

Minutes of the meeting of the Board of Directors held on 4 June 2019 1 July 2019

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Agenda Item No: 2.0

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Tuesday 4 June 2019 at
10 am in Board Room, Corporate Services Centre, Building 12,
New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:

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| Prof. S Field ^{CBE} | Chairman |
| Prof. A-M Cannaby ^(v) | Chief Nursing Officer |
| Mr A Duffell | Director of Workforce |
| Ms R Edwards | Non-Executive Director |
| Ms S Rawlings | Non-Executive Director |
| Mr D Loughton ^(v) ^{CBE} | Chief Executive Officer |
| Ms Nuttall ^(v) | Chief Operating Officer |
| Dr J Odum ^(v) | Medical Director |
| Mr M Sharon | Director of Strategic Planning and Performance |
| Mr K Stringer ^(v) | Chief Financial Officer/Deputy Chief Executive |

(v) denotes voting Executive Directors.

IN ATTENDANCE:

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| Mr K Wilshere | Company Secretary, RWT |
| Ms S Banga | Senior Administrator, RWT |
| Ms A Downward | Communications, RWT |
| Ms A Dowling | Patient Experience, RWT |
| Ms M Morris | Deputy Chief Nurse, RWT |
| Ms B Raydev | SIA Anaesthetic, RWT |
| Mr A Aamery | Senior Clinical Fellow in Upper GI Surgery RWT (for Clinical Audit Case Study item only) |
| Dr Singh-Ranger | RWT (for Clinical Audit Case Study item only) |
| Ms L Bood | Charity Fundraising Coordinator RWT (for Charity Fundraising Strategy item only) |

APOLOGIES:

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|--------------|-------------------------|
| Mr S Mahmud | Director of Integration |
| Ms M Martin | Non-Executive Director |
| Mr R Dunshea | Non-Executive Director |

Part 1 – Open to the public

TB.7432: Apologies for absence

Apologies were received from Mr Mahmud, Ms Martin and Mr Dunshea

TB.7433: 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 associated with an item on the agenda at the time.

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

TB.7434: Minutes of the meeting of the Board of Directors held on 13 May 2019

There were no changes to the Minutes of the Board of Directors held on 13 May 2019.

Resolved: That the Minutes of the Board of Directors held on 13 May 2019 be approved as a correct record.

TB.7435: Matters arising from the minutes of the meeting of the Board of Directors held on 13 May 2019

There were no additional matters raised.

TB.7436: Board Action Points

4 February 2019 TB 7198/TB 7148/TB 7378

Maternity Cap and Activity Update Report

Although this action was not due until July Trust Board meeting Prof. Field asked if there was any update for the Board at this time.

Ms Nuttall provided an update and advised the Board that she had met last week with the maternity team. She said that the Trust had achieved the aim of keeping the number of births below or at the cap of 5000 births in 18/19. She said that there was some evidence that there had been limited repatriation back to Walsall practices and that the situation was being monitored. She said the intention for the year 19/20 was to achieve a cap of between 5000 and 5200 births as this corresponded with the reported staffing levels for Midwives and for Consultants.

Ms Nuttall advised that whilst the cap was not being formally lifted, the Trust would continue to monitor the situation and was open to accepting a limited number of cases from adjacent areas. She referred to an increase in requests from Shropshire. Mr Loughton said the Trust was postcode modelling the requests from around Shropshire and the GP Practices involved.

Prof. Field commented that in his view, the maternity service in the Trust was superb. Mr Loughton agreed that the Maternity suite was outstanding and that the staff had done really well in providing an excellent maternity service. He advised that the Trust now had a midwife waiting list for Midwives who wanted to work for the Trust and work was underway to scope options to increase and improve the physical environment and capacity. He said that this would include modelling of the required staffing. Mr Loughton advised of the good news of the appointment of 4 new obstetric and gynaecology (ONG) Consultants. He alerted the Board to the situation regarding the limitation of the current facilities and physical capacity.

Prof. Field said that a further expanded and improved service was something that everyone in the Trust aspired to. He recognised this was a service working under pressure and achieving good quality and safe patient care. Mr Loughton said that, in his view, the great thing was the Trust had been able to attract and recruit high quality staff as part of a considerable overall investment in staffing in the area. Prof. Field highlighted the credit the Directors involved for the success of the service.

Prof. Field summarised the update on the action stating he was pleased with the meetings which he attended last month with Wolverhampton University and also across the Black Country. He said he was impressed with Wolverhampton University, how they were taking the Trust workforce issues very seriously and responding through their degree and access programmes and it was a credit to the Trust for taking a leadership approach.

Action: It was agreed that this Action remain open for further updates. It was agreed to re-schedule this for the 5 August Trust Board.

1 April 2019/TB.7327

Capital Programme Update

Action: This Action was not due and there was nothing to report.

13 May 2019/TB7398

Draft Trust Annual Report and Governance Statement

Mr Wilshere advised that the Annual Report had been completed and a draft submitted.

Action: It was agreed that this Action be closed.

TB.7437: Patient Story

Prof. Cannaby introduced the patient story, she advised that there would be a different approach in the presentation on this occasion. She highlighted that the video gave a number of views of the experiences of accessing and receiving care given by a range of patients with hearing difficulties and the resulting care and communication issues they had experienced.

Prof. Cannaby thanked all those involved in creating the video and the insight it gave into how patients with hearing difficulties and deafness experienced care services.

Ms Dowling advised that the aim of this presentation was to educate staff by raising their awareness. She said that over recent years there had been some improvement and that other, apparently simple further adjustments had been made, such as ensuring that Televisions were available with subtitles. She advised that a series of sign language training events had taken place from the Trust's official sign language provider to 60+ staff. She said positive feedback had been received in response to the training and the Trust was looking at widening the training availability for a wider range of front line staff. She said that there were further issues that the Trust had to consider, including, for example, written communication for deaf patients as for some, written English may not be accessible to them in the form of appointment letters. She said these had to tie in with the Trust's approach to improving accessible information standards.

Prof. Field asked how feedback was currently captured from patients with a variety of hearing and other communication issues. Ms Dowling advised that there was a series of engagement workshops which had taken place with a variety of patients with such requirements and that they had felt very strongly about their circumstances and the issues this had caused them in relation to access to healthcare. She said the Patients group was very willing to help and support the Trust in backing up the established delivery of training for staff by the training provider.

Ms Rawlings said that she thought it was really good that the Trust were rolling out training. She asked whether the 60 staff who had undertaken the training so far had been selected because of their area of work and need or whether they had self-selected. She added that if the training was not mandatory, that as many as possible should undertake it. She also asked whether there had been any feedback from the staff trained on their use of it.

Ms Dowling advised the training had been open to staff who wanted to attend with their manager's agreement and that there had been exploration of sourcing funds to open access wider. She said that the official provider was also working on an online training package that would be easy to access and use.

Ms Rawlings asked whether there were any key categories of staff or wards or service areas where the training should be made mandatory or targeted such as, for example, care of the elderly wards. She asked whether there were any key categories of staff that this training would be extremely important for.

Ms Dowling advised the experiences that were mentioned were across the range of services and

staff. Prof. Cannaby advised the Trust was trying to train as many people as possible however she also recognised that it was a skill that required repetition and use to maintain.

Ms Dowling advised that work was underway to develop a communications handbook for staff. She said that this included approximately 1000 photos taken of various signed words and that it would be available to staff on the intranet.

Ms Rawlings reiterated the view that this was important as the Trust had previously discussed sight awareness training and its implementation.

Ms Edwards asked about the availability of simple to read and understand communication and said that had been an issue for some long time and that there had been difficulties in progressing this. She said this was another example and understanding the use and significance if they use British Sign Language or an alternative. She reiterated the need to ensure that all communications couched in terms and forms that were as simple, straightforward and as widely accessible as possible. She asked what progress there had been on achieving this.

Ms Dowling advised there had been issues that the Trust had to consider in terms of IT to record people's communication requirement needs and that this work was continuing with operational staff.

Ms Edwards said that she was sure that the service would want to make communications such as appointment letters as accessible and straightforward as possible to everyone's benefit. Ms Dowling agreed and added that any such changes potentially involved up to a thousand letter templates and that constituted a challenge in itself. Ms Edwards asked whether there was a programme in place to address these issues, how this was to be dealt with by the Trust and what the aimed timescales were. Miss Dowling said she would check with the lead and advise the Board of this.

Ms Nuttall advised that in terms of the letters, that this was part of the medium to long term out-patient transformation programme that included all the different forms of communication produced. She said that present communication was quite basic, that there was some use of SMS messaging (texting) but most communication remained correspondence by post. Ms Edwards said that this was something the Trust had been trying to solve for quite some time and she believed the issue went back quite a few years. Ms Nuttall agreed it was a longstanding issue and was linked in with the Trust's IT systems, the investments that the Trust had made in digitisation and the priorities that the Trust had as an organisation and that clearly there was further work to be done. She advised that the Trust's Out-patient transformation programme was a key part of the work being undertaken on this matter.

Mr Hemans asked how many signers the Trust had within the staff. Ms Dowling said this was not something routinely recorded in relation to individual staff other than when they had received the training from the Trust training and the Trust signing provider. She said that other than for basic communication, the provider provision was required as some of the terms communicated required a high level of signing and terminology expertise that ward and service staff could not be expected to provide. Prof. Cannaby said the Trust used the interpreter service rather than staff as only interpreter professionals must be used to the translation of medical terminology. Mr Loughton added that the Interpreter service carried indemnity cover that Trust staff would not have.

Ms Dowling said the Trust was aiming for the basic information needs to be addressed, that would make a patient feel more included with interpreter professionals undertaking the rest. Ms Nuttall asked how long the training sessions were. Ms Dowling replied she thought they were a couple of hours long. Ms Nuttall asked whether such a training session would be useful for Board members at a future Board Development Session. All agreed that this was a good idea. Prof. Field said it would also be good to include some of the people from the patient story

video in the training session if possible. He said he would write to them to thank them for their contributions. Prof. Field thanked Ms Dowling for attending and for her feedback.

Resolved: that the Patient Story be received and noted.

Action: Mr Wilshere, Ms Dowling and Prof. Cannaby to arrange signing training at a future Board Development Session. Prof. Field to write and thank the video contributors.

Chief Executive and Chair's Reports

TB.7438: Chief Executive's Report

Mr Loughton introduced his report. He outlined the reason for the report always listing the consultant appointments made and he said this was so the Board could formally confirm the appointments recommended. Mr Loughton gave a summary of the history of consultant panels and appointments up to the present arrangements. He asked that in future there be a specific resolution in the Trust Board minutes to reflect the delegation of such appointments to the Interviewing Panel and that the Board subsequently resolve to confirm the appointments.

Action: The Company Secretary to record the resolution to confirm the recommended Consultant appointments.

Resolved: that the approval of Consultant appointee's be delegated to the relevant Interviewing Panel with Trust Board minute confirmation as part of the CEO's report of the appointments recommended be approved.

Mr Loughton referred to his recent presentations of the long service awards and he said they had been well received. He advised he had arranged personally to see Francine Carter in person in the fracture clinic to present her platinum award to her. He said that she had worked 50 years with the NHS and she did not have time to attend one of the long service award ceremonies therefore Mr Loughton had made the visit in person.

Mr Loughton also advised that he had attended the Trust Consultant's induction programme and commented favourably on the quality of the programme in place for the induction of new consultants, additional to the standard Trust staff induction. He said he was very impressed with the content of the induction that had included discussion about litigation, the work of the coroner's court and the question and answer parts of the sessions.

Mr Loughton advised that he had started to attend more meetings and events with the combined authorities as it appeared that in future this would be one of the major routes for future investment and access to capital. He said he had had discussions with Wolverhampton Council about capital access but had moved onto the combined Authority as he believed it was a better place to start.

Mr Loughton also referred to his attendance at Birmingham University regarding global warming, and a meeting attended with Simon Stevens and Baroness Harding regarding the recent people plan and changing the culture in the NHS. He said there had been no significant surprises in the plan and that it presented an opportunity for all of us to move the prevailing culture forward.

Mr Loughton referred to potential developments in medical training capacity in the West Midlands with brief comments from Dr Odum and Prof. Field.

Prof. Field said that he thought personally that any additional medical provision should be developed in the wider arena of the academic development across all the professions. He said the Trust needed to ensure that the nurses and other professional groups within the Trust also had the opportunity to undertake and participate in research over and above those appointments as academic nurses, for example, but having time in their working week their job plans to do

academic activity.

Prof. Field said he looked forward to receiving and discussing further any future proposals.

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

TB: 7439 Chair's Report of the TMC held on the 24 May 2019

Resolved: that the TMC report be noted

Patient Safety, Quality and Experience

TB.7440: Learning from Deaths Update Report

Dr Odum introduced the report advising that it was an update, building on the previous report and that the Summary Hospital-level Mortality Indicator (SHMI). He said the Trust remained plateaued at 1.21, that the crude death rate for 18/19 had reduced slightly and so comparing 18/19 with 17/18 there had been fewer in-hospital deaths. He said that it was difficult to know how the local Trust position would fit in the context nationally as we did not yet have the national perspective or a comparison nationally although the accrued mortality had now dropped to 2.88%. He said that the fewer hospital deaths were encouraging. He said that this had been despite an increased number of admissions.

Dr Odum said that in terms of the alerting diagnosis Chronic Obstructive Pulmonary Disease (COPD) had an elevated standardised mortality of 8. He advised that a letter had been received from the Imperial College regarding these and that the Trust was likely to receive notification from the CQC requesting a review of those deaths. He referred to information within the Board paper pack regarding the number of diagnoses of COPD. He highlighted that the Trust has an active out-patient COPD management service which may influence the picture and position. He said there was no initial information that any had been avoidable deaths and that the mortality review group would examine the position in detail.

Dr Odum then referred to the cancer of unknown primary review by Simon Grummet, the Trust cancer lead, and believed that the current picture in the mortality data was partly related to the designated admission and some coding issues. He advised this was currently undergoing a thorough detailed review process. He referred to a number of admissions through the Durnall Unit and that it was currently unclear as to whether these were designated as elective or non-elective admissions. He said that this was being reviewed and that he would report back to the Board at a later date.

Dr Odum referred to further information on the alerting diagnosis that was being reviewed or audited including pneumonia and sepsis. He said that there was a review of Acute Kidney Injury (AKI) and a further one on congested heart failure was pending. He said there have been various meetings to discuss the outcomes of the audits which were mainly satisfactory with areas for improvement regarding compliance with the respective national and local guidance. He said the intention was to move those formally through the Quality Improvement (QI) programme across the organisation including emergency care and in-patient care.

Dr Odum referred to the success in appointing 4 more mortality reviewers. He advised the Trust had not as yet achieved the full establishment that was needed to clear and keep pace with the numbers requiring review. He referred to the tables within the report concerning the back log, the resources required for getting the reviews undertaken and the time commitment required from individuals within the Directorates. He said that the Trust had re-advertised this week for further reviewers, particular from the non-medical professions. He said that once reviewers were formally appointed the Trust expected reviews to be undertaken more consistently and

represented in future Board Reports. He said that the learning from reviews within the Trust Board report was picked up and managed through the existing Trust governance processes.

Dr Odum then referred to the coding work that was being supported by input from Price Waterhouse Coopers (PWC) consultants. He said that the Trust was receiving useful feedback from PWC's review work. He said that they had continued to provide coding training support across the organisation with coders and the clinical teams. He said that the Trust had come out well in the End of Life Care report.

Prof. Field said he was satisfied that the Trust was taking this matter extremely seriously across the breadth of services in the Trust and trying to make improvements in every area. He highlighted the importance for patients of the Trust showing the work undertaken to ensure that people were not dying unnecessarily, or that when they are dying they do in the best place for them. He said he had walked through the Physician A pathway as well as talking to staff and patients involved and was now well acquainted with what the Board was doing and that what he had seen and heard was good. Prof. Field thanked Dr Odum for the comprehensive report.

Ms Rawlings asked about Structured Judgement Review (SJR)s and whether reviewer capacity was likely to continue to be an issue if it was an add on to peoples main job roles. She asked how was the Trust intending to ensure that it had sufficient reviewers and what, if any, knock on effect this might have on them undertaking the rest of their duties. She asked whether there was a plan to make sure that this was really prioritised by them.

Dr Odum said the issue was time. He advised that each review took between 1 and 2 hours to complete and the resource being sought had taken this into account. He advised that the Trust, as part of the business plan, had invested further in the reviewer resourcing.

Mr Loughton mentioned that whilst he was interviewing for gastrologists there had been two candidates who had good ideas of ways of approaching targeting alcohol problems that had made him think about when we talk about people dying unnecessarily we have one of the highest rates of deaths from alcohol related diseases in the country. He said that the public health message around alcohol did not seem to be working. He said he thought the Trust needed to look at doing things differently.

Dr Odum agreed. He said there is a very deprived population locally with varying health needs that are not well catered for. Mr Loughton said it was worth having a session as a Board not just talking about the numbers but discussing the underlying reasons, how can we treat people differently and what was the best world practice.

Prof. Field referred to the public health message that Ian Gilmore in Liverpool facilitated Prof. Field thought Ian Gilmore would probably be willing to facilitate a discussion on this with the Board in the future.

Resolved: that the Learning from Deaths update report be approved.

TB.7441: Chair's Report of the Quality Governance Assurance Committee May 2019

Resolved: that the Chair's report of the Quality Governance Assurance Committee for May 2019 be noted

TB. 7442: Clinical Audit Case Study

Dr Odum introduced the Clinical Audit Case Study and the clinical audit lead for general surgery, Mr Singh-Ranger and congratulated him on the fantastic audit work undertaken. He said that that Mr Singh-Ranger had been presented with an award in 2018 for his work on the audit programme, in conjunction with Mr Aamery.

Mr Aamery thanked the Board for the opportunity to present the case study. He said that he would be providing the background to the audit, its aims, methods and the standards used together with the results. He said 2 audit cycles had been undertaken so far. He also said he would highlight what had been implemented to improve the results together with the standards the Trust currently used and the possible future direction.

Mr Aamery said that Venous Thromboembolism (VTE) referred to bloods clots in the deep veins of the legs that could travel to the lungs and cause dangerous and potentially lethal medical problems. He advised the Trust had a VT prophylaxis access standard which included the local Trust guideline CP58, adapted from NICE guidelines CG92. He advised that at the time the first clinical audit cycle was undertaken in March 2018 and that since this audit, the NICE Guideline CG92 had been replaced with the new NG89 guideline.

He said the Trust guidelines stated that when there are any new admissions patients should have their risk assessed in terms of their potential for developing a thrombosis in accordance with a template contained within the NICE guidelines. He said depending on their risk factors, if they came out as medium or high risk then they should be put on to VT prophylaxis, either Mechanical (e.g. TED® anti-embolism stockings) and possibly medicines depending on the patient risk factors and clinical condition.

He advised that the clinical audit undertaken related to acute admissions. He highlighted the differences between acute and elective admissions – in respect of the latter, the patient would have their VTE risk assessment undertaken at the time of the planned admission. He said that acute admissions involved patients who could be admitted at any time 24/7 and that such cases were much more difficult to adhere to that standards and timescales. He said the aim of the clinical audit was to assess adherence to the guidelines and had been undertaken specifically on patients who had been admitted to the surgical emergency unit and more specifically acute admissions under the general surgery teams.

Ms Edwards asked whether the Trust had updated the Trust Policy and guidelines in light of the new NICE guidelines. Mr Aamery advised that they were in the process of being updated.

He outlined the method used to undertake the 2 audit cycles in November 2017 and August 2018, the data collected from patient notes, clinical web portal vital packs other relevant data sources in accordance with the NICE and local guidelines. He highlighted that the results for the patient counselling had improved from 65% to 78% and patients who had not required counselling had nearly halved on the second cycle. He confirmed that the counselling at this point was verbal. He said that on the second cycle the audit showed that of the 40 patients admitted, only 1 patient had received a written leaflet of information.

He said that VTE assessments should be undertaken within 4 hours of admission and the second should take place within 24 hours from the patient's admission or if their clinical condition changes. He advised the first VTE assessment from the 1st cycle the Trust had achieved 100% performance in terms of it being done but more than 40% that were being done outside the 4 hours therefore missing the target and that this percentage has improved slightly by the second VTE assessment.

He said that the prescription of Clexaner, every patient who should have had one did but some people had over or under dosage on the first cycle which was reduced to one patient on the

second cycle. He said in terms of the TEDs® timing it had not been improved. He said due to the lack of documentation of dosages on Vitalpack it had been problematic initially in making improvements and that second time round in recording on Vitalpack.

He said that the clinical audit findings information had been included in the Nursing Safety brief in the team twice daily together with being noted on handover sheets. He said for the patients who had not been counselled, VTE information sheets had been created and these were available in clinical areas three months after the audit. He said that the 1st and 2nd VTE audit outcomes and learning had included the Doctors handovers and he believed this had been very helpful in providing evidence and to ensure practice was changing. He said that the same had been done to the nursing safety and handover documentation.

He said some of the recommendations from the second cycle of the audit was to improve the availability and use of the VTE leaflets as part of the admission packs. He said that one of the main problems the Trust had was meeting the 4 hour and 24 hour targets. He highlighted that the Trust had defined admission time as the time a patient arrived rather than once the decision to admit had been made and a bed found. He advised that the TEDs® application following the use of the Electronic Prescribing and Medicines Administrations System (EPMA) since December, the Trust now had a way of recording the timing on the EPMA and would in future have more reliable information.

He said in conclusion there had been some improvement between the first and second audit cycles and that there was still room for improvement with a further re-audit in a year's time. He said that he believed the admission decision time would act as a better indicator to give a better view on how the Trust was doing in relation to the 4 hour and 24 hour target.

He said that within the revised NICE guidelines NG89 there was no mention of the 4 hour and 24 hour target and that instead it specified as soon as possible after patient admission and on the first consultant ward round. He said that this was something the Trust was considering as a change to the standards used and that it may result in an improvement in results. He said some of the changes had been discussed was to add a VTE demonstration on to the infotainment system by each bed. He said this could also be indicated on the leaflet so that they could look at the information using mobile links to podcasts and associated information.

He advised that the Trust was considering updating their local guidelines to be consistent with the NICE guidelines ahead of the re-audit in a year's time.

Prof. Field thanked the speakers and said that the whole area was very important from a patient safety perspective. He asked about the not hitting the previous targets and whether the timings had remained an important target. Prof. Cannaby stated that at the moment she believed that the Trust was still being assessed by the previous time targets in the previous NICE guidelines.

Ms Morris advised that her understanding was that the 2018 guidelines that were being referred to had been fully implemented last year because they include over 16s in that guidance and that the Trust had included elements in the revised guidelines. Prof. Field said that the Trust needed to ensure that the first step was right as the measurement was in relation to this.

Dr Odum praised both the presenters for the work that had been undertaken and said there had been an improvement in the Trust position. He said his view was that you need to get the VTE prophylaxis assessed as early as possible for those patients being admitted because that is the point at which you then gave them protection for the time they were in hospital. He said the second assessment was about tailoring treatment in the light of the assessment process and that the medication prescription was accurate. He referred to new data and that incidents and deaths with VTE across the country had fallen significantly. Prof. Field thanked the speakers for their attendance and presentation and he praised the work undertaken outlining the importance of clinical audit issues being discussed at the board.

Resolved: that the Clinical Audit Case Study be received and noted.

There was a brief break at this point – 11.30am to 11:40am.

Strategy, Business and Transformation

TB.7443: Integrated Quality and Performance Report

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

TB.7444: Operational Plan 2019/20 Update on Strategic Objectives

Mr Sharon introduced the update and advised that it was not proposed that the Trust change the current Strategic Objectives at this point in time and that there would be discussions regarding this in the future. He said the main thing to note was that this was a public facing version of the document had already been submitted to NHSI. He advised that there had been a few amendments to remove typos and the review and revision of the key messages that the Trust wanted to communicate to staff and stakeholders.

He outlined the areas where the Trust wanted to make progress were framed under each of the strategic objectives. He advised that these were; “tackling long stay patients, developing the integrated care alliance and supporting primary care networks, developing our services ensuring use of the opportunity and the digital technology offers working in partnership and pursuing tenders, compassion safety and quality on reference the support the Trust are now given for continuous quality improvement programme, tackling vacancies engagement and dealing with our Summary Hospital-level Mortality Indicator (SHMI) issues.”

He advised that the workforce section of the plan was self-explanatory along with the system referring to financial health. He said the last section of the plan set out what the Trust was proposing to achieve by way of the required national standards and targets. He asked the Board to note that the Trust was not giving a blanket undertaking to achieve all of the targets the Trust had and had been realistic in what was thought to be possible.

Ms Edwards said that she thought the plan was good, short and specific. She recommended that a short summary be included about patient engagement, engaging the public and patients giving information about what the Trust was doing.

Mr Sharon said that he would insert a summary on patient and public engagement as suggested by Ms Edwards.

Ms Rawlings commented on how well presented the plan was and that Medical Illustrations should be complemented as it was an easy to read document.

Prof. Field said he thought the plan was very clear.

Resolved: that the Operational Plan 2019/20 Update on Strategic Objectives be approved

TB.7445: Genomics Update

Dr Odum advised that the report was being presented to the Board for information and provided a summary that the Trust had been involved in the 100,000 genomics project over the last few years, that the Trust had been heavily involved with the ambassadorial appointment made that had linked out across other organisations.

He said that the Trust had contributed towards the genomics' project significantly within the West Midlands and that this had been recognised nationally. He said that the Trust was moving this from the project into genomics' being increasingly regarded as 'business as usual'. He advised that there was the intention nationally to embed genomics' as part and parcel of the clinical performance and diagnostic testing. He said that this would form part of blood testing, genomic sequencing and taking cancer samples and so starting to tailor treatments around the specific cancer types.

He said that cancer advisory boards and rare disease advisory boards and the designated centres across the country were being established. He said the testing would go through an approval process within these boards before the information was sent back to the clinicians and the teams within the Trust that had made the request. He said this would include advice about how they may use the information clinically around cancer treatment and rare diseases.

He said that the reason for this report being at the Board was to highlight that this change would influence future service provision and treatment including education for staff, patients and Boards. He said there would be training and changes in diagnostic testing and treatments.

He said that this was a great opportunity for the Trust in respect of, for example, rare disease and generic counselling and consenting of patients. He said that there was discussion regarding the provision of generic counselling. He said the Trust had 'traditionally' used the women's hospital, where the original counselling service was and, which was tailored and very specific. Dr Odum said the Trust would have to look at how it employed and utilised generic counselling across different organisations so that the Trust had timely input into the results and in supporting the families and individuals for whom this would sometimes have potentially significant consequences.

Prof. Field mentioned that as the Trust had a vertically integrated system the training of the GPs, nurses and primary care staff was also important as part of their multi professional CPD programme. He said that if the front line did not know what was happening and were not up to date then patients would not get the service they required.

Mr Loughton advised that he went to an event to celebrate the 100,000 genomics project and he was the only Chief Executive in attendance. He recognised how this was going to change the face of the way we do things. He said that he thought that Charlotte Hichcock had done a tremendous job with her unique enthusiasm and passion for the project.

Resolved: that the Genomics update be received and noted.

TB.7446: Trust Charity Strategy

Ms Rawlings introduced Ms Bood the Trust Charity Fundraising Coordinator. Ms Bood said that the Trust Charity Strategy was being brought to the Board for consideration and approval. She stated that the Charity mission statement was 'to make a difference to the patients at the Trust, families and staff beyond that was being provided by the NHS'. She said that it was key that the Charity add value where the NHS funding was not possible.

She presented the main aspects of the Charity Fundraising Strategy, comprising the

communication and marketing plan, the new income generation plan and the fund advisors guidance. She said that the development of the fund advisors guidance was new and was to address any misconceptions from fund managers regarding the ownership of the funds and how the distribution process should work to ensure it was overseen by the Charity committee. She advised that the Trust had clarified the process and approval together with the respective roles and responsibilities.

Ms Rawlings said it was hoped that this made it clearer for people who want to access funds through the Charity. She advised that the team had appointed a Community Fundraiser who would support Ms Bood in extending the fundraising activities. She advised that there was a new gaming policy alongside the Trust Unity lottery which was soon to be launched. Ms Bood mentioned this was part of the Community Fundraiser's work plan and a key area.

Ms Rawlings said the Trust had a long term plan and the Charity Strategy was aimed to complementing the priorities for the Trust. She highlighted the themes of the best start in life, aging well and workforce. She said that these were all areas that the Trust Charity was supporting within the funds that it had available.

Ms Bood said that the Strategy was supported by two documents; one addressing income generation plan with targets and priority areas and the second the revised offer to Corporate Supporter organisations. She advised that the Trust aspires to have 50% of the overall fund balances with comprehensive spending plans and would work directly with fund advisors to help them to achieve this and to identify further any grants that they may wish to apply for or any additional fundraising required. She said the Trust had sought to improve the offer to corporate supporters, working even closer with them and analysing the feedback from their donor journey's and experiences of working with the Trust as a local charity to improve the future offer. She believed that part of that work would be increasing the Trust's engagement with corporate supporters through the grant giving applications or lower level fundraising with the supporting organisations employees.

She said that the Trust Charity aspired to develop relationships with the Trust's on-site retailers at New Cross Hospital and Cannock and to continue to utilise the Trust book of celebration as the Trust's public platform to thank all of the supporters for memorial giving and legacies alongside a new legacies and marketing campaign. She said that part of the Community Fundraisers role was working directly with communities, schools education and other establishments, linking in with the local authorities, learning festivals and learning opportunities. She said this would help raise funds for the hospital a fully functioning gift aid campaign and that accessing gift aided donations to the Trust that would generate an additional income of £125K a year for the charity.

She said that the Unity lottery would have a 'soft launch' at the charity and volunteers awards in November 2018 and the Trust would increase awareness around the hospital sites and the community that the Unity lottery supports the Trust Charity. She added that the Trust Charity was looking to host four major fundraising events every year. She gave a brief overview of the levels of fundraising over past recent years including a significant donation from the Goodyear workers. Ms Bood then referred to expenditure and gave some examples supported projects from the last 12 months and the involvement of staff in presenting their business cases to the Charity Committee.

She said the Charity communication and marketing plan would help raise awareness of the work of the Charity and support the income generation activities. She said it was the intention of the Charity to release a minimum of two press releases a month, increase its presence on social media and widen the distribution of the charitable newsletters.

She referred to the Charity being the only preferred 'charity of choice' across the Trust and how that might impact on income generation activities. Ms Bood said that a paper was being prepared regarding future trading activities together with an online retail shop to support the

Charity. She advised the team was looking for a physical space in the form of a 'hub' to provide a public facing space for communication with the Charity team.

Ms Rawlings said it had been difficult to spread the word of the Charity in some areas as locally staff and patients tended to raise funds for their own Charities within the hospital. She said it was preferable to make sure people are aware of the Trust Charity as the 'preferred charity' that would work with other fundraisers in shared partnership as in other hospitals.

Mr Loughton said he would make enquiries about some space for a hub.

Dr Odum asked what was the 'preferred charity' for the Trust and he said there were quite a few charities within the Trust and was there any suggestion that they would be taken out.

Ms Bood said they all fall under the umbrella of the RWT Charity and the proposal was to work together in future.

Mr Stringer mentioned that there were a number of charities on site, such as Macmillan and Barnardo's – he said the question was how the Trust Charity worked with these organisations in the future. He said there should be the opportunity to share with the Trust Charity as the umbrella charity first and then the visiting charity second.

Ms Rawlings said the Trust Charity did not want to put staff off raising funds for charities which are dear to their hearts but the Trust Charity did not want them to forget that they work for a Trust with its own Charity and that they could have greater influence on the use of funds through the Trust Charity.

Prof. Field said that when the strategy was brought back for future review he would be very interested to know how the Trust sits with this Charity work compared with other local Trusts and similar other Trust country-wide. He said he would also like some more information regarding the Unity lottery scheme and he agreed that the gift aid situation was a phenomenal potential benefit. He said it was important to bring things together without reducing the enthusiasm of the fundraisers in services. He said it was a really good strategy and this was an area which he believed needed more discussion on in the future. He thanked Ms Bood and Ms Rawlings for the presentation.

Resolved: that the Trust Charity and Fundraising Strategy be approved.

TB.7447: Patient Experience, Engagement and Public Involvement Strategy 2019-2022

Prof. Cannaby introduced Ms Morris and Ms Dowling who gave a brief introduction to the Strategy. Ms Morris advised that this was a new strategy that set out the Trust's aims for Patient Experience, Engagement and Public Involvement for the next 3 years. She said that the Strategy outlined the keys aspects of how the Trust proposed to engage with patients more productively and demonstrate that the Trust truly listened to patient's views in shaping and improving services. She stated that the Trust had further ambitions regarding the use of data in driving improvement across the organisation. She said the Trust aimed to ensure that patient experience was at the heart of all services.

She advised that the Strategy had been consulted upon widely with a variety of staff and external stakeholders and that views of the strategy had been positive. She pointed out that the new Strategy replaced the previous public engagement strategy and it also included elements from the Trust's public engagement strategy together with elements from the quality and safety and patient experience strategy that was also being revised. She said that approval was sought for the new Strategy.

Ms Edwards welcomed the paper and said she was really pleased and delighted to see the Strategy and the definition of the measurable things that the Trust wanted to achieve being included.

Mr Sharon commented that he thought it was a really good Strategy. He pointed to an inconsistency on page 5 where it referred to a 'vision statement' and he asked whether this needed to be made clearer and consistent depending on if referred to a vision statement or to the vision statement of the Trust. He also mentioned that the alignment should be checked between the Trust vision regarding 'providing an outstanding experience for patients' as opposed to 'meeting patients expectations' contrasted with one of the Trust values of exceeding expectations. He asked that it be made clearer which was referred to the patient experience strategy and that it was consistent with the Trust vision and values. Ms Morris advised the feedback was helpful and would attend to the amendments accordingly.

Ms Rawlings said that she was interested to see the strong commitment to co-production mentioned throughout the Strategy. She said that in her experience it was a big step from consultation to co-production and she asked how the Trust was going to make sure that this happened, given the environment of targets, bureaucracy and control to make sure that we can have meaningful co-production.

Ms Morris said she recognised the context and that the Strategy was therefore based on incremental improvements within the context for delivery. She said that the Trust did not commit to co-production in every element or aspect of service but would extend the principle and practice as far as possible. She said the Trust already had teams that engaged with patients in that way.

Ms Rawlings said the Strategy mentioned the development of the role of patient experience champions and she wanted to know what support they would have to make an impact in their area on future service design and delivery.

Mr Duffell said the champions were a relatively new concept and there were already a number of champions in some specialities and so he expected the existing model would be used and mirror existing champions. He advised that the Trust also had a Council of Members who would be part of the support and enablement of the champion roles.

Ms Morris advised that the initial intention was to have a champion in each division where possible but that this would require the recruitment of more champions. She said the intention was to grow the champions role from the initial concept into a wider reality.

Ms Rawlings said it would be interesting to see how the impact of the champion role was measured and demonstrated over time.

Prof. Field commented that he thought it was a very good Strategy and congratulated the presenters and thanked them for their work. He advised that, coming from a CQC background, he was aware that this was developed in a social care context where co-production was central to service development and service delivery. He said it is clear that this is what was required here. He believed the challenge for the Trust would be that of being a vertically integrated organisation and how the Trust would ensure that the co-production and engagement included all elements across secondary, community, primary self-care. He asked that when this was brought back to the Board on reporting progress that it included feedback specifically on services across the areas of 'handoffs'. He thanked Ms Morris and Ms Dowling.

Resolved: that the Patient Experience, Engagement and Public Involvement Strategy 2019-2022 be approved subject to amendments mentioned above

Finance and Performance

TB.7448: Report of the Chief Financial Officer – Month 2

Mr Stringer introduced the report and highlighted two items. He first referred to the new format of the report and welcomed any comments. He said Ms Martin had requested for month 2 to provide more graphical representation of detail. He then highlighted the two key objectives for the year - removing RWT waiting lists and the production of the medium term financial plan, details of which would be provided to future Board and Board Development meetings. Ms Edwards confirmed these had been discussed and agreed at the Finance and Performance Committee.

Resolved: that the Month 2 Finance Report be received and noted.

TB.7449: Chair's Report of the Finance and Performance Committee 22 May 2019

Resolved: that the Chair's Report of the Finance and Performance Committee 22 May 2019 be received and noted.

Governance, Risk and Regulatory

TB.7450: Chief Nursing Officer's Nursing Report

Prof. Cannaby advised the report was a nursing report at the moment and that in the near future this was to change to include the wider non-medical workforce, such as AHP's. She highlighted the items in the report summary for the attention of the Board.

Prof. Field reminded non-executives wishing to raise issues of detail within Director reports were advised where possible to ask the responsible Directors prior to the Board meeting so as to allow time for gathering of any further data or information in readiness for the Board meeting.

Resolved: that the Chief Nursing Officer's Nursing Report be noted.

TB.7451: Chief Nursing Officer's Governance Report

Resolved: that the Chief Nursing Officer's Governance Report be noted.

TB.7452 : Trust Annual Report and Annual Governance Statement (Approved by Audit Committee)

Resolved: that the Trust Annual Report and Annual Governance Statement (Approved by Audit Committee) be noted.

TB.7453: Trust Draft Quality Account

Mr Wilshere advised the Trust Draft Annual Audit Report, including Annual Governance Statement (AGs) had been approved by the Audit Committee, in line with the previously delegated responsibility and that it was now brought to the Board for information following Audit Committee approval.

Ms Morris advised the Quality Account remained draft at this point and that the final version was to be published by 30th June. She said that some data was still awaited and there was some further information internally to be included within the Quality Account which was at the time going the governance process. She asked that the Board approve the delegation of the final approval of the Quality Account to the Quality Governance Assurance Committee who met just

prior to the completion date. She said that the approved Quality Account would then be provided to the next available Board meeting for confirmation.

Resolved: that the delegation of the approval of the Trust Quality Account to the Quality Governance Assurance Committee (QGAC) be approved

TB. 7454: Chair's Report of the Audit Committee of the 24 May 2019

Resolved : that the Chair's Report of the Audit Committee of the 24 May 2019 be noted

TB. 7455: CQC Well Led- Verbal Update

Prof. Cannaby advised that all information in response to the initial set of requests Provider Information Return (PIR) had been provided to the CQC. She advised the Trust was on track with the further information and clarifications requested by them. She said it was expected that there would be an unannounced inspection in the next 8 weeks

Prof. Field advised that he had spent half a day with estates and catering department at the Trust and with the manager, Sandra Roberts, who he thought was an exceptional leader and manager. Mr Loughton advised she had recently received an award for estates manager of the year. Prof. Field was pleased to see the outstanding commitment and enthusiasm. He said he felt that this showed that people in the Trust wanted to work as part of the organisation. He said their commitment was seen in the work they were doing such as, for example, the food preparation and care with which meals were prepared and seen as contributing to patient's recovery, health and wellbeing.

Ms Edwards said that the catering staff worked very closely with the dietitians to ensure that they had an understanding as to why it was that what they were doing was so important and worthwhile.

Resolved: that the CQC Well Led- Verbal Update be noted

People and Engagement

TB.7456: Executive Workforce Report

Mr Duffell asked the Board to note that given the budget establishment started in the financial year that automatically covered the change of vacancy levels because you change the nominable levels used for the report. Prof. Field said that a Board Development Session focussed on workforce issues in the future would be helpful.

Ms Edwards asked about the figures on page 8 regarding midwifery staff levels over 12 months and asked whether the Trust services was dealing better at planning for requesting temporary staff. Mr Duffell advised the Trust was continuing to better plan more in advance rather than short notice and short-term vacancy planning, coupled with more permanent staff and reducing vacancies in some areas. He said he believed that this was a potential success story due to a combination of factors rather than a single thing.

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

TB.7457: Finance and Performance Minutes 24 April 2019, QGAC and Audit Committee Minutes 24 April 2019

Resolved: that the Finance and Performance Minutes 24 April 2019, QGAC and Audit Committee Minutes 24 April 2019 be received and noted.

General Business

Any other Business

TB.7458: There was no further Business raised.

Prof. Field advised he had not been notified of any other business of public board

Mr Wilshere advised that the City Council of Wolverhampton had confirmed by letter the reappointment of Zee Russell as the liaison for the Trust Board.

TB.7459: Date and time of next meeting:

1 July 2019 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

TB.7460: 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.

Reading room there was one document in the reading room with regard to the CQC Insight

The meeting closed at 12:20 pm