be included in order to give a complete picture.

RESOLVED: that the proposed changes to the content and format of the Operational Performance Reports to the monthly Trust Board meetings during the current financial year be approved.

TB.4033 Operational Performance Report

Ms. Hall introduced the monthly report on Operational Performance and highlighted a number of the exception reports. She reminded the Board that performance regarding the A & E unplanned re-attendance rate continued to present a number of challenges, not least being a small number of regular re-attenders who had been identified and who were now being brought to the attention of a multi-disciplinary team. The Board learnt that one of these patients had presented at A & E 339 times in the last three years.

The Board noted a new indicator related to the percentage of GPs who receive correspondence within twenty-four hours of discharge, and Ms. Hall pointed out that this was linked to the e-discharge process; improved performance was anticipated as the work was rolled out ward by ward.

Action

Mr. Bryan asked whether there were any plans to monitor outpatient results and x-ray results (turnaround time for results to go to the patient's GP).

Ms. Hall drew attention to the level of spend on temporary staffing (medical staff) and said that this should reduce as initiatives regarding sickness absence came into effect. She also highlighted the performance for corporate and local induction. Mr. Bryan expressed concern about the performance around local induction, and Ms. Hall confirmed that this was currently being investigated.

Dr. Anderson asked whether induction was more difficult for agency staff compared to those who were employed on permanent NHS contracts. Ms. Harnin advised that there was a separate induction procedure for short term agency staff, but internal bank staff did undergo the Trust's induction process. There was a greater challenge around providing induction for agency staff.

Ms. Hall then guided the Board through the Monitor Compliance Framework indicators. She mentioned the cancer targets (cancer two-week wait) which had started to deteriorate, following a reduction in capacity around Easter which coincided with a national awareness compaign. She also drew attention to the 62 days from urgent GP referral to first definitive cancer treatment. She pointed out that there had been 222 tertiary referrals into this Trust during the last year, 117 of which were after the agreed referral time. It was inevitable, therefore, that these would impact upon the Trust's performance.

Regarding referral to treatment (number of patients on an incomplete pathway), Ms. Hall pointed out that there had been an increase of 800 patients during the last year. Of these, none were currently over fifty weeks, 3% were over forty weeks, and 97% had been treated in chronological order. The Board noted that this was the second consecutive month that the Trust had achieved the internal target for Elective Length of Stay.

Mr. Vanes noted the performance in respect of annual appraisals, and said that this had been a matter under discussion by the HR Sub-Committee in April. He asked if there was any timescale for recovery. Ms. Hall said that the Trust expected to be making good progress against the targets by June/July, and that there had already been some good progress in respect of annual appraisals.

Mr. Bryan asked about reducing delays in transfer of care and expressed surprise that this local target had deteriorated recently.

Action

Ms. Hall said that the local stretch target had been introduced deliberately, and that there was on-going work with social services in an attempt to bring social workers onto the wards as part of the reablement process. This target was reflected in the contract for acute services with the Commissioners.

RESOLVED:

a) that the monthly Operational Performance Report be noted;

b) that the Board Statements and 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.4034 Acute Trust Annual Plan 2011/2012 – Quarter 4 progress report

Ms. Hall presented the Board with the Quarter 4 assessment against the business outcomes within the Trust's Annual Plan for 2011/12. The report provided reassurance to the Board of remedial actions being taken to improve performance against the key business outcomes.

Dr. Anderson noted the position regarding infection rates and sought assurance that further work would be done to reduce DRHABs through measuring catheter associated urinary tract infections and, in particular, the introduction of an ICV team and a specific workstream to establish and reduce surgical site infections. Ms. Etches confirmed that for the past year the Trust had employed someone to look at DRHABs, and this officer would also be focusing on catheter associated urinary tract infections. She acknowledged the need for a concerted effort in respect of catheters. In response to a question by Mr. Sutton, Ms. Hall said that, compared with other Trusts in the West Midlands, the position in respect of length of stay had improved here.

RESOLVED: that the report on the Acute Trust Annual Plan (Quarter 4 2011/12), be noted.

TB.4035 Chief Operating Officer's update – Community services

Ms. Hall submitted an update on the integration of Community Services. Dr. Anderson commented that in her opinion community staff now enjoyed greater freedom in their work, and had appreciated the opportunity to move to this Trust.

Action

Mr. Loughton reflected on the benefits of the transfer of these Services from the PCT to this Trust and the successful way in which the integration had taken place. He commented that, post-TCS, Community Services had not done so well in certain other parts of the country. Ms. Hall added that ChatBack for Community Services staff would be repeated this year, and that the proposed revised structure under Phase II would be reported to the Board in due course.

RESOLVED: that the update report by the Chief Operating Officer, be noted.

HUMAN RESOURCES

TB.4036 Health and Wellbeing Project update

Ms. Harnin presented an update report on the sickness management pilot scheme. She explained that the Trust target for sickness absence was 4% for 2011/12 but as at the end of February 2012 the Trust's cummulative year to date actual was 5.27%. In response, a significant initiative had been drawn up to address short term sickness absence. The approach now proposed would be piloted in a number of areas throughout May and the results reported later in the Summer. She pointed out that 54% of sickness absence was long term.

In response to a question from Mrs. Jaspal-Mander, Ms. Harnin said that this proposal was not based on the Bradford model, but that it aimed for a significant policy change and a more assertive approach. Mr. Bryan indicated that staff who worked faithfully and tended not to take sick leave, unless absolutely unavoidable, would probably appreciate the approach being proposed, and that it would be important for managers to apply tight controls and to comply with the sickness absence policy consistently. Dr. Anderson said that it was important for senior managers also to lead by example.

RESOLVED: that the progress report on the Sickness Management Pilot Scheme, be noted.

MEDICAL DIRECTOR

TB.4037 Revalidation Steering Group: Quarterly Report

Dr. Odum reported orally on the work of the Revalidation Steering Group, which had completed a further self-assessment of the position at RWHT as at the 31 March.

Action

As a result, the Trust had been declared to be fully compliant and was now on track to deliver revalidation in the organisation by the end of March 2013. Twenty per cent of doctors would be put forward for revalidation by April 2014 and the remaining 80% for revalidation in the two years after that. He said that the Revalidation Steering Group had revamped the appraisal paperwork to meet the requirements of the GMC, and the Medical Appraisal Policy at this Trust was being redesigned, along with the Policy for Managing Doctors in Difficulty. These matters were awaiting formal sign off at the LMC. He said that work was on-going to increase the appraisal rates for doctors, and there had been a significant improvement over the last two months with the expectation that virtually all would be completed by the end of this month.

Finally, he said that work was underway to train appraisers to ensure a consistent approach across the Trust, and that he had already completed a series of briefings to consultants in respect of the revalidation process. The Board noted that the Director of Human Resources and the Medical Director were part of a national reference group on the implementation of revalidation. The GMC had visited the Trust in the last week to observe progress on revalidation and had taken the view that the Trust was ahead of other similar Trusts, and would be used as an examplar to help organisations accelerate their own progress.

RESOLVED: that a further report on Revalidation be submitted to the Trust Board in three months time.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.4038 Minutes of the meeting of the Trust Management Team held on 23 March 2012

In response to a question Mr. Loughton confirmed that the Consultant Cardiologist (Devices Lead), Dr. R. Singh, had chosen to leave the Trust to work overseas. He commented that it was rare for a consultant to leave the Trust, other than through retirement.

RESOLVED: that the Minutes of the meeting of the Trust Management Team held on 23 March 2012 be noted.

Action

TB.4039 Minutes of the meeting of the Infection Prevention and Control Committee held on 30 March 2012

In respect of the Minute headed "Estates Management Report – Legionella Control Steering Committee", Ms. Hall said that she would ensure that wards were water flushed when closed. In response to a question by the Chairman, Mr. Loughton confirmed that the Legionella Control Procedural document had been circulated to the appropriate stakeholders.

RESOLVED: that the Minutes of the meeting of the Infection Prevention and Control Committee held on 30 March 2012 be noted.

TB.4040 Minutes of the meeting of the Joint Audit and Board Assurance Committee held on 26 April 2012

RESOLVED: that the Minutes of the meeting of the Joint Audit and Board Assurance Committee held on 26 April 2012 be noted.

TB.4041 Minutes of the meeting of the Board Assurance Committee held on 23 February 2012

Mr. Vanes presented the Minutes of the meeting of the Board Assurance Committee held on 23 February 2012. He drew attention in particular to the report on Real Time Patient Feedback and the suggestion that trainee nurses and medical students could be involved in the gathering of data. Dr. Odum said that there was a module on communications in the training of doctors. Whilst communication skills varied between individuals as did the confidence and ability to communicate with patients, the curriculum expected students to develop this skill.

RESOLVED: that the Minutes of the meeting of the Board Assurance Committee held on 23 February 2012 be noted.

TB.4042 Chair's Summary report of the Board Assurance Committee held on 26 April 2012

RESOLVED: that the Chairman's Summary report of the meeting of the Board Assurance Committee held on 26 April 2012 be noted.

Action

TB.4043 Minutes of the meeting of the HR Sub-Committee held on 24 April 2012

Mr. Vanes submitted the Chairman's Summary Report of the HR Sub-Committee meeting held on 24 April and referred in particular to the discussion about appraisals, CRB checks, and sickness absence management pilot project.

RESOLVED: that the Minutes of the meeting of the HR Sub-Committee held on 24 April 2012 be noted.

GENERAL BUSINESS

TB.4044 Policies approved by the Trust Management Team at the meeting held on 25 May 2012

Mr. Loughton reported that the following Policies had been approved by the Trust Management Team at its meeting held on 25 May 2012:

- Patient Access Policy
- Private Patients Policy (OP70)
- Equality of Opportunity Policy (HR05)
- Protected Meal Times Policy
- Patient Identification Policy (OP52)
- Breaking Bad News Policy (OP62)
- Medicines Reconciliation Policy (MP03)
- Pressure Ulcer Policy (CP13)

TB.4045 Matters raised by members of the general public and commissioners

On behalf of Wolverhampton LINk, Mr. Griffiths made the following comments:-

a) He welcomed the report on the Patient Revolution Ambition, and said that the LINk ward audit had involved interviewing over one hundred patients, and over 90% of whom said that they would be extremely likely to recommend the Trust to their family and friends.

b) As part of the same audit, Mr. Griffiths said that LINk had asked patients whether they felt that they were being treated with dignity and respect, and over 90% had expressed satisfaction with their treatment. Mr. Loughton said that the Trust was concerned about improving the experience of the other ten per cent.

Action

c) Mr. Griffiths referred to the presentation on the Way Finding Strategy and requested that those who visit RUH at Bath ensure that they speak to elderly patients and carers visiting that Trust. Mr. Loughton suggested that a representative of LINk should participate in this visit.

d) Hand Hygiene: Mr. Griffiths requested an explanation of how the audit was carried out and how the target had been set in the first place. Ms. Etches said that there was a national campaign which had set five points in the patient transaction when staff should decontaminate. The audit was undertaken as part of the Matron's quality round by simple observation. Mr. Loughton suggested that further explanation might usefully be given to Mr. Griffiths outside of the meeting, and acknowledged that there was room for improvement around hand hygiene.

e) Pressure ulcers: Mr. Griffiths asked for a definition of a comfort round, and asked whether some patients were visited at a minimum frequency. In response, Ms. Etches indicated that not all patients required an hourly visit and that the frequency of visits depended upon their risk score. Comfort rounds were, by definition, intended to be flexible, dependent upon the needs of the individual patient. Mr. Griffiths said that LINk was requesting that comfort rounds should include observations. Mr. Loughton said that the matter could be reviewed once the tagging system had come into use.

TB.4046 Date and Time of next meeting

The Board noted that the next meeting was due to be held on Monday 25 June, 2012 at 10.00 a.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.4047 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 2.05 p.m.

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