

Minutes of the meeting of the Board of Directors held on Monday 3 December 2018 4 February 2019

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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 3 December 2018
at 10 am in 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
	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:

Mr J Botfield	Consultant Nurse – Lead in Quality
Ms P Boyle	Head of Research
Ms S Evans	Head of Communications, RWT
Dr S Grumett	Consultant, RWT
Dr B McKaig	Deputy Medical Director
Ms N Meehay	Freedom to Speak Out Guardian
Mr O Orakwue	Consultant Gynaecologist
Ms F Pickford	Head of Safeguarding, RWT
Ms N Wilks	NHS Blood Transfusion Service
Mr K Wilshere	Company Secretary, RWT

APOLOGIES:

Ms Etches OBE	Deputy Chief Executive
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Part 1 – Open to the public

TB. 7136: Apologies for absence

There were apologies for absence received from: Ms Etches. Mr Sharon joined the meeting as noted.

TB. 7137: 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.7138: Minutes of the meeting of the Board of Directors held on Monday 5 November 2018

Resolved: That the minutes of the meeting of the public session of the Trust Board held on Monday 5 November 2018 be approved as a correct record.

TB.7139: 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.7140: Board Action Points

The Board Action points were reviewed as follows:

25 June 2018/TB 6710 also 30 July 2018/TB 6979 Midwifery Service Report
It was agreed that the assurance regarding staffing in relation to forecast birth rates would be provided to QGAC and the next Trust Board. TP/GN December 2018

Ms Nuttall outlined the paper provided as part of the agenda and said that there would be further information to follow with further detail.

It was agreed: that the action remained unclosed and re-dated to the February 2019 Trust Board meeting.

1 October 2018/TB 7047 Assignment of NEDs to committees
Company Secretary to circulate NED Committee membership KW November 2018

Mr Vanes confirmed that the information had been circulated.

It was agreed: that the Action be considered closed.

TB.7141: Chief Executive's Report

Mr Loughton introduced his report and highlighted the recent successful recruitment of 4 histopathologists with further recruitment to follow. He said they were attracted by the prospect of the sub-specialisation offered by a large team and service.

Mr Loughton referred to the situation that developed at Shrewsbury and Telford and he added his continued concerns about the plan in place to keep Telford Emergency Department open overnight. He added that the planned payments were out of kilter with comparable pay rates locally with an impact on other organisations including RWT. Ms Nuttall said that the preparation would be completed in case the plan did not prove to be robust.

Mr Loughton said he had it confirmed that a further Linear Accelerator would be funded.

Ms Edwards asked what the intelligent bed was. Mr Loughton outlined the tasks that the bed could automate and that it could be evaluated. Prof. Cannaby said it could provide a set of data that would be clinically useful and link to pre-existing systems such as tele-tracking.

Mr Vanes asked about the perceived vulnerability of other Trusts emergency services in the wider area over and above that in Telford. Ms Nuttall said that the SaTH pay rates had impacted adversely on local recruitment. Mr Loughton said he would discuss this further in part two of the Trust Board meeting.

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

Patient Safety, Quality and Experience

TB.7142: Patient Story

Prof. Cannaby introduced the patient story of a young lady and her Mother's experience of paediatric emergency services when she had broken her arm. Prof. Cannaby said they had related a positive experience and she re-iterated the full consenting process that had taken place prior to the video being shown. She confirmed that the feedback had been provided to the paediatric emergency department staff.

Resolved: that the Patient Story be received and noted.

TB.7143: Cancer Care – 104 day reviews Report

Dr Grumett attended for this item. Prof. Cannaby introduced the report relating to the recent harm reviews of patients who had waited in excess of 104 days. Dr Grumett introduced himself and the harm reviews that had taken place over the last 5 months.

Dr Grumett referred to the structured review of potential harm as standard practice. He said that the 104 day figure defined a 'long wait' and the criteria for harm. He provided the definition of possible clinical harm due to the delay in treatment as examples like:

- Was a tumour thought to be operable now inoperable as a result of the delay?
- Has a delay meant that patient has had to have more radical surgery than first anticipated?
- Has a delay meant that disease progression has precluded some treatment options that would have been applicable?
- Has a delay in treatment meant that a patient has loss of functionality that is greater than anticipated, commensurate with their disease?
- Has there been any prolonged psychological harm?

Dr Grumett said that the purpose related to assurance for patients, commissioners and the public and that it was the right thing to do. He detailed the reviews that took place of the pathway, any potential harm and the ensuing reporting within and out-with the Trust.

Dr Grumett outlined the variety of factors that influenced the 'long waits' including patient choice of treatment, the complexity of some of the pathways and delays in some of the pathways. He said over the last 5 months 63 patients beyond the 104 days had been reviewed and that no evidence of harm had been found.

Dr Grumett added that the reviews had given further potential learning and improvement information from the analysis of trends and causes of the delays. He said that the national support team recommendations had been recently applied alongside the increased number of referrals and the number of late referrals that had been raised with commissioners. Mr Loughton asked about how those who had no active treatment were dealt with. Dr Grumett said they had been removed once the non-treatment was agreed.

Mr Dunshea asked about the changing nature of cancers and whether it could be stated that there had been no harm when the condition could have been subject to change. Dr Grumett referred to the definition of harm provided and said that longer term issues including changes to the condition were not included. Mr Dunshea asked whether there was further research required in this area. Dr Grumett said that the reviews and criteria required further audit relating to the longer term. Ms Rawlings asked whether those with an aggressive cancer were treated differently. Dr Grumett confirmed that the pathway for aggressive conditions was far quicker in response times. Ms Martin referred to waits for robotic surgery and diagnostic capacity and she asked whether there was any assurance that the wider capacity issue would be addressed. Dr Grumett said that data had confirmed the shortfalls in diagnostic testing capacities with action plans being put in place. Ms Martin asked what the timescales were. Ms Nuttall said that endoscopy had short, medium and long term elements and had commenced with increased volumes and reduced waiting times, diagnostic imaging proposed additional capacity including short-term routine outsourcing. Ms Martin asked what assurance there was in relation to the funding and recruitment to posts and of staff. Dr McKaig said the workforce endoscopy issue was a national one with further staff coming on stream and plans to ensure the required endoscopy staff would be in place soon.

Mr Mahmud asked about the assessment and whether it had been externally reviewed. Dr Grumett said the external review was overseen and provided by the CCG. Mr Loughton said that endoscopy recruitment presented a funding challenge along with the need to build greater MRI capacity to reduce the reliance on mobile units and temporary capacity costs. Mr Duffell confirmed the recruitment position. Ms Martin confirmed that the Trust had not held back on recruitment despite the financial pressures. Mr Loughton confirmed this alongside the need for further capital investment. He referred to the continued increase in referrals with the same fixed resource relating to 2/3rds of the current referral level. Dr Grumett said that the clinical staff had worked very hard and felt pressured by the referral increase and the public and media critical view. Mr Loughton said that he had recognised the significant efforts of the staff and the quality of the treatment provided. Ms Martin asked whether the Trust understood the increased referrals. Mr Loughton said that public health has been approached to undertake work to scope and understand why this had been the case. Mr Vanes said it was a commissioner responsibility to predict and address demand. Mr Loughton said that the whole Board supported the clinicians and the work they were doing.

Resolved: that the Cancer Care – 104 day reviews Report be noted.

TB.7144: Patient Experience Q2 Report and Patient Experience and Annual Complaints Report

Prof Cannaby said that in future she would ask for the Annual Report to be provided and presented nearer to the end of the period reported upon. She referred to the importance of contacts being addressed in a timely way and that the process is followed. Prof Cannaby said the next challenge would be to use the service in an outreach, pro-active manner. She said there would be less in future reports about process and more about learning, impact and change. She added that the Q2 report feedback comments presentation had been improved and highlighted changes in Maternity relating to the recording of FFT data. Mr Dunshea asked whether this would mean that in future there was more data on learning. Prof. Cannaby confirmed this. Mr Dunshea asked why there had been an increase in complaints relating to GP practices.

Prof. Cannaby said that NHSe had previously done this to a different standard whereas the integrated practices had the RWT process applied. Mr Mahmud said in the past the approach had been light touch and the change in process was significant, and was shared with NHSe. Ms Edwards asked about page 11 and the description of the aggregated data. Prof Cannaby agreed that it would be removed. Mr Vanes said that he recognised the improved process position and would encourage the move to learning and change.

Resolved: that the Patient Experience Q2 Report and the Patient Experience and Annual Complaints Report be noted.

TB.7145: Safeguarding Adults and Children Annual Report including Children in Care (CiC)

Ms Pickford joined the meeting and highlighted the work of the Safeguarding Service as outlined in the Report and the assurance framework used. She confirmed the recent appointments and that the service was now fully staffed. She outlined liaison with Trust services, the revision of Policies, and the provision of training to staff across the Trust, the provision of safeguarding supervision take-up and compliance with improved rates in key services.

She outlined the changed approach and the advice available to staff, increased contact with learning disabilities services with an update to follow in January 2019, participation in the Mortality review work and the Lampard (Saville) recommendations compliance status.

Ms Rawlings asked about the voice of young people and how that had been addressed. Ms Pickford said the evidence had been gathered on how service areas ensure and improve how they deal with young people. Ms Edwards said the table on page 9 appeared to indicate that the Trust had been Safeguarding Named Midwife compliant for some time when in reality this had only been a recent appointment. Ms Pickford said she would review and revise that part of the report. Mr Dunshea asked how confident Ms Pickford was that all agencies potentially concerned and involved had improved their communication and joint working. Ms Pickford said that the Safeguarding Boards were now combined alongside the revisions to the working of the Children's Board elements that were being debated by partner agencies. She said in her view the working together was relatively stable, consistent and working well and was certainly in a better state than previously but that the revisions might challenge this. Mr Vanes referred to advice calls and non-advice responses. Ms Pickford said that this referred to calls from staff for a variety of information, training and case queries and therefore many do not result in further action or referrals.

Mr Vanes asked about the recent initiatives relating to Female Genital Mutilation (FGM) and whether there had been an increase in recognition and detection in the West Midlands and locally in Wolverhampton. Ms Pickford said FGM was well recognised locally and was increasingly being challenged and detected. Prof. Cannaby said the education and awareness in staff was greater. Mr Vanes said Looked After Children (LAC) was now referred to as Children in Care (CiC).

Mr Sharon asked whether Wolverhampton as a system had improved and whether GDPR had had an impact. Ms Pickford said GDPR had not had any obvious impact and that the wider system had come out well in a recent Ofsted inspection alongside services in Staffordshire and other bordering areas.

Resolved: that the Safeguarding Adults and Children Annual Report including CiC be noted.

TB.7146: Nursing Quality Dashboard Report

Prof. Cannaby introduced the first iteration of the dashboard and said that it would be further added to and refined over the following months. She referred to the workforce figures that highlighted new nursing staff coming into post. Prof. Cannaby said that the focus in the report was currently on process that could be reviewed and changed over time – Mandatory Training, Late Observations and Care Hours per Patient Day (CHPPD) (a national requirement – number of beds divided by number of nurses). She confirmed that a key would be included on the next iteration along with a carry-over of the section heading.

Prof. Cannaby then referred to the patient voice measures and the Output measure that again could be changed over time. She highlighted that it was broken down by service and division. She said that with the advent of the data warehouse the intention was that the data would be available on a live, real-time system. She advised the Board to look across the matrix by area and to review the potential interlinks of red areas. Prof. Cannaby said that once the data had been refined and accuracy confirmed it could be looked at in detail. Mr Mahmud asked whether some of the contextual intelligence and commentary would be included. Prof. Cannaby said it would where it was identified and established or where it had a particular meaning. Mr Mahmud welcomed the development.

Ms Rawlings asked for commentary highlights being included. Ms Edwards said it was very much welcomed and asked what detail might be available. Prof. Cannaby said that the intention was that the live system would allow that ability to dig-down further to understand the granularity in service areas. Ms Small welcomed the report and asked how and when community services data would be included. Prof. Cannaby said that in such cases a bespoke data set would be agreed and used relevant to those areas. Mr Dunshea said that outputs were quite narrow and asked what other outputs might be available. Prof. Cannaby asked for clarification. Mr Dunshea asked what other output elements could be available and used. Prof. Cannaby said that there were other potential indicators using those that were internationally comparable or benchmarkable and they could change over time. She also highlighted that it could also include some patient incident and risk elements using the data in Datix (Trust incident reporting and recording system) but that she wanted to ensure the indicators were comparable internationally.

Mr Hemans asked how it had been received by nursing staff. Prof. Cannaby said it was being shared at lead nursing levels first to assure the data and that it would be disseminated more widely to staff in due course. Mr Vanes said it was very welcomed and interesting and asked which Committee was best to examine the data. Prof. Cannaby recommended review at QGAC and the Board on a regular basis as part of the process of assurance and holding to account.

Resolved: that the Nursing Quality Dashboard Report be noted.

TB.7147: Continuous Quality Improvement Programme – How do we become even better? Report

Mr Sharon introduced the report for information and awareness for Board members and followed on from previous discussion about the future role and function of continuous quality improvement alongside the requirement for a cost improvement programme and that both would contribute to the quality, safety, efficiency and effectiveness of Trust services.

He highlighted that the Director responsibility would be split and that the elements would run alongside the planned further Trust Board development programme. Mr Mahmud welcomed the initiative as a significant move toward greater excellence. Prof Cannaby agreed. Dr Odum confirmed the 'buy-in' of medical staff across the Trust. Ms Nuttall agreed that there was support from all staff across the Trust. Ms Edwards asked whether there was NHSi resource available regionally to support this. Mr Sharon said there were both regionally and nationally in developing expertise in improvement methodologies application and training of others.

Resolved: that the Continuous Quality Improvement Programme – How do we become even better? Report be noted.

TB.7148: Maternity Cap and Activity Update Report

Ms Nuttall introduced the brief report update on the cap and staffing levels along with actions taken. She highlighted the cap had been reviewed recently in the light of bookings and that activity across the year would be likely to be circa the previous year at just over 5,000 births. She said that the Walsall cap remains lifted and that there had been approaches from nearby areas that had been refused. Ms Martin asked when the more detailed skill-mix review would be available. Ms Nuttall said the timescales would be reported later in the meeting with the Action Plan.

Prof Cannaby said the staffing for circa 5,000 births was about right using birth rate plus but that the step change in staffing would come at every 350 additional births over the cap. Ms Nuttall said that the current midwife ratio is 1:29 reducing to 1:27. Ms Edwards asked what happened in respect of the leap in October bookings. Ms Nuttall said it represented a Wolverhampton bookings increase and not a regional increase. Mr Hemans asked what would be done to address the overall years forecast. Ms Nuttall said it was forecast to be within current tolerance levels but that the picture remains somewhat unpredictable.

Ms Small asked about the workforce capacity nationally for recruitment. Ms Nuttall said local recruitment had been positive. Prof. Cannaby said not all were from neighbouring units. Ms Small asked if there were sufficient numbers in training. Prof Cannaby said in terms of Midwives yes but that nursing overall was dropping. Dr Odum said that in terms of medical staffing clinical fellows options were being explored and the Consultant cover was being reviewed along with options regarding sub-specialism with further discussion to take place.

Mr Loughton said that there were an increasing number of requests from women in Telford and that refusal had caused some distress. He referred to further changes to maternity services at SaTH focussed on Shrewsbury that would increase the requirement in Wolverhampton that would require capital investment in the near future to deal with circa 7-8,000 births. He said this would require a purpose built facility and a considerable increase in staffing. Mr Loughton said that Mr Sharon would provide further detail in due course.

Resolved: that the Maternity Cap and Activity Update Report be noted.

Strategy, Business and Transformation

TB.7149: Nursing Strategy

Prof. Cannaby introduced the Strategy and Planned activity therein. Mr Vanes said it contained a great deal of detail in a short document. Prof Cannaby highlighted that some was pre-existing but that there was much that was new to this strategy and plan in concert with the data reviewed earlier. Mr Vanes asked whether other Trusts had something similar. Prof Cannaby said not. Ms Rawlings asked about the Charity request for investment in the Magnet toolkit. Prof Cannaby said the strategy was aligned with Magnet and went to a greater level of detail in some areas. She highlighted that investment in Magnet by other Trusts in Nottingham and Oxford had been at least part funded by investment from their Charities.

Mr Dunshea asked about the systems framework milestones referencing competency packages development. Prof Cannaby said that RWT have some areas with some developed but there are systems available that cover far wider standardised competency areas with logged competency milestones included. Mr Dunshea asked whether this would or could cover extended practice and regulation thereof. Prof Cannaby said such sections can be added on or localised, and that the regulatory framework did not cover the level of detail in the system described.

Resolved: that the Nursing Strategy Report be noted.

Performance

TB.7150: Integrated Quality and Performance Report

Prof Cannaby highlighted the progress on SJR's backlog. Dr Odum agreed with a similar process being worked through for the SJR 2's. Prof Cannaby highlighted the SI reporting changes and improved position with none outstanding. She also said that VTE assessments were improving. Ms Nuttall referred to the performance dashboard with a continued deterioration in diagnostic tests in endoscopy and gastroscopy as previously discussed in the meeting. She also highlighted the single recent 12 hour breach of the placement of a mental health patient. She referred to a slight deterioration in ambulance turn-around with a marked continued increase in ambulance conveyances over the last 4 months above the national increases, most from Wolverhampton and some from Walsall.

Ms Nuttall said the 2 week cancer referrals continued to increase with a knock-on impact on the 62 day and 104 day performance. Ms Nuttall referred to committee discussions regarding the headlines of the cancer standards not being met and that she would review the current Risk as a possible future BAF Risk. She said that the Emergency Department comparative performance was in the top third. Mr Loughton said there had been a particular increase in paediatric attendances with pressure on local paediatric intensive bed availability. He reiterated the continued concerns regarding SaTH paediatric attendances. Mr Vanes said the commentary inclusions had been very useful in reading and understanding the report.

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

TB. 7152: Executive Workforce Report

Mr Duffell referred to a number of highlights contained in the summary report including;

- the further improved vacancy rate,
- continued growth of the Trust Bank,
- the holding position of sickness absence and an improvement in mandatory training rates,
- progress toward the electronic job planning programme with national levels of attainment expected to be achieved by a specified date,
- SEQOHS accreditation re-registration of the Occupational Health department with annual updates,
- that the figures for the increased starters and leavers on the Bank included those who had been removed as they had not done work in recent months for the Trust.

He said that the staff survey rate remained disappointing at RWT and nationally. He referred to a long service award ceremony in March 2019. Ms Martin asked about the Flu Vaccination rate. Mr Duffell said it had levelled at just over 50% (54%) with a target of 65 and 75%. Dr Odum said that detailed breakdown of rates in areas would be provided imminently with targeted further promotion and/or declarations of refusal. Mr Vanes asked what last year's figure was. Mr Duffell said it was 62% at the end of the campaign that had been into the start of the next year. He confirmed that the Board vaccination had been reported through to NHSi. He said he would want to use ideas from other Trusts including one-stop-shop options for vaccination and staff survey responses.

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

TB.7153: NIHR – Update and Progress Report

Ms Boyle introduced the report and highlighted national changes to the treatment of excess treatment costs to be administered locally once an organisation meets the initial threshold being piloted. She also referred to the implementation of the local portfolio management system, proposed amendments to the national funding model with 20% performance related and proposed amendments to the high level objectives.

Ms Boyle referred to increased local investment in developing potential Chief Investigators (C.I.) she said that local performance predictions were broadly positive with good recruitment and future primary care studies but challenges remain in reducing the time from initiation to recruitment, commercial studies and local system progress.

Mr Hemans asked about the loss of any research from Burton being aligned with Derby. Ms Boyle said there had not been any significant loss. Dr Odum said the C.I. training and development of Research Scholars (R.S.) had been very positive in impact and potential for the future. Ms Boyle referred to the range of professionals who had been funded as part of this, and that it was expected that further recruitment and studies would follow. Mr Loughton thanked Ms Boyle and Prof. Rylance for their efforts. Mr Vanes said the report was well received and he thanked Ms Boyle for attending.

Resolved: that the NIHR Update and Progress Report be noted.

Annual, Six monthly and Quarterly reports

TB.7154 : Guardian of Safe-working

Dr Odum said the report was written by Dr Ng who had only recently taken on the responsibility. He said the report would be worked on for future reporting. He said that the function of the Guardian role had transferred to Dr Ng and the report included detail on process requirements. Dr Odum said that all rota's in RWT were contract compliant and that the 44 exception reports in year were relatively few compared to other Trusts.

He highlighted that there had been no major or immediate significant safety concerns on investigation and review and that most exceptions referred to the intensity of workload or working over expected hours.

Dr Odum said that the reporting software had highlighted some reporting issues including to whom concerns are reported to. He said that there had been a manual check and closure exercise. Dr Odum referred to the addressing of concerns by compensation in lieu or in hand with the RWT referred option being time in lieu, and additional capacity placed where required. He said that no non-compliance fines had been levied by the Guardian to date.

Dr Odum referred to the escalation to a supervisor regarding workload and a potential future conflict that had been highlighted with few issues from the more senior staff covered. He said that the overall picture had given some re-assurance of the operation of the quasi-independent Guardian role. He also referred to previous high satisfaction rates from recent surveys. Mr Loughton said it was a very positive picture. Ms Edwards observed that the report and context had been useful and informative along with the positive assurances contained in the report.

Resolved: that the Guardian of Safe-working be approved, received and noted.

Governance, Risk and Regulatory

TB.7155: Freedom to Speak Up – Annual Summary + Vision & Strategy with action plan

Ms Meehay introduced the summary and report and she highlighted the largest themes reported, an increase in the number of anonymous reporting and the increase in reporting numbers using the Guardian route. She said that compared nationally RWT's reporting is broadly in line with other organisations. Ms Meehay thanked the Trust for the additional hours for her role and she outlined the area for future development in the report.

Mr Duffell asked about the increase in cases over the year and the national Guardian view that reporting had increased. He said that the Action Plan had been updated since the version in the report. Mr Loughton said that in his view the reporting was too low and he said that the Trust needed to find a way of increasing the reporting. He also wondered whether staff including him were speaking out but not recorded as such. He also reflected on recent consultant interviews and the low level of awareness in experienced staff.

Mr Loughton referred to the original intention of Sir Robert Francis and that the rates did not reflect the rationale. Ms Meehay said much referred to organisational culture and there were questions as to how that was captured. Mr Loughton referred to Trusts speaking out about each other. Ms Edwards referred to the issues that had been resolved locally that were not captured by this route. Mr Loughton said that inclusion in the successor to Chatback would be considered. Mr Duffell agreed.

Ms Rawlings asked about the culture and whether she felt staff felt safe to speak out and whether she was concerned about the increase in people wanting to remain anonymous. Ms Meehay said ideally all staff would feel safe to speak out openly and freely at all levels. Prof Cannaby said that middle managers may require more support in dealing with speaking out and that she had expected a greater number of nursing professionals raising concerns. Mr Vanes referred to a number of different ways in which staff could report concerns and that it might improve if brought together better. Ms Meehay said she would explore this further. Mr Loughton said it was a reflection of national initiative overload and confusion.

Mr Loughton asked that a revised approach be considered. Ms Meehay agreed. Dr Odum said that there was some overlap and other routes to raise concerns. He said that the concerns raised relating to harm were low with most relating to attitudinal issues, that these could be triangulated with patient harm. Mr Dunshea asked whether those rated significant and catastrophic harm were that serious. Ms Meehay said they were and the issue was addressed at the time. Dr Odum said that cases had been appropriately escalated.

Resolved: that the Freedom to Speak Up – Annual Summary + Vision Strategy with action plan be approved, received and noted.

TB.7156: Financial Report – M7

Mr Stringer introduced the report summary and highlights and that the Trust is about £2.7m off-plan with a recent discussion with NHSi. He said that in month the income had increased along with activity levels in most cases. He said that the cost of providing the additional activity is outstripping the available finance in the plan. He referred to the breakdown in the report and impact of the accelerated recruitment and the work to tie recruitment to a reduction in temporary staffing in time thereafter. He also said that cash was about £2m behind plan around centre and other payer issues. Mr Stringer said that the Pathology staffing payment had been honoured. He also referred to the Charitable Trust position.

Ms Martin said that the focus had been on Procurement and CIP contribution but that there had been changes to the national procurement costing model that could have an adverse impact in future. She said that the risk had not yet been quantified. Mr Dunshea asked about the reduction in out and day patient cases and whether that could be recovered. Ms Nuttall said that was unlikely with a report to the Operational Finance meeting that had been made. Mr Stringer agreed that there had been a variety of issues that had been learnt from.

Resolved: that the Finance Report be noted.

TB.7157: CNO Governance Report

Resolved: that the CNO Governance Report be noted.

TB.7158: Board Assurance Framework (BAF)

Resolved: that the Board Assurance Framework (BAF) Report be noted.

TB.7159: CQC Compliance Update Report

Prof Cannaby reported that Ms Hickman had recently met with the CQC liaison and noted that it was likely that there may be visits in the near future prior to June 2019. She added that the reports from recent GP Practice inspections were all positive. Mr Loughton asked Mr Stringer to address the model hospital and the impact of pathology and research and the impact on the value for money judgement annually. Ms Edwards referred to PAT testing and her view that for most modern portable equipment it was a waste of time. She asked whether anything had ever been found as faulty through PAT testing alone.

Resolved: that the CQC Compliance Update Report be noted.

TB.7160: Assignment of Non-Executive Directors to Committees

Mr Vanes confirmed that following Ms Small's resignation to join the Midlands Partnership Trust as a NED he extended the Boards congratulations, thanks and wished her well. He outlined the proposed future recruitment of NED's and NED Associates, and the temporary arrangement of Ms Martin taking Ms Small's place on the QGAC.

Resolved: that the Assignment of Non-Executive Directors to Committees Reported be noted.

TB. 7161: Chairs Report of the Trust Management Committee of 23 November 2018

Resolved: that the Chairs Report of the Trust Management Committee of 23 November 2018 be noted.

TB. 7162: Chairs Report of the Finance & Performance Committee of 21 November 2018

Resolved: that the Chairs Report of the Finance & Performance Committee of 21 November 2018 be noted.

TB. 7163: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 21 November 2018

Resolved: that the Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 21 November 2018 be noted.

TB. 7164: Chairs Report of the Charity Committee of 26 November 2018

Resolved: that the Chairs Report of the Charity Committee of 26 November 2018 be noted.

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

TB. 7165: Approved Minutes of the Trust Management Committee of 26 October 2018

Resolved: that the Approved Minutes of the Trust Management Committee of 26 October 2018 be noted.

TB. 7166: Approved Minutes of the Finance and Performance Committee of 24 October 2018

Resolved: that the Approved Minutes of the Finance and Performance Committee of 24 October 2018 be noted.

TB. 7167: Approved Minutes of the QGAC Committee of 24 October 2018

Resolved: that the Approved Minutes of the QGAC Committee of 24 October 2018 be noted.

TB. 7168: Approved Minutes of the Charity Committee of 13 August 2018

Resolved: that the Approved Minutes of the Charity Committee of 13 August 2018 be noted.

General Business

TB. 7169: Matters raised by members of the general public and commissioners

None raised.

Any other Business

TB. 7170: Any other business

None raised.

TB. 7171: Date and time of next meeting: 4 February 2019 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

TB. 7172: 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 1pm.