

**Minutes of the Meeting of the Board of Directors Held on Monday 27<sup>th</sup> June 2011 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital**

<b>PRESENT:</b>	Mr. B. Picken	Chairman
	Dr. J.M. Anderson	Non-Executive Director
	Mr. K. Bryan	Non-Executive Director
	Ms. M. Espley	Director of Planning and Contracting
	Ms. C. Etches	Director of Nursing and Midwifery
	Ms. V. Hall	Chief Operating Officer
	Mrs. B. Jaspal-Mander	Non-Executive Director
	Mr. D. Loughton CBE	Chief Executive
	Dr. J. Odum	Medical Director
	Mr. J. Sharples	Non-Executive Director
	Mr. K. Stringer	Director of Finance and Information
	Mr. D. Sutton	Non-Executive Director
	Mr. J. Vanes	Non-Executive Director
	Ms. D. Harnin	Director of Human Resources
	Professor D. Luesley	Assoc. Non-Executive Director
 <b>IN ATTENDANCE:</b>	Ms. C. Hall	Deputy Director of Nursing and Midwifery
	Mr. A. Sargent	Governance Officer
 <b>OBSERVERS:</b>	Mrs. M. Corneby	Wolverhampton City PCT
	Ms. J. Viner	LINK Co-ordinator
 <b>APOLOGIES:</b>	Mr. H. Ward	Wolverhampton City PCT
	Cllr. I. Claymore	Wolverhampton City Council

**Part 1 – Open to the Public**

**MINUTES OF MEETING HELD ON MONDAY 23<sup>rd</sup> May, 2011**

<b>TB.3620</b>	<b>RESOLVED:</b> that the Minutes of the Meeting of the Board of Directors held on Monday 23 <sup>rd</sup> May, 2011 be approved as a correct record.	<b>Action</b>
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## MATTERS ARISING FROM THE MINUTES

### TB.3621 Shared Service Arrangements for Payroll and IT Services (TB.3584)

In response to a question from Mr. Bryan, Mr. Stringer confirmed that these services were currently located at Coniston House but there would be a review of this arrangement having regard to the longer term situation.

KS

### Performance Report 2011 – Readmission Target (TB.3588)

In response to a question, Ms. Hall indicated that the readmission target had been changed within the Operating Framework from fourteen days to thirty days and performance was being reviewed in conjunction with the Primary Care Trust.

VH

### Performance Report April 2011 c.difficile (TB.3588)

Ms. Etches advised that no testing had been undertaken during June due to staffing shortages, but that it would be resumed in July and be part of the Quality and Safety report to the Board.

CE

### Financial Position of the Trust – March 2011 – completion of schemes (TB.3595)

Mr. Stringer confirmed that the information requested at the previous meeting on the evaluation of a number of schemes had been reported to the Audit Committee.

### Orthopaedic Work being undertaken at the Nuffield Hospital (TB.3595)

In response to a question by Ms. Jaspal-Mander, Ms. Hall indicated that following agreement with the Primary Care Trust around a contract variation for orthopaedic surgery, work would cease to be carried out at the Nuffield Hospital.

VH

### Financial Position of the Trust – April 2011 – Length of Stay issues in Orthopaedics (TB.3596)

In response to a question by Dr. Anderson, Ms. Hall confirmed that issues regarding length of stay in orthopaedics were being addressed.

VH

### Quality and Safety Quarter 4 report – Mortality (TB.3601)

Dr. Odum indicated that the first meeting of the Mortality

Assurance Review Group had taken place. The Terms of Reference had been reviewed and the overall mortality position at RWHT had been discussed. The Chairman indicated that he would confirm to Dr. Odum the appointment of a Non-Executive Director to serve on the Mortality Assurance Review Group.

**Action**

**BP/JO**

**Report of the Ombudsman Care and Compassion? (TB.3602)**

Arising from this item, Ms. Etches confirmed that the implementation plan was due to be presented to the July meeting of the Board.

**CE**

**Radiotherapy Incidents (TB.3609)**

Ms. Hall reported that incidents relating to radiotherapy had been directed to the Quality and Safety Committee, which had been assured that patients had not been harmed by the incidents which had been related at the May Board meeting.

**DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS**

**TB.3622** The Chairman reported that the General Medical Council had appointed him to the Professional Linguistic Assessment Board, for a three year term of office. This Body was responsible for the approval of all non-EU doctors to practice in the UK.

**CONSULTANT APPOINTMENTS**

**TB.3623** Mr. Loughton reported that the following consultants had been appointed to posts with RWHT:

- Mr. Matthew Holland – Consultant ITU
- Dr. Joanne Bowen – Consultant Palliative Care
- Dr. Catherine Spinnou – Consultant ENT

**OPERATIONAL PERFORMANCE**

**TB.3624** Performance Report – Acute (May 2011)

Introducing her report, Ms. Hall informed the Board that the Trust continued to experience sustained pressure and that extra capacity which had been opened in April remained partly in use. The hospital had observed a spike in A & E activity together with an increase in elective work in order to meet targets. Some managers had been released to concentrate on managing capacity in particular wards. She warned that this pressure would impact on performance. The Chief Executive indicated that the pressures experienced locally reflected the

national picture and there was no clear underlying reason other than that large numbers of citizens were very ill at this time.

**Action**

Ms. Hall outlined the salient points in her report and referred to the review being undertaken with the PCT of the readmissions target, the information given to patients at discharge to enable them to make contact in the event of any problems within the first twenty-four hours and the unsatisfactory performance on complaints. The Board noted the red rated indicator for short notice of cancellation of operations which Ms. Hall said was primarily due to the lack of beds but also linked to pressures on operating theatre times. In this regard, she mentioned the Theatre Visibility Booking Tool which would store details of the performance of surgeons over the last two years for each type of operation performed and which was designed to assess the likelihood of delays when similar operations were to be undertaken in the future. Noting that the average time to initial assessment (for ambulance patients) was thirty-six minutes during May, it was pointed out to the Board that the hospital was simply unable to cope with the volume now being experienced and Mr. Loughton pointed out that the public was becoming aware that it was quicker to attend at Accident and Emergency than to wait for up to forty-eight hours for a GP appointment. Ms. Hall added that patients had never been admitted to a ward or moved around simply to meet targets, the aim always being to give the most appropriate treatment in each case.

In response to a question by Mr. Sutton about annual appraisals, Ms. Harnin explained that the HR Sub-Committee had addressed Divisional Managers and that although there had been a lapse in April due to operational pressures, it was expected that improvements would be seen in the figures for June. Ms. Hall added that from an operational point of view the Trust had good plans in place to carry out appraisals and it was acknowledged that these were critical for the personal development and motivation of staff.

There ensued a discussion about vacancies among non-medical training grades and Dr. Anderson sought information about the extent of this problem. Mr. Loughton mentioned that the Trust would consider developing its own training scheme, perhaps similar to that used at UHB, and thereby take a new approach to the problem. Dr. Luesley commented that surgical training was predicted to decrease by 42% in the West Midlands and mentioned some of the options which the Trust might consider. Ms. Harnin invited him to provide further information on these outside of the meeting. Dr. Odum added that unprecedented numbers were applying for consultant posts whilst fewer such posts were being advertised. He confirmed that the use of locum cover in perpetuity was not an option for the Trust but that discussions about the most appropriate way ahead were ongoing.

**DL/DH**

**RESOLVED: that the Performance Report for May 2011 be**

noted

**TB.3625** Operational Performance – Community (May 2011)

**Action**

Ms. Hall introduced the monthly Performance Report for Community Services, and confirmed that future reports would include more narrative to explain the context and detail of the services under consideration. In response to a question by Mr. Bryan, it was explained that the indicator “patients dying in place” was about patient choice around where they would spend the final days of their lives. Ms. Espley reported that three years ago less than 40% of patients died in the place of their choice and but by the end of April this year the figure had risen to almost 85%. This matter was now included in the Assessment Process for people who were on the End of Life Pathway or the Palliative Care Pathway. She undertook to provide a percentage figure for this indicator in future reports. Mr. Loughton told the Board that an officer had been appointed to develop the performance data for Community Services, and he went on to say that overall Community Services were providing many examples of good care, despite the condition of some of the premises from which they worked. Ms. Espley indicated that when the Community Services had been transferred to the Trust on the 1<sup>st</sup> April a report on Interim Governance Arrangements had contained assurances about on-going performance monitoring through the Finance and Performance Forum for Community Services and the Quality and Safety Forum for Community Services.

**ME**

**RESOLVED: that the Performance Report – Community for May 2011 be noted.**

**BUSINESS PLANNING**

**TB.3626** Capital Programme 2011/12 – Month 2 progress update

Mr. Stringer presented the report on progress at Month 2 for the 2011/12 Capital Programme.

In response to a question, he indicated that all the major work on site had been undertaken in readiness for work on the new Pathology Laboratory to commence. The Board noted that a report was likely to be submitted to the July meeting on a capital scheme for the demolition of the former Catering Store, in order to achieve some capital spend this year. Mr. Loughton reported that there had been some delay in achieving buy-in by partners due to anxieties expressed over aspects of the Business Case but these matters had now been resolved.

**KS**

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

TB.3627

Clinical Champion for Prevention

Action

Dr. Odum presented a report on the Clinical Champion for Prevention together with associated developments for the promotion of healthy lifestyles. Mrs. Jaspal-Mander said that Solihull had undertaken some good work around this area and that it might be worth looking at the models which they had developed. During the discussion and in response to questions it was noted that all twelve of the managers and co-ordinators were also clinicians and therefore carried their own case loads. The Team which had transferred from the PCT had increased in size gradually over the eighteen months prior to transfer and there was much national and local evaluation data which evidenced the effectiveness of this approach. Mr. Vanes spoke strongly in support of the report, citing the evidence of fundamental problems which beset the population of Wolverhampton in terms of lifestyle choices in general and addictions in particular. It was agreed that Dr. Adrian Phillips, Director of Public Health with Wolverhampton City PCT, should be invited to present the Public Health Annual Report at a future meeting.

**RESOLVED: that the following proposals be endorsed:**

- a) **The appointment of a clinical lead for alcohol and a clinical lead for smoking cessation (Dr. I. Perry and Dr. K. Willmer respectively)**
- b) **The identification of a management structure for the Healthy Lifestyle Team together with an associated review of work plan targets, patient pathways, and administrative requirements**
- c) **The development of links with Occupational Health and the development of a staff survey, with trade union support**
- d) **The development of an alcohol group to deliver 2011 NICE Guidance on alcohol and to ensure that tender specifications for service expansion meets the needs of the Trust and that outcomes are measured**
- e) **That Dr. Willmer consider developing a Smoking Cessation Group and co-ordinating all smoking patients referred for surgical opinion via Choose and Book.**

JO

TB.3628

Single Emergency Portal update

Dr. Odum presented a report on the interim Single Emergency Portal, outlining the clinical model and summarising the work done by Estates to date. He emphasised that the whole concept of developing a single emergency portal was based on quality of care and that the integrated emergency care and integrated clinical team would provide opportunities for the development of improved training, improved integration between teams and improved time management for staff currently located in various sites across the hospital. In response to questions he confirmed that one of the Clinical Commissioning Groups in the city had requested consideration of the co-location of a GP surgery in

the new build and that this would be the subject of discussions with the Group in due course. Mention was also made of the Phoenix Centre and the out of hours facility managed by Primecare. Mr. Loughton indicated that a major piece of work was required to be done to identify patterns of use of the Phoenix Centre and then to attempt to tie that in with the Trust's own plans for its emergency portal. Ms. Espley reported that the current specification for GP services did not provide for a walk-in service but only provided for a telephone triage service which might subsequently lead to an appointment to visit the Phoenix Centre. However, she confirmed that Community Services strongly marketed the Phoenix Centre as a walk-in centre.

**RESOLVED: that the update report on the Interim Single Emergency Portal be noted.**

## FINANCE AND INFORMATION

### TB.3629 Finance Report – May 2011

Mr. Stringer presented the Finance Report for May 2011 and reported a position of a surplus of £1.527million which was £1.028million above plan at the end of May. The financial risk rating was in line with planned expectations and the financial risks were as highlighted to the Board previously with a reduction in the risk of CIP underachievement from £5.341million to £1.530million. Mr Stringer further drew the Board's attention to the Divisional financial positions which showed a deterioration of £0.9million in Divisions 1 and 2. He also indicated that the additional activity commissioned by South Staffordshire PCT and Wolverhampton City PCT would be the subject of discussions regarding possible contract variations. In response to a question by Mr. Sharples, Ms. Hall confirmed that there was a variable picture regarding the degree to which managers proactively attempted to control expenditure and that there would be more focused attention during the current financial year, including budget surgeries with budget holding managers.

**RESOLVED: that the Financial Report (May 2011) be noted.**

### TB.3630 Audited Annual Accounts

Mr Stringer presented the Accounts which had been approved by the Audit Committee and externally audited, and which represented a true and fair view of the organisation. The Trust had achieved all of its statutory financial targets and had delivered an in-year surplus of £8.364million before impairments and adjustments, and its cumulative break even performance was now a positive £8.561million. The Chairman recognised the good performance of the Trust and thanked Mr Stringer and the Finance Department for the improvement from

		Action
	previous years	
	<b>RESOLVED: That the Audited Annual Accounts for 2010-11 be approved.</b>	
TB.3631	<u>Financial Summary of year ended 31<sup>st</sup> March, 2011 based upon the Annual Accounts Submission</u>	
	<b>RESOLVED: that the Financial Summary based upon on the Annual Accounts for 2010/11 be noted.</b>	
TB.3632	<u>External Auditors' Management Representation Letter</u>	
	Mr Stringer confirmed that the Management Representation Letter had been reviewed by the Audit Committee, and that detail with regard to equal pay accruals and provisions had been shared with the Chair of the Committee. Mr Bryan confirmed that he had examined the content of the letter and was comfortable with supporting its approval.	
	<b>RESOLVED: That the Management Representation Letter, set out in Appendix A to the report, be approved.</b>	
TB.3633	<u>Report of the External Auditors to Those Charged with Governance (ISA260 letter)</u>	
	Mr Stringer drew the Board's attention to the Executive Summary of the ISA260. Four categories had been given the highest green performance and one area was amber green which related to external advice that the Trust had sought and which had been found to be incorrect in some areas. However this was not material and the Trust was taking action on correcting the issues. The Trust had received an unqualified audit opinion on the Accounts for 2010/11, and on the arrangements for its use of resources.	
	<b>RESOLVED: That the ISA 260 letter from the Trusts' External Auditors be noted.</b>	

## GOVERNANCE

TB.3634	<u>Board Assurance Framework/Trust Risk Register</u>	
	Ms. Etches presented the monthly Board Assurance Framework/Trust Risk Register report and indicated that as of Friday 24 June 95.1% had been achieved against Information Governance Training (2572). She further reported that in respect of loss related to best practice tariff for haemodialysis (2720) a tariff had now been introduced for these patients and RWHT would downgrade this to an amber risk. Measures were in place and improvements were expected to be apparent by September. In response to a question regarding non-reporting of plain film examinations (1320) Ms. Hall confirmed that Dr. Odum had implemented the protocol and it was expected that evidence would shortly allow this to be	

downgraded to an amber risk. Mr Sutton then requested that in future the report on the Board Assurance Framework include colour coding for the pre and post risks for ease of reference.

Action

CE

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

**TB.3635** Board Assurance Committee Annual Report

Mrs. Jaspal-Mander presented the Annual Report of the Board Assurance Committee.

**RESOLVED: that the Annual Report of the Board Assurance Committee be noted.**

**TB.3636** Audit Committee – Review of Activities

Mr. Bryan presented the Annual Report of the work of the Audit Committee.

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

## QUALITY AND SAFETY

**TB.3637** Quality Account 2010/11

Ms. Etches presented the 2010/11 Quality Account and highlighted the priorities listed on page 9 of the report which had been developed following discussions with staff members, patients and community representatives over the last few months. She confirmed that next year's report would include details of progress made against the priorities for improvement for 2011/12. She also displayed a copy of the printed version of the Annual Quality Account report and emphasised that a large quantity of the document would not be produced on the grounds of cost. Finally, she indicated that once approved by the Board, the report would be placed on the RWHT website by 30 June 2011.

Board members complimented officers on the format and content of this year's Quality Account.

**RESOLVED: that the Quality Account for 2010/11 be approved.**

CE

**TB.3638** Monthly Quality and Safety Dashboard – draft indicators

Ms. Etches invited the Board to consider the content of the proposed Dashboard and to suggest whether any other items might usefully be included. She indicated that these would be reported with a narrative from July on a monthly basis, and in the event of a Directorate triggering a red in an indicator for three successive months they would be required to submit a

report explaining the reasons to the Board together with relevant actions to be taken. Mr. Bryan suggested that consideration be given to including the following in the Dashboard:

Action

- Measuring and reporting delays and waiting times in outpatients
- Turnaround times in obtaining radiology results
- Waiting times for Pharmacy Services
- Did Not Attends (DNAs)

Ms. Hall responded that there was presently no data collection for some of these, although spot audits could be carried out in respect of each one. Mr. Loughton undertook to discuss with Mr. Bryan outside the meeting whether the benefits derived would be proportionate to the amount of additional effort expended in obtaining the data. In response to a question from Mr. Vanes Dr. Odum confirmed that the information in the report on Mortality would be refined over coming months. Ms. Espley suggested that consideration might be given to developing a separate dashboard for Community Services bearing in mind that the Department of Health had recently published Transforming Community Services performance indicators for use by Boards in future. Dr. Odum said that the Mortality Review Assurance Group was formulating its own reports on a Trust wide perspective (of mortality) and invited Mr. Vanes to submit any comments on this subject for consideration by the Group.

DL/KB

JV/JO

In response to comments about the validity of the data now presented, Mr. Loughton emphasised the need to focus on the processes in the pathways highlighted in the Dr. Foster statistics and to challenge Directorates to demonstrate that, notwithstanding the information provided by Dr. Foster, there were no grounds for concern.

**RESOLVED: that the set of indicators to be included in the monthly Quality and Safety Dashboard, as now submitted, be approved.**

CE

## COMMUNITY SERVICES

**TB.3639** Transforming Community Services Implementation Committee – Terms of Reference

Ms. Espley presented a report on the Terms of Reference for the Transforming Community Services Implementation Committee, and indicated that attention would now turn to the introduction of a performance and governance structure to manage the implementation plan. The Board noted that Mr. Sutton would serve as the Non-Executive Director on this body.

**RESOLVED: that the Terms of Reference for the TCS Implementation Committee and the update on progress against the TCS post-transfer integration plan be noted.**

Action

## FOUNDATION TRUST

**TB.3640** Foundation Trust Application – verbal update

Mr. Stringer reported that the Executive Directors would be meeting with Governors later today in order to introduce themselves.

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

## FEEDBACK FROM BOARD SUB-COMMITTEES

**TB.3641** Minutes of the Meeting of the Trust Management Team held on the 1<sup>st</sup> April, 2011

In response to a question regarding Minute 11/119, the Director of Finance and Information indicated that the cost of implementing annual incremental salary progression across the Trust amounted to approximately 3-4% of their salary.

**RESOLVED: that the Minutes of the Meeting of the Trust Management Team held on 1<sup>st</sup> April, 2011 be noted.**

**TB.3642** Minutes of the Meeting of the Infection Prevention and Control Committee held on 28<sup>th</sup> April, 2011

**RESOLVED: that the Minutes of the Meeting of the Infection Prevention and Control Committee held on 28<sup>th</sup> April, 2011 be noted.**

**TB.3643** Summary of Issues raised at the Board Assurance Committee held on 23<sup>rd</sup> June, 2011

The Board noted that this meeting had been cancelled. Mr. Loughton apologised to the Chair for the short notice of the cancellation and assured her that there would be no repetition.

## GENERAL BUSINESS

**TB.3644** Policies approved by the Trust Management Team at the meeting held on 24<sup>th</sup> June 2011

The Board noted that the following Policies had been approved by the Trust Management Team on 24<sup>th</sup> June, 2011:-

- Trust Medicines Policy
- GI 02 Financial Management Policy
- OP 06 Media Policy
- HR 11 Protection of Pay and Conditions of Service
- HR 09 Personal Files

Action

**TB.3645** Matters raised by members of the general public and commissioners

Mrs. Corneby raised no items on behalf of the Primary Care Trust.

Ms. Viner raised the following matters on behalf of Wolverhampton LINK:

- a) Arising from the discussion around performance of Accident and Emergency, Ms. Viner indicated that LINK had received feedback from the public which suggested on-going concern about access to general practitioners, and LINK was mindful of the impact of this on services provided by RWHT.
- b) The Wolverhampton LINK would welcome feedback from the Trust on the development of the Single Emergency Portal. Mr. Loughton confirmed that LINK was welcome to use the report that had been circulated for this meeting but that there would be no further substantial information for some time to come
- c) Ms. Viner said that LINK welcomed the report on the Quality Account for 2010/11 together with the priorities identified for improvement during the year ahead. She requested that consideration be given to public involvement in monitoring the development and progress around these priorities
- d) Finally, Ms. Viner reported that the LINK Annual Report would be published on the 30<sup>th</sup> June, 2011.

**TB.3646** Date and Time of Next Meeting

The Board noted that the next meeting was due to be held on Monday 25<sup>th</sup> July, 2011 at 10.00 a.m. in the Clinical Skills and Corporate Services Centre, New Cross Hospital.

**TB.3647** Exclusion of the press and public

**RESOLVED:** that, pursuant to the provisions of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.

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