

**Minutes of the Meeting of the Board of Directors held on
Monday 26 November, 2012 at 10.00 a.m. in the
Boardroom, Clinical Skills and Corporate Services Centre,
New Cross Hospital**

PRESENT:	Mr. J. Vanes	Non-Executive Director (Vice-Chairman, in the Chair)
	Ms. C. Etches OBE	Chief Nursing Officer
	Mrs. B. Jaspal-Mander	Non-Executive Director (part)
	Mr. J. Holder	Associate Non-Executive Director
	Mr. S. Kalirai	Non-Executive Director
	Mr. D. Loughton CBE	Chief Executive
	Ms. G. Nuttall	Chief Operating Officer
	Dr. J. Odum	Medical Director
	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:	Mr. A. Sargent	Secretary to the Trust Board
OBSERVERS:	Ms. J. Viner	Wolverhampton LINK
	Mr. M. Swan	Lead Shadow Governor
APOLOGIES:	Dr. J. Anderson	Non-Executive Director
	Cllr. I. Claymore	Wolverhampton City Council
	Mr. B. Griffiths	Wolverhampton LINK
	Mr. R. Young	Wolverhampton City CCG

Part 1 – Open to the Public

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
MONDAY 29 OCTOBER 2012**

TB.4270 RESOLVED: that the minutes of the meeting of the Board of Directors held on Monday 29 October 2012 be approved as a correct record.

Action

MATTERS ARISING FROM THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON MONDAY 29 OCTOBER 2012

Action

- TB.4271** Letter to Mr. Graham Williams (TB.4176)
 The Acting Chair undertook to write this letter shortly.
- TB.4272** Aspiration Pneumoinitis – Case Note Review of Deaths (TB.4213)
 Dr. Odum confirmed that this work had been completed.
- TB.4273** Implications of the Welfare Reform Act (Minute TB.4215)
 The Acting Chairman indicated that this matter was expected to be considered at the December Board Development Session.
- TB.4274** Workforce Review of Nursing and Midwifery – progress (Minute TB.4222)
 Ms. Etches said that she would be meeting the Executive Nurse of the WCCG on the 27 November 2012 to discuss the position taken by the Commissioner in respect of this Business Case.
- TB.4275** Health and Safety Annual Report 2011/12 – red rated audit scores
 Pursuant to Minute TB.4226, Ms. Etches said that she had circulated the information requested immediately following the October meeting.
- TB.4276** Wayfinding Strategy
 Pursuant to Minute TB.4230, Mr. Stringer confirmed that he had provided background information about the Wayfinding Strategy to Mr. Holder, and would do so for Ms. Rawlings today.
- TB.4277** Contracting and Commissioning 2012/13 (Minute TB.4232)
 Mr. Loughton said that he would be speaking to Dr. Hibbs about the proposal to hold an informal Board-to-Board session with the CCG on how local health issues could be progressed, but would delay doing so until the New Year, as the CCG was currently undergoing the assessment process for authorisation.
- TB.4278** Financial Position of the Trust – September 2012 (Minute TB.4239)
 Mr. Stringer confirmed that the minor changes requested would be included in the financial report to the next Trust Board meeting.
- TB.4279** Equal Pay Claims (Minute TB.4243)
 Ms. Harnin provided an update to the Board on the conclusion of the outstanding equal pay claims. She confirmed that all outstanding cases had been concluded and that COT3 documentation had been signed.

JV

DL

KS

The total cost to the Trust would amount of £17,996 (excluding legal costs), against a reserve figure of £300,000, which represented a good result for the organisation.

TB.4280 Mortality Report (Minute TB.4244)

Mr. Loughton reported that Dr. Foster would publish the Good Hospital Guide, including mortality figures for the UK, next weekend, and that it would reflect well on this Trust. Dr. Odum added that the NHS Operating Framework for 2013/14 was expected to include a target relating to preventing avoidable mortality.

BOARD ACTION LIST

TB.4281 **RESOLVED: that the report be noted.**

DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS

TB.4282 There were no declarations of interest at this meeting.

CHIEF EXECUTIVE'S REPORT

TB.4283 Mr. Loughton presented his monthly report and confirmed that the following Policies had been approved by the Trust Management Team on the 23 November 2012:

- NHSLA Policy Summary Report
- IP11 Infection Prevention Management of Patients Affected by Common UK Parasites
- IP20 Urinary Catheter Policy
- IP04 Transportation of Clean and Contaminated Instruments, Equipment and Specimens
- IP17 Prevention and Control of Tuberculosis in a Hospital Setting
- OP71 Hospitality Policy
- CP57 Policy for the Prescription and Administration of Emergency Oxygen in Adults

Further to the information regarding the award for the Dementia Service from the Health Service Journal and Nursing Times, Mr. Loughton reported that the service had also been a finalist in the HSJ Award Ceremony in the last week although had not been among the winners. He added that Angela Rippon was due to attend a function hosted by the Trust on the 5 December 2012 in connection with a Dementia Friendly City, and said that all were welcome to attend.

RESOLVED: that the meetings of the Trust Board be held on the following dates during 2013/14:

2013

**28 January
25 February
25 March
22 April
20 May
24 June
22 July
23 September (including AGM)
28 October
25 November**

2014

**27 January
24 February
24 March**

FINANCE AND INFORMATION

TB.4284 Financial Position of the Trust – October 2012 (Month 7)

Mr. Stringer reported that the Trust's income and expenditure position at Month 7 was a surplus of £4,592,000 which was £77,000 above the Month 7 plan, and showed that the Trust was in a strong position for this time of year. This was an improvement of £348,000 compared to September. He said that total income at Month 7 was above plan by £3,483,000, which built in a contingency of £2,333,000 in respect of emergency readmissions and non-elective threshold adjustments. Mr. Stringer told the Board that Directorate expenditure was adverse to plan by £3,622,000, but the Divisions had now been set control totals to deliver the plan and financial targets by year end, and monthly run rates were in place to monitor performance by Directorate.

Answering a question from Dr. Odum, Mr. Stringer said that the additional activity in General Medicine tended to be funded at 30% of tariff, but there had recently been discussions with the Commissioner to try to get the other 70% reinvested into the Trust. Mr. Loughton said that in the absence of effective demand management there were now national discussions about the policy of funding additional activity of this nature at only 30% of tariff which penalised acute trusts. He reminded the Board that additional capacity had been introduced to meet the demand, at premium cost. Demand continued to rise and the Trust was being penalised for attempting to meet it.

Mr. Stringer went on to outline the level of financial risk and mitigations and informed the Board that there had recently been a number of relatively successful outcomes following consultations with the PCT/WCCG, who had agreed to fund several areas which had previously caused them concern, subject to receiving additional evidence on some of the over performance issues.

Turning to service level agreements and income, Mr. Stringer highlighted that Division 1 was approximately £1.8m down on contract income, and Division 2 had over performed (in general medicine predominantly) by over £2m. The Division 2 situation was linked to the extra bed capacity which had been kept open throughout the year. This had, of course, generated income but the Division had also incurred additional costs. The Board noted that Wolverhampton City and South Staffordshire were the two Commissioners with the highest variance to plan. With regard to the expenditure exception report, Mr. Stringer indicated that Division 1 expected to achieve its control figure by the end of March 2013 and there was some evidence that the rate of overspend was beginning to fall. He confirmed that the cumulative overspend in Division 2 was partly related to activity on the extra capacity which had been maintained throughout the year.

In response to questions, the following additional points were covered:

- In response to Mr. Kalirai, Mr. Stringer said that against the forecasts at the beginning of the financial year, the Trust had performed better against income but worse against expenditure.
- In response to Mr. Holder, Mr. Stringer confirmed that the Trust's operating position (EBITDA) was a very sensitive figure, although he expected the current situation (£89,000 adverse to plan) to improve, thereby moving the weighting in the right direction. Mr. Stringer undertook to explain to Mr Holder how Monitor's weighting operated.
- In response to Mr. Holder's question about whether it was possible to distinguish what was avoidable and what elements were not avoidable in terms of general surgery, Ms. Nuttall indicated that an analysis was underway, and it related in part to Vascular services. Mr. Stringer added that a full analysis was being undertaken in conjunction with the surgeons, to identify work which had moved to Dudley.
- In response to Mr. Holder's question about what was covered by "other" admission types on page 8 of the report, Mr. Stringer assured the Board that there was no sizeable income loss in this category, and offered to circulate details after the meeting.
- Mr. Holder asked whether there was an analysis of the anticipated £3.4m of additional income identified in the SLA and income chart on page 11. He asked whether it was spread across a number of PCTs. Mr. Stringer confirmed that the information was available but was not apportioned within the report as it was based on assumptions by this organisation rather than firm agreements with the Commissioners themselves.

KS

KS

(At this point in the meeting, Mrs. Jaspal-Mander arrived)

- Mrs. Rawlings noticed a significant variance in income for drugs and devices in Division 1. Mr. Stringer indicated that the cost of drugs and devices was a consequence of the pathways upon which individual patients were placed, and this had to be agreed with the Commissioner on a patient by patient basis, and therefore this activity and income was totally unpredictable at the beginning of the financial year.
- Mr. Kalirai asked whether the amber risk rating against the CIP was accurate. Mr. Stringer assured the Board that at the moment this was a reasonable risk rating given that recovery plans were in place and being monitored monthly by the Change Programme Board. If the situation had not significantly improved by January, however, the level of concern would become far higher and the risk rating would be reviewed accordingly.
- Mr. Vanes asked Mr. Stringer about the likelihood of additional penalties being imposed by the Commissioner as the financial year progressed. Mr. Stringer said that the Trust had now reached a position for this financial year with the Commissioner, based upon an understanding of the key strategic initiatives upon which the CCG wished to focus. It was therefore unlikely that there would be additional penalties during this year, but attention was now turning to the financial year 2013/14 and it was clear that the Commissioner had concerns about their capitation allowance and the likelihood of the £17m surplus for this year being taken from them. He informed the Board that he expected the new NHS Operating Framework, due to be published in December, to clarify this situation.

RESOLVED: that the report on the Trust's Financial Position at October 2012 be noted.

BUSINESS PLANNING

TB.4285 Capital Programme 2012/13 – Month 7

Mr. Stringer drew out the main points of the monthly progress report on the Capital Programme 2012/13, indicating that the actual expenditure position at Month 7 was £99,362 ahead of plan based on the revised profile. At the current rate, the Trust would be overspent against its CRL by £108,000, but he assured the Board that the situation would be managed back to the CRL by the end of March 2013. He indicated that there were no significant variations on last month's progress report.

In response to questions by Mr. Holder regarding the progress in selling the Eye Infirmary and the security and general health and safety situation at that site, Mr. Loughton said that the Trust employed private contractors to maintain security and that it was hoped that it would be disposed of by April 2013, although planning restrictions made it a less attractive proposition for potential developers. In response to comments by Mr. Holder, Mr. Loughton undertook to instruct that any greenery overhanging the public footpaths and roadways adjacent to the site be pruned back.

DL

RESOLVED: that the Month 7 update on the Capital Programme 2012/13, be noted.

TB.4286

Report of the Change Programme Board

Ms. Espley presented the monthly report on the progress of the Change Programme Board, which showed that as at Month 7 a total of £7,983,000 had been removed from budgets against the annual 2012/13 target of £15,325,000, representing 52% of the total, against the originally agreed target (for Month 7) of 76%. Therefore, the Trust had under achieved against the October plan with a cumulative under achievement of £3,627,000. The Board noted that this was a deterioration from the September position. She added that a further eighteen mitigation schemes had been received from Divisions 1 and 2 during November, along with a number of others from Estates and Facilities, but the CIP programme was still amber rated and under close attention. Ms. Espley indicated that a detailed review of plans for 2013/14 was underway, and mitigation schemes already submitted were being closely assessed for impact in the next financial year. A detailed CIP plan for 2013/14 would be presented to the Trust Board in January.

Mr. Vanes noted that a replacement scheme from Division 1 was for pay savings in the Ophthalmology Department and requested further information. Ms. Espley said that the savings included delays in recruiting to posts or reviewing posts, or reviewing skill mix and reductions in hours. She stressed that every scheme had been through a quality impact assessment and had been accepted on the basis that there were no red ratings as a result of that assessment. Mr. Vanes went on to request a list of the schemes which had been withdrawn, along with reassurance about the reasons for their withdrawal, in order to give Non-Executives a wider evidence base when considering the programme for 2013/14. Mr. Loughton indicated that this was information upon which the Board must assure itself every year and added that it was likely that between 10 and 15% of schemes would be rejected as a result of the quality impact assessment. Ms. Espley confirmed that the Programme Management Office had details of every scheme submitted together with the reasons why any had been withdrawn, along with a detailed analysis of the schemes that had not delivered the level of financial savings which had originally been anticipated.

ME

RESOLVED: that the report of the Change Programme Board for Month 7 (October 2012) be noted.

(Ms. Etches left the meeting at this point)

OPERATIONAL PERFORMANCE

TB.4287 Performance Report

Ms. Nuttall presented the highlights of the monthly report on Operational Performance. She confirmed that following the loss of a learning disability specialist nurse an appointments process had been undertaken, and it was expected that the rating for this within the Monitor compliance framework would change by the time of the next report. She also referred to the work to improve the percentage of GPs who receive correspondence within twenty-four hours of discharge, and confirmed that there was an outstanding performance notice against this item, but that the Trust had submitted a revised trajectory and action plan which it was hoped the Commissioner would accept. She added that so far during November significant improvement had been seen against this indicator. With regard to elective and non-elective lengths of stay, Ms. Nuttall said that performance was deteriorating. She assured the Board that the bed stock was being managed as effectively as possible and that an investigation was under way into case mix issues which may have also affected the performance around length of stay, especially within cardiology.

Ms. Harnin highlighted the sustained improved position regarding sickness absence, but added that there remained some disappointment over the extent of spend on agency staff. In response to a question by Mrs. Jaspal-Mander, Mr. Loughton confirmed that there were robust plans in place to support staff employed temporarily by the Trust.

Ms. Nuttall went on to report that although October performance within A & E appeared satisfactory, during November the organisation had been extremely challenged in terms of A & E performance and the Trust had been hindered by outbreaks of Norovirus. The ambulance conveyances had increased by 10% to the Trust and the West Midlands Ambulance Service had advised that they expected that conveyances to acute trusts within December were likely to increase by up to 25%. The Black Country acute trusts were committed to trying to help each other in times of extreme need. The service within A & E at times was less than ideal as patients were in adversity being managed in the ambulance offload area under the supervision of a nurse in order that ambulances could go back on the road to their next emergency. This risk-assessed response enabled the whole health economy to expand capacity.

Mr. Stringer asked Ms. Nuttall whether the SHA had expressed any view about the performance notices which had been served on this organisation. Ms. Nuttall said that the SHA had not expressed any undue concern about these notices, although it was deemed advisable to record them and to assure the SHA that work was underway with the CCG to resolve the issues which had been raised.

Mr. Kalirai asked why offering NHS health checks had been included as a target. Mr. Loughton said that a number of targets relating to community services had to be included, although a number of other acute trusts did not provide community services and therefore did not have to meet such targets. Mr. Loughton went on to question the realistic expectation that some of these targets could be achieved in a city like Wolverhampton, given the negative socio-economic factors experienced by a large number of the population. He indicated that after April 2013 further work with the Local Authority and Public Health Departments would have to be undertaken by the Trust in respect of some of the community based targets. He also suggested that some of these targets might usefully be considered by the Board at a Board Development Session in order to gain greater understanding of what lay behind them. Mr. Vanes mentioned that child poverty in the City had doubled in the last four years.

RESOLVED: that the monthly report on Operational Performance be noted.

TB.4288 Trust Strategic Goals update – Quarter 2

Ms. Nuttall outlined the salient points of the Quarter 2 update on progress against achieving the Trust's Strategic Goals. Mr. Vanes asked whether the ambers and reds highlighted in the report were aligned with the Trust Risk Register and the Board Assurance Framework, and if not whether more detail should be provided to the Trust Board. In this regard, he cited Strategic Goal 5 ("we will demonstrate continuous improvement against the Better Care Better Value clinical indicators and other relevant benchmarking"), and Strategic Goal 2 (Agency expenditure for all grades of medical staff will be less than 1% of the pay budget). Ms. Nuttall thought that these had been covered in more detail in the performance report but said she was happy to ensure that there was specific reference to these points in future reports on operational performance. Mr. Loughton requested that in future this report include cross references to where information was provided in other reports. In response to a question by Mr. Kalirai, Ms. Nuttall confirmed that the strategic plan would have to be reviewed as part of the IBP refresh during the process for gaining FT authorisation.

GN

RESOLVED: that the report on Quarter 2 progress against the Trust's Strategic Goals be noted.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.4289 Minutes of the meeting of the Trust Management Team held on 21 September 2012

In response to a question from Mr. Vanes, Dr. Odum reported that the Business Case for the establishment of a second theatre team for the Delivery Suite related not to the number of operating theatres but to the number of people available to service elective surgery.

Ms. Rawlings asked about the timing of the meeting and the reasons for decisions made by the Trust Management Team.

Mr. Loughton explained that the Trust Management Team met monthly and had delegated authority to deal with operational matters across the Trust. He undertook to arrange for the rationale for TMT decisions to be made more explicit in future.

RESOLVED: that the minutes of the meeting of the Trust Management Team held on 21 September 2012 be noted.

(Note: Ms. Etches returned to the meeting at this point).

TB.4290 Minutes of the meeting of the Infection Prevention and Control Committee held on 28 September 2012

RESOLVED: that the minutes of the meeting of the Infection Prevention and Control Committee held on 28 September 2012 be noted.

TB.4291 Chairman's Summary of the meeting of the Board Assurance Committee held on 25 October 2012

RESOLVED: that the Chairman's Summary of the meeting of the Board Assurance Committee held on 25 October 2012 be noted.

QUALITY AND SAFETY

TB.4292 Patient's Story

The Board heard a CD recording of the experience of someone whose father had early stage dementia and who resided in a residential care home in the City. His behaviour had posed difficulties within the care home and the manager had called an ambulance for him to be taken to hospital. The ambulance crew would not convey the patient due to his challenging behaviour, without police assistance. When the police attended they put the patient into handcuffs before escorting him to the Accident and Emergency Department. The family member described the sequence of events which had left the family humiliated and confused, and commented unfavourably upon the attitude of the professionals involved in this incident as well as the lack of information and the absence of refreshments while they waited for admission to the Hospital.

Ms. Etches commented that the gentleman concerned had spent forty-eight hours within the hospital and had now been settled into a nursing home. The Trust recognised the safeguarding issues preceding when the patient arrived at A & E, and had also raised with nursing homes the need to have regard to safeguarding. The need for further safeguarding training within A & E had been identified. In respect of the complaints procedure, Ms. Etches told the Board that it was customary to telephone complainants to ensure that the nature of the complaint was clearly understood prior to investigation.

The Board noted that a dedicated snack service had now been introduced within A & E. Mrs. Jaspal-Mander said that such incidents could be expected to reoccur if nursing homes were unable to cope with dementia patients with challenging behaviour. She thought that nursing home staff should be trained and equipped to handle challenging behaviour presented by residents suffering from dementia.

Dr. Odum wondered whether this case might indicate an issue with the police regarding safeguarding procedures, and in particular placing handcuffs around the gentleman in question. Ms. Etches confirmed that safeguarding issues had been raised against West Midlands Ambulance Service.

RESOLVED: that the Patient's Story be noted.

TB.4293

Quality and Safety Report

Ms. Etches submitted the monthly Quality and Safety Report. The following points were highlighted:

- Net Promoter Score: 78 was the October score (against the target of 77).
- Safety Thermometer: Ms. Etches pointed out that the report included the wrong graph, but emphasised that progress remained strong and 92.26% of harm free care had been reported in October.
- Falls: the numbers of falls causing harm had reduced further to zero in October, although there remained a number of falls without harm and no sign of any reduction in these.
- Pressure ulcers: there had been a decrease in the number of avoidable pressure ulcers.
- Hand hygiene and environmental standards: the Board noted that hand hygiene results had increased in quarter two to 92% with a continued focus on Five Moments reported monthly. Regarding Five Moments, however, there was concern over practice in orthopaedics and the community children's service.
- C.difficile: the internal target had been breached on a number of counts but the Trust remained on target (thirty cases so far this year) against the externally set target.

In response to a question by Mrs. Rawlings regarding the increasing number of medication incidents, Ms. Etches said that there was an emphasis on good quality reporting and that the increase reflected a change of policy since June so that doctors as well as nurses now had to report medication incidents. Mr. Kalirai asked whether there were any issues regarding mortality (HSMR) for the period under review, and Dr. Odum confirmed that the Mortality Review Group (MRG) kept the matter under review and there was nothing of concern to report to the Trust Board at this stage.

RESOLVED: that the monthly Quality and Safety Report be noted.

TB.4294 “More Transparency to drive up NHS Safety” – Department of Health (DoH) October 2012

Ms. Etches presented a report on the recently published Department of Health Never Events Policy Framework “an update to the Never Events Policy”.

She advised the Board that the category list was unchanged but there had been further clarification leading to less scope for ambiguity in future. She reminded the Board that much work had been done to embed the WHO Checklist in the organisation and that this was being randomly audited to assess the quality of implementation. She also reported that a further Never Event had been detected belatedly in November and that the RCA was being completed. Mr. Stringer noted that Monitor continued to take Never Events seriously, and that there had been a finding against Addenbrookes for serious governance failure due to Never Events. Ms. Etches went on to say that it had become clear from a number of the RCAs that Never Events had happened in this organisation even though the WHO Checklist had been completed, which led to the conclusion that the Never Events in question had been due to human error. Accepting this point, Mr. Loughton emphasised that the process around Never Events was more transparent than it had ever been.

RESOLVED: that the Department of Health Framework around Never Events be noted.

TB.4295 Infection Prevention Developments

Ms. Etches submitted a progress report on two recent infection prevention developments, one being the Nurse-led Intravenous Resource Service and the other being the Surgical Site Infection Surveillance Team. Both initiatives were being evaluated with a view to reports being submitted to the Trust Management Team in Spring 2013.

RESOLVED: that the progress report on Infection Prevention Developments be noted.

TB.4296 Caring Sciences Research Report

Ms. Etches presented the bi-annual report of research activity for the caring sciences.

RESOLVED: that the report on Caring Sciences Research be noted.

GOVERNANCE

TB.4297 Board Assurance Framework/Trust Risk Register

Ms. Etches submitted the monthly report on the Board Assurance Framework and Trust Risk Register, and indicated that there remained two red risks on the Board Assurance Framework and three red risks on the Trust Risk Register. Mr. Vanes requested further information about actions being taken in respect of the health visiting service. Ms. Etches indicated that it remained a red risk but a number of significant management actions were underway which were expected to change the rating to green in due course. For example, she said that the health visiting service was moving into children's centres, and the Health Visiting Project Group reviewed progress against the action plan on a monthly basis.

Ms. Etches indicated that the service was undergoing a challenging major change programme which would bring the service into line with local needs and also reflect the national agenda for health visiting.

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

GENERAL BUSINESS

TB.4298 Matters raised by members of the general public and Commissioners

No matters were raised by members of the general public and Commissioners at this meeting

TB.4299 Date and Time of Next Meeting

It was noted that the next meeting was due to be held on Monday 28 January 2013 at 10.00 a.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.4300 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.

This part of the meeting closed at 12.10 p.m.
