

**Minutes of the Meeting of the Board of Directors held on
Monday 23 July, 2012 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
	Ms. C. Etches OBE	Chief Nursing Officer
	Ms. B. Jaspal-Mander	Non-Executive Director
	Mr. S. Kalirai	Non-Executive Director
	Mr. D. Loughton CBE	Chief Executive
	Dr. J. Odum	Medical Director
	Mr. M. Ogden-Meade	Interim Chief Operating Officer
	Mr. K. Stringer	Chief Financial Officer
	Mr. J. Vanes	Non-Executive Director
	Ms. M. Espley	Director of Planning and Contracting
	Ms. D. Harnin	Director of Human Resources
IN ATTENDANCE:	Mr. A. Sargent	Trust Board Secretary
	Dr. I. Perry	Consultant Gastroenterologist (part)
OBSERVERS:	Mr. M. Swan	Lead Governor
	Dr. K. Ahmed	Wolverhampton CCG (part)
APOLOGIES:	Cllr. I Claymore	Wolverhampton City Council
	Ms. V. Hall	Deputy Chief Executive

Part 1 – Open to the Public

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
MONDAY 25 JUNE AND MONDAY 9 JULY, 2012**

Action

- TB.4111 RESOLVED:**
- a) that the Minutes of the meeting of the Board of Directors held on Monday 25 June 2012 be approved as a correct record, subject to resolution 4060(e) being amended so that the words “on the 4 July 2012” are replaced by the word “shortly”;
 - b) that the minutes of the meeting of the Board of Directors held on Monday 9 July 2012 be approved as a correct record.

MATTERS ARISING FROM THE MINUTES OF THE MEETINGS OF THE BOARD OF DIRECTORS HELD ON MONDAY 25 JUNE AND MONDAY 9 JULY, 2012

- TB.4112** Finance Report – Service Line Reporting (TB.4062)
- Mr. Stringer indicated that an update on Service Line Reporting would be circulated in the next few days. **KS**
- TB.4113** Development and Publication of Equality Objectives to Comply with Public Sector Equality Duty 2011 and the Equality Act 2010 (TB.4063)
- Ms. Etches confirmed that she was working with the other Director leads to assign the various elements within the Action Plan.
- TB.4114** Quality and Safety Report – *C.difficile* targets (TB.4070)
- Ms. Etches confirmed that the uptodate position regarding *C.difficile* targets had been circulated on 2 July, as agreed.
- TB.4115** PEAT Scores
- Further to minute TB.4070, Ms. Etches reported that a significant cause of lower PEAT scores and performance regarding Environmental Standards had been the amount of clutter noted in clinical areas.
- TB.4116** WHO Checklist (TB.4081)
- Ms. Etches confirmed that she had investigated the extent of compliance with the WHO Checklist and undertook to submit a report to the September meeting. **CE**
- TB.4117** Non-Executive Directors – Appointments to Roles
- Pursuant to minute TB.4110, the Chairman reported that it was necessary to fill a vacancy on each of the Investment and Charitable Funds Committees.
- RESOLVED: that Mr. Surrinder Kalirai be appointed to serve on the Charitable Funds Committee and the Investment Committee, with immediate effect.**

DECLARATIONS OF INTEREST

- TB.4118** No interests were declared at this meeting.

BOARD ACTION LIST

- TB.4119** **RESOLVED: that the report on the Board Action List be noted.**

CONSULTANT APPOINTMENTS

TB.4120 Mr. Loughton reported that since the previous Board meeting the following consultants had been appointed:

- Dr. R. Morse – Anaesthetics
- Dr. E. Jacintha - Anaesthetics
- Dr. A. Arya – Cardiology

Dr Anderson enquired about progress in filling medical vacancies in Accident and Emergency. Mr Ogden-Meade replied that applications had been received and interviews were scheduled to be held next month.

QUALITY AND SAFETY

TB.4121 Quality and Safety Report

Ms. Etches guided the Board through her monthly report on Quality and Safety. She highlighted favourable changes within both Divisions. She expressed concern over the increase in the incident rate and particularly around the trend towards increased numbers of falls, based on May 2012 data. She indicated that further work was being carried out and that completion of documentation by multi-disciplinary teams was emerging as an issue. She drew the attention of the Board to the reduced number of safeguarding referrals against the Trust, which was a positive trend. Other points are summarised as follows:

- Net Promoter: the CQUIN required a 78.57% score and the Trust was on the trajectory to achieve that. It had now been confirmed that the Trust had established the minimum 10% sample for inpatient areas.
- Safety Thermometer: within the June result of 89.5%, the trend seemed to be that the majority of harms were pressure ulcers and there had been few multiple harms.
- Inpatient falls: the two occurrence of falls leading to serious injury was disappointing, and full RCAs were completed, and findings were scrutinised weekly by the Chief Nursing Officer.
- Recognition of the deteriorating patient: whilst late observations were recorded at 12% during the month (target – 5%) it had fallen from an initial high of 30%; Vitalpac had raised awareness and improved monitoring on the wards.
- Nursing and Midwifery Staffing Levels: there had been a reduction in numbers of breaches of staffing levels despite the retention of additional ward capacity due to pressure on beds.

- Medication incidents: no particular themes had been detected in the errors reported
- MSSA: there had been one month (June) without a reported MSSA Bacteraemia.

In response to questions, Ms. Etches informed the Board that:

- in recent years (following DoH guidance) bed rails were used only following a risk assessment, and now tended to be used primarily for patients who were virtually bed ridden;
- following the workforce review of nursing and midwifery (phase I) there had been an increase in the night staff at West Park Hospital and on the Orthopaedic Ward at New Cross Hospital;
- there were no areas within New Cross Hospital which presented particular concerns regarding rates of pressure ulcers and patient falls, so focus was required across all wards for reductions;
- she undertook to circulate by email to Dr. Anderson information about the cardiac arrests during the period under review;
- medication incidents were not particularly prominent in paediatrics and the reasons for the incidents during the period under review included administration errors, prescribing errors and patient TTOs (“to take outs”, ie medication) sent to nursing homes;

CE

Ms Etches gave an update on Divisional Infection Prevention Performance Management (5 moments) and said that action plans were in place in Orthopaedics, Respiratory and Gastroenterology, and Emergency. Dr. Odum asked how the five moments audit was carried out. Ms. Etches said that it was by observation on the ward. Dr. Odum said that whilst he had been on wards when the audit was taking place, he had not been aware at the time that it was underway, which assured him that a realistic view of practice was being captured.

Mr. Vanes commented that the mandatory on-line training in Infection Prevention included only one question about “five moments”, and he suggested that a second question might usefully be included to help imbed this matter in the mind of the trainee.

CE

In response to a question by Mr Vanes, Ms. Etches said that exception reports from West Park Rehabilitation and the Emergency Services Group had not been included in the report because of activity within those departments, but confirmed that these would be included in the report to the September Board meeting.

CE

Finally, Ms Etches described a growing awareness of Never Events within the Trust.

The Chief Executive added that both the WCCG and the Black Country Cluster had commended the Trust on its success in embedding real changes in practice in order to avoid Never Events.

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

TB.4122

Complaints and PALS Activity for Quarter 1 – 2012/13

Ms. Etches informed the Board that the new Complaints Service Manager was now in post and had already made a number of observations about the existing process, including challenging the decision not to set a twenty-five day response standard, stressing the overriding need for quality of response and the need to avoid follow-up enquiries from complainants. Mrs. Jaspal-Mander indicated that a review of complaints by the Board Assurance Committee would be reported in October.

Mr. Loughton emphasised that complaints were a great learning experience for an organisation and often provided a stimulus to deal with matters which were unsatisfactory from a patient perspective. In regard to the details in the report, Ms. Etches advised that the number of complaints was relatively stable and that compared to the previous year there was an improving trend in respect of the number of complaints upheld by the Ombudsman. She pointed out that complaints about attitude were now the fourth most common, whereas only eighteen months ago these would have been ranked first or second in volume. The practice of having the PALS team located from time to time in the out-patients department was proving useful, to seek out issues of concern to patients and carers.

In response to a question by Mrs. Jaspal-Mander, Ms. Etches said that complaints about clinical treatment could include the treatment options offered to patients, disagreements with those options, dissatisfaction with the way in which treatment was provided or the nature of the nursing care which went with that treatment. She said that matters were addressed theme by theme and, for example, by examining whether there were trends on particular wards which might call for organisational changes. Mr. Loughton commented that given the increased availability of knowledge and understanding of medical matters among the general population, it was likely that complaints about clinical treatment would continue to outstrip the other causes of complaints. Dr. Ahmed added that GPs found that complaints about clinical matters often related also to communications between doctors and patients. It was noted that some complaints related to several different themes.

Dr. Anderson asked whether other hospitals operated the same system for outpatient waiting lists as this Trust. Mr Loughton replied that not to use this system would risk having multiple cancellations of outpatient appointments. Mr. Kalirai asked whether the Trust benchmarked its complaints against those received by other local Trusts.

Ms. Etches said that this Trust had been an outlier for complaints submitted to and upheld by the Ombudsman in the past two years, but that there was now a reducing trend for complaints upheld by the Ombudsman. However, Mr. Loughton warned against over-reliance upon this aspect because the ability of local populations to pursue complaints to the local Ombudsman varied, partly in accordance with the socio-economic make up of the area. Ms. Etches indicated that the SHA had benchmarked Trusts in respect of patient satisfaction more generally.

RESOLVED: that the report on Complaints and PALS activity for Quarter 1 2012/13 be noted.

TB.4123

Patients' Stories

The Board listened to a CD recording of the partner of a patient who had been diagnosed with a growth on the lung and advised initially that he would need surgery. However, following diagnostic tests a Registrar had informed the couple that surgery was no longer an option because the growth was too developed and it's spread could not be arrested. Despite trying to discuss the options with the Registrar, the blunt message had remained that chemotherapy and radiotherapy were not options in this case, and that nothing more could be done.

The patient's relative said that the Registrar showed little emotion and indicated that the patient would now be discharged from his care and referred to a nurse who would go through the details again with him. They then met with the nurse who bypassed the normal procedure in order to arrange for the patient to meet the oncologist the next day. The couple were then allowed to leave the hospital through an internal corridor rather than a public exit, and were both very upset and went home feeling "shattered".

Ms. Etches suggested that the story emphasised the need for good communication between staff and patients. In particular, it suggested that lessons needed to be learned about the appropriate delivery of bad news. Dr. Odum pointed out that this provided only one side of the story, but he would expect clinical staff to be trained to deliver bad news in a sensitive, accurate and supportive manner rather than in a matter of fact and unemotional way. He expected that the consultant would hear this story and inform the Registrar concerned that the bad news could have been delivered to the patient in a more appropriate manner. Mr. Loughton asked whether cases such as this could be raised at the Grand Round.

In response to questions Ms. Etches confirmed that there was an investigation taking place into this incident. Dr. Ahmed asked whether a nurse had been present with the Registrar from the beginning, and whether, if so, his/her view had been sought. He suggested that there was merit in having a third person present when bad news was delivered. Ms. Etches stated that, unusually, this did not appear to have been the case in this incident.

RESOLVED: that the Patients' Story be noted.

OPERATIONAL PERFORMANCE

TB.4124 Performance Report

Mr. Ogden-Meade presented the monthly Operational Performance report, and drew the attention of the Board to the fact that the dashboard for June contained two fewer reds and two additional greens compared to performance in May. The Foundation Trust Monitor Compliance Framework (Appendix 2 in the report) also demonstrated that for June and for Quarter 1 as a whole the Trust had achieved a green rating on all of the Monitor standards.

Mr. Ogden-Meade went on to report that the Trust had achieved a green for the four-hour wait in Accident and Emergency, but performance in A & E was increasingly challenging and had been so for a number of weeks. Detailed analysis of the four-hour standard performance was on-going and it had been established that the Trust's admission numbers were not increasing but the Trust was seeing an increased number of patients aged over seventy and increasing numbers within that category being female. Detailed examination at specialty level was also taking place.

Mr. Ogden-Meade added that the Trust was currently reviewing its escalation arrangements. This was because it had recently witnessed "batching" of ambulances more than before and the existing escalation arrangements were unable to cope. Mrs. Jaspal-Mander requested clarification about actions being taken in respect of the unplanned A & E reattendance rate. Mr. Ogden-Meade indicated that a case note study in respect of the most frequent reattenders was being carried out to establish details regarding the case mix of patients in this category. This work was being done collaboratively with a small group of GPs with a view to initiating interventions which were specific to particular patients. In response to a further question by Mrs. Jaspal-Mander, Mr. Loughton said it was not yet possible to say when the urgent care aspect was likely to be reduced. Mr. Ogden-Meade commented that the Trust was aware of a relatively small number of patients who attended very frequently and in whose cases various interventions had so far failed to deter their activity.

Dr. Ahmed enquired about performance on the percentage of GPs who received correspondence within twenty-four hours of discharge. Mr. Ogden-Meade confirmed that an e-discharge system was being implemented across wards, but uptake so far had been variable, and an investigation was underway to establish how this could be increased. Mr. Stringer indicated that a range of issues were at play, some of which were related to the technology and some to concerns and frustrations expressed by staff whose hearts and minds had yet to be won over to the new system. He said that this had been debated at the Trust Management Team on 20 July and commitment to e-discharge had been reaffirmed; he was aware that more work was required to overcome the technical issues.

The Chairman reaffirmed the commitment of the Trust to improve performance against this indicator.

In response to a question by Mr. Vanes, Ms. Etches confirmed there had been a small number of new cases of *C.difficile* so far this month, and that there remained challenges regarding the new testing methodology.

RESOLVED: that the Operational Performance Report for June 2012 be noted.

GOVERNANCE

TB.4125 Board Assurance Framework and Trust Risk Register

Ms. Etches presented the monthly report on the Board Assurance Framework and Trust Risk Register. She highlighted the two continuing red risks on the Board Assurance Framework and indicated that significant work continued to be undertaken in respect of each Never Event reported, and would lead to action plans being issued for each one. With regard to the Health Visiting Service, she reported that this project was developing well and that the model for future health visiting services was being developed. There had recently been significant management changes, as well as external support for the service.

Dr. Anderson expressed a continuing desire to undertake a walkabout of this service, and Mr. Loughton agreed to organise this for her.

Ms. Etches concluded by saying that no risks had been closed or moved between the Board Assurance Framework and Trust Risk Register.

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

DL/MOM

BUSINESS PLANNING

TB.4126 Capital Programme 2012/2013 – Month 3 progress report

Mr. Stringer introduced the monthly report on the Capital Programme 2012/13, and drew to the Board's attention the expenditure position at Month 3, amounting to £4,146,769, which represented a value of £265,974 behind the cash flow plan. He highlighted the reasons for this small underspend, and also highlighted the continuing risk posed by some large value projects valued at £2,610,000.

RESOLVED: that the monthly report on the Capital Programme 2012/13 be noted.

	Action
<p>TB.4127 <u>Delivery of the Estates Strategy 2009/10 – 2018/19: Quarter 1 report</u></p> <p>Mr. Stringer drew out the salient points of the quarterly report on the delivery of the Estates Strategy 2009/10 – 2018/19. He highlighted ongoing work on the review of the Estates Strategy, the development of the Emergency Portal, and the progress on the new Wayfinding/Signage Strategy. He reported that the launch of the Signage Strategy had been delayed until December in order to tie in with the change of name of the organisation following anticipated authorisation as a Foundation Trust. He also reported that a Statutory Instrument would be laid on the 14 August changing the name of the Trust to "The Royal Wolverhampton NHS Trust". It was intended that during the short period whilst the new name was in force, letterheads and signage would not be changed.</p> <p>Mr. Picken said that he had visited Royal University Hospital in Bath and had been impressed by the signage in use there. He reminded Mr. Stringer that Mr. Griffiths of LINK should be invited to participate in the visit to Bath.</p> <p>Mr. Loughton emphasised that letters sent out from the Trust must refer clearly to the new signage and locations with effect from December. Mr. Stringer confirmed that this had been identified on the Estate Development Project Risk Register, and Mr. Loughton requested that it be added to the Trust Risk Register also.</p> <p>RESOLVED: that the quarterly report on the delivery of the Estates Strategy be noted.</p>	<p></p> <p>KS</p> <p>KS</p>
<p>TB.4128 <u>Emergency Planning 2012/13 – Quarter 1 update</u></p> <p>Ms. Espley drew out the salient points in the quarterly report on Emergency Planning.</p> <p>RESOLVED: that the Emergency Planning update for Quarter 1 2012/13 be noted.</p>	
<p>TB.4129 <u>Contracting and Commissioning 2012/13</u></p> <p>Ms. Espley presented a report giving an updated position on the Clinical Services Contract for 2012/13, and local commissioning changes. She highlighted the contract position for acute services for 2012/13 and the latest position regarding the extension of the dental contract for a further two year period. She indicated that the South Staffs CCG had also been recruiting to their Board and that the Trust was actively seeking to build relationships with all local CCGs within its catchment area.</p> <p>In response to a question, she confirmed that the WCCG had launched work in preparation for a Commissioning Strategy with a view to a completed document being available for discussion by the end of August, and this would be presented to one of the Executive Director meetings in the Trust.</p>	

Mr. Loughton emphasised the need for this document to be aligned to the three priorities of the Trust, which reflected the three priorities within the NHS Plan. Ms. Espley referred to the impact already felt by the reduction in commissioning capacity at the PCT and the problems in obtaining timely key decisions while fully fledged governance arrangements remained to be established. The Board noted that the NHS Commissioning Board had now announced that it intended to create a regional office for Birmingham and the Black Country.

In response to a question from Dr. Anderson, Ms. Espley undertook to circulate to members of the Board the names of the recently established WCCG Board.

The Chairman added that, in the last few days, the WCCG had advertised for Lay Members.

RESOLVED: that the report on Contracting and Commissioning 2012/13 be noted.

TB.4130

Report of the Change Programme Board

Ms. Espley summarised the main points in her report on the progress of the Change Programme Board for month 3. She noted the shortfall against the month 3 target and informed the Board that a detailed discussion had taken place at the Change Programme Board regarding the mitigating actions required to manage this position. Ms Espley referred in detail to two of the high value schemes which were below the month 3 savings trajectory. The staff sickness scheme was progressing well but a mechanism to release savings resulting from the reduction in staff sickness was required. The Patient Productivity Programme, which included ten enabling schemes, was being monitored closely and a detailed report would be discussed at the August meeting of the Change Programme Board.

With regard to the quality impact of the Cost Improvement Programme, Ms. Espley informed the Board that the proposed closure of the Paediatric Assessment Unit over the summer months would not now go ahead because the mitigations provided in support of the scheme had not given the necessary level of assurance. The scheme had been replaced by an alternative, and this would be reflected in the next report to the Board.

Dr. Anderson enquired about the additional income and activity from the provision of the community dermatology service. In response, Ms. Espley reported that this was red rated because there was no signed contract in place and was unlikely to be until September at the earliest.

Referring to Appendix C (Quality Dashboard), Mr. Vanes requested that consideration be given to providing further information about the risk rating and mitigation, citing the minimal commentary given in respect of the Division 2 Patient Productivity Programme. He said that the level of information was too brief to assure Board members.

He also expressed the view that there appeared to be a supplementary Board Assurance Framework developing around the Cost Improvement Programme (CIP), and asked whether any of the schemes listed in this report also appeared in the Board Assurance Framework or Trust Risk Register. Ms. Espley confirmed that there was one entry for the Cost Improvement Programme on the Board Assurance Framework at present.

Dr. Anderson questioned the robustness of the QIA process given the removal of the closure of the Paediatric Assessment Unit as a CIP scheme. In response, Ms. Espley said that the QIA process had alerted the Board to the potential risks from the proposal resulting in a request for additional assurance and risk mitigation. The Directorate had responded to this and provided assurance that the scheme could be delivered, however there was insufficient mitigation to reduce the potential quality impact and therefore the scheme had been withdrawn. This example highlighted the robustness of the QIA process and governance arrangements which had enabled the detailed scrutiny of the quality impact of individual CIP schemes.

RESOLVED: that the report on the Change Programme Board be noted.

FINANCE AND INFORMATION

TB.4131 Financial Report – Month 3

The Month 3 Financial report disclosed that the Trust's income and expenditure position was a surplus of £390,000, which was £502,000 below plan. Mr. Stringer highlighted that for June patient activity income was £651,000 below plan. This reflected reduced activity during June of the order of approximately 4,500 outpatients and 500 inpatients below expected numbers.

It was thought that this was due to the Jubilee week at the beginning of the month, and that high levels of annual leave were a contributing factor. He indicated that the issue for the Divisions was to develop plans to get the activity done at the correct rates. Orthopaedic and Cardiothoracic already had plans under review. Mr. Stringer went on to explain that additional expenditure had been incurred in Division 2, partly due to the extra ward capacity still being open, length of stay of medical patients, and temporary nursing staff costs. Some of this expenditure had been offset by income, albeit at marginal tariffs. Mr. Stringer said that the Division 1 situation was more perplexing because despite having less activity in June, the expenditure was approximately £500,000 above plan.

Mr. Stringer and Ms. Harnin were requested to prepare a report for the Executive Directors' meeting on the situation in respect of staffing in Division 1. It was noted that it was not intended to use reserves to remedy the situation at this stage in the financial year.

There ensued a discussion about the affect of emergency readmissions and the Chief Executive expressed the view that a meeting should be held with the PCT/CCG as soon as possible to explain the situation faced by the Hospital, which was now running additional capacity to deal with pressure but, through no fault of its own, was being financially penalised as emergency readmissions attracted only 30% of the tariff. The point was made that the PCT had a role in cutting emergency admissions and appeared to be failing to do so. Mr. Loughton explained that on at least two occasions in the last week there had been fifteen ambulances simultaneously bringing patients to A & E. Ms. Etches highlighted the challenges that such situations posed for the hospital and pointed out that this was the reason for the review of the Trust's escalation plan. Mr. Loughton went on to express concern that the current reorganisation of commissioning services appeared to be causing a lack of local commissioning capacity and a loss of focus in that part of the system.

Mr. Vanes asked whether the Trust had been taken by surprise by staff taking leave during Jubilee week. Mr. Loughton said that there were different views about this and that further work was required to establish the numbers of staff who had taken leave, and how leave requests had been authorised. Mr. Ogden-Meade pointed out that a further factor was that a number of patients had not regarded that week as a week for "business as normal" because it was a Bank Holiday week with additional entertainments and activities provided across the City, as well as people going on holiday or days out.

Mr. Stringer confirmed that the Divisions were working on operational plans to address activity and income, and costs in order to catch up.

RESOLVED: that the Financial Report for Month 3 (June 2012) be noted.

TB.4132 Audit Committee – Review of Activities 2011 – 2012

Mr. Stringer submitted the review of activities of the Audit Committee for 2011/12.

RESOLVED: that the Annual Review of the work of the Audit Committee for 2011/12 be noted.

HUMAN RESOURCES

TB.4133 Health and Wellbeing Project update

Ms. Harnin outlined a report which updated the Board on the Sickness Management Pilot scheme. In response to questions, she confirmed that sickness levels varied little between the winter and summer periods, and that the new sickness reporting arrangements would be communicated to all staff. She said that staff were allowed to give their mobile phone numbers for "call back" purposes, although she was aware that some Divisions and departments preferred land-lines.

She pointed out that in the event of a member of staff becoming ill while on holiday, it was most likely that he/she would phone the Trust to report the sickness, and subsequently be contacted by his/her manager, via the mobile phone. She undertook to circulate to Board members details of the variations in sickness levels across the various parts of the Trust.

RESOLVED: that the update on the Sickness Management Pilot Scheme be noted.

REPORTS OF THE MEDICAL DIRECTOR

TB.4134 Mortality Report

Dr. Odum guided the Board through the interim report which summarised the year end HSMR and SHMI mortality position at the Trust. In response to a question he undertook to circulate after the meeting the current diagram showing RWHT Mortality Information Flows.

Mrs. Jaspal-Mander enquired whether the alerts from the CQC resulted in them making recommendations to this Trust. Mr. Loughton responded that to date no recommendations had been attached to any reports from the CQC in respect of mortality at this Trust. Dr. Odum added that the progress now reported was the result of a team effort across the organisation and that when responding to the CQC the Trust set out the actions which would be delivered. The CQC had never requested the Trust to implement any actions in addition to those proposed.

RESOLVED: that the Mortality Report be noted.

TB.4135 Making Every Contact Count (MECC) and World Health Organisation (WHO) Health Promoting Hospitals

Dr. I. Perry attended the meeting for this item and summarised the main points contained in the report. Mention was made of the sixty-three Health Trainers within Division 2, and it was suggested that they should be more closely aligned to the objectives of Making Every Contact Count and a World Health Organisation Health Promoting Hospital.

Dr. Odum expressed strong support for these initiatives, but asked whether Public Health also provided support. Ms. Espley confirmed that commissioning of this service would move to the local authority on 1 April 2013, although the current service had been tendered for a period of three years. Nonetheless, she advised that an interim review should now take place having regard to referrals into this service from the acute sector.

Mr. Vanes noted that this year there had been no health marquee at the City Show which was an opportunity lost in terms of the promotion of healthy lifestyles and facilitating behavioural change through activities of groups such as Health Trainers. In response to a question by the Chairman, Dr. Perry said that this Trust was second to Birmingham Children's Hospital within this region, in regard to these initiatives.

RESOLVED: that this Trust adopts the Making Every Contact Count and WHO Health Promoting Hospitals Network programmes, as outlined in the report.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.4136 Minutes of the meeting of the Trust Management Team held on 25 May, 2012

In response to a question by Dr. Anderson in respect of Minute 12/140 (Nursing, Midwifery and Quality Report – Division 1), Ms. Etches said that the Minute referred to strengthening of leadership and staff numbers on the Trauma and Orthopaedic wards.

In respect of minute 12/168 (Palliative Care Funding Pilots), Dr. Anderson noted the minute about conflicts of interest for individuals who were Directors at Compton Hospice Board. The Chief Executive confirmed that a member of Trust staff had written to declare an interest in the Board of Compton Hospice. Dr. Anderson indicated that her interest was already recorded in the Trust Register of Interests.

RESOLVED: that the Minutes of the meeting of the Trust Management Team held on 25 May 2012 be noted.

TB.4137 Minutes of the meeting of the Infection Prevention and Control Committee held on 25 May, 2012

RESOLVED: that the Minutes of the meeting of the Infection Prevention and Control Committee held on 25 May 2012 be noted.

TB.4138 Minutes of the meeting of the Audit Committee held on 7 June, 2012

RESOLVED: that the Minutes of the meeting of the Audit Committee held on 7 June 2012 be noted.

TB.4139 Report of Chair of the Board Assurance Committee (28 June 2012)

RESOLVED: that the Chairman's summary report for the meeting of the Board Assurance Committee held on 28 June 2012 be noted.

GENERAL BUSINESS**TB.4140** Approved Policies: Policies approved by the Trust Management Team at the meeting held on 20 July, 2012

Mr. Loughton reported that the following Policies had been approved by the Trust Management Team at its meeting held on 20 July, 2012:

- Harmonised Health Records Policy (OP07)
- Discharge Policy (CP04)
- Ionising Radiation Safety Policy (HS05)
- Revised Car Park Charging Policy
- Agenda for Change Policy

TB.4141 Matters raised by members of the general public and Commissioners

No matters were raised at this meeting.

TB.4142 Date and Time of next meeting

The Board noted that the next meeting was due to be held on Monday 24 September, 2012 at 10.00 a.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.4143 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 1.05 p.m.
