

Minutes of the meeting of the Board of Directors held on Monday 5 November 2018 3 December 2018

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Agenda Item No: 3.0

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 5 November 2018
at 10 am in Room 2, Board Room, Corporate Services Centre, Building 12,
New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Prof. A-M Cannaby (v)	Chief Nursing Officer
	Mr A Duffell	Director of Workforce
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Mr J Hemans	Non-Executive Director
	Mr D Loughton (v) CBE	Chief Executive Officer
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director
	Ms Nuttall (v)	Chief Operating Officer
	Dr J Odum (v)	Medical Director
	Mrs S Rawlings	Non-Executive Director (from 11am)
	Mr M Sharon	Director of Strategic Planning and Performance
	Ms J Small	Non-Executive Director
	Mr K Stringer (v)	Chief Financial Officer/Deputy Chief Executive

(v) denotes voting Executive Directors.

IN ATTENDANCE:

Ms S Evans	Head of Communications, RWT
Dr M Macken	Registrar, RWT
Ms J Parkes	Clinical Scientist, RWT
Mr A Race	Deputy Director of workforce, RWT
Mr K Wilshere	Company Secretary, RWT

APOLOGIES:

Dr J Darby	Associate Non-Executive Director
Ms Etches OBE	Deputy Chief Executive

Part 1 – Open to the public

TB. 7081: Apologies for absence

There were apologies for absence received from: Dr J Darby and Ms Etches.

TB. 7082: Declarations of Interest from Directors and Officers

There were no declared changes or conflicts arising from the list of declarations reviewed.

Resolved: That the updated declarations of interest by Directors and Officers be noted.

TB. 7083: Minutes of the meeting of the Board of Directors held on Monday 1 October 2018

There was one amendment to the minutes;

Minute TB. 7037 Financial Report – Months 4 & 5, page 7, final paragraph on page, last 2 sentences were amended from:

“She (Ms Martin) also said that payment of suppliers had been reviewed and work was underway to further improve the payments position. She added that other NHS organisations are delaying payment to the Trust on national instruction.”

to read

“She (Ms Martin) also highlighted that the Finance and Performance Committee were now monitoring every month, the payment of suppliers in line with the 30 day target and also within 40 days as payments get delayed. She added that NHS organisations in receipt of loan financing from the centre are delaying payment to the Trust to 90 days on national instruction.”

Minute TB. 7041 Annual Equality, Diversity and Inclusion Report for 2017 – 2018, page 9, final paragraph, final line – change from “proscribed” to “prescribed” to read

“Mr Duffell introduced the report that included all the relevant Equalities related reports. He said it highlighted the key objectives to be pursued. He said the information was nationally prescribed and that it included the direction and development for the Trust.”

Resolved: That the minutes of the meeting of the public session of the Trust Board held on Monday 1 October 2018 be approved as a correct record with the amendment agreed above.

TB. 7084: Matters arising from the minutes of the meeting of the Board of Directors held on 5 November 2018

There was no Matters Arising other than those noted as Board Action Points.

TB. 7085: Board Action Points

The Board Action points were reviewed as follows:

30 April 2018/TB 6855 Integrated Quality & Performance Report
It was agreed that this action be closed.

25 June 2018/TB 6710 Midwifery Service Report

Ms Nuttall agreed that she would provide information relation to forecast birth rates to QGAC and the next Trust Board on 5 December 2018.

1 October 2018/TB 7047 Assignment of Non-executive Directors (NEDs) to committees

The Company Secretary confirmed that the NED Succession Plan including Committee and Lead Assignments had been circulated to the NEDs.

The Chair confirmed it would be returned amended by the next meeting.

TB. 7086: Chief Executive’s Report

Mr Loughton introduced his report and highlighted the recent successful Annual NIHR Award presentations and he noted the progress over the last 4 years in the NIHR hosted by RWT. He referred to the increasing amount of time he was spending on work with the Cancer Alliance including prospective emerging service changes to achieve specialist centres.

He also referred to recent time spent in respect of Shrewsbury and Telford Trust's situation and Dudley Trust's situation and the potential impacts on RWT. He confirmed that Ms Etches was providing support to Dudley in respect of their Emergency Department (ED) and CQC for 3 days a week. He described the vulnerability of services in adjacent Trusts and the potential knock-on impact of the temporary closure of any of their services.

Mr Loughton confirmed he had briefed the local MP's of the situations and the long term nature of any action to address the medical and other key staffing shortfalls. He confirmed that staff would not be transferred from RWT. He outlined the implications in patients conveyed to RWT and the difficulties entailed.

Mr Loughton expressed his frustration with the situation that had emerged and the delays in addressing issues in other organisations that had now impacted on the planning and work of staff in RWT.

Mr Loughton said the keys related to staff recruitment and retention and innovation. Ms Edwards highlighted the engagement that Mr Loughton had presented at regarding Vertical Integration (VI) and the positive response from the audiences of NEDs and Directors. He said the new Secretary of State had also recently referred favourably to the VI work at RWT.

Ms Martin asked what assurance there would be regarding the safety of patient pathways as part of the additional work from other organisations. She expressed concern about the short timescale for any such assurances that patients would not fall into gaps in pathways and that staff could cope with the additional activity. She referred to the previous due diligence requirements from the transfer of previous work from Mid-Staffs and the 'triple-lock' assurance requirements undertaken in that case.

Mr Loughton said that he had said that conveyances from Telford ED between 8pm and 10pm would be refused. He said that he was awaiting assurance from the clinical senate that they had reviewed and had signed off the pathways and the changes.

Ms Martin expressed her concern regarding the potentially detrimental impact on RWT services and performance. She asked how the impact would be monitored at Board level. Mr Loughton agreed the situation was serious. Ms Nuttall outlined the large amount of work required to clarify the pathways and potential impacts. She outlined the internal RWT assurance process and referred to discussions with Telford. She agreed with Ms Martin that RWT was dependent on the other Trust to be robust and reliable in their actions and transfers.

Mr Loughton said at the point in time he could offer no further assurances. He reiterated that the Board could not be asked to agree to the situation given the lack of assurance, risk assessment, external scrutiny or oversight available to date.

Mr Loughton highlighted that there was a new Chair of the Shropshire STP Sir Neil MacKay who he met recently but that it would be some time before he could have a significant impact. He referred to the previous risk summit held in May 2018 with the Shrewsbury and Telford Medical Director when he had raised the issue and options for action with him. Mr Dunshea asked whether a decision was likely from the Cancer Alliance on a new Cancer centre development and capital investment. Mr Loughton said he thought that it would be likely to be taken this year.

Resolved: that the Chief Executives Report be received and noted.

Patient Safety, Quality and Experience

TB. 7087: Patient Story

Prof. Cannaby introduced the narrative from a patient relating to the positive impact of the intervention he received on his cataracts. He related his story as an outpatient at Cannock and the positive impact of the information shared with him at each point of his journey. Having had both cataracts removed he related the difference it had made to him and his life and independence including resuming driving and flying. He thanked all the staff for their care and skill. Ms Edwards and Ms Small said they were impressed and inspired by his story. Ms Edwards asked if the video was also intended to assist patients facing a cataract operation to understand better what it involved and Prof Cannaby said it was. Mr Vanes asked whether he may be invited to be an ambassador for the Trust. Mr Vanes mentioned a book by a former oncology patient with male breast cancer of his pathway and experience including his view of the hospital, its running and systems and the forensic examination he had undertaken. He invited any other Trust Board members to read the book.

Mr Vanes asked about live attendance of patients at Board. Prof. Cannaby said that Patient Services were working on this.

Resolved: that the Patient Story be received and noted.

TB. 7088: Information Governance and Information Governance Toolkit Submission Update Report

Dr Odum introduced the report on the new Data Protection and security toolkit recently received with an initial submission due at the end of October and the final submission in March 2019. He said it included the requirements of GDPR and Cyber security with 10 standards and a number of mandatory domain requirements in the report.

Dr Odum said the 100 requirements had undergone an initial review with compliance against 55% now and 100% by March 2019. He said the result would be shared with the CQC. He said the standards are different for GP practices with 53 requirements and that submission would be for March 2019.

Ms Edwards asked how long the submission was for. Dr Odum said it would be expected to return to baseline with enhancements expected from April 2019. Mr Dunshea asked how GP practice continuity was tested and the position regarding protection from national cyber-attacks. Dr Odum said there were table top tests of GP Business Continuity. Mr Stringer said the Trust firewall had resisted the previous Wannacry and that updates had been maintained. He outlined that the area of greatest vulnerability was 3rd party systems updates and security. He said that testing was ongoing and to date there had been good assurance. Mr Stringer was also concerned by the re-organisation of NHS Digital and the loss of staff to support local Trusts.

Mr Loughton said that there had been testing on GP continuity with at least one practice situation. Mr Mahmud said that GP due diligence included the requirement for Business Continuity detailed plans in place and examined by the CQC. Ms Nuttall said she thought that the GP assessment would be at 100% by March 2019. Mr Hemans asked whether any further assessment might be available through the Trust's auditors. Mr Stringer referred to a proposed Trust Board Development session to provide greater insight into the developing requirements for digital and cyber security. Mr Wilshere confirmed that this had been scheduled for a Trust Board Development Session in February 2019. He said this would provide further insight into any current and future risks.

Mr Vanes referred to a recent Chair's meeting that had been briefed on NHS Trust cyber vulnerability through external relationships. Mr Stringer confirmed that 3rd parties are expected to provide assurance regarding their systems that interface with Trust systems. Mr Vanes asked about the impact to date of GDPR. Dr Odum said it had created an industry in that the number of subject access requests had increased considerably and created a significant additional workload. Mr Duffell said the Pathology transfer had an additional requirement that had added further work to the transfer. Mr Sharon said that there had been requests for investment to cope with the additional workload.

Resolved: that the Information Governance and Information Governance Toolkit Submission Update Report be noted.

Strategy, Business and Transformation

Performance

TB. 7089: Financial Report – Month 6

Mr Stringer introduced the report and the summary position as per the summary in the report. He reported the accumulative deficit at £4.9m as off-target with the reasons and accommodations given in the report. He referred to a paper that outlined the potential additional financial pressures from the likely closure at Shrewsbury and Telford Trust. He referred to income as relatively low because of the release of balance sheet provisions and he also referred to the emerging themes from the pay expenditure where it had not been offset by a reduction in spend on bank and agency staff whilst recruitment and orientation is taking place. He said that further work was required to understand the use of the Clinical Fellows. Mr Stringer referred to capital spend loaded toward year end and options being considered by treasury to reduce this. He also referred to the Charitable Funds position with increased income including a recent legacy received.

Ms Martin said that the Finance and Performance Committee of the Board (F&P) was aware of the variance in agency and bank-spend with HR input regarding use and utilisation. She said that there was work underway at Directorate level to better understand staff utilisation. Ms Martin said that non-achievement of CIP continued to be a concern. She also referred to feedback from the external consultants on a patient by patient pathway analysis to show the additional demand and capacity assessment had been an impressive piece of work. Mr Dunshea asked about the previous year's provision queries with Staffordshire and Specialist Commissioners – Mr Stringer said this referred to this having been released.

Mr Vanes and Mr Loughton discussed the potential impact on RWT target requirements and whether this would have a negative impact on the Trust. Mr Loughton said there might be a requirement to offer short-term enhanced bank pay rates to ensure that sufficient staff could be attracted for the staffing cover. He added his observation that there had been 4 mobile CT scanners in the RWT Radiology car park and that if this reflected the capacity required henceforth then RWT should consider building more long-term capacity to improve potential long term efficiency if it reflected the ongoing level of demand.

Mr Vanes asked if any adjustments would need to be made to the capital programme in the light of events. Mr Stringer said the schemes for the remainder of the year would be firmed up in the next few weeks. Mr Loughton said that achieving the cancer scanning requirements would require significant investment and a longer-term strategy to meet the increased and increasing workload reflected across the Black Country and West Midlands.

Mr Stringer said that schemes would be brought forward where possible to allow for any late capital dropping into the system. Ms Martin said that the Trust IT systems required investment and Mr Loughton asked whether the car park scheme could be split to allow for in year investment in the steelwork. Mr Stringer said that this would be looked at as an option.

Mr Vanes asked how the risk share agreement had functioned to date with Staffordshire. Mr Stringer said it seemed to have worked well to date with a reduction in the number and level of areas of dispute.

Resolved: that the Finance Report – Month 6 and the Chairs Report of the Finance and Performance Committee of the Board be noted.

TB. 7090: Integrated Quality and Performance Report

Ms Nuttall and Prof. Cannaby introduced the report. Prof Cannaby highlighted the mortality data in the report and the Reviews process involved. She said that all deaths had been screened with further changes to this process once the Medical Examiner post holders were in place. She said that other Trusts only reviewed a proportion of deaths in this way. She highlighted the themes emerging from the second stage reviews in the report. Dr Odum said that good progress had been made with the workload and the emerging data would be useful. He reiterated the Medical Examiner role that would take on this role of initial screening, second stage review and/or Serious Incident review and/or Coroners Inquiry. Mr Vanes asked who was undertaking the reviews. Prof. Cannaby said it was medical and nursing staff at stage one and two professionals at stage two. Mr Vanes said this sounded like a considerably increased routine workload for senior clinical staff and cost. Dr Odum agreed that this was the case including the physical space required.

Mr Loughton asked where others Trusts were in the process. Dr Odum said that RWT was probably toward the early adopters. He confirmed that the recruitment process had taken place for the Medical Examiners at 14 sessions per week based on an estimate of the numbers at stages one and two. He said the costings were being formulated into a Business Case. He said the focus was on the deaths within 30 days of discharge and that the CCG were supporting additional work on this. Ms Small asked whether the work was in addition to regular roles and how the capacity was being covered. Prof. Cannaby said it was undertaken either as part of or in addition to day to day work. Dr Odum said the additional sessions were extended time with additional payment or with reductions in other sessions or others undertaking additional sessions. Ms Rawlings asked how staff had reacted. Prof. Cannaby said the reaction from the senior nurses was very positive orientated to improving quality and safety of future service delivery. Dr Odum agreed that this had been his experience too.

Prof. Cannaby added that the Sepsis rates had been looked at with additional capacity agreed and a Business Case for increased outreach capacity to identify patients deteriorating and the more rapid escalation of such cases. Prof. Cannaby also highlighted the SI breaches in reporting timescales agreed with the CCG with the resulting improvement in delivery of these.

Ms Nuttall highlighted changed items relating to diagnostic tests not being met for the first time and that there was an action in place to recover the situation by the end of November but with

an increase in referrals that would impact on future rates. She also mentioned the comparative ambulance conveyances had increased in September by 8% and October 10% in Wolverhampton. She said that work had been initiated with WMAS and the Local Authority relating to the post-code areas involved. Mr Loughton asked whether it related to primary care services in those areas. Ms Nuttall said it was not clear until the work had been done.

Ms Nuttall also referred to Delayed Transfers of Care (DTC) rates in September relating to Walsall and Staffordshire repatriations with a forecast to improve. She added the final section of the report was still work in progress on Integrated Care and Division Three performance measures.

Mr Loughton reminded the Board of the measurement of emergency care measures and that this would disadvantage the Trust. He said that work was underway to improve care in the community to prevent the rates of conveyance. Ms Rawlings asked about the sexual health low HIV test rate offer. Ms Nuttall said that the rate was felt to be good but work was underway to better understand why the reported rate appeared low on low numbers.

Mr Dunshea referred to Referral to Treatment Time (RTT) demand and capacity and whether it covered all aspects of care. Ms Nuttall said it only referred to diagnostics treatment plans – MRI, CT and endoscopy predominantly.

Resolved: that the Integrated Quality and Performance Report be noted.

Regular Reports

TB. 7091: Executive Workforce Report

Mr Duffell introduced the report and highlighted the summary provided including the changes made to the report. He highlighted the low vacancy rate with thanks to the staff undertaking interviews and appointment. He reported good progress with Flu Vaccination rates. Mr Duffell said that turnover remained low particularly compared to other large acute Trusts. He said that the starters and leaver figures had now been included in the report providing comparative trajectories.

Mr Duffell said that the bank fill rates had been improving recently and apprenticeship rates had also been improved. He added that sickness absence rates had been split between short and long term sickness absence with the challenges of dealing with long term sickness. He referred to the Friends and Family Test rates for staff as positive by comparison.

Mr Dunshea gave the main points from the Workforce and Organisational Development Committee of the Board (WODC) as the importance of the high level of return on the staff survey and the communication of themes and actions that arose from the survey. He referred to a paper on leadership development that had lacked a strategy and that work would be progressed. He also said that the examination of the management toolbox needed further attention to the required skill sets and the availability of the required training. Mr Duffell said that the strategy had been reflected in the CQC well-led review as a future requirement.

Ms Small asked about appraisal compliance rates and what work had been done to address the low rate. Mr Duffell said that the policy was being revised alongside improving reporting systems and the short-term pressures of competing clinical priorities and appraisal timescales.

Ms Edwards asked about the vacancy rate as being below target for some time. Mr Duffell said that the target would be reviewed at the year end to consider revising the target in relation

to the national target and local conditions. Ms Edwards asked about the FFT results variations between working at the Trust and being treated at the Trust. Mr Duffell said these would be looked at alongside those of the national staff survey and that there may need to be more bespoke local actions relating to specific areas within the Trust.

Mr Sharon asked about the leap in the national turnover rate and why this had been. Mr Duffell said he did not know what the reason for the change had been other than revisions to a number of metrics used nationally. He said he would look into this further.

Resolved: that the Executive Workforce Report and the Chairs Report of the WODC be noted.

Annual, Six monthly and Quarterly reports

TB. 7092: Research and Development Report

Dr Odum introduced the six-monthly update and highlighted as per the report. He said he felt it reflected good performance to date and whilst under pressure regarding funding and staffing resource. Dr Odum said that the funding had resulted in further review and re-structuring in the department. He also referred to the academic institute of medicine tier 1 researchers being extended to 6 appointments with the University of Wolverhampton alongside a cadre of talented tier 2 researchers.

Ms Rawlings asked about the bad debts referred to. Dr Odum said it was mainly one study where options for recoupment had been explored and the sponsors were disputing the contract payments. He said it had been an unusual situation to this extent. Mr Dunshea asked about the lack of external inspections in quarters one and two and whether this had been unusual. Dr Odum said it was as usual at least one visit had taken place previously by this point in the year. He said compliance rates had been high and they were expected at some point in the financial year. He said each scheme had its own plan not shared with providers. Mr Hemans asked in relation to the study with the bad debt situation – Dr Odum said he would check this situation. Mr Vanes asked whether the funding was likely to reduce further. Dr Odum said as it related to activity that if this was maintained or improved then he expected it had plateaued.

Resolved: that the Research and Development Report be received and noted.

TB. 7093: Update on emerging situation at Shrewsbury and Telford Trust

Ms Nuttall reiterated the situation regarding the timeline and cut-off based on 10pm closure in the report. Mr Loughton said there would be a conference call at 1pm. Ms Edwards asked whether the closure would mean more staff would leave Telford. Mr Loughton said he thought it would and that staff moved from Telford to Shrewsbury may not react well to this.

Resolved: that the update on emerging situation at Shrewsbury and Telford Trust be received and noted.

Feedback from Board Committees

TB. 7094: Chairs Report of the Trust Management Committee of 21 September 2018

Ms Martin asked that future Chair's reports refer to the most recent meeting. Mr Loughton agreed this could now take place given the change in the Board Meeting date. Ms Edwards referred to a clarification regarding the Mass Spectrum Nitrogen Evaporator.

Resolved: that the Chairs Report of the Trust Management Committee of 21 September 2018 be noted.

TB. 7095: Chairs Report of the Finance & Performance Committee of 24 October 2018

Resolved: that the Chairs Report of the Finance & Performance Committee of 24 October 2018 be noted.

TB. 7096: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 24 October 2018

Ms Edwards said that NHSI observed QGAC and gave positive and useful feedback to the Committee.

Resolved: that the Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 24 October 2018 be noted.

TB. 7097: Chairs Report of the Workforce & Organisational Development Committee (WODC) of 26 October 2018

Resolved: that the Chairs Report of the Workforce & Organisational Development Committee (WODC) of 26 October 2018 be noted.

Minutes from Committees in respect of which the Chair's report has already been submitted to the Board:

TB. 7098: Approved Minutes of the Finance and Performance Committee of 19 September 2018

Resolved: that the Approved Minutes of the Finance and Performance Committee of 19 September 2018 be noted.

TB. 7099: Approved Minutes of the QGAC Committee of 19 September 2018

Resolved: that the Approved Minutes of the QGAC Committee of 19 September 2018 be noted.

TB. 7100: Approved Minutes of the WOD Committee of 20 June 2018

Resolved: that the Approved Minutes of the WOD Committee of 20 June 2018 be noted.

TB. 7101: Approved Minutes of the Charity Committee of 15 August 2018

Resolved: that the Approved Minutes of the Charity Committee of 15 August 2018 be noted.

General Business

TB. 7102: Matters raised by members of the general public and commissioners

None raised.

Any other Business

TB. 7103: Any other business

Mr Vanes confirmed that the lead Non-executive Director for End of Life Care would be Ms Edwards.

TB. 7104: Date and time of next meeting:

3 December 2018 at 10a.m. in the Board Room, Corporate Services Centre, New Cross Hospital, Wolverhampton

TB. 7105: To consider passing a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest.

Resolved: that the resolution to exclude be approved.

The meeting closed at 12:30pm.