

Minutes of the meeting of the Board of Directors held on 2 December 2019 4 February 2020



Agenda Item No: 2.0

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 2 December 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 Innovation, Integration and Research
Mr K Stringer ^(v)	Chief Financial Officer/Deputy Chief Executive
Mr S Evans	Acting Director of Strategic Planning and Performance
Prof. L Toner	Associate Non-Executive Director
Prof. A Pandyan	Associate Non-Executive Director

(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 A Davis	Clinical Director of Pharmacy and Medicines Optimisation, RWT (for staff voice)
Mr J Samuels	HIV/Hepatitis C Specialist Pharmacist, RWT (for staff voice)
Ms J Morey	Medicines Information/Formulary/PGD /Immunoglobulin / Neurology Specialist Pharmacist, RWT (for staff voice)
Ms A Ibrahim	Rotational Pharmacist, RWT (for staff voice)
Ms F Pickford	Head of Safeguarding, RWT(item 4.0)
Ms T Guy	Learning Disability Nurse, RWT (item 4.0)

APOLOGIES: None

Part 1 – Open to the public

TB.7681: Apologies for absence

Prof. Field opened the meeting and welcomed Prof. Pandyan the new Associate Non-Executive Director who had joined the Board.

TB.7682: 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.

TB.7683: Minutes of the meeting of the Board of Directors held on 6 November 2019

There were no changes to the Minutes of the Board of Directors held on 6 November 2019

Resolved: That the Minutes of the Board of Directors held on 6 November 2019 be approved as a true record.

TB.7684: Matters arising from the minutes of the meeting of the Board of Directors held on 6 November 2019

There were no additional matters raised.

TB.7685: Board Action Points

6 November 2019/ TB.7634

Lay Chairs

Action: *“Mr Duffell to liaise with personnel for grouping of Consultant interviews, Mr Wilshere to co-ordinate notifications and co-ordination of NEDS as Lay Chairs.”*

Mr Duffell said this was in progress to commence in February 2020.

Ms Martin asked for the lists to be circulated each month

Mr Wilshere said a meeting had been arranged with the workforce department to obtain the lists.

Action: it was agreed that the process to commence in April 2020 and the action to be scheduled for an update at March Trust Board.

6 November 2019/ TB.7642

Integrated Quality and Performance Report

Action: *“Ms Nuttall to circulate the presentation slides on theatres which were presented at the Finance and Performance Committee to all Board Members and to reply to Mr Dunshea’s questions separately.”*

Ms Nuttall said she the presentation slides had been circulated to the Board and would formally email Mr Dunshea with a reply.

Action: it was agreed that this action be closed.

6 November 2019/TB.7653

Clinical Audit Award Winners Presentation Stroke Unit

Action: *“Mr Wilshere to add to the Board Development Sessions a discussion on the usage of volunteers within the Trust”.*

Mr Wilshere said this had been provisionally booked for the 4 June 2020.

Action: it was agreed that this action be closed.

6 November 2019/TB.7656

Staff Voice – Catering Staff

Action: *“Mr Stringer to explore the cost and funding of a UV light decontamination machine. Ms Ibbs-George, Ms Mayfield and Mr Reid to explore a potential research project concerning the use of the decontamination machines”.*

Mr Stringer said a business case has been completed and was going to Contract Review Group (CRG) for a decision.

Mr Wilshere said Ms Ibbs-George had confirmed that she had asked the staff to look into research with the company that supplied the machines.

Action: it was agreed that this action be closed.

6 November 2019/TB.7658

Learning from Deaths Update

Action: *“Dr Odum to insert more detail within the report and check numerical data”.*

Dr Odum said the table had been amended and inserted in the reading room.

Action: *“Mr Wilshere to add to the prospective Board Development Schedule a discussion on Learning from Deaths.”*

Mr Wilshere said this had been provisionally booked for the 4 June 2020.

Action: it was agreed that this action be closed.

TB.7686: Patient Story

Ms Pickford introduced the patient story, focussed on a patient’s experience of attending the Trust’s emergency department. The patient had Down’s syndrome, learning difficulties and some communication issues. She said as part of the resolution the team worked with the patient’s father to try and address some of the communication issues raised. She said procedures were in place that helped improve the care and experience for people with learning difficulties including, where possible, the Trust services obtaining information about the person beforehand to help improve responses and understanding of the person’s behaviours.

Ms Edwards asked what procedures were in place with the passport system for other patients who attended the Trust. Ms Guy said training regarding the availability and use of the passports was ongoing for staff at the Trust. She said all new nursing staff had to complete learning disability awareness training and the specialist support team provided advice once an enquiry was received from staff to support a patient attending the Trust who had learning disabilities.

Ms Oum asked what other work, if any, had been undertaken in the Trust to make the experience for people who attended the hospital less daunting. Ms Guy said the Trust encouraged staff to contact their team before someone was admitted where possible. She said the team then visited the patient and obtained information for the hospital passport, carers and/or family members, the information and learning from which was then communicated to staff caring for them to enable them to identify and provide support plans where required.

Mr Dunshea asked whether undergraduates had exposure to patients who had learning disabilities. Prof. Toner said there had always been a requirement to cover learning difficulties and mental health in children and adults within the nursing curriculum. She said that the new nursing programme that had been approved included new standards where all nurses had to be exposed to all fields of nursing including learning disability. She said she was pleased to see there was a team in place at the Trust as she was aware there was a shortage of nurse trainees and recruit in this area. Ms Guy said that the loss of the nurse training bursary had had an impact on nurse trainees as many had been mature students. Prof. Toner said that Health Education England (HEE) had recognised this and had made money available to Trusts for nurses to obtain a degree or apprenticeships in learning disability nursing. Prof. Field asked Mr Duffell if he was aware of this. Mr Duffell said Prof. Cannaby had received a letter detailing this.

Ms Rawlings said it was positive that the Trust was addressing the issues identified and she asked whether similar systems and procedures were in place for people with mental health issues. Ms Pickford said there was current work to improve the aspects of mental health awareness and care. Ms Rawlings said the key starting point was to be able to assist with support and care for a patient was the health passport.

Prof. Field congratulated Ms Pickford and thanked her and the team for all their work.

Resolved: that the Patient Story be received and noted.

Prof. Field said he had recently attended the volunteer and charity meeting awards attended by over 100 people. He said he was very impressed with the range and breadth of the involvement of volunteers in the Trust and he had been delighted to hear some of the fantastic stories of the work they were doing. He thanked everyone involved in the event and the involvement of volunteers.

Ms Rawlings agreed and said the volunteers added great value and that there were over 400 volunteers operating within the Trust. She said she was pleased to see younger people were also joining the Trust and who as volunteers could bring a lifetime of service and added value.

Prof. Field said would like a report circulated to the Board of future volunteer awards meetings and also of the long service awards which take place in the Trust.

Action: Mr Mahmud to prepare and circulate reports on future volunteer award meetings and long service award meetings.

Chief Executive Report and TMC Report

TB.7687: Chief Executive's Report

Mr Loughton introduced his report. He highlighted a number of activities including his attendance at a National Cancer Alliance Board meeting to discuss capital resources relating to the provision and replacement of cancer related equipment. He said the National Catering review Chair, Philip Shelley, had visited the Trust and was pleased with the standard of service provided by the catering service. Mr Loughton also said he met with the Managing Director of the City Council to discuss the option of the Trust providing school dinner catering services.

He also referred to a recent visit by Dr Mark Britnell, Chairman and Senior Partner for the Global Health Practice regarding the innovation work the Trust was doing. Mr Loughton said he had also attended the 150th anniversary celebration for the British Red Cross and met with the Chief Executive. There followed a discussion about the projects undertaken in the UK by the British Red Cross and their volunteer base and a discussion regarding the national shortage of suitable acute mental health placements across the country.

Mr Dunshea asked if catering support was provided to schools whether this would be an opportunity to assist in educating and tackling the levels of child hood obesity for the Trust. Mr Loughton agreed that it could be.

Prof. Pandyan spoke about the research being undertaken on the issue of nutrition and schools which focussed on BMI. He said there were issues that had been identified by the research focussed on what happened nutritionally when the children were not in school as there was a big gap between what they received at school and home. He said in the wider context there was almost no focus on public health in schools. He also said he was aware that university students engaged in a lot of volunteer activity in schools and may be able to help in any transition, should it be required, to community programmes.

Prof. Field said there were a lot of things which the Trust could do with regard to childhood obesity. He referred to previous discussions regarding extending an invitation to the Trust's consultant in Public Health to attend a future Board meeting.

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

TB.7688: Chair's Report of the TMC held on the 22 November 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 22 November 2019 be received and noted.

Strategy, Business and Transformation

TB.7689: Keele Deal Partnership Agreement

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

Resolved: that the Keele Deal Partnership Agreement be approved

TB.7690: Chair's Charity Report

Ms Rawlings introduced the report which was to note.

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

People and Engagement

TB.7691: Executive Summary Workforce Report

Mr Duffell presented the report and highlighted the 6 key indicators contained therein. He said since producing the report the figure for responses to the staff survey had increased to 34%.

He said the team attended a positive recruitment event in Telford. He highlighted that the overseas nurses and clinical fellows were continuing to arrive and that progress against the recruitment process and the vacancy target was going well. He said that again this month more staff had joined the Trust than left. He said the Trust now had the ability to report on job plans and that the first e-job plan was included in the report.

Ms Oum said she had made some notes on areas where collaboration may be of use to the Trust and that she would forward her notes to Mr Duffell. Mr Duffell said he would discuss this with Ms Oum on receipt. Ms Edwards said she was positive to see the data on job planning although she queried the definition on page 11 of 'boot camp'. Mr Duffell confirmed the definition of 'boot camp' was correct in the context of the reported element.

Ms Martin said on page 13 of the report it was noted that Division 2 had a low performance rate in generic mandatory training and she asked whether there was any assurance that there was a plan in place to address this with timescales. Mr Duffell said he would check whether Division 2's performance rate was subject to a dedicated recovery plan and timescales. He said the information was collated from the divisional performance reviews. He outlined that this involved the systematic review of a range of data items including workforce information so it was highly likely that there was a plan on target to address any shortfall. Ms Nuttall confirmed that she was aware that Division 2 had such a plan in place.

Action: Ms Oum to forward notes on areas of collaboration to Mr Duffell.

Action: Mr Duffell to discuss further with Ms Oum on receipt of the notes.

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

TB.7692: Chair's Report Workforce Organisational Development Committee

Prof. Field asked on Mr Heman's behalf whether there were any questions regarding his Chair's report and he confirmed there were none.

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

Patient Safety, Quality and Experience

TB.7693: Learning from Deaths update

Dr Odum introduced the report. He said there had been a continued reduction in the Summary Hospital-level Mortality Indicator (SHMI) which at the present time was at 1.14. He said there were a number of programmes in place including the Continuous Quality Improvement (CQI) programme to support the work streams in the identified areas. He said the CQI team had looked at the issues regarding sepsis identification and treatment with colleagues in the emergency department (ED). He said that the Trust had improved performance in terms of triage and delivery of antibiotic treatment for sepsis in the ED department. He said the engagement with the other clinicians with the CQI programme had been remarkable.

Dr Odum highlighted a detailed summary within the report regarding chronic kidney disease (CKD) which had been prepared following an alert from the Doctor Foster Unit in London regarding the complexities of the patients who had CKD.

He said the mortality reviewers had all now been appointed and were working through the backlog of the Structured Judgement Reviews. He said there had been a review of any re-occurring themes and significant work was being undertaken within different teams following this review. He said that the end of life team had recruited 4 additional consultants and additional nurses. He said there was a report to mortality review group about learning from deaths of people with a learning disability as an important area. Dr Odum then referred to the development of the implemented Medical Examiner role. He said that to date the improved communication and contact with relatives, early reviews of care and treatment and the timely registration of deaths had all been welcomed and well-received at the November local authority Health Overview and Scrutiny Committee.

Prof. Field said it was positive news that the Trust had a focus on learning disability learning. He said it was the responsibility of Trust Boards to oversee what was happening for the most vulnerable patients and that the focus on people with learning disabilities was an important factor.

Prof. Field said he was also pleased with the reported improvement in sepsis. Mr Loughton asked whether the Trust had received any additional funding for the medical examiner roles. Mr Stringer said it had not and that it was a cost pressure. Mr Loughton said there were many other organisations had done very little in this area to date. Prof. Field asked when Stan Silverman would be next attending Board. Dr Odum said he would be attending the next Board meeting in February 2020.

Ms Rawlings said it was good to see the positive progression in the reduction of the SHMI and asked whether the reduction of 0.1% was in line with what was expected. Dr Odum said the figure was in line with the figure expected. Ms Rawlings asked how the coding was impacting on the SHMI figures. Mr Mahmud said there had been a gradual reduction and that some coding changes had been made based on the experiences of the coders and clinicians. He said a discussion had taken place with Dr Odum to identify whether there was anything further that the Trust could do for improvement. He said nothing was identified from the data or clinical quality determinacies.

Prof. Field said that he had observed over the last few months an apparent culture shift in staff wanting to actively engage with the quality improvement ethos. He said that it had been his experience that the focus was on small, continuous and incremental changes and improvement. There followed a general discussion regarding signs of culture change. Mr Dunshea asked whether in Dr Odum's view, the intensity of work that had been undertaken had been a good and beneficial thing. Dr Odum said he thought the concentration on a number of indicators from the SHMI, the quality of care and the engagement process leading to the Structured Judgement Reviews (SJRs) by dedicated reviewers had enhanced the work across the whole of mortality and learning from deaths.

Ms Oum said the report and briefing she received from Mr Mahmud had usefully illustrated the Trust was engaged in comprehensive work to address the issues. She raised an issue with the assurance heading inclusion. Dr Odum accepted that a wording modification was required. Ms Martin said the first sentence needed to be amended to say that although the SHMI was not an indicator of quality of care, that the Trust had responded to the SHMI positively as a possible 'smoke signal'. There followed a discussion regarding the SHMI statement in the report. Prof. Field summarised by confirming that the Board was satisfied that the Trust had responded in the appropriate way.

Action: Mr Mahmud to discuss with Mr Wilshere the rewording of the details in the assurance heading of the report.

Resolved: that the Learning from Deaths Update be received and noted.

There was a break 11:30 – 11:45

TB.7694: Nursing Skills Mix Report

Prof. Field introduced the report to note. He said that Prof. Cannaby was not attending the meeting and was happy to take and respond to any questions which the Board may have following the meeting.

Resolved: that the Nursing Skills Mix Report be received and noted.

Governance, Risk and Regulatory

TB.7695: Chief Nursing Officer's Nursing Report

Prof. Field introduced the report to note. Prof. Toner asked for more information about pressure ulcers increase in the community. Prof. Field said this would be raised with Prof. Cannaby in the private board. Ms Oum asked whether consideration had been given to whether there was a connection between the rise in community pressure ulcers and the communication with patients and carers around pressure relieving products as there may be language and cultural issues. Prof. Field said that he had made note of this and would bring it back in the private board meeting for Prof. Cannabys' comments.

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

TB.7696: Chief Nursing Officer's Governance Report

Prof. Field introduced the report to note. Mr Dunshea asked whether it was not possible for a Deputy to attend. Prof. Field said the deputy was involved in the same CQC work as Prof. Cannaby.

Ms Oum said on page 126 there was reference of Walsall NHS Trust being unwilling to pursue collaboration with regard to thoracic referrals for cancer surgery. She said she had spoken with colleagues in Walsall and she had received assurance that they were welcoming of communication regarding this. She said it may have been at the time it was initially being explored that the Trust was not in that position to do so but that was not the case now. Ms Nuttall said the information had not been updated on the report.

Prof. Toner asked about the challenges in Radiology and the breast service and whether that was due to lack of staffing or another issue. Ms Nuttall said that was a staffing issue with breast radiologist and breast radiographers that had led to deterioration in the breast 2 week wait. Prof. Toner said she was aware that there were students at a lower level that had completed a 1 year certificate programme to carry out monography who may be able to assist the Trust. Ms Nuttall said she would feed that back to the team. She confirmed that the breast screening service was sub-contracted to Russell's Hall and required people of a more senior level.

Ms Oum said she was surprised to see on page 128 that there was an issue in recruitment and retention for health care assistants. She said she was responsible for a piece of work undertaken at Queen Elizabeth where a community regeneration approach was taken which was very successful and she said she would be happy to share this with the Trust. Ms Nuttall said there had been some challenges in recruiting in certain areas and the Trust had changed the way it was recruiting.

Action: Prof. Cannaby to provide more information relating to the Trust Risk Register Risk regarding the recruitment of Health Care Assistants

Ms Oum said that her understanding was that issues with histology had impacted on Walsall and not just Wolverhampton in terms of turnaround times. Mr Stringer said he believed it was Wolverhampton that had been impacted and not Walsall.

Ms Nuttall said when the 2 departments had come together there was an improvement so the baseline Walsall turnaround times had been brought up from being very low but that the high performance at RWT had reduced. She said the Black Country Pathology partnership came together with a view to improving and stream-ling the turnaround times across the Trusts and in the short and as a result, Walsall had improved and Wolverhampton's turnaround times had deteriorated. She said there was a recovery plan in place. She said she was aware that there had been some communication between and with the NEDS and the Chief Operating Officer and Medical Director at Walsall regarding this.

Ms Oum asked whether a review should take place. Ms Nuttall said the most recent meeting had only just taken place and that it was clear from that that further discussions were required. She said there were matrices that reported internally regarding laboratory assurances rather than performance turnaround times. She said discussions had taken place with the BCPS Chief Operating Officer and that further work was in progress.

Mr Sharon said this had also been reported to the Strategic Pathology Board, at which all the Trusts were represented, as part of a range of information including turnaround times. Ms Oum said given the desire to encourage further collaboration, it would be very helpful to be able to say this flag ship partnership was achieving. Ms Martin asked who the Trust's representative was at the BCPS strategic board. Mr Sharon said Mr Loughton, Dr Odum, Mr Duffell and himself were all representatives.

Ms Nuttall said that a report had been provided across the STP and that the oversight and assurance of the BCPS had been reviewed given that RWT was the host organisation. Prof. Field asked when the report would be available to the Board. Ms Nuttall said at the March Board. Prof. Field asked for the report to be brought to the Board in March.

Ms Oum clarified that in her view there should be 2 reports, 1 report detailing the benefits and challenges for RWT and the second detailing the benefits and challenges to the partnership including RWT. Ms Nuttall said all the information highlighted would be combined in a single report.

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

TB.7697: Chair's Report QGAC

Ms Edwards introduced the report and said it was for noting.

Resolved: that the QGAC report be received and noted.

Finance and Performance

TB.7698: Report of the Chief Financial Officer – Month 7

Mr Stringer introduced the report and highlighted the Report dashboard in that the financial performance for the month (excluding Provider Sustainability Fund (PSF)) was a deficit of £1.7m. He said that following informal feedback from NHSI there was suggestion that the £5.1m may not be supported. He said fortnightly calls are taking place and one was scheduled with the NHSI divisional director and Chief Executive to discuss the way forward. He said there had also been an increase in pay costs which was expected due to the transfer of the cytology service.

Resolved: that the Month 7 Finance Report be received and noted.

TB.7699: Chair's Report of the Finance and Performance Committee (F&P)

Ms Rawlings said the report was to note and said that a very detailed discussion had taken place at the F&P committee about the challenge to meet the CIP target, one of Board Assurance Framework (BAF) risks. She said the Finance Recovery Board were having more frequent meetings to look into next year's forecasts.

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

TB. 7700: Integrated Quality and Performance Report

Ms Nuttall highlighted the key points in performance and quality standards. She said in October there was one patient that had breached the 12 hour wait which was a patient awaiting a specialist mental health inpatient bed. She said November had showed improvements in that for the last 3 weeks the Trust was in line with the 2 week standard bookings for cancer referrals which included breast cancer referrals. Prof. Field asked what Ms Nuttall thought was the reason for the improvement. Ms Nuttall said she believed this was due to the support from Russell's Hall and Walsall and the department themselves had undertaken two additional Saturdays of bookings.

Mr Dunshea asked for information with regard to dermatology and the transfer of provision. Ms Nuttall said the transfer of adult non specialist services was due to take place on the 1st December. Mr Evans confirmed this would now not happen on that date as the original chosen provider was not able to mobilise effectively for the 1st December so this had now been pushed back to the 1st March. He said the commissioners had identified an interim provider who would pick up the work between now and February until the new provider (Circle) commenced. Ms Nuttall said the point for the Board to note was that the Trust had stopped taking new referrals for Dermatology in preparation for the service to be contracted out in March 20.

Prof. Field summarised that the Board expressed its concern that the new dermatology service would not be provided as agreed until March and that it had concerns regarding the provision of an interim provider, that the Trust was concerned about the service provided for the people of Wolverhampton and would be seeking assurances from the CCG addition that the people of Wolverhampton would be served appropriately by these changes and arrangements.

Action: Mr Evans to circulate letter which was sent to the CCG asking for assurance about what was to happen for patients in the interim of the new provider commencement and their response to the Board.

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

TB.7701: Finance & Performance Minutes 23 October 2019, QGAC 23 October 2019 and TMC Minutes 25 October 2019

Prof. Field said the minutes were to note.

Resolved: that the Finance & Performance Minutes 23 October 2019, QGAC 23 October 2019 and TMC Minutes 25 October 2019 be received and noted.

General Business

Any other Business

TB.7702: Review of the Trust Approach to the Strategy Documents

Mr Evans introduced the report. He said that following internal review work as part of the CQC self-assessment and preparation, that the Trust had a minimum of 25 'strategies' in place. He said the review had sought to establish consistency and an agreed approach to what strategies the Trust required, had in place across the organisation, where they reported to and how other plans existed within the organisation.

He said the proposal was to have one document called the Trust Strategy and that all other documents that supported this to be called 'enabling strategies'. He said 7 have been identified to align to the subcommittees of the board. He said the Estate and Digital Strategy were due to come to the Board in February which would enable a full review to be undertaken to see whether they need to be kept as 'enabling strategies' or as 'delivery plans' which would support the enabling strategy.

Ms Rawlings asked how the charity strategy would fit within this. Mr Evans said the discussion for today was to ask the Board should there be specific additional things that the Trust would want to have as a strategy in its own right. Ms Rawlings said was not an independent charity but did not know where this sat. Prof. Field suggested they should be kept separately but reported to the Board.

Dr Odum asked about a clinical services strategy and where it would fit. Mr Evans and Dr Odum said they would have a conversation after the meeting to discuss whether this would be identified as a plan or a strategy. Mr Duffell said he did agree it was important to streamline strategies having to understand 27 strategies to 7 would assist for future CQC processes and said it was a good way forward.

Ms Edwards asked whether the CQC would expect the Trust to have a clinical strategy. She said the Trust needed to consider this and what it might look like. Ms Edwards said care needed to be taken to ensure that the 7 documents which are produced were not lengthy documents.

Resolved: that the Review of the Trust Approach to the Strategy Documents report be received and noted and brought back to the Board March 2020

There was a further discussion about the size and detail of the Board reports. Prof. Pandyan asked whether the reports could have matters that require decisions to be made and matters that need discussion to come up front and anything else for information just to be sent for information. Prof. Field said that was exactly where the Trust was trying to get to and he was correct we as we shrink pages we need a summary which says a summary not just a contents page and if it was a decision what was the decision they are trying to make on this and why. Prof. Field said Mr Wilshire was doing some work on report writing for the Board reports.

TB:7703: Staff voice – Pharmacy

Ms Davis gave an overview of the Pharmacy department and there followed discussions across a number of topics including;

- The Number of staff within the department
- The keys areas which they cover clinical services, operational pharmacy services, primary care and community services team and aseptic and cancer team.
- Drug supplies
- Treating patients with HIV
- Outreach clinics
- Medication reconciliation process appropriate prescribing of medication

Ms Martin said was interested to hear that the department planned to discharge patients at the moment the patient arrives. She said there had been mentioned of patients discharge delayed due to waiting for medication. Ms Davis said it was important to note it was just not pharmacy involved a prescription as a Doctors signature was required. She said pharmacy had good turnaround times. Mr Dunshea asked whether retrieval machine was working well in pharmacy and asked for feedback on the new electronic prescribing system. Ms May said it had its advantages and disadvantages. She said there would be information in due course regarding the electronic prescribing.

Prof. Field thanked the team for their work within the organisation

Resolved: that the Staff Voice be noted.

TB.7704: Date and time of next meeting:

Tuesday 4 February 2020 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

TB.7705: 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 pm