

**Minutes of the Meeting of the Board of Directors held on Monday 24<sup>th</sup> October 2011 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital**

<b>PRESENT:</b>	Mr. B. Picken	Non-Executive Director (Chair)
	Mr. K. Bryan	Non-Executive Director
	Ms. M. Espley	Director of Planning and Contracting
	Ms. C. Etches	Chief Nursing Officer
	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. K. Stringer	Chief Financial Officer
	Mr. D. Sutton	Non-Executive Director
	Mr. J. Vanes	Non-Executive Director
	Prof. D. Luesley	Associate Non-Executive Director

<b>IN ATTENDANCE:</b>	Ms. C. Marshall	Deputy Director of Human Resources
	Mr. N. Simmonds	Acting Head of Procurement
	Mr. A. Sargent	Governance Officer

<b>OBSERVERS:</b>	Cllr. I. Claymore	Wolverhampton City Council
	Mrs. M. Corneby	Wolverhampton City PCT
	Mr. B. Griffiths	Deputy Vice-Chairman, LINK

<b>APOLOGIES:</b>	Dr. J. Anderson	Non-Executive Director
	Ms. D. Harnin	Director of Human Resources
	Mr. H. Ward	Wolverhampton City PCT

**Part 1 – Open to the Public**

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON MONDAY 26<sup>th</sup> SEPTEMBER 2011**

**Action**

**TB.3757 RESOLVED:** that the Minutes of the meeting of the Board of Directors held on Monday 26<sup>th</sup> September, 2011 be approved as a correct record.

## MATTERS ARISING FROM THE MINUTES

Action

### TB.3758 Uptake of services at the Phoenix Centre

In response to the outstanding matter arising from TB.3712, Ms. Hall indicated that there would shortly be an awareness campaign around the appropriate use of the Phoenix Centre vis a vis the hospital's Accident and Emergency Department. She also confirmed that the list of actions being taken otherwise to encourage better uptake of services at the Phoenix Centre would be circulated to Board members in the near future.

VH

### Transforming Community Services – Future Ownership and Management of PCT Estate TB.3716

Mr. Stringer confirmed that an update on progress around the potential transfer of properties from the Primary Care Trust to this Trust would be submitted to the next meeting of the Board.

KS

## DECLARATIONS OF INTERESTS FROM DIRECTORS AND OFFICERS

TB.3759 No interests were declared.

## CONSULTANT APPOINTMENTS

TB.3760 Mr. Loughton reported that there had been no consultant appointments since the previous Board meeting.

## OPERATIONAL PERFORMANCE

### TB.3761 Performance Report

Ms. Hall presented the monthly Performance Report, and indicated that the detail was contained within a separate document which had been circulated to Board members and observers prior to the meeting. In future, this information would be provided electronically and on the Trust's website prior to each Board meeting. She highlighted the Performance Report Dashboard and the Monitor Compliance Framework indicators (which no longer included 4 indicators for Accident and Emergency). Regarding the Exception report, Ms. Hall referred to the continuing failure to hit the target for c.difficile, and reminded the Board that the new testing arrangements were increasing the numbers of cases identified, which was beneficial to patient safety.

She said that she had been notified recently by the Strategic Health Authority of two outbreaks of c.difficile across the region which it was thought could have been avoided if the new tests had been used in the hospitals concerned. Ms. Etches added that more organisations nationally were moving to the new test and all Trusts awaited guidance from the Centre on targets around this.

In response to a question, Ms. Etches said that once a patient had been identified as carrying c.difficile, they were put into isolation, a decontamination regime commenced and then they entered the c.difficile pathway for the appropriate treatment. Mr. Loughton urged caution regarding the outbreaks reported elsewhere in the region as it was too soon to attempt to draw any conclusions or apply lessons from those events.

Ms. Hall went on to talk about the continuing challenges around the new A & E clinical quality indicators which were in line with the English average, but there was still one red rated indicator and weekly meetings were taking place to monitor action for improvement in this area. Ms. Hall mentioned the deterioration in position for reducing delays in transfer of care and in response to questions indicated that a group of staff reviewed every case on a weekly basis to identify reasons for delays. Many of the delays were being attributed to social services departments outside Wolverhampton. She added that the PCT and Social Care (Wolverhampton Council) had agreed to invest reablement monies in a dedicated team to assist with patient flow. Mr. Bryan noted that the data for the activity dashboard covered the period until July. Ms. Hall confirmed that historically PCT data had been slower to become available this Trust's. Replying to a question by Professor Luesley, she reported that vacancies for temporary medical staff were being filled by NHS locums and not agency locums.

**RESOLVED: That the monthly performance report be noted.**

## BUSINESS PLANNING

### **TB.3762** Capital Programme 2011/2012 – Month 6 Progress Report

Mr. Stringer presented the monthly report on the Capital Programme 2011/12, and highlighted that the month six outturn projection equated to a potential under-commitment of £2,959,112, and that his staff were working with Programme Managers to try to accelerate schemes where possible to avoid a significant underspend. The Chief Executive reminded the Board that construction works would be at risk in the event of adverse weather conditions during the winter period.

**RESOLVED: that the month 6 report on the Capital Programme 2011/12 be noted.**

**TB.3763** TCS Integration Committee

Ms. Espley submitted a report on the recent work of the TCS Integration Committee. She highlighted the Project Initiation Document for "Children's Urgent Care Referral Team" informing the Board that this Trust was one of only a small number which had successfully bid to the SHA for money from the TCS Innovation Fund to develop this initiative. Regarding the Patient Flow Team, Ms. Espley informed the Board that it was intended to develop an integrated IT system using an established system with local enhancements, across the health and social care organisations concerned, and that following testing in November and December this should be in place early in the New Year. She also mentioned that the project for Oncology Care was at the very early stages and that it was intended to pilot a certain level of care in community settings and patients' homes from January, 2012.

In response to a question from Mr. Vanes regarding the difference in the incidence of pressure ulcers between patients in hospital and patients in the community, Ms. Etches pointed out that it was more difficult to comply with good practice in a home setting.

Mr. Bryan referred to the TCS process and asked whether the Trust was expecting to achieve greater efficiencies in back-office functions in the next few months. Mr. Loughton confirmed that this was expected to feature in a CIP Programme during 2012/13. Ms. Espley replied that Procurement had already undergone significant changes in working arrangements with an attendant restructure. Beyond that, it had been deemed important to carry out, where necessary, reviews of clinical service structures prior to fitting back-office functions around those services. Mr. Sutton expressed the view that the acquisition of services under TCS had led to a number of clinical benefits and improvements in outcomes, with any financial savings being a secondary benefit. Mr. Stringer confirmed that the Executive Directors in the Trust had anticipated that it would take twelve months from the date of transfer for TUPE issues to be worked through the system and that this would allow work to be undertaken within the CIP Programme during the next financial year. Mr. Loughton highlighted some of the improved outcomes from TCS, such as the reduction of the average length of stay at West Park Hospital by fifteen days, and the significant improvements in stroke services. He believed that integration had taken place very successfully and that the former PCT staff were now coming forward with ideas for service transformation and were feeling more secure in their new organisation.

Mr. Loughton also referred to possible national initiatives regarding back-office functions and suggested that this was a further reason to wait until the new financial year before taking this matter any further.

Finally, Mr. Loughton, in response to a further question, indicated that the reduced average length of stay at West Park Hospital would be one of a number of benefits from TCS which would be featured in a newspaper style publication which the Trust intended to circulate to homes around the City. Mortality rates for nursing homes and residential homes were also likely to be featured.

**RESOLVED: that the report on the TCS Integration Committee be noted.**

**TB.3764** Procurement Strategy – 2011-2014

Mr. Simmonds attended the meeting for this item, and highlighted the salient points of his report on the revised three year Procurement Strategy – 2011/14. In the ensuing discussion, Mr. Vanes noted that the Strategy made no mention of supporting local businesses and local employment, although other large public bodies in the City did acknowledge this responsibility. Mr. Stringer pointed out that the Trust was obliged to follow competition and procurement rules which in some cases had driven it to global markets to secure significant savings. However it was aware of the need to strike a balance and where possible to support local suppliers, and he undertook to share with Non-Executive Directors examples of how local businesses were used by this Trust. Ms. Hall expressed appreciation for the way in which recent changes in the Procurement Team's approach had assisted managers to deliver effective and efficient services.

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**RESOLVED: that the Procurement Strategy for 2011-2014 be approved.**

**TB.3765** Emergency Planning Quarterly update and the Revised Business Continuity Strategy for 2011/12

Ms. Espley submitted the quarterly report on activities undertaken for Emergency Planning during Quarter 2, and which recommended the approval of a revised Business Continuity Strategy for 2011/12.

**RESOLVED:**

- a) that the activities undertaken for Emergency Planning during Quarter 2, be noted;
- b) that the revised Business Continuity Strategy for 2011/12, be approved.

## FINANCE AND INFORMATION

### TB.3766 Financial Report – September 2011 (Month 6)

Mr. Stringer presented his monthly Finance Report. He highlighted the income and expenditure surplus at Month 6 of £4,840,000, which was slightly ahead of plan as was income (£2,189,000 above plan). However, Directorate expenditure was £2,162,000 adverse to plan, partly linked to activity levels. The CIP target at Month 6 was slightly below the target. Based on what Divisions had reported so far, the outturn at the year end was estimated to be in line with the planned surplus of £7,000,037. Mr. Stringer also pointed out that cash balances remained very strong. He drew attention to the financial risks outlined in the report, and also highlighted the 8% variance in activity for cardiac/cardiology.

In response to a question from Mr. Sutton, Mr. Stringer said that the reduced amount for Patient Activity Contingency reflected a change under Payment by Results. This had been set out in the budget at the beginning of the year in respect of non-payment of emergency readmissions. He offered to provide further information to Mr. Sutton after the meeting.

In response to a further question, Mr. Loughton indicated that it was intended to continue with fixed budgets and to continue to exert pressure on budget holders to manage costs efficiently.

**RESOLVED: that the Finance Report for September, 2011 be noted.**

KS

## GOVERNANCE

### TB.3767 Board Assurance Framework/Trust Risk Register

Ms. Etches presented the monthly report on the Board Assurance Framework and Trust Risk Register, which identified one new risk around the loss of critical services due to industrial action by staff. Ms. Hall confirmed that a weekly meeting of managers was being held to keep contingency plans under constant review and Non Executive Directors would be kept informed of progress in this matter.

The Board noted that an action plan was being implemented around capacity issues (health visiting service in Bilston), and that good progress was being made to ensure that the results of diagnostic tests were seen by a doctor (risk 1320).

The risk 04/1320 (Process for routine reporting of plain x-ray film) was likely to be downgraded in time for the next Board meeting, because the audit trail function within the PACS system was now operational.

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

## QUALITY AND SAFETY

### TB.3768 Quality and Safety Report

Ms. Etches introduced a report recommending approval of the revised Quality and Safety Dashboard.

During discussion of this item, the Non-Executive Directors agreed that as DNA rates were already being monitored appropriately they could be removed from this scorecard.

It was also noted that mortality rates were integrated into the Quality and Safety dashboard and need not be included in this.

**RESOLVED: that the revised Dashboard as now submitted be approved, subject to the removal of DNA rates.**

### TB.3769 Patient Safety Annual Report 2010/11

Ms. Etches presented the Annual Report on Patient Safety within the Trust for the year ended March, 2011.

**RESOLVED: that the Annual Report on Patient Safety for 2010/11, as now submitted, be approved.**

### TB.3770 Safeguarding Children – Overview of OFSTED/CQC Inspection findings July 2011

Ms. Etches presented the overview of the inspection findings in relation to health care services as detailed within the OFSTED/CQC reports. In response to a question she confirmed that any concerns about progress against the Action Plan would be reported to the Board Assurance Committee in the first instance.

**RESOLVED:**

- a) that the report of the inspection findings in relation to Safeguarding Children by OFSTED and the CQC be noted;
- b) that a further progress report be submitted to the Board in March, 2012.

		Action
TB.3771	<p><u>Safeguarding Children – Health Services’ contribution to the Wolverhampton Safeguarding Children arrangements for 2010/11</u></p> <p>Ms. Etches submitted a report on the role of health services in the safeguarding of children in Wolverhampton.</p> <p><b>RESOLVED: that the programme of work for children’s safeguarding within the Trust for 2010/11 be endorsed, and that a further progress report be submitted to the Board in February 2012.</b></p>	CE
TB.3772	<p><u>Equality Delivery System – briefing paper</u></p> <p>Ms. Etches presented details of the Trust’s requirement to embed the Equality Delivery System. Mr. Sutton indicated that three of the Non-Executive Directors had attended an event at the SHA in May, 2011, and this document reflected what had been described then. He said it was clear that NHS bodies would not be able to claim to have quality unless they also had equality.</p> <p><b>RESOLVED: that the report on the Equality Delivery System Briefing Paper be noted, and the approach outlined therein be endorsed.</b></p>	
TB.3773	<p><u>Mortality Report</u></p> <p>Dr Odum highlighted the key points in the summary of the year end HSMR and SHMI mortality position. He also drew attention to the latest available performance data. The Chief Executive reminded the Board that the “crude” mortality rate at the Trust had not changed for a decade. He added that for the last 12 months any mortality “outliers” had been investigated and the files on such investigations had all eventually been closed by the CQC.</p> <p><b>RESOLVED: that the report on the year end HSMR and SHMI mortality position and performance data be noted.</b></p>	

#### FEEDBACK FROM BOARD SUB-COMMITTEES

TB.3774	<p><u>Minutes of the meeting of the Trust Management Team held on 23<sup>rd</sup> July, 2011</u></p> <p><b>RESOLVED: that the Minutes of the meeting of the Trust Management Team held on 23<sup>rd</sup> July, 2011 be noted.</b></p>	
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**Action**

**TB.3775** Minutes of the meeting of the Infection Prevention and Control Committee held on 25<sup>th</sup> August, 2011

**RESOLVED:** that the Minutes of the meeting of the Infection Prevention and Control Committee held on 25<sup>th</sup> August, 2011 be noted.

**TB.3776** Minutes of the Audit Committee held on 8<sup>th</sup> September, 2011

**RESOLVED:** that the Minutes of the Audit Committee held on 8<sup>th</sup> September, 2011 be noted.

**GENERAL BUSINESS**

**TB.3777** Policies Approved by the Trust Management Team at the meeting held on 21<sup>st</sup> October, 2011

The Board noted that the following Policies had been approved by the Trust Management Team at its meeting held on 21<sup>st</sup> October, 2011:-

- Legionella Policy – OP79
- Asbestos Policy – HS22
- Induction and Mandatory Training Policy – OP41
- Restraint of Adults and Children Receiving Care within the Trust
- Policy for the Management of External Agency Visits, Inspections and Accreditation – OP61
- Policy for the Review and Implementation of NICE Guidance – OP56
- Bone Bank Policy – CP24
- Identification and Management of Patients at Risk of Under-nutrition – CP17
- Obtaining Consent for Post Mortem Examinations – CP06
- Management of External Feeding Tubes – CP45
- Management of Medical Devices – HS11
- Prescription and Administration of Emergency Oxygen in Adults – CP57
- Blood Transfusion Policy – CP26
- Development of Patient/Carer Information

**TB.3778** Matters raised by members of the general public and commissioners

1. Mr. Griffiths referred to the Performance Report (Agenda Item 6.1), and enquired about the relationship of c.difficile to mortality rates in the Hospital. Ms. Etches indicated that the more accurate testing led to both faster diagnosis and earlier treatment, and thereby could reduce the risk of mortality.

**Action**

She also confirmed that there was a higher mortality rate for c.difficile than for MRSA, but that outcomes for patients depended on comorbidities. The Chairman invited Mr. Griffiths to make an appointment to meet with the Head of Infection Control to discuss the management of infections within the hospital.

2. Mr. Griffiths referred to the report on Transforming Community Services Integration Committee (Agenda Item 7.2) and in particular to the potential treatment of some oncology patients in the community. He asked how this would benefit patients. Ms. Espley replied that this was partly driven by the need to increase patient choice so that some treatments which were currently available within the hospital might in future be available in patients' homes if they so chose. The idea had been discussed with two patient groups in Oncology and they had seemed favourable to the idea which, elsewhere, had led to numbers of patients opting to be treated in the community.

Ms. Hall confirmed that the treatments so provided would be, for example, simple chemotherapy under the supervision of skilled medical staff, and that the option to undertake treatment within the Hospital would remain because it was understood that for some patients this would be the preferred option.

3. Mr. Griffiths referred to the discussion about local procurement which had taken place in connection with the report on the Procurement Strategy. He said that small local suppliers found it very hard to secure work from large public organisations such as the Hospital. The Chairman emphasised that the Trust must strike a balance between achieving economies and complying with competition rules, and seeking to provide business for local firms. The Chief Financial Officer offered to provide Mr. Griffiths with an analysis of the spend with local businesses at present.
4. Mr. Griffiths referred to the discussion around flexible budgets and whilst acknowledging the reasons for adhering to a rigid approach at this time, asked whether on occasion this might be detrimental to patients. He gave the example of when budget might be transferred from an under-performing service to one which was over-performing and required additional resources.

**KS**

**Action**

5. Mr. S. Lintern (Wolverhampton Express and Star) asked a question about mortality rates. He said that he had been in conversation with Professor Jarman about palliative care codes and primary and secondary diagnosis codes. Mr. Lintern had been led to understand that both were very different at this Trust from what other hospitals did. He understood that at RWHT the codes had been split which affected HSMR by several points, and it would otherwise put this Trust at above 120. He asked why there had been a sudden change in the last two or three quarters. Dr. Odum acknowledged the importance of coding and said that changes had been made to make coding more accurate and also to make it clear when patients were receiving palliative care.

**TB.3779**     Date and time of next meeting:

The Board noted that the next meeting was due to be held on Monday, 28<sup>th</sup> November 2011 at 10.00 a.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

**TB.3780**     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.