

Minutes of the Meeting of the Board of Directors held on Monday 26th September, 2011 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital

PRESENT:	Mr. B. Picken Dr. J. Anderson Ms. M. Espley Ms. C. Etches Ms. V. Hall Mrs. B. Jaspal-Mander Mr. D. Loughton CBE Dr. J. Odum Mr. K. Stringer Mr. D. Sutton Mr. J. Vanes Ms. D. Harnin Professor D. Luesley	Chairman Non-Executive Director Director of Planning & Contracting Chief Nursing Officer Chief Operating Officer Non-Executive Director Chief Executive Medical Director Chief Financial Officer Non-Executive Director Non-Executive Director Director of Human Resources Assoc. Non-Executive Director
IN ATTENDANCE:	Ms. D. Hickman Dr. B. McKaig Ms. L. Nickell Mr. A. Sargent Mr. N. Simmonds	Acting Head of Midwifery Consultant Gastroenterologist Head of Education & Training Governance Officer Acting Head of Procurement
OBSERVERS:	Cllr. I. Claymore Mrs. M. Corneby Mr. B. Griffiths Ms. J. Viner	Wolverhampton City Council Wolverhampton City PCT Deputy Vice-Chairman, LINK LINK Co-ordinator
APOLOGIES:	Mr. K. Bryan Mr. J. Oatridge Mr. H. Ward	Non-Executive Director Wolverhampton City PCT Wolverhampton City PCT

Part 1 – Open to the Public

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON MONDAY 25th JULY 2011

Action

TB.3708 RESOLVED: that the Minutes of the Meeting of the Board of Directors held on Monday 25th July, 2011 be approved as a correct record

MATTERS ARISING FROM THE MINUTES

- TB.3709** Mortality Assurance Review Group (TB.3601)
Dr Odum reported that Dr Anderson had agreed to join this Group in place of Mr Sharples.
- Demolition of Former Catering Store (TB.3626)
Mr Stringer indicated that a report on this matter would be brought to the October meeting.
- End of Life Pathway (TB.3625)
Ms Espley said that a percentage figure on the number of patients who die in the place of their choice is now included in the performance report to Board.
- Complaints – Performance issues (TB.3671)
The Board noted that a report on Complaints was due to be discussed at the next meeting of the Board Assurance Committee.
- Medical Workforce (TB.3671)
Ms Harnin confirmed that a report on Medical Workforce, linked to the need to reduce reliance on agencies, was being prepared for the Trust Management Team in October.

DECLARATIONS OF INTERESTS FROM DIRECTORS AND OFFICERS

- TB.3710** No interests were declared.

CONSULTANT APPOINTMENTS

- TB.3711** Mr. Loughton reported that since the previous meeting the following consultants had been appointed:-
- Guiseppe Bozzetti (CT Anaesthetics)
 - John Murphy (ENT)
 - Andrew Macduff and Ashley Millar (Intensivists)
 - Kalayana Gurusamy (Neonates)
 - Khaleeq-Ur Rehman (Oral and Maxillo Facial Surgery)

OPERATIONAL PERFORMANCE

- TB.3712** Performance Report
- Ms. Hall summarised the key features of the monthly report on Performance across the Trust, including both Acute and Community activity.

In particular, she drew attention to the exception report regarding C.difficile, which had seen a significant increase during August. Ms Etches indicated that guidance from the Centre was expected shortly regarding the targets around C.difficile and it was hoped that these would take account of the new testing arrangements. The Chairman noted that it had always been anticipated the new testing method would lead to a 40-50% increase in the number of cases identified. The Board noted that the PCT had acknowledged the reasons for the variance against the target in this case.

Ms. Hall referred to the Time to Treatment Decision, which was a new indicator which had been introduced for shadow monitoring, and against which this Trust was performing better than its neighbours across the West Midlands.

In the Special Reports Ms. Hall highlighted ongoing improvements against key targets for strokes, and reminded the Board that on Saturday the seven day service would commence, a facility not offered by all other acute Trusts. She also mentioned that the A & E clinical quality indicators (set out in Appendix B to the report) would from now on be published on the website of the Trust.

In response to a question from Mrs. Jaspal-Mander, Ms. Hall offered to provide a list of actions being taken to encourage better uptake of services at the Phoenix Centre, and to reduce where appropriate the pressure on the Hospital's A & E department.

VH

RESOLVED: that the report be noted.

TB.3713 Chief Operating Officer's Report

Ms. Hall presented the first of her monthly reports to the Board outlining current activities under her jurisdiction. This month, these included an update on winter planning, the Lung Cancer Audit 2010, progress around Stroke Services, Vascular Services and the application for Major Trauma Unit Designation.

In response to a question from Mr. Vanes, Ms. Hall confirmed that although there had been escalation to level 3 under the winter plan in previous years, this Trust had very seldom reached a level 4.

Mrs. Jaspal-Mander suggested that it would be helpful to measure patient experience of the Stroke Services, and Ms. Hall confirmed that direct patient experience feedback and outcomes would be recorded.

RESOLVED: that the Chief Operating Officer's report be noted.

BUSINESS PLANNING

Action

TB.3714 Capital Programme 2011/2012 – Month 5 progress report

Mr. Stringer reported on progress at Month 5 for the Capital Programme 2011/12. He indicated that the actual expenditure position at Month 5 was £1,911,387, which, against a target of £3,194,487 represented a value of £1,283,100 behind plan. He added that the major contributing factor to this was the delay in achieving approval to the Pathology project. This approval had now been given and work had started on site, with spend on the project having been reprofiled appropriately. Mr Stringer pointed out that rising prices in metals had resulted in increased costs for this scheme in excess of £300,000.

RESOLVED: that the report on the Capital Programme 2011/12 (Month 5) be noted.

TB.3715 Two Year Capital Programme 2011/12 – 2012/13

Mr. Stringer presented the revised Capital Expenditure Plan for 2011/12, reflecting the latest values of all projects, together with the effect of the revised expenditure profile for Pathology caused by the delay for both 2011/12 and 2012/13, and the impact on the CRL. He said that a project group was in place for the Emergency Portal scheme and spend on that had been reprofiled for 2011/12.

Mr. Stringer referred to a discussion at the Trust Management Team on 23rd September, 2011 around the potential underspend of £3m. It had been agreed at that meeting to examine every option for spending that money during the current financial year, and an update on this would be presented to the Board in October. Mr. Loughton also pointed out that in view of the urgency of this matter it was likely that contracts would have to be placed in advance of the next Board meeting in respect of schemes brought forward from 2012/13.

In response to a question by Mr. Vanes, Mr. Stringer confirmed that the new Head of Estates Development had started work for the Trust.

RESOLVED: that the report on the Two Year Capital Programme 2011/12 – 2012/13 be noted.

KS

		Action
TB.3716	<p><u>Transforming Community Services – Future Ownership and Management of PCT Estate</u></p> <p>Mr. Stringer highlighted the salient points in a report on the potential transfer of certain estates from the Primary Care Trust to this Trust, as a consequence of Transforming Community Services. He highlighted in particular the rules which would apply to the acquisitions and indicated that further details were awaited regarding funding arrangements. He advised that agreement in principle had been reached on the transfer of eleven properties to the Trust and negotiations would proceed on a property by property basis. A further report on costs and liabilities would in due course be brought back to the Board.</p> <p>RESOLVED: that the report on Transforming Community Services – Future Ownership and the Management of PCT Estate be noted.</p>	KS
TB.3717	<p><u>Trust Annual Plan (Quarter 1 2011/12)</u></p> <p>Ms. Hall submitted the Quarter 1 progress report in respect of the Trust Annual Plan.</p> <p>RESOLVED: that the Quarter 1 progress report in respect of the Trust Annual Plan be noted.</p>	
TB.3718	<p><u>Development of Simulated Clinical Environment Training Suite at RWHT</u></p> <p>Dr. McKaig and Ms. Nickell attended the meeting for this item. Dr. McKaig presented the Business Case for the development of a Simulated Clinical Environment Training Suite at RWHT. He stressed that this initiative was driven by considerations of patient safety and that it would replace very limited existing in-house capacity to provide training for Trust staff, and potentially for other staff on a regional and national basis in the future.</p> <p>Mr. Sutton spoke in support of the proposals which were a modest approach towards enhancing the reputation of the hospital as a training institution. Mr. Loughton commented that none of the Trust's neighbours currently had a similar facility and it was possible that some revenue by offering training to other Trusts would be generated, but due to uncertainty it did not feature in the Business Case, and the Trust proposed to underwrite the scheme, with the hope of some support from charitable sources.</p> <p>Dr. Odum also spoke in wholehearted support of the proposals, which he said were recognised as a major plank in the Trust's strategy for improving patient safety.</p>	

Ms. Harnin requested that gratitude be recorded to Dr. McKaig and his colleagues for leading on this initiative, and for overcoming a number of challenges to bring to this stage.

Mr. Vanes asked whether it would be possible to publicise the development through the media, and Mrs. Jaspal-Mander indicated that she would like to visit the facility once it was running.

Professor Luesely asked questions regarding undergraduate access to the facility and the need for protected teaching time to be focused on it. Ms. Nickell indicated that Professor Steve Field and Liz Hughes also supported this development.

RESOLVED: that the Business Case for the Development of a Simulated Clinical Environment Training Suite at RWHT, as now submitted, be approved, and that the gratitude of the Board be placed on record to Dr. McKaig and Ms. Nickell for the work undertaken so far in connection with the project.

FINANCE AND INFORMATION

TB.3719 Finance Report August 2011 (Month 5)

Mr. Stringer introduced his monthly report on the financial position of the Trust, and indicated that the income and expenditure position at Month 5 was more or less as expected, although he added that income had slowed during August and that the expenditure position had deteriorated by approximately £87,000. He also referred to the Trust CIP target and said that at Month 5 £7,419,000 had been withdrawn from budgets, leaving a number of more challenging schemes to be achieved during the remainder of this financial year. He mentioned also that robust discussions were underway with Commissioners regarding financial targets and especially regarding the Commissioner's QIPP Programme.

In response to a question by Mr. Sutton, the Chief Executive indicated that the Trust would have to take a view on how to respond to under achievement in Division 2, given that the Hospital had faced considerable on-going pressures with very high volumes of business during recent months. He said that it may be necessary simply to increase the budget for that Division accordingly.

RESOLVED: that the Finance Report for August, 2011 (Month 5) be noted.

TB.3720 Annual Audit Letter 2010/11 – pwc

Mr. Stringer submitted the Annual Audit Letter for 2010/11 from PricewaterhouseCoopers, in which they recorded, among other things, an unqualified audit opinion on the accounts and on the Trust's arrangements for the use of resources. The Board noted that the content of the letter represented a significant achievement for the Trust and Mr. Loughton congratulated the Chief Financial Officer and his two deputies for the progress made during the year under review. The Chairman added his own appreciation for the work done by Mr. Stringer and his team during the year 2010/11.

At this point, the Chief Executive enquired about the implications for Wolverhampton of the recently announced abandonment of the NHS IT project. Mr. Stringer responded that this Trust had decided early on not to become involved and therefore most of its IT systems were self-funded. The national decision to cancel this £12 billion project would therefore have no impact on this Trust.

RESOLVED: that the Annual Audit Letter for 2010/11 be noted.

GOVERNANCE**TB.3721** Board Assurance Framework/Trust Risk Register

Ms. Etches drew out the leading points of the monthly report on the Board Assurance Framework and Trust Risk Register and highlighted the risk around inadequate and ineffective systems to safeguard vulnerable adults and described some of the ways in which the risk was being managed currently.

RESOLVED that the report be noted.

TB.3722 Care Quality Commission – action plan update

Ms. Etches presented this report. She indicated that the recent LINK report on Nutrition had been taken into account when responding to the CQC report into Dignity and Nutrition for Older People. She also informed the Board that the report of the CQC Responsive Review report written following a second CQC visit in March had found that staffing was no longer a minor concern.

RESOLVED: that the report be noted.

QUALITY AND SAFETY

Action

TB.3723 Quality and Safety Report – Quarter 1 (1st April to 30th June, 2011) and the monthly Quality and Safety Report for July 2011

Ms. Etches presented the two Quality and Safety Reports. Ms. Hall noted the encouraging results from the Patient Experience Tracker. There was also discussion of the benefits of Vitalpac, which was widely regarded as a valuable tool although it appeared that more docking stations were required around the hospital.

Ms. Etches indicated that figures on mortality had arrived too late for inclusion in the dashboard this month, but, in response to a question from Mrs. Jaspal-Mander, Mr. Loughton undertook to circulate to the Non-Executive Directors a copy of the recent report written for the CQC on the circumstances surrounding the deaths of sixty patients within this hospital. It had demonstrated that none of those deaths were unavoidable although there was no reason to be complacent.

In response to questions about patients not attending, Ms. Etches confirmed that further data collection would assist in the analysis of trends to find out whether this was concentrated in particular specialities or among patients from particular geographical areas in the City.

RESOLVED: that the Quality and Safety Report for Quarter 1 (1st April to 30th June 2011) and the Quality and Safety Report for the month of July 2011 be noted.

TB.3724 Infection Prevention and Control Annual Reports – Acute and Community

Ms. Etches introduced the Infection Prevention and Control Annual Reports – Acute and Community. She confirmed that the newly appointed Lead Infection Prevention Nurse would take up her duties at the end of November and would help the Trust to focus on benefits post TCS. She said that as a result of turnover within the Infection Prevention team, it was going to be remodelled after reviewing the Trust's "Next Steps".

Ms. Etches also referred to new NICE Guidance for Boards due out later this year, which was anticipated to address matters necessary for a high performing organisation.

The Chairman congratulated the authors of both reports.

RESOLVED: that the Infection Prevention and Control Annual Reports – Acute and Community be noted.

DL

TB.3725 Tissue Viability

Ms. Etches presented the main points of a report informing the Board of the organisation's approach to tissue viability. The Board noted that there had been a recent increase in the reporting of pressure ulcers rather than an increase in the number of individual incidents. The Board also noted the very challenging targets which had been set for a reduction in the incidence of pressure ulcers and chronic wounds by 2014, and that the Trust had had the benefit of an integrated tissue viability team since TCS. The Chief Executive suggested that some organisations reported these matters more precisely than others and said that he was involved in national work to ensure that all organisations used the same robust reporting process.

RESOLVED: that the report on Tissue Viability be noted.

TB.3726 Midwifery Report

Ms. D. Hickman attended for this item and presented the progress report on quality and standards within the Maternity Service. Amongst other things, she highlighted the increase in births at this hospital during the last twelve months and the development of a business case for a Midwifery Led Unit. Mr Loughton said that every effort should be made to expedite this scheme. In response to questions, Ms Hickman confirmed that there was a shortage of approximately 5,000 midwives across the UK. She also confirmed that the Maternity Services Liaison Committee received regular feedback on patients' views of the Service.

RESOLVED: that the Midwifery Report be noted.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.3727 Minutes of the meeting of the Trust Management Team held on 24th June 2011

RESOLVED: that the Minutes of the meeting of the Trust Management Team held on 24th June, 2011 be noted.

TB.3728 Minutes of the meeting of the Infection Prevention and Control Committee held on 30th June 2011

RESOLVED: that the Minutes of the meeting of the Infection Prevention and Control Committee held on 30th June, 2011 be noted.

- TB.3729** Minutes of the meeting of the HR Sub-Committee held on 26th July 2011
- RESOLVED: that the Minutes of the meeting of the HR Sub-Committee held on 26th July, 2011 be noted.**
- TB.3730** Minutes of the meeting of the Board Assurance Committee held on 13th July 2011
- RESOLVED: that the Minutes of the meeting of the Board Assurance Committee held on 13th July, 2011 be noted.**
- TB.3731** Summary of Issues raised at the meeting of the Board Assurance Committee held on 25th August 2011
- Mrs. Jaspal-Mander indicated that most of the issues discussed at the Committee held on 25th August had already been covered in today's Board meeting.
- RESOLVED: that the verbal report be noted.**
- TB.3732** Minutes of the meeting of the Charitable Funds Committee held on 2nd August 2011
- RESOLVED: that the Minutes of the meeting of the Charitable Funds Committee held on 2nd August, 2011 be noted.**

GENERAL BUSINESS

- TB.3733** Policies Approved by the Trust Management Team at the meeting held on 23rd September 2011
- The Board noted that the following Policies had been approved by the Trust Management Team at its meeting held on 23rd September, 2011:-
- Health Records Policy (OP07)
 - Decontamination of Medical Devices (HS12)
 - Prevention of Harassment and Bullying Policy (HR15)
 - Safeguarding Vulnerable Adults in Hospital and Community (CP53)
- TB.3734** Matters raised by members of the general public and commissioners
- Cllr. Claymore referred to the restructure of bus services in the City with effect from 24th July, 2011 and mentioned the high level of complaints about the lack of buses serving the new bus station, congestion in Lichfield Street, and poor bus links to the New Cross site.

He indicated that a bus network review might take place to gather views of affected users and organisations, and would be designed to assist development of a fully integrated transport system for the City. He asked whether this Board could make representations to any such future bus network review.

Mr. Griffiths from LINK endorsed these comments and confirmed that LINK had also received complaints about the pattern of bus services going into the hospital site. The Chief Executive confirmed that the Trust would be willing to make representations to any future bus network review, although he indicated that traffic flows within the site, such as around afternoon visiting times, had impacted adversely upon buses also coming onto site.

On behalf of LINK, Mr. Griffiths referred to the monthly performance report and in particular to the target around the time to initial assessment (for ambulance patients) which was forty-three minutes in August 2011 and, he said, had changed little since 2010. He asked what action was proposed to improve on this. Ms. Hall indicated that this was partly an issue around the collection of data for this indicator. She also indicated that more staff would be available on the triage to assist in more rapid unloading of ambulances. Beyond that, however, the Trust needed more detail around particular reasons why patients were taking longer to reach the point of a decision around their treatment. She mentioned also the cases where service had been extensively used by a very small number of patients, for example one patient who had called the emergency services 100 times in the last two months, and a group of 12 other patients who had visited the A and E service 4 times per week for several weeks. These had an impact on the ability to respond to other patients, and affected the target which was now in question. Mr. Loughton referred again to the instruction to the Ambulance Service to take category C patients to a walk-in centre which had not always been complied with.

Mr. Griffiths then mentioned the numbers of people, referred to in the Performance report, who had attended Accident and Emergency and then left without being seen. Ms. Hall asked whether, in that case, they really needed to be at Accident and Emergency in the first place. Mr. Loughton described the situation where increasingly people appeared to use the hospital, including the paediatric department, not for real emergencies but for primary care, rather than visiting their own family doctor in the first instance.

Mr. Griffiths also asked a question about pressure damage and what action would be taken on wards to improve the situation. Ms. Etches emphasised that the education and training of staff would be key to this endeavour.

	Action
<p>TB.3735 <u>Date and time of next meeting:</u></p> <p>The Board noted that the next meeting was due to be held on Monday 24th October, 2011 at 10.00 a.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.</p>	
<p>TB.3736 <u>Exclusion of the press and public</u></p> <p>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.</p>	