

The Royal Wolverhampton NHS Trust

Minutes of the Annual General Meeting of The Royal Wolverhampton NHS Trust held on
Monday 7 October 2019 at 4.30 pm in the
Lecture Theatre, WMI, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Prof. Steve Field CBE Prof. Ann-Marie Cannaby Mr A Duffell Mr R Dunshea Mr S Evans Mr J Hemans Mr D Loughton CBE Mr S Mahmud Mrs M Martin Ms G Nuttall Dr J Odum Mr M Sharon Mr K Stringer	Chairman Chief Nurse Director of Workforce Non-Executive Director Acting Director of Strategy Non-Executive Director Chief Executive Director of Integration & Digital Innovation Non-Executive Director Chief Operating Officer Medical Director Strategic Advisor to the Board Chief Finance Officer
IN ATTENDANCE:	Ms S Banga Ms S Evans Ms G Nightingale Ms H Troalen Mr K Wilshere	Senior Administrator Head of Communications PA to CEO & Chair Deputy Chief Finance Officer Company Secretary
STAFF, PUBLIC, STAKEHOLDERS:	Leanne Bood Vanda Carter Jane O'Connor O. Davis Janet Foster Sarah Glover William Grant Alison Hardwick Katie Haywood Christian Jones Cheryl Lear Neelam Mehay Alice Sheppard Helen Steatham	RWT Charity RWT Public Public Public RWT RWT RWT RWT RWT RWT RWT RWT RWT West Park PPG
APOLOGIES:	Ms R Edwards Ms D Oum Mrs S Rawlings	Non-Executive Director Non-executive Director Non-Executive Director

AGM174: Chairman's Welcome and Opening Remarks

Prof. Steve Field, Chairman of the Board, welcomed those present and said that the public meetings of the Trust were a very important aspect and he thanked all in attendance. He said it was a privilege to be the new Trust Chair and he reflected on his move from the CQC to the Trust and the outstanding nature of the people and services he had come across in the brief time he had been in the Trust. He said he had been struck by the dedication of all the staff to the care of the people of Wolverhampton.

Apologies were noted from Ms R Edwards, Ms D Oum and Mrs S Rawlings, Non-Executive Directors.

AGM175: Minutes of the Meeting of the Annual General Meeting of The Royal Wolverhampton NHS Trust held on Monday 1 October 2018

There were no corrections to the minutes.

Resolved: That the minutes of the Annual General Meeting of The Royal Wolverhampton NHS Trust held on Monday 1 October 2018 be approved as a correct record.

AGM176: Matters arising from the Minutes of the Annual General Meeting of The Royal Wolverhampton NHS Trust held on Monday 1 October 2018

There were no matters arising from the minutes of the 2018 AGM.

AGM177: Declarations of Interest from Directors and Officers

There were no further declarations of interest. Attendees were reminded that the Declarations of Interest of all Board Members are available on the Trust Web Site.

AGM178: Chief Executives Strategic overview of 2018-2019

Mr Loughton the Trust Chief Executive introduced his review of the year. He shared a recent brief film made by the Trust to illustrate the way that delivering health had and would change. He reflected on the current and future workforce issues for the Trust and the NHS in an international context. He shared his perceptions of the emerging situation and potential impact on staffing. He spoke about the development of the clinical fellowship programme across the Trust and more recent in partnership with other trusts in the West and East Midlands and the outstanding quality of those practitioners on the fellowship programme from an increasing range of professions. He shared the recent recruitment successes of the Trust.

The film shown can be found at:

He highlighted the development of the Trust approach to using and promoting continuous quality improvement approaches and methodologies to constantly review and improve services. He also highlighted the development of closer partnerships with adjacent trusts, the development of Pathology services and more recent hub services and he thanked Mr Sharon for his work to ensure the services had continued to be provided. He reflected on the situation in nearby Maternity services and the expected impact on the services provided by the Trust in the future.

Mr Loughton then spoke about the Trust's provision of GP, Primary Care and community services and the requirement for greater co-ordination. He also spoke about the continuing increase in attendances at the Emergency Department beyond the expected maximum when the department last developed. He also spoke about work to improve the care provided at the end of life including caring for people in the place of their preference as far as possible.

He thanked his Directors for their hard work and the Non-executive Directors for their support and Prof. Field for his contributions since joining the Trust.

AGM179: Presentation on the Quality Account 2018/19

Prof. Cannaby gave a presentation of the Trust Quality Account. She highlighted aspects of the published quality account including workforce recruitment and training including the development of the Clinical Nursing Fellowship programme. She thanked her Director colleagues for their support in initiating this in partnerships with local Universities developments for workforce training.

Prof. Cannaby spoke about the expansion of the role of the Advanced Nurse Practitioners roles and the need to develop further future education and training opportunities for all staff from those at entry levels into the workforce through to advanced practices.

Prof Cannaby spoke about developing safer care as things do not always go as planned. She said the number of incidents had continued to reduce recently, the open-ness of the Trust with patients, regulators and external reviews and the evidence of a number of improvements that had been made as a result of learning. She also spoke about infection prevention and control initiatives, sepsis and better care of the deteriorating patient and the use of technology in monitoring.

Prof Cannaby also spoke about the continued review of deaths in care and improvements in care at the end of life and the contributions made from audit and improvement work in the Trust. She then spoke about improved screening programmes and techniques to pick up infections earlier. She spoke about the work of the Patient Experience Team and the status of dealing with complaints recognising that it could be improved further. She spoke about initiatives to improve all aspects of communication.

Prof Cannaby spoke about further initiatives to improve listening to patients and their carers about their views and experiences of care and how they could be improved. She spoke about further inspections in primary care practices and improvements in primary care. She said the priorities remained the workforce, improving safety and the improving the patient experience.

A patient asked a question regarding the way that serious incidents were carried out and addressed including duty of candour disclosures to patients and carers as described in the quality report. She asked why, in the light of this, a serious incident that had led to her mother's death had taken 11 months for the duty of candour letter to be sent following an investigation by the Trust and an external reviewer. She said she had reported the matter to the Clinical Commissioning Group (CCG), the Care Quality Commission (CQC) and her local MP whose enquiry regarding the matter had been responded to with a letter stating that the matter had been fully investigated and dealt with when in the patients view it had not. She said that in her view the Trust was not open, honest or accountable to the families of those who died in the Trust's care. She said it was her view that it had not been thoroughly investigated or taken seriously. She said that as she also worked in the NHS she was well aware of the systems and processes that should take place.

Prof Cannaby described in detail the process of review and investigation undertaken following the identification of a potentially serious incident including review by the Directors and with the CCG as to the level of the incident and investigation. She said if that had not happened in this case she apologised and she said that the Trust tries hard to be open and transparent. The patient stated she did not believe this to be the case. She said her first meeting with a representative of the Trust was over 7 months after the incident. She was concerned that others may not have her strength and tenacity to carry on pursuing such cases.

Prof Field said that his experience of the Trust following his role at the CQC, he was re-assured by the caring and attentive nature of the senior team to incidents and openness when things have gone wrong. He offered to talk with the patient following the meeting. She said she would appreciate that and would share her details again with the Trust Head of Communications. Prof Field said he was assured by the way that the Trust identified and dealt with complaints and incidents, that the Trust had a learning ethos, and that it was open to admitted when things hadn't gone as they should and learning from them.

Ms Foster, another patient, asked about the report of the patient experience as this was not her experience as a patient. She spoke about her difficulties in contacting departments by phone regarding appointments and in contacting the complaints department to complain about appointment issues. She said that when she had contacted the Patient Experience Liaison Team (PALs) she had been told by them that they did not deal with complaints regarding difficulties in making appointments.

Prof Cannaby said that previously the PALs service had dealt with issues regarding the appointments system and making an appointment by referring the patient to the department responsible. She said that a complaint about the difficulties of making an appointment should have been looked into and she offered to look into the patients specific experiences.

A member of the public asked what the Trusts equal opportunity's policy was in relation to patients. Prof Cannaby sought to clarify what the question was and that in general all were treated equally. The

member of public asked how she could justify a patient being denied a knee replacement operation on the basis of their Body Mass Index (BMI) being over 35 if all people were treated equally.

Prof Cannaby said people were treated as individuals and the detail of a specific intervention has another set of considerations. Dr Odum the Medical Director said that there was a good evidence base that if the BMI of a patient was 35 and over the risks of the operation and post-surgically were greater than for someone with a BMI or 34 or lower. He said that in such cases patient would be encouraged to reduce their BMI where possible before the procedure. He said the main exception would be in an urgent or emergency situation.

The member of the public said in her view the refusal to operate was related to a lack of funding and would still be refused even in an emergency situation if their BMI was 35 and over. Dr Odum said they would not be refused surgery in an emergency, he said the assessment in an elective or non-emergency situation was different as he had outlined. The member of public said she was speaking on behalf of a friend who required the operation and was wheelchair bound but who had been refused surgery because of her weight and yet due to her situation she was unable to move other than in a wheelchair and therefore weight loss was not possible. Dr Odum said that initial discussion would have been between the person and their surgeon. He said he was happy to review the case if he was given the individual details. The member of the public asked whether that would change the decision. Dr Odum said it would depend on the individual patient's position. Prof Field said there was a clear clinical link relating to weight and elective procedures. The member of the public said in her view this was not an equal opportunity being applied and she said she believed that it was a lack of funding that was part of it. Prof Field further outlined the clinical decision making process involved and he reiterated that it was not about funding but about the risks relating to the clinical outcome and safety consideration for the patient. The member of public said that the Doctor the patient had seen had allegedly told the patient the refusal to operate was due to a lack of funding. Mr Loughton said that funding was not an issue in such cases. He illustrated how a number of procedures involved some changes by patients to improve the potential for success with such interventions.

AGM180: Presentation on the Audited Accounts for the year ended 31 March 2019

Mr Stringer introduced his presentation of the Trust annual accounts and financial position for the year ended. He extended his thanks to the staff and managers across the organisation for their diligence and budget management and he also extended his thanks to the Commissioner's continued support.

Mr Stringer summarised the statutory performance elements in the detailed report and that it was becoming harder to achieve the financial requirements for the Trust particularly with a continuing year on year increase in demands for services.

Mr Stringer summarised the position as remaining difficult with a continued increase in activity and the cost of providing that care. He pointed out some of the special elements in the accounts including the hosting of research and the recent Pathology hub. He outlined the continued investment in capital projects and services and the year-end positions relating to capital and revenue. He confirmed the accounts had been fully audited. He highlighted the expected further efficiencies and the ongoing deficit challenge with working with partners to provide best value and effectiveness for patients.

He related the costs per member of the public alongside the Trust aspiration to be smoke-free by 2021 the cost of the Trust was £2.91 a day that could buy a vaper instead of cigarettes to help someone stop smoking.

AGM181: Matters raised by members of the general public and commissioners

Prof Field thanked all those present for attending the meeting. He expressed particular appreciation for the work of Trust directors, employees and volunteers during the year under review. He said his hope was that future meetings would be in the heart of the community so more people could attend. He highlighted the major public health challenges for the people of Wolverhampton including smoking rates, overweight and the health consequences of deprivation.

The meeting closed at 5:50 pm