The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 24 June 2013 at 10am in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital.

Present:	Mr R Harris	Chairman
	Dr J Anderson	Non-Executive Director
	Ms C Etches	Chief Nursing Officer
	Mr S Kalirai	Non – Executive Director
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mr D Loughton CBE	Chief Executive
	Mrs S Rawlings	Associate Non- Executive Director
	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:	Ms P Boyle	Greater Midlands Cancer Research Network (GMCRN)
	Professor D Ferry	Clinical Director GMCRN
	Mr A Sargent	Trust Board Secretary
Observers:	Councillor J Dehar	Wolverhampton City Council
	Mr B Griffiths	Wolverhampton Healthwatch
	Mr D Ritchie	Non-Executive Director (Designate)
	Mr M Swan	Lead Shadow Governor
	Mr R Young	Wolverhampton City Clinical Commissioning Group

Part 1 - Open to the public

	Minutes of meeting held on Monday 20 May 2013. **RESOLVED: that the minutes of the meeting of the Board of Directors held on 20 May 2013 be approved as a correct record, subject to the amendment of the final sentence in the first paragraph of minute TB.4534 to read as follows:**	
TB.4567	**"**Ms Nuttall indicated that consideration was being given to introducing twice daily ward rounds to ensure that timely discharge of inpatients maximised available beds for new admissions"	

TB.4568	**Welcome and introductions.** The Chairman welcomed members of the public and observers to the meeting, and introduced Mr David Ritchie who was in the process of being appointed to join the Board as a Non-Executive Director. He invited those present to introduce themselves, and invited Mr Ritchie to say a few words about himself. The Chairman also said that Mrs Rawlings was in the process of being appointed as a Non-Executive Director, subject to the approval of the National Trust Development Authority. She was presently an associate Non-executive Director.	
TB.4569	**Matters Arising:** **Robert Francis report – Trust position paper (TB.4532)** Ms Etches reported that the work of mapping assurances against the Performance Accelerator was on going. **Trust Strategic Goals (TB.4535)** Ms Nuttall indicated that it was intended to discuss how the Board could review progress against its Strategic Goals for 2013/14 at the Away Day on 4 July.	
TB.4570	**Board Action List** With regard to cardiac arrests, Ms Etches said that a review of the pre-arrest period would be undertaken by the Deteriorating Patient Group, and that a further report would be submitted to the Board in due course. **RESOLVED that the Board Action Points list be noted.**	
TB.4571	**Declarations of Interest from Directors and Officers.** **RESOLVED: that the Register of Directors' Interests 2013/14 be noted.**	
TB.4572	**Chief Executive's Report** Mr Loughton presented his monthly report, and said that the following policies had been approved by the Trust Management Team on Friday 21 June: • CP52 Intrathecal Chemotherapy Policy • IP05 Linen Policy	

	• 0P31 Legal Services • 0P73 Undertaking Equality Analysis Policy • Anti-Fraud, Bribery and Corruption Policy My Loughton went on to congratulate the team involved in the integration of Cytology services onto the RWT site from 1 June. Ms Espley said that screening had commenced on the afternoon of the first day and that turnaround times on Cytology performance had already improved since the commencement of delivering the service at this site. The experience of integrating Cytology Services would be written up for review by the Commissioners and other interested parties. **RESOLVED: that the report of the Chief Executive be noted.**	
TB.4573	**Greater Midlands Cancer Research Network** Professor David Ferry, Clinical Director and Pauline Boyle, Manager, of the Greater Midlands Cancer Research Network gave a presentation on the history of the Cancer Research Networks, which were established in 2001 by the National Institute for Health Research. They underlined the importance of research, and the success in recruiting patients to participate in research during this period. Their presentation also explained the development of clinical researchers in Networks, the relative success of this Trust compared with others in the Network, and the transition from the previous arrangements to the 15 local clinical research networks due to take effect in April 2014. They highlighted through the presentation that the Network continued to make clinical research a top NHS Priority because it improved outcomes, improved quality of care and educated physicians. The Board also noted that each Network would rely on a single host which would be responsible for administering the funding across each geographical area. Ms Espley confirmed that the Trust intended to submit an application to the National Institute for Health Research for this Trust to become a host organisation for the West Midlands, and that the deadline for this was 1 July. Mr Loughton said that a number of other trusts had written in support of our bid. He underlined the benefits of research and in particular the way that this improved outcomes for cancer patients. In response to a question by the Chairman, Ms Boyle said that the local network had gone from strength to strength because support for research was embedded at the very highest level of this organisation. **RESOLVED: that the report on clinical research and the impact of the new structures relating to Cancer Research be noted.**	
TB.4574	**Patient's Story – "My right to choose"** The Board watched the DVD "My Right to Choose" which had been promoted by Dr Peter Carter, Chief Executive of the Royal College of Nursing, who had shown during his recent visit to the Trust, when	

	many of those present had been visibly moved by the film. He emphasised that the film underlined the emphasis on caring which was at the heart of the concerns raised in the recent Robert Francis report, and that the film would be a useful tool in spreading the message to staff across the Trust. Ms Etches commented that the film captured the importance of seeing "the person in the patient". Non-Executive Directors expressed appreciation of the film and shared the hope that it would be widely shown across the organisation, including in staff induction, with beneficial effects for patients. **RESOLVED: that the DVD "My Right to Choose" be noted.**	
TB.4575	**Never Events** Ms Etches reported that another Never Event had come to light on 23 May and that certain actions had been put in place rapidly to support staff in the operating theatre concerned, and that the investigation was on going. The Trust had notified the CQC, WCCCG and the Local Area Team. She indicated that a fuller report was on the agenda for the confidential session of the Board later today. **RESOLVED: that the oral report on a never event be noted**.	
TB.4576	**Care Quality Commission Compliance Report** Ms Etches submitted a report highlighting corporate compliance with CQC Essential Standards of Quality and Safety during 2012/13. Mrs Rawlings asked whether there was a timescale for Outcome 02 (consent to care and treatment) to change its RAG status from amber to green. Ms Etches replied that such progress would require consistent improvements in NHSLA audits, and she reminded the Board that the NHSLA assessment of the Trust for Level 3 was scheduled for September. She added that Mr Badger (Divisional Medical Director – Division 1) was taking the lead on making the current Consent policy more user-friendly and also overseeing the audit results. In response to a question by Dr Anderson, Ms Etches said that one of the issues was that in cases where a Directorate had chosen to delegate consent, it must be able to demonstrate that the staff to whom this had been delegated had received appropriate training and were suitably competent; evidence for this had to be obtained. She said that there was also a need to obtain more evidence that patients had been alerted to the risks and consequences of the procedures about to be undertaken. Dr Odum added that there was clear DOH guidance on the consent process and one of the tasks being undertaken was to ensure that the Trust's own policy was consistent with the DOH guidance. Dr Anderson then asked whether there were patient information leaflets for every consented procedure. Dr Odum said that at present the Trust did not have patient Information leaflets for every consented procedure. It had considered purchasing generic patient leaflets but examination of a number of these suggested that they were not wholly suitable for local needs. He went on to report that surgeons had	

	informed him that although they broached information regarding death rates, particularly for the higher risk procedures, some patients were reluctant to receive this information. Dr Anderson said that there should be a time scale for the production and provision of patient information leaflets for every consented procedure, and Dr Odum undertook to give this further consideration. Mr Harris asked whether a future unannounced CQC inspection would result in the Trust receiving a "clean bill of health". He also asked whether the Executive Directors were generally satisfied with the string of amber lines for the corporate RAG history for 2012/13. In response, Ms Etches said that the Trust had good systems, processes and leadership in place, but that the outcome of a CQC visit depended largely on how people were functioning on the day. She suggested that the Board needed to receive assurance by referring to reports on complaints and PALS activity. In response to a further question by Mr Harris, Ms Etches said that on balance she thought the right level of resources was being invested into the Trust's self-assessment process and that evidence was being triangulated to demonstrate that the processes in place were reasonable and adequate resources were being given to them. She stressed the need for the Board to be clear about what standards it expects and the culture it wishes to inculcate across the Trust, as well as the escalation process when things were unsatisfactory. **RESULT: that the report on Care Quality Commission compliance be noted.**	**JO**
TB.4577	**Tissue Viability** Ms Etches introduced a report on Tissue Viability, which summarised a number of quality improvements being undertaken by the Trust in support of Tissue Viability across the health economy. The report mentioned the declining incidence of avoidable health acquired pressure ulcers in the Trust, and emphasised that the focus of Tissue Viability was to improve wound healing and to support the project to reduce chronic wounds across the health economy. Ms Etches referred to the role of the Tissue Viability Service, which had been commissioned by the WCCCG to provide services to nursing homes. A database of all patients with complex chronic wounds was being developed. The local accountability meetings within the Trust were widely seen as good practice, and the rate of avoidable pressure ulcers per 1000 bed days was falling. Mrs Rawlings asked whether nurses were held to account if they did not keep proper records in respect of pressure ulcers. Ms Etches acknowledged that although during the last 12 months there had been an improvement in documentation, the accountability meetings continued to expose instances when records might have been better, for example, when the risk analysis has not been carried out. In response to a question by Mr Vanes, Mr Loughton confirmed that the nursing homes were eager to receive the support of the Tissue Viability Team in regard to Tissue Viability issues, provided that the WCCCG continued to fund this service. Ms Etches indicated that a similar approach would be taken in respect of continence in order to reduce the use of catheters in the	

	community. **RESOLVED: that the report on Tissue Viability be noted.**	
TB.4578	**Board Assurance Framework/Trust Risk Register** Ms Etches presented the monthly update on the Board Assurance Framework/Trust Risk Register, and summarised that there were currently 12 risks contained within the Assurance Framework and 34 within the Trust Risk Register. There were no red risks on the Assurance Framework, and only 1 red risk on the Risk Register, which related to the failure to deliver recurrent efficiency gains and CIPs, which had already been extensively discussed by the Board, and would continue to be on the agenda for discussion at this and future meetings. Mr Vanes commented on the recently reported Never Event and asked whether the Board should review its level of assurance around this matter. Ms Etches acknowledged the point and suggested that this should be discussed further in the private session when the detailed report on the recent Never Event was being presented. Mr Loughton requested that a Non-Executive Director be appointed to take the lead on safeguarding issues immediately. **RESOLVED: That the report on the Board Assurance Framework and Trust Risk Register be noted**.	**Chair**
TB.4579	**Integrated Quality and Performance Report** Ms Etches and Ms Nuttall jointly presented this report. Highlights from the report included: a reduced number of complaints in May; a reduction in the number of monthly cancellations for non-medical reasons (70% in May were due to a bed not being available); the mixed-sex accommodation breach in May affected 3 patients in the ICU; the friends and family net promoter score had declined in May, and from September would include Maternity; the number of pressure ulcers had reduced; there had been a sharp increase in the number of C-section rates with the number of breach births in May having doubled; RTT times were overall good for the organisation but in 2 specialities the 92% incomplete pathway compliance had not been achieved and a fine was likely to be levied; Choose and Book (sufficient appointment slots) had deteriorated since April, but improvements were expected for June; achieving the 95% June target for total time spent in Accident & Emergency (4 hours) would depend upon improvements in the last few days of the month. In response to questions and comments, the following points were made. • Noting that the performance of other Trusts in regard to the Net Promoter Score was not available, the Chairman nevertheless requested that this be kept under review in case such information could be obtained at some point in the future.	

	• Mr Vanes noted the rise in the number of C-sections and asked about the knock on effects on theatre usage and capacity across the hospital. In response, Ms Etches said that these operations involved a slightly longer length of stay, but there had been no issues raised regarding capacity generally. In response to a further question on this point, she said that the decision to increase the number of C-sections was based on local choice in the light of the number of serious incidents in the organisation. Dr Anderson noted that one consequence of the increased number of C-section deliveries should be a reducing number of children being admitted to the neonatal unit. • Mrs Rawlings asked about the background regarding the numbers of open complaints. Ms Etches said that the May data was under review, but that she suspected that they were in many cases related to the pressures on the service during January – March, during which period the initial responses to complaints might have been less than complete, leading to follow up questions. • Dr Anderson asked why the target for stroke was only 60%, which seemed on the low side, particularly as the Trust's performance against the targets for the assessment and treatment of high risk stroke patients within 24 hours appeared to be very good. Mr Loughton indicated that this target was nationally dictated. • Mr Kalirai noted the performance around mortality and asked whether there was any cause for concern at this stage. Dr Odum indicated that performance around mortality should be examined over a 6 – 9 month period in order to establish trends and risks in particular diagnostic groups. Mr Loughton added that it was normal for HSMR to fluctuate month by month. • Mr Vanes expressed concern about the use of temporary medical staff and asked whether any improvement was anticipated. Ms Harnin said that the Workforce Assurance Group would be considering this on 25 June. The Board noted that temporary staff use in A & E had remained high due to vacancies at Consultant Middle Grade Level, but that the position within Stroke was likely to improve. Dr Odum added that there had been substantial progress in Oncology. Ms Harnin told the Board that there was a changing picture of medical workforce at each level and a paper on how the position would develop in each speciality would be presented to a future Board meeting. In response to a question by the Chairman, Mr Stringer said that, in connection with budget planning, divisions identified specialties where there were known difficulties in recruiting. Dr Anderson requested that every effort be made to avoid having to use Locums when Consultants were known to be retiring months in advance. Mr Loughton acknowledged that this had been an issue in the past but management now had taken steps to avoid delays in replacing consultants in such cases. **RESOLVED: that the monthly report on Integrated Quality and Performance Report be noted.**	

	National Cancer Patient Survey – update on Progress against Action Plan.	
TB.4580	Ms Nuttall presented the report on actions taken to improve the cancer patient experience following the results of the 2011/12 National Cancer Patient Experience Survey. She said the focus groups had been established although there had been a low level of patient participation in them. She also referred to the leadership of the Clinical Nurse Specialist who had proactively engaged with the action plan. Dr Anderson suggested that consultants also should play their part in changing practice where necessary, to address matters raised in the 2011/12 survey. It was noted that the next survey would take place in August, with the results being published by the end of the calendar year. **RESULT: that the update on the Action Plan arising from the National Cancer Patient Survey 2011/12 be noted**.	
	Mortality	
TB.4581	Dr Odum presented the quarterly report on mortality, which confirmed that the HSMR for 2011/12 was 100.4 and that for April 2012 – March 2013 it was 98.5 (rebased 103.5). He elaborated upon the reasons for monitoring the data over a 12 month period, and referred to actions taken in response to recent alerts. He added that a further alert in the last week was related to senility and other organic mental disorders. It was anticipated that the rebased position for 2012/13 would be satisfactory and that this organisation would not be seen as an outlier. Ms Nuttall referred to recent negative publicity around weekend mortality rates, in which concerns had been expressed about the safety of patients receiving surgery on a Friday. Dr Odum confirmed that the Mortality Review Group received detailed information about elective and non-elective death rates by day of the week and acknowledged that the Trust had a higher death rate on Saturdays and Sundays compared to other days. Dr Anderson expressed the view that this was influenced by the type of patients who were admitted to the hospital on a Friday following the involvement of Primary Care Services and this was related to the levels of services available within the community. Dr Odum informed the Board that in all of the case note reviews no evidence had come to light of deficiencies at weekends per se which had contributed to patients' deaths. The Chairman noted that the coding issue still needed to be resolved, and in response Dr Odum said that a new cohort of Junior Doctors would commence in August, and that their training would include what must be declared in regard to co-morbidities in appropriate paperwork. **RESOLVED:** that the quarterly report on mortality be noted.	
	Capital Programme 2013/14 – Month 2 Progress Report	
TB.4582	Mr Stringer presented the report on progress (as at month 2) for the	

	capital programme 2013/14. The Board noted that actual monthly expenditure at month 2 was £1,568,541 which was an underspend of £375,385 in month. **RESOLVED; that the monthly update on the Capital Programme 2013/14 be noted.**	
TB.4583	**Procurement Strategy Update** Mr Stringer submitted a report on Procurement during 2012/13, highlighting savings captured in the sum of approximately £1.5M. **RESOLVED: that the Procurement Strategy Progress Report for 2012/13 be noted.**	
TB.4584	**Change Programme Board** Ms Espley introduced the monthly report on the Change Programme Board, highlighting that at month 2 a total of £4.01M had been removed from budgets against the 2013/14 target of £21.28M, representing 19% of the annual amount. Schemes amounting to 27% of the total for the year had yet to be identified and this was reported as a red risk. She emphasised that all of the PIDs submitted for 2013/14 had been quality impact assessed, and pointed out that a summary of all PID's QIA score of yellow, amber or red, along with the mitigations, was attached as appendix C to the report. She referred also to the additional categorisation progress whereby individual projects were grouped in themes to provide a better view of accumulative impact of schemes, in addition to the individual assessments. She briefly guided the Board through the workforce related PIDs summarised in the report. Mr Kalirai requested that Ms Espley comment on the significant slippage on achievement during the month under review. Ms Espley replied that this was related to the work which had been done on phasing, because some of those schemes scheduled for May had slipped back and there had also been issues around the deliverability of some of the schemes. Ms Espley reiterated the performance and escalation process in place to monitor the delivery of the CIP. **RESOLVED: that the monthly progress report on Change Programme Board be noted.**	
TB.4585	**Financial Report – May 2013** Mr Stringer presented the financial report for May 2013, which showed that the Trust's income and expenditure position at month 2 was a surplus of £1,063,000 (£152,000 below the month 2 plan). Total income at month 2 was £63,964,000 (above plan by £163,000) and the CIP delivery at month 2 showed that £4.012M had been withdrawn from budgets (19% of the annual total). He reported that the closing	

	cash balance was in line with plan, and mentioned the status of the Compliance Framework performance against Financial Risk Ratings. **RESOLVED: that the report on the financial position of the Trust at month 2 (May 2013) be noted.**	
TB.4586	**External Audit – Final ISA260** Mr Stringer presented the final ISA260 provided by Price Waterhouse Coopers, which confirmed that they had substantially completed their audit and expected to be able to issue an unqualified audit opinion on the financial statements and an unqualified conclusion on the Trust's Use of Resources. He drew attention to the score card showing 5 green and 1 amber RAG-rated matters, and requested the Board to note that no issues had arisen regarding provisions, and that the auditors were satisfied with the Trust's treatment of Safe Hands. In response to a question by the Chairman, Mr Kalirai confirmed that the Audit Committee had thoroughly considered this letter and had satisfied itself over the adequacy of actions taken or proposed to be taken by the Trust, particularly in regard to Safe Hands. **RESOLVED: that the final ISA260 issued by Price Waterhouse Coopers in respect of the External Audit of the Trust for the year ended 31 March 2013 be noted.**	
TB.4587	**External Audit – Management Representation Letter** Mr Stringer drew out the salient points of the Management Representation letter which had been accepted at the Audit Committee on the 6 June. He drew the attention of the Board to the uncorrected misstatements set out in the report (regarding movement of MRI fixed assets into prepayments, and legal case position) together with the reasons for not adjusting these statements. Mr Kalirai confirmed that the Audit Committee had thoroughly considered this letter and had satisfied itself about the reasons for deciding not to adjust the financial statements for uncorrected misstatements set out in the letter. **RESOLVED: that the Management Representation Letter as set out in appendix 1 to the report be approved.**	
TB.4588	**Financial Summary for Year Ending 31 March 2013.** Mr Stringer submitted a Financial Summary Report based on the Annual Accounts for the year ending 31 March 2013. He said that this had been considered and endorsed by the Audit Committee on 6 June. The Board noted that at the end of 31 March 2013 the Trust had made a surplus of £8.688M. **RESOLVED: that the contents of the Financial Summary Report for the year ending 31 March 2013 be noted.**	
TB.4589	**Audited Annual Accounts 2012/13** Mr Stringer submitted the Audited Annual Accounts for 2012/13, which	

	had already been considered in detail, and approved by, the Audit Committee on 6 June. **RESOLVED: that the Audited Accounts for 2012/13 be approved.**	
TB.4590	**Annual Report and Quality Account 2012/13.** Ms Etches introduced the Annual Report and Quality Account 2012/13. She drew attention to the review of the document by the external auditors, who had issued an unqualified limited assurance report in respect of both the contents of the Quality Account and the processes and controls for managing the tested performance indicators. Mr Kalirai confirmed that the Audit Committee on 6 June had reviewed the Annual Report and Quality Account and had gained appropriate assurances. Mr Vanes indicated that he had identified one or two amendments required and requested that he be given the opportunity to check the documents once more and to submit any further typographical corrections by close of play on 25 June. **RESOLVED: (a) that the Annual Report and Quality Account 2012/13 be submitted to the Department of Health and NHS Choices by 30 June 2013.** **(b) that the Chairman and Chief Executive be authorised to sign the management representation letter for the Quality Account on behalf of the Board signifying the representations set out in the letter appended to the report.**	
TB.4591	**Amendment to Standing Orders and Standing Financial instructions.** Mr Stringer submitted a report recommending the amendment of Standing Orders and Standing Financial Instructions. He indicated that the report had been endorsed by the Audit Committee on 6 June. **RESOLVED: (a) that Standing Financial Instructions be amended as set out in the report, so that future requests for charitable funds expenditure will require Trust Board approval only for items in excess of £50,000.** **(b) That Standing Orders be amended to reflect that there are 6 Non-Executive Directors on the Trust Board.**	
TB.4592	**Feedback from Board Committees** The Board noted feedback from the following Committees: - a. Chairman's report and minutes of the meeting of the Trust Management Team held on 17 May 2013 b. Minutes of the meetings of the Infection Prevention and Control Committee held on 26 April and (draft) 31 May 2013.	
TB.4593	**Matter raised by members of the press and public** (a) Councillor Dehar expressed her appreciation of the Patients Story.	

	(b) Mr Griffiths, Healthwatch, noted the progress in procurement during 2012/13 and reminded the Board that a year ago there had been a discussion about the scope for the Trust to procure more from local businesses. Mr Stringer accepted the point and said that although the Trust attempted to source as much as it could locally, the Cost Improvement Programme was a factor which limited the scope for doing this. He undertook to arrange to meet local suppliers in the next 3 months in order to help them to understand better the processes followed by the Trust in procuring goods and services, and he offered to inform Mr Griffiths of the date and time of this event.	**KS**
	(c) Mr Griffiths went on to say that there appeared to be a lack of knowledge of the Trusts' complaints procedures and that Healthwatch had alerted the Trust to this at least 18 months ago. Ms Etches said that there was now a sticker about complaints procedures on every locker in the wards and that other ways of raising the profile of complaints mechanisms would continue to be examined. Mr Loughton noted that there was a national review of NHS complaints procedures which might lead to further changes.	
	(d) Finally, Mr Griffiths expressed concern about waiting times and asked whether there was any intention to transfer eye emergencies back to the old Eye Infirmary. Mr Loughton stressed that there would be no such move because cost pressures on the organisation absolutely ruled it out.	
	(e) Mr Ritchie, Non-Executive Director Designate, referred to the minutes of the May Board meeting and asked which wards would benefit from the twice daily ward rounds which were proposed. Ms Nuttall said that this would apply to all wards, in an attempt to improve discharge processes and the use of beds. Mr Ritchie also asked about progress on the NHSLA assessment process, and Ms Etches responded that the Trust was currently at general level 2, and Maternity level 2, and was aiming to attain level 3 in the assessment in September. Finally, regarding the integrated Quality and Performance Report, Mr Ritchie asked whether in future this report could give an indication of the length of time complaints had been awaiting a response. Ms Etches said that this could be investigated and perhaps the longest outstanding time could be included.	**CE**
TB.4594	**Exclusion of Press and Public** **RESOLVED: That, pursuant to the provisions of section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.**	

The meeting closed at 1.05pm.

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Thursday 27 June 2013 at 2.30pm in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital

PRESENT:	Mr R Harris	Chairman
	Dr J M Anderson	Non-Executive Director
	Ms C Etches	Chief Nursing Officer
	Mr S Kalirai	Non-Executive Director
	Mr D Loughton	Chief Executive
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mrs S Rawlings	Associate Non-executive Director
	Mr K Stringer	Chief Financial Officer
	Mr J Vanes	Non-Executive Director
	Ms M Espley	Director of Planning and Contracting
IN ATTENDANCE:	Mr M Goodwin	Head of Estates Development
	Mr A Morgan	Consultant, A and E Department
	Mr A Sargent	Trust Board Secretary
OBSERVERS:	Mr M Swan	Lead Shadow Governor
	Ms M Martin	Non-executive Director (designate)
APOLOGIES:	Mr D Ritchie	Non-executive Director (designate)
	Ms D Harnin	Director of Human Resources

Part I Open to the public

TB.4614	**Declarations of Interest from Directors and Officers** There were no declarations of interest.	
TB.4615	**New Emergency Centre - Background** Dr Odum reminded the Board that the significance of the project had led to this special meeting, at which it had been intended to submit the outline business case. However, that would be presented to a Board meeting in due course, and today the Board would have opportunity to hear about, and discuss, a position statement on the emergency portal, the proposed clinical model, the structural design, and (in the confidential session) the financial aspects. Dr Odum reminded the Board of the pressures on capacity within the Emergency Department, which since opening in 1996 had seen	

	increased attendances, increased ambulance drop offs, increased acuity of illness, and increased admissions into the hospital. During 2012/13 there had been more than 5000 attendances over and above the number recorded for the previous year. This had certain consequences for patients, their carers, other NHS services, and hospital staff. An interim A and E development had been approved by the board and would come on stream later this year, giving some welcome relief, but would not provide a long term solution to rising levels of activity, and would not overcome the on-going issues relating to its internal layout and location within the site. He explained to the Board that a new clinical model was proposed for A and E, whereby the emergency portals would be amalgamated and the Emergency Department would become the front door of the hospital for emergency referrals. This would facilitate subspecialty clinical teams providing emergency care to work alongside each other, and should make the service more centred around the clinical requirements of the patient. He explained in detail how patients now entered through the existing emergency portals and how they would gain access and be dealt with in the new clinical model. The Board heard that clinicians at the Trust had long supported and desired this model to be introduced. The proposed location for the new Emergency Department, alongside the hospital corridor and adjacent to the Heart and Lung Centre, would facilitate it to be the main referral point for emergency presenting patients. The Board noted that an Urgent and Emergency Care Strategy Board, which included representatives from RWT, the Ambulance Service, two CCGs, Mental Health Partnership Trust and the Local authority had been considering models and pathways of urgent care provision, and had been assisted by the Commissioning Support Unit (LAT) in modelling activity and developing various scenarios, some of which had been helpful in developing the business case. In summary, the conclusion reached was that the hospital would have to deal with very large increases in attendance from now until 2025/26. Dr Odum guided the Board through the assumptions which had influenced the development of the proposal, including the numbers of patients admitted to the Hyper Stroke Acute Unit, and yearly increases of 2.44% Emergency Department attendances. This did not include transfers from Mid Staffs. Dr Anderson said that she had observed a London hospital with one “front door” where patients were triaged and then with efficiency directed to the correct department. Dr Odum said that this was what was intended for this Trust. In response to Mr Vane’s question about whether gynaecology patients would be seen in A and E, Mr Morgan said that a number of such patients were already seen in A and E and it was likely that obstetric and gynaecological emergencies were likely to be seen in the new Centre, but that women in labour would still have to be sent to the Women’s Unit for delivery. Mr Goodwin then gave a PowerPoint presentation on the design of the Centre, explaining the case for change and the option appraisal criteria. He said that there was a desire to maximise the development opportunity of the site, and therefore this would be a three storey	

	building constructed in two phases. Phase 1 would involve the construction of a building with 9232 sq metres of floor space, including the new Emergency Department, satellite radiology, and shell space which would be fitted out in Phase 2. The scope of Phase 1 included: re-provision and expansion of Emergency Department facilities, two portals for urgent care (adults and children) but linked operationally to the Clinical Decisions Unit, co-location of a paediatric assessment unit, co-location with the Heart and Lung Centre for access to Critical Care, co-location with medical assessment facilities/acute medical unit, integrated primary care provision, provision of a multi-purpose outpatient clinic for patients, satellite radiology to allow unrestricted access to imaging, and relocation of the Helipad on the roof of the new building. The current capital cost was estimated to be £31M. Mr Goodwin told the Board that if the enabling works could be undertaken between October 2013 and February 2014, and planning and business case approvals obtained by next Spring, construction could start on site in May 2014 with completion expected towards the end of 2015. Mr Loughton commented that the projected number of attendances in the new Centre was high, and if correct would have certain consequences for the management of the hospital, and the Centre in particular, including the challenge of bringing together four clinical teams which at present worked somewhat apart from each other. Mr Harris asked about the consequences of such a large Centre for the rest of the hospital. Mr Morgan explained that the modern approach would lead to patients increasingly being seen, treated as necessary but not admitted to the hospital. Dr Odum emphasised that this would be a direct consequence of adopting the integrated clinical model. In response to Mr Vanes' question, Mr Goodwin confirmed that the cubicles would be larger than now. Mr Vanes asked if there was expected to be any difficulty in finding uses for the second floor, and Mr Loughton replied in the negative. Mrs Rawlings asked whether there were examples of this clinical model improving outcomes in other trusts. Dr Odum indicated that most recent new build emergency departments were predicated on this model, and Addenbrookes Hospital (Cambridge) was cited as one such. Dr Anderson welcomed the proposed model for Paediatric Services, and expressed the hope that primary care would support it. Dr Odum said that GPs in the City were keen to pursue it. Mr Harris asked for a summary the key points around the clinical model. Mr Loughton said that getting Emergency Physicians, A and E Consultants and Paediatric consultants to work collaboratively in one team was critical to the success of the model, and therefore the management ability of the leadership was crucial. He expressed optimism that this would happen. Mr Morgan referred to periods of time when patients now were waiting for something to happen, and said that in the new model this should often reduce. Ms Etches said that by bringing clinical teams together there would be fresh opportunities for staff to extend their knowledge and skills by learning from each other. **RESOLVED: That the presentations on the proposed New**	

	Emergency Centre be noted, and that the principles outlined for its development be endorsed.	
TB.4616	**Exclusion of press and public** **RESOLVED: That, pursuant to the provisions of section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.**	

The meeting closed at 3.35pm.