

Minutes of the meeting of the Board of Directors held on 4 February 2020 3 March 2020



Agenda Item No: 2.0

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Tuesday 4 February 2020 at 10 am in Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:

Prof. S 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 C Colesby	Speech and Language Therapy Service Manager, RWT for item 4.1
Ms N Farrington	Specialist Nurse in Bereavement & Family Support, RWT for item 11
Ms A Dowling	Head of Patient Experience and Public Involvement, RWT
Ms M Morris	Deputy Chief Nurse
Ms T Palmer	Head of Nursing and Midwifery, RWT for item 4.2
Ms N Mahay	Freedom Speak up Guardian, RWT for item 6.2
Ms G Windwood	Member of public, Bayer plc

APOLOGIES: None

Part 1 – Open to the public

TB.7722: Apologies for absence

Prof. Field opened the meeting and introductions were made, there were no apologies.

TB.7723: Patient Story

Prof. Cannaby introduced the patient stories. The first patient story focussed on the experience of a patient who had received support from the Speech and Language Therapy Service. The child had speech delay at an early age and had developed stammering. The patient's mother had contacted the Speech and Language Therapy Service at the Trust. The child said by attending sessions he had gained confidence by learning strategies to manage his stammering and improving his communication skills which had really helped him. Prof. Field said it was a good

positive story.

Ms Rawlings said it could be seen from the video that it had made a significant difference to the patient when his Speech and Language Therapist from the Trust had been able to visit him at the school he was attending. She asked whether there was resource for this service to be provided to all children provided a service by the Trust and how that was managed. Ms Colesby said the service was provided to all children of school age, they were visited at the school they were attending provided theirs was a Wolverhampton School. Ms Rawlings asked whether there was a waiting list for the service. Ms Colesby said patients who were referred to the Service were seen within 18 weeks for an initial appointment.

Prof. Toner asked what the process was for children and people who were not resident in the Wolverhampton area. Ms Colesby said they would be seen by another NHS Service based in their area of residence and/or schooling.

Ms Martin asked whether there was a problem with recruiting staff with the right qualifications and whether there was a funding issue. Ms Colesby said there was a shortage nationally of Speech and Language Therapists, that the Trust was fully staffed and recruited well across adult and children service areas. She said the Trust had secured some additional funding for the Youth Offending Team and the Pupil Referral Unit and had good working relationships with both that assisted in identifying any needs or gaps in service.

Prof. Pandyan asked whether the Trust was considering an increase the number of group activities or sessions available, and whether there was a lack of available funding for that. Ms Colesby said work at present was done mainly on a one to one basis with the children. She said there was a good evidence base for extending the use of group work and that moving forward the Trust was looking to increase the use of groups across the service. She said to provide that service the Trust needed to look at space and accommodation capacity. She said that during school holidays was the correct time to do this and that there was capacity at the GEM Centre. Prof. Pandyan asked whether Notts/Staffs Risk tool she had referred to was being audited. Ms Colesby said yes there was an audit in place to look at the pre-existing and post measures.

Prof. Field thanked Ms Colesby and said the services provided by the team for patients and their families was excellent and life changing.

The second Patient Story focussed on the experience of a patient at the maternity unit who had been suffering mental health issues and related how the Trust services and staff had helped her through this difficult period. She related that she had received positive support during and after her pregnancy. The patient said that her attending hospitals had triggered her anxiety and emotions that she had not dealt with in the past. She said the team at the Trust were always helpful in helping her during the appointments, greeting her and accompanying her in the waiting room to ensuring she was OK. She said that one of the negatives was the lack of available appointments with the mental health team as currently these were only available on the Thursday afternoon. She said more appointment dates and times would be helpful and thanked the Trust and especially one member of staff who was very caring.

Prof. Field said mental health in antenatal and postnatal care was a very difficult area to deal with and said it sounded like our midwives continued to take on extended responsibility to ensure good patient care.

Ms Palmer said the Perinatal Mental Health Service had been underfunded for 10 years and part of the National Service changes and enhancements was to focus on that and provide services in hospital and close to home. She said the Trust's Perinatal Mental Health Service Clinics had been running for 2 years. She said the Trust was one of the first hospitals to pilot the clinics which had been hugely successful.

Ms Palmer said the Perinatal Mental Health team were specialists who worked with the Trust's obstetricians and midwives and commissioned work through the West Midlands Mental Health Network. She said over the past 2 years there had been an increase in the number of referrals. Ms Palmer said the issues identified had been addressed by providing care closer to home and that the services were now in the community hubs which enabled more appointments to be available at the hospital. She said the Trust service saw approximately 12 women per week with significant mental health issues.

Prof. Field congratulated the team involved. He asked whether, in relation to the lack of availability of appointments, if the Trust received sufficient funding from the network to provide the service required. Ms Palmer said the Trust had now received the funding having had to bid for it through the West Midlands Perinatal and Health Network Commissioners. She said the Trust had a specialist team in place comprising a psychologist, psychiatrist, nursery nurses and occupational therapists together with support workers. She said the Trust provided the midwifery expertise and had an obstetrician specialist at New Cross working with and alongside the wider team. She said as women transfer from the midwifery services they transfer automatically into the health visiting service with the additional support.

Ms Oum said it was a fantastic service and in the patient story the lady talked about a personal interaction with one of the nurses who was texting her about her appointments. She asked whether that was personalised texting or automated. Ms Palmer said there was automated texting used but also, as these support staff worked very closely with the women on the specialist midwifery team their caseloads were very small so they could give that extra support they required including where required personalised texting for example. She said they would, for example, meet them if they were aware that they had a very high level of anxiety on the hospital site and in the hospital buildings to accompany them through the hospital. She added that also if they faced a long wait they would wait with the woman to provide the extra personalised care they required.

Mr Dunshea asked about expectant mothers with, for example, bi-polar conditions and whether coming into contact with the midwifery services triggered referral to specialist support services or whether it was identified at a later time. Ms Palmer said as the Trust had the clinic and screening for such conditions in early pregnancy such conditions were recognised earlier and referral made. Mr Dunshea asked whether this had been detected through normal contact with their GP's. Ms Palmer said the GPs would disclose any relevant mental health issues.

Prof. Field said some patients were identified with mental health issues during contact with maternity services but had not been to the GP or been previously diagnosed by the GP and that in some cases the pregnancy itself could trigger mental health conditions such as a psychosis. He said this was why it was an outstanding service. He thanked Ms Palmer and her team.

Resolved: that the Patient Story's be received and noted.

TB.7724: Midwifery Service Report

Ms Palmer introduced the report and highlighted the midwifery staffing birth ratio continued in a positive position and met the growth rate plus ratios aimed for. She said the Trust was meeting the recommendations and the only Trust within the West Midlands Maternity Network that was at the time. She said there was a predicted shift in the workforce as there was a proportion of midwives at the Trust who were pregnant and another significant proportion of the workforce were approaching retirement age. Ms Palmer said that at present there are no concerns about recruitment into vacancies. She said the report included an update on the 'Saving Babies Life's Care Bundles'. She said the Trust was expected to be compliant with all elements by March 2020 as part of the national mandate. She said monthly meetings were taking place to look at the progress and the Trust was confident it would meet those elements by March 2020.

Ms Palmer said she had previously advised the Board on the continuity of care, ambition, and trajectory's toward compliance. She said these were ambitious trajectories and the Trust was expected to meet them in relation to 35% of women on the pathway by March 2020. She said the challenge was to achieve the 51% by 2021 and that the Trust had an improvement plan in place and that she would keep the Board updated regarding progress.

Finally she updated the Board on the NHS Resolution Maternity Incentive Scheme. She said that the Trust had just commenced the year 3 process. She said last year the Trust was successful in achieving all 10 safety actions and was working through the year 3 requirements. Prof. Field said this was fantastic news.

Ms Martin asked about when the Trust service compared itself against the 10 maternity safety actions whether this was this done by self-assessment or external assessment or validation. Ms Palmer said it was self-assessment with evidence provided to the Board. She said the Board had to be assured that the right evidence in place in order to approve the submission of the self-assessment. Ms Martin asked whether it would be useful for there to be an internal audit to provide a further level of assurance. Prof. Cannaby said all the evidence was checked by her and Mr Loughton outlined the position that such submission were not sent out without two Directors not directly involved cross checking the evidence. Ms Palmer said there were also very stringent processes in place in terms of how that worked monitored fortnightly with Prof. Cannaby.

Ms Oum asked about the model chosen for the continuity of care using the team model (as opposed to the case load model) and she questioned whether the team model was sufficient to allow for the further development of benefits to patients and the needs of staff. Ms Palmer said the Trust worked very hard to ensure it had the workforce required to operate the model at its optimum, She said the service continued to work hard to achieve having the right people and the right skills in place at each step utilising the very experienced community midwifery teams.

She said the Trust had a team of midwives who met the women pre-birth so that they knew them at time when they had their baby. She said based on research and surveys the Trust had completed it was thought that the team model was better to start with. She said there were further pilot schemes being considered in preparation for implementation on the current consultant led unit however this was being first tested in the community and with low risk cohorts to begin with ensure it worked.

Prof. Field said that being able to recruit such high quality people to the team not just the midwives but the Doctors was very positive news. He said to have a waiting list of staff for posts was a fantastic testimony to leadership, inter-professional respect and positive working relationships. He said the Trust had a fantastic service and congratulated Tracy and the team. He said what was needed to be done was to build on the success whilst ensuring that issues impacting on Trust services from elsewhere did not distract from the positive approach.

Prof. Pandyan said that there was mention made about potential issues for achieving the 51% for the year and was it worth having a plan in place. Ms Palmer said improvements plans were already in place and it was not just Wolverhampton but a national challenge. She said the Trust was in a good position because it had maintained its high staffing levels.

Prof. Field congratulated Ms Palmer and her team.

Resolved: that the Midwifery Service report be received and noted.

TB.7725: 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.7726: Minutes of the meeting of the Board of Directors held on 2 December 2019

Amendments were made as follows

TB:7703

Page number 11

Staff Voice

Second paragraph

“Ms Martin was interested to hear that the department planned to discharge patients at the moment the patient arrives”

The word *“to discharge”* to be removed and replaced with *“started planning for the discharge of patients”*

Resolved: That the Minutes of the Board of Directors held on 2 December 2019 be approved as a true record subject to the amendment.

TB.7727: Matters arising from the minutes of the meeting of the Board of Directors held on 2 December 2019

There were no additional matters raised.

TB.7728: 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 the process had commenced of bundling up together complete days of interviews where possible.

Action: it was agreed that this action be closed.

2 December 2019/TB.7686

Patient Story

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

Mr Mahmud apologised and said this had not been circulated and would circulate the reports after the meeting.

Action: it was agreed that this be brought to Board on March 2020.

2 December 2019/TB. 7691

Executive Workforce Summary

Action: *“Ms Oum to forward notes on areas of collaboration to Mr Duffell on receipt of notes Mr Duffell to discuss further with Ms Oum.”*

Ms Oum said she would forward the notes after the meeting.

Action: it was agreed that this be brought to Board on March 2020.

2 December 2019/TB 7693

Learning From Deaths

Action: *“Mr Mahmud to discuss with Mr Wilshere the rewording of the details in the assurance heading of the Learning from Deaths report.”*

Action: it was agreed that this action be closed.

2 December 2019/TB 7696

Chief Nursing Officer’s Governance Report

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

Prof. Cannaby said that the Trust always had a lot of people who had attended for interviews and that this would be looked at in further detail regarding those who dropped out before or soon after taking up post. She said she understood that 30 Health Care Assistants were starting with the Trust next month.

Mr Duffell said analysis had begun to try and better understand the data with regards to concerns over the potential loss of Health Care Assistants. Prof. Field asked when and where there would normally be an update on this in Board papers. Mr Duffell said it was already incorporated monthly within the Executive Workforce Report. Prof. Field asked for this to be highlighted in the summary at the next Board.

Mr Loughton said the Trust had never previously struggled to recruit and retain Health Care Assistants but he said there were pressures from the retail sector increasing their pay and opportunities and that the Trust would need to look at band 2 and 3 to see what else it could do to attract and retain such staff.

Action: that this action be reviewed in 3 months.

Chief Executive Report and TMC Report

TB.7729: Chief Executive’s Report

Mr Loughton said he was delighted that Prof. Cannaby has rescinded her notice which he had accepted. He introduced his report highlighting that there had been 9 Consultant Appointments. Mr Hemans asked whether more cardiac consultants could have been appointed or did the Trust only require 2 cardiac consultants. Prof. Field said that was an example of bringing the services together where the Trust would be able to attract more people.

Mr Loughton then referred to a meeting he had had with Andy Street, Mayor of West Midlands Combined Authority to discuss innovation and funding opportunities for the Trust. He said he also met with David Evans the Accountable Officer at Shropshire Clinical Commissioning Group and discussed GP pathology services. Mr Loughton said graduation ceremonies had taken place for 2 clinical Professors Dr Helen Steed and Dr Mathew Brookes and the Trust now had 2 professors in gastrology which was positive news.

Finally he mentioned he attended several meetings with William Vineall, the Director of Acute Care and Quality Policy for the Department of Health and Social Care in relation to the Trust catering services and the positive impacts on care as 95% of dementia patients did not have any weight loss and also dietetic input was good in the Trust.

He mentioned one of the government manifesto pledges and said that discussion had commenced regarding the implementation and impact of the Prime Ministers pledges regarding free parking for patients with chronic and multiple conditions. He also referred to work he was involved in regarding legal settlements in relation to the duty of candour and consequential claims.

He said that in many cases where shortcomings were admitted to and apologies sincerely given in a timely way, associated complaints tended to not become litigation cases.

Mr Dunshea asked whether there was any update on capital for cancer equipment following Mr Loughton's attendance at the Cancer Alliances Leadership Forum. Mr Loughton said the Trust had got plans in place.

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

TB.7730: Chair's Report of the TMC held on the 24 January 2020

Mr Loughton introduced the report for noting.

Resolved: that the Chair's report of the Trust Management Committee (TMC) held on 24 January 2020 be received and noted.

People and Engagement

TB.7731: Executive Summary Workforce Report

Mr Duffell introduced the report and highlighted the 6 key indicators. He said that an area of concern was recruiting to apprenticeships rates. He clarified that this was not just a Trust issue but a national one. Mr Loughton asked whether this was due to the rates of pay. Mr Duffell said the number of apprenticeships the Trust would require pro rata for the contribution was high and would require the Trust to run apprenticeships on an industrial scale. He confirmed that this was an issue that most Trusts were having at the current time. He further commented that the Trust had joined up to the NHSI retention programme to see how well it retained staff within the organisation and the Trust had received positive results in the data pack produced by the NHS.

Mr Sharon asked for clarification on the retention (24 months) figure in the report. Mr Duffell said the way NHSI calculated it was an interesting approach because each of the different organisations did not have a common approach of how they tracked this. He said the Trust tracked retention and turnover in a number of different ways to try and cover both options.

Ms Rawlings asked about page 8 of the report in relation to the Black Country Pathology Service (BCPS) as it continued to show high levels of staff turnover. She asked whether the Trust was doing well overall and whether that had been factored into the report and rates. Mr Duffell said it had been factored in. He said it was expected that the BCPS would have a higher turnover than the Trust average as the new structures were being developed and implemented. Ms Rawlings asked whether there was a view of when that would settle down. Mr Duffell said that this should occur once staff moved on to the single site.

Ms Oum said she was interested in the survey work carried out with bank only staff and asked whether that was a Wolverhampton piece of work or something that was being done across the Black County. Mr Duffell said this was something which was just in Wolverhampton, as far as he was aware, at present. He said that the reason for doing this was bank staff were equally important to the organisation as were substantive staff and the Trust needed to understand how they felt about the organisation.

Prof. Field said the staff survey result was great. Mr Duffell said for the next Trust Board the staff survey results would be available in detail and would be included in the report. Prof. Field said taking forward for next year Sandwell issued its indexed results with some really interesting results. Prof Field said it was an index of how the Trust performs against other organisations on how it supports LBGTQ+ staff. He believed approximately 300 organisations applied this year for the first time and moving forward he would like the Trust certainly to get to the top 100 and asked

whether there were any plans for that. Mr Duffell said that in his previous Trust they did get into the top 100 he said it does require a lot of energy and resource to do it. Prof. Field said it might be worth doing some work on in the near future. He said the best time would coincide with bringing Trusts closer together as a collective rather than as an individual organisation.

Mr Mahmud said that the world of cultural up-tech, Health Education England had released a framework for getting ready for digital innovation that might be helpful for Workforce Organisational Development Committee (WODC) and the Board to have some oversight on how the Trust was performing against that framework. Mr Duffell said Mr Mahmud was correct there was a maturity index and he would take it back to WODC to have a look at it and see how the Trust compared with it.

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

TB.7732 : Freedom to Speak up Report

Ms Mehay joined the meeting and introduced the report. She highlighted the Freedom to Speak Up training that had taken place for managers and employees and the feedback had been really positive. She was looking to rolling this out for the community services with special focus in primary care and community services. She said page 4 of the report feedback on the survey results there had been an increase in the number of responses to just below 1600 responses.

Ms Rawlings asked the figure mentioned in the report of 36% of staff who had spoken up and how did the Trust factor against others. Ms Mehay said she did not know as this was the first time that the Trust had collected the data. She said one of the focuses the national guardian office was integration within primary care services and she said Kate Shaw from Division 3 had invited her to the next design and future day which was to take place in late February to give feedback to staff.

Prof. Field said for clarification Ms Mehay was referring to primary care of RWT. Ms Mahay said yes it was not primary care as a whole it was GP Practice staff of RWT. Prof. Field asked that this be clarified in the report.

Action: Ms Mehay to clarify the report as outlined.

Mr Stringer asked about the statistics in the report and he asked how big the response cohort was. Ms Mehay said it was 60 people who had responded out of 300. He said the results were positive but care needed to be taken in presenting the results. Mr Duffell recommended the results to be broken down by Division. Mr Loughton asked whether this had been done and whether Kate Shaw was aware of the figures. Ms Mahay said yes she was aware. Mr Mahmud said Mr Stringer's point was valid as this was a public facing document so that statistical standardisations and presentational accuracy was important. Mr Duffell said that providing the number of responses and total would help clarify the figures.

Ms Mehay mentioned the Freedom to Speak Up index which was what the Trust was being measured by for having a 'speaking up' culture. She said the Trust had achieved a rate of 77% the highest being at 87% and the lowest being at 68%. She said in terms of speaking up cases she found the largest group was people talking about attitudes and behaviour in the workplace which was similar to the previous year. She said there had been an increase in the number of staff speaking up from ethnic backgrounds - predominately nursing staff.

Prof. Field said if more people were speaking up that was good because they felt that they could speak up. He asked how this was recorded. Ms Mehay said in her experience, the reason for the ethnic minority group staff speaking up was in relation to concerns they had raised around

access to career development and professional development opportunities where, in their view, they perceived that their ethnic background inhibited this. She said if more people were speaking up that was overall a good thing. Mr Duffell said the Trust continued to encourage more people to speak up and to then address issues it was aware of in an open and transparent way.

Prof. Pandyan asked whether the Trust had any 'unconscious bias' training in place as routine for all staff. Mr Duffell said the Trust did not mandate it but training was available. Ms Mehay said there were a number of 'cultural ambassadors' within the organisation who, amongst other things, raised awareness of potential unconscious bias. Prof. Pandyan said this could be considered for becoming part of mandatory training. Prof. Field said research had questioned whether such training actually made any difference in tackling and changing behaviours. Ms Oum said there was not any evidence that it worked but there was also evidence that for some people it just reinforced prejudices. She believed the Trust had to be very cautious as it was very important to do something but actually do something based on evidence. Prof. Field said part of this was how the Trust should become more open with having these types of discussions.

Mr Dunshea referred to the graph in the report showing the level of harm reported and asked what type of level of harm this referred to. Ms Mehay said that no harm would mean in terms of no harm to their health and wellbeing and occupational health referrals for staff or harm in cases that have been reported about patients. She said she would share the categories of level of harm. Mr Dunshea asked if somebody felt that their career had not been taken forward based on their ethnicity would that be categorised as no harm. Ms Mehay said it would be recorded as no harm under staff feeling in detriment within the organisation.

Mr Dunshea asked if somebody was experiencing severe harm or moderate harm what assurances did the Trust have that something had been done to address this and the issues being resolved. Ms Mehay said there would immediate referral of either. She said that in the case of severe harm it would be referred to the Senior Executive Team and if it was moderate harm it would be referred to the Clinical Director or Matron. Ms Mehay gave the Board assurance that the issues had been addressed.

Prof. Cannaby said the Trust had been doing really well with the recruitment of nurses from overseas and during this week a nurse who had worked for the Trust for 15 years who came from a different country wanted advice on completing a PhD. She said there were a number of overseas nurses who should be encouraged and supported in their professional and academic progress. Prof. Field said the Fellowship programme was an incredible programme for doing such a thing.

Dr Odum asked whether the one severe harm referred to in the report related to an individual staff harm, or a case where staff had observed harm to a patient. Ms Mehay said from memory severe harm/moderate harm would be harm to a patient and not to an individual member of staff.

Resolved: that the Freedom to Speak Up Annual Report be noted and received.

TB.7733: Workforce & Organisational Development Committee (WODC) Terms of Reference

Mr Duffell introduced the terms of reference highlighting the amendments.

Resolved: that the WODC Terms of Reference be approved.

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

Patient Safety, Quality and Experience

TB.7734: Learning from Deaths update

Dr Odum introduced the report and said that there had been a further reduction to the Summary Hospital-level Mortality Indicator (SHMI) to 1.09. He said work was continuing by the Continuous Quality Improvement Team (CQI) team on clinical pathways and there had been some very positive work completed reflected in the improved performance in relation to Sepsis for the Emergency Department which had now been sustained. He said Wolverhampton had one of the highest death rates in the country for alcoholic liver disease and work was underway to analyse the figures in more detail.

He said the introduction of the medical examiner role within the bereavement office together with the bereavement nurses had been positive and good feedback had been received from families in the support that had been provided to them. He said there had been an improvement in the registration of deaths with the relocation of the registration of deaths to New Cross Hospital. Dr Odum mentioned that the reviewers had cleared the backlog of reviews. He said that any serious incidents identified in the reviews were escalated to formal root cause analysis (RCA) and other incidents were picked up through the 48 hour assessments. He said the main themes identified related to communication, delays in diagnostics/diagnosis escalation and in some cases mis-communication.

Prof. Field said the point of alcohol related liver disease was really important and said John Denley, public health lead, who had presented the Wolverhampton Strategy on alcohol and drugs should be invited to a Board Development sessions to discuss this in more detail. Dr Oum said this was a very serious issue and the Gastrology/hepatology service at the Trust provided an in-house service for reviewing all these patients and ensuring they were managed by specialists experienced in this area.

Mr Hemans asked whether there was any ethnic breakdown of the figures as he had read that there was correlation in some areas with increased eastern European population. Dr Oum said it had been identified that there was a significant issue in the Asian population including men and increasingly young females. He said he believed that there was an issue in the eastern European communities in terms of alcohol mis-use but not necessarily liver disease. Mr Mahmud said it was well known in the Indian sub-continent communities that within the Punjabi population that there were greater incidents of alcohol related liver disease problems and in Wolverhampton there was a large Punjabi population. Prof. Field said questions should be asked to John Denley when a Board Development Session had been arranged as to what he perceived to be a problem across Wolverhampton and to provide a breakdown of groups and ages.

Ms Oum said there was a similar situation at City Hospital. Mr Sharon said that employment and social support structures had to be factored into any examination of the issues. There followed a general discussion regarding licensing, access to and the cost of alcohol compared with Scotland.

Ms Edwards said she had previously asked about involving the bereaved in the investigation of deaths and had attended a meeting with the bereavement nurse to discuss this. She was aware an action plan to implement the recommendations in the Guidelines on Learning from Deaths was in place and gained reassurance that the Trust was making progress. She accepted that it was difficult to put achieve the recommendations on involvement of the bereaved in investigations and that there were no existing models to learn from and she had suggested seeking advice from other organisations including NHS Resolution. She said it was positive to see the way the Trust was making improvements generally in end of life care and supporting bereaved families.

Mr Dunshea asked what the assurance process was regarding the Structured Judgement Reviews (SJR) to ensure that they are being done in an acceptable way and to a required

standard. Dr Odum said each SJR was completed by a trained SJR reviewer, then reviewed by the relevant directorate for their consideration at M&M meeting. There was an opportunity at the latter to challenge findings. He said there was an internal audit process to be introduced for a random selection of SJRs to be reviewed by a second reviewer, and discussions were taking place across the Black Country and the West Midlands on how process might work in the wider West Midlands as to sharing/auditing of SJRs across organisations.

Prof. Field thanked Dr Odum for the comprehensive update.

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

TB.7735: Patient Experience and Annual Complaint Report update

Ms Dowling joined the meeting. Prof. Cannaby introduced the report and spoke about the Clinical Quality improvement project that the Trust was trying around the Friends and Family Test (FFT). She outlined how the Patient Experience Department together with Communications team were going to place 'QR' codes around the Emergency Department to see whether they would produce greater returns. She said the Trust had been awarded a grant from NHSI in the Trust's volunteers regarding discharge of £25k to develop the role. She mentioned that the children survey was good in some areas and less good in others with work needed to be completed to improve that.

Prof. Field asked about the £25k to support the volunteers. Prof. Cannaby said it was planned that that money would be used to fund a coordinator for the group of volunteers to help with patient discharge and flow. Prof. Field asked whether when a funding grant such as this was received was it communicated out across the Trust by the communications team. Prof. Cannaby said that once the funding had been received then communication would be sent out. Ms Dowling said once confirmation of funds had been received there would be some promotional work undertaken. Ms Evans confirmed this.

Ms Edwards said that the project to involve volunteers in the discharge lounge was absolutely brilliant. She had heard about this when she met Ms Dowling and her team. She asked about the Division 3 outcomes dashboard on page 125 of the Board Papers as to whether they were looking at their complaints slightly differently from other divisions as many more were identified as partially upheld with very few entirely upheld. She said perhaps the divisions need to have discussions on how they rate these so they are consistent in their rating. Ms Dowling said this was a good point and she would feed back to the Divisional leads. She said a representative of the ombudsman's office would be attending the Trust in February and March to provide further complaints handling and response training with all the investigating officers to specifically look at transparency and responding appropriately.

Prof. Field said it would be interesting to know more about staff attitude and respect.

Ms Rawlings asked about the reference in the key updates to a reduction in compliments by 21.5% which seemed a significant amount. She asked whether there was anything in particular that had contributed to that. Ms Dowling said she believed that the winter pressures had resulted in a drop in updates to the system. Prof. Cannaby said that when staff did not have as much time to update the systems there may have been delay in entering them on to the system during the busy period.

Prof. Field congratulated Ms Dowling and her team and thanked them for their hard work.

Resolved: that the Patient Experience and Annual Complaint Report Update be received and noted.

TB.7736: Clinical Quality Improvement (CQI) Programme Update

Mr Evans introduced the report and said that day 3 of the fundamental training was taking place which had meant the number of trained staff at this point in time was 200.

He confirmed that a refresher Statistical Process Chart use training session had been arranged for the next Trust Board Development taking place on Thursday.

Resolved: that the Clinical Quality Improvement Programme Update be received and noted.

Governance, Risk and Regulatory

TB.7737: Chief Nursing Officer's Nursing Report

Prof. Cannaby said the report was for noting and highlighted that recruitment within the Trust was going well with surgery now having more vacancies now than medicine. She said there had been many discussions with the company providing the Vital Pac product in relation to known issues with the reporting module. She said the Trust was going to go to a prevalence audit next month regarding Sepsis whilst the issues were being addressed. She said the Trust had over 40 students from Stafford and over 150 from Wolverhampton joining and that the Trust was ensuring the placing of students was not getting in the way of trainees from local universities. She said that where local educational institutions had asked to provide more students then the Trust would find a way to ensure that they got a quality experience.

Prof. Field said as there had been an increased number of students, that their satisfaction might go down and he asked how this was monitored. Prof. Cannaby said the Trust had not found this within students to date, that there were learning environment audits in place and structured regular feedback from the students. She said the Trust had dedicated staff and also a drop in facility for students who had any concerns. Prof. Field said that this should continue to be monitored.

Prof. Pandyan asked what the recruitment rate was from the local university. Prof. Cannaby said she believed it was approximately 60-70% and the rates for both universities were really good. Prof. Field said when he visits the local universities the feedback was really positive.

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

TB.7738: Chief Nursing Officer's Governance Report

Prof. Cannaby introduced the report and highlighted the number of **Serious Untoward Incidents (SUI)**, the Root Cause Analysis (RCA) method and process applied in each case, and she highlighted the phenomenal amount and level of work this generated and that was undertaken. She said she was having discussions with Dr Odum on how to ensure Emergency Department staff had such investigation requirements included in future job plans. Prof. Field asked that any acronyms used be written in full in reports when first used.

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

TB.7739: Chair's Report QGAC

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

Resolved: that the QGAC report be received and noted.

TB.7740: Chair's Report – Audit Committee

Mr Dunshea introduced the report and said it was for noting.

Resolved: that the Audit Committee report be received and noted.

TB.7741: Board Assurance Framework

Mr Wilshere introduced the report and said the individual risks had been scrutinised at committee meetings. Ms Edwards said they had been thoroughly scrutinised in the Workforce Committee and QGAC in the rating of the risks. She confirmed that the Committees had been considering both the criteria and the potential change of some ratings. Mr Wilshere said any changes would be reflected in the next update to the Board.

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

Finance and Performance

TB.7742: Report of the Chief Financial Officer – Month 9

Mr Stringer introduced the report and highlighted that work was being undertaken to ensure the Trust was on plan with the Provider Sustainability Fund (PSF). He said there was an action plan in place for the cumulative deficit which has been shared with the Finance and Performance Committee and had been monitored with NHSI. He said that was why the protocol had not been activated at the beginning of December. He said monthly escalation meetings were taking place with the NHSI. He mentioned there had been changeover issues with the new financial ledger in that there had been a delay in payment of supplier invoices. He said an action plan was in place and extra resource in order to manage that.

Resolved: that the Month 8 Finance Report be received and noted.

TB.7743: Chair's Report of the Finance and Performance Committee (F&P)

Ms Martin said the report was to note and highlighted in relation to Referral to Treatment times (RTT) that a recovery plan was in place to ensure the Trust could reach the end of year target for incomplete patients of just below 37,500. She said the figure at month 9 was 40,000. She said the Trust was on the trajectory which was showing that the target would be reached. She said that further sources of assurance were being sought in relation to being able to hit the figure at year end. She said the joint procurement unit shared with Stoke was working well and they were ahead on their Cost Improvement Plan (CIP) plan

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

TB.7744: Terms of Reference Finance and Performance

Ms Martin said the terms of reference for Financial and Performance were for approval.

Resolved: that the Terms of Reference for the Finance and Performance Committee be approved.

TB. 7745: Integrated Quality and Performance Report

Prof. Cannaby said the report was to note. Ms Nuttall highlighted a 12 hour breach in the

Emergency Department in December which was as a result of no beds being available in the organisation. She said this had been the first time this had occurred in some considerable time and said unfortunately there was more in January which would be presented in the next Board report.

She said it should be noted this was an unusual occurrence and due in part to a significant divert from Shrewsbury and Telford Hospital due to some of the challenges they were facing at that time. Prof. Field said it was due to having to deal with an additional 16 ambulances.

Mr Loughton expressed his dissatisfaction and concern that Royal Wolverhampton Trust (RWT) staff had been put under a considerable amount of pressure by the additional workload. Ms Nuttall said Shrewsbury and Telford had been looking for a divert of ambulances and this organisation with the Executive of the Trust on call on the day agreed to a divert of 3 ambulances and subsequently over a period of less than 20 hours the Trust received a further 13 diverted ambulances into the Emergency Department in addition to the busiest day of the year on 30 December. She said the additional ambulances had not been agreed with the Trust, that the additional volume had caused further considerable pressures on the Trust. Prof. Field said this was unfair on the patients as well as staff.

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

Strategy, Business and Transformation

TB.7746: Innovation, Integration and Research, Director's Report

Mr Mahmud introduced the report and referred to the summary in the report. He said that following the announcement of Babylon there had been over 43,253 positive responses to it on social media. He said that Egton Medical Information Systems (EMIS) had signed a Memorandum of Understanding (MoU). He said Emis was the organisation that managed approximately 70% of primary care data in the country also had the most progressed block chain data system in the world which captured different sources of data puts it into a single interface then reported it live. He said the Digital Dragons initiative had been launched and had received a really positive response from staff with 14 applications being received for consideration. He confirmed that Sensyne and the Trust would be signing an agreement at the end of the month.

Prof. Pandyan asked whether with both Sensyne and Digital Dragon, was the Trust working on improving network systems and he asked whether the Trust taking a staged approach and how the Trust was managing the multiple of providers who could potentially be using the same resources. Mr Mahmud said there were different approaches but there were points of convergence. Mr Loughton said they would be happy to talk about that in the private session.

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

TB.7747: Brexit Update - verbal

Ms Nuttall said there was nothing to update but that there was a significant amount of work prior to the Brexit period of transition and negotiation that had now commenced

Resolved: that the Brexit Update be received and noted.

TB:7748: Staff voice – Volunteers and Bereavement & Family Support

Mr Duffell introduced the Staff Voice item. He explained that the Chairman, Mr Mahmud and himself had met Ms N Farrington a Specialist Nurse in Bereavement and Family Support at the recent volunteers awards and had been so overcome and impressed with the service and the dedication of the staff that he had asked her to come and talk with the Board.

Ms Farrington spoke about the background of her role and the services provided by the volunteers and bereavement and family support team at the Trust. She said support was provided to families at their home to guide them through the Trust's child death review process and ensuring that they have had a voice in those processes. She said the service also recognising that parents that were on the neonatal unit with 23 to 28 week old babies were also experiencing some form of loss in grieving for a lost pregnancy or child and that support was provided to them. She said part of her role was supporting these families and helping them come to terms with what had happened and giving them the courage to start to care for their baby.

There followed a discussion across a number of topics included:

- The positive feedback on home visits provided.
- The support provided to families including siblings, memory boxes provided for parents and for siblings to help them build memories of their brother or sister.
- Staff attended mandatory bereavement training for staff.
- The Trust was in the process of embedding 'Noah's Staff' in the neonatal unit. Providing siblings care during days where parents know their other child would be happy playing and looked after so parents could spend guilt free time with their poorly baby.
- Plans and funding in place for a new parent sitting room designated just for bereaved families who wanted to stay with their baby.

Dr Odum asked what support was available to families having been through a bereavement during times such as anniversaries of baby deaths. Ms Farrington said the Trust worked closely with Stillbirth and Neonatal Death Society (SANDS) and parents were sign posted to their support groups and also the Trust's family liaison counsellor who was based at the GEM centre.

Ms Oum said she was really impressed with the service and as Wolverhampton was a culturally diverse city and how were they accommodated in this area. Ms Farrington said staff were fully trained and fully aware of what to do in those situations so as to be consistent with the families religious beliefs. She said the Trust had recently found resources for families of Islam faith story books for their children in families where a child had been lost. She said that the Trust was also looking at creating bereavement leaflets in other languages

Mr Hemans said there was no doubt commitment and dedication in the role and he asked what Ms Farrington did to de-stress after work. She said she attended practice sessions with the midwifery advocates and had a lot of discussions with her manager other colleagues to talk about things that had happened.

Prof. Field thanked Ms Farrington and her team for their work within the organisation.

Resolved: that the Staff Voice be noted.

TB.7749: Finance & Performance Minutes 20 November 2019 and 18 December 2019, TMC Minutes 22 November 2019, Workforce Organisation Development Committee Minutes 25 October 2019, Quality Governance Assurance Committee minutes 20 November 2019

Prof. Field said the minutes were to note.

Resolved: that the Finance & Performance Minutes 20 November 2019 and 18 December 2019, TMC Minutes 22 November 2019, Workforce Organisation Development Committee Minutes 25 October 2019, Quality Governance Assurance Committee minutes 20 November 2019 be received and noted.

TB.7750: Any other business - Coronavirus

Mr Loughton asked Dr Odum to discuss the management of the coronavirus. Dr Odum said there had been a series of recommendations about how the Trust managed the coronavirus in acute trusts and he outlined the requirements for segregating patients away from the main Accident and Emergency department into another area when they were either referred in to the hospital or when they presented symptoms. He said there were pods being delivered that would be placed on the lawn outside the Accident and Emergency Department for this purpose.

He said there would also be a communications exercise to direct those patients to that area to phone NHS 111. He said if the patient was going home the Trust would not manage the patient going home however if the patient was to be swabbed and assessed then that would be done by the Trust by in-house staff who would go into the pod and do that process with Personal Protective Equipment (PPE) protection and advice would be taken from Public Health England in terms of how to manage them. He said the Trust had a plan of action in place.

TB.7751: Date and time of next meeting:

Tuesday 3 March 2020 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

TB.7752: 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.

There were no questions raised. Prof. Field thanked the member of the public for their attendance.

Resolved; so to do.

The meeting closed at 1 pm