

Minutes of the Meeting of the Board of Directors Held on Monday 14th February, 2011 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, 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	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
	Ms. D. Harnin Professor David Luesley	Director of Human Resources Associate Non-Executive Director
IN ATTENDANCE:	Mrs. M. Corneby Ms. J. Viner Mr. B. Griffiths Mr. A. Sargeant	Wolverhampton City PCT LINK Co-ordinator Deputy Vice-chairman LINK Wolverhampton City PCT
APOLOGIES:	Ms. M. Espley Mr. H. Ward	Managing Director, Provider Services WC PCT Director of Commissioning, Wolverhampton City PCT

Action

Part 1 – Open to the Public

MINUTES OF MEETING HELD ON MONDAY 17th JANUARY 2011

TB.3446 The Minutes of the meeting held on Monday 17th January, 2011 were agreed as a correct record.

MATTERS ARISING FROM THE MINUTES

TB.3447 **TB.3395/TB.3369 – Commissioning for Quality and Innovation Specialised Services – Annual Report**

The Chief Operating Officer advised that the Trust's expression of interest for consideration as the third Cystic Fibrosis Centre for Adults had been successful.

		Action
TB.3448	<u>TB.3396/TB.3377 – Terms of Reference for the Investment Committee</u>	
	The Terms of Reference for the Investment Committee would be presented to the Board in March 2011.	KS
TB.3449	<u>TB.3403 – Emergency Preparedness Quarter 3 update</u>	
	An update on Emergency Preparedness, including actions as a result of recent exercises will form part of the Quarterly report.	
TB.3450	<u>TB.3406 – Estates Strategy Quarter 3 progress report</u>	
	The Strategy on Arts and Wayfinding had been shared with Mr. Vanes.	
TB.3451	<u>TB.3411 – Airedale Report</u>	
	A revision to the Leadership Walkabouts had been made to include out-of-hours visits by Non-Executive Directors.	
DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS		
TB.3452	None.	
CONSULTANT APPOINTMENTS		
TB.3453	Dr. Harish Kathuria - Anaesthetics	
OPERATIONAL PERFORMANCE		
TB.3454	<u>Performance Report (Month 9) December 2010</u>	
	<p>The Chief Operating Officer reported that Monitor had raised queries with her regarding the Trust's stretch targets and whether they were realistic. The Trust had kept the 98% performance target in A & E although the national target is now 95%. The target had been put in place as part of the annual planning process and was a Trust-wide performance target to ensure patient flow through the system was maintained. A 10% reduction had been agreed in length of stay and although this target has shown as "red" all year, the performance tables did show a downward trend. Although no longer required, the Trust had kept the response times to complaints and had applied a local target for <i>c.difficile</i>.</p> <p>Referring to the Compliance Framework, the Chief Operating Officer noted that the 62 day cancer wait was "red" but information had been circulated to the Board which showed that the Trust had achieved the target in December. She was pleased to report that the Trust had also achieved the target in January.</p>	

Re-admissions are a local target which had been put in place to help the Trust monitor areas of readmission.

PROMS targets remained green except for varicose veins where it was not always possible to deliver questionnaires to patients who were undergoing procedures in the out-patients area.

The flu outbreak in December had impacted on the number of cancelled operations. Activity during December had been higher than plan and was higher than in December last year. The Trust had not unilaterally cancelled elective operations.

All specialties achieved the 18 week referral to treatment target in December. The Trust had the lowest number of breaches against this target in the region.

December saw increased pressure on the demand for emergency services and for the first time in over two years the Trust failed to achieve the A & E target. However, the Trust has the best performance rate for the region achieving 99.9% over the past weeks.

The percentage of bed days spent pre-operatively continues to remain below target with continued improvement on day of surgery admission. There had been a slight improvement on elective length of stay from the last two months but still remained above target. The position on non-elective length of stay was improved from that reported in November but was still slightly above target. Mr. Bryan was encouraged by the steady improvement against these indicators and noted that the general trend was positive. The Chief Operating Officer advised that although the Trust had not been achieving the stretch target and a lot of work had been undertaken and was ongoing to ensure sustainable solutions were in place for length of stay as it was a control measure for future plans.

Sickness absence rates during December showed significant increases related to influenza and viral illness.

Mr. Sharples questioned the benefit to the Trust of maintaining the higher A & E target. The Chief Executive advised that the benefit is operational and keeps the system flowing. The Chief Operating Officer confirmed the benefit to patients was having decision making early in the pathway.

Dr. Anderson questioned the financial penalties to be incurred for emergency readmissions. The Chief Operating Officer advised that any penalties would relate to emergency readmissions following electives and then there would be a reduction for emergency admissions following an emergency. Agreement was still to be reached with the PCT on the reduction and would be discussed as part of the contracting round this year.

Mrs. Jaspal-Mander referred to the contract query outlined in the report from the PCT and was assured that the clinics were consultant led and therefore coded and charged correctly. The PCT were satisfied with the Trust's explanation.

Mrs. Jaspal-Mander referred to delays in transfer of care and queried whether contingencies were in place to reduce delays. The Chief Operating Officer felt that the organisation did everything in its power to reduce delays, including working closely with Social Services and Commissioners. Delayed discharges are monitored every week and combined meetings take place with Social Services and the PCT to ensure patients are identified and plans are in place.

Mrs. Jaspal-Mander noted that 39% of sickness absence was due to mental health conditions and musculo-skeletal disorders and queried whether this was typical of other organisations. The Director of Human Resources assured the Board that each case had an active management plan and that the Trust was making good progress with action plans in place.

The Chief Executive advised the Board of a change in the testing methodology for *c.difficile* which is more sensitive. It is expected that a rise in numbers will occur in the community as a result of this enhanced testing.

TB.3455 Delivering the Cancer Standards

The Cancer Intensive Support Team (CIST) made a follow-up visit to the Trust on the 31st January, 2011. They were overwhelmed by the progress that the Trust had made and are satisfied that everything is under control. The Team saw no indication that they could further improve the results and did not intend to undertake any further support work with the Trust. A copy of the written report will be circulated to the Board.

VH

The CIST had previously drawn specific attention to capacity for Endoscopy, Hysteroscopy and Laparoscopic prostate surgery as barriers to delivering the 62 day standard. An action plan had been developed and was shown as Appendix 1 to the report. Huge improvements in Pathology and Radiology turnaround times had been seen.

The Chief Operating Officer highlighted specific areas of assurance for the Board which would be kept under tight scrutiny.

Further action needed to be taken regarding tertiary referrals and agreement was to be reached on ownership of the breaches with partner organisations.

Mr. Sharples was pleased with the improvements and progress made and queried whether this was due to the interventions of CIST and if so, whether there were other areas where the Trust could benefit from advice and support. The Chief Operating Officer reminded the Board that she had requested CIST to come into the Trust.

They had given the Trust a tool to work through the capacity issues in endoscopy but most of the improvements seen were as a result of in-house plans put in place to ensure a sustainable solution.

Professor Luesley questioned the amount of work coming to the Trust from Shrewsbury and Telford and whether there was a risk of this damaging the Trust's compliance. The Chief Operating Officer advised that the additional surgeon would be undertaking a clinical session in Shrewsbury. She would provide information to Professor Luesley regarding patient numbers.

The Chief Executive thanked the Chief Operating Officer for the work she and her team had undertaken on this matter

RESOLVED that the Performance Report for December 2010 and the report on Delivering Cancer Standards be noted.

TB.3456

Compliance Framework 2011/12

The Chief Operating Officer drew attention to the new and extended performance indicators within the Compliance Framework 2011/12, which were highlighted in the report. Eighteen weeks will be included as part of the Compliance Framework. The proposed approach was for an average 95% of admitted patients to be seen within 23 weeks and non-admitted patients within 18.3 weeks. Each failure will attract a score of 1. The Trust's current performance against the 23 weeks is 18 and against the 18.3 the performance is 13.5.

Five targets were proposed for A & E. Each target attracts .5 for failing to achieve. If a trust fails two or more of these measures then the total score is capped at 1.0. Currently the Trust was performing on 3 of the targets with further work being done by the team to scope actions on the remainder.

Appendix 1 to the report detailed the proposed targets and indicators for inclusion in the governance risk rating.

As part of the Annual Plan, the Board was required to self-certify what the Trust performance was expected to be and what was expected to be achieved.

Mrs. Jaspal-Mander questioned the amount of time spent by clinicians and nursing staff in meeting these targets. The Chief Operating Officer explained that the action plan will ensure that robust measurements are in place. Staff will have to be more focused on floor management through the department.

The Chief Executive stressed the importance of utilising the walk-in centre more fully. This would help to ease the pressures on the A & E Department. The Ambulance Service should be encouraged to deliver category C patients to the Phoenix Centre.

RESOLVED that the Compliance Framework 2011/12 be noted.

BUSINESS PLANNING

TB.3457 Capital Programme 2010/2011 – Month 9 report

The expenditure position at Month 9 is £10,690,767 against an initial target of £13,079,648, showing a £2,388,881 under spend. This is mainly due to the late start of several large projects. All projects are now progressing to programme and will be completed on schedule. The progress of all live projects is being monitored on a weekly basis. It is therefore anticipated that the CRL target will be met by 31st March, 2011.

RESOLVED that the Month 9 report on the Capital Programme 2010/2011 be noted.

TRANSFORMING COMMUNITY SERVICES

TB.3458 Transforming Community Services – update report

The Director of Finance and Information reminded the Board that Monitor will be reviewing the TCS transaction alongside the current Foundation Trust application process.

The process to negotiate the Organisation Transfer Agreement (now referred to as the Business Transfer Agreement) had commenced. Legal advice has been procured to support the organisation through the negotiation process. There was agreement in principle to the majority of matters in terms of the transfer; outstanding issues are being followed up.

The Benefits Realisation Plans continue to be developed. A Working Group has been established to oversee the delivery of the plans and joint leads from the community and acute clinical teams have been identified.

The PCT commenced the TUPE consultation period on the 10th January, 2011 and this continues for a period of six weeks.

Due diligence has commenced on the community estate and a report will be presented to the Trust Board in March.

A number of key milestones to deliver the next stages of the programme were detailed in the report.

The Business Transfer Agreement and schedules including the commissioning contract, lease agreements and SLA's are due at the end of February 2011.

RESOLVED that the update report on Transforming Community Services be noted.

FINANCE AND INFORMATION

TB.3459 Financial Position of the Trust – December 2010

The Director of Finance and Information reported a cumulative surplus at the end of December of £8,431,000. At the end of December £8,564,000 had been withdrawn from the budget. The forecast outturn to 31st March, 2011 is estimated to be in the range of £8,000,000 to £8,700,000 depending on activity levels, winter pressures and financial risks. The cash balance is strong and relates mainly to the improved operating position and delayed expenditure on the capital programme. The Compliance Framework performance against financial Risk Indicators shows a risk rating of 4.5, out of a possible 5. This is marginally down because the income is slightly less than it was pro rata.

The Director of Finance and Information referred to page 11 of the report, Expenditure by Directorate and advised of concerns raised by Mr. Bryan regarding the level of expenditure in the organisation. The majority of issues will be resolved in the business planning round with Divisions. Mr. Bryan questioned whether the over spend would carry on into next year. The Chief Operating Officer advised that the recovery work being undertaken, particularly in Division 1 and understanding the effect of the high cost of devices would be taken into account.

Dr. Anderson referred to the funding of insulin pumps for diabetes which was undertaken by the PCT. The Chief Operating Officer advised that this was outside of tariff at the moment and she was not aware of any change to the tariff rules.

Mr. Sharples referred to page 4 of the report – Income and Expenditure Account, and noted that there was no expenditure shown against three items. The Director of Finance and Information explained that a number of business cases for activity pressures that were bid for had had provision set up for them. The budget had been released but the cost had not been incurred.

Mr. Sharples was concerned that if these had come through the surplus would have been eradicated during December. The Director of Finance and Information advised that contingencies had been built in on a phased basis so that at Month 12 a sudden swing in variance was not seen.

Mr. Vanes referred to page 6 – Risks, particularly the alternative schemes that had reduced the forecast risk. The Director of Finance and Information explained that the biggest contributor is the procurement target. Each Division has produced non-recurring actions which have gone towards off-setting the CIP slippage.

Mr. Vanes referred to the over performance contract dispute with the PCT and questioned whether this could be resolved. The Director of Finance and Information advised that the January report would see that risk removed. Discussion had been held with the PCT and the risk is mitigated.

In terms of winter pressures, Mr. Vanes queried the effect of Norovirus on the Trust. The Chief Operating Officer explained that there had been an outbreak of Norovirus but there now appeared to be no cases of the virus in the community. Contingency plans covering staffing and capacity had been developed. Daily meetings were held in times of outbreak.

Mr. Vanes referred to the graphs on page 9 of the report, particularly the A & E monthly activity and the outpatient first monthly activity, and noted the gap between the activity plan and actual activity. The Chief Operating Officer advised that the forecast was based on the plan agreed by the PCT. The review appointment element had been an issue for the Trust. The Glaucoma NICE Guidance has increased review appointments in Ophthalmology.

Mr. Bryan questioned the waiting list initiatives and suggested a summary report be circulated to the Board.

KS

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

GOVERNANCE

TB.3460 Board Assurance Framework

The Director of Nursing and Midwifery advised that the Board Assurance Framework is reviewed on a monthly basis jointly by Executive Directors and individually for their own specific responsibilities. It had been agreed at the last Board meeting that future reports would include high level operational risks. There was one operational risk detailed in the report. Further work would be undertaken to ensure the Board are fully aware of operational risks.

CE

The Chief Operating Officer reported that she had reviewed the Directors risk registers and there were no further operational red risks. Tracked changes within the Assurance Framework were shown as Appendix 1 to the report.

RESOLVED that the updates to the Board Assurance Framework be noted, and the changes presented within the Assurance Framework be accepted.

QUALITY AND SAFETY

TB.3461 Quality and Safety Quarterly Report

The report related to the period 1st October to 31 December 2010 and includes progress against the Trust's campaign to prevent harm and improve safety.

An organisational overview of incidents, complaints, inquests, claims and risks was reported. The Director of Nursing and Midwifery highlighted key issues for the Board.

Mr. Bryan referred to section 2.7 Radiation Incidents and 3.9 Pressure Ulcers and questioned whether the numbers for the Trust were typical and whether there was any national benchmarking data that the Trust could be measured against. The Director of Nursing and Midwifery advised that data was available for those incidents that were reportable nationally. She would review this matter and report back through the next quarterly report and would also review the rate of errors. The Chief Executive advised that the Trust were monitored externally on radiation incidents.

CE

Mr. Vanes referred to page 5, 2.4 Red Risks (Operational) and noted that no corporate risks appeared on the graph after May 2010. The Director of Nursing and Midwifery advised these were corporate risks that were managed within the corporate division and therefore would not appear on the Assurance Framework. She would provide information on this to Mr. Vanes outside of the meeting.

CE

Mrs. Jaspal-Mander suggested that more qualitative data regarding action plans and lessons learned following the Leadership Walkabouts would be helpful. The Director of Nursing and Midwifery reminded the Board that a six month review had been taken of the style and content of the Leadership Walkabouts and the sessions had been revised as a result of this review. The sessions were now to include safety and quality to give more focus and balance on patient experience as well as the safety elements and she suggested that a qualitative report could be produced on an annual basis. Dr. Anderson commented that it would be useful to know that major issues had been addressed. The action plans were circulated but information regarding whether situations had been changed would be helpful.

The Director of Nursing and Midwifery agreed to supply this information to the Non-Executive Director following future Leadership Walkabouts.

The Director of Nursing and Midwifery advised that during Quarter 4 the framework will be reviewed and amended in conjunction with the performance report for 2011/2012.

RESOLVED that the Quality and Safety Quarterly report be noted.

HUMAN RESOURCES

TB.3462 Transforming Community Services – HR update

In response to the impending acquisition of the WCPCT provider services, detailed arrangements are being implemented to meet the legal and technical requirements of the transfer. TUPE consultation had commenced with the Staff-Side of RWHT and the PCT and a copy of the letter providing details of the TUPE transfer was attached as Appendix 1 to the report.

Consultation on four key policies has commenced with the Staff Side to align operational practice post transfer.

TB.3463 Changes to National Terms and Conditions – Default Retirement Age

With effect from 1st October, 2011 individuals will have the right to work beyond 65 years of age. From 6th April, 2011 employers will not be able to issue any notifications for compulsory retirement using the Default Retirement Age procedure.

TB.3464 Occupational Health

A summary was attached to the report outlining the Trust's response to the national Clinical Audit of Occupational Health Practice in Depression and the Management of long term Sickness absence in the NHS in England. The Director of Human Resources was pleased to report that the Trust was providing a good service against the majority of the indicators.

TB.3465 Arrangements for the Royal Wedding Bank Holiday

The Trust will treat the date of the Royal Wedding, 29th April 2011, as a Bank Holiday.

RESOLVED that the report of the Director of Human Resources be noted.

FOUNDATION TRUST

TB.3466 Foundation Trust Application update

Monitor had completed the first phase of the assessment which had comprised of site visits and interviews with individuals and teams. The assessment was a continual process. Work was currently being undertaken on sensitivities and mitigation in response to Monitors comments on the Financial Model.

Independent accountants (Deloitte) were now completing phase III of the assessment.

Elections for the Governors were progressing and six out of eight constituencies will be contested.

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

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.3467 Minutes of the meeting of the Trust Management Team held on 3rd December, 2010

Report noted

TB.3468 Minutes of the meeting of the Infection Prevention Committee held on 21st December 2010

Report noted

GENERAL BUSINESS

TB.3469 Policies approved by the Trust Management Team at the meeting held on 4th February 2011

- Management of Infestations of Ectoparasites

TB.3470 Comments or Questions from the public and commissioners

Mr. Griffiths, Deputy Chairman of LINK referred to the breaches in single sex accommodation and questioned the reasons behind this. The Director of Nursing and Midwifery explained that the breaches were clinically justified and had occurred in ITU when not to have admitted the patient would have been of detriment to their condition. Each time a breach occurs in the organisation the Matron and Head Nurse inform her of the issue and she makes sure that each breach is clinically justified.

		Action
TB.3471	<u>Date and Time of Next Meeting</u>	
	10.00 a.m. Monday 14 th March, 2011 in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.	
TB.3472	<u>Exclusion of the press and public</u>	
	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.	
