

Draft Minutes of the meeting of the Board of Directors held on Monday 7 October 2019 6 November 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 Monday 7 October 2019 at
10 am in Board Room, Corporate Services Centre, Building 12,
New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:

Prof. Steve Field ^{CBE}	Chairman
Ms M Martin	Non-Executive Director - Deputy Chair
Prof. A-M Cannaby ^(v)	Chief Nurse
Mr A Duffell	Director of Workforce
Mr M Sharon	Strategic Advisor to the Trust Board
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 G Nuttall ^(v)	Chief Operating Officer
Dr J Odum ^(v)	Medical Director
Mr R Dunshea	Non-Executive Director
Ms D Oum	Non-Executive Director
Mr S Mahmud	Director of Integration and Digital Innovation
Mr K Stringer ^(v)	Chief Financial Officer/Deputy Chief Executive
Mr S Evans	Acting Director of Strategic Planning and Performance

(v) denotes voting Executive Directors.

IN ATTENDANCE:

Mr K Wilshere	Company Secretary, RWT
Ms S Banga	Senior Administrator, RWT
Ms S Evans	Head of Communication, RWT
Mr A Race	Deputy Director of Workforce, RWT
Ms J Morrell	Head of Chaplaincy, RWT
Ms Z Marsh	Deputy Head of Education, RWT
Prof. B Singh	Clinical Chief Information Officer, RWT
Ms J Lawrence	Manager of The Partnering Families Team RWT (item 9.5)
Ms T Law	Partnering Families Team Practitioner RWT (item 9.5)
Ms J Watts	Specialist Health Visitor Gypsies, Travellers, Refugees and Migrants, RWT (item 9.5)
Dr M Evans	Consultant Cellular Pathologist, RWT (item 9.2)
Ms L Nickell	Head of Education and Training, RWT
Dr S Grumett	Consultant Medical Oncologist, RWT (item 9.4)
Ms N Mahey	Freedom to Speak up Guardian, RWT (item 9.0)

APOLOGIES: None

Part 1 – Open to the public

TB.7575: Apologies for absence

Prof. Field opened the meeting and welcomed Ms Oum the new Non-Executive Board Member who had joined the Board from Walsall. He praised the Board for their full attendance at the meeting as there were no apologies. He said two offers had been made for new Associate Non-Executives to join the Board. He said the Trust was specifically looking to enhance the academic representation on the Board.

TB.7576: 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.7577: Minutes of the meeting of the Board of Directors held on 5 August 2019

No comments were raised for additions or alternations to the minutes.

Resolved: That the Minutes of the Board of Directors held on 5 August 2019 be approved as a correct record.

TB.7578: Matters arising from the minutes of the meeting of the Board of Directors held on 5 August 2019

There were no additional matters raised.

TB.7579: Board Action Points

1 July 2019/ TB.7481

Staff Voice

Mr Loughton to confirm discharge of options for the issue raised regarding toilet facilities. Ms Nuttall and Mr Loughton said there were no updates and the matter was ongoing. It was agreed that by November Trust Board there would be a formal answer with regard to this action.

Action: it was agreed to be scheduled for the November Trust Board.

1 July 2019/ TB.7483

Learning lessons to improve our people

Mr Duffell to provide an update regarding progress on steps taken in relation to a letter received from Baroness Harding. Mr Duffell said this action had been delegated to Workforce Organisational Development Committee (WODC) which had been completed in relation to what was being done and progress made. Prof. Field asked for this to be circulated to attendees by email.

Action: it was agreed that this action be closed.

1 July 2019/ TB.7496

Integrated Quality and Performance Report

Mr Mahmud to produce a Briefing Pack of the Mortality work undertaken and planned including data on survival rates. Mr Mahmud said the action was covered under briefings and had been circulated to the NEDS and Directors during the CQC visit. Prof. Field asked for the briefings to be forwarded to Ms Oum.

Action: it was agreed that this action be closed.

6 August 2019/TB.7547

ICT Strategy

The new ICT Strategy to be presented at Trust Board in October.

Mr Stringer said that revised guidance was expected to be released from the new Chief Executive Officer Matthew Gould of NHSX and he requested the Board for a further extension of 3 months to include time to assimilate any further central requirements or changes. He said it required a review and a Board Development session before being presented to Board for approval. Prof. Field said that Matthew Gould had some good new ideas. He asked that there be a discussion between Mr Stringer and Mr Mahmud regarding innovation and IT. Prof. Field said the Trust should invite Matthew Hancock, the Secretary of State to visit.

Ms Martin asked whether the Trust was to extend the old strategy continuing as that was raised at the previous Board when it was extended to October 2019. Mr Stringer asked that the Strategy be extended for a further 3 months.

Action: it was agreed that this action be scheduled for the Trust Board on March 2020

TB.7580: Patient Story

Prof. Cannaby introduced the patient story that focused on a patient who had undergone a leg amputation, giving his insight on the treatment and care he received whilst attending the services at The Maltings. He said the treatment and care was positive and helpful. The patient said he was provided with a lot of support and encouragement by staff at the Maltings. He said the area which could be improved was the long delay in him receiving the prosthetic due to a lack of prosthetists.

Prof. Field said it was interesting to hear a patient's view in that the Board had heard from the staff at The Maltings at a previous Board meeting.

Prof. Cannaby said that the patient had quite a high level of amputation so a high level prosthetic was required needing a stalled and experienced prosthetist. She added that there had been a change in provider during this time. She said Mr Sharon had looked into ensuring that the patient had an appointment and that provision of his prosthetic was progressing. She said the reason for the delay had been the complexity involved.

Ms Rawlings said it was positive that the service was effective and working well also that staff were supportive. She congratulated the staff at The Maltings. She said she understood it was a complicated prosthetic and that the Trust had the issue of change of suppliers by the main contractor. She asked what the average length of waiting time was for people to have a prosthetic.

Prof. Cannaby said she believed it depended on the type of prosthetic but she would establish the range of waiting times.

Ms Martin asked what assurance the Trust could provide of the monitoring of the external company in ensuring they were fulfilling their contractual duties.

Mr Sharon explained the Trust did not hold the contract and that Birmingham Community Trust held the contract. He said The Royal Wolverhampton NHS Trust was a sub-contractor to Birmingham Community Trust. He said that one of the reasons the previous supplier was retendered was due to problems regarding waiting times. He said he believed there were contractual requirements regarding timescales and in the contract monitoring process the onus was on Birmingham Community Trust. He said he would find out some more information regarding this.

Mr Dunshea asked what action could be taken to improve the nature of the contract. Mr Sharon said it was not the Trust's contract. He said if Birmingham Community Trust were thought not to be managing the contract appropriately or not performing the Trust has a contract with them and could raise performance issues through that route.

Mr Sharon said he was not aware of other performance issues saying that the service was not good.

Mr Dunshea said the patient had his operation a year ago. Mr Sharon said undoubtedly some specific issues relating to the patient's case which was why he had followed it up but he did not believe necessarily everyone had an unacceptable length of waiting time.

Mr Loughton asked Mr Stringer to explore with Procurement whether there was an alternative position.

Prof. Field said the Trust should liaise with other Trusts around the Black Country to see if any other organisations have experienced any problems with waits relating to this contract. Ms Nuttall said she believed this was an issue for the Black Country Service all round and not just for Wolverhampton. Prof. Field asked Ms Oum to find out from a Walsall perspective. Ms Oum said she would do so.

Resolved: that the Patient Story be received and noted.

Chief Executive Report and TMC Report

TB.7581: Chief Executive's Report

Mr Loughton highlighted a number of successful Consultant appointments. He said the 5 palliative care consultants were very good candidates. He said the posts were really important in terms of mortality and deaths in the community. He also referred to other successful consultant appointments. He said all but one of the remits were consultants coming from elsewhere. He said most of the pathology appointments came from University Hospitals Birmingham

Prof. Field mentioned on the report that General Practitioners (GP) are were in the report. Mr Loughton said there was 1 vacancy for a GP. Prof. Field said it was interesting from a GP background and asked if we could look at the impact of the appointments in palliative care in reducing the workload of GPs.

Mr Loughton mentioned that he had a meeting with the new chair of Health Scrutiny Committee which had gone really well and that Health Scrutiny had visited West Park last week. He said they were going to try and help the Trust with the housing benefit because Trust staff were struggling to close the gap financially.

He said there had been graduation ceremonies for the 6 new professors and he said that they were all first rate appointments. He said that David Churchill now professor of obstetrics and gynaecology had just won a £2.3 million research grant with the Trust leading as a chief investigator with Oxford which was positive news.

Mr Loughton referred to the Care Quality Commission visit last month, the time and tasks undertaken by all staff with regard to the visit.

He mentioned that the Trust now had professors at Birmingham, Aston, Birmingham City and Keele Universities with Keele University specialising in Primary Care Research.

Mr Loughton advised that Jeremy Vanes had been appointed Chair of the soon to merge Walsall Dudley and the Partnership Mental Health Trust. He said he had forwarded the Trust's congratulations to him.

Ms Martin said she had read that the decision had been taken now to close the A and E at Telford as reported in the HSJ. Mr Loughton said this was incorrect and that the A and E at Telford was still under review. Mr Sharon said what was reported in the HSJ was that Matt Hancock had been considering the challenge the future fit conclusion which was to turn Telford ED into the Urgent Treatment Centre. He upheld the future model, but had said that he wanted them to create an A and E local, although it was unclear what an A and E local meant. Mr Loughton said that RWT was in discussion about the future of the walk in centre in Cannock. Mr Hemans asked whether this pressure was from the CCG. Mr Loughton confirmed this.

Mr Loughton confirmed that David Evans had been appointed as the accountable officer for the Shropshire CCGs and he had met with him.

Mr Dunshea asked what extent the Trust had been involved in the governance of the Babylon agreement. Mr Loughton said the governance of Babylon was in the hands of the Chief Inspector of Primary Care at CQC. Mr Dunshea asked in terms of the Trust's position what role would the Trust have. Mr Mahmud said that there was a paper later on in the agenda regarding the committee for innovation and he said he envisaged that would be the Group that would be looking at Babylon and similar arrangements.

Prof. Field said this was about better accessible care. He said he believed the Board needed a future development session once the Committee had commenced. Prof. Field said things were moving so fast it was likely that decisions to move forward would be made between Board meetings and the Committee would look at those more frequently. Mr Loughton said the Trust had also appointed someone from the Academic Health Science Network to the new innovation group.

Prof. Field said the CQC video would be viewed at the AGM which was taking place today.

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

TB.7582: Chair's Report of the TMC held on the 27 September 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 27 September 2019 be received and noted.

Governance, Risk and Regulatory

TB.7583: Chief Nursing Officer's Nursing Report

Prof. Cannaby introduced the report highlighting that there had been a rise in vacancies. She said the Trust was previously counting the number of vacancies from the alpha blue print which included numbers from all of the wards, theatres and also including specialist nurse practitioner roles. She said 30 nurses had left in the months of July and August which had created a difference in the numbers.

The second thing she wanted to highlight to the Board was the role and importance of spiritual health. Prof. Cannaby said she had included details of the good work done by the Chaplaincy from their annual report. She welcomed Ms Morrell who was the head of Chaplaincy at the Trust advising she would be happy to take any questions.

Mr Loughton said that he had attended Trust Induction prior to the Trust Board meeting today and there were 157 new starters, which was very positive for the Trust. Prof. Cannaby said this included 156 qualified nurses.

Ms Edwards asked for clarity regarding the change in table 1 and table 2 on page 5 of the report and asked for more clarification as to what the positions of staff would be i.e. would they be Health Core Assistants (HCA). Prof. Cannaby said what the Trust had done was to segregate the positions, so within the wards there were HCAs but there were also administrators and ward clerks etc. Ms Edwards said she believed it would be better to see where the nursing or HCA vacancies were rather than to put them all together that made it harder to see whether the Trust vacancies were going in the right direction. Prof. Cannaby said the Trust had more vacancies in the entirety. Prof. Cannaby said she had plans in place for the Trust to be on target for the end of the year to have fewer vacancies. Ms Edwards said it would be useful for the Board to be able to see what category of vacancies there were. Prof. Cannaby agreed to present this information in future reports.

Mr Dunshea said that he found the structure of the paper better and that the executive summary worked well. However, he said he was concerned about the accuracy of vacancy figure, together with the information being retrieved from vital pack and that he believed the data was not correct in both places he said he was concerned about how much reliance the Trust could put on the data. Prof. Cannaby said that the old system counted worked nurse vacancies and relied on something which was called the blueprint, but what the Trust was not counting was the clinical specialists and everything outside of that blueprint. She said that this had recently been brought to her attention. She said she had worked with Mr Race to a point where HR and the nursing workforce were working with the same numbers. She said therefore the figures in the Finance Report, HR Report and Nursing Report would be the same. She said vital pack an outside provider, had changed the parameters and it had taken them 2 or 3 months to understand the impact of the changes. She believed the Trust had needed to put process breaks in to say that what was now being counted, something different on vital pack.

Mr Dunshea asked whether we needed an internal audit review to obtain assurance on this. Prof. Cannaby said she would welcome an internal audit review. Mr Loughton agreed and asked Mr Stringer to arrange an internal audit.

Ms Martin asked whether the same thing could happen with counting medical vacancies. Dr Odum said it was not the case with medical vacancies. Dr Odum said he believed the medical vacancies were in a very different position to the nursing vacancy position.

Ms Rawlings welcomed the Chaplaincy report inclusion. She asked Ms Morrell whether there was sufficient capacity and whether there were any items of concern, that may be missing, or that the service was unable to cover. Ms Morrell said the Chaplaincy was in desperate need of recruitment to the whole time post. She said that she was managing the demand at the moment with one colleague. She said the Trust was looking to establish relationships with the prison to enable staff to have a very clear idea regarding issues surrounding the dignity of patients when they are transferred from the prison to receiving care within the hospital. She said there were things that perhaps they were unable to be proactive due to shortage of staff. Ms Morrell said they are in the process of reviewing the personal specification of the role which would be advertised in October with interviews taking place in November.

Prof. Field said he had not managed to visit the Chaplaincy and would be doing so in the future. He stated in his previous employment he was the head of religion and chaplaincy for the NHS. He thanked Ms Morrell for the hard work being undertaken and mentioned the importance across the community and that he would like to have a conversation about how the Trust links in with the new palliative care consultant and Division 3 services. Ms Morrell said there was a lot of ongoing work with Dr Marlow and her team. Prof. Field said he had previously met with a Sikh gentleman who was member of the Chaplaincy team at the university. Prof. Field said he also volunteered at a Gurdwara in Birmingham so was very keen to look at how the Trust reached out to the different faith groups in Wolverhampton

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

TB.7584: RWT Education Awards – Overall Winner

Mr Loughton introduced Prof. Singh and his work for over 4 years plus on the Clinical Fellows Programme. He said that last Thursday the Trust was the winner of Working Times Best Workplace for Training and Development in the NHS which was excellent news. He congratulated Prof. Singh for all his continued hard work. He also congratulated Ms Marsh on the work which she had undertaken with the Clinical Fellows Programme with over 100 nurses in the Trust on the Nursing Fellowship Programme, which also was excellent news. Prof. Singh said that he was very privileged of working with the Trust and said that what he had achieved was due to the opportunity created within the Trust. He said he had visited many Trusts over the past 10 to 15 years and had rarely found a trust with the culture that this Trust had, that it was great to see that the Trust respected, admired and still opened the door for its people to allow them to try and do something different.

Prof. Field said he had met with 2 Consultants, one of whom took his daughter as a prospective medical student who had mentioned he had been through Prof. Singh's pathway of becoming a Consultant. He said the Consultant was full of praise for the support he had received from the Trust which he said was absolutely fantastic and Prof. Singh and Ms Marsh should be very proud of themselves.

There was a brief break from 11:15 am to 11:30 am

TB.7585: Chief Nursing Officer's Governance Report

Prof. Cannaby introduced the report and said the report was to note.

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

TB.7586: Schwartz Rounds 9 Update Annual Report

Dr Grumett introduced himself as a Consultant Medical Oncologist at the Trust and was the clinical lead for the Schwartz Rounds. He said Schwartz Rounds were a multi-disciplinary international confidential forum for staff which had originated from USA. He said there were around 200 centres across the UK who had used the idea of Schwartz Rounds that was to have meetings, ideally monthly, which was a safe hour that people could come and discuss how the clinical work they did effected them emotionally and together with a panel discuss something that had happened to them which had effected them emotionally and then opened up to the audience for discussion.

He said there would usually be an audience of approximately 20 – 30 people and the discussion would often take a little while to get going but the discussion could be very positive. He said he was very proud of the Schwartz Rounds and thought they were an excellent opportunity for staff. He mentioned there were some challenges which required addressing predominately that the Schwartz Rounds catered for the medical and nursing audience at the Trust but would like this to be catered for the wider organisation. He said there had been some very good feedback from the CQC who attended the last Schwartz Round which was run by the security team and was a fabulous presentation around the challenges they faced daily and how it made them feel. He said what was remarkable was how that resonated with everyone else in the Trust who had very different jobs and the same emotions. He said there was a lot of good clinical data to suggest that the Schwartz Rounds improved wellbeing and broke down hierarchies within the staff teams.

Prof. Field said the feedback from the CQC was brilliant about Schwartz Rounds.

Ms Oum asked how broad the Schwartz Rounds were and how Trust wide they were as an initiative. Dr Grumett said the Trust had attempted to engage all staff. He said there was a steering group which had a representative from each division and that each month it was attempted to identify a varied panel. He said there was good representation on the steering group but that it was not for everyone and would never be for everyone. He said there was also the issue of access from different sites as the majority of the Schwartz Rounds took place at New Cross Hospital and it was difficult releasing staff particularly if there was travel involved.

Mr Duffell said he had attended a couple of the Schwartz Rounds and it was an amazing open space and once people relaxed into the session they were able to talk about what had happened to them, their environment with a remarkable level of confidentiality and comfort.

Ms Rawlings said she presumed that it was an individual's choice as to whether they wanted to attend and was anything proactively done by managers if they felt that a particular member of staff should go because they would benefit from attending. Dr Grumett said they were purely individually led but he did try to encourage all managers to allow their staff where it was clinically feasible to attend. Ms Rawlings questioned where a member of staff has had a particularly trying situation that their manager knows effected them and whether it was suggested to the staff member that they should attend. Dr Grumett said we never suggest that as support, that would be the manager's choice and it that would be perfectly reasonable but that was not something the Trust mandated. Mr Loughton said sometimes the Trust does suggest that however the Trust would help with this by sending staff for counselling and this was one of many avenues

Mr Hemans asked whether Schwartz Rounds could be replicated around the GP practices. Dr Grumett said absolutely and that the Schwartz Rounds were open to all and could be held in any organisation whether a community organisation or an acute trust. He said the Schwartz Rounds had been attended by some of the Trust's vertically integrated partners and had some GP led sessions. Prof. Field said he was aware that a lot of the outstanding practices did a similar thing.

Mr Sharon asked whether there was a Twitter group and followers. Dr Grumett said Schwartz Rounds were advertised on the intranet and through all user emails but it would be a very good idea to raise the profile and doing it through Twitter would be sensible. Ms Evans said that a colleague from the communication's team at the Trust was a member of the steering group and discussion had taken place as to what would be most appropriate method advertising and a plan was currently being working on regarding this. She said there was a discussion of Twitter and as to whether or not it was a little too sensitive to communicate or whether just to use it as the main Twitter feed. She said feedback would be taken back to the steering group.

Prof. Field thanked Dr Grumett and congratulated him on his work.

Resolved: that the Schwartz Rounds 9 Update Annual Report be received and noted.

TB.7587: Chair's Report QGAC

Ms Edwards introduced the report and advised it was for noting by the Board. Prof. Field advised Ms Oum that the Board were trying to put the emphasis on the governance of the Committees and also encouraging the Board to ask questions in advance so that members were prepared.

Resolved: that the QGAC report be received and noted.

TB.7588: Board Assurance Framework

Mr Wilshere advised the Framework was to note he said the individual risks had been reviewed by the relevant Board Committees as per the report summary.

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

TB:7589:CQC Well Led and Action Plan Update Report

Prof. Cannaby said that this was an update of the last CQC inspection and not the current inspection which took place. She said most of the actions related to GP actions which were in the process of being closed down. There followed a discussion regarding the recent CQC inspection including "well-led", the nature and content of the inspection and the experience of the inspection process compared to the intended approach.

Mr Dunshea asked how the Trust had dealt with the discussion regarding mortality during the CQC visit and whether it was managed effectively. Mr Loughton said this had been managed very well and had included the work that the Trust had done with PWC and he believed the CQC were really impressed with this.

Resolved: that the CQC Well Led and Action Plan Update Report be received and noted.

TB.7590: Chair's Report Audit Committee

Ms Rawlings said the report was to note.

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

Finance and Performance

TB.7591: Report of the Chief Financial Officer – Month 5

Mr Stringer introduced the report and highlighted the dashboard in the report the cumulative deficit at the end of August including the PSF. He said there were a couple of trends which had been in place for a while with the Trust was over performing on activity in some specialities, there were some that were currently underperforming. He said he was aware that the operational teams were working through some of those issues. Mr Stringer said there was overspending on paycosts . He said each of the divisions and corporate team were going through their figures after month 6 and this would be presented at the Finance and Performance Committee in October with the appropriate mitigation plans to try and get as close to the control total as was possible.

He said the council had paid for some contracts. He said the CCG activity was being maintained. He advised that some suppliers had been paid beyond the 30 day target and work was underway to ensure local suppliers were prioritised.

Ms Martin said that the medium term financial plan was discussed at the Board Development Session and the Trust did not need to look at further mitigations to try and bring the deficit down on the 5 year period. She said that the Non-Executives in particular wanted to explore some of the things that were in the best case scenarios to explore whether they were possible or not, whether they would be taken forward in the context of the STP position.

Mr Loughton said there was discussion at the STP.

Prof. Field said the capital announcement was approved nationally. He agreed there was frustration regarding restricting capital access for improvement schemes.

Mr Sharon said that 3 schemes had been prepared for West Park, a cancer centre and MRI/CT/aseptics/radio pharmacy capacity. Mr Loughton said the Trust might have to consider a private sector partner. Prof. Field contrasted the Royal Wolverhampton Trust situation with national support for other Black Country capital schemes that had been approved. There followed a discussion of the challenged capital position with maternity services should the service receive a continued increase in referrals.

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

TB.7592: Chair's Report of the Finance and Performance Committee

Ms Martin said the report was to note by the Board. Mr Dunshea questioned whether the elective performance turnover was going to happen. Ms Nuttall said there was a lot of discussion in Finance and Performance around orthopaedics and currently the elective team were predicting recovery and she believed it was dependent upon things during winter particularly at New Cross. She believed the Cannock orthopaedic team would recover as the Trust had recruited additional theatre teams.

Mr Dunshea asked what the progress was on the mid Staffordshire FT Transaction. Mr Stringer said it had been billed and the Trust was in discussion with the centre. He said he payment had not been refused but it had also not been paid.

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

TB. 7593: Integrated Quality and Performance Report

Prof. Cannaby presented the report and advised the Board of the position regarding late observations which she said the Board were aware of and which was now reflected in the revised vital pack. She said there were plans in place where work was being undertaken with the wards which was working well. She said C.Diff. was really challenging this year due to the new ways of counting. She advised with regard to Sepsis the Trust was doing a lot of work and that the sepsis numbers (other than Emergency Department (ED)) were now incident numbers rather than prevalence numbers so the ED sepsis cases were now allocated as incidents enabling the Trust to track and assist with improvement work.

Ms Nuttall highlighted page 15 of the report and asked the Board to note which now contained Statistical Process Control (SPC) charts. She said the report would be presented in this format for the next 2 to 3 months and welcomed feedback. She advised that the reading room had a useful explanation of how to interpret the SPC charts. She said that the key elements to note were that the Trust had one patient who had breached 12 hours waits which related to a mental health patient who was waiting for a specialist bed.

She said the Trust have seen some improvements in ambulance handover times but asked the Board to note the Trust had seen an increase of nearly just over 7% in ambulance conveyances to date. She said other key performance indicators such as the referral to treatment elements saw a deterioration in August affected by ophthalmology where the Trust was using an outside company to assist to help recover and to make sure the Trust achieved some of the elective waiting times.

She said that there had been deterioration in waiting times for diagnostics including endoscopy with actions in place to improve the situation. She referred to improvements in all cancer 2 week waits except in breast services where she said that there were improvements in 2 week wait position alongside agreed discussions to other local Trust or GP's.

Mr Evans said that there had been a review last week of the referral process and was pleased to advise that the diversion activity had worked really well, with Walsall NHS Trust being the main recipients. He said it was agreed by the Trust, to be confirmed at the meeting at the STP on the 10th October that the Trust would start to switch the diversion process back.

Prof. Field thanked the Chair of Walsall for their support and cooperation with referrals. Ms Oum said that she believed the Board at Walsall had seen this as a really important opportunity to be a responsible Black Country Partner.

Ms Edwards asked what had changed within the Trust to make the Trust feel confident that it would be able to handle the level of referrals that it would receive.

Ms Nuttall said that the Trust would not be switching back completely and that the Trust had recruited an additional breast radiographer who was to start employment with the Trust at the beginning of December increasing capacity. Mr Loughton said that the Trust also had more consultant time now as some had swapped specialists and previous clinical directors were now doing sessions in breast.

Mr Evans said that it was anticipated that the Trust resume activity back up to a level that it had capacity for.

Mr Dunshea said the executive summaries had improved and thanked the Directors but he said there should be detail containing any adverse trends or targets and what the Trust was doing about them. He also asked about the rapid intervention service and said it would be useful to have a development session about where this service was going, the key to its success and understand how much capacity that service had in terms of making future demands. Ms Nuttall said the planned expansion for the rapid intervention service linked in with palliative care and admission avoidance and there had been a lot of ongoing work being undertaken by the Trust. Mr Mahmud said this was mentioned at the last Board Development Session

Prof. Field said there was a detailed discussion regarding this at the last Board meeting.

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

TB. 7594: Annual Report and Accounts – Annual Audit Letter

Mr Stringer advised that this report was for noting.

Resolved: that the Annual Report and Account – Annual Audit Letter be received and noted.

Strategy, Business and Transformation

TB.7595: Integration Director's Report

Mr Mahmud said the report was to note.

Ms Edwards said there was mention in 1.4 of the report about The Better Care Fund (BCF) Programme going forward. She asked how that was being incorporated, how was it changing and what was happening with that.

Mr Mahmud said that the Integrated Care Alliance (ICA) had voluntary and third sector representation in the meetings as did the Trust. He said the Trust was trying to combine the BCF delivery structure with the ICA delivery structure including the voluntary and third sectors. He said the Trust has had several meetings to talk about the detail of the plan. Mr Evans said the BCF was about to go into year 4 with its lowest level of funding and discussions were focused on how all of the services could continue and what that service provision looked like within the financial envelope including how did the Trust integrate better with voluntary and third sector provided to enable services to continue the way required. Mr Sharon said Compton Hospice had been in discussion regarding end of life care. He said he appreciated that that was just one organisation and it was an illustration that the Trust was open to working with others.

Resolved: that the Integration Director's Report be received and noted.

TB.7596: Charity Annual Report/Accounts

This item was deferred to November Trust Board

Resolved: that the Charity Annual Report/Accounts be deferred to November.

TB.7597: Chair's Report Charity Committee

Prof Field confirmed that the Board noted the Report.

Resolved: that the Chair's Report for the Charity Committee be received and noted.

TB.7598: Emergency Preparedness, Resilience and Response (EPPF) Core Standards

Ms Nuttall introduced the report was for noting. She said the Trust had submitted its return as fully compliant against the required standards. She said the Trust would receive a visit to reassess its trauma unit status this month and it was important that the Trust maintained that status. Ms Nuttall said the Trust was not expecting any issues with the reassessment.

Resolved: that the EPPR Core Standards be received and noted.

TB.7599: EU Exit

Ms Nuttall said the area of concern within the report regarded medicines management and Ms Davis, Director of Pharmacy was present to answer any questions. She said the risk register had recently been updated. Ms Nuttall asked Ms Davis if there was anything she wished to add.

Ms Davis said that Trust's pharmacy was dealing with approximately 450 medicine supply shortages at the current time and about 80 of those were affecting the Trust but not affecting its patients in any significant ways. She said the Trust was used to dealing with medicine shortages and she believed it was unknown in terms of how much of all medicine shortages were expected to be dealt with locally.

She believed the Trust was doing everything possible and Ms Nuttall said the Trust had good processes in place and had good communication channels to best deal with the current situation.

Ms Oum asked to what extent the Brexit planning was taking account of potential impact on workforce.

Mr Loughton said he did not see the impact as a significant problem. Ms Nuttall said the Trust had 190 European staff who are employed across a range of services.

Ms Edwards asked a question referring to page 13 linked to one of the Trust's new risks on the Trust Risk Register regarding the plan with the directive on fake medicines. She asked whether this was adding to the risk of being able to comply with the direction. Ms Davis said the Trust was not currently compliant with the medicine directive. She said the Trust had the equipment to become compliant on order. She said the delay had been in getting the licenses from the licencing company for the software and if there was a no deal Brexit then there was potential that the Trust would not be able to access the European database so by default will not be compliant. She said there was a purchasing policy in place with checks in place to make sure that what the Trust was purchasing was bonafide.

Mr Sharon commented in relation to Ms Oum's question about community cohesion, uncertainty as to what the far right would be organising using Brexit.

Resolved: that the EU Exit Report be received and noted.

TB.7600: RWT Education Awards – Overall Winner

Prof. Field introduced Dr Evans as the overall winner of the Education Awards. Dr Evans introduced himself as a Consultant Cellular Pathologist for the Trust and having only worked for pathology for 2 months. He said during his final year as a trainee he led the development of molecular testing for various cancer types skin formed in-house in the Black Country Pathology Services. He said previously this testing had been sent to Birmingham and with the turnaround was 2 to 3 weeks and that was a major limited factor for starting patients on cancer treatments. He said now with local testing the results are turned around within 2 to 3 days at the Trust which meant that all patients in Wolverhampton were now able to have treatment more quickly with fewer breaches for the 62 day target and which would hopefully improve cancer outcomes.

Prof. Field said he believed that what Dr Evans was doing was absolutely fantastic for patients and making a real difference and the Board congratulated Dr Evans.

Prof. Field said it also demonstrated the benefits of retaining trainees and keeping them inspired by giving them new things that challenge them.

Dr Odum said the Black Country Pathology Services (BCPS) provided a great opportunity for pathology research and delivery.

Resolved: that the RWT Education Awards – Overall Winner be noted

TB.7601: Freedom to Speak Up Awareness Video

Ms Mahey introduced the video for freedom to speak up awareness month across the Country. She also mentioned that the National Guardian was attending the Trust on the 25 October.

Resolved: that the Freedom to Speak Up Awareness video be noted.

TB:7602: Staff voice

Mr Sharon introduced the Staff Voice item. Ms J Lawrence Manager of The Partnering Families Team, Ms T Law Team Practitioner RWT and Ms J Watts Specialist Health Visitor for Gypsies, Travellers, Refugees and Migrants introduced themselves.

Ms Lawrence spoke about the background of the Partnering Families Team based at the Gem Centre and provided an outline of their work as a support service for first time young mums and for mums who had had children removed that were now pregnant again. She said they also had specialist health visitors for gypsies', traveller's, refugees, and migrants and homeless families.

Ms Watts said that she had been working for the Trust for 19 years as the specialist health visitor for gypsies and traveller families and now also worked with asylum seekers, migrant families and refugees as well.

There followed a discussion across a number of topics including:

- Access to health care for gypsies and traveller families
- Reduced life expectancy compared to the settled population
- Higher than average rates of still births
- Infant mortality problems during pregnancy

Ms Watts said there was an issue that GP surgeries registered such families as temporary. Prof. Field said this should not be happening in the Trust GP practices and was something that Division 3 should be aware of. He said if he heard of any surgeries doing so he would personally write to them copying in the CQC.

Prof. Field congratulated the attendees on the work that they were doing as part of the Trust.

Resolved: that the Staff Voice be noted.

There was a lunch break 1:00 pm to 1:30 pm

TB.7603: Terms of Reference – The Innovation and Adoption Sub-Group (IASG)

Prof. Field advised the Board that Mr Mahmud was leading the formation of the a new committee and Mr Dunshea had been appointed as Chair. Mr Mahmud said this group was created due to the CQC feedback about innovation and the capacity and the appetite to develop this. He said that given the pace of change a formal group was absolutely necessary. He said he and Mr Dunshea had created a draft terms of terms of reference and welcomed comments and any amendments from the Board.

Mr Dunshea added that Mr Mahmud had mentioned how fast moving this was and of its importance. He said that there were opportunities that the Trust did not want to miss and that the committee would create the governance framework around it. He believed the purpose was to ensure that Mr Mahmud and colleagues received the support and the necessary governance oversight.

Ms Martin said the terms of reference did not define the reporting line. Mr Loughton said it would report to the Board. Mr Mahmud said this point was noted and would amend the terms of reference.

Mr Rawlings asked how often the Committee was planning to meet. Mr Dunshea said he thought the plan was the committee would start off and then work up a plan and would not have an automatic scheduling process and meet when required.

Prof. Field mentioned that one of the new Associate Non-Executive Directors would be appropriate to add to the Committee. Mr Mahmud said one of the keys functions of this group was to take stock of the Trust partnerships and the benefits accrued.

Dr Odum asked about input from and with the Clinical Research Network (CRN). He believed Matt Brookes would be good as he was the Deputy CD. Mr Loughton said the group should also include Pauline Boyle from CLRN.

Mr Wilshere said he would discuss with Mr Mahmud after the meeting regarding necessary amendments for it to be a constituted committee to the Trust Board.

Resolved: that the Terms of Reference for IASG be considered and approved as a committee of the Board subject to the amendment noted.

People and Engagement

TB.7604: Executive Summary Workforce Report

Mr Duffell presented the report he highlighted 6 key indicators and stated all six were either green or amber. He said the Trust FFT was at a point where 81% of the average and 88% staff would recommend the Trust as a place to receive treatment. He said nationally there had been quarter on quarter improvement to this and the Trust was now well above the average position. He said the staff survey was now live and asked Executive and Non Executives to ask staff on their travels to complete the survey as it did make a difference. Prof. Field asked whether Non Executives completed the staff survey. Mr Duffell said no only employees completed it.

Mr Duffell said recruitment events had taken place in September one with the Local Authority and jointly with Wolverhampton City Jobs fair. He also said that the initiative supporting armed forces the Trust had been given a silver award in recognition of the work that the Trust was doing about armed forces and trying to get them back into employment and providing support. He said the Trust was back on target for the number of starters versus leavers in August.

Prof. Field asked Ms Oum how the report compared to Walsall NHS Trust. Ms Oum said Walsall were not doing so well on retention and sickness rates. She said she was impressed with the figures. Prof. Field asked whether Walsall NHS Trust presented the report in a similar way. Ms Oum said it had presented slightly differently but the report contained the same information and that what the Trust presented and mandatory training for the Trust was very good. Mr Duffell said that it had taken 18 months to reach this position. Prof. Field said it was interesting to see as when you compare the figures to the nation figures. Ms Oum said the one thing that she was impressed with was the percentage of people recommending the Trust as a place to work and as a place to refer people to care for was key and the organisation was doing really well on that.

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

TB.7605: Chair's Report Workforce and Organisational Development Committee

Mr Hemans presented the report. He highlighted a couple of points from the staff report. Mr Duffell said that Baroness Dame Harding issued a letter to all chairs and chief executives in relation to what good practices NHSI would like to see in Trusts. He said an exercise was conducted within the Trust about measuring how we performed against the criteria and then suggested an update.

Mr Sharon mentioned recent staff engagement and satisfaction in relation to HPV services where he and Ms Nuttall had visited the team and were made to feel very welcome and had positive feedback that staff had seen the Executive team were out and about visiting areas together with good feedback on corporate induction. He said there was a lot of praise from the new employees coming into the organisation.

Mr Hemans said whilst he was lecturing on a course at the university there had been a number of RWT staff who attended as well as others from Staffordshire and UBH and there was a discussion about leadership and what that meant to everyone. He said the RWT staff mentioned how good it was to see the non-execs and exec directors doing the leadership walkabout and they felt positive as it made a difference in terms of their working lives that the Board was engaging with them and wanted to find out how they were performing together with any issues within their department. Mr Loughton said it was a simple thing he always greeted any member of staff he met at the Trust and that everyone, no matter what their position, deserved respect.

Resolved: that the Chair's Report for the Workforce Organisational Development Committee be received and noted.

Patient Safety, Quality and Experience

TB.7606: Learning from Deaths Update

Dr Odum highlighted there had been a continued reduction of the SHMI. He said the external audit by Grant Thornton had been presented at audit committee and was a good report and gave a good reflection of the work done. He said Stan Silverman, the Trust's external independent advisor in relation to mortality, would provisionally be presenting a report to the Public Board in December. He said that the independent reviewers of the case notes had now all been appointed and he understood that the majority of the back log had now been completed.

Dr Odum said good work had been produced by PWC and they had very helpful in terms of targeting where the Trust needed to go back and reflect on coding practice.

Resolved: that the learning from deaths update be noted.

TB.7607: Patient Experience Quarter 1 Report

Prof. Cannaby said this report was for noting.

Resolved: that the Patient Experience Quarter 1 Report be received and noted.

TB.7608: Mental Health Position

Prof. Cannaby introduced the report. She said that one of the things raised in the CQC assessment was that the Trust needed to improve on its assurance regarding mental health. She said the Trust needed to be more aware about Sectioning and the oversight of Sections. She believed it was an area which needed considering and recording. She said the report was the position statement detailing what the Trust had now and how it worked. She said she would be bringing other reports to the Board explaining some of the policies and processes that would be introduced. She said there had been some interesting cases over the last couple of weeks that had helped highlight issues. Prof. Cannaby said a Trust wide mental health meeting had also been arranged.

Ms Martin said she did a walk about at the AMU unit and said it was the one topic that came up from staff that they were finding that there were more patients with mental health problems and they felt unable to cope adequately with them. She also said staff had mentioned that the drugs and alcohol service was very small and were unclear who commissioned the service. Prof. Field said it was the local authority who paid for this service.

Mr Loughton said the Trust would need to rethink this issue and how it was dealt with.

Ms Rawlings asked a question in relation to mental health first aiders and whether there were sufficient numbers in the areas required. Prof. Cannaby said they were allocated in high risk areas and areas where people had some interest however a more systematic approach was required. She said that community should be high risk areas at the Trust.

Ms Rawlings asked whether there was interest from staff with regard to mental health training. Prof Cannaby believed staff would welcome the education because the Trust was recognising that it could make a difference for the people that it serves.

Mr Dunshea asked whether as Jeremy Vanes in his new appointment could work together with the Trust on mental health.

Mr Mahmud said that mental health was such a vast term and what was the basic level or knowledge the Board needed to know as responsible corporate members.

Mr Wilshere said Board Development session had been provisionally arranged in January for mental health first aid training for Board Members.

Prof. Cannaby believed it would also be helpful for Board Members to understand their executive responsibility for patients that are sectioned and the tribunal system needed if somebody challenged their section. She said Ms Marsh was looking at training for the executive team who do "on call".

Resolved: that the Mental Health Position Report be received and noted.

TB.7609: Finance & Performance Minutes 24th July 2019 and 4th September 2019, QGAC 24th July 2019, TMC Minutes 26th July 2019 and Workforce Organisation Development Committee Minutes 28th June 2019

Prof. Field said the minutes were to note.

Resolved: that the Finance & Performance Minutes 24th July 2019 and 4th September 2019, QGAC 24th July 2019, TMC Minutes 26th July 2019 and Workforce Organisation Development Committee Minutes 28th June 2019 be received and noted.

General Business

Any other Business

TB.7610: There was no further Business raised.

Nothing was raised.

TB.7611: Date and time of next meeting:

Wednesday 6th November 2019 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

TB.7612: 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 2:00pm