

**The Royal Wolverhampton Hospitals**   
NHS Trust

**Part I - Minutes of the Meeting of the Board of Directors Held on Monday 18<sup>th</sup> January, 2010 at 10.00 a.m. in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital**

<b>PRESENT:</b>	Mr. A. Edwards	Chairman
	Mr. S. Bright	Non-Executive Director
	Mr. K. Bryan	Non-Executive Director
	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
	Mr. B.G. Millar	Medical Director
	Mr. J. Sharples	Non-Executive Director
	Mr. K. Stringer	Director of Finance & Information
	Mr. J. Vanes	Non-Executive Director
	Professor D. Luesley	Associate Non-Executive Director
	Ms. D. Harnin	Director of Human Resources
	Mr. G.P. Penn	Director of Estates Development
<b>IN ATTENDANCE:</b>	Mr. C.J.D. Watkins	Trust Secretary
<b>APOLOGIES:</b>	None	

The Chairman formally congratulated David Loughton, Chief Executive, on his award of CBE in the New Year Honours.

**MINUTES OF MEETING HELD ON MONDAY 14<sup>th</sup> DECEMBER, 2009**

**TB.3028** The Minutes of the Board of Directors, held on 14<sup>th</sup> December 2009, were agreed as a correct record.

**MATTERS ARISING FROM THE MINUTES**

**TB.3029** The Chairman referred to Minute TB.2999 regarding the future reporting of more detail on 18 week breaches and the Chief Operating Officer explained the first report would be ready for the next board.

The Chairman informed the Board that following the approval of a revised Establishment Order (Minute 3002 refers), the vacancy for an additional Non Executive Director had now been placed on the Appointment Commission's Website, with a closing date of 9<sup>th</sup> February.

**Action**

## DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS

**TB.3030** The Chairman declared an interest in respect of Minute 3048 internal audit tenders given his associate contract with KPMG.

## CONSULTANT APPOINTMENTS

**TB.3031** None notified

## QUALITY AND SAFETY

**TB.3032** Infection Prevention Quarterly Report

The Director of Infection Prevention and Control, Dr Cooper, introduced a report which informed the Board of the Trust's performance in infection prevention for Quarters 1-3 of 2009-10.

Dr Cooper set out requirements under the Code of Practice for healthcare associated infections advising that 100% compliance was required in order to obtain a green rating.

In response to a question from Mr Sharples, Dr Cooper responded that the current outbreak of Norovirus was down to bad luck rather a reflection of the Hospital's infection prevention standards. He emphasised that Norovirus was a highly infectious disease though there were some concerns around the speed that the virus had spread into different wards given the proactive approach taken by the Trust, including deep cleaning and visitor restrictions.

The Chief Executive added that in recent years the Trust had been fortunate compared to others in respect of Norovirus outbreaks. He emphasised the proactive and quick response taken by the Trust following the outbreak, including the need to continue to restrict visiting.

**Report noted.**

## OPERATIONAL PERFORMANCE

**TB.3033** Performance Reporting and Management

The Chief Operating Officer introduced her report on operational performance during November 2009.

The Board was informed that in the current month the four-hour Accident and Emergency target was at risk due to the Norovirus outbreak. Potential breaches had occurred but had been recovered, but the weekend was likely to have had an adverse impact on the situation.

The Chief Executive emphasised the need to find additional resources to ensure that 18 week referral to treatment targets continued to be met.

Mr Sharples sought clarification on performance with cancer referral targets and whether targets were being missed even where late referrals were excluded. The Chief Operating Officer responded that the Trust was no longer able to exclude delays caused by patient choice, such as not attending appointments. Professor Luesley asked if patient choice was a factor in relation to breast cancer patients but was informed by the Chief Operating Officer that a mammogram machine breakdown had increased referral times.

In response to questions from Mr Bright, The Chief Operating Officer informed the Board that the number of Specialities not hitting targets was reducing. She added that whilst Orthopaedics remained an outlier, the situation was improving and there was optimism that by Quarter 4 it could be in line. The Chief Operating Officer also reported that a lot of redesign work had taken place in respect of improving capacity and that improved theatre management had led to improvements in the productivity of surgeons.

Mr Bright asked whether the issue of the use of “White Letters” also covered digital dictation. In response, he was advised that this related only to prescribing and that this practice should now have been eliminated.

Mr Bryan expressed some concern regarding the number of reported RIDDOR incidents and requested further information to be provided. The Chief Executive acknowledged that there had been an increase in the number of reported RIDDOR incidents, which was at least in part down to a greater awareness of reporting requirements. It was reported that the Governance Team had been investigating this matter.

Mr Bryan asked whether assaults on staff were automatically reported to the Police. The Chief Executive responded that assault victims were supported by the organisation but ultimately, a decision to involve the Police is taken by the individual member of staff concerned.

Mr Bryan requested further clarification regarding the presentation of information on mortality rates. In response, the Board was advised by the Director of Nursing and Midwifery that information on mortality rates would be more appropriately dealt with in Quality and Safety reports as the position does not change on a monthly basis. The Board noted that current targets around mortality could be reviewed for the forthcoming reporting year from April.

**Report noted.**

### NHS Performance Framework Quarter 2 – 2009/10

The Chief Operating Officer introduced a report on Quarter 2.

She reported that whilst some marks had been lost, others had been gained elsewhere and overall the Trust continued to perform satisfactorily.

**Report noted.**

## **EMERGENCY PREPAREDNESS**

### **TB.3034** Emergency – Annual Plan 2010

The Chief Operating Officer presented the Emergency Planning Annual Plan 2010 for the Board's consideration and approval.

It was noted that quarterly reports would be presented to the Board monitoring progress against the Plan.

**Resolved that the Emergency Planning Annual Plan 2010 be noted and approved.**

## **GOVERNANCE**

### **TB.3035** Patients' Rights – Consultation on Constitution

The Board considered a Department of Health Consultation document on the inclusion of proposed rights in the NHS Constitution in a number of areas including referral to treatment times and the right to health checks for people aged 40 to 74. In considering its response the Board concentrated on referral to treatment rights as this was the element likely to have a direct impact on Acute Trusts.

The Board confirmed that targets for referral to treatment times were understood and supported by the Trust as a means of driving continual improvement in service quality across the NHS. It felt that they had had a demonstrable impact on reducing waiting times and enhancing patient experience over the years.

The Board considered that the current target-driven performance indicator framework continues to provide a sufficiently robust and transparent means of driving service improvement and that converting targets into rights would do little to improve service performance. The Board was specifically concerned about the potential increase in the number of litigation claims against Trusts and the consequential increase in bureaucracy - notwithstanding proposed measures intended to reduce this likelihood.

It was felt that creating a right for an individual to receive treatment within specified periods could result in a lack of flexibility to deal with wider issues beyond the control of a Trust at any one time, such as a major incident; a pandemic infection; or shortages of clinicians trained in particular specialities. The impact of a clinical decision to refuse to treat a patient was also of some concern, particularly where there were clinical differences of opinion that needed clarification.

The Board also had concerns that statutory referral to treatment times could be subsequently changed under delegated powers to the Secretary of State and that future well intentioned changes made in an effort to further drive up performance could create unworkable arrangements and leave Trusts vulnerable to litigation.

The Board also felt that greater clarity was needed on the division of responsibilities between PCTs and Acute providers in meeting the proposed statutory targets and that further clarity was likely to be required within the standard NHS Commissioning Contract. It was also questioned whether obligations on the part of Trusts to deliver would be matched by corresponding rights to appropriate funding.

**Resolved that the Consultation be noted and the views of the Board forwarded to the SHA to form part of a regional response.**

CW

## QUALITY AND SAFETY

### **TB.3036** Care Quality Commission Registration – update on progress

The Director of Nursing and Midwifery and the Head of Governance provided an update to the Board on progress with Care Quality Commission Registration.

To gain Registration, the Trust had to comply with 28 identified Outcomes. The assessment framework included 600 prompts, against which the Trust had to declare itself either compliant or non-compliant on each. Non compliance with a prompt did not necessarily mean non compliance with an Outcome, though there was no guidance to determine how this would be assessed and whether an area of non compliance would be classed as major, moderate or minor.

It was noted that the timescale allowed to carry out the Registration process had been very tight and hence the need for a special Board meeting the following week on 25 January, to formally consider the Registration application.

**Verbal update noted.**

**FINANCE AND INFORMATION**

**TB.3037** Financial Position at the end of November 2009

**Resolved that the report on the Financial Position of the Trust to the end of November, 2009 be noted.**

**BUSINESS PLANNING**

**TB.3038** Capital Programme 2009-10 – Month 8 progress report

The Director of Estates introduced his Month 8 report on the Capital Programme and it was noted that there was an underspend variance of £127,000 against anticipated Month 8 expenditure.

The Director of Estates also reported a variance in relation to the Appleby Suite, with expenditure now forecast at £4.1m as against the original estimate of £3.6m.

Mr Sharples asked for reassurance over the new total and whether there was confidence that this now reflected the full cost of the project. In response, the Board was advised that there was a significantly greater level of confidence now and that any further variances to the latest figure were likely to be relatively small.

Mr Bryan expressed concern over the £500,000 overspend from original estimate, but the Board was reminded by the Chairman that the original figure of £3.6m was only a high level estimate given the speed at which the project was moving. The Director of Estates Development also explained that the scheme as it now stood had bigger pods for the admissions lounge than had originally been proposed and that alongside many issues had lead to changes through the design development process.

The Director of Estates Development advised that business planning for the coming financial year was now taking place and that a further report would be brought back to the Board on the 2010/11 Capital Programme. He emphasised that not all projects within this Capital Programme will have a business case at this stage and that some may contain very little detail upon which to provide a cost estimate.

Mr Bryan accepted that the detail of some individual schemes may not be known at the time of agreeing the Capital Programme, but emphasised the importance that detailed proposals and financial information was essential before a project actually commenced. Mr Sharples added that the Board needed to accept that in relation to the Appleby Suite the full business case had not been produced at the time of

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the Board decision, but that this should not be the norm.

Mr Bright requested details of the original contingency for the Appleby project and for further clarification on whether the budget was net of the SHA single-sex accommodation grant. In response, the Board was advised that the £750,000 grant was for a range of schemes not just Appleby and further clarification on the specific grant allocation to the Appleby project would be provided.

GP

**Resolved that the Month 8 Progress report on the Capital Programme be noted.**

### MINUTES AND FEEDBACK OF BOARD SUB-GROUPS

**TB.3039** Trust Management Team held on 6<sup>th</sup> November, 2009

**Received and noted.**

**TB.3040** Board Assurance Committee held on 8<sup>th</sup> October, 2009

Mr Vanes felt that the presentation and clarity of Board Assurance minutes could be improved and it was noted that this was would be looked into.

CE/  
CW

**Received and noted.**

**TB.3041** Infection Prevention Committee held on 26<sup>th</sup> November, 2009

**Received and noted.**

### POLICIES APPROVED

**TB.3042** Policies Approved by Trust Management Team

None [Trust Management Team did not meeting in January].

### COMMENTS OR QUESTIONS FROM PUBLIC AND COMMISSIONERS

**TB.3043** There were no issues raised under this item.

### DATE AND TIME OF NEXT MEETING

**TB.3044** The next ordinary meeting of the Board would take place on Monday 8<sup>th</sup> February, 2010 at 10:00, Boardroom, Clinical Skills and Corporate Services Centre. A Special Board meeting would also take place Monday 25 January to consider and approve the Trust's Care Quality Commission Registration.