

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 27 January 2014 at 10.00am in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton

PRESENT:	Mr J Vanes	Acting Chairman
	Dr J Anderson	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr S Kalirai	Non-Executive Director
	Mr D Loughton CBE	Chief Executive
	Ms M Martin	Non-Executive Director
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr K Stringer	Chief Financial Officer
	Ms M Espley	Director of Planning and Contracting
	Ms D Harnin	Director of Human Resources
IN ATTENDANCE:	Dr P Ryland	Consultant in General and Renal Medicine/Director NHS Teaching Academy (part)
OBSERVERS:	Mr M Swan	Lead Shadow Governor
	Ms C Lamyman	Wolverhampton Healthwatch
	Mr T Howard	Brownejacobson
APOLOGIES:	Professor D Kelly	Associate Non-Executive Director
	Mr R Young	Wolverhampton CCG

Part 1 – Open to the public

TB.4818	<p><u>Chair's Remarks</u></p> <p>Mr Vanes briefly updated the Board on recent changes in its composition. First, he referred to the departure of Mr Kalirai at the end of February, due to the expansion of his business. Mr Vanes expressed appreciation for Mr Kalirai's contribution to the Wolverhampton health economy over the last 7 years and wished him well for the future. Secondly, Mr Vanes referred to the resignation towards the end of December of Mr R Harris, former Chairman of the Board. He had spoken with Mr Harris in the last few days, at which time Mr Harris had confirmed that his resignation had been primarily for family and personal reasons, and Mr Vanes noted that he had also experienced some difficulties with some aspects of the role of Chairman. Mr Harris had expressed satisfaction with news of the continuing developments at the Trust and sent his best wishes to the Board. Thirdly, Mr Vanes referred to his own position, which had been the subject of a determination order from the Trust Development Authority and Secretary of State, whereby he would act as Chairman for the time being to ensure that</p>	
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	<p>the business of the Trust was not impeded going forward. In this connection, he expressed his appreciation to the CAB, as his employer, for their flexible approach which permitted him to undertake the role of Acting Chairman.</p> <p>Mr Loughton, on behalf of the rest of the Board, expressed appreciation to Mr Vanes for stepping into the role of Acting Chairman.</p>	
TB.4819	<p><u>Declarations of Interest</u></p> <p>Mr Vanes informed the Board that with effect from this meeting Directors and Officers arriving after the agenda item “Declarations of Interest” would be requested by the Trust Board Secretary to indicate whether they needed to declare any conflicts of interests in order that this could be included within the minutes of the meeting appropriately.</p> <p>RESOLVED: that the Register of Directors’ Interests 2013/14 be noted.</p> <p>(Note: Dr P Rylance subsequently attended the meeting for one item, and confirmed at that time that he had no conflicts of interest to declare in respect of any item of business listed for consideration at the meeting)</p>	
TB.4820	<p><u>Minutes</u></p> <p>RESOLVED: that the minutes of the meeting of the Board of Directors held on 25 November 2013 be approved as a correct record.</p>	
TB.4821	<p><u>Matters Arising</u></p> <p>Arising from the minutes of the previous meeting, the following matters were noted:</p> <ul style="list-style-type: none"> • Midwifery/Nurse Staffing Levels (TB.4773) – Ms Harnin undertook to email the Board giving details of the outcome of her meeting with Mr Stringer and the Head of Midwifery due to take place later this week. • Mortality (TB.4776) – Dr Odum explained that mortality reports were dealt with at the Mortality Review Committee and at MORAG, and then at the Patient Safety Improvement Group, and finally at the Quality Governance Assurance Committee, with escalation to the Board by exception. He believed that the Board should continue to receive a quarterly report on mortality for information and assurance purposes. Ms Edwards confirmed that there had recently been an in depth discussion at the meeting of MORAG which she had attended. • Refurbishment of Theatres 3-6 (TB.4788): Mr Stringer reported that the work to deal with the two highest risks 	DH

	<p>associated with the theatres (namely in respect of power supply and lighting) had now been scheduled for completion over a period of six weeks following discussions with the Divisional Manager and Theatre Manager, but the rest of the refurbishments had been held over pending a review of the whole of the theatre stock, including that at Cannock, in order to develop a comprehensive programme of refurbishments. In response to a question from Dr Anderson, he confirmed that the theatres would be out of action one at a time for around two days each, during a period of six weeks overall.</p>	
<p>TB.4822</p>	<p><u>Board Action Points</u></p> <p>with regard to the first item on the list (Staff Behaviour and Code of Conduct), Ms Harnin said that this matter had been, to an extent, overtaken by other pressing matters within Human Resources, but that it was intended to bring a package of information to the Board in a few months' time.</p> <p>RESOLVED: that the Board Action Points List be noted.</p>	<p>DH</p>
<p>TB.4823</p>	<p><u>Chief Executive's Report</u></p> <p>Mr Loughton reported orally that the following policies had been approved by the Trust Management Committee on 24 January:</p> <ul style="list-style-type: none"> • IP12 – Standard Precautions Policy • OP62 – Breaking Bad News Policy • CP63 – Management of Deliberate Self Harm on Hospital Presentation of Young People up to 18th Birthday. • OP103 – Electronic Rostering Policy for Nursing and Midwifery Staff. • OP86 – Medical Gas and Vacuum System Policy. • CP08 – Policy relating to the Administration of Systemic Anti-Cancer Therapy. <p>Mr Loughton highlighted the winter pressures bearing down upon the organisation and acknowledged that attendance rates at A&E remained rather high and needed to be reduced, whilst the Trust continued to maintain its position as one of the best performing West Midland acute providers in terms of ambulance turnaround times. He referred to the possible implications for ambulance deliveries if the situation at Stafford deteriorated.</p> <p>Mr Loughton informed the Board that the WCCG Board on the 17 December had considered the business case for the Nursing Workforce Review, and that discussions had now moved to a national level in order to seek a determination of this matter at the earliest opportunity.</p> <p>Referring to the G8 Dementia Summit, Mr Loughton expressed the hope that this topic would regain momentum nationally and locally in</p>	

the near future, and that this would include not only the public sector but also business and commerce.

In respect of the Mid Staffordshire NHS Foundation Trust (MSFT), Mr Loughton reminded the Board that the Secretary of State would have to announce his decision on the future of its services by 26 February, but it was expected that he would do so rather sooner than this. Mr Loughton also told the Board that negotiations were already underway with staff, especially those based at Cannock Hospital, and that as soon as the Secretary of State's decision had been announced, provided it was in line with Monitor's recommendations, letters of intent would be issued provisionally offering jobs to staff based at Cannock. He added that within this scenario the MSFT would underwrite this Trust's costs for staff transferring from Cannock, pending the formal dissolution of MSFT. Staff at Cannock had responded positively to the prospect of working for RWT. Mr Loughton added that the Rheumatology Service at Cannock was one of the best in the UK, as was the Rheumatology Research and Development function there. The Board noted that work would be required at Cannock with regard to upgrading the wards to current infection prevention standards, and that this would be put in hand as soon as possible.

Mr Loughton drew the Board's attention to the on-going work to develop the NIHR Clinical Research Network, which was particularly burdensome for the Human Resources Department because terms and conditions varied so much across the patch. He added that staff funded through the NIHR funding stream would be expected to operate flexibly because they would be working for the network, and could be required to assist with research and development in other locations as the need arose.

Commenting upon visits and events since the previous Board meeting, Mr Loughton mentioned his recent involvement in a television programme on hospital food, hosted by James Martin.

In response to questions, Mr Loughton indicated that with regard to Mid Staffs Foundation Trust, the capital funding would have to be agreed before RWT could commit to formally taking over services at Cannock hospital. In response to Mr Vanes' question arising from the NHS Mandate, Mr Loughton confirmed that RWT was aware of the need to take action to identify groups known to be at high risk of suicide and that although there had unfortunately been suicides within the Trust, there were regular audits and these were reported through the Quality Standards Group to identify vulnerable patients. The Trust also followed Hospital Building Notes when carrying out capital schemes in order to minimise risk. The Adult Safeguarding Group also played a part in this stream of work. Answering Mr Vanes' question about how the Trust contributed to local economic growth (mentioned within the Mandate 2014/15), Mr Loughton pointed out that the Trust's term contract was with a local firm and this clearly provided benefits for local suppliers and local employment. He went on to say that although the Trust was willing to purchase other goods and services locally, it was bound to seek value for money in every transaction. He also referred to tentative

	<p>discussions with the Wolverhampton City Council to explore the possibility of sharing back office functions.</p> <p>Dr Anderson requested to receive a copy of the government response "Hard Truths". Mr Loughton agreed to circulate copies.</p> <p>RESOLVED: that the report of the Chief Executive be noted.</p>	
<p>TB.4824</p>	<p><u>Patient's Story</u></p> <p>The Board watched a DVD featuring the daughter and son in law of an elderly patient who was partially sighted, hard of hearing and terminally ill. The story included instances of a lack of compassion, poor communication and also intimated that staff did not appear to appreciate his specific needs regarding nutrition and visual impairment. Ms Etches commented that the story demonstrated the adverse effects of failing to provide personalised care. The Board noted that the issues had arisen at a time when additional inpatient capacity had been opened at short notice and that the ward concerned was using a high volume of temporary staff as a result of capacity issues within the Trust. These factors contributed to the lack of continuity of care, although they were not being offered as any justification for sub-optimal care.</p> <p>Mrs Martin noted that there was a national campaign called "My Name Is" whereby staff were being encouraged to introduce themselves whenever they approached a patient for the first time. Ms Etches confirmed that this was gradually being introduced. Ms Nuttall said that on NHS Change Day this was a pledge which could be made, and that her report on Oncology referred to this. Ms Edwards noted the importance of staff introducing themselves, particularly for patients with impaired eyesight. Dr Odum said that from a medical point of view he supported this and suggested that it was common courtesy for staff to introduce themselves to patients. Mrs Rawlings asked whether temporary staff had a different understanding of the ethos of the organisation. Ms Etches indicated that although policy and procedure was explained to all temporary staff at their local induction it was not possible to give assurance to the Board that all temporary staff were fully aware of the expected attitudes and behaviour here. Dr Anderson acknowledged that although compassion could not be taught to staff, they should be aware of the need to be courteous at all times. She cited the situation when she went into a ward and appeared to be ignored by staff, who should have asked whether they could assist her. Ms Etches said that in this situation Dr Anderson should have been more direct in seeking help, rather than waiting for staff to approach her.</p> <p>RESOLVED: that the patient story be noted, and that the Chairman write to the relatives concerned thanking them for highlighting the issues and informing them that the campaign "My Name is" was being supported in this organisation.</p>	<p>Chairman</p>

<p>TB.4825</p>	<p><u>Never Events</u></p> <p>Ms Etches presented an overview of the Never Events reported at the Trust since April 2009, together with work undertaken in the last two months to mitigate against further occurrences in Obstetrics and Gynaecology. She pointed out that the CQC had been positive about the way the Trust now had a better grip on never events, and said that a team from the hospital had been invited to speak at a national patient safety event in May on how they handled these issues. She also reported that the Patient Safety Information Group had recently heard that Division 1 was now 100% compliant with the safety checklist in all directorates, although she pointed out that surgical never events were only one of a large number of categories. Mrs Martin added that she and Ms Edwards had recently undertaken a walkabout in Maternity during which the impact of the recent Never Event had been explained to them, and staff had described the way it had changed the culture and attitudes in the Directorate.</p> <p>RESOLVED: that the update on Never Events in the Trust be noted.</p>	
<p>TB.4826</p>	<p><u>CQC Inspection</u></p> <p>Ms Etches presented for approval the action plan which had been developed following the recent CQC inspection of the hospital.</p> <p>RESOLVED: that the action plan and recommendations for sustaining improvement in the future, as appended to the report, be approved.</p>	
<p>TB.4827</p>	<p><u>How to ensure the right people with the right skills, are in the right place at the right time: National Quality Board (November 2013)</u></p> <p>Ms Etches introduced an overview of the latest publication from the National Quality Board on Nursing, Midwifery and Care Staffing. In response to a question by the Chief Executive, she explained that the safer nursing care tool was based on dependency levels which would establish a recommended safe staffing level. She added that since November the multipliers had increased and that the report on the next skill mix review would reflect this, with an expected increase in the number of nurses recommended for this organisation.</p> <p>Dr Anderson asked about the recent proposal that all patients should have a named consultant, and Dr Odum said that this was already the practice in some departments, and its use was increasing.</p> <p>RESOLVED: that the report on the publication from the National Quality Board “How to ensure the right people” be noted.</p>	

<p>TB.4828</p>	<p><u>Clwyd–Hart Report – A review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture</u></p> <p>Ms Etches drew out the salient points of a report on the recently published Clwyd–Hart Report on the NHS Hospital complaints system. In response to questions, it was noted that the Chief Executive currently signed off complaints. Ms Etches indicated that this Report was likely to influence how the Trust Board scrutinised complaints in the future, and that an amended complaints process for the Trust was likely to be implemented by April, supported by a significant organisational development process to change behaviours where necessary. Dr Anderson confirmed that she was currently the Non-executive Director with responsibility for overseeing complaints.</p> <p>RESOLVED: that the report on the recent review of the NHS Hospitals complaints system “Putting Patients Back in the Picture” be noted.</p>	
<p>TB.4829</p>	<p><u>Finance Report – December 2013 (Month 9)</u></p> <p>Mr Stringer introduced the monthly report on the financial position of the Trust (for month 9 – December 2013), which showed that the Trust had a surplus of £3,151,000, which was £1,800,000 below the month 8 plan. Total income at month 9 was £289,554,000, which was above plan by £340,000. He indicated that underperformance on contracted patient care income in orthopaedics and critical care remained areas of concern. He referred to the recent meeting of the Finance and Performance Committee when there had been a detailed debate about the year-end position. He confirmed that following discussions with the Divisions it had been decided to retain the original control total of circa £8m. He also emphasised the importance of the contract negotiations for the year end position together with the need for the Divisions to hit their control totals and run rates month on month.</p> <p>RESOLVED: that the report on the financial position of the Trust at December 2013 be noted.</p>	
<p>TB.4830</p>	<p><u>Report of the Chairman of the Finance and Performance Committee – 22 January 2014</u></p> <p>Mrs Martin submitted her summary report of the meeting of the Finance and Performance Committee on 22 January. She said that as well as discussing how the Divisions would meet their monthly targets, there had also been discussion around the efficiency opportunities presented by KPMG, some of which were transformational, would generate significant savings, and would require dedicated leadership in order to bring them to fruition. Mr Loughton said that he had requested the Trust Special Administrator at Mid Staffordshire to reimburse this Trust for the cost of management time involved in work regarding the development of options for the future delivery of services at Mid Staffordshire Foundation Trust.</p>	

	<p>Mr Stringer undertook to include the year end forecast in future Board reports.</p> <p>RESOLVED: that the report of the Chair of the Finance and Performance Committee in respect of the meeting held on 22 January 2014 be noted.</p>	
TB.4831	<p><u>Treasury Management Policy Update</u></p> <p>Mr Stringer submitted the revised Treasury Management Policy for approval.</p> <p>RESOLVED: that the updated Treasury Management Policy be approved.</p>	
TB.4832	<p><u>Business Case for the Refurbishment of the Wolverhampton Eye Infirmary</u></p> <p>Mr Stringer introduced this report, emphasising the need for improved facilities at the Wolverhampton Eye Infirmary. In response to a question, he confirmed that the Board was being requested to approve this in principle and that the Charity Trustees would also have to be requested to release £200,000 from charitable funds. He said that the contribution by the latter would enhance the finishes to the environment and provide additional furniture for the benefit of patients. Mrs Rawlings said that there was currently approximately £800,000 sitting in this particular charitable fund. In response to further questions regarding the dates stated in the business case, Mr Stringer acknowledged that there had been some delay in bringing the report to the Board, and he confirmed that work had not yet commenced but was due to begin in May, with a completion date of August 2014. Ms Edwards commented that she would expect to see more options (other than the proposed option and do nothing) or an explanation of how the one active option had been arrived at to enable the Board to see that the most cost-effective option had been developed, and Mr Stringer agreed and said that this would be the case in future papers</p> <p>Mr Loughton commented that the Trust spent approximately £6m refurbishing its Eye Infirmary on the New Cross site when the Chapel Ash site had closed, and this was done on the assumption of recovering that amount through the sale of the Chapel Ash site. However, the site had not yet been sold and there were on-going difficulties in obtaining planning permission, a factor which appeared to be deterring potential buyers. He added that the Trust was paying approximately £40,000 per annum to secure the derelict site, which had been vacated 7 years ago. Mr Loughton wondered whether the Trust should wait until the Chapel Ash site had been sold before improving the WEI. Ms Nuttall contended that patient feedback for this service suggested that the refurbishment needed to be undertaken as soon as possible.</p>	

	<p>RESOLVED: that the business case for the extension and refurbishment of the Wolverhampton Eye Infirmary to improve waiting room facilities and clinical space, be approved at a total estimated cost of £1,006,204 including a contribution of £200,000 from Ophthalmology Charitable Funds, subject to the approval of the Charitable Funds Committee.</p>	
TB.4833	<p><u>Delivery of Estates Strategy 2009/10 – 2018/19: Quarter 3 Report for 2013/14</u></p> <p>Mr Stringer drew out the highlights of the quarterly report on the delivery of the Estates Strategy, including that the CRL was expected to be met by the year end, the TDA had approved the business case for the new Emergency Centre, and the lower levels of the new multi storey car park would be open for use by staff in early February releasing extra car parking spaces for the general public. Dr Anderson referred to difficulties with non-operational car park barriers causing frustration for members of the public, and Mr Stringer responded that the barriers on the east car parks were due for replacement shortly. Mr Loughton requested that Ms Nuttall investigate how much revenue was lost through car park users being allowed to leave without paying due to operational problems of this nature.</p> <p>RESOLVED: That the quarter 3 report on the delivery of the Estates Strategy 2009/10 to 2018/19 be noted.</p>	GN
TB.4834	<p><u>Procurement of an Ophthalmology Simulator from Charitable Funds</u></p> <p>Mr Stringer submitted a report recommending the purchase of a simulator from charitable funds. It was pointed out that the report contained no information on the financial implications of this purchase, and Mr Stringer advised it would be best to defer the item to enable a more detailed report to be submitted in February.</p> <p>RESOLVED: that the report on procurement of an Ophthalmology Simulator from charitable funds be deferred until the next meeting.</p>	KS
TB.4835	<p><u>Revalidation of Medical Staff – Quarterly update</u></p> <p>Dr Odum submitted his quarterly update on the progress of the Trust towards the management of medical appraisal and revalidation since the last report in October 2013. The Board noted that positive recommendations had been made for 67 doctors, all of whom had been approved by the GMC, and that as at 31 December 2013 the Trust's rate of medical appraisal compliance was 87.3%.</p> <p>RESOLVED: that the quarterly update on revalidation of medical staff be noted.</p>	

<p>TB.4836</p>	<p><u>Undergraduate Education</u></p> <p>Dr Paul Rylance, Consultant in General and Renal Medicine/Director of NHS Teaching Academy, attended for this item. He guided the Board through the report and highlighted the notable points from a recent monitoring visit by the Medical School.</p> <p>Responding to a question from the Chief Executive, Dr Rylance indicated that the Simulation Ward was now being used to the full but that by increasing its capacity additional income would be generated. Responding to further questions, Dr Rylance said that although there was likely to be a reduction in the number of students, the SIFT budget was expected to increase in future years. Mr Stringer elaborated upon the funding streams and how they were expected to play into the financial position of the Trust in the years ahead. The Chairman requested that this be reported to the Finance and Performance Committee in due course. Mr Stringer suggested that it would be beneficial for this topic to be raised at a future Board Development Session in order that the arrangements for Undergraduate Education might be more fully understood by the Board. Dr Odum emphasised that the main focus here must be the quality of the education provided to students, and integral to this was that consultants needed protected teaching time within their job plans. In response to Mrs Rawlings, Dr Rylance said that patient experience was a recurring theme in training, and as an example mentioned his forthcoming session on “What makes a good Doctor?” Ms Etches asked how the compassion and professional capabilities of students were assessed by the multi-disciplinary team. Dr Rylance said that this was part of a process and that concerns about individual students were picked up as training proceeded, and that all concerned were committed to producing safe doctors for the British public.</p> <p>Dr Anderson noted that there was a need for more feedback to be cascaded from teachers, and that the profile of this mechanism needed to be raised within directorates.</p> <p>Mr Loughton expressed appreciation for the work being done in respect of Undergraduate Education.</p> <p>RESOLVED: that the progress report on the work of the Undergraduate Education within the Trust be noted.</p> <p>(At this point Dr Rylance left the meeting).</p>	<p>JO</p>
<p>TB.4837</p>	<p><u>Clinical Audit Report – 6 Monthly update</u></p> <p>Dr Odum submitted the six monthly report on clinical audit activity in the Trust.</p> <p>Dr Anderson said that the report lacked detail around some of the audits and that she was concerned with the results of some of the audits reported, despite there having been a major drive to make improvements at the beginning of the year. Dr Odum acknowledged</p>	

	<p>that completion rates were slightly below what the Divisions had expected and that some of the national audits would cross into the next financial year. He expected that local audits would reach completion rates of between 75 and 80% by the end of this year. For those which had not been completed, he informed the Board that in most cases this was because an action plan had not been completed and signed off. In response to further questions by Dr Anderson, he said that the audit cycle would be reviewed in the following year. Mr Loughton requested that Dr Odum and Dr Cherukuri meet with Dr Anderson outside the meeting to discuss the details. Dr Anderson made the point that her concern was primarily around completing audits in a timely manner. Dr Odum said that the intention was to produce an annual report in future.</p> <p>Ms Edwards enquired about the local audit to assess warfarin prescribing in medical and surgical patients. She said that at a recent leadership walkabout in the Cardiothoracic ward staff had mentioned problems arising from the new prescribing charts: there was less space for warfarin, its position on the chart made it less obvious than the previous stand-alone red chart, and they felt they had not been warned of the changes being made or consulted. Dr Odum said that the prescribing chart had been changed in order to improve patient safety and had been subject to a long period of discussion across the directorates and through a cycle of developments with several sample revisions being issued before a final decision was made. He therefore expressed disappointment that, despite this lengthy process, one directorate had now raised a concern. He went on to say that most staff believed that the prescribing chart now in use was a more robust document for the purposes of patient safety, but nonetheless undertook to pick up the point raised and to look into it.</p> <p>RESOLVED: that the report on clinical audit activity in the Trust be noted.</p>	JO
TB.4838	<p><u>Emergency Department</u></p> <p>Dr Odum reported orally that the outline business case had been considered by all relevant local bodies, and had gained the approval of the Trust Development Authority on 23 January. The full business case would of course be scrutinised in more detail when it was eventually presented to the TDA. He explained that in order to open the new facility by November 2015 a very tight timescale would have to be followed in order to complete the full business case by the end of February and to ensure that it was considered by the Divisions, the WCCG Board, and the Trust Board by the end of March. It would then proceed to the Board of the TDA by May, and any delays in this process would result in delayed opening of the proposed facility. At the next stage the TDA were expected to raise significant and searching questions around levels of activity and it was also to be expected that surrounding CCGs would also examine the business case with some rigour. He confirmed that the Procure 21 process had been followed and Kier had been appointed as the main contractor. He also said that a report would be brought to the next Board meeting on the Gateway Review of this scheme.</p>	

	<p>RESOLVED: that the oral report on progress regarding the Emergency Department be noted.</p>	
<p>TB.4839</p>	<p><u>Integrated Quality and Performance Report</u></p> <p>Ms Nuttall reported that the 62 day wait target for first treatment (Cancer) had not been met in quarter 3 or in December, and said that this was due in part to unplanned absences of clinicians. Locums in the specialities concerned were hard to recruit and although one clinician had returned to work, the other was unwell and was unlikely to return to duties for some months. The other factor involved was late referrals from other Trusts, which had been followed up with the Trusts concerned. Ms Nuttall went on to explain that A&E had just failed the standard for quarter three, and she referred to the benchmark information within the report which demonstrated that the whole of the West Midlands was exceptionally challenged on this target at the present time. She said there had been a significant decrease in the number of cancelled operations compared to the same period in 2013 but that by 21 January attendances at the A&E Department had risen by 6.1% and that the admission rate had risen by over 20% compared to the same period 12 months previously, with a notable increase in the average age of those being admitted. She said that January had seen mixed performance across the board and regretted that during the weekend of 18/19 January two patients had waited for longer than 12 hours to be admitted to a bed from the time of the decision to admit them, and that the initial RCA had been carried out with the findings to be reported in the private Board session. She told the Board that this was disappointing both from the patient experience perspective and also from the point of view of reputational damage to the Trust.</p> <p>Mr Loughton said that the targets had been missed by a small percentage but that it was vital to recover the Trust's position, particularly with regard to performance in Accident and Emergency. He commented on the difficulties cited around the absence of two consultants, and said that the Trust was not unique in facing such problems because it was very difficult to obtain locum cover for certain specialties.</p> <p>Ms Etches mentioned a number of quality matters covered in the report, including the decline in the Friends and Family score for December, the number of re-opened complaints which had risen during December, the improved response to the question regarding pain control in Patient Care Voice, and the improvement in month in respect of Caesarean section births. She added that the wording used in the patient voice questions regarding the "buzzer" was under review. In response to a question by Mrs Rawlings she said that there was one standard question for the Friends and Family Test, but that other questions generated by the Trust had been added on the other side of the form. In response to Dr Anderson she agreed to find out whether it would be possible for a patient to provide two responses to a text message question for the Friends and Family Test. Ms Etches also informed the Board that this report had now</p>	<p>CE</p>

	<p>been discussed at a number of forums, in considerable detail.</p> <p>The Chairman requested that in future the first page of the report should make clear whether the Board is being requested to sign off the Governance self-certification returns.</p> <p>RESOLVED: that the monthly Integrated Quality and Performance Report be noted, and that the Self-Certification Returns for December 2013 be signed off and returned to the Trust Development Authority.</p>	GN
TB.4840	<p><u>Oncology – Progress following Patient’s story in September 2013</u></p> <p>Ms Nuttall submitted a report on actions taken following a recent patient’s story DVD, in respect of a patient who had been treated by the Oncology Department. She highlighted the suggested use of NHS Change Day to support staff using “Hello my name is” when greeting patients and other members of staff who they do not know.</p> <p>RESOLVED: that the content of the report on improvements following the patients story about the Oncology Department be noted, and that the proposal to incorporate “Hello my name is” as part of NHS change day on 3 March be endorsed.</p>	
TB.4841	<p><u>Friends and Family Test for Staff</u></p> <p>Ms Harnin submitted a report informing the Board of the requirement to implement the Friends and Family Test for NHS Staff. She agreed to submit a further report in February or March to explain how this would be implemented within the Trust in the light of national guidance (yet to be issued).</p> <p>RESOLVED: that the report informing the Board of the requirement to implement Friends and Family Test for NHS Staff be noted.</p>	DH
TB.4842	<p><u>Change Programme Group</u></p> <p>Ms Espley drew out the main points of the report from the Change Programme Group, and the Board noted that at month 9 a total of £9.2m had been removed from budgets against the 2013/14 target of £21.28m, representing 43% of the annual amount. It was also noted that the Trust under-achieved against the month 9 plan by £1.3m, and that underperformance in the year to date now amounted to £7.1m. Ms Espley said that the Change Programme Group had considered further submissions from the Divisions at its recent meeting, and had agreed forecast year end positions with the Divisions together with the amount to be carried forward into 2014/15. The critical discussion now centred on recurrent versus non-recurrent savings and the Board noted that approximately £10m would be carried forward into the new financial year. The two year</p>	

	<p>Cost Improvement Plan had been debated extensively at the Finance and Performance Committee on 22 January and would feature in a report to the Board in February.</p> <p>RESOLVED: that the progress report on the Change Programme Group be noted.</p>	
TB.4843	<p><u>Board Assurance Framework and Trust Risk Register</u></p> <p>Ms Etches submitted the monthly report on the Board Assurance Framework and the Trust Risk Register. She said that at their meeting on 22 January the Quality Governance Assurance Committee had discussed whether to downgrade the entry regarding never events and had decided to maintain this as a red risk until the end of the year, at least. The Board noted that three new risks had been added to the Trust Risk Register and one risk had been closed down. Ms Etches also reported that the format of the Board Assurance Framework and Trust Risk Register was being reviewed and streamlined, and a proposal would be submitted to the next meeting of the Quality Governance Assurance Committee with a view to implementation from the beginning of the new financial year.</p> <p>RESOLVED: that the report on the Board Assurance Framework and Trust Risk Register be noted.</p>	
TB.4844	<p><u>Membership of Board Committees</u></p> <p>Mr Vanes introduced this report. He indicated that in very recent discussions the other Non-executive Directors had suggested that a third Non-Executive be added to the Charitable Funds, Finance and Performance, and Quality Governance Assurance Committees if possible, and it was suggested that the Acting Chair take up this third position. It was also suggested that whenever possible two Committees be held on the same date, such as now happens with the Audit and Charitable Funds Committees, in order to make the most effective use of the occasions when Non-executives are in the Trust. The Chief Executive questioned whether the Chair of the Trust could also be a member of the Finance and Performance Committee and it was agreed that this would be investigated outside the meeting.</p> <p>RESOLVED:</p> <p>(a) that the membership of the Board Committees be revised as follows:</p> <p><u>Charitable Funds Committee</u> - R Edwards (Chair), S Rawlings and J Vanes.</p> <p><u>Finance and Performance</u> – M Martin (Chair), R Edwards and J Vanes.</p> <p><u>Quality Governance Assurance Committee</u> – J Anderson (Chair), R Edwards, J Vanes (and D Kelly observer only)</p>	ADS

	<p><u>Audit</u> – S Kalirai (Chair until 28 February), S Rawlings (Chair with effect from 1 March), M Martin and J Anderson.</p> <p><u>Remuneration</u> – The Chairman and all Non-Executive Directors.</p> <p><u>FT Steering Group</u> Acting Chair and S Rawlings.</p> <p>(b) That in exceptional circumstances if it becomes clear that a Committee will not be quorate, the Chair of that committee be authorised to request another Non-executive Director who is not already a member of that committee to attend for a particular meeting only.</p> <p>(c) That the amended terms of reference showing the revised numbers of NEDs be submitted to the next meeting of each of the Finance and Performance, Quality Governance Assurance and Charitable Funds Committees for information.</p> <p>(d) That the membership of the Board Committees be reviewed in 6 months' time, or sooner if vacancies for Non-executive Directors have been filled in the meantime.</p> <p>(e) That Dr Anderson be designated as the Non-Executive Director with responsibility for whistleblowing in the Trust.</p> <p>(f) That Professor D Kelly be appointed to serve on the WMLCRN Partnership Board with effect from 1 April 2014.</p>	
TB.4845	<p><u>Chair's report and minutes of the meeting of the Trust Management Committee held on 22 November 2013</u></p> <p>RESOLVED: that the Chair's report and the minutes of the meeting of the Trust Management Committee held on 22 November 2013 be noted.</p>	
TB.4846	<p><u>Chair's report and draft minutes of the meeting of Finance and Performance Committee held on 18 December 2013</u></p> <p>RESOLVED: that the Chair's report and draft minutes of the meeting of the Finance and Performance Committee held on 18 December 2013 be noted.</p>	
TB.4847	<p><u>Chair's report of the meeting of the Quality Governance Assurance Committee held on 22 January 2014</u></p> <p>RESOLVED: that the Chair's report of the meeting of the Quality Governance Assurance Committee held on 22 January 2014 be noted.</p>	

TB.4848	<p><u>Chair's report of the Audit Committee Meeting held on 3 December 2013</u></p> <p>RESOLVED: that the Chair's report of the Audit Committee meeting held on 3 December 2013 be noted.</p>	
TB.4849	<p><u>Chair's report of the meeting of the Charitable Funds Committee held on 3 December 2013</u></p> <p>RESOLVED: that the Chair's report of the meeting of the Charitable Funds Committee held on 3 December 2013 be noted.</p>	
TB.4850	<p><u>Minutes of Committees submitted for information</u></p> <p>RESOLVED: that the following minutes (the Chairs' reports having been submitted to a previous Board Meeting) be noted:</p> <ul style="list-style-type: none"> • Quality Governance Assurance Committee, 31 October 2013 • Finance and Performance Committee, 23 October 2013 • Finance and Performance Committee, 20 November 2013. 	
TB.4851	<p><u>Matters raised by members of the general public and commissioners</u></p> <p>Ms Lamyman, Wolverhampton Healthwatch, expressed interest in the item on Undergraduate Education, and said that she had served as a lay representative for visiting teams in Wales and would be happy to help this organisation in future if this was possible.</p>	
TB.4852	<p><u>Any Other Business.</u></p> <p>No other business was raised at the meeting.</p>	
TB.4853	<p><u>Date and Time of Next Meeting.</u></p> <p>The Board noted that the next meeting was due to be held at 10am on Monday 24 February 2014 in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton.</p>	
TB.4854	<p><u>Exclusion of Press and Public.</u></p> <p>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.</p>	

The meeting closed at 1.00pm