The Royal Wolverhampton NHS
NHS Trust

Minutes of the Meeting of the Board of Directors held on Monday 25 February 2013 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital

PRESENT:	Mr. J. Vanes	Non-Executive Director (Acting Chairman)
	Dr. J.M. Anderson	Non-Executive Director
	Ms. C. Etches OBE	Chief Nursing Officer
	Mr. J. Holder	Associate Non-Executive Director
	Mr. D. Loughton CBE	Chief Executive
	Ms. G. Nuttall	Chief Operating Officer
	Ms. S. Rawlings	Associate 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. J. Cotton	Director of Research and Development (part)
	Dr. D. Rowlands	Lead Cancer Clinician (part)
	Mr. A. Sargent	Trust Board Secretary
OBSERVERS:	Mr. M. Swan	Lead Shadow Governor
	Mr. B. Griffiths	Wolverhampton LINk
APOLOGIES:	Mrs. B. Jaspal-Mander	Non-Executive Director
	Mr. S. Kalirai	Non-Executive Director
	Dr. J. Odum	Medical Director
	Ms. J. Viner	Wolverhampton LINk
	Mr. R. Young	Wolverhampton CCG
	Dr. K. Ahmed	Wolverhampton CCG

Part 1 – Open to the Public

Action

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON MONDAY 28 JANUARY 2013

TB.4368 **RESOLVED: that the Minutes of the meeting of the Board of Directors held on Monday 28 January 2013 be approved as a correct record.**

Action

MATTERS ARISING FROM THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON MONDAY 28 JANUARY 2013

TB.4369 Patients' Story – "Passports" for Patients with conditions requiring regular visits to hospital (TB.4323)

Ms. Etches reported that the Head of Nursing for Division 2 would look into the suggestion made at the previous meeting and that a further report would be brought to the Board in March. **CE**

TB.4370 Falls Prevention

Ms. Etches confirmed that the suggestion about the use of soft play mats had been investigated but that the consensus view was that these would probably add to the existing risks, and would in any case be of use only in the vicinity of beds.

TB.4371 Risk Register – Commissioning for GP direct access Pathology Services (TB.4339)

Ms. Nuttall confirmed that this matter had been added to the Divisional Risk Registers and also the Board Assurance Framework.

TB.4372 Governance Review

In response to a question from Dr. Anderson, Mr. Loughton confirmed that PricewaterhouseCoopers were due to present their findings on Governance within the Trust to the Board Development Session in March, and to the Executive Directors' meeting this Wednesday.

BOARD ACTION POINTS

TB.4373 Ms. Harnin reported that a significant piece of work was being undertaken around accountability frameworks, and in this connection further guidance was awaited in order to blend in outcomes from the most recent Francis Report. She added that a report on the development of a Medical Staff Bank was scheduled for the Trust Management Team meeting in March and, if approved, the Trust Board in April.

Mr. Vanes referred to the Welfare Reform Act, a presentation about which had been deferred from an earlier Board Development Session. He pointed out that the City Partnership impact launch would take place on 28 February and asked whether it would be possible to slot it into an early Board Development Session. In response to Mr. Loughton's question about the likely outcome of such a presentation, Mr. Vanes stated that approximately a quarter of households in the City would be losing income under the new arrangements, and that potentially this would include a significant number of the workforce.

Action

It was agreed that Mr. Vanes should be given a slot in a forthcoming Board Development Session to present this item. JV

DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS

TB.4374 There were no declarations of interest at this meeting.

CHIEF EXECUTIVE'S REPORT

TB.4375 Mr. Loughton presented his monthly report, and said that the following Policy had been approved by the Trust Management Team on 25 February 2013:

- HR01 – Leave Policy

With regard to the recently published report by Robert Francis QC into the Mid-Staffordshire NHS Foundation Trust, he confirmed that the outcome of work being undertaken with Monitor's Contingency Planning Team would be brought to a Board Development Session and subsequently to the private Trust Board meeting. He indicated that the Trust was heavily involved with Ernst and Young and McKinsey's on the reshaping of services at Mid-Staffordshire Hospital, and that announcements in respect of possible service reconfigurations were expected in the near future.

Mr. Loughton reminded the Board that approximately £40m worth of clinical activity from South Staffordshire already came to this Hospital. In response to a question by Mrs. Rawlings, Mr. Loughton thought it would be premature for any organisation to accept the Francis Report recommendations in advance of the Government's response, given that the Government may not accept all of the recommendations, and some were not in the gift of this Trust to deliver anyway.

RESOLVED: that the report of the Chief Executive be noted.

QUALITY AND SAFETY

TB.4376 <u>Patients' Story</u>

The Board watched a DVD recording of the experience of someone who had recently observed the delivery of a baby in the Midwife Led Unit. She spoke of the high standard of care, helpful but not intrusive support by midwives and other staff, and timely intervention at critical points of the birth process.

Dr. Anderson commented on the excellent service which could be provided when a Midwife Led Unit was situated within a main Obstetric Unit.

Action

She said that having a baby in a health establishment must be regarded by prospective parents as being safer than having it at home, and that the location of the MLU with Obstetrics at New Cross Hospital provided the assurance that this would be the case. She thought it had been the right decision to integrate the MLU into the Obstetric Unit.

Mr. Loughton mentioned that it was possible to make MLU's work as stand-alone units, as was the case in Germany, but that on balance the safest option was to house them together with obstetrics. Mrs. Rawlings asked about the levels of competency attained by midwives and whether they rotated between MLU, obstetrics and community services. Ms. Etches confirmed that they did rotate. Dr. Anderson referred to the situation at Solihull where midwives had been trained in neonatal resuscitation but because this was not used on a regular basis they felt reluctant to use their training, which ultimately had had implications for the development of the service. Ms. Etches acknowledged this point, and accepted that throughout the organisation there were staff who had extended their skill sets and needed ongoing opportunities to use those additional skills.

RESOLVED: that the Patients' Story be noted.

TB.4377 Quality and Safety Report

Ms. Etches submitted the monthly Quality and Safety Report. She highlighted that since the January Board report the Net Promoter Score had increased to 77.2 Trust wide (an improvement by five points); there were no falls causing serious harm in January and this had been sustained so far into February; the number of avoidable pressure ulcers had reduced with 75% of the Trust reporting zero avoidable pressure ulcers at the end of December; the percentage of late observations remained static at 16% which was disappointing, and accountability meetings would be held every two weeks to keep this under review. With regard to the performance in respect of pressure ulcers, the SHA Lead Nurse on pressure ulcers had attended an accountability meeting at the Trust and had helpfully challenged practices, for example the escalation process around the non-availability of mattresses. Ms. Etches also highlighted movements in the quality dashboards for the Divisions since the previous report

Turning to the performance summaries, Ms. Etches pointed out that the increased number of incidents reported during January was due, not to the generally high level of pressure being experienced by the hospital, but because the relevant data had not been loaded onto the Datix system in time. The Board was informed that the Radiation Incidents had been reviewed by the Medical Director, the Chief Nursing Officer and the Directorate team members. It had become apparent that the NICE reporting guidance had changed the point at which incidents had to be reported, and the CQC had confirmed an increase in reports of radiation incidents across the patch, largely related to this new threshold for submitting reports. With regard to *C.difficile*, it was pointed out that despite the amount of time the Norovirus had been circulating around the healthcare system, there had been no increase in the number of cases of *C.difficile*.

		Action
	Finally, Ms. Etches reported that a new Venous Thrombo Embolism lead had been appointed.	
	Mr. Loughton referred to the recognition of the deteriorating patient, and asked whether the report monitored the number of cardiac arrests and noted that the rate of these was not falling. Ms. Etches confirmed that it did and referred to data in paragraph 2.4 of the report. Mr. Loughton requested that cardiac arrests be designated as local Never Events for a trial period of one month.	**CE/JO**
	Mr. Holder noted that the target was to achieve ninety-five percent harm free care based on four measured harms. Mr. Loughton referred to the work undertaken by a hospital in Baltimore USA, where it had taken twenty years to improve by two percentage points the percentage of harm free care. He also said that he would be involved in work with Sir Bruce Keogh to develop greater understanding of the pattern across the UK in regard to the Safety Thermometer data.	
	Mr. Holder asked for clarification about internal alerts for mortality due to complex elderly and aspiration pneumonitis in October 2012. Mr. Loughton urged caution because monthly figures could fluctuate month by month and, rather than looking at the SMR on a monthly basis, the annualised figure would be a more reliable indicator. Mr. Holder also asked about the large number of cancelled appointments reported this month. Ms. Nuttall said that snowfall had contributed to this, due to problems around patient transport services.	
	Mr. Vanes welcomed the reported progress around environmental standards and also commended the Trust on the achievement of delivering mattresses to patient's homes within four hours. Ms. Etches commented that whilst appropriate equipment was helpful, good patient care could be achieved even without it, provided the appropriate care was given by staff.	
	RESOLVED: that the monthly report on Quality and Safety be noted.	
TB.4378	Care Quality Commission – Compliance Report	
	Ms. Etches introduced a report which set out the overall Trust compliance (Corporate and Operational Analysis) against each of the sixteen standards against which the CQC assessed it. She added that the most recent draft CQC report was good and would be brought to the Board when published by the CQC in due course. She confirmed that the Board could take a level of assurance on the Trust's compliance with the CQC Standards. Mr. Loughton paid tribute to the work done by Ms. Etches and Dr. Odum to achieve this satisfactory result. The non-executive directors expressed similar sentiments. Ms. Etches stressed that the work detailed in this report was done, not primarily to satisfy the Care Quality Commission, but because it was already intended to achieve high standards and the CQC process had merely added impetus to accelerating progress towards this goal.	**CE**

Action

RESOLVED: that the progress on achieving compliance with the Care Quality Commission Standards, as outlined in the report, be noted.

TB.4379 Never Events

Ms. Etches reported orally that since the last meeting the RCA regarding the Urology incident had been submitted to the

Commissioners. It had highlighted the practice of a particular locum doctor who used gall swabs, which were not featured in the surgical safety checklist as they were not normally used in this particular procedure at this Trust. Actions taken in response to the Never Event included local induction for staff in that particular area, which included advice on the use of the Surgical Checklist, and advice which should be given to patients at the time of discharge, including symptoms to look out for and the names of people to contact in the event of symptoms arising.

RESOLVED: that the update on Never Events be noted.

BUSINESS PLANNING

TB.4380 Stroke Services Review

Ms. Espley submitted a report on the proposed review of the model of stroke services by the NHS Midlands and East. She confirmed that formal feedback on the third submission was due on 27 February. Mr. Loughton emphasised that this development was in the best interests of patients and that the Trust would continue to pursue development of the model. He added, however, that Commissioners needed to recognise that it could not be achieved without cost.

RESOLVED: that the update report on the proposed review of the model of Stroke Services be noted.

TB.4381 Report of the Change Programme Board

Ms. Espley drew out the salient points of the monthly report on the Change Programme Board, which included an overall financial position, the view of the progress for schemes during January and an assessment of the quality impact of the programme. The Board noted that as at Month 10 a total of £11,009,000 had been removed from budgets, against the annual 2012/13 target of £15,325,000, which represented seventy-two percent of the total, against the originally agreed target (for Month 10) of eighty-five percent. It was also noted that the level of cumulative under-achievement remained, being £2,733,000 (compared to £2,256,000 for the previous month). The recurrent gap had increased by £0.5m, in month (to £3m) due to red risk and slippage schemes being replaced by non-recurrent mitigation plans.

Action

Mr. Holder noted that a large cost saving was attached to a scheme called “review of temporary staffing spend”. As there had been very small achievement in reducing the cost of temporary staff during 2012/13, he asked what would be done differently in the next financial year to make the level of savings forecast. In response, Ms. Espley said that work had been taking place during the year to facilitate greater savings during the next financial year including detailed analysis of temporary staffing at ward level as well as work on development of a medical staffing bank. Ms. Harnin added that her staff had been

undertaking enabling work, for example, in setting rules to ensure consistency across the organisation for engaging temporary staff, and said that she planned to bring a report to a future Board meeting suggesting an alternative medical staffing model (based on numbers of staff) so that by having the right number of medical staff in place from the outset reliance upon agency workers could be minimised. She confirmed that a medical locum bank was already in operation but had not achieved the take up expected or desired.

Mr. Loughton referred to the need for the Trust to ensure it was doing all it could to avoid the use of temporary staff, and cited a recent case when the Business Case for a replacement consultant had been approved at the Trust Management Team several months after the resignation of the previous incumbent. It was clear that a locum would have to be brought in until the substantive post was filled, and in future this should be avoided at all costs. Dr. Anderson offered the view that to operate effectively any locum agency must be based on a national initiative. She went on to say that she thought it was unlikely that candidates would be attracted into non-training grades because of the lack of career progression and that they would instead gravitate towards general practice. Ms. Harnin acknowledged this point and said that the Deanery had been requested to bar newly qualified doctors from going into general practice for the next five years. She added that some hospitals, including UHB, had developed an alternative career structure for non-training grades and that this needed to be examined. She also pointed out that UHB had made a number of consultant appointments from doctors who had been trained within their own organisation. Dr. Anderson said that a training programme must be put in place to provide opportunities, subject to there being suitable medical supervision. Mr. Loughton said that along with all of these measures it was necessary to rationalise services across the patch and to ensure that trainees were recruited to match the reconfigured services.

Mr. Holder also referred to patient productivity, and noted that given the small amount of savings generated in 2012/13 caution should be exercised in relying upon these for forecasting cost savings for 2013/14.

In response to a question by Mr. Vanes, Ms. Nuttall confirmed that the staff sickness measures introduced during the year were reflected in the £2m “temporary staffing initiative” along with a number of other related schemes. Mr. Vanes asked when the Board would have the opportunity to review the schemes following their quality impact assessment.

Action

Mr. Stringer suggested they be reported to the Board Development Session in March. Mr. Loughton noted that PricewaterhouseCoopers were due to attend the same session, and stressed that adequate time needed to be allowed for proper examination of the quality impact assessment of the CIP schemes. Mr. Holder said that Monitor was advising non-executive directors to expect delivery against CIP earlier in the financial year going forward. In response to Mrs. Rawlings' question about slippage from 2012/13, Mr. Stringer said that carry over of approximately £4.5M was planned, based on predictions from the Divisions.

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

OPERATIONAL PERFORMANCE

TB.4382 Performance Report

Ms. Nuttall guided the Board through the monthly Operational Performance report, and as in previous months highlighted the significant challenge to achieving the ninety-five percent target for the four hour wait in Accident and Emergency along with other targets. She mentioned that some A & E attendances had reduced for a period of time due to snowfall, but ambulance conveyances had not lessened, and the Trust remained 12% above other parts of the West Midlands in this regard. She also mentioned the cancer sixty-two day wait and said that there were issues with the availability of robotic surgery, for which patients were increasingly opting. In terms of "smoking quitters", the method of recording health checks was under review. She reminded the Board that from 1 April acute trusts would be fined for delayed handovers from ambulances at Accident and Emergency Departments, so that delays longer than thirty minutes would be fined £200, and over sixty minutes the fine would be £1,000. She said that the calculation based on all emergency portals during the last ten months suggested a fine of £750,000 would have been imposed upon the Trust and that across the West Midlands this would have amounted to approximately £9m, based on performance during 2012/13. Mr. Loughton reminded the Board that 85% of patients who attended at Accident and Emergency left after four hours. He also pointed out that the introduction of the NHS 111 service was expected to increase ambulance conveyances by approximately eight percent. Discussions would be held with the Commissioners about how this new performance penalty would be handled by acute trusts. He paid tribute to the tremendous work done by staff within A & E under the current pressures, reminding those present that the Department had been designed to handle approximately 40,000 less patients than were currently going through per annum. Ms. Nuttall concluded by saying that February performance was recovering, Norovirus was still prevalent and that the overall performance and governance rating was now amber/red. Further interviews for the vacant post of Specialist Nurse – Learning Disabilities were scheduled for later this week.

Action

RESOLVED: that the monthly Operational Performance report be noted.

TB.4383 Trust's Strategic Goals update 2012/13 (Quarter 3)

Ms. Nuttall submitted the quarterly report on assessment against the business outcomes contained within the Trust's Strategic Goals for 2012/13. She drew attention to the two reds, namely expenditure on agency staff and development of the Board and Board performance. Mrs. Rawlings noted that staff appraisal was currently running at eighty percent. Ms. Nuttall said that the figure was not acceptable, and that a rolling programme for catching up was being implemented. Mr. Vanes noted that winter pressures could have hindered the rate of appraisals of staff.

RESOLVED: that the quarterly report on progress towards achieving the Trust's Strategic Goals be noted.

TB.4384 Overview and update on the Action Plan following receipt of the National Cancer Patient Experience Strategy

Dr. Rowlands attended to present this report. He outlined the main points of the report of the second national survey published six months ago covering 715 patients who had been surveyed during the autumn of 2011. The resulting action plan (updated recently) was also submitted, and one of the actions highlighted was around enabling CNS taking on an increased role of supporting patients, for example by ringing patients the day after they had been seen, and undertaking additional ward rounds. Dr. Rowlands added that the action plan was reviewed weekly by the Cancer Services management team, three-monthly at the Trust Management Team, and periodically with patient groups.

Mr. Vanes noted that the results of the survey had been reported six months ago, and enquired whether the Trust was required to respond to a national body. Dr. Rowlands indicated that no external body was holding the Trust to account, although there were various pieces of work which had been drawn up to guide trusts in responding and improving services in the light of survey responses. Mr. Loughton said that cancer services tended to have been very focused on outcomes, which had led to good results, but that the balance must now shift so that there was a greater focus on patients. He added that none of the inspection regimes had picked this up. He also pointed out that many patients in cancer services did not fully understand the gravity of what doctors were telling them, and that for this reason it was essential to make time for staff to ring patients the next day to talk through issues when they had had time to digest the news given to them about diagnosis and treatment.

Dr. Anderson said that it would not be practical for medical staff on the in-patient side to go round wards answering patients' questions as a separate exercise, and that this should be undertaken as part of the daily ward rounds, although it would be good for a doctor to telephone a patient the day after they had gone home.

	In response to a question by Mr. Loughton, Dr. Rowlands confirmed that points made at the Trust Management Team regarding the use of this information in connection with the revalidation process had been taken up, and appropriate referrals would be made to the appraisers. Mrs. Rawlings expressed surprise that these outcomes had not been reported to the Board previously. In response, Dr. Rowlands said that cancer teams tended to receive very positive feedback from patients, and the areas of dissatisfaction had not been picked up prior to the formal survey taking place. Mr. Loughton referred to a decision taken at Trust Management Team to establish focus groups to help define patient problems in more detail and to bring patients back for discussion of their experiences. Ms. Nuttall confirmed that the action plan would be updated in light of today's discussions.	**Action** **DR**
	Mr. Holder mentioned a recent walkabout in the ENT Department, during which it had been asserted that there were not always private rooms available in which to deliver bad news to patients. Mr. Loughton said that he could not accept this, as it was simply a case of moving staff out of rooms for the short periods of time required in which to discuss "bad news" confidentially with patients and their relatives. Ms. Etches asked whether the PACT Team had picked up any of the themes which were evident in the survey results. Dr. Rowlands said that they had picked up some of the themes, but that the team tended to be too close to the service to be aware of all of these patients' issues. Mr. Loughton requested that once they were established, he would like a member of the Board to observe the meetings of the patient focus groups.	**DR**
	Dr. Anderson congratulated the Cancer Services teams on the outcomes achieved for patients.	
	It was agreed that a brief update would be brought to the Trust Board in three months' time.	
	RESOLVED: that the update report on the action plan following receipt of the national Cancer Patient Experience Survey be noted, and that a further progress update be brought to the Board in three months' time.	

HUMAN RESOURCES

TB.4385 <u>Human Resources Strategy Action Plan – progress review</u>

Ms. Harnin presented the progress update on the Human Resources Strategy Action Plan. She said that this was based on a Strategy originally written three years ago, and refreshed for each Foundation Trust application round. It was considered in detail at the Human Resources Committee and a summary was presented to the Trust Management Team from time to time. She said that the Action Plan now required significant revision.

In response to a question by Mr. Vanes, Ms. Harnin said that the development of employer brand was an action linked to a previous Chairman of the Trust Board.

Action

Mr. Loughton requested that this be removed from the Action Plan as the Trust was adequately covered by the NHS brand. Mrs. Rawlings asked about the percentage of staff who were sourced from the local community. Ms. Harnin said that she did not have the exact information to hand, but the percentage was not achieved overall because a significant number of professional staff lived outside the immediate catchment area of the hospital. However, Mr. Loughton added that a high proportion of other staff categories, including domestic, catering and portering staff lived very local to the Hospital.

RESOLVED: that the progress review of the Human Resources Strategy Action Plan be noted.

FINANCE AND INFORMATION

TB.4386 Financial Position of the Trust – January 2013 (Month 10)

Mr. Stringer submitted the monthly report on the Financial Position of the Trust. He said that the Trust's income and expenditure position as at Month 10 was a surplus of £7,557,000, which was £1,489,000 above the Month 10 plan. He indicated the total income for Month 10 was £318,636,000, which was above plan by £600,000. He highlighted that patient activity income was showing a slight improvement, mainly due to the position including recent agreements for the reinvestment of emergency threshold funds from Wolverhampton and Walsall PCTs. However, this was still a matter of dispute with the South East Staffordshire and Seisdon Peninsula CCG. The report also showed that at Month 10 £11,009,000 had been withdrawn from budgets under the CIP programme, representing seventy-two percent of the total planned for M10. Mr. Stringer went on to inform the Board that the Trust's forecast outturn was estimated to be a surplus of £6.9m, and that there had been a technical accounting adjustment which had impacted upon this figure.

The Board noted that the overall debt position had increased by £1.6m in month, made up of an increase of £2.9m in within term debt, and a reduction in older debt of £1.2m. He confirmed that aged debt was now under weekly review having regard to the imminent demise of the Primary Care Trusts.

RESOLVED: that the monthly report on the Trust's Financial Position be noted.

TB.4387 Capital Programme at Month 10 (January 2013)

Mr. Stringer presented the Capital Programme progress report for Month 10 (January 2013), which showed a projected outturn position of £23,053,760 which was £228,850 above the revised capital budget. Expenditure at Month 10 was actually £1,691,498 behind plan, but Mr. Stringer assured the Board that projects for delivery in year had been identified to fill any gap caused by projects which could not be delivered so that the overall programme would be delivered within the agreed CRL target.

Action

Mr. Stringer confirmed that the five-year capital programme was expected to be presented to the March Trust Board, and that Mr. Goodwin would probably be in attendance for that item.

RESOLVED: that the report on the Capital Programme at Month 10 (January 2013) be noted.

TB.4388 Financial Planning 2013/14 update

Mr. Stringer introduced a report which updated the Board on the progress of the Trust's contract negotiations and 2013/14 budget setting.

RESOLVED: that the report be noted.

GOVERNANCE

TB.4389 Board Assurance Framework/Trust Risk Register

Ms. Etches presented the monthly report on the Board Assurance Framework and Trust Risk Register, highlighting that the risk around health visiting services had now been downgraded from red to amber, and that there were two new risks on the Board Assurance Framework, and two risks had been closed.

Mr. Vanes indicated that the Board Assurance Committee would be meeting on the 28 February and would review the new risks which had been identified.

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

MEDICAL DIRECTOR

TB.4390 Mortality – quarterly progress report

In Dr. Odum's absence, Ms. Etches presented the quarterly report on Mortality within the Trust. She said that last year the outturn had been 92, rebased at 100. She drew the Board's attention to Table 1 which indicated an expected death rate during 2011/12 of 3.90%, against an expected death rate of 3.7% during the current year. This appeared to be lower than in neighbouring trusts and raised the question about whether accurate data was being collected, and in particular whether co-morbidities were being recorded. The Mortality Review Group had in the last week met and agreed to put certain actions in place to address this matter; for example, in future after each death the relevant consultant would meet with the coding clerk to ensure accurate coding. She also pointed out that the HSMR, SHMI and crude mortality rates for the Trust all followed the same trajectory. She added that interviews for the replacement of Mr. S. Mahmud were due to be held in March.

Action

Mr. Vanes enquired whether the coding framework was subject to frequent revisions. Mr. Stringer responded that there had been one big structural change to coding affecting the whole NHS in April 2012. He also confirmed that there was some evidence that not all co-morbidities were being recorded. Newtons had done some work to assist with this, and the position had improved briefly but had then fallen back. Dr. Odum had reminded the medics and there had been an audit of coding by specialty and by doctor to discover the origins of gaps in the data.

RESOLVED: that the quarterly progress report on Mortality in the Trust be noted.

TB.4391 Revalidation of Medical Staff – quarterly update

Ms. Harnin presented the quarterly report on the progress of the Trust towards the management of medical appraisal and revalidation. She told the Board that the Trust had made excellent progress so far and that letters had now been issued to the first tranche of doctors to be appraised in quarter 1. Dr. Odum had undergone his own appraisal. The Lead Appraiser had been appointed on 25 February.

RESOLVED: that the update on the Revalidation of Medical Staff be noted.

TB.4392 Research and Development at RWT

Dr. Cotton attended to present his report on the current status of Research and Development in the NHS, the political impetus for research within the NHS and the value of research success to this Trust. He also outlined the current position of R & D within this organisation and suggested a strategy for increased research success. The Board noted in particular that this organisation had the second highest number of patients recruited to NIHR portfolio trials anywhere in the West Midlands. With regard to recruitment by the end of the current year, Mr. Loughton sought assurance that the additional eight hundred accruals would be in place and requested Dr. Cotton to provide further information outside the meeting.

Mr. Loughton emphasised the importance of research and development to the Trust. He paid tribute to the quality of research undertaken and indicated that it was a factor which caused consultants to apply to work in this organization. He said that in future it must have a higher profile at Board level and that performance information on accruals must be provided, with Divisions being held to account for their performance.

RESOLVED: that the report on Research and Development at this Trust be noted.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.4393 Chairman's report and minutes of the meeting of the Trust Management Team held on 23 November 2012

Action

RESOLVED: that the minutes of the meeting of the Trust Management Team held on 23 November 2012 be noted.

TB.4394 Draft minutes of the meeting of the Trust Management Team held on 25 January 2013

It was noted that these Minutes had been approved without amendment by the Trust Management Team on 22 February 2013. The Chairman's report of the meeting had been circulated prior to the Board meeting.

RESOLVED: that the Chairman's report and minutes of the Trust Management Team held on 25 January 2013 be noted.

TB.4395 Minutes of the meetings of the Infection Prevention and Control Committee held on 21 December 2012 and draft minutes of the 25 January 2013

The minutes of the meeting held on 25 January 2013 had been approved without amendment by the Committee meeting held on 22 February 2013.

RESOLVED: that the minutes of the meetings of the Infection Prevention and Control Committee held on 21 December 2012 and 25 January 2013 be noted.

TB.4396 Draft minutes of the meeting of the Audit Committee held on 13 December 2012

RESOLVED: that the draft minutes of the Audit Committee held on 13 December 2012 be noted.

TB.4397 Draft minutes of the meeting of the Board Assurance Committee held on 20 December 2012

RESOLVED: that the draft minutes of the meeting of the Board Assurance Committee held on 20 December 2012 be noted.

TB.4398 Draft minutes of the meeting of the Charitable Funds Committee held on 20 December 2012

RESOLVED: that the draft minutes of the meeting of the Charitable Funds Committee held on 20 December 2012 be noted.

GENERAL BUSINESS

TB.4399 Matters raised by members of the general public and Commissioners

Mr. Griffiths, Wolverhampton LINk, expressed concern over the report on the National Cancer Patient Experience Survey, and suggested that the responses had been more favourable in the previous survey report.

Action

Mr. Griffiths also indicated that LINk had previously raised concerns over waiting times for ambulance patients, and had been told that it would take some time to make improvements. Mr. Loughton responded that the problem was likely to get worse, and that it needed to be addressed by the Wolverhampton CCG.

Finally, Mr. Griffiths referred to the discussion about information being given to cancer patients and the suggestion that they be telephoned at home the day after an appointment. He said that LINk had estimated that approximately 10 – 15% of patients did not routinely receive written information about their treatment.

In response to a question by Mr. Vanes, Mr. Griffiths confirmed that Health Watch would begin operation on the 1 April 2013, and that a new Chairman had been appointed, subject to references.

TB.4400 Date and Time of Next Meeting

It was noted that the next meeting was due to be held on Monday 25 March 2013 at 10.00 a.m. in the Boardroom of the Corporate Services Centre, New Cross Hospital.

TB.4401 Exclusion of the press and public

RESOLVED: that pursuant to the provisions of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.

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The meeting closed at 1.07 p.m.