

Minutes of the Meeting of the Board of Directors Held on Monday 17th January, 2011 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital

PRESENT:	Mr. B. Picken	Chairman
	Dr. J. M. Anderson	Non-Executive Director
	Ms. C. Etches	Director of Nursing and Midwifery
	Ms. V. Hall	Chief Operating Officer
	Mr. D. Loughton CBE	Chief Executive
	Mr. B.G. Millar	Medical Director
	Mr. K. Stringer	Director of Finance and Information
	Mr. J. Vanes	Non-Executive Director
	Ms. D. Harnin	Director of Human Resources
	Professor David Luesley	Associate Non-Executive Director
IN ATTENDANCE:	Karen Bowley (part)	Matron, Care of the Elderly
	Sandra Orton (part)	Head of Midwifery
	Graham Danks (part)	Head of Pathology
	Mrs. M. Corneby	Wolverhampton City PCT
	Ms. J. Viner	LINK Co-ordinator
	Mr. B. Griffiths	Deputy Vice-chairman LINK
	Mr. A. Sargeant	Wolverhampton City PCT
APOLOGIES:	Mr. B.G. Millar	Medical Director
	Mr. K. Bryan	Non-Executive Director
	Mr. J. Sharples	Non-Executive Director
	Mrs. B. Jaspal-Mander	Non-Executive Director
	Mr. H. Ward	Wolverhampton City PCT

Action

Part 1 – Open to the Public

MINUTES OF MEETING HELD ON MONDAY 13 DECEMBER 2010

TB.3394 The Minutes of the meeting held on Monday 13th December, 2010 were agreed as a correct record.

MATTERS ARISING FROM THE MINUTES

TB.3395 **TB3369 – Commissioning for Quality and Innovation Specialised Services – Annual Report**

The Chief Operating Officer advised that an expression of interest had been submitted for the Trust to be considered as the third Cystic Fibrosis Centre for Adults.

		Action
TB.3396	<u>TB.3377 – Terms of Reference for the Investment Committee</u>	
	<p>Following a review of the governance structure for estates and other committees in the estates function, a revised Terms of Reference for the proposed committee will be presented to the Trust Board in February.</p>	KS
TB.3397	<u>TB.3379 – Analysis of Mortality Performance</u>	
	<p>The latest figures for mortality had seen a drop to 104.</p>	
TB.3398	<u>TB.3364 – Theatre Expansion Business Case</u>	
	<p>The Chief Operating Officer reminded the Board of its commitment of the capital expenditure for the theatre business case in June 2010. The running costs and revenue associated with the theatres had been requested by the Board. Building work has commenced and completion and handover is due in April, 2011.</p>	
	<p>The financial proforma attached to the business case describes the manpower and expenditure required to run full two theatre expansion; this can be split into three component parts. The first part of £648,626 pay and £631,394 non-pay are attributable to fixed step costs that will eliminate overtime payments, out-sourcing issues, how down-time sessions are managed and how deep cleaning is incorporated. It is anticipated that 12 ½ theatre sessions are required. The Trust Management Team discussed the business case at its meeting on Friday 14th January and it was agreed that the 12 ½ sessions should be subject to further scrutiny and an implementation group will be established to oversee the total programme with a phased implementation.</p>	
	<p>The second part of the revenue case concerns theatre practitioners and new roles within theatres. This is a non-recurring expenditure investment in a new model of theatre staffing. The third element concerns potential expansion which would be subject to business case scrutiny.</p>	
	<p>The Chief Operating Officer expected one theatre to be opened very quickly and the second theatre would be used to house the new robotic surgery system. Additional revenue would not be incurred as it would entail the transfer of lists from one theatre to another.</p>	
	<p>The Chief Executive reported that the biggest challenge to the success of this initiative was the recruitment of theatre staff. The Director of Human Resources advised of the issues surrounding theatre staffing nationally. She suggested that the development and growth of staff in-house was the way forward.</p>	

RESOLVED that the Business Case for the provision of additional operating theatre capacity and associated theatre workforce including the introduction of a new role of Assistant Theatre Practitioner, be approved.

DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS

TB.3399 None.

CONSULTANT APPOINTMENTS

TB.3400 Dr. K. Willmer – Acute Medicine
Dr. S. Moola – Acute Medicine
Dr. D. Siddique – Neurology

PRESENTATION

TB.3401 King's Fund work on Dementia – Enhancing the Healing Environment

Matron Bowley reported that the Trust was working closely with the King's Fund to improve the patient journey for those people who were suffering with dementia. She explained that people with dementia can find the hospital environment intimidating and alien and this could cause confusion and agitation. This impacts on length of stay and the physical and psychological health and well being of the patient.

As part of the improvement to the environment, a garden will be created adjacent to the new dementia ward (D22). This will be completed by the middle of March. The use of colour, light and art work will create a more tranquil, welcoming atmosphere for patients and thereby reduce stress, increase safety and prevent patient deterioration. Consultations had been undertaken with various bodies including care homes and a Dementia Reference Group has been agreed.

The project will transform the Emergency Assessment Unit. The reception area will be relocated to the entrance of the Unit, there will be a small seating area, and the bays will have a small nurse's station which will face into the bays. The transformation is due for completion by the 1st July 2011.

Funding has been agreed and because of the project work undertaken in association with King's Fund, the Trust had received £50,000 from the Department of Health. The Trust committed £15,000 from capital at the beginning of the project. The remainder of the funding had been realised through sponsorship and fund raising initiatives. The overall total initial costs are £73,250 which includes a contingency of £5,000.

The Chairman questioned the potential age range of patients suffering with dementia. Matron Bowley advised that initial work had focused on the elderly but there were a significant number of patients who were below sixty-five years of age. Patients may spend only one or two hours on the Unit but with the work being undertaken on the EAU to deliver single sex accommodation, this could be up to three or four days.

Dr. Anderson questioned how dementia patients were identified when they presented to EAU. Matron Bowley explained that it was not the Trust's intention for this area to be used specifically for dementia patients. Quite often, patients are not given a diagnosis of dementia either in the community or the hospital. Whilst this type of environment is conducive to that patient group it is also helpful to other patients coming into the Emergency Portal, specifically those with confusion. Two bays, twelve beds will be available. It was important for the patient to be moved into an appropriate area for their care and further work was being undertaken on the pathways. Staffing levels in the bays were the same as elsewhere in the Trust but focus was being put back into the bays and evidence gained from other areas of the Trust shows that through this a reduction in falls and patient agitation is seen.

The Director of Nursing and Midwifery explained that this was a fantastic opportunity for the Trust to undertake rigorous evaluation of the impact of this type of facility. If successful, the design features could be incorporated into other refurbishments in the future. She invited Board members to visit D22 to see the environment and the impact the refurbishment had made.

The Chief Executive thanked Matron Bowley for all the hard work she had undertaken whilst leading this initiative.

RESOLVED that the presentation by Matron Bowley on the King's Fund Work with Dementia, Enhancing the Healing Environment, be noted.

OPERATIONAL PERFORMANCE

TB.3402 Performance Report – (Month 8) November 2010

The Trust had succeeded in maintaining its "green" status against the Foundation Trust Compliance Framework for two consecutive months and the position for December remains the same.

The 62 day wait for cancer referrals stood at 83.33% for this reporting period. This is a huge percentage increase in performance. Some of the delays were due to late tertiary referrals and patient choice.

Further work needed to be undertaken with other organisations on tertiary referral flows and the ability to take patients off the 62 day pathway if they make themselves unavailable for any length of time. This would be discussed with the MDTs. Before validation, the December position is 83.21%.

The Chief Operating Officer drew attention to length of stay. The pre-op length of stay continually meets the target. Elective length of stay, although not quite meeting the target, has shown an improving performance throughout the year. The non-elective length of stay has shown a remarkable improvement over the last three months. This is a direct impact of the Appleby/D3 investment and the new model of care for surgical emergencies.

Professor Luesley referred to the training of junior doctors and noted the Trust had 4% vacancies. The temporary medical staff cumulative spend had increased. The Chief Operating Officer advised that roles and responsibilities are being reviewed together with different models of delivering care. Discussions were currently taking place regarding 24:7 management of patients and the consultant's involvement in that initiative. The rota is always difficult to keep filled and that was why the locum expenditure was increasing. The Divisional Medical Directors are reviewing this with the Deanery.

The Chairman wished to congratulate the staff on the work they were doing on the 62 day wait. It was a difficult issue to tackle and a lot of hard work was being done to meet the standard.

The Director of Nursing and Midwifery referred to 2.1.1 – *c.difficile* and advised that the organisation had moved to a projected year end forecast of “red”. This situation will be monitored. In December and to date, performance had improved and a better year end position was expected.

Better Care, Better Value

The Chief Operating Officer referred to section 7 – Better Care, Better Value. When compared with other Trusts in the West Midlands there are two areas which the Trust needed to continue to review; DNA's and New to Review rates.

NHS Performance Framework

The Trust's overall performance against the NHS Performance Framework is 3, “green” and performing. On Standards and vital signs a score of 2 had been achieved on delayed transfer of care and cancer waiting times although performance had still been maintained at 2.72, “green” and performing. The Trust had scored 3 on Quality and Safety and a cumulative total of 4 for user experience.

Summary of the Intensive Support Team visit on 22nd November 2010

The Intensive Support Team was invited to the Trust to review the cancer pathways and processes in place to deliver cancer waiting times and to make recommendations to facilitate delivery and maintain the 62 day standard. The visit took place on 22nd November, 2010.

The Chief Operating Officer drew attention to Section 2 of the report where the high level of executive, senior management and clinician engagement in the Trust had been noted by the Team. On reporting and governance, the Team noted there were an abundance of reports and information available. The Chief Operating Officer had asked the Team for a standard report and an earlier alert system.

In conclusion, the Intensive Support Team felt that the organisation has the focus, commitment and capacity to address issues and bring about a sustainable improvement. The Trust would continue to scrutinise the service and an action plan had been developed in response to the recommendations. The action plan was attached as Appendix 2 to the report.

The Chairman referred to paragraph 6.4 – Upper and Lower GI and the recommendation on improving the number of inappropriate referrals. The Chief Operating Officer explained that this concerned a revision of the pathway to see whether the initial consultation needs to take place or whether the patient could go straight to the diagnostic test and have a consultation with the result. Through the Local Implementation Team, the Trust was trying to make sure that patients understand their commitment to the pathway when they are referred.

Mr. Vanes questioned what challenges had been presented for the Trust in December. The Chief Operating Officer reported that cases of swine flu had been seen which had caused pressure on ITU capacity. There had been enormous pressure on the Trust and the 98% target had not been met every day in December. The target was missed by .2% but when the Walk-in-Centre is taken into account, as a health economy the 98% target will be reached. All of the winter capacity has been opened and other flex-capacity had been opened in times of increased pressure. No ambulances had been diverted away from the organisation unlike some of the neighbouring Trusts. Cancelled operations had been kept at a minimum. The Winter Plan had been initiated with success.

The Chief Executive reminded the Board that Winter was not yet over and there is a potential for further pressures going forward.

Although the Trust was under pressure, plans were in place to cope with increased capacity, including ITU as a result of swine flu.

The percentage numbers of front line staff being vaccinated against flu had increased. Despite stories in the media, the Trust had been able to obtain 400 extra doses of the vaccine and these will be offered to staff.

RESOLVED that the Performance Report for November (Month 8) be noted.

EMERGENCY PREPAREDNESS

TB.3403 Emergency Preparedness – Quarter 3 update

The Chief Operating Officer presented the Quarter 3 update report on Emergency Preparedness. A new CRBN (Chemical, Biological, Radiological and Nuclear) plan is being developed. A CRBN review will take place on 10th February 2011 undertaken by West Midlands Ambulance Service.

Mr. Vanes referred to Exercise “Egress” and queried what lessons had been learned. The Chief Operating Officer advised that no major actions had resulted and she would share a copy of the Action Plan.

VH

RESOLVED that the Quarter 3 update report on Emergency Preparedness be noted.

BUSINESS PLANNING

TB.3404 Capital Programme 2010/2011 – Month 8 report

The Director of Finance and Information reported the Month 8 position against the Capital Programme 2010/11. A number of business cases were still awaiting full approval by the Capital Review Group. If approved this would result in the Trust being £500,000 over committed. This was intentional in order to manage the CRL through the year end process. The actual expenditure position at Month 8 is £9,790,830, £1,837,654 behind schedule. This is mainly due to the construction of several large projects starting later than originally anticipated. All projects are expected to complete on schedule. Plans are in place to achieve CRL by the end of March.

RESOLVED that the Month 8 report on the Capital Programme 2010/2011 be noted.

TB.3405 Capital Programme 2010/2011 – 2015/2016

The report included a revised Long Term Capital Programme (2010/11 to 2015/16) and highlighted recent changes.

The Director of Finance and Information drew attention to key issues including the revised medical equipment profile which better reflects the anticipated equipment requirements and costs identified by the Equipment Purchasing Group. This now includes replacement of equipment for the Heart and Lung Centre and replacement of Linear Accelerators in 2014/15 and 2015/16.

Monitor had requested assurance that plans are in place to remove backlog maintenance. Adjustments had been made to reflect a review of outstanding backlog and spend profile carried out in September 2010.

The Carbon Reduction Strategy has been adjusted to identify funding for the Combined Heat and Power Plant. The funding had been released by other schemes.

The Chief Operating Officer assured the Board that the changes had not impacted on the Trust's strategic priorities of the Women's Unit, Integrated Pathology and the Emergency Portal.

RESOLVED that the report on the Capital Programme 2010/11 – 2015/16 be approved.

TB.3406 Estates Strategy Quarter 3 progress report

The report provided an update on the implementation of the Trust's Estates Strategy including key points of progress since the last report to the Trust Board in November 2010.

The Director of Finance and Information reported that a great deal of work had been undertaken in improving the estate. Appendix 1 to the report detailed the Quarter 3 position in relation to estates development targets and key performance indicators.

The vast majority of KPIs would be achieved by year end. Action plans are in place for those shown as "red" and these will be achieved in the early part of next year.

Mr. Vanes referred to the report on the test of the proposed changes to Arts and Wayfinding and requested sight of the document. The Director of Finance and Information advised that the report had been discussed at the Assets, Sustainability and Estates Strategies Board and a number of points had been raised. He would share the report with Mr. Vanes for comment.

The Chairman referred to the Women's Unit refurbishment and to concerns that had been raised by the Division about the exclusion of ward refurbishments and refurbishment of Ultrasound and the poor patient environment.

The Director of Finance and Information explained that project managers should work closely and have good communication with the service front line staff. The issues have been addressed and front line staff have been fully involved.

RESOLVED that the Quarter 3 report on the Delivery of the Estates Strategy 2009/10 to 2018/19 be noted.

TB.3407 Integrated Pathology Full Business Case

Graham Danks, Pathology Services Manager reported that the Pathology Outline Business Case had been approved by the Board in March, 2010 and the SHA in July 2010. The presentation outlined the differences between the Outline Business Case and the Full Business Case.

The introduction of the White Paper – Liberating the NHS – moves the NHS towards GP Commissioning and the establishment of GP consortia and this could include market testing for pathology services. Pathology is to be included in the QIPP agenda and the issue of centralisation had been raised. There was also potential for tariff reduction as a more competitive market place is seen. Strategies were being considered in view of Transforming Community Services and the role of Phlebotomy.

Pathology does not follow normal activity trends within the Trust. For the purposes of the Long Term Financial Model it has been assumed that no growth will occur. More work had been acquired from other local Trusts and this had been factored into the Business Case.

Alongside the new build, efficiency savings have been reviewed and work is ongoing on the re-profiling of the workforce, including changes to out-of-hours agreements for laboratory staff. The scope of managed service contracts has been extended and procurement will commence in February. A full roll out programme of eRequesting has commenced and will soon be extended to the community.

Planning permission for the building was approved on 4th January. There had been a reduction in capital costs of £1,669,354 from the Outline Business Case.

A summary of revenue costs and savings were given in the report. Significant revenue savings had been delivered ahead of the Outline Business Case projections. A marketing plan to protect GP activity was being developed. It was the Trust's intention to strengthen its business base and move into other geographical areas.

Responding to a question from Mr. Vanes, Mr. Danks said the focus was on centralised services and the Trust was working with Shrewsbury and Telford on consolidating work between the two Trusts onto one site. The SHA are arranging meetings locally to move the agenda forward. Unfortunately, most local laboratories are not fit for purpose and this presents an advantage for the Trust to provide services from the New Cross Hospital site.

The Chief Executive stressed the importance of providing on site 24:7 laboratory support to the four tertiary centres in the West Midlands.

Mr. Vanes questioned whether there would be any difficulties regarding the consultations with staff on re-profiling the workforce. The Director of Human Resources explained that currently the service is run as four independent units and sub-specialties of Pathology with their own working practices and work systems in place. Consultation will begin in February.

The Chief Operating Officer referred to the development of energy efficient buildings and the contribution to a reduction in overall carbon footprint and also the achievement of the DoH Estates energy targets and noted that the financial proforma showed increased costs. Mr. Danks explained that the Estates team had placed a higher value on the costs but on completion the site would be metered to ascertain the exact costs. He was confident that the building would be the most efficient on site.

RESOLVED that the Full Business Case for the Integrated Pathology Unit at New Cross Hospital, be approved.

TB.3408 Operating Framework 2011 - 12

The report provided detailed information in relation to the Operating Framework 2011 – 2012 and PbR Road Tariff information.

The Chief Operating Officer drew attention to the reconfiguration of SHAs and PCTs and advised that in Wolverhampton a cluster arrangement could be in place from June this year. Patient choice is to be extended to cover whole pathways not just for first appointments.

Eight performance indicators are to be introduced for A & E. Stretch targets are to be agreed for MSSA with commissioners. The 2010/11 Accelerated Stroke Improvement Programme is to be implemented by commissioners. The Cancer Reform Strategy requires commissioners to commission Intensity Modulated Radiotherapy Treatment (IMRT); this is already in place in the Trust. Current cancer waiting time standards remain the same.

Referring to the section on Finance and Business Rules, the Chief Operating Officer advised that a review was being undertaken of activity through the new tariff to ascertain the possible impact on the organisation.

Action

VH/KS

There will be no reimbursement for emergency admissions that occur in 30 days following elective admission. Emergency readmissions following emergency admission will have a potential improvement threshold set at 25%. A report will be provided for the Board as part of the 2011/12 business plan.

RESOLVED that the report on the Operating Framework 2011/12 be noted.

FINANCE AND INFORMATION

TB.3409 Financial Position of the Trust – November 2010

The Director of Finance and Information reported a strong financial position for the Trust at the end of November 2010 with a cumulative surplus of £8,470,000. The Trust CIP is slightly ahead of the target of £10.6m and at the end of November £8,264,000 had been withdrawn from the budget. The forecast outturn to 31st March 2011 is estimated to be £8,500,000 depending on activity levels, winter pressures and financial risks.

Dr. Anderson queried the advantage in over achieving against CIP this year when further CIP was planned for next year. The Director of Finance and Information said the organisation was ahead of the phasing but there was a complex set of non-recurring issues built in which were being tackled by Divisions and Directorates and the challenge was about how these issues could be covered recurrently from 1st April.

Mr. Vanes noted that the Charity Commission report had been filed and congratulated the finance team on its improved submission timescale. Referring to page 4, Mr. Vanes queried the apparent fluctuation in private patient income which appeared to be considerably higher than the current month plan. The Director of Finance and Information advised that the income related to the case mix and would provide details of this for Mr. Vanes.

KS

Mr. Vanes referred to the current forecast risk, as shown on page 6 of the report and was advised that the risks were factored in to the year end position. Each risk will be robustly managed. Page 10 of the report detailed SLA and Income and Mr. Vanes noted the variance for Specialised Services of -3% and queried whether there was likely to be an increase before year end. The Director of Finance and Information advised that a slight improvement was expected but based on activity levels year end figures would be slightly under contract.

The Chief Operating Officer explained that a lot of activity had gone from Specialised Services to PCTs and the Black Country Consortia had tried to minimise the impact of this on the Trust.

Mr. Vanes noted that the capital expenditure for the new catering facility had come in under plan and was advised by the Director of Finance and Information that this was partly due to keen pricing on tenders and good project management.

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

GOVERNANCE

TB.3410 Board Assurance Framework

The Director of Nursing and Midwifery advised that the number of risks on the Board Assurance Framework had not changed in month and stood at 47. There were no new red risks. The Framework had been discussed in detail with Monitor this week. Appendix 1 to the report tracked any changes within the Assurance Framework.

To enable Board members to have an overview of operational red risks in the organisation that are not escalated to Board level, a further table will be included in the report on a monthly basis.

RESOLVED that the Board Assurance Framework be noted.

CE

TB.3411 Airedale Report

The Director of Nursing and Midwifery reported that the Trust is required to review and consider a response to National Inquiry reports in line with Trust Policy OP61 – Management of External Agency Visits, Inspections and Accreditations. The report considers elements of learning that can be extracted from the Airedale Inquiry and provides an action plan to be implemented.

Of the eight recommendations, the Trust had a risk rating of “green” against seven with actions completed or ongoing and strong assurances identified. The Director of Nursing and Midwifery drew attention to Recommendation 6 regarding the scope of healthcare professionals’ roles and expansion to their roles of practice. This recommendation had been assessed as “amber” for the Trust which meant that some significant work had to be undertaken. A review of documentation and records held for training in extended roles was being conducted. The action plan will be monitored and reported through the Trust’s Governance Committee.

Action

Dr. Anderson commented that an overview of out-of-hours service is essential and suggested that the Leadership Safety Walkarounds, which involved Non-Executive and Executive Directors, should be extended to take in both evening and weekend visits. The Chief Operating Officer informed the Board that the Divisional teams are tasked with making sure the organisation is safe at all times and that out-of-hours visits to departments are undertaken. A review of the management of the organisation out-of-hours on a 24:7 basis and the levels required was being undertaken including ensuring Director representation on site each day of the week.

CE

RESOLVED that the recommendations and actions identified to implement learning from the Airedale Inquiry Report June 2010 be noted.

QUALITY AND SAFETY

TB.3412 Head of Midwifery Report

The report outlined key issues in midwifery services and highlighted forthcoming projects and innovations.

Sandra Orton, Head of Midwifery reported that the maternity unit is undertaking an assessment for Level 3 baby friendly accreditation in March 2011. The unit is currently Level 2 and is working hard to ensure consistent support and advice is given to all women who birth at Wolverhampton.

Midwifery services nationally have been highlighted as one of the ten High Impact Actions (Department of Health 2009) – promoting normal birth. Currently home births in Wolverhampton are 1%; nationally these rates are on average 5% but in the Black Country the figure is between 1% - 4%. Plans are being developed to provide an alongside midwifery led unit next to the newly refurbished delivery suite. This should be in place by the end of 2011, beginning of 2012. This facility will provide midwifery led care for 1,000 low risk women per year and will incorporate the Trust's very successful water birth service. A neighbouring Trust has plans in place to develop a stand alone midwifery unit on their hospital site.

Wolverhampton has been short listed for an RCM award in promoting normal birth.

Ms. Orton reported that the calendar year figures for deliveries showed that the Trust had delivered 4,022 babies and the caesarean section rate was 24%, which was below the national average.

The birth rate at New Cross Hospital has reached over 4,000 which will mean additional consultant hours will be needed on the delivery suite as required by Safer Childbirth (2007) together with an increased midwifery establishment. These resource implications will be considered through business cases via the Trust Management Team.

Women who delivered their babies in February 2010 were invited to take part in a Care Quality Commission national survey regarding their care during their pregnancy. There was a 41% response rate for the Trust. New Cross was better than other Trusts in 1 criteria, worse than other Trusts in 2 criteria and rated the same as other Trusts in the remaining 16 criteria. February had been a challenging time for maternity services. The refurbishment of the delivery suite was taking place and visiting restrictions were applied to the Maternity Unit because of Norovirus. The Trust will undertake a further survey this year using the patient experience tracker so that real time feedback can be given to the maternity team on the quality of care being delivered to women.

The NHSLA assessment was undertaken in December 2010 and the Maternity Unit achieved an outstanding result of 100% at Level 1. Positive feedback was received from the NHSLA assessor and a Level 2 assessment will be undertaken in December 2011.

The Chairman referred to the increase in breast feeding rates and queried how this had been achieved. Ms. Orton advised that better and consistent education for women, coupled with hard work of staff and peer support in the community had helped to raise awareness.

The Director of Nursing and Midwifery informed the Board that Ms. Orton was leaving the Trust to take up another post and thanked her for her contribution in developing maternity services in the organisation.

RESOLVED that the report of the Head of Midwifery be noted.

TB.3413

Review of Complaints received during October 2010

The Director of Nursing and Midwifery explained that this was a new report for the Board which provided a detailed review of all complaints received within the Trust during October 2010. The report highlighted the main themes of the complaints and a brief summary of each complaint was included. Details of those complaints referred upwards to the Ombudsman were also included.

The Chairman welcomed the report and suggested a quarterly report be presented to the Board.

CE

RESOLVED that the Review of Complaints received in October 2010 be noted. The format of the report was approved and a quarterly report will be presented to the Board.

FOUNDATION TRUST

TB.3414 Foundation Trust Application update

The Director of Finance and Information advised that the Trust were working closely with the Monitor team. Monitor would be visiting the Trust over a period of eleven days to conduct structured interviews covering CIP, quality, risk, performance management, IT and data quality.

A number of key documents relating to Transforming Community Services would be presented to the Board at its meeting on 24th January, 2011. The Chairman reminded the Non-Executive Directors that they had been invited to visit Community Services at their request.

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

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.3415 Minutes of the meeting of the Trust Management Team held on 3rd November 2010

Report noted

TB.3416 Minutes of the meeting of the Infection Prevention Committee held on 25th November 2010

Report noted

TB.3417 Issues arising from the meeting of the Board Assurance Committee held on 16th December, 2010

There were no significant issues to report.

TB.3418 Minutes of the HR Sub-Committee held on 23rd November, 2010

Report noted

GENERAL BUSINESS

TB.3419 Policies approved by the Trust Management Team at the meeting held on 14th January 2011

- VitalPac Policy and Procedure

- HR10 Responding to allegations and suspicion of child abuse against staff
- Policy for the Safe Practice of Adult Conscious Sedation with RWHT

TB.3420 Comments or Questions from the public and commissioners

Mr. Griffiths, Deputy Chairman of LINK referred to 1 in 5 people waiting more than 62 days for cancer treatment and questioned whether there was a trigger in the system to alert the Trust when a patient had been waiting for 50 days. The Chief Operating Officer explained that alert systems were in place. If a patient is waiting at another organisation the Trust would not be aware until that patient was referred. She assured Mr. Griffiths that the Trust's compliance against the 85% standard had improved dramatically over the last two months.

TB.3421 Date and Time of Next Meeting

10.00 a.m. Monday 14th February, 2011 in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

The Chairman referred to the revised schedule of meeting dates for the Trust Board from 1st April 2011 which had been circulated. At the meeting in November the Chief Executive and Chairman had been requested to review the dates of meetings primarily in connection with the provision of information to the Board. Discussions had been held with the Executive Team on the practicalities of this change and it had been decided that a change to the fourth Monday of the month could be agreed.

RESOLVED that the dates of the Trust Board be revised to the fourth Monday of the month with effect from 1st April 2011.

TB.3422 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.
