

Minutes of the Meeting of the Board of Directors Held on Monday 13th December 2010 at 2.30 p.m. in Room 1 of the Wolverhampton Medical Institute, New Cross Hospital

PRESENT:	Mr. B. Picken Dr. J. M. Anderson Mr. K. Bryan Ms. C. Etches Ms. V. Hall Mrs. B. Jaspal-Mander Mr. D. Loughton CBE Mr. B.G. Millar Mr. J. Sharples Mr. K. Stringer Mr. J. Vanes Ms. D. Harnin	Chairman Non-Executive Director Non-Executive Director Director of Nursing and Midwifery Chief Operating Officer Non-Executive Director Chief Executive Medical Director Non-Executive Director Director of Finance and Information Non-Executive Director Director of Human Resources
-----------------	---	---

IN ATTENDANCE:	Mr. J. Oatridge Mr. H. Ward Ms. J. Viner Mr. B. Griffiths	Wolverhampton City PCT Wolverhampton City PCT LINK Co-ordinator Deputy Vice-chairman LINK
-----------------------	--	--

APOLOGIES:	Mr. B.G. Millar Professor D. Luesley Mrs. M. Corneby	Medical Director Associate Non-Executive Director Wolverhampton City PCT
-------------------	--	--

Part 1 – Open to the Public

Action

MINUTES OF MEETING HELD ON MONDAY 8th NOVEMBER, 2010

TB.3363	The Minutes of the meeting held on Monday 8 th November, 2010 were agreed as a correct record.	
----------------	---	--

MATTERS ARISING FROM THE MINUTES

Action

TB.3364 Pathology Scheme

The Director of Finance and Information reported that the Outline Business Case for the Pathology Scheme had been approved by the Strategic Health Authority. The Full Business Case will be presented to the Board for review in January, 2011. A number of queries had been raised in the confidential session of the Board held earlier today and had been discussed in full.

KS

Theatres Business Case

The Chief Operating Officer apologised to the Board for the omission of the Theatres Business Case from today's Agenda. There had been delays in getting work completed but she gave assurance that the Business Case would be presented to the Board in January, 2011.

VH

Exception Reporting on Capital Programme

Mr. Bryan advised that a meeting had taken place between himself and the Director of Finance and Information regarding exception reporting against the Capital Programme.

DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS

TB.3365 None.

CONSULTANT APPOINTMENTS

TB.3366 Dr. Menon – Consultant Gastroenterologist

Dr. Alaa El-Ghobashy – Consultant in Gynaecological Oncology

OPERATIONAL PERFORMANCE

TB.3367 Performance Report – October 2010

The Chief Operating Officer reported that the National Intensive Support Unit had undertaken a diagnostic review with regard to the cancer 62 day target. Their report had been received on 6th December which found that the capability and commitment was in place in the organisation, and there was relevant focus, attention and priority being put on to that target. Some recommendations had been made and a draft action plan was already in place. The NISU report and the action plan would be presented to a future meeting of the Board.

VH

During October the Trust did not achieve the target of 85% due to patient choice and late referrals. The early position for November is 83.2% and validation is being undertaken on this figure.

Mr. Sharples referred to patient experience and suggested that a trend report on patient's complaints would be useful. The Director of Nursing and Midwifery advised that from January 2011 a narrative report on complaints would be provided for the Board on a monthly basis. This would detail numbers and trends and also the nature of complaints received.

CE

Mrs. Jaspal-Mander questioned whether anything further could be done regarding achievement of the target for *c.difficile* and noted that for October there had been 9 reported cases which was above the internal target of 7.5 for the month. The Director of Nursing and Midwifery advised that a root cause analysis was undertaken on each case and a new and separate action plan had been established for *c.difficile*. She explained the internal and external targets to the Board. The internal target included those patients who had previously been admitted to the Trust within the previous six weeks. These patients were excluded from the external target.

RESOLVED that the Performance Report for October 2010 be noted.

TB.3368

Annual Plan – Quarter 2 2010/11

The report provided a Quarter 2 assessment against the business outcomes contained within the Trust's Annual Plan for 2010-2011. The Chief Operating Officer advised that Section 2 of the report should be headed "Quarter 2" and not "Quarter 4" as shown.

The Chief Operating Officer referred to Strategic Goal 3 – 3.4. A planning day would be held on the 17th December to review capacity issues for the next year. Strategic Goal 5 – 5.3 productivity efficiency targets which was rated as "amber", when the productivity matrix was considered through the indicators, doctors' expenditure was improving but there had been little change for nursing and clerical staff.

Dr. Anderson referred to the staff costs and noted that vacancies in medical training grades were above target and questioned the impact of this on the use of agency staff. The Chief Operating Officer advised of gaps in most rotas, particularly earlier in the year in A & E.

RESOLVED that the Quarter 2 report on the Annual Plan 2010/11 be noted.

TB.3369 Commissioning for Quality and Innovation Specialised Services – Annual Report

The Chief Operating Officer advised the Board that the report provided progress against CQUIN Indicators 2010/11 for Specialised Services. The Trust was required to provide an Annual Report on all the services and this was presented to the Specialised Commissioning Team (SCT) on 17th November, 2010. Positive feedback had been received and the SCT had indicated that the quality and content of the Annual Report was of a high standard. Following the formal review session the SCT visited the Heart and Lung Centre with the Head of Commissioning from RWHT and the Directorate Manager of Cardiothoracic Services.

Payment has been received from Specialised Services for the first two quarters on CQUINS. A letter had been received asking the Trust whether it wished to be considered as the third Cystic Fibrosis Centre for Adults. A bid would be put together over the next couple of weeks.

VH

The Chief Operating Officer would provide copies of the Annual Report on request.

RESOLVED that the report on Commissioning for Quality and Innovation Specialised Services – Annual Report be noted.

BUSINESS PLANNING**TB.3370** Capital Programme 2010/2011 – Month 7 Report

The Director of Finance and Information advised that as at Month 7 the prediction of the final outturn position for the 2010/11 Capital Programme at 31st March, 2011 is £17,984,808 against a Capital Resource Limit of £18,035,000; an underspend of £50,192.

The programme contains a number of projects where progress indicates a high risk of non-delivery. The value of these projects is £1,138,387. An action plan has been put in place to target these business cases.

Referring to the exception report, Appendix 1 to the report, the Medical Illustration Department relocation which was shown as an overspend was actually a move to a revised location. The additional expense had been approved by the Capital Review Group. The Catering facility was now complete but the builder had gone into administration and the Trust was currently working with the liquidators on the final bill and the warranty of the building.

Mr. Sharples suggested that the original approved business plan should be included in the report for each item and the Director of Finance and Information agreed to produce this for the next report

KS

Referring to the Appleby scheme, Mr. Sharples asked whether this figure was in addition to the last report or confirmation of previous reported overspends. The Director of Finance and Information advised that there had been a slight decrease of £50,000 and the final figure was as shown in the report.

RESOLVED that the Capital Programme Month 7 report be noted.

TB.3371

Marketing Strategy Update

The Chief Operating Officer presented the report which gave an update to the Marketing Strategy that had been in place since Spring 2008. The Strategy had been updated in light of Greater Choice and Control and the requirement to publish information about the Trust's services based around the consultant led teams and the likely impact of the economic situation.

Particular attention was drawn to Appendix 3 – the progress report against the Marketing Plan 2010/11. Good progress was being made against the plan. Referral patterns by GPs were being monitored and referral patterns, for first appointments, by PCT were shown in point 1.4 of the report. It was noted that in all cases referrals had increased with the exception of Dudley where a small decrease had been seen. All specialties were being reviewed as part of the upgrade to Choose and Book. A new service directory was being developed for GPs.

Mrs. Jaspal-Mander asked whether the level of detail behind the referral patterns was available and was advised by the Chief Operating Officer that the information was available and would be factored in to the planning discussions that were being held with specialties.

The Chairman commented on the future commissioning activity and the way that would be dealt with. At the present time we operate through the practice based commissioning groups and the Chairman wondered whether there was an enhanced role going forward for the Medical and Clinical Directors in respect of marketing the organisation and its clinicians. The Chief Operating Officer advised that the establishment of a regular forum for GPs would help with this matter and the newly appointed Medical Director was keen to be involved.

RESOLVED that the updated Marketing Strategy be approved and the progress in delivering the Marketing Plan be noted.

TRANSFORMING COMMUNITY SERVICES

TB.3372 Maxine Espley, Managing Director Provider Services, Wolverhampton City PCT presented the report and advised that good progress had been seen with regard to the Transforming Community Services programme.

A formal business case has been submitted to the Co-operation and Competition Panel who had approved the proposed transfer of the Wolverhampton PCT's community services to RWHT. The approval enables the transaction to move to the next stage including submission to Monitor.

A post benefit transition plan is currently in development. This document details the expected benefits of merging the community services with the acute trust as well as the proposed management and governance arrangements to ensure successful integration of services and infrastructure. A high level benefits realisation plan has been developed and joint clinical teams will commence the detailed analysis of the proposed benefits and the redesign of the patient pathways. Contractual negotiations with the PCT to develop the Organisational Transfer Agreement will shortly commence.

Ms. Espley advised that over the coming months more detailed progress reports will be presented to the Board. She assured the Board that the organisations were on track against delivery timescales.

The Director of Finance and Information referred to the transfer of property assets and further clarity that was required around this issue.

Mr. Sharples suggested that a timetable be produced setting out the timescales for production of the key documents. The Chief Operating Officer advised that a document would be presented to the Board in January.

VH/ME

RESOLVED that the report on Transforming Community Services be noted.

FINANCE AND INFORMATION

TB.3373 Financial Position of the Trust – October 2010

The Director of Finance and Information reported a cumulative surplus of £7,112,000; £2,314,000 above target.

Total income to date of £175,382,000 is higher than plan resulting in an over recovery of £1,246,000 predominantly accounted for by an over performance on PCT patient income.

Against a Cost Improvement Target of £8,900,000, £6,384,000 has been withdrawn from budget. There had been some slippage and these were detailed on page 6 of the report as red risks.

The forecast outturn to 31st March 2011 is estimated to be in a range of £7,500,000 to £8,500,000 depending on activity levels, winter pressures and financial risks. The main issues in relation to income are Commissioner queries on over performance and discussions are ongoing with the PCTs.

RESOLVED that the report on the Financial Position of the Trust – October 2010 be noted.

TB.3374 Standing Financial Instructions

The Director of Finance and Information advised that the Trust is required as part of best practice to review Standing Financial Instructions on an annual basis. The changes within the updated SFIs were shown in red. The key changes are an update for the new banking arrangements with the Government Banking Service, changes to the tendering section for the introduction of e-tendering and some minor changes to posts within the authorised limits in Appendix A for operational delivery.

The Board were asked to note that there will be a wholesale change of SFIs for FT status and the acquisition of community services. This revised document will be presented to the Board for approval.

The Chief Operating Officer referred to Appendix A and noted that the Director of Finance and Information had added his post to the authority to waive competitive process and suggested that he also be added to the authority to accept other than the lowest quote and the approval of contract awards (including extensions). The Board agreed to this minor amendment.

RESOLVED that the revised Standing Financial Instructions be approved with the amendments as detailed above.

TB.3375 Service Line Reporting Progress Report

The Director of Finance and Information reported on the progress of Service Line Reporting and future plans.

Refinement had been made to the reporting format since 2007 year on year and in 2010 a Service Line Reporting accountant was appointed and this had enabled further improvements to be made. SLR reports are now produced on a monthly basis and distributed to Directorate management teams and clinical leads.

Pilot areas had been identified in Cardiology and Cardiothoracic, Ophthalmology, Diabetes and Endocrinology, and Orthopaedics. These pilots enable both inpatient and outpatient services to be reviewed. The Director of Finance and Information advised that the provision of Patient Level Information Costing (PLICS) is being scoped. This would enable a detailed cost for each patient to be available.

The Director of Nursing and Midwifery suggested if individual patient costs did become available these should be linked to clinical outcomes.

Mr. Bryan referred to Appendix 1 of the report and to areas of adverse variance and queried how these would be handled. The Chief Operating Officer explained that as part of performance management improvement plans would be in place and the views of Commissioners would also be taken into account. Once an area was on the mandatory list of services it would be difficult to cease providing the service.

RESOLVED that the progress report on Service Line Reporting be noted.

TB.3376

Service Line Management – Progress Report

The Co-ordinating Forum has met three times since the last report to the Trust Board and progress has been made in a number of areas. The first cohort of the Leadership Development Programme for Clinical Directors, Directorate Managers and Matrons has commenced. The Chief Operating Officer had led a number of discussions with the Coordinating Forum on the organisational form and a range of options have been explored. The organisational form will be agreed prior to formal integration with Wolverhampton City PCT Community Services.

Clinical teams have discussed the development and content of a Performance Dashboard and the range of indicators that would facilitate comparison of performance across diverse specialties or sub-specialty areas. This work is continuing with a view to implementing a “shadow” from 1st April, 2011 and a final version including the requirements for Community Services, by the summer of 2011.

RESOLVED that the progress report on Service Line Management be noted.

TB.3377 Terms of Reference for the Investment Committee

The Director of Finance and Information explained that the Terms of Reference for the Investment Committee had been put together as a requirement for Foundation Trust status.

The Committee is chaired by a Non-Executive Director and monitors and ensures the Trust invests any cash surpluses in an appropriate way. It also considers the most appropriate source of funds to facilitate medium to long term investments. As part of this process the Committee will be able to scrutinise material/significant transactions before they are taken to the Board.

The Director of Finance and Information advised that following discussions at the Assets, Sustainability and Estates Strategies Carbon Group concerning the role of the two groups, it was decided that the Terms of Reference for the Investment Committee be withdrawn from today's Agenda in order that a review of the governance structure for estates and other committees in the estates function can be undertaken. A further proposal would be brought back to the Board for approval.

KS

Mr. Sharples felt it was important that the Board understand the role of the Investment Committee and the responsibilities of Non-Executive Directors on that Committee. This had been raised at the Audit Committee.

RESOLVED that the report be withdrawn from the Agenda and a further report be provided.

TB.3378 Annual Audit Letter – 2009/10

The Director of Finance and Information advised that External Audit issue an annual letter which sets out to the Board the key elements of their findings. The PricewaterhouseCoopers Annual Audit for 2009/10 was attached to the report.

The key points were:

- The accounts prepared for audit and the associated papers were of a high standard
- There was one unadjusted item, which was discussed and approved by the Audit Committee
- The estate was revalued and the External Auditors believed the Trust's approach of having two evaluations was not unreasonable
- The Trust achieved its four main financial performance targets
- The Trust achieved a cumulative surplus of £0.597m achieving its statutory duty to breakeven.
- The Trust improved on its ALE score with no area less than 3

- The External Auditors issued an unqualified conclusion on the Trust's arrangement for its Use of Resources
- No significant internal control weaknesses were identified

Mr. Vanes commented that it was very pleasing to receive such a positive Annual Audit Letter.

RESOLVED that the content of the Annual Audit Letter 2009/10 be noted

GOVERNANCE

TB.3379 Analysis of Mortality Performance – including Audit of Emergency Readmissions within 28 days of Discharge following Hip Replacement

The Chief Executive referred to the Dr. Foster Hospital Guide 2008 in which the Trust was named as an outlier for the hospital standardised mortality rates (HSMR). The purpose of this report was to assure the Board that the Trust takes a prudent approach to mortality monitoring and provided an analysis of mortality performance in 2008/09, 2009/10 and 2010/11. The Chief Executive advised that the Trust's crude mortality rate, the number of patients who die in the hospital, has been falling over a long period of time.

The Chief Executive advised that RWHT, along with a number of other Trusts, had given notice to Dr. Foster that they would withdraw from using their services and were now working with Birmingham University on monitoring mortality.

The Trust was reviewing its clinical coding practices and changes were taking place. However, the Trust is confident that its approach to coding palliative care is in adherence to conventions laid out by Connecting for Health.

The Chief Executive referred to the audit of emergency readmission following primary total hip replacement and advised that patients were readmitted at New Cross although their operations had taken place at Cannock Hospital and a private hospital in Wolverhampton. Seventeen percent of people who die in the hospital are South Staffordshire residents.

Mr. Sharples questioned whether Dr. Foster would still produce data on the Trust after it had withdrawn from using their services. The Chief Executive advised that the Trust had submitted the data, which was NHS data and in the public domain, to Dr. Foster, but believed that the University of Birmingham system would be more robust.

The Director of Nursing and Midwifery explained that the University of Birmingham system also use the Dr. Foster methodology so there would be comparability between the new methodology and Dr. Foster. Even if the Trust was not contributing to Dr. Foster they would have access to some data regarding the Trust.

Mrs. Jaspal-Mander questioned how other Trusts review mortality and whether any lessons could be learned from their methods. The Chief Executive believed the Trust's clinicians were good at reviewing mortality.

Mr. Vanes referred to page 11 of the report and particularly Dr. Foster's inclusion of deprivation as part of its calculations. The specific index employed is Carstairs which is based on four census indicators, two of which were overcrowding and male unemployment which Mr. Vanes thought were not hugely applicable to Wolverhampton. Wolverhampton has a high rate of female single parent households where there is no male unemployed person or significant overcrowding. Mr. Vanes stated that the Francis enquiry into Mid-Staffordshire NHS Foundation Trust had recommended that a national review of this type of data should be conducted urgently and he was unaware whether this had been taken forward. Mr. Vanes also noted that 2001 census indicators were being used which, if not updated, may also be unhelpful in gaining an accurate local predictive model.

Dr. Anderson suggested that the number of unexpected deaths that occurred were more important and an explanation of these deaths should be included.

The Chief Executive suggested that regular reports should be provided to assure the Board of progress being made.

RESOLVED that the Analysis of Mortality Performance – including Audit of Emergency Readmissions within 28 days of Discharge following Hip Replacement be noted.

TB.3380 Board Assurance Framework

The Director of Nursing and Midwifery reported that there had been no change in the number of risks on the Board Assurance Framework and no new risks had been added.

Appendix A detailed the tracking of actions and the Director of Nursing and Midwifery drew attention to the Outbreak Plan for Norovirus which had been approved. Pilot results on the implementation of the "Live Bed State" are due in January 2011. A twelve month strategy has been developed for "Chatback" which is how the Trust monitors feedback from staff to support the staff survey. Agreement was still awaited from GP's on the patient identification system of learning disability patients.

Following the internal audit on Safeguarding Vulnerable Adults, the findings had been incorporated in the action plan.

The Chairman asked for further information regarding the sharing of the GP's learning disability patient database. The Director of Nursing and Midwifery advised that the Trust would wish to share the database in order that such patients can be flagged on the system and therefore the Trust would know in advance of their requirements and appropriate steps and actions can be put in place. The GP's were concerned about proactively sharing information regarding individuals who may not become patients of the Trust and the possible breach of confidentiality.

RESOLVED that the Board Assurance Framework be noted.

TB.3381

Board Statement and Board Memorandum on Quality Governance

The Director of Nursing and Midwifery introduced the report and explained that as part of the Foundation Trust Application the Board was required to provide a Board Memorandum detailing its arrangements for Quality Governance. The Board Memorandum and supporting evidence form the basis of the Quality Governance Assessment as part of the overall Monitor assessment process. She advised that the Trust were required to submit the Memorandum and accompanying Board Statement to Monitor by close of play on 15th December.

The Board Memorandum asks ten questions of the Board in relation to four domains of Quality Governance – strategy, capabilities and culture, processes and structure and measurement. The Board Memorandum lists the key areas of assurance to the Board and the direct evidence to support this assurance.

Dr. Anderson commented that this was a positive and comprehensive report and confirms that the Trust does have quality at the top of its agenda.

The Chairman recommended the Board Statement and Board Memorandum on Quality Governance to the Board for approval and further comment. He suggested that a further briefing document be produced detailing main points for discussion at a future Board development session in preparation for the Monitor Board to Board.

RESOLVED that the Board Statement and Board Memorandum on Quality Governance be approved.

FOUNDATION TRUST

TB.3382 The Director of Finance and Information advised that a letter had been received from Monitor on the 2nd December, 2010 and the Trust was now in formal process.

An opening session had been held with the Monitor team today. The potential authorisation date was 1st April 2011.

RESOLVED that the verbal update report on the Foundation Trust Application be noted.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.3383 Minutes of the meeting of the Trust Management Team held on 1st October, 2010

Report noted.

TB.3384 Minutes of the meeting of the Infection Prevention Committee held on 28th October, 2010

Report noted.

TB.3385 Minutes of the Audit Committee held on 8th November, 2010

Mr. Vanes referred to page 7 of the Minutes, item 12 regarding cross representation between the Board Assurance Committee and the Audit Committee. Mr. Vanes is now a member of the Board Assurance Committee and suggested that he could join the Audit Committee to fulfil the cross representation role if the Board were content with this. The Board agreed that Mr. Vanes would take on this role and Dr. Anderson would be released from the Committee.

Report noted.

TB.3386 Draft Minutes of the Board Assurance Committee held on 28th October, 2010 – to be approved at the meeting to be held on 16th December, 2010

Report noted.

GENERAL BUSINESS

TB.3387 Approved Policies – Policies approved by the Trust Management Team at the meeting held on 3rd December, 2010

- OP28 Policy for the Management of Prisoner Attendance

- OP12 Information Security Policy
- Policy for the Management of Blood and Body Fluid Spillage
- Policy for the Prevention and Treatment of Venous Thromboembolism (VTE)
- Trust Standard Precautions Policy

Report noted.

TB.3388 Comments or Questions From Public and Commissioners

Mr. Griffiths, Deputy Chairman of LINK referred to Item 18.1 on the Agenda regarding mortality and commented that although he accepted the rates were a crude measure he also understood that the Mid-Staffordshire situation would not have arisen to the extent it did had more notice been taken of mortality rates. Mr. Griffiths was concerned about the Trust using the University of Birmingham statistics in the future as the mortality rates were useful in terms of making a comparison. If two models were used the results may not be comparable.

The Chief Executive advised that the University of Birmingham model would still be able to make comparisons of all organisations in the country as the data used was NHS data. The Trust also made a comparison on a monthly basis within clinical teams on outcomes.

With regard to Mid-Staffordshire, the Chief Executive felt there were more underlying issues as well as the mortality rates.

Mr. Sharples reassured Mr. Griffiths that the Board had devoted a lot of time to discussing the Dr. Foster data, both at Board meetings and other meetings held in the Trust. The individual circumstances surrounding outlier cases had been analysed and reviewed.

The Director of Nursing and Midwifery advised of a new National Indicator – Standardised Hospital Mortality Index – which is perceived to be a better comparator than HSMR.

TB.3389 Date and Time of Next Meeting

10.00 a.m. Monday 17th January, 2011 in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.3390 Exclusion of the Press and Public

RESOLVED that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

|