

The Royal Wolverhampton NHS Trust

Minutes of the Annual General Meeting of The Royal Wolverhampton NHS Trust held on Monday 29 September 2014 at 3pm in the Lecture Theatre of the Wolverhampton Medical Institute, New Cross Hospital, Wolverhampton.

PRESENT:	Mr J Vanes	Chairman
	Dr J M Anderson	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-executive Director
	Mr D Loughton CBE	Chief Executive
	Ms M Martin	Non-Executive Director
	Ms G Nuttall	Chief Operating Officer
	Mrs S Rawlings	Non- Executive Director
	Mr K Stringer	Chief Financial Officer
	Professor D Kelly	Associate Non-Executive Director
	Ms M Espley	Director of Planning and contracting
	Mr S Mahmud	Interim Programme Integration Director
Ms D Pugh	Interim Director of Human Resources	
IN ATTENDANCE:	Mr A Sargent	Secretary to the Board
	Ms H Davis	Head of Service Redesign
	Ms N Dowd	Wolverhampton CCG
	Mr M Swan	Shadow Lead Governor
APOLOGIES:	Dr H Hibbs	Wolverhampton CCG
	Dr J Odum	Medical Director

In addition to the above, P Watton, A Lawson, C Miller, D Hellyar, K Timmis, M De Silva, M Gwilliam, Dr Tinsa, and a reporter from the Express and Star attended the meeting.

AGM.123	<p>Welcome and introduction by the Chairman</p> <p>The Chairman welcomed those present at the meeting. He outlined the order of proceedings. By way of background, he stated that the Trust had 800 inpatient beds, over 7000 staff, and was in effect a large business which cost £1 million per day to run, and currently invested an average of £0.5M every week on capital projects. As an example of the level of patient care activity, he said that approximately 4000 babies were born every year at the hospital. He also stated that the Annual Report included extracts from the audited accounts which had been independently audited and prepared with a high degree of rigour.</p>

<p>AGM.124</p>	<p>Minutes of the Annual General Meeting of the Royal Wolverhampton NHS Trust held on Monday 23 September 2013.</p> <p>RESOLVED: That the minutes of the Annual General Meeting of the Royal Wolverhampton NHS Trust held on Monday 23 September 2013 be approved as a correct record.</p>
<p>AGM.125</p>	<p>Matter Arising from the Minutes</p> <p>There were no matters arising from the minutes.</p>
<p>AGM.126</p>	<p>Review of 2013/14</p> <p>Mr D Loughton, Chief Executive, presented a review of the past year, 2013/14, by means of a PowerPoint Presentation. It had been another busy year, during which there had been unprecedented levels of emergency activity in line with most other hospitals in the UK but the Trust had achieved the four-hour target in A and E, and delivered on all of its contractual and statutory obligations. Above all, it had continued to keep patients at the centre of its work and had continued to focus on the priorities of patient safety, care of the older person, end of life and urgent care.</p> <p>He went on to describe the work which had taken place on the West Midlands Local Clinical Research Network, whereby 15 West Midlands networks had been integrated into one, with this Trust acting as the host organisation. This represented the largest of the 15 networks in England, having a budget of £30 million and approximately 620 staff. The target for the next year was to recruit over 60,000 patients onto clinical trials.</p> <p>Turning to the work of the Emergency Department, Mr Loughton referred to the intense pressure which continued to be brought to bear on the Department, with an average of 300 attendances per day during the year under review. He explained that interim improvements had been achieved by increasing "majors" capacity and creating a Clinical Decisions Unit. In the longer term, a new joint Urgent and Emergency Care Strategy had been approved, and funding obtained to create a new purpose-built Urgent and Emergency Care Centre, to open in November 2015 at an estimated cost of £30 million.</p> <p>He described a number of other improvements for patients, including the refurbishment of the outpatient department, the relocation of the pharmacy department, and the launch of the integrated patient flow and discharge team.</p> <p>Finally, Mr Loughton gave an update on the work which had taken place to enable the services and estate currently run and managed by mid Staffordshire Foundation Trust at the Cannock Chase Hospital to transfer to this Trust on 1 November. This would enable some elective surgery to be transferred from the hospital at New Cross, and refurbishment work at Cannock Chase Hospital had already commenced to facilitate this. There had been public consultation on the move of certain services from New Cross to Cannock Chase Hospital and the outcome of the consultation would be considered during the autumn.</p>

<p>AGM.127</p>	<p>Annual Report 2013/14 and The Quality Accounts 2013/14</p> <p>Ms C Etches, Chief Nursing Officer, gave a presentation on the Annual Report and Quality Account for 2013/14. She drew out the highlights of the key achievements during the year in regard to the Trust's Strategic priorities of Urgent Care, Care of the Older Person and End of Life Care. She also described how different strands of work were contributing to the three domains of quality namely patient experience, patient safety and clinical effectiveness. Some of the other key achievements during the year included the use of Safe Hands to support patient safety, safer staffing (overseas recruitment planning, significant investment to increase staff numbers, and the skill mix review), patient stories at the public Trust Board meeting as a lever to improve patient experience, preceptorship for newly qualified nurses (over 100 per annum benefiting), the development of the Midwifery-led unit (delivering 20% of births), improvements in the numbers of completed clinical audits, and the refurbished Mortuary viewing area. Finally, she described a number of other achievements such as gaining NHSLA Level 3 general standards, a reduction in the percentage of late observations, PLACE scoring higher than the national average in all but one category, the CQC action plan almost complete, and the Chief Executive Officer for the NHS visiting the Trust to launch a campaign entitled "6 C's".</p>
<p>AGM.128</p>	<p>Presentation of the Audited Accounts for year ended 31 March 2014.</p> <p>Mr Stringer gave a Power Point Presentation which summarised the key features of the Trust's finances during 2013/14. He drew out the main points in the Financial Performance Overview contained in the Annual Report, and drew attention to the Financial Performance. The key messages were that the Trust had had another year of sustained good performance in tough economic conditions, increased activity and increased turnover (particularly the numbers of emergency admissions, and referrals from GPs), community services integration was now embedded, and there was a continued focus on improving patient experience and outcomes. Good financial performance had led to an actual surplus of £7.9m; with capital spend of £20m. For the year ahead, there was a requirement to find savings of £28m. From 1 April 2014 the NIHR Host organisation role would require the Trust to handle an additional £30m for that body. The transfer of services at Cannock Chase Hospital would entail RWT acquiring services and staff worth approximately £40m. The challenges described in this summary report would inevitably require the Trust to innovate and work with partners in a different way.</p>
<p>AGM.129</p>	<p>Questions from the Floor.</p> <p>A number of questions were then put to the Board and these, together with the responses, are summarised as follows:</p> <ul style="list-style-type: none"> • Could the Board clarify the findings of the CQC in regard to numbers of nurses on the wards, and say how it would be addressed, and in what timeframe? Ms Etches explained that from what they had found during their inspection of the hospital the CQC thought that the Trust should give priority to reviewing staffing levels particularly on night duties and on particular wards. In view of this, the Trust had progressed its skill mix review and the Board had supported a business case for an

increase in nurse numbers. However, many other trusts found themselves in a similar position and due to the insufficient numbers of nurses in the UK it had been necessary to recruit from overseas, and the first cohort had already joined the Trust and began working on wards. Further recruitment visits overseas were planned for later this month. She went on to explain that the Trust was working with Health Education England to encourage former nurses, health visitors and midwives to return to practice in view of the fact that there were over 200,000 such professionals registered but not presently working. It would be necessary to discover the reasons for this situation and how retraining could be made attractive to them. Ms Etches also described the role of the University of Wolverhampton in training nurses, and the arrangement whereby those who qualified and passed the Trust's rigorous assessment process were offered employment with the Trust. The return visit by the CQC was awaited. Responding to a further question, she said that night staffing nurse levels had already been addressed and that the overall vacancy position was reviewed on a monthly basis.

Could the Trust's underspend be used to pay for additional nursing staff? Mr Loughton said that the issue was not a financial one, but about being able to recruit sufficient numbers bearing in mind that nurse staffing had been raised as an issue in 17 of the first 18 CQC hospital inspection reports, and it appeared that the UK faced a very significant shortage of qualified nurses. He explained the need to expend effort to make the Trust an attractive place at which to work, and said that this would involve mentoring and providing a package to help them relocate.

Could the Trust make greater use of healthcare assistants (HCA) to ease the pressure on nurses? Mr Loughton said that this was already done but when the dependency levels of patients rose to a certain level then it was more appropriate to provide qualified nursing care.

What were the present rates of staff retention and turnover? Ms Etches said that turnover rates were generally between 9-10%. A certain level of turnover was healthy so that staff continued to develop their skills and experience and, in many cases, to return later in their careers with more to offer the Trust. Mr Loughton commented that the Trust was seen by many as an attractive place to work because of its financial stability by comparison with a number of others. Ms Pugh indicated that feedback from the staff satisfaction surveys indicated that the organisation was regarded positively by staff under several measures and according to the HSJ was now one of the top 100 NHS employers.

What was the Trust doing to tap into the 200,000 registered nurses who were not presently in practice? Ms Etches replied that the Nursing and Midwifery Council was validating the information in order to establish how many of these actually intended to return to practice and how many had, for example, moved abroad or were suffering from ill health. It was likely that a number of them would need to retrain. Mr Loughton thought that a significant number would turn out to have no desire to return to work for the NHS. Responding to a further question, Ms Etches said no one yet knew how many of the estimated 200,000 lived close enough to return to work in Wolverhampton.

Would the Trust consider establishing a large dining area within the hospital, and did the presence of fast-food outlets seem appropriate to the Board? Mr Vanes indicated that patients were well served by a cook-chill facility which served meals better than those found in many other hospitals. There was some dining accommodation for staff on the site as well as a variety of smaller outlets which both staff and hospital visitors could use. He pointed out that the commercial outlets had contracts with the Trust. Mr Loughton added that the main staff dining room had been closed because it was making huge losses and reminded those present that the success of the fast food outlets on the site reflected customer choice. Responding to a further question, Ms Etches said that inpatients should not miss meals just because they were taken away from the ward for diagnostic tests.

Could a restaurant be included within the design of the new Emergency Centre? Mr Loughton said that this would not be possible because such a facility would invariably lose money.

How much money had the Trust lost on IT schemes which had failed to come to fruition? Mr Loughton replied that this Trust had not suffered losses of this nature.

Could the Board describe progress in developing e-prescribing for cancer patients? Mr Loughton said that there had been a long-standing aspiration to deliver e-prescribing, and work on this project continued.

In closing the meeting, Mr Vanes informed those present that he had today received a letter from the Trust Development Authority appointing him substantively to be chair of the Board until 2016. He thanked everyone present for their support for the Trust over the last year.

The Chairman thanked all those present for attending and for their questions, and closed the meeting at 4.15pm