

The Royal Wolverhampton NHS Trust

Minutes of the Annual General Meeting of The Royal Wolverhampton NHS Trust held on Monday 28 September 2015 at 3pm in the Lecture Theatre, WMI, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Dr J Anderson	Non-Executive Director
	Mr R Dunshea	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr J Hemans	Non-Executive Director
	Mr D Loughton CBE	Chief Executive
	Mrs M Martin	Non-Executive Director
	Ms G Nuttall	Chief Operating Officer
	Mrs S Rawlings	Non-Executive Director
	Mr K Stringer	Chief Financial Officer
	Mr S Mahmud	Interim Programme Integration Director
	Dr J Parkes	Associate Non-Executive Director
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
	Mr R Ratcliffe	Interim Head of Communications (part)

PUBLIC, STAFF, STAKEHOLDERS:

Daniela Locke, Sarah Glover, Kate Middlemiss, Craig Fullard, Kathryn Robinson, Magi Sque, Gail Langston, Jayne Harper, Sheila Stringer, Nigel Beardsmore, Benoit Ritzenhaler, Graham Danks, Doreen Black, David Collaghan, Pauline Boyle, Marlow Evans, Jan Norris, Debra Hickman, Beryl Davis, Beryl Hough, Tom Sheeran

Patrick Knowles, Lucinda Dell, Etilda Messam, Dana Tooby, representative of the Express and Star, Ms A Griss, Dr J Tinsa

Dr H S Bhagri, Yvonne Buckland, Councillor Jasbir Jaspal, Councillor M S Jaspal, Deb Breedon, Dr A Sen, Mr P McKenzie, Councillor P Bateman MBE

APOLOGIES:

Ms A Adimora	Director of Human Resources and OD
Ms R Edwards	Non-Executive Director
Mr S Marshall	Wolverhampton CCG
Dr J Odum	Medical Director
David Hellyar	Wolverhampton Healthwatch
Rob Marris MP	
Pat McFadden MP	
Mrs J Evans	
Ken Timmis	
John and Pat Whitehouse	

The Chairman welcomed Dr Arko Sen as the incoming Chair of Wolverhampton Healthwatch.

AGM130: Chairman's Welcome and Opening Remarks

Mr Vanes opened the meeting by welcoming those present, and outlining the order of business. He said that 2014/15 had been yet another busy and eventful year for the Trust, which would become apparent as the meeting went on. He highlighted that the Board now had a full complement of Non-executive Directors. He indicated that following the presentations there would be opportunities for questions to be put to the Directors, and after the meeting refreshments would be available for all who could stay behind to talk informally.

A short promotional film showcasing the work and values of the Trust was then shown.

AGM131: Declarations of Interest from Directors and Officers

There were no declarations of interest.

AGM132: Minutes of the meeting of the Annual General Meeting of the Royal Wolverhampton NHS Trust held on Monday 29 September 2014

RESOLVED: That the minutes of the Annual General Meeting of the Royal Wolverhampton NHS Trust held on Monday 29 September 2014 be approved as a correct record.

AGM133: Matters arising from the minutes of the Annual General Meeting of The Royal Wolverhampton NHS Trust held on 29 September 2014

There were no matters arising from the minutes of the 2014 AGM.

AGM134: Strategic Overview of 2014/15

Mr Loughton's presentation began with a reflection on the past year during which the Trust had continued to keep patients at the centre of what we do, with the four priorities being Patient Safety, Care of the Older Person, End of Life and Urgent Care. He described some of the major initiatives which had been taking place, including the building of the new Urgent and Emergency Care Centre, hosting the West Midlands Clinical Research Network for the first year of its existence, and the integration of services from the former Mid Staffordshire Foundation Trust. It had been another busy year, during which the Trust had seen unprecedented levels of activity, including a 7.2% increase in attendances at the Emergency Department, a 12.2% increase in the number of elective and day case operations, and a 7.5% increase in the volume of first outpatient appointments. He reported that the Trust had:

- ended the year in financial surplus
- headcount had topped 8000 for the first time (and recruitment continued at pace)
- had supported the development of the post-graduate Academic Institute of Medicine in partnership with the University of Wolverhampton and other trusts
- had introduced Human Factors training across the organisation
- had delivered simulation training using our state of the art immersive SimWard (receiving international acclaim for it).

Mr Loughton then spoke about the work of the Emergency Department. He said that the Accident and Emergency Department continued to be under intense pressure, with an

increase of 7.2% in attendances (cumulative 117,290 attendances) during 2014/15. In June 2014 the Trust commenced work to construct a new Urgent and Emergency Care Centre – costing £38,000,000 – and this was progressing on budget, and on time. This would comprise three floors: ground (Emergency Department), first (Clinical Decisions Unit and Urgent Care Centre, with mental health rooms, GP service facilities, and out of hours GP service), and second (Acute Medical Unit – a 49 bedded ward). It was set to open in November 2015.

Turning next to the Trust's capital programme of £40,000,000, he explained that it included £12,000,000 for Cannock Chase Hospital. In addition to work on the Urgent and Emergency Care Centre and Cannock Chase Hospital, projects in the programme included Refurbishment of the Gynaecology Ward, expansion of the patients' waiting room and clinical capacity in the Wolverhampton Eye Infirmary, replacing the angiography suite in the Heart and Lung Centre, constructing a new 28 bed modular ward primarily for gastroenterology patients, investing in hybrid pressure care mattresses for the New Cross and West Park Hospital sites, and many other minor works projects besides.

He explained that, recognising our changing operating environment, the Trust had revised its strategic goals in March 2015, so that from 1 April six new strategic goals were adopted.

Finally, Mr Loughton mentioned some of the strategic developments anticipated during the year ahead, including: opening the new Urgent and Emergency Care Centre in November; further consolidation of services and facilities provided at Cannock Chase Hospital; preparing for a new system of nurse revalidation; continuing to improve care pathways, such as the Swan initiative for care of the dying; continuing to invest heavily in estates and equipment; ensuring we recruit the key staff we need to provide our services; and ensuring we remain financially viable.

AGM135: Presentation on the Annual Report and Quality Account 2014/15

Ms Etches started her presentation by reminding the meeting that the Trust's overarching priority was patient safety, and this was supported by three initiatives, namely:

- Urgent Care - this is where patients are at their most vulnerable and where we can make the best of our integrated acute and community focused organisation.
- Care of the Older Person - this is the largest group of patients we serve and where we can make real progress in improving nutrition and reducing harm from falls, infections and pressure ulcers.
- End of Life Care - as we only have one chance to get this right and give patients and their families the dignity and respect they deserve.

She also mentioned three on-going patient safety priorities, which were: a reduction in the number and harm from patient falls, reduction in the number of pressure ulcers, and infection prevention.

Referring to the priority of Urgent Care, she said that in 2015 there had been a 7.2% increase in attendances at New Cross Emergency Department, and a 4.65% (1250) increase in attendances at the Phoenix walk in Centre. There had been zero 12 hour trolley waits during the year (3 in the previous year) and 93.3% of patients had been seen within 4 hours (national target was 95%). The new Urgent and Emergency Care Centre would improve the patient experience, improve the quality and efficiency of care, and improve patient safety.

In regard to priority 2 (care of the older person), the Trust had carried out a number of initiatives, including:

- Dignity newsletter.
- 'About Me' & Passport documents rolled out.
- Clutter & hazard free environment.
- Large clocks in view.
- Clear picture / word signage.
- Staff bases within bays.
- Access to & use of activity boxes.
- Reviewed our Dementia and Learning Disability strategies along with our information.
- Introduced "feedback flower" on Ward C22
- Introduced flip charts outside care of the older adult wards for feedback

She went on to outline further actions taken during the year to reduce the incidence of pressure ulcers and patient falls, and to prevent infections.

Turning to the third priority (end of life care) Ms Etches was able again to describe a year of productive endeavour and solid achievement, referring in particular to the Swan Project.

Finally, Ms Etches spoke about the National Inpatient Survey for 2014 (published in May 2015), and highlighted some of the positive findings, as well as areas identified for improvement.

AGM136: Presentation on the Audited Accounts for the year ended 31 March 2015

Mr Stringer referred in his presentation to the Financial Performance Overview in the Annual Report, and the Financial Performance Targets which were set out in the Annual Accounts and Notes. The key messages which he wished to bring to the AGM were that 2014/15 had been another year of sustained good performance in very tough economic conditions, a year of increased activity and increased turnover, in which the transaction had been completed for acquiring services and assets from Mid Staffordshire Foundation Trust (incorporated in the accounts), whilst all the time maintaining a sustained focus on improving patient experience/outcomes and 'surplus for a purpose' (such as evidenced in the investment in the New Emergency Centre).

He summarised the overall financial performance for 2014/15: an actual surplus of £3.7M (after technical changes), actual capital cost absorption rate of 3.5%, an actual undershoot of 0.6% on the External Financing Limit, and an actual 0.1% undershoot on the Capital Resource Limit.

In summary, he said that the Trust had achieved all of its statutory financial targets.

Looking ahead, Mr Stringer indicated that the Government budget for the NHS continued to be very challenging. The NHS had been promised £8billion extra but needed to find £22billion of efficiency/transformation savings by 2020. In particular, savings of £21million were required by the Trust for 2015/16. The Trust had set a deficit budget of £2.4m for 2015/16, but had been challenged by the Trust Development Authority to improve this position. These challenges meant that the Trust will need to innovate and work with partners in a different way.

All in all, Mr Stringer believed that the trust delivered great healthcare which cost an average of £3.33 per person per day for the population it was responsible for.

AGM137: Matters raised by members of the general public and commissioners

A number of questions were raised by members of the public, the press and members of staff and these, together with the Directors' responses, are summarised as follows.

What is the current level of reserves, and how much of them is committed? Mr Stringer replied that the position on cash reserves was summarised on page 17 of the Annual Accounts, and that currently there was a strong cash position, which he expected to be maintained until the end of the financial year. The stretch target set by the TDA would however require the Trust to take additional actions.

Could the current staffing problem be regarded as an opportunity to develop "home-grown staff" potentially providing jobs and careers for local people? Ms Etches replied by describing the various measures being taken to recruit and retain staff, with an emphasis on retention and the pursuit of retention strategies across the organisation. A number of physician assistants would be employed, a new band 4 healthcare assistant role was being developed (short of being a qualified nurse), and the University of Wolverhampton was now prepared to offer places on nursing degree courses to self-funding students. A further venture was the development of the Health Futures UTC in West Bromwich, catering for 14-19-year-olds with an interest in health service careers. Responding to a supplementary question, she explained that some years ago the decision had been taken nationally that nursing would be a graduate career.

Are all nursing staff given falls training? Ms Etches confirmed that they are. She also confirmed that it would be normal practice following a patient fall for staff to carry out a risk assessment to assess the impact of that fall on any other conditions which the patient had.

What were the implications for the Trust of not pursuing FT status? Mr Vanes reminded the meeting that for a number of years foundation trust status had been regarded as the "gold standard" for NHS providers and that around 150 trusts had been authorised to operate as FTs by 2013, with a further 100 or so remaining to be authorised. He then outlined this Trust's history of making application to Monitor and the frustration of being stuck in the "frozen" pipeline of aspiring trusts. Most recently, the Trust had transferred services from MSFT, with uncertainty over long-term funding for them, which would preclude a successful application in the short term. The government had not abandoned the intention that trusts should become FTs. In reality, whether or not we became an FT should not markedly alter the way we work, and we would continue to strive to provide safe, efficient and high quality services.

Will the new UECC see an increased level of activity and will that impact on other services provided by the Trust? Ms Nuttall said that the business model anticipated increased activity year-on-year, but certain mitigating actions were proposed so as to reduce the overall impact on other services. Mr Loughton mentioned the Government's Keogh review which envisaged an overall reduction in the national number of emergency departments, with facilities being concentrated in a smaller number of clinically safe, well-staffed and well-equipped centres.

Could lessons be learned from the provision of community care homes in Denmark, as a way of achieving more speedy discharge? Mr Loughton responded that according to the OECD measures the UK was consistently at the top in many domains. Scandinavian countries tended to have less co-morbidities per patient compared to the UK and they also

had better public health systems. He suggested that trusts required transition funding to set up more community facilities of the kind mentioned by the questioner. He also referred to the need for continued close working with adult social care services, highlighting that Wolverhampton was now third worst for delayed discharges in the West Midlands, a situation which was being addressed jointly with consultants PWC, and our partner the City Council.

Will the new UECC have higher running costs than the current Emergency Department? Mr Stringer confirmed that in general new buildings tended to be more efficient to run. This facility was not a PFI, and therefore no loan debt was attached to it.

Could the shortage of nurses be mitigated by extending visiting times? The response to this question pointed out that mealtimes needed to be protected and time had to be allowed in the daily ward routine for unhindered visits by physiotherapists and other staff. Ms Etches explained that patients in hospital tended to be poorly and therefore needed ample time to rest, whereas open visiting could be exhausting for patients, and did not help with maximising staff productivity. In response to a further question, she indicated that the hospital tried to be flexible, for example, to allow relatives to help feed patients at mealtimes and also if a family had particular short-term difficulties with visiting then the Band 7 nurse ward managers could be requested to make exceptions if there are extenuating circumstances.

There were a series of questions and remarks about **the recent report by the CQC following their inspection of the Trust in June**. These centred on the extent to which the Trust needed to improve, and whether the report gave a fair reflection of the state of the hospitals. Mr Loughton said that the stakeholders did not believe the report gave a fair reflection and, after considering its position, the Trust had appealed against the ratings given in the report. He pointed out that 75% of services had been rated good or outstanding in the CQC report. Councillor M Jaspal, Chair of the Wolverhampton Health Scrutiny Committee, said that having read the report he could see no major issues of concern in it and that what had been raised appeared to be capable of rapid resolution. He added that other similar large trusts had faced similar issues and had overcome them. The report reflected the situation at a given point in time and he questioned whether the CQC had enough knowledge of local issues and the local context to reach a fair conclusion.

What was the process for dealing with complaints when they have been referred to the investigating officer? Ms Etches explained that having acknowledged the complaint, the manager investigating it would gather the necessary data and draft a response. The response would be reviewed by the directorate concerned, and following that it would be written up and sent for signature by the Chief Executive.

A member of the public referred with dismay to the continuing **rise in the cost of car parking** on the hospital site. Ms Nuttall said that charges were reviewed annually, benchmarked against other hospitals, and the money raised was reinvested into the organisation.

AGM138: Any other business

No other business was raised.

The Chairman thanked all present for their attendance and contributions and closed the meeting at 4.40 pm.