

Minutes of the Annual General Meeting of The Royal Wolverhampton NHS Trust held on Monday 24th September, 2012 at 2.00 p.m. in the Lecture Theatre of the Wolverhampton Medical Institute, New Cross Hospital, Wolverhampton

PRESENT:	Mr. B. Picken	Chairman
	Dr. J.M. Anderson	Non-Executive Director
	Ms. C. Etches OBE	Chief Nursing Officer
	Mrs. B. Jaspal-Mander	Non-Executive Director
	Mr. S. Kalirai	Non-Executive Director
	Mr. D. Loughton CBE	Chief Executive
	Ms. G. Nuttall	Chief Operating Officer
	Dr. J. Odum	Medical Director
	Mr. K. Stringer	Chief Financial Officer
	Mr. J. Vanes	Non-Executive Director
	Ms. M. Espley	Director of Planning & Contracting
	Ms. D. Harnin	Director of Human Resource
	Mr. J. Holder	Acting Non-Executive Director

IN ATTENDANCE: Mr. A. Sargent Secretary to the Trust Board

APOLOGIES: Cllr. I. Claymore Wolverhampton City Council

In addition to the above, sixteen Governors, two members of the general public, and one member of the press attended the meeting.

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WELCOME AND INTRODUCTION BY THE CHAIRMAN		
AGM.109	<p>The Chairman welcomed those present to the meeting and expressed gratitude that so many had attended, in view of the inclement weather. He reflected upon the twelve months which had elapsed since the AGM in 2011, and expressed the hope that those who had been elected to serve as Governors now felt part of the organisation and felt that they were undertaking useful work for the Trust. He expressed disappointment that the Trust had still not obtained Foundation Trust status, but expressed the hope that the application to Monitor would be successful in due course.</p> <p>Finally, the Chairman placed on record the Board's gratitude to those Governors who had assisted in the work of the Trust during the last twelve months, which had been a highly successful year for the organisation.</p>	

MINUTES OF THE ANNUAL GENERAL MEETING OF THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST HELD ON MONDAY 26th SEPTEMBER 2011

AGM.110 RESOLVED: that the Minutes of the Annual General Meeting of The Royal Wolverhampton Hospitals NHS Trust held on Monday 26th September, 2011 be approved as a correct record.

MATTERS ARISING FROM THE MINUTES

AGM.111 There were no matters arising from the Minutes.

QUALITY ACCOUNT AND ANNUAL REPORT 2011/12

AGM.112 Annual Report 2011/12

Mr. Loughton presented the Annual Report for the year 2011/12 by means of a PowerPoint presentation.

The report covered the Trust's Vision and Values, its Strategic Goals, Quality Performance, Patient Safety, Infection Prevention, Innovation, Development of the New Cross Hospital site and Emergency Preparedness. The highlights from these sections are summarised as follows:-

Vision and Values

The Vision remained the same as the previous year.

Strategic Goals

Mr. Loughton drew attention to the increasing volume of tertiary work and said that from 1 April 2013 much of the Trust's income would be derived from the NHS Specialised Commissioners and not the local Clinical Commissioning Group. He said that the Trust had been steadily increasing its market share right across the Black Country as well as further afield, for example, with the transfer of stroke services from Mid Staffordshire to this Trust. He also mentioned the closure at 10.00 p.m. each evening of the Accident and Emergency Department at Mid Staffordshire Hospital, which had resulted in patients being brought here, and with very few complaints from the patients concerned.

Patient Safety

Mr. Loughton said that there had been some success in reducing the number of pressure ulcers.

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He pointed out that in 2011/12 the Trust had had its first full year to assess the benefit of the merger with the Community Services which had transferred from the Primary Care Trust, and cited as an example the reduction of fifteen days from the average length of stay at West Park Hospital. It was also the first full year in which VitalPAC had been in use. He referred to the decision of the Department of Health to fund this Hospital to implement Safe Hands, which was running behind schedule but which had been demonstrated to allow more sophisticated deployment of staff in response to patient need.

Infection Prevention

Mr. Loughton highlighted that there had been no MRSA bacteraemia cases during 2010/11, but *C.difficile* continued to pose challenges to the organisation. Overall, however, he pointed out that five years ago this Trust had been the third worst in the UK for hospital acquired infections, but since then it had made and sustained improvements, and was working hard to ensure that those improvements remained in place.

Innovation

Mr. Loughton drew attention to the support given to patients with dementia, and added that from October the Trust would be working towards developing a “dementia friendly community” in conjunction with banks, schools and other local businesses and public sector partners. He also made mention of the bidding process for the future location of the hyper acute stroke unit for Birmingham and the Black Country, and expressed the hope that this Trust would be successful in this process. He also mentioned the developing use of robotic surgery, and said that the first robotic heart procedure had now been undertaken at the Trust. It was becoming clear that robotic surgery normally led to faster healing and shorter lengths of stay in hospital. He also mentioned the upgraded Clinical Simulator Centre to support training of all clinical staff.

New Cross Site Development

Mr. Loughton said that the surpluses generated by the Trust were used to fund its own capital programme. He pointed out that, unlike many hospitals, this one did not have to service enormous debts associated with PFI schemes. He mentioned the construction of the new Pathology Laboratory which was to be a hub for Walsall and Wolverhampton and possibly, subject to discussion, for Telford and Shrewsbury as well. In addition, the Trust was bidding for GP pathology work

for a very large geographical area of England. He also mentioned the opening of a new car park today, to increase capacity on the hospital site.

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Mr Loughton then invited questions and comments.

Mr. S. Mann expressed satisfaction that the Wolverhampton Asian Disabled Group, with four hundred members, was able to work in partnership with the Trust, for example by assisting in training Asian carers to look after dementia patients in the community. However, he expressed frustration that he had experienced difficulties in finding a car park space close to the WMI prior to this meeting. Mr. Loughton acknowledged that the distribution of disabled parking spaces around the site might need to be reviewed. Mr. Mann also said that he had received notification of today's AGM only three days ago. Mr. Loughton said that notice of this meeting had been given more than seven days in advance.

Ms. Griffiths expressed concern over the scale of car parking fees on the New Cross site. Mr. Loughton responded that the Trust had recently agreed to introduce charges for staff car parking and that five hundred staff employed at the Hospital lived within a kilometre of the site and that it was unreasonable to expect the organisation to invest its capital resources into car parking facilities for staff who lived so close. He also reminded the meeting that the background to this debate was the requirement that the Trust find £15 million worth of savings each year for the next three years. With regard to patients, he acknowledged the difficulty associated with large volumes of traffic entering the site at certain times (such as visiting times). He pointed out, however, that the public should understand that although car parking charges had recently been uplifted, the Trust was at the same time improving quality and patient safety, for example by the appointment of ten more consultants to work in Accident and Emergency and other specialties to provide seven day cover and thereby reduce weekend mortality rates and otherwise improve the experience of patients in the hospital.

Quality Account 2011/12

The Chief Nursing Officer presented the Quality Accounts 2011/12 and used a PowerPoint presentation to draw out the main points within the report. She explained that the priorities for 2011/12 had been set after consultation with stakeholders and had finally been defined as follows:-

- Reduce the number of rescheduled and cancelled out-patient appointments
- Improve waiting times for patients accessing community services
- Improve communication with patients about the side

affects of medicines

- Reduce the number of healthcare acquired pressure ulcers
- Reduce the number of device related blood infections
- Improve in-patient nutrition risk screening, care planning and optimise nutritional intake.

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A number of additional points were made during the presentation and these are summarised as follows:-

- The number of grade two pressure ulcers had reduced during the year, and much work had been taking place including to maintain the education and training of staff in order to prevent pressure ulcers, and increasingly to focus on any red area of skin tissue in order to attend to the earliest signs of pressure damage. The definition of each grade of pressure ulcer was constantly being changed by the Department of Health. The Strategic Health Authority had stated its ambition for 2012/13 was to have zero avoidable pressure ulcers, and Ms. Etches said that this Trust was on target to eradicate these. In response to a question by Mr. Turley, Ms. Etches said that in the past year the type of pressure ulcers had changed; twelve months ago they were mainly sacral, but during the last six months a growing proportion was located around the heel. Accordingly, this had now been incorporated into pressure ulcer training to ensure awareness of the need for optimal heel care.
- In response to a question by Mr. Mann, Ms. Etches said that in principle it would be possible for tissue viability nurses to visit community groups to raise awareness of tissue viability issues and raise the profile of matters relating to pressure ulcers.
- Mr. Walsh noted some slippage against targets and in particular regarding infection prevention, and asked whether there were any “complexities” which could help the public understand the reasons for this. Ms. Etches said that there were issues about communication between organisations, whenever individuals moved around the healthcare system. She also said that the Trust was seeing a growing number of patients with complex conditions. She pointed out that in Wolverhampton patients from nursing homes were screened routinely to identify MRSA colonisation.
- Ms. Etches mentioned the progress made in respect of Never Events, and said that there had not been one of these for one hundred and forty-nine days. Much effort had been expended to avoid any repetition.

Mr. Griffiths asked a question about pressure ulcers. He acknowledged the work which was taking place within the Trust but noted that the figures suggested that overall the situation was growing worse. Ms. Etches said that in the report submitted to today's Trust Board, a forty per cent reduction on grade 3 pressure ulcers over the previous quarter was recorded, and a further reduction in the number of grade 4 pressure ulcers. There had been a slight reduction in grade 2 pressure ulcers, and overall the trend was going in the right direction.

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Mr. Griffiths went on to suggest that observations by LINK on the wards suggested that hand hygiene practice was still not all that it should be. Ms. Etches said that quarterly data on hand hygiene was now presented to the Trust Board and that the Infection Prevention and Control Committee had recently challenged the current audit, and ideas for improvement were under discussion.

PRESENTATION OF THE AUDITED ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

AGM.113 Mr. Stringer gave a Power Point presentation which summarised the key features of the Trust's finances during 2011/12. He thanked his Director colleagues and budget managers in the Trust for their diligent work during the year. He also highlighted the key financial performance measures and emphasised that the Accounts had been fully audited by the Trust's external auditors who had found them to represent a true and fair view of the organisation's financial performance.

Mr. Griffiths referred to a recent Express and Star article which stated that approximately £400,000 of bad debt had been created through non payment for treatment received by overseas patients. He asked whether this was normal, and what was being done about it. Mr. Stringer replied that this was not normal, and that the debts were being chased. He explained that when overseas patients presented at Accident and Emergency they were treated without charge, but would be expected to pay for elective surgery and that the problem arose when they transferred from emergency care into non-emergency care.

Mr. Walsh asked whether the current contracts with the Commissioners were such that they prevented the Trust from obtaining payment for all activity undertaken.

Mr. Stringer indicated that contracts were signed only after a long process of negotiation with the Commissioners and that this Trust had been successful in negotiating fair contracts for 2012/13. However, there were occasions when the Trust received over performance notices from the

Commissioners under the contract, and that consequently robust discussions took place to secure payment for activity wherever possible. The emerging position was that the CCG was becoming increasingly challenging about alleged over performance by the Trust.

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QUESTIONS FROM THE FLOOR

AGM.114 Mrs. Gordon referred to a recent newspaper article on unemployed young people, and sought clarification about how this Trust assisted such people. Ms. Harnin briefly described the two programmes which the organisation had devised. One of them provided unemployed people with six to eight weeks of work experience within the Hospital. They received no pay but could claim travel expenses and, at the end of the period, would receive a reference, which had been demonstrated to assist them when seeking employment. The second scheme had been devised in conjunction with the University for post-graduate students which provided them with work experience and potentially a reference. In addition, there was also work with volunteers within the Hospital.

The Chairman thanked the Board for their support during the year under review and also expressed gratitude for the work of the Trust's staff.

ANY OTHER BUSINESS

AGM.115 No other business was raised

The Chairman closed the Annual General Meeting at 3.27 p.m.
