

Minutes of the meeting of the Board of Directors held on 5 August 2019 7 October 2019

Three wavy lines in blue, green, and pink/magenta colors that sweep across the bottom of the page.

Agenda Item No: 2.0

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 5 August 2019 at 10 am in Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:

Ms M Martin	Non-Executive Director - Deputy Chair
Prof. A-M Cannaby (v)	Chief Nurse
Mr A Duffell	Director of Workforce
Mr M Sharon	Director of Strategic Planning and Performance
Mr J Hemans	Non-Executive Director
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 R Dunshea	Non-Executive Director
Mr K Stringer (v)	Chief Financial Officer/Deputy Chief Executive

(v) denotes voting Executive Directors.

IN ATTENDANCE:

Mr K Wilshere	Company Secretary, RWT
Ms S Banga	Senior Administrator, RWT
Ms A Downward	Senior Communication Officer, RWT
Mr S Patnaik	Healthcare Account Executive – Midlands Region
Ms N Davies	CQC
Ms T Palmer	Head of Nursing and Midwifery, RWT (items 7.3, 7.3.1 and 7.3.2)
Ms S Hickman	Health & Safety Improvement Coordinator, RWT (item 7.6)
Ms M Simcock	Compliance Manager, RWT (item 7.6)
Ms M Morris	Deputy Chief Nurse, RWT
Mr M Foley	Head of Medical Physics & Clinical Engineering, RWT (item 10.4)
Mr A Neale	Pre-reg Clinical Scientist (Nuclear medicine), RWT (item 10.4)
Mr M Wood	Chief Clinical Technologist, (Section Head, EBME), RWT (item 10.4)
Mr L Price	Chief Clinical Technologist (Radiotherapy), RWT (item 10.4)

APOLOGIES:

Prof. Steve Field CBE	Chairman
Mr S Mahmud	Director of Integration

Part 1 – Open to the public

TB.7522: Apologies for absence

Ms Martin opened the meeting and welcomed those in attendance. She said she was chairing the meeting as Deputy Chair as apologies had been received from the Chairman, Prof. Field, and from Mr Mahmud.

TB.7523: 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 provided and reviewed.

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

TB.7524: Minutes of the meeting of the Board of Directors held on 1 July 2019

Mr Duffell pointed out an amendment to page 7, item TB7483, the word “practices” to be inserted after people.

Resolved: Subject to the above amendment that the Minutes of the Board of Directors held on 1 July 2019 be approved as a correct record.

TB.7525: Matters arising from the minutes of the meeting of the Board of Directors held on 1 July 2019

There were no additional matters raised.

TB.7526: Board Action Points

4 February 2019 TB 7198/TB 7148/TB 7378

Maternity Cap and Activity Update Report

Ms Nuttall provided an update that discussions had taken place with Ms Palmer, Prof. Cannaby and Dr Odum at which it was agreed that the maternity cap for the Trust would be removed with effect from the 1st September 2019. She said she was in the process of informing the relevant commissioners.

Action: it was agreed that this Action to be closed.

1 July 2019/ TB.7481

Staff Voice

Ms Rawlings said that she had visited A7 to see the issue that had been raised by staff regarding the shortage of staff toilets. Mr Loughton said he had spoken with the staff concerned and noted that the situation was more complicated than it had first appeared. He re-iterated that he would report back due progress as soon as it was available.

Action: it was agreed that the action remain open with a next check date of the November Trust Board.

1 July 2019/ TB.7483

Learning lessons to improve our people

Mr Sharon advised this action was not due until October.

Action: it was agreed that this action be scheduled for the Trust Board of 7 October 2019.

1 July 2019/ TB.7496

Integrated Quality and Performance Report

Ms Edwards reminded the Board that this action was for Mr Mahmud to produce a document of the work currently being undertaken and planned. Ms Martin said this action be discussed with Mr Mahmud and the document to be prepared for the next Board Meeting

Action: it was agreed that this action be scheduled for the Trust Board of 7 October 2019.

1 July 2019/ TB.7496

Integrated Quality and Performance Report

Mr Wilshere confirmed that a Board Development session regarding cancer referrals had been arranged.

Post-meeting note: Due to the impending change in the Trust Cancer lead Clinician, this was re-scheduled from the 16 September 2019 Board Development Session (BDS) to the BDS on 16 December 2019.

Action: it was agreed that this Action be closed.

TB.7527: Patient Story

Prof. Cannaby introduced the patient story which focussed on a complaint received from the daughter of the patient, following the treatment of the patient where the results of the patient's loop recorder had not been picked up and acted upon.

She said that following the complaint, the relative had seen the action plan and she was now more satisfied with how things had been addressed. Dr Odum said that the lesson learnt in this case was that there had been a delay in reviewing the recordings which highlighted there was significant abnormality. He said part of the action plan was managing this preventable to ensure it could not re-occur.

Mr Dunshea asked why there had not been an acceptable response to the initial letter of complaint.

Prof. Cannaby said she did not believe the responses had been written to be dismissive but that there perhaps had not been sufficient care with and in the language and terms used in a response to a letter of complaint. She said that many responses were well written but that occasionally the Trust needed to be mindful of the language that was used in such responses and this was double checked. Mr Loughton said that responses were checked but that occasionally mistakes could occur. Mr Dunshea asked why it had not been highlighted in this case. Mr Loughton said it had not and that he had offered to pass the matter on to the Ombudsman. Prof. Cannaby said that once it had been realised there had been an error, the subsequent contact and learning had been well received.

Ms Martin asked whether the relative in the video had been thanked. Prof. Cannaby said the relative had been thanked and that there had been many conversations with the patient's relative who had recognised that there were errors made by the Trust however she said she was really pleased to have had the opportunity to do the video and had spoken about the lessons which the Trust had learnt from the situation.

Resolved: that the Patient Story be received and noted.

Chief Executive Report and TMC Report

TB.7528: Chief Executive's Report

Mr Loughton highlighted in his report the appointment of a joint Paediatric Consultant with Birmingham Children's Hospital, the appoint of 3 pathology consultants and the continued recruitment focus that had resulted in positive appointments for the Trust.

Mr Loughton said that he had visited the Telford Campus for the University of Wolverhampton and had obtained insight into other career and training opportunities that could be explored to the benefit of the University and the organisation. He highlighted that the Trust employed a significant number of engineers and this was something that could be looked at within the University for future trainee's and recruits.

Mr Loughton added that he had attended a number of Getting it Right First Time (GIFRT) reviews and that he had learnt a great deal more about the work to develop pockets of best practice. He said he enjoyed attending such visits that gave him new insights.

Mr Loughton said that he had attended the final interviews for the appointment of Professors at the University of Wolverhampton on the 18th June and he said the Vice Chancellor of the University had confirmed that 7 Professors had been appointed and that they included Dr Thillagavathie Pillay, Dr Helen Steed, Dr David Churchill, Dr James Cotton, Dr Matthew Brookes, Dr Supratik Basu and Professor Rousseau Gama who was already a Professor at Aston University and whose work would contribute to the research profile of the University. Mr Loughton asked that a letter be sent from the Board congratulating the Professors on their achievement.

Action: it was agreed that a letter of congratulation be sent to the professorial recipients on behalf of the Trust Board.

Mr Loughton said he had met with David Rosser, Chief Executive of University Hospitals Birmingham NHS Foundation Trust (UHB) to discuss the potential for joint initiatives and appointments relating to continued innovation and he anticipated by the next month's Board meeting that there would be a formal agreement presented to the Board for ratification regarding future working together with UBH on innovation initiatives.

He said the Trust had taken part in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R inspections from the CQC in the radiology and radiotherapy departments and he said both had performed exceedingly well.

He went on to highlight his recent meeting with Andy Street, the Mayor of the West Midlands Combined Authority (WMCA), whom he had shown a number of innovation schemes the Trust was progressing. He said discussions had also taken place on how the Combined Authority might assist the Trust with capital and that discussions had been initiated regarding this.

He said as the Trust employed its own public health consultants, the Mayor was looking forward to continuing to work with the organisation to develop the public health agenda focussing on reducing the impact of obesity and improving the early years of life.

Finally Mr Loughton advised he had presented a Royal Award to Dr Daryl Leung.

Resolved: that the Chief Executive's Report be received and noted.

TB.7529: Chair's Report of the TMC held on the 26 July 2019

Mr Loughton introduced the report and referred to the items in the summary.

Resolved: that the Chair's report of the Trust Management Committee (TMC) held on 26 July 2019 be received and noted.

Patient Safety, Quality and Experience

TB.7530: Learning from Deaths Update

Ms Martin reminded Board members that the update was in support of and reference to Strategic Risk 12 on the Trust's Board Assurance Framework.

Dr Odum said the highlights of the update were that there had been a small reduction in the Summary Hospital-level Mortality Indicator (SHMI) to 1.19 and that the latest NHSI Digital release indicated a reduction in observed deaths and an increase in the expected death rate.

He said that Clinical Quality Improvement initiatives had been formally imbedded into the Learning From Deaths agenda focussing on two areas, namely sepsis and pneumonia management. He referred to the graph on the last page of the report and said there had been an improvement in triage and administration of antibiotics in the Emergency Department and he said the team were looking to see how they could maintain the improvement in the management of sepsis and pneumonia which would then be rolled out across the ward areas.

Dr Odum said the work that Price Waterhouse Cooper (PWC) consulting were doing had been helpful. He said that they were highlighting submitted data with queries regarding the risk attribution to see whether it was accommodated with the episode, alongside reviewing whether queries were being critically reviewed by the coding department and the clinicians. He said this was to highlight the point that coding needed to be as accurate as possible and that the work between the clinicians and coders was critical to achieving this.

He provided an update on the progress with the Structured Judgement Reviews (SJR) . He said all caseload reviewers had now been appointed and it was expected that there would be a change in the backlog of SJRs with a reduction in the waiting over the next 4 to 6 weeks.

Dr Odum then referred to work being undertaken in the medical examiner's office. He advised that the bereavement nurse was now in post and Stuart Hutchinson, the lead medical examiner had stepped down in his post and was being replaced by Mike Nurrell. He said work was in progress in reviewing deaths, logging those onto the database and completing the review processes, which he said could take up to 3 to 4 months to complete.

He said the education sessions across the organisation with the Directorates and Clinical Directors had helped alongside the work that had been done between the coders and the clinicians. Dr Odum said that the organisation was looking to create a policy that allowed the organisation to formalise the agreement of the coding between coders and clinicians in the way that the required information was accurately and fully captured and that did not contravene coding standards. He advised this was all positive news and progressing well.

Ms Edwards agreed that the recruitment of a bereavement nurse was very encouraging. She asked what the organisation's plan was for improving the engagement of bereaved families and carers as per the learning from deaths guidance, in having the active engagement of families. She also asked how the organisation would support relatives and carers if there were concerns about the treatment that their family member or cared for person had received.

Dr Odum said that was already in place and working well. He said the medical examiners and bereavement team contact the next of kin to obtain initial feedback and discuss the care provided. He said the feedback received was generally positive and welcomed by those families. He said all the relatives needed to be captured by the Trust and due to a logistical issue this was work in progress. He said that in some cases the calls being made were still unexpected by the relatives and the bereaved, and further work was being done by the medical examiners and bereavement nurse to revise and improve the information made available following the loss and included in the pack of information about what happens next. He said he believed this required a sensitive and focused approach.

Mr Loughton pointed to the improvements to the bereavement suite and its location which he said had reduced the numbers of complaints. He also said that the Trust would have discussions with the CCG regarding the impact of the improvement in coding practice that would impact on the number of mortalities and might also increase CCG payments. He said the Trust had interviewed for and recruited four palliative care consultants. He said the Trust needed to work to reduce the number of deaths in the hospital and he highlighted the role of the palliative care consultants who provided support not only for cancer patients but also people that were reaching the end of life. He said a lot of work had been done by the Trust to identify such patients that were in their last months of life and provide a range of support to them and their families through the final stages.

Ms Rawlings asked about the mortality reviewers and whether the Trust had managed to recruit as many as were expected and whether they required training or were able to commence work straight away. Dr Odum advised the Trust had employed both medical and non-medical reviewers. He believed the role would become more popular as he believed people would enjoy undertaking the reviews. He said that each review took approximately 2 hours to complete and that the completion was included in their job plans. He said to his knowledge most were trained and if they were not trained they had the relevant experience to do so.

Mr Dunshea asked about the education of clinicians. He said he believed there was a low number of clinicians who had attended coding training sessions. Mr Loughton said this was ongoing training. Mr Dunshea said that one of the paragraphs within the report mentioned a nursing theme around nutrition and hydration as an area of concern and he said the third area of concern was the table on page 2 which mentioned the SHMI expected deaths observed between March last year and February this year. He said his concern was the Trust doing a lot of work on trying to get the numbers right but from a population, public and patient prospective he was concerned that was there evidence of sub optimal care.

Prof. Cannaby said from a nursing prospective the Trust additionally undertook specific nursing care and mortality reviews with any findings fed back to the mortality group. She said ward managers completed the comprehensive reviews within three weeks and on week 4 it was peer reviewed to ensure consistency in what was considered as fundamental standards. She said there was also focus on the education through the Trust's 'share to care' programme. She said she was confident that this would all be monitored. She said there were times when the Trust did not get it right so the Trust was making sure that nurses had ongoing education as fundamental continued with high quality. She said the Trust had concentrated on hydration and nutrition in particular as fundamental aspects of care.

Dr Odum said the focus within the education programme referred to aspects of medical care as the dominant issue. He said the Trust was focusing on the liaison and training between coders and clinicians in the acute medical unit and some speciality wards. He said presentations had been and were being provided at governance meetings, attended by coders and clinicians in the ward areas, as well as formal presentations as part of the Care Quality Improvement programme (CQIs) with Clinical Directors together with other interested staff.

He said the most important point was the coders and clinicians discussing together notes and agreeing what the primary and secondary diagnosis was and what the co-morbidities were. He said any findings in cases of poor care were relatively few and in any cases where poor medical care was indicated were escalated to a formal serious incident and root cause analysis (RCA) investigation. He reiterated that any cases of avoidable death included the process of notification to the Board. Mr Loughton pointed out that Wolverhampton had the highest mortality rates in the country in terms of alcohol related deaths. He said there was importance in how such information was shared and that it was important for the Trust worked together with colleagues in Public Health to better tackle this.

Ms Martin said that there was evidence that positive progress was being made and work being undertaken.

Resolved: that the learning from deaths update be noted.

TB.7531: Clinical Audit Programme Update

Ms Martin said that the Clinical Audit Programme update report had been considered at a number of the Board sub-committees.

Mr Dunshea said he did not feel that the report brought out the patient benefits of clinical audit. He said that Appendix 5 had a lot of information about the detailed findings in terms of all of the work that was undertaken but there was not specific mention of what the benefit was to patients and their care. He said these were the things he thought the report should have at the front as the headlines and for sharing across clinical areas and staff.

Dr Odum said these were comments that had been made previously and were considered. He said it was difficult to produce a report which included a large volume of work in many different areas which required capturing. He said he was happy to discuss this in more detail with Mr Dunshea in terms of how he felt that maybe this could be brought forward more. Mr Dunshea said the report needed to promote the message of the key successes which the audits had found, had identified things of concern and what had been done to change or improve things and with what result or impact. Ms Nuttall said as a Board the organisation needed to consider how it captured the best of the benefits across all audits.

Ms Edwards said that report did say there was a need to integrate what the junior doctors were doing alongside the increasing quality improvement work. She said she believed one of the things the Trust needed to do was focus on what the Trust was auditing and why.

Mr Sharon said the Continuous Quality Improvement team (CQI) was now involved in talking to the junior doctors and helping them identify relevant clinical improvement topics that may be of wider use and interest to services as well as meeting their education requirements.

Dr Odum mentioned from previous reports the Trust had come a long way in having achieved improved coverage and quality of audits. He said he had seen some of the recent reports that the junior doctors had produced and that they had been excellent in highlighting information around clinical performance within an area together with creating an action plan to resolve any issues found.

Resolved: that the Clinical Audit Programme update be received and noted.

There was a brief break from 11:05 am to 11:15 am

Governance, Risk and Regulatory

TB.7532: Chief Nursing Officer's Nursing Report

Prof. Cannaby introduced the report highlighting that 123 nursing students were commencing placements in the Trust in September. She advised that 67 nurse fellows had been offered posts and 55 internal staff had been identified as either wanting to do top up degrees or masters degrees, both of which were good for the retention of nurses. She said there were still a few areas which required improvement with regard to recruitment and that on a whole she was really pleased with the progress reported.

Ms Edwards queried on page 7 of the report regarding patient falls - the second sentence referred to "a number of CQI projects have resulted in a drop in numbers but also created a social medium towards an intolerance of falls being avoidable than previously thought". She asked what that meant. Prof. Cannaby said Vanessa Whatley the Deputy Chief Nurse was leading that piece of work concentrating on looking into every fall to identify what could be done in future to avoid the fall or amount of harm, and to reduce the overall number of all falls. She apologised for the way it was written within the report if it was not clear. She explained a similar 'zero tolerance' approach had had positive results and impact in the past on other apparently intractable issues.

Mr Dunshea asked whether patient condition acuity was being considered in the workforce ratios in outpatients departments. Prof. Cannaby said it was. She said that although there was no national tool it involved locally a lot of professional judgment and benchmarking. She said the Trust was quite advanced in looking at acute dependency in wards and was now concentrating on other areas including out patients. She said when the Board next received the biannual skill mix report this would illustrate the benchmarking and professional judgments. Mr Dunshea asked when the Trust would be receiving results of this piece of work. Prof. Cannaby said this was due in the next skill mix report along with the emergency department, theatres and paediatrics in the current round and outpatients probably in January 2020.

Mr Loughton congratulated Prof. Cannaby for the great achievement in nurse and nursing clinical fellows recruitment in such numbers. He reminded the Board that the Trust had not used any agency nurses since 2005. Prof. Cannaby highlighted that the Trust education service was offering health care support workers the opportunity to complete their Maths and English to level 2 so they could meet the entry requirements to progress their training as nurse associates if they wanted to. She said there had been a lot of interest in this initiative.

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

TB.7533: Chief Nursing Officer's Governance Report

Prof. Cannaby introduced the report and highlighted work that had been undertaken of reviewing all Trust policies and procedures and the amendment and redesign of the access through the Trust intranet. She advised that this had been and was a large piece of work which was undertaken by the Company Secretary's team, nursing team, governance team and web team with the involvement of medical staff and Directors. She asked that the scope and achievements of the work undertaken be recognised by the Board. Ms Martin said the hard work undertaken for the policy and procedures reviews was noted.

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

TB.7534 : Midwifery report

Ms Palmer introduced the 6 monthly update report for the Board. She referred to the highlights of the report including the position regarding midwifery staffing. She said she was really pleased to report to the Board that the Trust had maintained and sustained a positive and strong position in terms of midwife to birth ratios with the current level being that which the Trust had strived to achieve of 1 to 27/1 to 28. She said the Trust was one of very few maternity units nationally that had achieved that ratio. She also mentioned the Trust's birth rates had decreased slightly over the last year and there had also been a national reduction in the overall birth rate. Ms Palmer said that the Wolverhampton decrease was in part due to the service at Walsall lifting its cap. She also referred to the midwifery service review which took place in March this year by NHSI and that the Trust received very positive feedback.

Resolved: that the Midwifery report be received and noted.

TB.7535: NHS Resolution: Clinical Negligence Scheme for Trust (CNST) Maternity Incentive Scheme

Ms Palmer introduced the report advising that this was a scheme by NHS Resolution where the department of health rewarded Trusts that met the set standards. She said that a large amount of work had been undertaken to demonstrate compliance with this scheme and she was happy to report that the Trust was declaring itself to be fully compliant with the 10 standards. She said that the next steps were for the Board to acknowledge the intention to declare being fully compliant. She said the declaration would then be presented to commissioners and then be submitted. Ms Palmer said this process was currently being worked on and had tight timescales involved.

Resolved: that the NHS Resolution: Clinical Negligence Scheme for Trust (CNST) Maternity Incentive Scheme be received and the declaration of compliance approved.

TB:7536: Perinatal Mortality Report Clinical Negligence Scheme for Trust CNST Safety action 1

Ms Palmer advised the report was prepared in compliance with the former Clinical Negligence Scheme for Trusts (CNST), now NHS Resolution (NHSR) that would in future be presented quarterly to the Board. She said safety action 1 concerned the use of the perinatal mortality review tool which had various standards and recommendations the Trust was expected to achieve. She confirmed that the Trust had met the required standards and this report was for noting that by the Board.

Mr Dunshea asked how the Trust assessed patient experience and the feedback in this service. He also asked, with regard to point 3.8 of the midwifery report in relation to continuity of care and the challenges together with views, as to how realistic it was that the Trust could manage all those aspects.

Ms Palmer said the Trust undertook the national patient survey yearly in February. Ms Palmer said the Trust also conducted its own in-house patient experience survey through the Trust's Patient Advice and Liaison (PALs) team the results of which had proven to be really positive. She said the Trust was using the same questions as the national survey to benchmark the position between national surveys. Ms Palmer said a patient representative was also involved in quarterly feedback meetings using a variety of data and information from patient contacts and views. She said the Trust also had former patients who helped with improvements to the patient information leaflets.

She said that continuity of care remained a challenge as the models expected had not been sustainable. She agreed with the importance of continuity of care and said there had been local investment from the Trust's local maternity systems to evolve other ways of delivering the same continuity and benefits but in a different way.

She said that the funded pilot for this work would conclude in the next year. She said the Trust had looked at targeting vulnerable women in line with the 5 year plan. She added that the Trust had a continuity pathway of service delivery that was being monitored. Ms Palmer said the Trust was also looking at intrapartum hand over of care so the women would know the person who would care for them during the next time period.

Mr Duffell asked, under section 3.8 of the midwifery report regarding workforce needs, when the work would be concluded as part of the wider STP work. Ms Palmer said the demand and staffing models work would enable the Trust to have a good idea of workforce needs. She also referred to work at tracking the movement of pregnant women around the patch and impact on continuity of care when they access services from a variety of providers.

Ms Rawlings congratulated the staff in achieving the Peri-natal maternity target in section 7.3.2. She asked about the figure on page 3 that said that 50% of all deaths of babies had been reviewed by the Multi-disciplinary Team (MDT) when the previous year the Trust had achieved 100%. She asked whether there had been an issue about and how long over the due date the Trust was.

Ms Palmer said the reason for this was that the Trust was using the national toolkit for reviews that included a digital tool so such reviews were updated over time. She said very recently the Trust had reviewed its governance process and provided an extra layer of governance through a joint perinatal forum looking at cases in much more depth. She said this was taking longer for the reviews to be completed across the country.

Ms Rawlings asked whether the trust had benchmarked this information. Ms Palmer said that some Trusts had not achieved the Trust figure and that overall she thought the Trust was on track and where it needed to be with the reviews and timescales.

Mr Dunshea said the report mentioned an increase in neonatal deaths between this year and last year and asked whether that was significant. Ms Palmer said it was not statistically significant.

Mr Stinger congratulated Ms Palmer and her team on achieving compliance with the standards as he was aware that they had been issued late and involved considerable challenges.

Mr Loughton congratulated Mr Palmer and her team on their work and obtaining excellent and outstanding practice. He said he was working with Ms Palmer and the team on looking at what the predicted referral levels were so that the cap could be removed. He said he was shocked by the rates of smoking in pregnancy and that Wolverhampton had one of worst rate of smoking teenage mothers in the country. Ms Palmer advised that the Trust was working with public health and NHS England to target the more vulnerable groups of the teenage mums particularly and that it was a challenge.

Mr Hemans asked whether there were any studies on vaping in pregnancy.

Ms Palmer said there had not been a lot of research done into vaping in pregnancy but the latest national reports had mentioned that vaping was safer than smoking because you are not getting the toxins from the smoke. She said it was therefore safer although there was still a risk. She said the Trust offered very brief advice to women and some were using vapers rather than smoking after the advice. She said using vapers was not classed in records as smoking at the time of delivery. Mr Loughton said he had not seen any research into vaping during pregnancy.

Resolved: that the Perinatal Mortality Report Clinical Negligence Scheme for Trust CNST Safety Action 1 be received and noted.

TB.7537: Chair's Report of QGAC

Ms Edwards introduced the Chairs report.

Resolved: that the Chair's report of QGAC be received and noted

TB. 7538: Board Assurance Framework

Mr Wilshere confirmed the outstanding risk had been updated by Dr Odum and would be included in the next Board papers.

Resolved: that the Board Assurance Framework be noted.

TB. 7539: Health and Safety Annual Report

Ms Hickman presented the report and advised the Board that it had been reviewed in detail at the relevant Board sub-committee, the Quality Governance Assurance Committee (QGAC) and at the Trust Management Committee. She highlighted that the total number of incidents related to health and safety had reduced compared with the previous year.

She said that in April 2018 a mandatory training e-package was introduced which showed a positive 95% compliance at the end of the year. She outlined that the Trust was investigating an estates premises assurance compliance model that involved an assessment of compliance against standards of health and safety and that had improved compliance so far.

Ms Hickman also highlighted the continuing issues in dealing safely with sharps. She said that although the overall number of incidents had reduced, the level of sharps incidents had remained broadly the same. She outlined that there had been further work on safe handling and disposal that was expected to show an improvement during the first quarter of the current year.

Ms Hickman said that although the Trust's overall health surveillance programme had improved, there remained two areas that required further consideration and improvement – these related to incidents that occurred; whilst driving for work and; the use of tools that resulted in hand and arm vibration injuries. She said these were being tackled in conjunction with the occupational health and wellbeing team. Ms Hickman then referred to the remaining outstanding departmental audits and updated the Board that all these had now been undertaken.

She advised there was one safety alert currently outstanding – NHS/PSA2018/005 - relating to patients at risk of autonomic Dysreflexia. She said that there had been progress on the actions to address the alert and she anticipated that it would be closed in the next quarter of the current year. Ms Simcock said the remaining action related to the reporting to the external monitoring system. Ms Hickman said this was where a patient had a spinal cord injury and was at risk of valve dysregulation.

Ms Simcock then referred to other work undertaken by the Trust's Health and Safety Steering Group looking at the health and safety related assessment and practice in tenanted buildings used by Trust staff and patients. She said a piece of work had commenced to ensure such premises met all compliance requirements.

Mr Duffell referred to section 8 where 13 objectives were listed. He asked what the time scales were for the completion of these. Ms Hickman said the action plan was for the whole year and therefore they would be completed over the next 12 months. She said the Trust reported internally on a monthly basis the progress on compliance to the oversight group that monitored delivery against timescales.

Mr Duffell referred to the influenza preparedness and prevention for patients and staff as a critical issue given the emerging picture from the southern hemisphere. Ms Hickman said the Infection Prevention Control Group (IPCG) lead on the Flu Vaccination programme for the Trust reporting to the Health and Safety Steering Group with target and timescale rates reported to the Compliance Oversight Group (COG). Prof. Cannaby advised that the Influenza Preparedness Group had been established and was operational. Mr Loughton asked that when they feed into that could some details be obtained on the deaths and age range of patients in the southern hemisphere last week versus this week. Prof. Cannaby advised that Matt and the team were monitoring this and said the Trust's campaign would be slightly different this year and quite hard hitting.

Mr Loughton asked about the nature of the driving for work issue. Ms Simcock advised that the Trust was focusing on portering, estates and community staff covering the use of site vehicles such as tugs, and staff who use their cars on a regular basis for work. Mr Loughton highlighted the data from a recent Audit presentation at the Trust Management Committee (TMC) that had found that 13% of doctors working at the Trust had been involved in a road traffic accident driving home after a night shift. He voiced his concerns about this apparent high level and said that if it was the case for Doctors then it was likely to be the case for all shift workers to some degree.

Ms Simcock said the current focus was on staff who used their cars as part of their working day between sites and attending community locations such as District Nurses. Mr Loughton asked whether the Trust gathered or held information on staff who had been involved in a road traffic accident on their way home following night work. Ms Simcock said the Trust did not. Mr Loughton was concerned that the Trust didn't know the possible extent of the issue or how to best help protect night working staff on their journey home. Prof. Cannaby said that the TMC had commissioned the formation of a Driving to and from work group to look into these issues including journeys following night time working.

Dr Odum said that there were indications that the increased risk could be mitigated by having rest periods when staff recognised the signs that they were potentially at risk. He said anyone working in those patterns of shifts was potentially exposed to the same cognitive and performance impairment when they drove home.

Mr Dunshea asked about the audit percentages undertaken on page 17 and whether they should be at a higher level. Ms Simcock advised there had been staffing levels issues over the last 12 to 18 months resulting in the reduced number. She said the Trust had prioritised those areas not audited in the last 12 months. Ms Hickman said that all areas had received a contact over the 12 months even if they had not all been audited.

Mr Dunshea asked whether she believed that level of audit was sufficient. Ms Hickman said she did and progress recently had further improved the position. Ms Martin thanked Ms Hickman and Ms Simcock for their attendance.

Resolved: that the Health and Safety Annual Report be received and noted.

TB. 7540: Patient Quality and Safety Strategy

Prof. Cannaby advised the Board that the Patient Experience Strategy had been approved at the last Board meeting following the previous Patient Quality and Safety Strategy having been separated into two Strategies to make them briefer and easier to read. She said the remaining areas covered by the old Strategy were now addressed in this revised version. Mr Dunshea asked how much primary care input had been sought or given in the formation of the strategy.

Prof. Cannaby said the strategy was, by its nature, inclusive of all services. She acknowledged that she did not believe it had been reviewed by all the Vertically Integrated practices. Dr Odum advised that the Strategy had been sent to the Senior Doctors in the organisation but was unsure to what extent this had included those in Vertically Integrated (VI) Practices. Mr Loughton said the information would be sought and provided after the meeting.

Action: Prof. Cannaby to provide information on the scope of the review and dissemination of the Strategy.

Prof. Cannaby asked for the Board's approval and said she would be happy to take any comments on board following the meeting. She said she would ensure that the Strategy was circulated to the VI practices. Ms Morris added that the revised Strategy was aligned with the new national strategy. Ms Martin recommended that the Strategy be approved today.

Resolved: that the Patient Quality and Safety Strategy be approved.

TB. 7541: Information Governance (IG) Data Protection and Security Annual Update 2018/19

Dr Odum presented the report advising it was an update for the Board.

Resolved: that the Information Governance (IG) Data Protection and Security annual update 2018/19 be received and noted.

Finance and Performance

TB.7542: Report of the Chief Financial Officer – Month 3

Mr Stringer introduced the report stating that on the 31 July 2019 the Trust had undergone the use of resources review by NHSI using the model hospital data and financial information. He said the review had covered a wide range of activities including clinical pharmacy, radiology, estates, procurement, people and finance. He said the Trust had shared the work on future financial strategy. He said that there had been positive feedback regarding the Digital IT and Innovation work together with previous improvements including those in Estates and in providing services with others for others. He said they had also been impressed with the external financial reviews and the Getting it right first time (GiRFT) areas. He said the draft report would be provided at the same time as the CQC well-led report. Mr Stringer thanked the staff who had contributed to and who were involved in the review.

Mr Stringer highlighted the month end financial position on page 5 of the report - a deficit of £3 million approximately 1.5 million worse than plan before Provider Sustainability Fund (PSF) payments. He said at the end of the report the Trust did receive a quarter 1 PSF payment that had been hard work to achieve and congratulated all those involved in doing so. He said position on patient income had reduced slightly particularly in outpatient and elective activity. He said that the pay overspend had reduced compared to the overall budget but that the vacancy factor was becoming more difficult to achieve. He said that the Trust would have to take a view as to whether the vacancy factor was the correct level compared to the current vacancies. He said there were some one-off payments in non-pay areas that had been made partly due to the phasing of schemes with additional income offsetting some of that cost.

Ms Martin said the Finance and Performance committee were keen to see the vacancy factor re reviewed for the forecast out turn and next year's budget. Mr Dunshea asked the question whether the NHSI would fund the £5.1m gap caused by the revised depreciation calculations and if not was this a surprise. Mr Stringer said that it was the likely expectation that the Trust would need to fund this gap.

Resolved: that the Month 3 Finance Report be received and noted.

TB. 7543: Integrated Quality and Performance Report

Prof. Cannaby presented the report and advised the Board that it had been reviewed in detail at a number of the Board Committees. She referred to the main highlights in the summary and added that there had been one never event after the report had been prepared regarding an anaesthetic block as part of a hip operation. There was no patient harm from the never event just potential distress. She said this was progressing through the reporting and investigation process and would be included in subsequent reports.

Prof. Cannaby referred to the venous thromboembolism (VTE) assessment rates as slightly under the target but with ongoing work and she said she was confident that it would return to a positive position. She said the Friends and Family test had seen a reduction with 2 or 3 wards being slightly lower in recommendation rates than had been anticipated.

Ms Nuttall referred the Board to page 15 of the report and the key performance indicators. Mr Loughton mentioned that there was one 12 hour breach in June relating to a patient waiting for a mental health bed. Mr Loughton asked where the patient was transferred to. Ms Nuttall advised they were admitted locally in the end. She said that Emergency Department (ED) performance nationally had reduced as had the Trust's performance at 86.7 due to increase in attendances and ambulance conveyances. She said there had been a reduction in waiting list initiative spend again and as Mr Loughton had previously referred to, there was evidence of a reduction in consultants undertaking waiting lists initiative work due to the pension payments and tax position. She said this has in turn had an impact on some of the Trust referral to treatment times.

She said that a recovery plan had been produced that would be reviewed in detail at the next Finance and Performance Committee. She also said that cancer waiting times had not improved and she pointed out to the Board that the Trust was diverting breast referrals from Wolverhampton to Walsall Manor and Russells Hall from GP's ('at source') with the agreement and support of the CCG. She said that of the two, there had been more success in diverting to Walsall Manor mainly from patients in South Staffordshire. She said the Trust's current waiting time for the 2 week booking was at 40 days for breast referral patients which was having an impact on the 62 day treatments of all patients needing breast surgery. She said that the harm reviews would continue for all the patients waiting over 104 days and over 62 days overseen by Prof. Cannaby with reports quarterly to the Board Committees to provide assurance that the Trust was monitoring potential harm.

Mr Loughton said that in his view, as he had mentioned at previous Board meetings, the level of Cancer related referrals and activity were now to be regarded as the 'new normal'. He also said that there would have to be considerable investment in additional services, staff and resources to address this increased level and to start to make in-roads into achieving 5 year cancer survival rates in line with the rest of Europe.

Mr Dunshea asked about page 22 of the report regarding theatres. He noted the apparently high level of cancellations for orthopaedics at Cannock and general surgery for Cannock and asked why this had occurred. He also asked about the last internal audit report that had indicated that roughly a third sessions either started late or finished early and whether there had been any progress to address theatre utilisation issues.

Ms Nuttall said that the cancelled sessions at Wolverhampton New Cross Hospital were linked with annual leave and an increase in the failure to replace those sessions impacted by the reduction in staff willing to undertake additional waiting list work as previously discussed in the meeting. Ms Nuttall said the Trust had made further orthopaedic appointments and there would be additional sessions going in to Cannock from September. She said that regarding the internal audit report, a group had been recently established to take the recommendations forward.

Ms Edwards asked, following the recent Board Development Session on the presentation of statistics, whether there would be further improvements to the data and dashboards in the report using, for example, statistical control limits. She asked how long it might be before such changes would be made. Ms Nuttall said she believed there would be some changes in the July report and with further progression and refinement over time thereafter. She said she was aware her team was currently working on this. Mr Sharon said he believed this would be at least a 6 month journey.

Ms Martin advised that the Trust had been working extensively with the national intensive cancer support team and a report was prepared analysing many of the issues including changing pathways, lack of resources and capacity including diagnostic equipment. She said that assurance had been provided of the actions being addressed.

Ms Nuttall said the cancer intensive support team had attended the Trust from July 2018 for 12 months and had produced a final report and recommendations including actions to ensure the use of standard operating procedures and improve the workings of the multi-disciplinary teams meeting. She said all those actions had been successfully completed and signed off. She added that the team had also provided a demand and capacity tool which was being used regularly to update the demand and capacity work. She said it highlighted that the Trust did not have enough capacity in certain service areas with breast cancer being one of them. She said the experience of the team coming in had been positive and the local response positive but that with the referral situation, it had not had the expected impact on performance. Ms Nuttall agreed that it would be useful to make it the topic of a board development session linked to the big wider debate around Magnetic resonance imaging (MRI) and computerised tomography (CT) scanner capacity.

Ms Martin said that it was reported at the Finance and Performance Committee that the head of cancer was standing down from that position and she asked for assurance about finding new leader for this critical area. Ms Nuttall said that Dr Simon Grummet had stood down after 3 years as the Trust Cancer Lead clinician and he was remaining with the Trust. She confirmed that the advert was out for a replacement and the Trust was hopeful of making an appointment in early September. Mr Loughton said the good news was the Trust had recruited more consultant radiographers.

Mr Sharon said that the Trust was completing a piece of work regarding the predicted future demand for MRI and CT scans and how the capacity to meet this might be achieved, due to report in early October.

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

TB.7544: Chair's Report of the Finance and Performance Committee

Ms Martin presented the report and advised it was for noting for the Board.

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

Strategy, Business and Transformation

TB.7545: 7 day services compliance and progress

Dr Odum introduced the new way of presenting the 7 days services compliance requested by the NHSI. He provided a summary of the report the priority standards and the Trust's compliance position in each case. He said there remained issues with the 7 days job plans in some services. He said there was further work to be done in those directorates to ascertain the issues and solutions. He said it was a disappointment to have not achieved this target and that actions were in hand. He said the Trust now has a handover policy and the twice daily ward rounds that were not compliant at the time of the report on the stroke unit was now compliant.

Mr Dunshea asked for more detail in what the problem was regarding shift handover.

Dr Odum said the issue was the lack of a standardised approach. He said he believed for an organisation like this the Trust should have a standardised approach across directorates and division and this was what had been done.

Mr Loughton asked whether the automated huddle report detailed handovers. Dr Odum said they fed in to a degree but that the revised approach was more to do with the handover process coming out of the huddle along with other information and requirements.

Resolved: that the 7 day services compliance and progress be approved

TB.7546: Continuous Quality Improvement (CQI) Quarter 1 Update Report

Mr Sharon advised that the report had been reviewed in detail at the relevant Board committees. He referred to a recent visit to Nottingham University Hospitals Trust where the CQI reporting to Board was reviewed.

He said the first revised report including initial programme work including support for part of the audit programme, learning from deaths programme, mortality coding work and other programmes including the GIRFT work. He also highlighted the self-assessment at the end of the report against the CQC criteria. He said the key message for the Board was that a team of 5 people cannot change an organisation – it requires everyone. He confirmed that all new staff will be briefed about the programme and approach on induction.

Ms Rawlings said she thought the approach and initial work was good and she asked what the Trust was doing about managing the resourcing of the programme.

Mr Sharon said the cost of the training the CQI team had been met by NHSI with some expenses for the Trust for accommodation. He said suitable venues for the further training were being scoped. Ms Rawlings said the reason she asked related to a tentative enquiry as to whether it could be supported in part by charitable funding. She advised that she would seek more detail but it was likely to be something the Trust should fund.

Mr Dunshea asked, with reference to page 15 and the GIRFT update, what assurances there were relating to the measures in the list of achievements.

Mr Sharon said that not all of the outcomes of the CQI work would be reported through this report but would arise through improvement activity already logged and reported through other routes. Mr Dunshea asked about how the accuracy of the data would be checked. Mr Sharon said the team supported by the informatics team would provide any data quality assurances.

Ms Nuttall said that the data provided to the model hospital and GiRFT required data checking and assurance at source before submission. Mr Stringer highlighted an example where the data provided was not part of the acute cost base so there was the need for the organisation to frame and redefine it. He said that a consequence had been to, in some cases, make the Trusts services appear more costly as some services skewed the costing data in the model hospital model.

Resolved: that the Continuous Quality Improvement (CQI) Quarter 1 Update Report be received and noted.

TB.7547: ICT Strategy

Mr Stringer advised that the Trust was creating an entirely new strategy to include NHS long term plan digital transformation guidance but as yet it had not been completed. He therefore asked the Board to extend the existing but out of date Strategy. He apologised for the missing cover report and advised this would have included a request for an extension of 3 months as recommended by TMC. He said a new draft strategy would be navigated through the executive team and ICT strategy board together with being presented to the Board for approval in due course.

Ms Martin asked what the timescale was for getting the new strategy to the Board for approval. Mr Stringer said at the moment it was aimed for October 2019.

Action: that the new ICT Strategy be presented at October Board

Resolved: that the ICT Strategy be extended for 3 months be approved.

People and Engagement

TB.7548: Executive Summary Workforce Report

Mr Duffell presented the report advising that it was linked to Board Assurance Framework (BAF) Risk SR1 regarding workforce and highlighted that the 6 key indicators remained amber or green. He said sickness absence particularly over the 12 months had improved as well as attendance level and the latest staff FFT showed a positive position.

He said the Trust had now further expanded the staff benefits schemes with the launch of the green car scheme and now making permanently available access to the electrical goods scheme, rather than just two opportunities per year.

He said that the employee online remote e-rostering shift booking was now live. He also said that the initiative supporting armed forces and reserves had provided additional work experience and the Trust had ex- army engineers looking to see what top up skills would be needed to enable them to be employable in health services and the Trust in the future. He said the Trust had also been awarded the armed forces national Silver Award for its good work in this area. He went on to say that the Trust was implementing the junior doctor contract and the report included the key headlines of what that junior doctor contract was and covered. He also mentioned enhancements to the Electronic Staff Record including potential e-job planning, revalidation and appraisal potentials.

Ms Edwards said she had looked at the performance of the Black Country Pathology Services staff retention as problematic and she asked what was being done about this. Mr Loughton gave a verbal assurance that this was an expected part of the service transformation.

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

TB.7549: Chair's Report Workforce Organisational Development Committee (WODC)

Mr Hemans presented the report emphasising the Trusts strengthening connections with University of Wolverhampton. He said that further areas of partnership were being explored including aspect of the business school and Trust managers. Mr Duffell gave an illustration relating to IT recruitment and IT graduates. Mr Loughton said that a meeting with all the University schools would help identify further areas for co-operation.

Resolved: that the Chair's Report Workforce Organisational Development Committee (WODC) be received noted

TB.7550: Terms of reference - Workforce Organisational Development Committee

(WODC)

Ms Martin said the Terms of Reference for WODC were for approval and had some minor amendments to reflect organisational changes. Mr Duffell advised that the amendments had been made because of the new national document for Developing Workforce Safeguards and this was relating to that governance process.

Resolved: that the Terms of reference - Workforce Organisational Development Committee (WODC) be approved.

TB.7551: Annual Equalities Reporting (including WRES and WDES data submissions)

Mr Duffell gave apologies as there were some minor errors and corrections to be made. He said the provisional data had been presented here as the next Board date was after the submission date. He asked that the authority to approve be formally delegated to the WODC. Ms Edwards said there were some inconsistencies and she would forward those direct to Mr Duffell. Mr Sharon confirmed that an early draft had been reviewed by the Equality and Diversity Group. Mr Duffell said it was more important what the Trust did with the information. Ms Martin said the report be noted and people to forward any comments to Mr Duffell.

Resolved: that the Annual Equalities Reporting (including WRES and WDES data submissions) approval be delegated to the WODC subject to any amendments from this meeting be approved.

TB:7552: Staff voice

Mr Duffell introduced the Staff Voice item. Introductions were made by Malcolm Foley, Head of Medical Physics & Clinical Engineering, Alex Neale – Pre-reg Clinical Scientist (Nuclear medicine), Mike Wood – Chief Clinical Technologist (Section Head, EBME) and Lee Price – Chief Clinical Technologist (Radiotherapy).

Mr Foley gave a background on the Medical Physics department and advised that the work that was done across the department was diverse. He outlined that the work was split into medical physics and clinical engineering. He explained that Medical physics covered nuclear medicine and physics, radiotherapy treatment and physics, diagnostic radiology and physics, radiation protection and radio pharmacy. He said the clinical engineering side was focussed on the maintenance and service of the equipment that is used in patients care and treatment including in radiotherapy, neonatal theatres, the heart and lung centre, renal and surgical engineering. He said they also provided medical device training for staff across the organisation.

There followed a discussion across a number of topics including;

- The requirement for a new radio pharmacy lab.
- The option to look further into research opportunities for staff that would also potentially contribute to staff retention and recruitment.
- The current position regarding vacancies and recruitment and retention challenges.
- The apprenticeships run in the departments and developing links with Shrewsbury College.
- The importance of training and recruiting staff committed to the local area and local services.

Mr Foley said one of the things they would like to do would be to create a school of clinical engineering at the Trust and run a programme with other Trusts in the West Midlands. Ms Martin thanked Mr Foley and the attendees.

Resolved: that the Staff Voice be noted.

Items to note

TB.7553: Finance & Performance Minutes 19 June 2019, QGAC 26 June 2019 and Audit Committee Minutes 24 May 2019, TMC Minutes 24 May and 21 June 2019, Workforce Organisation Development Committee Minutes 26 April 2019

Resolved: that the Finance & Performance Minutes 19 June 2019, QGAC 26 June 2019 and Audit Committee Minutes 24 May 2019, TMC Minutes 24 May and 21 June 2019, Workforce Organisation Development Committee Minutes 26 April 2019 be received and noted.

General Business

Any other Business

TB.7554: There was no further Business raised.

Nothing was raised.

TB.7555: Date and time of next meeting:

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

TB.7556: 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 1:20 pm