Minutes of the meeting of the Board of Directors held on 13 May 2019

4 June 2019
Prof. Steve Field welcomed all in attendance to his first Trust Board meeting in the Chair and he thanked Ms Martin for Chairing the previous Trust Board, his first on his first day with the Trust in April.

**TB.7374: Apologies for absence**

There were apologies received from Mr Hemans and Ms Rawlings.
TB.7375: To receive declarations of interest from Directors and Officers
There were no declared changes or conflicts arising from or in addition to the list of declarations reviewed. Prof. Field emphasised the importance of declaring any actual or potential conflict at the start of the meeting and prior to any relevant item.

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

TB.7376: Minutes of the meeting of the Board of Directors held on 1 April 2019
There were no changes to the Minutes of the Board of Directors held on 1 April 2019. Prof. Field welcomed the minutes presented and asked for any further suggestions for improvements. Prof. Field highlighted the size of the Board Papers and the plans over the next few months to improve the quality, clarity and conciseness of the papers presented. He said there would be training and support for the staff constructing the reports with an emphasis on the people and patients of Wolverhampton and the care delivered by the Trust.

Resolved: That the Minutes of the Board of Directors held on 1 April 2019 be approved as a correct record.

TB.7377: Matters arising from the minutes of the meeting of the Board of Directors held on 1 April 2019
There was one additional action to be noted on the Board Action Points from the Board Meeting on 1 April 2019 raised by Ms Martin.

TB.7378: Board Action Points
4 February 2019 TB 7198/TB 7148
Maternity Cap and Activity Update Report
Mr Sharon to provide an initial review and update on the potential impact on RWT Maternity service following changes announced to the service at Shrewsbury and Telford Hospitals at the 1 April Board Meeting. Mr Sharon confirmed he had not received any further information from SaTH. Ms Nuttall said there was planned review of the RWT cap and that in 2018-2019 the births for the year was 4994 (just below the 5k cap). Mr Loughton said he had asked for a review of the physical capacity for and in Maternity services. Prof. Field said that whilst the quality of care meant that patients asked to attend RWT it was right to look at the capacity now and in the near future.

Action: It was agreed that this Action remain open for further updates. It was agreed to re-schedule this for the 1 July Trust Board.

1 April 2019/TB.7327
Capital Programme Update
That the Capital Programme Update report be noted in principle and re-presented for full approval. Ms Martin asked whether this was covered by any Agenda items at the meeting.

Action: The agreed update to be re-presented to the next Public Trust Board meeting for final approval.
1April 2019/TB.7337

**Infection Prevention Strategy**

The Infection Prevention Strategy be approved subject to confirmation of the addition of CP actions and more recent continuing improvement data. Mr Wilshere confirmed that the amendments have been made to reflect to comments made by Trust Board.

**Resolved:** It was agreed that this Action be considered closed.

1 April 2019/TB 7349

**Charity Committee**

It was agreed to re-present the WODC and Charity Committee Terms of reference at the next Trust Board so as to re-synchronise the review dates for all the Trust Board Committee’s.

These items were not due until the June and July Trust Board Meetings.

**TB.7379: Chief Executive’s Report**

Mr Loughton introduced his report highlighting the positive perceptions of the services provided at Cannock Hospital from patients and families. He also mentioned a recent meeting with the recently recruited Nursing Clinical Fellows and how impressed he had been with them. He went on to summarise the recent Long Service Awards ceremonies including 4 staff with over 50 years NHS service each. He said it had been well received by attendees and staff alike. He added that he had presented one award to a member of staff who was unable to attend the ceremony.

Mr Loughton said that recent discussion with WMAS regarding co-ordinated information and approach to those receiving End of Life Care and the reduction of transporting of patients where possible and appropriate. He also said that the Business Case for Pathology had been approved and the winning of the bid for HPV and Cytology services would have meant the services were transferred as soon as possible.

Prof. Field said that both were examples of RWT being a centre of excellence in the region. He said that the capital decisions were not always aligned with the service changes for patient benefit. Mr Loughton said that there were performance issues to be tackled with some of the services subsumed by RWT.

Prof Cannaby and Prof. Field congratulated Mr Loughton on his recent Honorary Doctorate. Prof. Field highlighted the achievements of Mr Loughton’s time as CEO. Mr Loughton recognised the collective effort involved and the importance of the organisations outlook, culture and caring for staff and staff development. Dr Odum endorsed this.

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

**Patient Safety, Quality and Experience**

**TB.7380: Patient Story**

Prof. Cannaby introduced the patient story from a patient who, having attended New Cross Emergency Services and subsequent services had become part of a research study trial. She offered her reflections and experience of participation in the trial.
Prof. Cannaby said that the patient story illustrated the importance of research and research ambassadors. She said that trial participant feedback was regularly sought and positive. Prof Field reiterated the importance of researchers and research.

Dr Odum welcomed the trial story and said the RWT recruitment numbers had increased remarkably in 2019-2020 and the link between research and improved patient outcomes. She confirmed the patient had been thanked for their contribution and that she had agreed to become a research trials ambassador.

Prof. Field commented positively on his encounters with staff involved in research and innovation in Wolverhampton and added that research was not only about the exploration of new knowledge but also about clinical staff adapting to new and improved ways of working and patient care as they emerge.

Resolved: that the Patient Story be received and noted.

TB.7381: Patient Experience Quarter 4 Activity and Annual Overview
Prof. Cannaby introduced the paper as presented and read. She highlighted the additional activities in the last year including the recruitment of 86 new volunteers in year, 142 in total, and 20% of the total are under 25 years old. She also said that those volunteers were spending increasing amounts of time on the Wards and out in service areas with patients. Mr Dunshea asked about the complaints upheld with changes required and asked how Prof. Cannaby was assured that the required changes had taken place. Prof. Cannaby outlined the planning, checking and confirmation process. Ms Edwards asked about response rates in ICCU and whether any action was being taken to try and improve this position. Prof. Cannaby said the area made it sometimes difficult to gain views and that information and engagement was sought from relatives. Prof Cannaby said it tended to be done more after the ICCU experience rather than during.

Resolved: that the Patient Experience Quarter 4 Activity and Annual Overview be received and noted.

Strategy, Business and Transformation

TB.7382: Emergency Preparedness Resilience and Response Report
Ms Nuttall gave a brief introduction to the report and highlighted the priorities for 2019-2020 focussing on Cyber security testing linked to the GDPR submission of compliance and the potential impact of the exit from the European Union (Brexit).

Resolved: that the Emergency Preparedness Resilience and Response Report be received and noted.

TB.7383: NHSI Self Certification Licence Requirements
Mr Stringer introduced the License requirements for approval and highlighted the changes to the submission since the previous submission.

Resolved: that the NHSI Self Certification Licence Requirements be approved.
Performance

**TB.7384: Integrated Quality and Performance Report**
Ms Nuttall referred to the performance section and the improved comparative Emergency Department (ED) performance although still short of the target with one 12 hour breach of a patient awaiting a mental health placement. She said that Ambulance handovers performance continued to be good despite the increase of 11.8% year on year challenges, she referred to the continued issues and recovery plans in Cancer care with continued increased referrals and a planned STP regional meeting regarding pressures across health systems from similar issues. She said the national support team continued to support improvement work on the clinical pathways.

Prof. Field described his experience of the ED and the pressures from diverts from other organisations, and his attending the bed meeting when a divert was announced by the Ambulance Trust and the additional pressure that creates for staff in ED. Mr Loughton referred to his view of the WMAS priorities and reasons for diverts to Wolverhampton ED. He highlighted the potential role of NHSI in tackling this issue across the patch. Prof. Field said there was additional pressure from the conduct and violence from some patients. He added that when he had visited the Emergency Department and thanked the staff for their hard work and tolerance. Mr Loughton said that security had been increased but that this was possibly to the detriment of most patients attending.

Mr Loughton highlighted the ongoing issues relating to patients drug use and mental health issues from those attending. Prof. Field said he had raised this at the regional Chairs meeting. He asked for the Boards thanks to be extended to the ED staff including reception staff. Mr Loughton spoke about the dedication of the staff and recommended others to observe the excellent staff working in ED and the Bed Meeting. Mr Dunshea asked about the numbers of patients who could be diverted from ED and those attending not requiring treatment and asked about the education of patients through primary care. He also asked about the performance and action plan in Max Facial and Ophthalmology services and what had happened. Ms Nuttall said there had been an increase in referrals and some short-term vacancies. Mr Loughton added there was also an increase in complex cases.

Prof. Cannaby highlighted late observations related to data recording and system down issues.

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

**TB. 7385: Integrated Quality and Performance Report 2019/20 Review**
Ms Nuttall introduced the proposed changes. Ms Edwards asked about the removal of VI practice appointments. Ms Nuttall wasn’t clear what insights the data provided in the report. She said the data would still be collected. Ms Edwards said that she thought that there might be a national target of appointments per 1,000 patients. Ms Nuttall suggested a Board Development Session on the topic with Division 3 leadership team. Prof. Field said that there were a variety of ways of providing contact for patients in primary care and that the appointments per 1k had become less meaningful with new ways of working. He also noted that patient feedback tended to focus more on the perceived responsiveness of the services and that feedback should be encouraged. So as to help RWT make further responsive improvements.

**Resolved: that the revised Integrated Quality and Performance Report 2019/20 format be approved.**
TB.7386: Executive Workforce Report
Mr Duffell introduced the report and highlighted the key items including the well-received long service awards, the continued improved reduced vacancy position and the FFT results received with a continued improvement from the staff ratings. He said there is a monthly co-ordinating group for local actions. Ms Martin asked about long term sickness absence in Estates and Facilities and whether there was a link with the nature of the work. Mr Duffell said he would look into this and provide a further breakdown in relation to job roles. Ms Martin said it had been static for some time. Mr Duffell agreed to provide this to the next Workforce Committee.

Resolved: that the Executive Workforce Report be received and noted.

TB.7387: NIHR Annual Report, Plan and Budget update
Prof Kirk introduced the report, plan and budget and summarised the 41% increase in patient recruitment over the 5 years with a 10% reduction in funding over the same time. He said that weighted recruitment had been in the top 15 for recruitment. He said the qualitative aspects would have greater emphasis going forward. He also highlighted the complexity of forming the regional network had presented the opportunity to increase funding in Chief Investigator training and network staff well-being amongst other priority areas. He said the new funding model would be confirmed in the next few months. Ms Boyle asked that the integrated plan be approved with a mid-point report on progress to the Board. Prof Field said he was pleased to see the report, plan and budget and was enthused by the recruitment and the related patient story earlier in the Board meeting with the benefits to patients and in developing and retaining staff. Mr Loughton said he was pleased to confirm Prof Kirk had been re-appointed and thanked him for his 5 years of work and achievement to this point. Prof Kirk thanked the Trust for its support.

Ms Edwards asked about the pressures for commercial study recruitment and mentioned a previous bad debt from a private company, and wondered if these pressures might lead to trusts engaging with less scrupulous organisations or signing up to unrealistic targets. Prof Kirk said the issue was often wildly over optimistic targets and that there was a need in future to challenge and revise these to reflect the reality of recruitment potential and expectations. Mr Dunshea asked what the funding model change was and whether there was any risk that it might present. Prof. Kirk said it was announced in February and was based on the previous year’s performance plus pay and associated cost pressures and was likely to be to the disadvantage of the area in the short-term. Mr Loughton said that representation was being made on the short notice and impact on the short term funding. Dr Odum highlighted the local issues and plan to address these issues. Prof Field said he looked forward to further conversations and developments.

Resolved: that the NIHR Annual Report, Plan and Budget be approved.

There was a brief break at this point – 11.10am to 11:20am.

TB.7388: Financial Report – Month 12
Mr Stringer introduced the report and highlighted the Month 12 position before PSF allocation of circa £4.8 PSF figure yet to be confirmed. He confirmed that the year-end risks had been dealt with and he thanked Wolverhampton CCG for their help with this. He said the final accounts would go to the Audit Committee with the External Audit view on 24 May 2019. Prof Field welcomed with year-end position and thanked Mr Stringer, his team and the Trust staff for their efforts in achieving the stated position.
Ms Martin said F&P had a detailed review of year end changes and future predictability or otherwise. Prof Field said the regional Chairs had expressed their surprise at the last minute nature of the year end settlements nationally. Mr Loughton said that local control targets had been applied this year to STP areas and that all the new NHSI regions were required to achieve financial balance at a regional level.

Resolved: that the Month 12 Finance Report be received and noted.

**TB.7389: Stroke Transfer – Post Project Evaluation**

Mr Sharon introduced the interim report for approval prior to submission against the capital provided. He said that the capital project was delivered to budget and near to time and has broadly achieved what was set out to be achieved in performance and service objectives. He said that RWT was spending more on staff locums than intended and the numbers were slightly below prediction. Ms Edwards asked about the clinical outcome statement. She felt that to say it compared well to the national average implied an over statement of performance, when it was only at or about the national average. She asked for greater accuracy in such statements, given that the trust's aim was to be in the top 25% of performance. Mr Sharon said he was happy to amend the statement and that the transfer had been a major undertaking and risk for the service and Trust and given these circumstances and a maintenance of outcomes, it was a credit to the service and something of an achievement in itself. Ms Edwards said she accepted Mr Sharon’s verbal summary.

Prof Field said that in service mergers quality often initially deteriorates and in this case quality was maintained. Mr Loughton said that recruitment had proved challenging. Ms Edwards said that the performance should be accurately stated at the national average. Mr Loughton and Prof Field said the maintenance was an achievement. Ms Nuttall said she did not think there was complacency in the service and the external clinical quality review service had been undertaken with national benchmarks as a part of it that would be provided in due course to QGAC. She reiterated that the ambition was for future development to achieve being in the top 25% nationally as per the Trust objectives.

Dr Odum said the report would be useful, that the service had a realistic view of their current performance, the challenges they currently face in providing the 7 day service and cover, service specifications in place and differences with interventional services elsewhere in the West Midlands. He highlighted the staffing and recruitment challenges being tackled and he offered to provide the report data.

Prof Field said he had visited the area and had been impressed with the standards of care and staff engagement in practice and practice development. Mr Dunshea said the report was useful and he looked forward to the next report and progress that would be reported. He asked if this would happen for all future capital schemes. Mr Sharon said there would be for NHSI funded schemes.

Resolved: that the Stroke Transfer – Post Project Evaluation be approved subject to confirmation of a revision of the statement as discussed.

**Annual, Six monthly and Quarterly reports**

**TB.7390: Nursing & Midwifery Biannual Skill Mix Review – Adult Inpatient**

Prof. Cannaby introduced the report and highlighted the main areas in the summary including the ongoing skill mix validation exercises. She said the report looked at establishments.

Resolved: that the Nursing & Midwifery Biannual Skill Mix Review – Adult Inpatient be
received and noted.

**TB.7391: Nursing & Midwifery Workforce Safeguards Current Compliance and Gap Analysis**
Prof. Cannaby introduced the report and highlighted the main areas in the summary including the currently assessed compliance position and the inference of using more national tools. She said it would expand to look across the wider workforce. Prof Field asked how this would be progressed. Mr Duffell said that the Workforce Committee is looking at the wider application and results to date including new and revised roles and functions. He said there was a group tasked with moving the detailed analysis forward in terms of revised roles. He referred to some tools and safeguards in place. Prof Field asked that it link with the STP workforce plan, Universities in the area and the volunteer workforce. Mr Duffell said it would include the consistency and coordination of roles and the definitions of these. Prof Field referred to the variable use of volunteers and trained nurses in different Trusts across the Black Country to undertake similar tasks in different areas. Mr Duffell said it could form part of the Board Development Session.

Resolved: that the Nursing & Midwifery Workforce Safeguards Current Compliance and Gap Analysis be received and noted.

**TB.7392: Annual Report from the Guardian of Safe Working Hours**
Dr Odum introduced the report and highlighted the main areas in the summary from Dr Ng. He summarised the exception reports that had been received from trainees, the process following a report with the appropriate supervisor and some of the difficulties involved in that process. He said this had been triangulated with other surveys and showed a high level of staff satisfaction and an increase in perceived workload intensity. He said the information is fed back to service areas for action to be taken where required.

Ms Edwards referred to Elderly care submissions and aggravating factors and asked what else was being considered to tackle the issues highlighted. Dr Odum said it would but depended on any other issues relating to the circumstance such as sickness, leave et al that could be addressed. He said this was differentiated from workplace areas with ongoing issues. Prof Field said it can also highlight out of work stress and pressures that might need additional care, support or intervention.

Mr Dunshea asked why it came to the Board. Dr Odum said a previous Secretary of State had required it and for Board assurance. Mr Dunshea asked whether it could go to a Committee. Dr Odum said it did go to the Education Committee. Mr Loughton said it was still for the Board to received and seek assurance against.

Resolved: that the Annual Report from the Guardian of Safe Working Hours be received and noted.

**Governance, Risk and Regulatory**

**TB.7393: Report of the Chief Nursing Officer (CNO) against the Nursing System Framework 2018-2020**
Prof. Cannaby introduced the Report of the Chief Nursing Officer (CNO) against the Nursing System Framework 2018-2020 and highlighted the main areas in the summary.

Resolved: that the Report of the Chief Nursing Officer (CNO) against the Nursing System Framework 2018-2020 be received and noted.
**TB.7394: CNO Governance Report including Trust Risk Register**
Prof. Cannaby introduced the Risks Register and highlighted the main areas in the summary.

Resolved: that the CNO Governance Report and Trust Risk Register be received and noted.

**TB.7395: Maternity Incentive Scheme Year Two ATAIN Action Plan**
Ms Cheshire and Dr Heaver introduced themselves and introduced the update report of progress in meeting the requirements of the Maternity Incentive Scheme. Ms Cheshire said that the service had now opened the transitional care ward, the risk review process prior to enduring labour has progressed and been nationally recognised, and the neo-natal therapy unit equipment has been updated and improved with training underway. She said the same model and practice would be used across the service in time.

Ms Cheshire said that the outreach service development was being finalised initially 9-5 moving to 24/7. She said that a changed skin jaundice test had been trialled and the efficacy of the equipment and practice confirmed. Dr Heaver said further purchases had been identified to further improve care after meeting the initial ambitions. Prof Field asked whether there was issue in equipment funding. Ms Cheshire said it was getting the equipment out into the community and mobile testing equipment would improve this situation. She said that for each community midwife to have one each would require an investment of circa £20-30k but as yet a Business Case had not been formed. Mr Loughton said this would be welcomed. Prof Field said the Board would always look to support Business Cases that would improve practice effectiveness and efficiency. Ms Cheshire said the LMS were content with progress with others asking for information from the RWT Action Plan.

Dr Odum said that there had been issues relating to hypo-glycaemia screening and management, and asked what was being considered for this. Dr Heaver said that currently there was point of care testing and monitoring but this was not approved for neo-natal use. He said the national guidance was to use a blood gas analyser due to its greater reliability and that one was in place with a requirement for a further analyser. Ms Cheshire said the Business Case was being formed for submission. Mr Stringer asked if stage 2 of the scheme had been achieved. Ms Cheshire said this was one element achieved with more to be done with further updates to follow.

Resolved: that the Maternity Incentive Scheme Year Two ATAIN Action Plan be received and noted.

**TB.7396: Board Assurance Framework**
Prof Cannaby introduced the updates to the BAF prior to review at the Board sub-committees. Mr Duffell highlighted the addition of the issue relating to lifetime pensions risk.

Resolved: that the Board Assurance Framework be received and noted.

Mr Stringer introduced the re-presented paper with the changes requested made. Ms Martin said that assurance was required of fidelity to the revised Policy including the Terms of Reference. Mr Dunshea asked for a more timely review in future. Mr Stringer agreed.

**TB.7398: Draft Trust Annual Report and Annual Governance Statement**
Mr Sharon said he would pick up matters of accuracy and Ms Martin asked for the timescale to be provided.

**Action:** Mr Wilshere to provide the timescale for responses from Trust Board members.

**Resolved:** that the delegation of the final review and approval on behalf of the Trust Board of the Accounts, Annual report, Annual Governance Statement and Quality Report be delegated to the Trust Audit Committee be approved.

**Feedback from Board Committees**

**TB.7399: Chairs Report of the Trust Management Committee of 26 April 2019**
Mr Loughton asked that the changed approach to the Aston Medical School placements be noted given that the approach of the school had been revised and was now broadly in line with the Trust preferred approach. Ms Edwards asked whether the funding situation had changed. Mr Loughton said it was now expected to be in line with the financial situation with the Birmingham Medical School. He emphasised the need to expand the number of medical, nursing and other student staff placements. Prof Field said he would welcome a greater review and discussion of the pre-registration workforce, existing staff education and development and future potential skill mix opportunities.

**Resolved:** that the Chairs Report of the Trust Management Committee of 26 April 2019 be received and noted.

**TB.7400: Chairs Report of the Finance & Performance Committee of 24 April 2019**
Ms Martin highlighted the outcome of Cost Improvement of £14m for the year and although short of the challenging target she recognised the effort and ambitions of staff in achieving this position.

**Resolved:** that the Chairs Report of the Finance & Performance Committee of 24 April 2019 be received and noted.

**TB.7401: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 24 April 2019**
Ms Edwards highlighted the recent review of the Red Risks on the Trust Risk register with the Board Assurance Framework risks and whether each risk was appropriately dealt with where it was placed. She said the conclusion was that the risks reviewed were being treated in the appropriate places.

**Resolved:** that the Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 24 April 2019 be received and noted.

**TB.7402: Chairs Summary of the Audit Committee of 24 April 2019 and QGAC**
Resolved: that the Chairs Summary of the Audit Committee of 24 April 2019 and QGAC be received and noted.

**TB.7403: Agreed Terms of Reference of the Audit Committee**
Resolved: that the Terms of Reference of the Audit Committee be approved.
Resolved: that the Chairs Report of the Workforce Organisational Development Committee 26 April 2019 be received and noted.

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

**TB.7405: Approved Minutes of the Trust Management Committee of 26 April 2019**
Resolved: that the Approved Minutes of the Trust Management Committee of 26 April 2019 be received and noted.

**TB.7406: Approved Minutes of the Finance and Performance Committee of 20 March 2019**
Resolved: that the Approved Minutes of the Finance and Performance Committee of 20 March 2019 be received and noted.

**TB.7407: Approved Minutes of the QGAC Committee of 20 March 2019**
Resolved: that the Approved Minutes of the QGAC Committee of 20 March 2019 be received and noted.

**TB.7408: Approved Minutes of the Workforce Organisational Development Committee of 22 February 2019**
Resolved: that the Approved Minutes of the Workforce Organisational Development Committee of 22 February 2019 be received and noted.

**General Business**

**TB.7409: Matters raised by members of the general public and commissioners**
No matters were raised.

**Any other Business**

**TB.7410: There was no further Business raised.**

**TB.7411: Date and time of next meeting:**
4 June 2019 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

**TB.7412: 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; so to do.

The meeting closed at 12:20 pm