

Minutes of the meeting of the Board of Directors held on 3 March 2020 7 April 2020

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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 Tuesday 3 March 2020 at 10 am in Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:

Prof. S Field CBE	Chairman
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
Dr J Odum (v)	Medical 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	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 N Farrington	Specialist Nurse in Bereavement & Family Support, RWT for item 4
Ms A Addiss	Supervisor on neonatal unit RWT for item 4
Ms B Taylor	Senior Sister, Cannock Hospital, RWT for item 11
Ms S Finaizi	Ward Sister, Cannock Hospital, RWT for item 11
Ms L Harper	Trainee nurse associate, Cannock Hospital, RWT for item 11
Ms T Pratt	Health care assistant, Cannock Hospital, RWT for item 11
Ms C Hewson	Member of public, Philips Healthcare
Mr G Yogeshwar	Medical Student, University of Birmingham (shadowing Prof. Field)

APOLOGIES:

Mr R Dunshea	Non-Executive Director
Ms M Martin	Non-Executive Director - Deputy Chair
Ms G Nuttall (v)	Chief Operating Officer

Part 1 – Open to the public

TB.7771: Apologies for absence

Prof. Field opened the meeting and introductions were made, apologies were received from Mr Dunshea, Ms Martin and Ms Nuttall. Prof. Field congratulated Mr Evans on behalf of the Board, on being successfully appointed as the Director of Strategic Planning and Performance for the Trust.

TB.7772: 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.7773: Minutes of the meeting of the Board of Directors held on 4 February 2020

There were no amendments or comments for the minutes of the meeting of the Board of Directors held on 4 February 2020

Resolved: That the Minutes of the Board of Directors held on 4 February 2020 be approved as a true record.

TB.7774: Matters arising from the minutes of the meeting of the Board of Directors held on 4 February 2020

There were no additional matters raised.

TB.7775: Board Action Points

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 confirmed dates had been circulated.

Action: it was agreed that this action be closed.

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 a meeting had been scheduled with Mr Duffell and the HR Director at Walsall NHS Trust.

Action: it was agreed that this action be closed and that feedback be provided following the meeting.

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.*"

Action: that this action be reviewed in May 2020.

2 December 2019/TB 7702

Review of the Trust Approach to the Strategy Documents

Action: This item to be brought back to the Board in April 2020

4 February 2020/TB 7732

Freedom to Speak up Report

Action: Ms Mehay to provide clarification of the figures in the report.

Action: This item to be brought back to the Board in April 2020

TB.7776: Patient Story

Prof. Cannaby introduced the patient story. She said it focussed on the experience of a patient who had received care in the neonatal unit. The patient said that she had gone into early labour and given birth to her child at 26 weeks. She said the care and support she received from the Trust was excellent. Prof. Field noted that this was a good positive story.

Mr Loughton apologised for not visiting the neonatal unit as he had previously said he would and that he would do so as soon as was possible. Prof. Cannaby reminded the Board members of their undertaking, as part of World book day, to be reading books to children in the neonatal unit.

Mr Loughton asked how the unit measured its' performance against other units in the area. Ms Farrington said this was measured using parent feedback. She said that the Trust had received very good parent feedback. She said the Trust practice was advanced in providing support to siblings by working with the Noah Star materials. Ms Addiss added that the service also used the standards set out by the baby charter. She added they also used the neonatal network in the area for comparison. She said that from her experience, the Trust's services in being awarded level 1 accreditation and level 2 being sought was a really positive position. Ms Farrington said the Trust had also signed up to the National Bereavement Care Pathway.

Ms Rawlings said the unit were doing wonderful work and she asked whether any continuing support and care was offered to the patients and their families following their discharge from the hospital. Ms Farrington said the Trust had a dedicated community follow-up and support service and those patients and their families were visited at home and provided with appropriate support if required. Ms Addiss said that innovation work had commenced in trying to get babies discharged home early. She said that to achieve this, services and support had been developed in the community to enable and support tube feeding and home oxygen administration so as to save them coming back into hospital for such repeated treatment and to avoid or reduce the potential impact of separation, which was really positive.

Mr Evans said he had visited the unit and was really impressed by the relationships that the team had with the babies, parents and families. He asked, from the team's perspective, how the team supported each other or themselves in difficult situations. Ms Farrington said if something difficult happened during the shift, the team arranged, where possible, time at the end of the shift to reflect and discuss and to ensure that no member of staff was going home with unresolved concerns. She said the team also had restorative practice sessions as groups and 1:1 sessions if staff wanted to discuss anything further. She said that the shift leader in each case would ensure that staff were ok before they finished their shift.

Ms Oum said she also attended the unit and had been very impressed by their work and she said it was clear that the emphasis was being put on working with the whole family. She said she had spoken to a colleague who was leading on baby-friendly services and said that the way the unit was embodying and feeding the principles in shone through. She congratulated the team on their work.

Ms Toner asked whether the good practice within the unit was shared with other Trusts as potential education and training. Ms Farrington said good practice was shared across the network, for which the Trust was currently the host. Ms Farrington added that she was the unit's educator and that baby friendly sessions were proposed with the rest of the network as well as promoting the sharing and exchange of ideas.

Prof. Pandyan asked whether there was a pathway for children who would require therapeutic input at a later stage as sometimes there was no guidance for parents who were not proactive. Ms Farrington said the Trust had recruited a physiotherapist who was very involved in both care on the unit and post-discharge management plans. She said when the babies were discharged and required community based support this was transferred to the community support workers alongside input from therapists and other professionals such as speech and language therapists who, together with follow up appointments by the consultant, would address and talk through the best course of action, input and support for the family.

Ms Toner asked how long post-discharge families were followed up. Ms Farrington said this varied depending on the developmental stage of the child and their needs. She said that if the child was developing really well then the time between follow ups would be extended. She said if developmental delay was recognised then follow up would occur more frequently. Ms Toner asked whether the community support worker would continue to do so. Ms Farrington said the support worker usually followed them up to one year then they would be handed over to the children's community team if they still required support.

Mr Sharon said the good bond the mother and child had in the video was obvious but that was not always the case. He asked what the Trust offered to parents to help them understand the contribution that they could make to the child's recovery. Ms Addiss said this was an ongoing area of support, education and demonstration to parents to show how they could be involved. She said the Trust's new service philosophy was to make parents leaders in their child's care - in essence, to equip parents with the tools to lead their babies care where and when they are comfortable to do so. She agreed with Mr Sharon that bonding was really important so the nurses would continually encourage parents to take little steps toward that role.

Mr Sharon asked whether the Trust had the resources to do that. Ms Addiss said there were different members of staff with different specialist skills in the department to share the workload. She said some staff would talk about safe sleeping, others safety in the home, others behaviours, others bonding and stimulation.

Ms Farrington said the Trust had had success with giving cuddles with 23 to 24 weekers whilst mothers were in the delivery suites. She said the Trust always aimed to make sure that the right team was available, that babies requiring treatment had a cuddle with their mother before they were taken for intensive care treatment.

Prof. Field congratulated the team for all their hard work.

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

Chief Executive Report and TMC Report

TB.7777 Chief Executive's Report

Mr Loughton said that following the partnership agreement with Babylon, there had been very positive media coverage nationally and internationally. He said the Trust had received a number of Freedom of Information requests from the British Medical Association (BMA) and the Royal College of General Practitioners which had all been answered.

He said he attended the UK India Healthcare Conference which was very successful and thanked Ms Toner for providing new contacts and assisting with new opportunities to work in partnership with healthcare services and professionals in India.

Mr Loughton said he had attended the HSJ Digital Transformation Summit with Mr Mahmud which was a good networking event.

Mr Loughton said that work was underway with Ian Darch the Chief Executive of the Wolverhampton Volunteering Sector to develop volunteers in the community, mirroring what the Trust had in the hospital, to tackle loneliness in the community. Ms Toner said that the Health Education England (HEE) had a remit specifically for loneliness. She said she would find out who the contact was and send it to Mr Loughton.

Ms Rawlings said that she was really pleased Mr Loughton had met with Ian Darch. She said she was aware that the British Red Cross had been involved in similar work and there were other organisations trying to do this on a small scale across the city which may be more effective if consolidated. She said she had sent Mr Loughton an email about potential lottery funding which needed leadership from the health service and asked that this be considered.

Mr Loughton said he would put together a working group and asked Ms Rawlings to be part of that alongside any other non-executive who had an interest. Ms Rawlings said that any network of volunteers would need to be resourced and supported. Mr Loughton said he had mentioned to Ian Darch that the Trust would employ 3 members of staff to provide co-ordination and support. He said that in his view, the potential benefit in tackling loneliness and ill health made it a valuable investment.

Ms Oum said she really supported this work and felt very strongly about it with her background working with community organisations. She cautioned against reliance on a single organisation as representative of 'a sector' or community and highlighted the need to be wide ranging and inclusive in the engagement with voluntary organisations and community groups including those that sat outside the WVSC.

Prof. Field said that, for example, schools and faith groups were a valuable resource but often sat outside the formal volunteer sector.

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

TB.7778: Chair's Report of the TMC held on the 21 February 2020

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

Resolved: that the Chair's report of the Trust Management Committee (TMC) held on 21 February 2020 be received and noted.

Patient Safety, Quality and Experience

TB.7779: Learning from Deaths update

Dr Odum introduced the report and said there had been minor additions since the last Board meeting and work had continued with the anticipation of seeing further reductions of the Summary Hospital-level Mortality Indicator (SHMI) by July. He said there was work to be done in some alerting diagnostic groups such as Coma stupor and brain damage. He said that some of these had higher prevalence due to the Trust providing specialist services in that area, such as hospital cardiac arrests and the Heart and Lung Centre.

Prof. Field asked if, for example, a patient had the problem in Walsall and was admitted to Royal Wolverhampton Trust (RWT) and died at RWT, would that reflect on Walsall's figures as well at RWT. Dr Odum said it would appear on RWT's figures. Dr Odum said that work on the Clinical Pathways had continued with positive work from the Continued Quality Improvement (CQI) teams in relation to Stroke and Sepsis. He said the hepatology team were looking at the provision of services for alcohol related liver disease and he would provide feedback to a future Board.

He said the new Learning from Deaths IT platform would commence in April providing a platform for discussion and statistical analysis, whether it be from the medical examiners, performance or governance associated learning. He thanked the Trust IT team for all their hard work in creating the platform and that a demonstration would be provided to the Board at a future Board Development Session. He said the backlog of the Subjective Judgement Reviews (SJRs) had now been completed.

There followed a discussion regarding the definition and recording of deaths that occur within 30 days of discharge.

Dr Odum referred to the review of the associated Board Assurance Framework (BAF) Risk 12 at the QGAC meeting and he said it had been agreed to reduce the risk score rating from 16 (Red) to 12 (Amber). He asked how often the Board wanted the report on Learning from Deaths on the agenda in the future. Prof. Field said it needed to continue with monthly updates for noting with a further review in 3 months time and then, if the trend continued as expected, to quarterly updates and assurance via QGAC.

Prof. Field thanked all the teams for their work involved and said things had improved dramatically since last year.

Ms Rawlings said that it was really good that a reduction in the SHMI was expected by July and asked how the Trust compared with other Trusts. Mr Loughton said the Trust was not looking at how it compared to other trusts. Ms Rawlings said it was a really good target to have. She said in terms of reporting back to the Board it would be useful to have a summary to note with key facts.

Ms Oum said it was fantastic progress and congratulated the team. She was pleased by the improvement in sepsis and asked whether he felt that was good news across the Board or whether within that increased percentage there were some areas that the Trust had more concern about than others. Dr Odum said the Trust had a lot of confidence in the Emergency Department with the processes they had in place and the engagement of teams with the support of the CQI team. He said that across the organisation, there was difficulty in collecting and collating the data through Vitalpac and therefore it was difficult at the moment to be precise as to where the areas were that needed additional focus and support. He said once the data was available he would be able to answer the question more precisely.

Prof. Field asked whether any work was being done with the Trust General Practice (GP) colleagues about education identification of the potential of sepsis or was this just focussed on the hospital. Dr Odum said there was a focus within general practice and with the paramedics. Prof. Field asked how identification was made at the surgery and referred quickly on as well as via an ambulance. Mr Loughton said more needed to be done with Primary Care.

Prof. Field said with the integrated care provision that the Trust now had provided an opportunity to improve such pathways in primary care. Mr Mahmud said there was some work underway in the Population health unit and Professors Singh's team regarding the data around complex patients where they had identified sepsis. Prof. Cannaby said investments had been made in the End of Life care team and the Sepsis team and she believed this would keep the Trust on focus. Prof. Field said that, from a Board's point of view, it had to make sure it did not lose the focus from

a good governance point of view. Dr Odum said he would discuss with Mr Mahmud the infrastructure, monitoring, the data system and any ongoing support that might be required. Prof. Field said the partnership with PwC had been really constructive to date.

Ms Edwards said the Learning from Deaths report was presented at each QGAC meeting and the data was included in a section within IQPR. She asked that the monthly update be brought and considered alongside the feedback in the QGAC Chairs report on the detailed examination of the report. Mr Odum highlighted that there was relatively little movement in the report information and data month to month. Prof. Pandyan said it would be helpful to have more information on the timeline for the stroke statistics and SNNAP targets expected convergence. Mr Loughton and Prof. Field said, given the importance and profile of the work and data, that the report be provided to note monthly with a fuller review and discussion informed by the work at QGAC quarterly.

Prof. Field said the Trust was doing really well and this was really important for patient care. Mr Stringer said understanding the patient care data capture and data quality was key. Prof. Field said the Board required ongoing assurance regarding data capture.

Action: a Board Development Session to be arranged on the Learning from Deaths IT platform.

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

Governance, Risk and Regulatory

TB.7780: Chief Nursing Officer's Nursing Report

Prof. Cannaby introduced the report for noting. She briefly highlighted that the Trust's first Bereavement Hub Staff volunteers training had taken place which was positive news.

Prof. Field said he had had a meeting with Rebecca Palmer from NHSI who was impressed at how well the Trust were doing in reducing the use of agency nurses and on the waiting list of midwives and Doctors. Prof. Cannaby said the Trust had interviewed a further 30 nurses at the weekend and that it continued doing really well in staff recruitment and retention. She said the Trust emphasis on values, education and support for staff, including those who were new in the country, had proved really important. Prof. Field said he had attended a Division 3 meeting and was hugely impressed by the commitment and the ideas generated. He said he could see that the practice nurses were eager to do more.

Ms Oum said the performance was good and she particularly welcomed the improvements in compliance with mandatory training which she recognised was very difficult to achieve. She observed that infection control had been raised as a focus and asked, in light of the Marmot Review 10 years, to what extent infection prevention issues were a result of community and societal issues and how much was down to healthcare practices? She asked whether patients were arriving at services already with infections or acquiring them in hospital? Prof. Cannaby said the Trust's infection control team covered both community and hospital services. She said that in the community they were active in input to residential homes, nursing homes and GP practices. Prof. Cannaby said the Trust spent a lot of its infection prevent resource in nursing homes and residential homes.

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

TB.7781: Chief Nursing Officer's Governance Report

Prof. Cannaby introduced the report and said it was for noting.

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

TB.7782: 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.7783: Chair's Report – Audit Committee

Prof. Field said the report was for noting.

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

TB.7784: CQC Inspection Report

Prof. Cannaby introduced the report and congratulated everyone for all their hard work and effort throughout the year, during and after the inspection. She said for the Trust to obtain the good rating was a credit to all the staff. Prof. Field congratulated all staff and said it was well deserved. He said the Trust was disadvantaged in the CQC rating because some of the Trust's best services had not been inspected or those identified as requiring improvement in 2015 were similarly not inspected. He said he had expressed his disappointment at the length of time the process had taken and he had spoken to the Chairman of the CQC in a positive way and offered the Trust's help to improve this in future.

Ms Edwards asked about Appendix 2 actions regarding the monitoring of fridge temperatures. She highlighted that this had been mentioned in previous reports by the CQC and CRV visits. She asked whether it was expected that staff be constantly monitoring the fridges or whether there was a way of doing this automatically and remotely. Mr Loughton said it needed to be automated and he had had conversations with Teletracking to this end.

Resolved: that the CQC Inspection Report be received and noted.

There was a break from 11:20am to 11:30am.

Finance and Performance

TB.7785: Report of the Chief Financial Officer – Month 10

Mr Stringer introduced the report. He highlighted that the end of the financial year was close at hand and that the position for month 10 showed a surplus before Provider Sustainability Fund (PSF) of £1.3 million. He said that to achieve this had meant delaying a number of technical changes agreed at the Finance and Performance Committee (F&P). He said that the challenge in the last 2 financial months of the financial year was to improve the position by £11 million to achieve the year-end target. He said support was required from NHS Midlands and the commercial contract related equity. He said the Trust was within its NHSI plan that allowed the PSF claim, that income was above plan and in particular the A&E/non-elective cases were above where they were expected to be. He said the agreement with Clinical Commissioning Groups (CCG) would be critical and he pointed to the Board that the impact of the Coronavirus (COVID-19) had the potential to disrupt this from a financial view point.

There followed a general discussion regarding NHSI, recent attendances at the HSJ Transformation Service event and the criteria use for additional funding distribution used by CCG's. This included a debate as to whether there was a danger of 'failure was being rewarded'. Mr Stringer said that the current system with PSF tried to recognise efforts to regain balance by Trusts with PSF which becomes Financial Recovery Fund (FRF) diminishing over time back to break even in principle. He recognised that this was a challenging assumption.

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

TB.7786: Chair's Report of the Finance and Performance Committee (F&P)

Mr Hemans said the report was to note. He highlighted the Committee focus on the Divisions and said that the Division 2 presentation was useful in understanding the issues and impacts. He said this linked to Mr Loughton's point about volunteers supporting patients out of hospital and back into their homes. He noted that the primary care recovery plan was being implemented. He said there was need for improvement on some of the Trust systems and processes being monitored by F&P and he apologised for the late submission of the report.

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

TB. 7787: Integrated Quality and Performance Report

Prof. Cannaby said the report was to note. She highlighted the venous thromboembolism target that had not been met within the last 3 months and that work had commenced with Dr Odum on understanding this. She said that with *C.Difficile* it was likely that the Trust would breach the annual target of 40 however this was a better position than at the same time last year. She said the rules about *C.Difficile* numbers had changed, that a review had commenced of all the 40 cases to identify what improvements could be made. Prof. Field said there had been an improvement in pressure ulcers which was positive news.

Mr Evans highlighted a decrease in cancer performance with patients delaying their treatment over the Christmas period. He referred to the 14 - 12 hour breaches in the Emergency Department, the majority of those due to a lack of available beds with the hospital full and struggling to maintain sufficient flow to deal with the numbers arriving. Prof. Field asked how many were attributed to ambulances from surrounding areas. Mr Evans said that was difficult to quantify. Prof. Field said that if the Trust was full then just 1 or 2 additional ambulances could make a great deal of difference and he worried about the impact.

Mr Loughton said that on one day the Trust had 19 ambulances diverted from Telford with no 12 hour breaches and it depended on the overall position at the time. Mr Stringer said it was an intelligent divert system and ambulances would divert without notice to Trusts as it was based on feedback from ambulance waits at ED's monitored by their central control team. There followed a wide-ranging discussion regarding ambulance diverts. Prof. Field noted that it was not good for patients or staff.

Mr Evans said the referral to treatment 18 week waits in January was just below 40,000 for the first time since May 2019. He pointed out that the January figure was used for the planning guidance calculation of future monitoring. He said there was a slight deterioration in diagnostics partly due to issue in endoscopy and neurophysiology. He said both had a high number of referrals and the Trust was looking to secure work with private partners in order to deal with the activity. He said the Trust had seen some recovery and expected to fully do so by April assuming all stayed the same.

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

Strategy, Business and Transformation

TB.7788: Innovation, Integration and Research, Director's Report

Mr Mahmud introduced the report referring to the summary in the report. He highlighted the strengths of the RWT data set that had latterly been shared with the wider Primary Care Networks (PCN's). He said that this had been to the Trust benefit in contacts through the Integrated Care Alliance (ICA). He said there would be a future development session focussed on the potential of this work with colleagues from Public Health and the Trust and that the thinking was being shared with the CCG.

Mr Mahmud also highlighted the Digital Innovation forum for the Digital Dragons campaign. He said that applications had been received with some interesting ideas.

Mr Mahmud referred to the National Institute for Health Research (NIHR) report of the Trust's performance against standards and his intention to report on this regularly in the future. He outlined discussions underway to improve the Trust's hosting of commercial research studies. He said that Prof. Pandyan, Prof. Toner and Prof. Cannaby would be supporting a review of the Trust's research quality and the operation of the NIHR Network with an action plan to follow.

Ms Rawlings asked that whenever integration was referred to that it included the voluntary sector and community groups so as to maximise inclusion and opportunities. Mr Mahmud said that the Local Authority were scoping voluntary sector organisations and data sources. He added that it was, as had already been said, important to include those potentially hard to reach groups and communities in any of this work. Prof. Field said there was interest nationally in this work and Lord Hunt had expressed an interest in visiting the Trust along with Paul Birstow the Health Minister who was Chair of the new regulatory group looking at devices and digital technology.

Ms Edwards asked whether the Trust had or was working on measures of success for such work and projects. She asked whether any other Trust's had developed a matrix to do so. Mr Mahmud said that the measures of success were likely to be surrogate markers only. He referred to the need to develop longer term health and wellness outcome indicators.

Ms Edwards pointed out that the question was how the organisation would know whether and how well it was progressing. Prof. Cannaby said proxy process markers would be initially short term e.g. access to appointments that if tracked over time could be followed to deeper long term gains such as earlier detection, screening or treatment with better outcomes e.g. survival rates.

Ms Edwards said asked for some work to show these were being thought about, considered and tried out. Prof. Field said this was best done with colleagues in public health and academic partners such as Christian Malon, Professor of Primary Care Keele University and his team.

He said that an external view would be very useful along with the suit of contextual data associated with tracking patients such as location, ethnicity, relative deprivation and known prevalence of conditions such as, for example, black men presenting with prostate cancer, or myocardial infarction in the Sikh population, or gender biases such as women not being taken seriously when presenting with chest pain.

Mr Mahmud added that staff satisfaction in their experience of delivering care was as important in that if they felt better about the care they gave, they would give better care and be happier.

Prof. Field mentioned that he had invited the Director of Public Health to attend the Board meetings to contribute to the Trust's work and improvement.

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

People and Engagement

TB.7789: Executive Summary Workforce Report

Prof. Field said the workforce and the Staff Survey results were tremendous. Mr Duffell introduced the report. He confirmed that for the first time the Trust had achieved a vacancy level of 6.6% which was the lowest on record. He said the Trust was still continuing to recruit more staff than those who are leaving. He said the 2 areas for further work and focus related to the Trust's apprenticeship target and the use of e-rostering.

He also referred to the new government student grant commencing in September for Health Care Professional students. Ms Oum asked whether there was any evidence of people who had already started such courses withdrawing, delaying starting or deferring so as to be eligible. Mr Duffell said it had reduced starters this month. Ms Toner said that the grant was also being made available for people on qualifying masters programmes and there was no problem in filling these programmes. She said combination courses had also commenced and there had been positive interest in those.

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

TB.7790 : NHS National Staff Survey Results

Mr Duffell introduced the report and reported that the Trust had statistically significantly improvements across 5 of the now 11 indicators. He said the key indicator of 'whether staff would recommend the Trust as a place to receive care for family and friends' had improved significantly. He said there was a breakdown at divisional and service levels which showed an improvement in medical physics, previously a low rating area. He said the next steps were to work through the indicators at a divisional and service level and see what the key challenges were and address any issues raised.

Prof. Field said the report and results were really, really good. He was pleased to note the improvement in medical physics. Mr Duffell said he felt the teams' attendance at the staff voice slot at the Trust Board had contributed to their feeling they had voice and were being listened to by the Board. Prof. Field said the staff survey was a marker of the quality in a Trust and a marker for the quality of the leadership and management and could be scaled down to each division and each directorate. He added that the management of change in an organisation such as the Trust focus on innovation, cultural shift and a passion for quality improvement would allow the Trust to build on the good morale built up.

Ms Edwards welcomed the positive report and asked what is was that the best Trusts in each category were doing and whether there was further learning to be gained. She asked what quartile the Trust was in to enable the Trust to aspire to be in the top quartile and to reach the best. Mr Duffell said the national reporting was not broken into quartiles but the Trust compared results with the best and sought to understand what they were doing. He said that overall he thought the Trust was performing well and given it was likely there were no single significant areas to improve upon, it would be more about making a few small incremental improvements in a range of areas. Prof. Field said there could be further improvement work in areas such as LGBT+ which would help with requirement and role modelling. Mr Duffell said that a number of employee voice groups were being created with an executive lead for each group ranging from LGBT+, BaME, younger people, etc so the individuals had a collective voice and a mechanism to engage with the organisation so to better support them and to understand any issues they were facing.

Mr Hemans made a point regarding apprenticeships levels and asked whether there could be potential overlap with some third sector organisations and volunteer work. Prof. Field said this was a very good idea and would ask Mr Duffell to take it forward. Mr Duffell said unfortunately money provided for apprenticeship only covered training and it did not cover salary that was the reason why many Trusts nationally struggled this achieving the numbers.

Resolved: that the NHS National Staff Survey Results be noted and received.

TB.7791: Chair's Report Workforce & Organisational Development Committee (WODC)

Prof. Field said this was to note.

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

TB:7792: Staff voice – Cannock Hospital

Mr Duffell introduced the Staff voice and the team from Cannock Hospital. Ms Taylor gave a background of the areas served by the admission unit and day case unit dealing with elective joint surgeries. She said the hospital had 9 consulting rooms and approximately 40 patients attended a day.

There followed a discussion across a number of topics including:

- Types of surgeries which took place at the unit.
- The role and support provided by Health Care assistants in their unit
- Apprentices experience at the hospital and being on the nursing associate post

Mr Duffell asked what improvements if any did the staff feel could be made. Ms Taylor said the building itself required improvements as it was an old building with only part being double glazed. She also said there could be improvements made to the waiting times for all day lists. She said patients were made to feel as comfortable as possible during waiting times and drinks and food were provided to them if they were allowed.

Mr Loughton asked whether they used the hospital bus to attend the meeting. Ms Taylor said they used the bus quiet often. She said they loved working at Cannock, that for them it was a great environment and a lovely hospital. She said the estates team were great and that if any issues were raised they were dealt with quickly.

Mr Sharon asked how the staff had managed with the change of function of the Cannock Hospital, the way this was managed and were there any lessons which the Trust could learn from the process. Ms Taylor said initially it had taken a while to change the admission process with the Hilton Ward and a ward member from Hilton attended to support with the admissions. She said over time with training her staff were now able to undertake the admission process. Mr Sharon asked whose idea was it. Ms Taylor said their previous Matron came up with the idea and it had required the Health Care Assistants extended role to achieve as they now admitted the day case patients freeing up the qualified staff for other admissions.

There followed a discussion about the change from Mid-Staffordshire Foundation Trust to RWT.

Mr Loughton said the team were doing a fantastic job. Ms Edwards asked whether the Trust was trying to get the work back to Cannock from private sector providers. She asked what the Trust was doing to promote the positive patient experience with patients and commissioners. Ms Harper said an open day had been arranged to take place in April to try and raise the profile and show members of the public what the hospital does.

There followed a discussion about the open day.

Mr Stinger asked whether the team felt they were part of the wider Trust and whether the department was busy. Ms Taylor said the department was busy and this varied daily on consultants rotas. She said the team definitely felt part of the Trust and the training and education provided was exceptional and that the opportunities available to them were brilliant.

Dr Odum praised the team on their fantastic work and said the service provided was first rate. He said it was a bit difficult to get surgeons to move to Cannock Hospital initially however he had recently met a surgeon who had asked his views on the Cannock Hospital and was told it was the best thing that the Trust had done. He was told that things ran on time and there were beds available for patients and he said the nursing team were first rate.

Ms Toner asked whether there were any other staff members training as associates. Ms Harper said there was another trainee associate who was to complete the training this month. Ms Toner asked why the hospital still operated all day lists. Ms Taylor said this was due to the preference of the surgeons.

Prof. Pandyan asked whether there were any options for ward staff to do more activities like joint injections. Ms Taylor said this was not something that had been discussed and that she would explore this with the team.

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

Resolved: that the Staff Voice be noted.

TB.7793: Finance & Performance Minutes 22 January 2020 TMC Minutes 24 January 2020, Quality Governance and Assurance Committee 29 January 2020, Audit Committee Minutes 10 December 2019

Prof. Field said the minutes were to note.

Resolved: that the Finance & Performance Minutes 22 January 2020 TMC Minutes 24 January 2020, Quality Governance and Assurance Committee 29 January 2020, Audit Committee Minutes 10 December 2019 be received and noted.

TB.7794 Information Governance toolkit

Dr Odum said the information governance toolkit submission was due at the end of the month and was due for delegated approval at QGAC by the end of March. He said that if approved at QGAC it would be brought forward to the April Board. He asked for delegated authority for QGAC to approve the toolkit.

Resolved: that the authority be delegated to QGAC for the approval of the IG toolkit return.

Post meeting note: Due to the outbreak of Coronavirus (Covid 19) the IG Toolkit Return was subsequently delayed by 6 months to September 2020. It was therefore not considered by QGAC. The scheduled QGAC meeting on the 25 March 2020 was virtual papers only.

TB.7795: Any other business - Coronavirus

Dr Odum gave an update as to the position with Coronavirus (COVID-19) that the Trust was following all the national guidance. He said the current position was containment. He said the expectation was that there would be an epidemic at some point. He said there were community teams who were swabbing outside in the community was working reasonably well and in Wolverhampton the Trust had swabbed approximately 40 patients to date which had all been negative. He said there would be staff briefings as part of the process and the Trust was in a

prepared position.

Resolved: that the update on Coronavirus be noted

There were no questions raised by members of the public. Prof. Field thanked them for their attendance.

TB.7796: Date and time of next meeting:

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

TB.7797: To consider passing a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest.

Resolved; so to do.

The meeting closed at 1 pm