

Minutes of the Annual General Meeting of The Royal Wolverhampton Hospitals NHS Trust held on Monday 26th September, 2011 at 2.00 p.m. in the Lecture Theatre of the Wolverhampton Medical Institute, New Cross Hospital, Wolverhampton

PRESENT:	Mr. B. Picken Dr. J. Anderson Ms. M. Espley Ms. C. Etches Ms. V. Hall Mrs. B. Jaspal-Mander Mr. D. Loughton CBE Dr. J. Odum Mr. K. Stringer Mr. D. Sutton Mr. J. Vanes Ms. D. Harnin Professor D. Luesley	Chairman Non-Executive Director Director of Planning & Contracting Chief Nursing Officer Chief Operating Officer Non-Executive Director Chief Executive Medical Director Chief Financial Officer Non-Executive Director Non-Executive Director Director of Human Resources Assoc. Non-Executive Director
IN ATTENDANCE:	Mr. A. Sargent	Governance Officer
APOLOGIES:	Mr. K. Bryan	Non-Executive Director

MINUTES OF THE ANNUAL GENERAL MEETING OF THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST HELD ON 13th SEPTEMBER, 2011

AGM.101 RESOLVED: that the Minutes of the Annual General Meeting of The Royal Wolverhampton Hospitals NHS Trust held on the 13th September, 2010 be approved as a correct record.

MATTERS ARISING FROM THE MINUTES

AGM.102 There were no matters arising from the Minutes.

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WELCOME AND INTRODUCTION BY THE CHAIRMAN

AGM.103 The Chairman formally welcomed everyone to the Annual General Meeting of The Royal Wolverhampton Hospitals NHS Trust, and especially extended a welcome to the Governors who were present.

In his opening remarks, the Chairman commented that the last twelve months had again shown a very successful year, which would be reflected in the presentations to be given later during the meeting. The Hospital had achieved national awards, had introduced ground-breaking developments such as the Da Vinci Robotic Surgery, had maintained high standards of infection prevention and control, and had finished the year in a healthy financial position.

The Chairman added a note of disappointment in so far as the process for becoming a Foundation Trust had virtually stalled. However, despite this set-back, the Chairman expressed confidence that the Trust would press ahead with plans to develop and improve services for its patients.

The Chairman then invited the Chief Executive to present the Annual Report for 2010/11.

PRESENTATION OF THE ANNUAL REPORT 2010/11 BY THE CHIEF EXECUTIVE

AGM.104 Mr Loughton presented the Annual Report for the year 2010/11, by means of PowerPoint presentation. (A copy of the presentation is appended to the Minutes).

He referred to the Trust's Vision and Values. These were due to be reviewed by the Board in the next fortnight because they did not reflect fully the current status of the Trust following the acquisition of Community Services last April, and it was felt that they needed also to reflect more clearly that the Trust intended to foster a culture of constant improvement. Mr. Loughton also referred to the high volume of work being carried out within the hospital and the manner in which this could fluctuate very significantly from day to day.

At this point, Mr. Loughton also referred to the significant changes in the structure of the NHS which were the subject of a Bill currently passing through Parliament.

He referred to the excellent working relationship between the Trust and Wolverhampton City Primary Care Trust and singled out for mention the leadership of the outgoing Chief

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Executive of the PCT who had demonstrated a passion for the improvement of the health of Wolverhampton people and had worked in partnership to deliver this objective. With the dissolution of the PCT, new working relationships were having to be built, not only with the Black Country Cluster of PCTs but also with a significantly enlarged Strategic Health Authority which covered a very large geographical area. Mr. Loughton commented upon the loss of local focus within the commissioning structure at the present time.

In the context of patient safety during 2010/11, Mr. Loughton commented upon mortality reviews and said that approximately 1,600 patients died in the hospital each year. This figure had varied little over the last ten years and part of the Hospital's function was to ensure that patients who were not going to recover would have the best possible end of life experience if they were in the hospital. He pointed out that public opinion had been coloured by recent media reports of some patients' experiences at Mid-Staffordshire Hospital so that there were unrealistic expectations at large that every person admitted to hospital would eventually be discharged. He also mentioned recent work undertaken within the Trust on mortality rates where sixty recent cases had been carefully examined and it had been demonstrated conclusively that not one of these deaths could have been prevented. He acknowledged that in a handful of cases more care might have been given to the patient, but ultimately this would not have prevented their deaths.

Mr. Loughton highlighted the recent innovation of the Da Vinci Robotic Surgery and listed some of its benefits. He indicated that the Board had consistently invested in clinical developments in order to position the organisation to drive forward in a time of financial difficulty.

Mr. Loughton went on to describe site developments during the past year and said that £22m had been invested in improving estate and medical equipment. Finally, he mentioned emergency preparedness and the fact that emergency plans were continually under review to ensure that the organisation could respond as well as possible to any emergency situation.

Mr. Loughton concluded by expressing his gratitude to the Non-Executive Directors, Chairman and Executive Directors for their hard work and support during the past year.

In response to questions, Mr. Loughton provided the following responses:-

- It was virtually impossible to plan for the increased level of emergency admissions except for that

element which was made up of stroke patients transferred from Stafford. He said that medical emergencies kept increasing and concern remained within the Trust that some patients might more appropriately avail themselves of primary care services and walk-in centres.

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- In response to a question about relieving pressure in the casualty department by moving the Eye Services away, Mr. Loughton indicated that there were only two or three eye patients per shift on the casualty department and that the removal of eye services would not significantly improve matters. He said that the busiest day since records began at the Trust was a day in July when, on average, three ambulances were arriving every two minutes at the hospital. Ms. Hall added that a particular patient had called 999 one-hundred times in the last few weeks and approximately twelve other patients had been visiting the A & E Department at least four times per week. It was important to find out why this was happening.
- In response to a question about minor injuries clinics in Wolverhampton, Mr. Loughton confirmed that these were provided but were not taking enough activity despite ambulance services being instructed to take all category C patients to those locations.
- In response to a further question regarding the Phoenix Centre, the Chairman acknowledged that recent difficulties had been experienced following a new contract being awarded for the GP out of hours service (based at the Phoenix Centre) following which it had been announced that out of hours visits to that facility could be through an appointment only. He pointed out that this undermined the whole concept of having a “walk-in” centre.

PRESENTATION OF THE AUDITED ACCOUNTS FOR THE YEAR ENDING 31ST MARCH, 2011

AGM.105 The Chief Financial Officer presented the Audited Accounts for the year ending 31st March, 2011. Mr. Stringer referred to the Annual Accounts 2010/11 (copy appended) together with the financial review on pages 29 – 36 in the Annual Report. He summarised the report by saying that 2010/11 had been another year of sustained good performance in tough economic conditions, with increased activity and turnover and a continued focus on improving health care and “surplus for a purpose”.

He outlined the financial performance for the year under review and looking forward told the meeting that: the Trust had a cumulative brought forward balance of £8.6m; from

the 1st April, 2011 had assumed responsibility for Community Services in Wolverhampton; and faced very challenging circumstances with the NHS wide plan to achieve £20 billion savings for 2011/12. He also mentioned the cost of inflation and the world wide economic position which were likely to impact on operating costs.

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Mr. Stringer expressed his appreciation for the support of the Board and also paid tribute to the work of his Budget Managers during the year. He concluded by referring to the fact that the New Cross site had eighty buildings, the upkeep and renewal of which would present a significant challenge to the Trust in the years ahead.

PRESENTATION OF THE QUALITY ACCOUNTS 2010/11

AGM.106 The Chief Nursing Officer presented the Quality Accounts 2010/11 (copy appended). She explained that the Quality Accounts were a legal requirement for all NHS Providers, introduced in High Quality Care for All, which constituted a report to the public about the quality of services provided, with a focus on patient safety, patient experience and clinical effectiveness. The intention was to provide an honest account of what the Trust delivered, together with its plans for improvement, reflecting on the previous year, and identifying priorities for improvement for the year ahead. Ms. Etches confirmed that the Quality Account had been developed through a process of dialogue with the local community, including a joint stakeholder event leading to the selection of priorities for the current year. The Wolverhampton City PCT, LINK and the City Council's Health Scrutiny Panel were all engaged in this process.

Ms. Etches indicated that following the consultative process the following priority areas had been chosen for 2011/12:-

Patient Experience

- Delays – reduce the number of rescheduled and cancelled hospital out-patient appointments
- Communication with patients – increase the number of patients who are informed of side effects of medication before discharge

Patient Safety

- Pressure Ulcers – reduce the number of healthcare acquired pressure ulcers
- Infection Prevention – reduce the number of device related blood infections (DRHABs)

Clinical Effectiveness

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- Nutrition – improving patient nutrition risk screening, care planning and optimise nutritional intake.

Ms. Etches went on to describe achievements from 2010/11, including nationally acclaimed progress in infection prevention and control, the development of a dedicated ward for dementia sufferers, “Enhancing the Healing Environment” in EAU, the new Catering Block, and the patient experience “real time” trackers. She also referred to the improved “Early Warning System” to help staff to detect the acutely unwell patient, safer nursing practice (High Impact Actions), fewer complaints (and more responded to on time), improved communication with patients who are discharged, improved dementia outreach numbers being seen across the organisation, and the commencement of Safe Hands.

Ms. Etches explained how the Trust obtained feedback from its patients. She went on to list other work to be undertaken as well as the identified priorities.

In summary, Ms. Etches said that the Quality Account had been developed through a process of local ownership and involvement, and the opinion of the external Auditor was favourable this year.

QUESTIONS FROM THE FLOOR

AGM.107 There were no questions from the floor

ANY OTHER BUSINESS

AGM.108 No other business was raised

The Chairman closed the Annual General Meeting at 3.25 p.m.
