

Trust Headquarters
Russells Hall Hospital
Dudley
West Midlands
DY1 2HQ

FREEDOM OF INFORMATION ACT 2000 - Ref: FOI/011033

With reference to your FOI request that was received on 09/12/2011 in connection with 'Board reports'.

Your request for information has now been considered and the information requested is enclosed.

Further information about your rights is also available from the Information Commissioner at:

Information Commissioner

Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF
Tel: 0303 123 1113
Fax: 01625 524510
www.ico.gov.uk

Yours sincerely

Information Governance Manager
Room 34a, First Floor, Esk House, Russells Hall Hospital, Dudley, DY1 2HQ
Email: FOI@dgh.nhs.uk

Your request was for:

- *Finance report
- *Workforce report
- *Performance report

A Public Interest Test will take place on 10.1.2012 regarding the reports above

*Chair's report

This information is not held as the Chair does not provide a report

*Chief executive's report

Please find attached the redacted Chief Executive's report

The Board of Directors' November meeting.

Please find attached the redacted minutes (names redacted) of the November Board Meeting.

The Food and Nutrition report mentioned in the October minutes.

Please find attached the three PDF files regarding food and nutrition mentioned in the October minutes

Operations Directorate

Board Update – Two Hot Patient Meals to One

Interserve have estimated that if the evening meal time service for all inpatients was based upon a cold menu only, approximate savings of up to £400K per year (less mobilisation costs for first year, i.e. redundancy payments etc.) could be achieved. The main savings from this approach is a reduction in the Interserve housekeeper labour workforce due to cold meals not requiring any ward level finishing (i.e. regeneration, plating up etc).

However, this approach would not cater for the needs of a number of patient groups and in particular those with special nutritional needs, ethnic diets and swallowing difficulties. For these reasons, the view of the nutritional professionals within the Trust is not favourable to the one hot meal per day approach particularly as the Picker Inpatient Survey shows a poor patient perception of the food. The Executive Team have been supportive of this concern.

As a consequence of the above, a mixed approach is being considered. Meetings have been undertaken with the Trusts Lead Dietician, Matron responsible for Nutrition and Lead Nurses who have already trialled the proposal and a number of menu options have been suggested including the introduction of deep fill sandwiches, baguettes, wraps, high protein and calorie soup etc. and changes to the breakfast service. These options have been discussed with the General Manager and Catering Managers of Interserve and costed proposals are awaited.

In support of the above options, a patient panel exercise on food is being arranged for 3rd November 2011 where data in relation to this proposal will be collated and used to inform any decisions made going forward.

It is anticipated that taking this mixed approach to food provision should improve patient perception of food quality and choice, whilst potentially delivering small reductions in the revenue cost of food provision, on the wards where such an approach is to be taken.

Recommendations from the Short Life Nutrition Working Group

The group recommends that the following actions are taken, which we hope will improve the approach taken to food provision for inpatients, trust-wide. We also believe some of these actions will continue to improve the quality and choice offered to patients whilst providing Board members with more assurance about food provision across the Trust. It is proposed that the working group meets again in 6 months time, to oversee the progress made with implementing these actions:

- Nutrition Steering Group, in partnership with IFM, to oversee particular improvements to the fibre intake of elderly patients and those with chewing difficulties
- The Executive Team to oversee further exploration of some of the practical difficulties associated with the introduction of the one hot meal per day CIP proposal, before making final decision on its roll out. This will include a decision regarding the roll out of hot snack options for the second main meal of the day, irrespective of whether savings can be made from this or not – **a separate report on this action is attached**
- The Trust matron lead for nutrition to oversee the introduction of a link nurse for nutrition on every ward. This link nurse system then needs to oversee the consistent roll out of such issues as the use of the red tray system, the delivery and use of laminated rolling menus etc. The progress made by the link nurses should form part of a regular update to the Patient Experience and Quality Group from the matron nutrition lead – **a nutrition link nurse has been appointed to every ward. A signed contract between the matron lead for nutrition and each ward's lead nurse, has been completed, which guarantees commitment to the nutrition work and in addition, dedicated supernumary time for those link nurses, of 1 working day per month. Two trust-wide meetings of the link nurses have already taken place, with the expressed intention of standardising and improving approach to food provision, nutritional intake and fluid intake and monitoring, across the Trust. A Nursing Care Indicators-like approach to setting standards and auditing against these standards, has already begun to be developed.**
- To include measure(s) for the delivery of satisfactory hydration for patients, in the next iteration of NCIs – **next iteration of NCI standards, due shortly, will include these measures**
- Nutrition Steering Group and Matron lead for nutrition to oversee the implementation of the shift in protected lunchtime meals from 12pm to 12.45pm – **The matron lead for nutrition has met with the IFM catering services manager to progress. IFM are currently quantifying the impact of this on their housekeeping and catering staff. A variation form, formally requesting this change from IFM, will be signed imminently. Thereafter, IFM may need to conduct a small scale management of change process to vary their staff's hours accordingly**
- Introduce the 15 minute pre-meal warning bell, trust-wide – **will be auctioned through the productive ward food and nutrition module, which is being made mandatory, trust-wide**

- The Trust must widen the source of information and feedback it gets with respect to inpatient food provision. The Group recommends that members of the newly formed Patient Experience and Quality Group regularly test the quality and taste of patient meals to provide additional scrutiny – **being actioned by the Head of Communications and Patient Relations, through the new TOR of the Patient Experience Forum**
- Matron group to evaluate the introduction of nutritional support workers on ward C8, with an eye to a potential roll out of this concept, with nursing establishments, trust-wide – **Feedback on the impact of the nutritional support workers, via IFM patient surveys, has been extremely positive. These results have been shared with other matrons at the matron's forum. The matron for Orthopaedics has begun to develop a plan for the introduction of such workers, as and when vacancies allow. Other matrons have not yet expressed this particular need in their own areas, preferring instead to develop generic Clinical Support Worker roles instead**

PAPER FOR SUBMISSION TO THE BOARD OF DIRECTORS
3 NOVEMBER 2011

Title:	Chief Executive update
Summary:	<p>[Confidential matter for the Board]</p> <p>C Diff: The report from Deurden/Stevens has now been received and has been shared with the CQC and Monitor. Both organisations are aware that it will not be formally received by the Trust Board until this meeting. Unfortunately the Trust continues to see new cases, however work on the action plan is now well underway, including understanding the role played by the rise in cases in the community.</p> <p>Vascular Surgery Hub Bid: The submission for the tender has been sent. The interviews with the prospective providers will take place next week and a decision will be made by the end of November.</p> <p>IT Update: The emergency department is one of the first in the Trust to be going live with the Electronic Patient Record (ERP) from 06.00 hrs on 16th November. From this date onwards there will be no paper referrals or orders from ED to wards, teams or departments. Staff are being reminded that if they currently receive any paper referrals or requests from ED they will no longer appear in paper and will need to access the service providers page in Soarian to get that information. A FAQs and actions needed before 16th Nov are on the Hub. We have invited Marcus in December to see the system working.</p> <p>[Redacted commercial in confidence]</p> <p>Maternity Pressures Update: The Board will be aware that the maternity and neonatal services have been under considerable pressure as a result of activity shifts from Sandwell following the closure of the maternity unit there. As a result we have been in discussions with the commissioners and Sandwell and West Birmingham NHS Trust about how we can alleviate the immediate pressure and ensure continued quality of service. The proposal is to move patients who are already booked here, but live close the City Hospital, to deliver their babies there. We would also close new bookings to patients in that area until we have agreed the outcomes of the Maternity Review being carried out by the Cluster PCT. This move, if agreed, is likely to attract some adverse publicity but we believe it is the best approach in ensuring continued patient safety and quality of care.</p>
Action required:	Note the report
Corp.Obj. Ref:	SO8
CQC Ref:	CQC6
Author:	Paula Clark
Lead Exec:	Paula Clark
Date of Paper:	31 st October 2011
For Committee:	Board of Directors – 3 rd November 2011

**Minutes of the Board of Directors Meeting held on Thursday, 3rd November, 2011, in the
Clinical Education Centre**

Present:

Chairman	Director of Finance and Information
Chief Executive	Non Executive Director
Non Executive Director	Non Executive Director
Associate Non Executive Director	Medical Director
Non Executive Director	Non Executive Director
Nursing Director	Director of Operations and Transformation

P11/132 Clinical Directorate Presentation

[name redacted] Clinical Director, and his team, presented the report for the Emergency and Specialty Medicine Directorate. The presentation included:

- Finance
 - Summary
 - Areas of highest overspend
 - Service line reporting
 - CIP
 - Emergency medical admissions
 - Aged 80+ emergency medical admissions
 - Weekend discharges
 - Delayed discharges
 - Additional bed capacity
- Performance
 - KPIs: The Chairman asked about the areas showing red (A&E time to initial assessment and time to treatment in A&E). It was noted that on the whole the first indicator was down to data quality.
 - ED 4 Hour Performance
- Workforce
 - KPIs
 - Appraisal
- Quality and Governance
 - Governance arrangements
 - Clinical risks
 - Infection control
 - Isolation unit

- Antibiotic prescribing: [name redacted], Non Executive Director, asked about the timeframe for completing the work on the action plan. It was noted that this may take several months. The Chairman asked about antimicrobial training. [name redacted] confirmed that the Trust needs to re-look at the way the training is provided.
- CQUIN
- Forward Planning
 - Transformation
 - Progress this year
 - Next steps
 - Concluding remarks

[name redacted], Associate Non Executive Director, commented that many of the Directorate's financial problems related to operational issues and asked if the finance would fall into place if the operational concerns were addressed. [name redacted] asked what the Board could do to help with this. [name redacted] said that the Directorate would be happy with the Board's continued support. [name redacted], Director of Operations and Transformation, stated that operational changes will cause resistance in other areas of the organisation and it would be of a benefit for the Board to help and support these changes.

[name redacted], Non Executive Director, raised Service Line Reporting/Management, and whether actions to turn losses into profits would just push losses to other areas. [name redacted] confirmed that the Directorate would take a lead from T&O and look at making savings through the better use of areas and the cost of equipment. [name redacted], Assistant Director of Finance, agreed that SLM needs to come to the top of the agenda and clinicians need to be more engaged. [name redacted] also asked about middle grade rotas in ED and whether there were more radical options to be investigated. [name redacted] confirmed that this would involve Consultants working during the night.

[name redacted], Director of Finance and Information, raised the issue of overspending within the Directorate and confirmed that this position was not sustainable. He commented that there was a need to maintain focus and ownership. [name redacted], Medical Director, commented that if EPR was working, savings could be made immediately. The Director of Finance and Information said that the majority of acute Trusts did not have a fully functioning EPR solution but were living within tariff income and Dudley had to do likewise.

The Chairman thanked [name redacted] and his colleagues for their presentation.

P11/133 Bribery Act Presentation

[name redacted], Regional Investigations Manager (Fraud Solutions) at RSM Tenon, presented on the Bribery Act 2010, which had been circulated to Board members electronically the previous day.

The presentation gave a snapshot of the Bribery Act 2010 and included:

- Act 2010 – An Overview
- What is a bribe?
- The Bribery Act – Penalties
- Legal Defence

- Adequate Procedures: The Chief Executive asked about Trust liability with its PFI partners. [name redacted] confirmed that it would be appropriate for the Trust Board to write to its PFI partners asking for Summit Board assurance on adherence to the Bribery Act legislation. [name redacted], Non Executive Director, commented that the Trust could also give its assurance to the Summit Board on the same.
- Effective Framework
- Targeted Risk Measures

[name redacted] confirmed that RSM Tenon were currently working on an Anti-Bribery Policy for the Trust and this would sit alongside the Standards of Business Conduct Policy. The Medical Director commented that Consultants were dependent on sponsorship when attending educational events. [name redacted] confirmed that the policy would reflect this and he would also discuss drafting a letter to all Consultants with the Director of Finance and Information.

[name redacted], Non Executive Director, asked if it is legitimate for pharmaceutical companies to make payments into the Dudley Charity. [name redacted] confirmed that this was legitimate.

The Chairman thanked [name redacted] for his informative presentation.

P11/134 Note of Apologies and Welcome

Apologies received from [name redacted], Head of Human Resources.

P11/135 Declarations of Interest

There were no declarations of interest.

P11/136 Announcements

No announcements made.

P11/137 Minutes of the meeting held on 6th October, 2011 (Enclosure 2)

These were agreed by the Board as a correct record and signed by the Chairman.

P11/138 Matters Arising on the Action Sheet of 6th October, 2011 (Enclosure 3)

P11/138.1 Letter from Monitor regarding the McKinsey Analysis

The Chief Executive had written to [name redacted] at Monitor with views of the analysis. [name redacted] had been pleased and requested a conversation to discuss further.

P11/138.2 MRI Business Case

Action complete.

P11/138.3 Burdett Trust Report

To be presented to the April 2012 Board (see item P11/140.2).

Nursing Director to present the Burdett Trust Report to the April 2012 Board.

P11/138.4 National Quality Board Report

Covered on the agenda at item 8.2.

P11/138.5 Infection Control on Clinical Directorate Presentations

Action complete.

P11/138.6 Corporate Risk Register and Board Assurance Framework.

Action complete.

P11/138.7 Carbon Reduction Strategy/Management Action Plan and Sustainable Procurement Policy

Covered on the agenda at item 11.2.

P11/138.8 Clinical Directorate Presentations – Operational/Strategic Risks

Action complete.

P11/138.9 Chief Executive's Overview Report – SHMI

Action complete.

P11/138.10 Dementia Report

[name redacted], Non Executive Director, confirmed that a 'work round' needs to be found for the dementia indicator flags on PAS. Board members noted that New Cross are bidding for Black Country dementia funding and the Trust had signed up to work with them. Update Report to the February 2012 Board.

Update on Dementia to the February 2012 Board.

P11/138.11 Infection Control – HCAI Report

Action complete.

P11/138.12 Trauma Unit Bid

New deadline of 27th November, 2011.

P11/139 Chief Executive's Overview Report (Enclosure 4)

[Confidential matter for the Board]

P11/140 Quality

P11/140.1 Patient Experience Report (Enclosure 5)

[name redacted], Head of Customer Relations and Communications, presented the Patient Experience Quarter 2 Report, given as Enclosure 5. Board members confirmed that they were happy with the format and level of detail provided. Board members the following key points:

- Quality Priorities: Positive real time results.
- CQUIN: Looking positive but awaiting data for next quarter.
- Food: Lower results for quarter 2. Patients panel on food meeting that afternoon. Issue with the serving of food and problems with the quality and number of volunteers available to help. [name redacted] was looking to use Governors and members to help.
- NHS Choices/Patient Opinion: Small decrease in the number who would recommend. Board members noted that other local Trusts had also seen a decrease.
- Complaints: Numbers as expected. Board members noted that a complaint had been accepted by the Ombudsman for review. Board members will be kept informed of the outcome.
- PALS: There had been an increase in the number of contacts but no trends had been identified.

[name redacted], Non Executive Director, commented that staff attitude was a concern and it appears that numbers may worsen this year. The Chief Executive agreed and stated that there was a change in the public's expectations. The Trust will keep pushing on with the positives and is about to relaunch its values along with a new organisation strapline.

[name redacted], Non Executive Director, noted that there remained an issue with discharge letters.

[name redacted], Non Executive Director, thanked [name redacted] for an excellent report, and commented that the same areas continue to be a problem, in particular outpatients.

[name redacted], Nursing Director, confirmed that the Trust will take the same approach to ward based complaints as it does with NCIs.

[name redacted], Non Executive Director, commented that unless there is a systematic approach that looks at the whole patient experience, the Trust will continue to keep trying to deal with issues in a piece-meal manner.

The Chairman agreed that the Trust does need a systematic framework for dealing with patient experience or we will not see a fundamental shift. The Nursing Director confirmed that a framework is being produced but the Trust does need an organic approach and needs to deliver these side by side as there is no quick solution.

[name redacted], Non Executive Director, commented that it was positive to see the level of complaints is consistent, given the public's perception of the NHS.

Due to technical difficulties the patient story video was postponed until the end of the meeting.

P11/140.2 National Quality Board Report (Enclosure 6)

[name redacted], Nursing Director, presented the National Quality Board Report, given as Enclosure 6, for information.

Board members had previously received and commented on the report. This will now be brought back to Board on April to test our position.

Board members noted that the Burdett Trust Report had been broken down into component parts and circulated to Chairs of Committees. Feedback from this will also be presented to the April Board.

Nursing Director to present the National Quality Board Report and Burdett Trust Report to the April 2012 Board.

P11/141 Productivity

P11/141.1 Matters Arising from the Finance and Performance Committee (Enclosure 7)

[name redacted], Director of Finance and Information, presented the exception report from the Finance and Performance Committee held on 27th October, 2011, given as Enclosure 7, for information as a record of key matters discussed. No items had been referred to Board. Board members noted that the Chief Executive had written to [name redacted], Black Country Cluster Chief Executive, regarding the C Diff penalty.

The Chairman asked the Board to note that the Director of Finance and Information was working on a base case forecast range for the next Finance and Performance Committee and confirmed that the Trust cannot wait until the end of the year to know the implications of breach penalties.

[name redacted], Director of Operations and Transformation, commented that it would be a test for the Commissioning Consortia Chair.

Board members noted the report for information.

P11/142 Prevention

P11/142.1 Infection Prevention and Control (Enclosure 8)

[Confidential matter for the Board]

P11/142.2 Tissue Viability (Enclosure 9)

The Nursing Director presented the Tissue Viability Report, given as Enclosure 9. Board members noted that tissue viability high level data is included in the Quality Accounts and these would be presented at the next Board meeting. This reported provides the next level of detail and it was anticipated that this will be requested by the new SHA Chief Executive.

Pressure sores had been an issue and the Trust had made a commitment to significantly reduce incidence late last year.

Appendix 1 of the report detailed incidence from October 2010 to October 2011.

Appendix 2 provides ward scores by month and the overall position.

Appendix 3 demonstrates the position from April 2010 to August 2011.

It is important for the Board to see that the Trust is doing everything agreed to improve and reduce the incidence of pressure sores.

[name redacted], Non Executive Director, commented that NCIs tell us if the patient has had a skin assessment but does not alert us to whether a pressure sore has been identified. The Nursing Director confirmed that this is recorded through STEIS and a root cause analysis undertaken for all sores reported.

The Board noted the report and the positive work undertaken, the Board's concerns were also noted around in inaccurate reporting by other Trusts.

P11/142.3 Audit Committee (Enclosure 10)

[name redacted], Non Executive Director, presented the Audit Committee Report, given as Enclosure 10. Board members noted that the item was now formally appeared on the agenda at each meeting. No items had been referred to the Board for its attention.

Board members noted that [name redacted], Head of Human Resources, had been invited to attend future Committee meetings to provide updates on HR related issues.

[name redacted] confirmed that the Committee had approved the audit plans for this year's accounts and Board members noted that the timescale for the accounts had come forward by one week.

The Chairman asked in relation to item 2 of the report on Internal Assurance Benchmarking and the green/amber green ratings, whether these areas are compliant. The Director of Finance and Information confirmed that they were as there was a low level of risk. The Chairman confirmed that it would be helpful to have red opinions reported to the Board.

The Chairman commented that Clinical Audit still provided some challenges. [name redacted] confirmed that we are further forward than other Trusts and [name redacted] is looking at our approach to give assurance.

Board members noted the report.

Red opinions reported to Board in future Audit Committee reports.

P11/143 Corporate and Strategic Matters

P11/143.1 Board Secretary's Report (Enclosure 11)

[name redacted], Board Secretary, presented his report, given as Enclosure 11. The Board noted the following item which required their attention:

- Monitor had approved the revised Constitution and name change. Low level communication was being undertaken with stakeholders and providers of goods and services.
- Elections: The deadline for submission of applications was midday and a good response had been received with at least 7 constituencies being contested. Central Dudley and Tipton and Rowley had both only received 1 applicant. Nursing and Midwifery had 3 vacant positions and had only received 1 applicant.

The Electoral Reform Service had confirmed that there had been a very high response rate generally.

Board members noted that Monitor had received a complaint from an individual for dipping under the statutory requirement for number of public governors.

On the 1st October, 2011, [name redacted] had ceased to be Lead Governor when his term of office ended. [name redacted] had agreed to step in as Acting Lead Governor in the interim.

The Board ratified the decision to appointment [name redacted] as Acting Lead Governor.

P11/143.2 Carbon Reduction and Sustainable Development Strategy (Enclosure 12)

[name redacted], Director of Operations and Transformation, presented the Carbon Reduction and Sustainable Development Report, given as Enclosure 12.

Board members noted that the report had previously been submitted to Board but had been criticised for not being specific.

There were two elements to the work. The short to medium term mitigation to deal with the costs and a longer term strategic review.

Board members noted that progress was slow in relation to the work being undertaken with Interserve and Summit but the detail will continue to be worked through with the Trusts PFI partners under the CEG process.

Board members noted that the estimated savings shown in the carbon tax action plan are gross. There were two key elements:

- Automatic powering off of PCs
- Adjustable lighting in the multi-storey car park.

Board members noted that the good-housekeeping measures are less tangible. Specific timelines had now been placed against action plan items.

Board members noted the report and its recommendations.

P11/144 Any Other Business

Several members of the Executive Team left the meeting to join a pre-arranged meeting.

P11/144.1 Patient Story

Remaining Board members viewed the patient story video. It was noted that there were several recurring themes, particularly around moving patients at night and poor communications and food. It was agreed that the video should be shown at the November Finance and Performance Committee, when all Board members were present.

[Post meeting note: It has since been agreed to show the video at the Directors meeting on Monday 21st November, 2011, and then feedback included in the Chief Executive's Report for the December, 2011 Board.]

Patient Story video to be shown at Directors on 21st November, 2011, and feedback included in the Chief Executive's December Board Report.

No other business to report.

P11/145 Date of Next Meeting

The next Board meeting will be held on Thursday, 1st December, 2011, at 8.30am in the Clinical Education Centre.

Signed

Date

PrivateminutesofBoardofDirectors3November2011

PAPER FOR SUBMISSION TO THE BOARD OF DIRECTORS

Title:	Update on food and nutrition
Summary:	<p>On 7th July 2011, the Board of Directors received a paper from the Director of Operations & Transformation, which aimed to provide assurance to the Board about how the organisation was taking forward the whole issue of patient's food, its quality, cost and overall experience of its provision. The report set out the findings and recommendations of a short life working group, set up to scrutinise the work of the Trust's nutrition group and others.</p> <p>This report provides an update on the rolling out of those recommendations and also provides an update on how the organisation is taking forward the concept of providing "one hot meal per day" to patients, which itself was put forward as a potential CIP scheme for the current financial year.</p>
Action required of Committee:	<p>The Board of Directors is requested to:</p> <ol style="list-style-type: none"> 1. Note the progress being made with respect to rolling out the recommendations of the short life working group on nutrition 2. Note the progress being made with the rolling out of the concept of "one hot meal per day" to inpatients 3. Reaffirm its agreement to the direction of travel described
Corporate Objective Ref:	
Standards for Better Health Core Standard Ref:	
Author:	Richard Beeken, Director of Operations & Transformation and Andrew Rigby, Head of Facilities
Lead Executive Director:	Richard Beeken, Director of Operations & Transformation
Date of Paper:	28 th September 2011
For Board meeting on:	6 th October 2011