

# Minutes of the meeting of the Board of Directors held on 6 November 2019

## 2 December 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 Wednesday 6 November 2019 at 10 am in Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

#### PRESENT:

Prof. Steve Field <sup>CBE</sup>	Chairman
Ms M Martin	Non-Executive Director - Deputy Chair
Prof. A-M Cannaby <sup>(v)</sup>	Chief Nurse (arrived 11:25 am)
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 <sup>(v)</sup> <sup>CBE</sup>	Chief Executive Officer
Ms G Nuttall <sup>(v)</sup>	Chief Operating Officer
Dr J Odum <sup>(v)</sup>	Medical Director
Mr R Dunshea	Non-Executive Director
Ms D Oum	Non-Executive Director
Mr S Mahmud	Director of Innovation, Integration and Research
Mr K Stringer <sup>(v)</sup>	Chief Financial Officer/Deputy Chief Executive
Mr S Evans	Acting Director of Strategic Planning and Performance
Prof. L Toner	Associate Non-Executive Director (arrived 11:25 am)

*(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
Ms M Morris	Deputy Chief Nurse, RWT
Dr B Kukoyi	Core Medical Trainee, RWT (item 9.5)
Dr S Das	Consultant Stroke Physician, RWT (item 9.5)
Ms J Plant	Senior Matron, RWT (item 9.2)
Dr J Macve	Consultant Microbiologist & DIPC, RWT (item 11.5)
Ms Boyle	NIHR (item 6.4)
Ms L Ibbs-George	Head of Hotel Services, RWT (item 10)
Ms L Mayfield	Domestic Supervisor, Hotel Services Department, RWT (item 10)
Ms L Burk	Catering, RWT (item 10)
Ms L Hughes	Clinical Scientist Pathology

#### APOLOGIES: None

#### Part 1 – Open to the public

#### **TB.7634: Apologies for absence**

Prof. Field welcomed all to the meeting. He confirmed that Prof. Toner had commenced her new position as an Associate Non-Executive Director with the Trust and he confirmed that Prof. Toner and Prof. Cannaby would join the meeting. He also confirmed Prof. Pandyan was to commence with the Trust on the 1<sup>st</sup> December 2019, also as a new Associate Non-Executive Board Member. He advised the Board that Ms Rosi Edwards' term had been renewed for a

further period of 2 years from November 2019. Mr Loughton confirmed that with the New Non-Executive appointees, he asked that the Non-Executive Directors resume participation where available as Lay Chairs at Consultant Recruitment Interviews. Following discussion, Mr Duffell agreed to arrange that interviews would be arranged so as to maximise Non-Executive presence and opportunity. He confirmed he would ask that recruitment be concentrated to single days for multiple posts where possible. He asked the Company Secretary to co-ordinate the notifications, allocations, confirmations and attendances of the Non-Executives at Lay Chairs.  
Action AD to liaise with personnel for grouping of Consultant Interviews.

Action:- Mr Wilshere to co-ordinate notifications and co-ordination of NEDs as lay chairs.

#### **TB.7635: 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. Prof. Field reminded the Board that Purdah related to the 13/12/19 Election had started. Mr Wilshere advised that he had circulated a Purdah notice and briefing to Board Members.

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

#### **TB.7636: Minutes of the meeting of the Board of Directors held on 7 October 2019**

Amendments were made as follows

TB:7581

Page number 4

Chief Executive's Report

Second paragraph

*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*

The word "are" to be removed

TB:7583

Page number 6

Paragraph 4

Report Chief Nurse's Report

*After the wording "She said therefore the figures in the Finance Report, HR Report and Nursing Report would be the same."*

The following to be inserted "in respect to a question regarding the reported observation levels".

TB: 7591

Page number 10

Paragraph 1

Report of the Chief Financial Officer – Month 5

*The wording "the Trust did not need to look at further mitigations to try and bring the deficit down on the 5 year period"*

Be amended to "the Trust did need to look at further mitigations".

**Resolved: That the Minutes of the Board of Directors held on 7 October 2019 be approved as a correct record with the amendments as stated.**

#### **TB.7637: Matters arising from the minutes of the meeting of the Board of Directors held on 7 October 2019**

There were no additional matters raised.

## **TB.7638: Board Action Points**

1 July 2019/ TB.7481

### **Staff Voice**

Action: *“Mr Loughton to confirm discharge of options for the issue raised regarding toilet facilities.”*  
Ms Nuttall said she would speak to the staff members and advise them that the Trust would not be in a position to completely resolve the issue at the current time.

**Action: it was agreed that this action be closed**

7 October 2019/ TB.7580

### **Patient Story**

Action: *“Mr Stringer to explore with Procurement whether there was an alternative position with regard to the current contract for prosthetics.”*

Mr Stringer said the contract which was regionally procured through Birmingham Community Trust. He said the Trust had a Service Level Agreement (SLA) with Birmingham Community for the provision of prosthetics. He had asked the procurement team to discuss with the Service and the Divisional Manager issues raised. Prof. Field said that the Trust would work with Walsall to address those with the contractor Trust.

**Action: it was agreed that this action be closed.**

7 October 2019/TB.7583

### **Chief Nursing Officer’s Nursing Report**

Action: *Mr Stringer to arrange an internal audit to obtain assurances on the accuracy of vacancy figures and information being retrieved from vital pack.*

Mr Stringer had asked for an internal audit to be undertaken on the Trust reporting nursing vacancies accuracy.

**Action: it was agreed that this action be closed.**

## **TB.7639: Patient Story**

Ms Morris introduced the patient story regarding a patient admitted to the Critical Care Unit with a very complex wound that had required specialist intervention and treatment. She said following a successful skin graft the patient was transferred to West Park Hospital for rehabilitation and had been discharged with a care package after 17 weeks in hospital. The patient said she was greatly appreciative of the support and care provided by the Trust.

Prof. Field said it demonstrated impressive clinical leadership and teamwork across the Trust and with other Trusts. He said he was very impressed with the patient story and it was beautifully produced.

Ms Rawlings said it was a wonderful story and credit should be given to all involved. She asked whether it could be used as a training opportunity and whether the information of the specialist technique used could be communicated to staff within the Trust. Ms Morris said the Trust always maximised every opportunity where possible to share patient story’s by presenting them at different forums.

Mr Dunshea said it was an excellent story. He asked the given that prevention was better than cure, whether there were any lessons about how the Trust could promote preventative advice and interventions in the future. Ms Morris said in all cases like this there was a review of any lessons that could be learnt. Dr Odum gave an insight on the details of the patient’s condition and praised the surgeon involved in such a complex case.

**Resolved: that the Patient Story be received and noted.**

## Finance and Performance

### **TB.7640: Report of the Chief Financial Officer – Month 6**

Mr Stringer introduced the report and highlighted the Report the dashboard and that the deficit at the end of September included the Provider Sustainability Fund (PSF). He said the Trust had managed to achieve the NHSI plan and had accrued the PSF payment. He said the cash position for the Trust was better at this point than 12 months prior. He highlighted a further increase in staff numbers following the cytology service transfer. He said the Trust was on plan for month 6. Mr Loughton asked that the cytology cost was separated and paid by NHS England.

Mr Dunshea asked what the prognosis was of picking that up and clearing the shortfall in activity. Mr Stringer said this was mainly in Division 1 and detailed discussions had taken place together with work being undertaken with Ms Nuttall and the team to recover the position. He said one area that the Trust was concentrating on was orthopaedics. Ms Nuttall said she believed the elective orthopaedics recovery plan would achieve the target by the end of March 2020.

**Resolved: that the Month 6 Finance Report be received and noted.**

### **TB.7641: Chair's Report of the Finance and Performance Committee**

Ms Rawlings said the report was to note and she highlighted that the cancer indicators, although not good, had shown positive progress in breast cancer more recently. She said that Staffordshire CCGs was changing their quality risk requirements and this was something that would be looked into. She said there was a presentation at the committee about the integrated suppliers in the procurement department. She said the Integrated Supplies and Procurement Departments (ISPD) were working with University Hospitals of North Midlands (UNHM) which was a positive approach for the future.

There was a discussion about reports that should be received well in advance of committee meetings and all were reminded of the need for the timely submission of report.

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

### **TB. 7642: Integrated Quality and Performance Report**

Ms Morris presented the report. She highlighted that the Trust continued to maintain good performance regarding complaint response times. She said the number of patient falls had continued to decrease. She said the Trust had maintained the Venous Thromboembolism screening (VTE) performance at 95% for the last 3 months. She said there was ongoing focus on late patient observations, sepsis screening and antibiotic delivery, pressure ulcers prevention and *C.Difficile* infection. She said there had been discussions at previous Board meetings regarding the challenge of late patient observations, the change of the system for recording and the threshold trigger points. She said there was a detailed action plan in place to drive improvements.

Prof. Field asked why there had been a decline in late patient observations and whether this was something new. Ms Morris said that the change of reporting and triggers in the system meant it was calculated differently. She said there had been extensive discussions with the nursing and midwifery group in terms of what actions needed to be taken. She said the Trust had liaised with other providers to see whether they were experiencing the same challenges but providers had been hesitant to provide data. She said there was a detailed action plan in place for all of the divisions within their areas.

Prof. Field asked whether some areas within the Trust had performed better or worse and how

the Trust compared with other local trusts and nationally, as this information was not detailed in the report. Mr Loughton said he believed the revised criteria and recording was the true picture.

Ms Oum asked whether there was any benefit of Walsall and Wolverhampton looking at this together. Ms Morris believed that discussions to this effect had commenced. She advised that there had been communication with other organisations. Prof. Field asked if these discussions with the other organisations would take place before the next Board Meeting. Ms Morris said it was unlikely that they all would conclude before the next Board meeting.

Mr Dunshea asked whether there was any evidence to indicate that late observations were causing harm to patients. Dr Odum said that the Trust did not have any individual patients where that had been highlighted as an issue. He said that the Quality and Safety Improvement Group (QSIG) had revised work done in Division 1 ward areas which had shown some significant improvement in the late observations performance. Mr Loughton said that if a deteriorating patient was not identified at the earliest opportunity there was the potential for harm, or the lack of timing in delivering the appropriate treatment which would then increase the length of stay. Dr. Odum said there had been a change in the trigger points in that the new system was significantly different in the trigger for late observations. Prof. Field said that his question was about what the variation between wards and between benchmarking of the Trust was.

Ms Martin asked who set the target observation time and whether other Trusts were working to the same targets. Mr Mahmud said the thresholds were different attributions as Dr Odum had pointed out. Ms Morris said the reports were generated weekly within wards and that data was being shared with clinical areas to identify any particular challenges and contrasts.

Ms Martin asked whether the targets could be changed on the system. Prof. Field asked for the report to be in more detail for the Board to understand the context and comparisons.

Mr Sharon asked what the definition of a late observation was and whether it was consistently followed across the Trust. Ms Morris said the triggers for late patient observations were set by the system, so for example, for hourly observations only 6 additional minutes after the time the observation was due were allowed for the observations to be taken in order not to count as late. Ms Martin asked who set the observation time as the Trust might be trying to observe patients on a more regular basis providing staff with a greater challenge. Dr Odum said this data was collated from the new system for identifying sepsis. He said it was designed to capture people at the earliest opportunity who might have had sepsis so that they could be managed quickly.

Ms Nuttall referred the Board to page 15 summary section. She said the referral to treatment times was subject to a recovery plan that was in place. She said that the cancer 2 week wait was in all specialities other than breast where booking was within the 2 week wait standard. She said this was a very important message regarding managing of our pathways. She said that breast 2 week wait diversion to Walsall and Russells Hall had ceased.

Prof. Field asked about the apparent decline in face to face new birth visit from a health visitors. Ms Nuttall said she believed that this was due to seasonal impact. Prof. Field said the 6 to 8 week review was a really critical review of children and asked Ms Nuttall to note this.

Mr Dunshea asked what the reasons had been for cancelling sessions in operating theatres. He said the list in the report mentioned consultant leave and consultant on call, both about planned events and not a reason to cancel theatre lists. He asked the internal audit to look into late starts and early finishes and asked what progress had been made in that area of work. Ms Nuttall said there was a report on theatres presented at the Finance and Performance Committee (F&P) and this would be shared with Mr Dunshea. She said Division 1 had reported on the progress and provided assurance which she would share with Board Members after the meeting. She said she agreed with the question regarding cancelled sessions and would look into this. Prof. Field

asked Ms Nuttall to circulate the presentation slides to all Board Members and the reply to Mr Dunshea's question separately. Mr Loughton said good progress was being made there followed a discussion about waiting times in other NHS Trusts.

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

**TB. 7643: National Institute Health Research (NIHR)**

Prof. Field welcomed Ms Boyle who introduced the report to the Trust Board as host of the West Midlands Clinical Research Network. She said the finance update quarter 1 submission had been completed and it was anticipated that the Trust would finish the year end at zero balance as required by the coordinating centre. She said monitoring visits had taken place which had been very positive. She said the NIHR had agreed a new local funding model for the research network so the national funding model changed significantly in February 2020 related to the Trust's performance during 17/18. She said the Trust's 3 year funding model came to an end 2020/2021 so the Trust had agreed a new funding model.

She said the number of participants recruited into commercial studies, a national objective, needed to be improved on previous years. She said that the number of studies had been increased but the number of participants had reduced significantly. She said the Trust had also invested in Chief Investigator development so the Trust would attract commercial studies to the region. She said in terms of recruiting to time and target the Trust had a focus now on those studies that were due to close so the Trust would divert some resources to those studies.

Prof. Field said he was pleased to see the tweet by Mr Loughton advising of the 10<sup>th</sup> General Practitioner (GP) practice joining the Trust. He referred to the potential for GP practices to recruit to studies Prof. Field said the Division 3 involvement in research should be stimulated.

Ms Boyle said not all practices were research active and that there were patients identified for studies at New Cross cared for by Primary Care. Ms Boyle said there was a project in place that she was pursuing.

Ms Martin said she was concerned about the future funding of the CLRN given the shortfall in recruitment and asked what assurance was in place to improve this position. Ms Boyle said the NIHR would definitely not meet the requirement target and that the figure should be more realistic locally.

Ms Martin asked whether the future funding would be proportionate or skewed Ms Boyle said that some networks over recruited for their commercial studies and that increasingly what had been asked for by pharmacy was realistic recruitment intentions. Ms Boyle said if the Trust delivered what they said it was going to deliver across the local population it would get the maximum amount of funding potentially available.

Mr Hemans asked what the national average recruitment was. Ms Boyle said it was 69% and the target was 80%.

Prof. Field thanked Ms Boyle for the report and asked for her and her staff to be thanked and congratulated on their work.

**Resolved: that the NIHR Report be received and noted.**

**TB. 7644: Research and Development - RWT**

Dr Odum highlighted that recruitment overall was going well within the organisation but as mentioned previously the Trust had struggled to achieve the recruitment level target.

**Resolved: that the Research and Development –RWT Report be received and noted.**

**There was a break 11:25 – 11:40**

Prof. Toner and Prof. Cannaby joined the meeting. Prof. Field welcomed Prof. Toner to the Trust and the Board.

### **Strategy, Business and Transformation**

#### **TB.7645: Charity Annual Report/Accounts**

Mr Stringer introduced the report and Accounts in an improved and readable report format. Ms Rawlings praised Medical Illustrations and the Communications department on the accessibility of the report.

**Resolved: that the Charity Annual Report/Accounts be received and noted.**

#### **TB.7646: University of Wolverhampton and The Royal Wolverhampton NHS Trust Strategic Partnership Agreement**

Prof. Field said the idea of having a partnership agreement with the University of Wolverhampton was positive but asked how it was placed within strategic partnerships with the other universities with whom the Trust worked with.

Mr Loughton said it sat as part of a wider set of partnerships with a number of universities.

**Resolved: that the University of Wolverhampton and The Royal Wolverhampton NHS Trust Strategic Partnership Agreement be approved.**

#### **TB.7647: IG Toolkit Requirements**

Dr Odum presented the report and said it had been presented at the Quality Governance Assurance Committee (QGAC). He said the Toolkit changed every year, the domains changed and the compliance against them had changed. He said some of the standards had not been easy to address and a lot of work had been undertaken to demonstrate compliance. Prof. Field asked when this was to be brought back to the Board. Dr Odum said it would be presented to the Board again in February 2020.

Prof. Field said the report had been noted and looked forward to receiving the update in February.

Mr Loughton said the National Health and Social Care Strategic Information awards took place and Ms Raz Edwards, Information Governance Manager at the Trust was awarded Information Governance Professional of the year. All the Board congratulated her.

Ms Edwards confirmed that she had seen the previous report at QGAC.

**Resolved: that the IG Toolkit Requirements be received and noted.**

### **People and Engagement**



### **TB.7648: Executive Summary Workforce Report**

Mr Duffell presented the report and highlighted the 6 key indicators stating there had been improvements in all 6. He said the current National Staff Survey was still live and the Trust was trying to increase further the response rate. He said the Trust had received the silver award from the Armed Forces employer recognition scheme attended by one of the Trust's reservists. He said in September there had been more staff start with the organisation than leave.

Mr Loughton said that National Freedom to Speak up Guardian had also recently visited the Trust. Ms Oum asked about the use of the TRAC System asking whether the algorithms used in shortlisting were subject to, as shown in studies, to demonstrate that human prejudices had in effect been designed in so, for example, that racial and gender bias had become part of the automated system. Mr Duffell said that Trac was now being used by over 50% of NHS Trusts and it was only a tool used for monitoring progress through the recruitment process. He said it did not change the way that people applied, the criteria or the information they provided. He said the system did not shortlist and managerial intervention was still required to make those decisions.

Ms Rawlings referred to page 4 of the report the Dying to Work Charter which she said was really positive. She asked whether the Trust was currently complying with the Charter. Mr Duffell said it was something which the Trust had been doing for many years.

Mr Dunshea asked whether the Inspiring Directorate Manager Talent Pool was in progress.

Action:- Mr Duffell said he would look into this and provide further information.

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

### **TB.7649: Education**

Dr Odum introduced the Report and said that he had attended the formal opening of Aston Medical School. He said the Trust was taking on student placements from the Aston Medical School in 2021 and advised the Board of the challenge of the Trust taking on 2 sets of student placements from across Birmingham and Aston Medical School. He said a plan of action was in place to address this. There followed a discussion about the funding arrangements for Medical Schools and the Trust. Dr Odum said he had not seen the funding arrangements for medical student placements. Prof. Field said this needed to be looked into.

Dr Odum highlighted the focus on the library within the Trust and said that there was a National Agenda in place for ensuring that NHS library delivered on the knowledge and outcome frameworks. He said he had met with the Chief Librarian in the Trust and had included a framework of 6 outcomes in the report to assist delivery of the organisation's education and learning.

Ms Edwards asked about the apprenticeships referred to on page 6 of the report to "Work with our neighbours in the region to develop apprenticeships cohorts to encourage more numbers/uptake and help the more specialist directorates with their recruitment issues e.g. Podiatry, Physiotherapy." She said this was a good idea and asked who would monitor the process delivery of this. Mr Duffell said there was ongoing work with the Local Authority in Wolverhampton and there were frequent meetings taking place. He said the apprentice reports and papers would be presented through Workforce Organisational Development Committee (WODC). Ms Edwards said this was a positive development.

**Resolved: that the Education Report be received and noted.**

### **TB.7650: Health Care Worker Flu Vaccination**

Ms Morris said the report was for noting and she gave an update in relation to the most recent figure as of the 1<sup>st</sup> November that 43.43% of staff had been vaccinated, 46.69% being frontline staff. Ms Morris said the next delivery of the vaccinations was expected at the end of the week. Prof. Cannaby said the Trust was starting to experience staff who were non receptive to vaccination and asked whether next year it should be a contractual requirement. There followed a discussion about concerns of some groups within the Trust refusing flu vaccinations and it was agreed that more work was required.

Mr Dunshea asked whether there was an indication of how bad the flu would be. Mr Loughton said looking at the southern hemisphere it was going to be bad. Prof. Cannaby asked Ms Nuttall whether there had been any cases within the Trust. Ms Nuttall said the evidence and surveillance evidence was being published weekly and the East Midlands was the place where they had the most cases so far and that following the southern hemisphere it was starting earlier in the year.

**Resolved: that the Health Care Worker Flu Vaccination Report be received and noted.**

### **Patient Safety, Quality and Experience**

#### **TB.7651: Patient Experience Report**

Ms Morris said the report was for noting. She recognised the good work in progressing the patient experience strategy and the work with the volunteers. She also highlighted the cancer patient experience report which had been published that showed an improvement across a number of areas.

Ms Edwards asked about the comment on page 8 “scope the potential for involving families in the learning from deaths process” and that the wording suggested it was optional but that the Trust had to find a way to meet the requirements from National Learning from Deaths. She said the way it was written gave the impression that it was something the Trust was considering and not currently doing. Ms Morris thanked Ms Edwards for the comment and confirmed that this was definitely being taken forward by the Trust.

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

#### **TB.7652: Children and Young People in Care Annual Report 2018/19**

Prof. Field welcomed Ms Plant. Ms Plant said the Trust was required to fulfil the Children and Young People in Care obligations outlined in the guidelines regarding initial and reviews of health assessments and quality assurance. She highlighted on page 6 and 7 some significant improvements in the service. She said initially the Key Performance Indicators (KPI) had been met but with some deterioration largely due to the case-complexity. She said one significant area was that in Wolverhampton the Trust was starting to see a lot of children and people in care from areas outside Wolverhampton who had been placed in care in Wolverhampton and included were young people in inpatient areas in paediatrics and in adult areas.

She said the team had only provided care to children who were Wolverhampton residents in the care of Wolverhampton but in this financial year this had expanded to cover Wolverhampton children who were placed in care of up to 50 miles away. Prof. Field asked whether there was anything from a Board point of view that the Trust could assist with. Ms Plant said the support of the business case that was required as with the right resources the Trust could offer the services required. Prof. Field said the team were doing a great job under the current system.

Ms Martin asked for assurance as to what the next stages were once the Trust had the business case approved because if it was looking at children who were not Wolverhampton, who were put into care in Wolverhampton who was the Trust going to go to ask them to pay. Ms Plant said

that was a piece of work that was currently being undertaken. Ms Martin asked who had taken the lead on this. Prof. Field said that was part of the discussion on the business case at the Board and the Director lead was Prof. Cannaby. Prof. Cannaby said discussions would need to take place with those local authorities with Mr Evans and the contracting department regarding this. Ms Martin asked whether the Trust was currently absorbing the costs of this. Mr Evans said the cost would be recharged out. He said what needed to be discussed was how the Trust put a commission arrangement in place for these children as they come into the Trust Services. Mr Loughton said the Trust needed to do the right thing by way of care of the children and then deal with the contracted process. Prof. Field said Mr Loughton was correct that the Trust needed to do what was right for the individual child then resolve the commissioned issues.

Ms Rawlings referred to the Board Development session on the safeguarding issues. Prof. Field said Wolverhampton had changed its safeguarding arrangements in line with the National Guidelines.

Mr Hemans asked whether the NHS had raised this concern with the Local Government Association (LGA). Prof. Field said he was aware from other sources that these discussions had taken place between Local Government representatives and the NHS.

Mr Dunshea said the child a and child b testimonials that had been produced were informative he asked whether they were typical of the care provided. Ms Plant said they were typical examples.

Prof. Field praised Ms Plant for the work that was being done and thanked her for the report.

**Resolved: that the Children and Young People in Care Annual Report 2018/19 be received and noted.**

#### **TB.7653: Clinical Audit Award Winners Presentation**

Dr Odum introduced Dr Das and Dr Kukoyi from the Stroke Unit, winners of a Trust Clinical Audit Award last year for the work they had done looking at reviewing mood following stroke. Dr Das introduced the Audit and said that Wolverhampton had the second largest stroke unit in the West Midlands, that there was a national stroke audit called Sentinel Stroke National Audit Programme (SSNAP) that benchmarked the local service nationally. He said it was noticed that there was a part of impact of a stroke which was unnoticed in the psychological impact.

Dr Kukoyi went through the following

- the aim of the project
- the importance of mood screening
- evidence-based Mood Screening Measures for Stroke patient
- the interpretation of mood screen measure
- the intervention cycle and what the effect was of conducting mood assessments on stroke patients admitted to the Acute stroke unit, improvement in patient care
- the challenges involved and recommendations being made.

He said there was a volunteer who had clinical physiological coaching which enabled them to undertake mood screens that had freed up time for the clinical staff to undertake other core clinical duties. He said mood screening was also being discussed by the multidisciplinary team on the stroke ward. He said the result of the screening had shown an improvement in patient experience as patients had come back to the ward with positive feedback. He said the recommendation was that mood screens were not only conducted but were followed up and actioned and ongoing education sessions continued. He said the volunteers were doing really well and needed to be retained and encouraged.

Prof. Field thanked Dr Das and Dr Kukoyi for their work and said it was very important work.

Ms Edwards said she was really pleased to see this development. She had enjoyed reading the paper and said the use of the volunteer was brilliant news. She said she had been looking at the SSNAP results for stroke in the Trust and was pleased that action on this particular aspect of care for stroke patients had been so successful and asked whether action was being taken in other areas where services to patients were considered to require improvement. Dr Das said there were a couple of clinical areas that the Trust was going to focus on.

Mr Duffell asked whether there was any learning for the Trust to consider. Dr Das said dedicated volunteers could be trained in a similar manner to give the clinicians and nurses extra assistance particular for mood.

Mr Dunshea said it was a very good presentation. He asked about post discharge mood monitoring. Dr Das said that dedicated community stroke team visited patients at 6 weeks and 6 months post-discharge and they could recommend referral to the Trust's dedicated physiological service in the community if they showed signs of low mood.

Ms Oum said that in Walsall this was used in the palliative service and wondered whether there was scope for this in any other service in the Trust. Dr Odum said this demonstrated that the Plan-Do-Study-Act (PDSA) cycle was suitable for improvement projects across services.

Ms Nuttall said she had seen the multi-disciplinary team when they won the award and the volunteer who was on stage with the team whose presentation was very powerful. She said there was a national movement regarding using volunteers. She believed it was something that the Trust needed to discuss as to how the Trust looked to use volunteers more widely as the Trust had a great team of volunteers and needed to support them.

Prof. Field said a development session would be useful after Christmas to discuss volunteers use.

Action:- Mr Wilshere to add to the Board Development Sessions prospective programme.

The Board congratulated Dr Das and Dr Kukoyi and their team on their work.

**Resolved: that the Clinical Audit Award Winners be noted.**

## **Chief Executive Report and TMC Report**

### **TB.7654: Chief Executive's Report**

Mr Loughton highlighted in the report that 3 consultants Anaesthetists had been appointed. He said Paul Maubach had been appointed as the Sustainability and Transformation Partnerships (STP) Accountable Officer for the Black Country and he had met with David Evans, Accountable Officer at NHS Telford and Wrekin Clinical Commissioning Group and Marcus Warnes – Accountable Officer, NHS Stafford and Surrounds Clinical Commissioning Group. He said he also invited a member of the National Catering Review to attend the Trust. He said positive feedback was received on the quality of our catering service. He said some Board members of other Trusts did not sample the food made in the organisation and provided to patients. He said recently 98% of the Trust's dementia patients had not lost weight whilst they were in hospital and said the Trust had a fabulous catering service.

Mr Loughton said when CQC reviews were conducted in the future a catering professional would be part of the CQC team. Mr Loughton congratulated the catering team and said it was one of the most important things for patient care.

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

**TB.7655: Chair's Report of the TMC held on the 25 October 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 25 October 2019 be received and noted.**

**TB:7656: Staff voice – Catering Staff**

Ms Ibbs-George gave an overview of hotel services and said that in the organisation the team provided portering, housekeeping, patient catering, and retail catering across the site, staff residences, waste, transport, linen and laundry and now added garage services.

There followed a discussion across a number of topics-

- The supply of catering for Telford NHS Trust. It had been agreed with Shrewsbury NHS that they would supply to them in the beginning of 2020, support and advice was being offering to Walsall NHS.
- In-house Retail outlets performance
- Hotel Service head count of over 600 staff
- The department annual budget of around £23 million

Ms Mayfield gave insight of a new UV light decontamination machine which was being used on a free trial basis from Hygiene Solutions for a 12 month period. She said currently the Trust was using a HPV machine for more infectious cleaning. She said the HPV machine released a chemical into the air to kill Carabapenemase-Producing Enterobacteriaceae (CPE) and other infections. She said there were a lot of benefits of using the new machine. She said with the HPV machine you had to close the vents off and tape everything up because of the chemicals which were released into the room and the process took around 3 to 4 hours per room which meant delays in getting patients back into the room. She said with the UV machine took it 20 to 25 minutes to get the room decontaminated against more common airborne viruses such as flu, TB. She said the machine was activated by a card, all the information was received a monitor outside the room which gave details of what percentage of the room had been decontaminated by the sensors placed in the room. She said once the percentage had reached 100% the room had decontaminated and it was ready for the next patient to use.

Ms Ibbs-George said she had hoped that another machine could be secured for the Emergency Department (ED) department. Mr Loughton asked about the cost. Ms Ibbs-George said that it could be rented at £1300 per month and did not know the purchase price but could make enquires. Mr Loughton asked Mr Stringer to look into this as a matter of urgency.

Action:- Mr Stringer to explore the cost and funding of a further machine.

Ms Rawlings asked how the machine worked. Ms Mayfield said the power of the ultra-violet light killed the bugs. Mr Loughton asked whether there were any research papers on this. Ms Ibbs-George said Matt Reid had been working on this for the trial for Infection Prevention and he was very much in support of it. Mr Loughton said the Trust offer a research paper on the use of the machine.

Action:- Ms Ibbs-George, Ms Mayfield and Mr Reid to be asked to explore a potential research project concerning the use of the decontamination machines.

Ms Ibbs-George said the food which was served to patients was sold in the restaurants at the Trust and today a sample of the food was provided to the Board.

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 1:25 pm to 1:55 pm

Prof. Field complemented on the food served by the Catering Team. Ms Ibbs-George confirmed it was a selection of patient meals on the day.

### **TB:7657: Director of Infection Prevention and Control Report**

Prof. Cannaby introduced the report and Dr Macve summarised the report including;

No RWT- attributable MRSA bacteraemia in Q1&2

- 27 cases by the end of September of toxin positive *Clostridium difficile* (externally attributable) against a target of 20 in Q1&2
- 10 RWT-attributable MSSA bacteraemia against a target of 12 for Q1&2
- 38 MRSA acquisitions in Q1&2, which is higher than at this point in the preceding 6 years.
- 21 Device Related Healthcare Associated Bacteraemia in Q1&2, below our internal target (24)
- An increase in the number of new CPE positive patients identified is due to the introduction of a more sensitive (molecular) screening method.
- Compliance with mandatory training is below 95% for Infection Prevention, Antimicrobial Prescribing and Hand Hygiene competency.

Dr Macve said mandatory training rates had to be improved and that the Trust was continually improving and had stepped up the surveillance and cleaning.

Ms Oum asked whether the testing was done in a timely way. Dr Macve said the Infection Prevention Team was encouraging early sampling of potential indications. Prof. Cannaby confirmed work was underway to improve awareness in staff for this. Prof. Field asked about possible prevention by asking patients to inform the services should they have diarrhoea so elective care could be re-arranged. Prof. Cannaby said it depended on why they had been attending at the hospital but this would also influence out-reach care in Nursing Homes and other care settings.

**Resolved: that the Director of Infection Prevention and Control Report be received and noted.**

### **TB.7658: Learning from Deaths Update**

Dr Odum presented the report and highlighted continuing work on the clinical pathways. He referred to an example that had used the CQI process in sepsis. He said the work with the coders and clinicians was progressing well.

He said the SHMI had fallen slightly further to 1.14. Dr Odum said a significant factor was that it was aligned with the predictions that PWC had produced. He said PWC had predicted further falls in the Summary Hospital-level Mortality Indicator (SHMI) over the course of the next few months. He said the mortality reviewers were in place and they were making good progress in tackling the backlog and some of those outcomes were reported on the back page on the Structured Judgment Reviews (SJRs). He said he was attending the health and scrutiny common meeting to discuss the role of the medical examiner in the organisation and there was a lot of interest. He said that approximately 70% plus of deaths were being reviewed by the medical examiners. Prof. Field said Prof. Toner should be provided with an insight of this in her induction as it was quite

complex and really important what the Trust was doing.

Ms Rawlings said looking at the SRJs there had been a lot of poor SRJ results in the report which was disappointing to note. She said however the Trust was doing what it should do and the Trust was identifying that. Dr Odum said the fall in the results was as much as the Trust was trying to be objective there were still subjective differences between the reviewers. He said the Trust was putting in place a process to try and ensure that there was greater standardisation. He said there was an increase greater than expected. He said the learning from deaths was being fed back to the Directorates. He apologised for the error in the numerical data within the report. Prof. Field asked for more detail in the next report.

Prof. Cannaby said that there was a common theme across the speciality and nursing mortality audits underway with improvements in some areas of fundamentals of care. She said she was, working together with Dr Odum and Dr McCaig on sepsis and the deteriorating patient, working to ensure that the common themes were being addressed. Dr Odum said the data was presented to the CQC team and it was concluded that the Trust was doing all the right things. Prof. Field said this was one of the areas that should be discussed more detail at a future Board Development sessions.

Action:- Mr Wilshere to add to the prospective Board Development Schedule.

Ms Oum said as a new Board member it was very helpful to have a briefing on this and she said what had been put in place looked really comprehensive. She said the fact that the Trust was seeing improvements was very reassuring. She said she had noticed in the report that there was work underway to do some West Midland wide reviews and asked about the progress on this. Dr Odum said discussions were in progress so there was an agreement in principle with the West Midlands Group run by NHSI, but it had not as yet been formalised in terms of sharing notes and figures between organisations. He said there was a conversation with Walsall and Sandwell about doing this more locally but work had not as yet commenced. Ms Oum said she would be attending the Walsall mortality review so would raise it on the agenda as it was really important area.

Mr Dunshea asked whether, as a result of the Structured Judgement Reviews (SJR's) judged to have been poor care, there had been any further duty of candour disclosures considered or made.

Dr Odum confirmed that if any such concerns were raised that the case was referred as a Serious Incident (SI), that the SI process was then followed and that included any conversation for Duty of Candour disclosures. He said that to date he was not aware of this being the case. He said the Serious Incident Group reviewed this in all cases.

**Resolved: that the learning from deaths update be noted.**

#### **TB.7659: Clinical Quality Improvement Programme (CQI)**

Mr Evans presented the report and highlighted that the team had passed their assessments last month and the Trust was now a teaching academy. He said day 2 of induction was now the CQI day and then the 5 day programme was to commence in the New Year. He said attached to the report was the first case study. He said the case study provided details of the work which was undertaken.

Mr Dunshea asked, referring to appendix 1, whether it was possible to insert a likely start date. Mr Evans said a review date would be inserted once a proposal moved to implementation.

Ms Martin said on the front page of the report both under Advise and Alert there was mention

about problems in keeping staff cohorts levels up, pressures for nursing staff and then there was mention about production capacity because of the completion of a nursing secondment.

Prof. Cannaby said the Trust had one individual on a secondment and it had been agreed that the Trust would continue to fund the individual until the end of March and at which stage a business case would be prepared to demonstrate the value of the post.

Ms Edwards said this was discussed at QGAC and she mentioned that this was a very important post and asked to be updated on progress.

**Resolved: that the CQI Report be received and noted.**

## **Governance, Risk and Regulatory**

### **TB.7660: Chief Nursing Officer's Nursing Report**

Prof. Cannaby introduced the report and said that the overseas nurses had begun to arrive in large numbers. She said there were weekly meetings with Ms Nuttall to discuss staffing.

Prof. Field asked what was considered as large numbers. Prof. Cannaby said the Trust had 30 Filipino nurses and 40 nurses on the Clinical Fellowship Programme. She said the Trust had 20 new students coming in January together with another 30 Filipino nurses in January/February. She said there were approximately 50 plus Clinical Fellows that were waiting for decision letters and the Trust was interviewing every Friday at least 7 to 10 people. Prof. Field congratulated Prof. Cannaby and said this was positive news. He asked how this compared to recruitment in Walsall. Ms Oum said Walsall had not done as much in terms of overseas recruitment.

Mr Sharon asked whether there would be a reduction in bank expenditure as a result of these new staff. Prof. Cannaby said she hoped this would be the case. She said on 3 or 4 of the medical wards there had been severe shortages covered by overtime. Prof. Cannaby said it took nurses approximately a month to 5 weeks to get onto the Trust programme and there had been some really positive feedback and some of the nurses had stayed with the Trust for 6 to 8 years. Prof. Field said this was very positive.

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

### **TB.7661: Chief Nursing Officer's Governance Report**

Ms Morris introduced the report and said the report was to note. No questions were raised.

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

### **TB.7662: Chair's Report QGAC**

Ms Edwards introduced the report and mentioned on page 2 of the report the positive Safeguarding Group report. She drew attention to the final page concerning the 104 day harm report that had been presented to QSIG and raised at QGAC and which gave a summary of the 104 day harm reviews. She highlighted in the report one recent Root Cause Analysis (RCA) resulting from 104 day harm review. She said how the Trust was using the making it better "alert" to highlight avoidable delays.

**Resolved: that the QGAC report be received and noted.**

### **TB.7663: Board Assurance Framework**

Mr Wilshere advised that this had been reviewed as required by the Board Committees



responsible.

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

**TB.7664: Finance & Performance Minutes 25 September 2019, QGAC 25 September 2019, Audit Committee Minutes 24 May 2019, TMC Minutes 27 September 2019 and Workforce Organisation Development Committee Minutes August 2019**

Prof. Field said the minutes were to note.

**Resolved: that the Finance & Performance Minutes 25 September 2019, QGAC 25 September 2019, Audit Committee Minutes 24 May 2019, TMC Minutes 27 September 2019 and Workforce Organisation Development Committee Minutes August 2019 be received and noted.**

## **General Business**

### **Any other Business**

**TB.7665: There was no further Business raised.**

Nothing was raised.

**TB.7666: Date and time of next meeting:**

Monday 2 December 2019 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

**TB.7667: 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 2:30pm