

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Wednesday 30 March 2016 at 10.00am in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Dr J Anderson	Non-Executive Director
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr J Hemans	Non-Executive Director
	Mr D Loughton CBE	Chief Executive
	Mrs M Martin	Non-Executive Director
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr K Stringer	Chief Financial Officer
	Ms L Holland	Interim Director of HR and OD
	Dr J Parkes	Associate Non-Executive Director
	Mr M Sharon	Director of Strategic Planning and Performance
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
	Prof M Sque	Wolverhampton University (part)
	Ms K Middlemiss	NIHR (part)
OBSERVERS:	Mr G Psonas	HCL Clarity
APOLOGIES:	Councillor P Bateman	Wolverhampton City Council
	Mr S Mahmud	Integration Director
	Mr S Marshall	Wolverhampton CCG
	Dr A Sen	Wolverhampton HealthWatch

Part 1 – Open to the public

TB.5857: Declarations of Interest from Directors and Officers

RESOLVED: That the declarations of interests by Directors and officers be noted.

TB.5858: Minutes of the meeting of the Board of Directors on Monday 29 February 2016

RESOLVED: That the minutes of the public session of the Trust Board held on Monday 29 February 2016 be approved as a correct record.

TB.5859: Matters arising from the minutes of the meeting of the Board of Directors held on 29 February 2016

TB.5783: *Consultant job plans* - in response to a question, Ms Nuttall said that this matter was already included on the confidential Board action point list.

TB.5827: *Vertical integration* - it was noted that because the Vertical Integration had been delayed, Dr Parkes remained an Associate Non-executive Director for the time being.

TB.5860: Board Action Points

Dr Odum indicated that he would seek clarification from Dr Jervis about timescales for the infant mortality action plan (JO).

Regarding the Supportive Discharge Service (Age UK), Ms Nuttall said that further investigations indicated that the financial value of the proposed scheme was below that for which a Board decision was required, and therefore this would be progressed by executive directors, referring to the Charitable Funds Committee as necessary.

RESOLVED: That the Board Action Points list be noted.

TB.5861: Chief Executive's Report

Mr Loughton guided the Board through his report, and drew attention in particular to the Safe Hands tele-tracking conference on 24 February at which representatives of 60 trusts attended to hear the benefits of adopting Safe Hands technology. The aim here was to develop the system so that it could predict when patients were at risk of being readmitted to the hospital within 48 hours of discharge. The technology was already assisting with more rapid turnaround of beds following patient discharge. Ms Edwards asked whether there were any issues around bed management at weekends. Mr Loughton referred to proposals to provide some secretarial support in the Emergency Department and inpatient wards to relieve clinical staff from administrative tasks.

Mr Loughton went on to describe a meeting with junior doctors on 15 February which had generally been positive and constructive. They regarded the dispute as a national issue, rather than a dispute with individual trusts. Regarding the all-out strike planned for April, he explained to the Board that appointments would have to be cancelled about two weeks prior to the strike dates in order to release consultants to deal with urgent and emergency work on the day in question, and, once cancelled, that activity could not be reinstated. Dr Odum said that the junior doctors appeared to be disillusioned and a number were considering leaving medicine or moving abroad to pursue their careers. A number of them were also adopting a militant position against the government on this matter. He advised the Board that there was growing concern over the potential impact of junior doctors responding to the dispute by not continuing with their training. The position would become clearer at the end of April when the number of applications for training positions in August was known. It was predicted that nationally the number of applications for August would be significantly reduced, and this would have an impact upon trusts.

Finally, Mr Loughton reported that the Staffordshire Sustainable Transformation Plan (STP) was being led by a new project director and chairman. He reminded the Board that there were only 12 months left before the special funding package put in place following the dissolution of MSFT would run out.

RESOLVED: That the Chief Executive's monthly report be noted.

TB.5862: Patient's Story

The Board viewed a DVD recording, highlighting the positive experience of a patient who had been brought to hospital following a serious explosion which she had survived, but which had destroyed her home. She spoke very highly of the care and attention given by staff on ward A6, as well as the competence of the emergency services immediately after the explosion when she was being rescued from the rubble of her home. She paid tribute to the professional skills of doctors and nurses, their calm and reassuring presence during her stay in the hospital, and the sense of feeling safe throughout her treatment. She said that she had made very good progress since the incident, due to the help given by many members of Trust staff, which would enable her to live an independent life in the future.

Ms Etches commented that the Board had previously heard that Ward A6 had faced particular difficulties, and so this story was very encouraging to the staff working there. They had found this patient to be inspirational with her positive and motivated attitude and it had reinforced the need for the staff in turn to motivate and encourage patients as much as they could.

RESOLVED: That the Patient Story be noted.

TB.5863: Patient Experience and Public Involvement Strategy

Ms Etches guided the Board through the report on the revised Patient Experience and Public Involvement Strategy. Mr Vanes asked whether there was a timescale for actions to implement the strategy. Mr Dunshea asked whether the website would feature much in the implementation of the strategy.

Responding to these questions, Ms Holland explained that development of the website and social media would feature more in the draft communications and engagement strategy. She said that the Trust had secured external support for a month to help develop social media. She referred also to recent work to develop the RWT presence on twitter, which had received early positive feedback from staff and the public.

Mr Dunshea said that this was a good strategy, but he thought it required some metrics to enable its success to be measured. He also requested clarification of the role of the Quality Governance Assurance Committee (QGAC) in monitoring progress of the strategy. Ms Etches replied that it currently fell within the remit of the Quality Standards Advisory Group (QSAG), and would therefore come to the attention of QGAC by exception only. Mr Vanes reminded the Board that the patient experience dataset would continue to be received at the Board meeting every three months. Ms Etches thought that the membership of QSAG made it the most appropriate forum for discussions around this strategy.

Mrs Rawlings noted the establishment of focus groups and asked how this would reach certain groups who did not normally access health services, such as the travelling community. Ms Etches acknowledged that certain hard to reach groups may not participate in any formal structures and that particular effort would be required to seek them out in terms of engagement.

Mr Vanes said that the Healthwatch Wolverhampton Board had considered and welcomed this strategy at its meeting on 29 March.

RESOLVED: that the Patient Experience and Engagement Strategy be approved.

TB.5864: Income and Expenditure Plan 2016/17

Mr Stringer presented the Income and Expenditure Plan for 2016/17. Mr Vanes sought clarification around the extent to which the plan rested on assumptions about the outcome of current contractual negotiations. Mr Stringer indicated that the new junior doctor contract had not been costed and therefore was presently assumed to be cost neutral to the Trust. He also alerted the Board to the possibility that the Trust may face cash shortages at certain points during the year, which would need to be resolved either by recasting the capital programme or by obtaining a cash loan.

Replying to Mr Loughton's question about the viability of demand management by the CCG, Mr Sharon confirmed that there were schemes under consideration as part of the contract negotiations to avoid admissions/attendances and thereby to save £9 million. Mr Loughton asked how realistic it was to assume that demand would suddenly reduce from 1 April, and stressed that the financial risk of this must be borne by the CCG. In response to a question from Ms Nuttall, Mr Sharon said that the emergency threshold had not been renegotiated.

Given the current position, and the fact that a number of details remained to be factored in, Mr Stringer suggested that a formal Board meeting be held on 11 April at which this matter, along with the capital programme, could be discussed and determined.

RESOLVED: That the report on the development of the Income and Expenditure Plan for 2016 /17 be noted, and that a further report be submitted to a special Board meeting on 11 April.

TB.5865: Annual Capital Programme 2016/17

Mr Stringer reported that the programme could not be finalised until further progress had been made on the Income and Expenditure Plan and therefore he proposed that this matter also be deferred until the special Board meeting on 11 April.

RESOLVED: That the progress report on the development of the capital programme 2016/17 be noted.

TB.5866: Supportive Discharge Service – Age UK – Use of Charitable Funds

Ms Nuttall indicated that this item had been withdrawn from the agenda.

TB.5867: Integrated Quality and Performance Report

The Board received the monthly Integrated Quality and Performance report.

In respect of operational issues, Ms Nuttall highlighted the following:

- ED 4 hour wait target – 85.4% in February – had seen a modest improvement maintained during March.
- Cancer 62 day wait – first treatment/screening – red rated for two successive months, and the Intensive Support Team had been called in to check whether we are following all the required processes. Their report is expected after the Easter Holiday.
- Discharge summary within 24 hours of patient discharge – for the first time the report showed the breakdown by assessment area.

Turning to the aspects of the report dealing with quality, Ms Etches drew attention to the following:

- C.difficile – a notable decrease during February.
- Friends and Family Test – the response rate for inpatients had declined.
- Safety thermometer – there was a drive to reduce the numbers of catheters inserted, or to remove catheters before patients moved back into the community.

Mr Dunshea commented that he still thought the report should provide some information about the steps proposed to be taken to remedy sub-optimal performance. Ms Nuttall agreed to look at ways of addressing this point (GN).

Mr Dunshea asked whether the transfer of maternity activity to RWT, from Walsall, was likely to impact on the midwife-birth ratio. Ms Etches replied that initially it would make no difference because current activity was within the approved trajectory. Efforts were being made to recruit midwives.

RESOLVED: that the Integrated Quality and Performance report be noted.

TB.5868: Chair’s report of the Quality Governance Assurance Committee on 23 March 2016

Dr Anderson presented the summary of the Committee meeting held on 23 March. She said that the Committee thought that certain clinical audits, especially ones which were linked to service improvements, should be reported to the Board. The Committee had also proposed that all clinical audits that carried over into the next year should aim to be completed within three months.

RESOLVED: That the report be noted.

TB.5869: Safe Staffing - Planned Versus Actual Staffing by Ward – February 2016 data

Ms Etches presented this item, which gave details of the average fill rate by registered nurse/care staff, shift and ward for February 2016. Mrs Rawlings noted that late observations were high on ward A5 despite this ward being well staffed. Ms Etches pointed out that beds had been closed on A5 to ease the staffing situation, and that late observations were becoming a concern on a number of other wards, to the extent that consideration was being given to including late observations in the Integrated Quality and Performance Report. Overall, she maintained that the shortage of nurses was beginning to have an adverse effect. Answering a point raised by Dr Anderson about why certain wards (such as B11) were not listed, Ms Etches said that only data collected from wards using Vitalpac was included in the report.

RESOLVED: That the report on actual vs planned staffing by ward for February 2016 be noted.

TB.5870: Finance Report for February 2016 (Month 11)

Mr Stringer submitted the finance report for month 11 (February 2016), which showed that the Trust had a net deficit of £4,370,000 after TDA technical adjustments, which was £3,230,000 adverse to the stretch forecast. Total patient contract income at month 11 showed a deficit of £3,010,000. The Trust's cash balance at month 11 was £9,167,000 higher than plan.

At month 11, a total of £15,200,000 had been withdrawn from budgets for CIP which represented 73.6% of the total annual amount.

Mrs Martin reported that at the Finance and Performance Committee meeting last week there had been a thorough review of the Committee's assigned BAF risks, and the exercise would be repeated in a few months' time. She also drew out of her report the finding of the Clinical Work-stream of the Transformation Programme group, that detailed modelling compared to the Carter Savings had been done in Cardiology and 55% of the Carter savings had been identified as deliverable. She said that this demonstrated how hard it was going to be for the Trust to effectively hit the target for Carter savings.

RESOLVED: That the report on the financial position of the Trust for February 2016 be noted.

TB.5871: Chair's report of the Finance and Performance Committee, 23 March 2016

Mrs Martin submitted a report which highlighted the main issues dealt with at last week's meeting of this Committee.

RESOLVED: That the report be noted.

TB.5872: Executive Summary HR Report

Ms Holland presented this item. Mrs Martin enquired about the current situation regarding job planning for consultants, a matter recently considered again by the Audit Committee. Dr Odum replied that bespoke software to develop consultant job plans was being rolled out, starting with Clinical Directors and then consultants, aiming to put one in place for every consultant in the next year.

Ms Etches highlighted the meeting she had attended with L Holland at the NMC regarding the IELTS tests. The Trust had been asked to provide more evidence to support its proposals for a change in the testing and marking regime.

RESOLVED: That the Executive Summary HR Report be noted.

TB.5873: Research and Development at RWT

Dr Odum submitted the three-monthly update on Research and Development (R and D). The report reflected performance from April until December 2015, and demonstrated that the R and D and directorate research teams across the Trust had continued to perform well against a number of key indicators and NIHR high-level objectives. Dr Odum summarised the achievements during the period under review, including 100% of studies approved within 15 days, continued high ratings from external study monitors, and CRN WM funding of £1,475,780 received and allocated. A number of ongoing challenges were also mentioned in the report.

Mrs Rawlings noted that 27 completed patient survey questionnaires had been received. She thought this appeared to be a low number and wondered whether it was considered to be a good response rate. Dr Odum offered to find out how many questionnaires had been sent out (JO). In response to a question by Dr Anderson, Dr Odum said that he was not certain whether it would now be possible to produce a publications list every six months, adding that not all studies reached the point of publication.

RESOLVED: That the progress report on R and D be noted.

TB.5874: Magi Sque on Research Role

Professor Sque gave a presentation to the Board on the research work in which she was currently engaged, including current projects, the recently submitted first stage proposal regarding Marie Curie Research Grants Scheme, a collaborative study into “Increasing consent to organ donation”, and her other commitments. She discussed with the Board some of the current issues around transplant donation consent (including the “opt out” system in Wales), and a study into cultural sensitivities regarding organ donation. Mr Loughton suggested that it might be useful to undertake research into whether transplant units with dedicated full time transplant coordinators were able to achieve higher levels of transplant activity. Dr Anderson said that the hospitals with the best transplant performance were the ones with trauma units.

RESOLVED: That Professor Sque’s report on her research work be noted.

TB.5875: Education and Training

Dr Odum introduced this report which summarised key developments in training and education during the last quarter. Mr Dunshea asked whether there was a long-term plan for the development of physician associates in the Trust and whether they would become part of the staffing establishment. Dr Odum replied that a growing number of universities were providing training for physician associates. Around 18 applicants had joined the course at Wolverhampton University. They would be given a two-year course during which they would receive broad clinical training and then enhance their skills by working under supervision and with mentoring. Physician associates were expected to become a group of clinicians with a significant role in providing services, and the Trust intended to employ them. They already had a professional association with which registration would be required. He confirmed that work continued on developing certain aspects of their role, such as being allowed to prescribe.

Mr Vanes noted an issue with the Healthtec accommodation at Pond Lane. Dr Odum explained that there was a dispute around the transfer of the building to this Trust.

RESOLVED: That the report on Education and Training developments be noted.

TB.5876: Clinical Research Network WM - Annual Plan and Budget

Ms Middlemiss attended to present this report. The annual financial plan 2016 -17 set out the funding allocations to partner organisations. The annual delivery plan, which was also appended to the report, set out the strategic direction for the local clinical research network and included the specific activities and strategic initiatives to support the achievement of the performance objectives as set out in the NIHR CRN Performance and Operating Framework 2016/17. Responding to a comment by the Chairman, she indicated that an event was planned to be held in September for up to 400 people from across the network, which would finish with an awards ceremony. Mr Stringer drew attention to the financial risk summarised

in paragraph 3 of the report,. This had been considered by the Finance and Performance Committee, and a contingency plan had been put in place in recognition of the risk, which was a low one. Mr Dunshea welcomed the increasing participation rate among GPs, and Ms Middlemiss added that there were now GPs participating in every CCG across the network. Nonetheless, there remained untapped opportunities for research work in primary care.

RESOLVED: That the Annual Delivery Plan and Annual Financial Plan 2016-17 for the Clinical Research Network WM be approved.

TB.5877: Board Assurance Framework and Trust Risk Register

Ms Etches presented this item, reminding the Board that the BAF had also been fully discussed at the away day on 22nd, and at the two Board Committee meetings on 23 March. She confirmed that work was underway on simplifying the structure of the BAF.

RESOLVED: That the Board Assurance Framework and Trust risk Register be noted.

TB.5878: Annual Report of Directors' Interests 2016/17

RESOLVED: That the Annual Report on Directors' Interests 2016/17 be noted.

TB.5879 : Information Governance Toolkit Submission 2015/16

Dr Odum presented this annual report, which confirmed that the Trust had made a satisfactory submission of the IG toolkit ahead of the 31st March deadline, at level 2 or above.

RESOLVED: That the satisfactory submission to the Department of Health before the deadline of 31 March 2016, of IG toolkit scores of level 2 or above, be noted.

TB.5880: Audit Committee Revised Terms of Reference and Establishment of an Auditor Panel

Mr Stringer guided the Board through his report which proposed the establishment of an Auditor Panel, and consequential alterations to the Audit Committee's terms of reference.

RESOLVED: That an Auditor Panel be established comprising the current members of the Audit Committee, with the terms of reference appended to the report, and that the terms of reference of the Audit Committee be amended to reflect the transfer of functions to the newly established Auditor Panel.

TB.5881: Minutes of the meeting of the Trust Management Committee held on 26 February 2016

RESOLVED: That the Chairman's report and minutes of the meeting of the Trust Management Committee held on 26 February 2016 be noted.

TB.5882: Chair's report of the meeting of the Charitable Funds Committee on 8 March 2016

Mrs Rawlings drew out the highlights of the report of the Charitable Funds Committee meeting on 8 March, and mentioned the charity launch event planned for 19 May at the Molineux Stadium.

RESOLVED: That the Chair's report of the meeting of the Charitable Funds Committee held on 8 March 2016 be noted.

TB.5883: Minutes from earlier Board Committee meetings

The following minutes were received and noted:

Quality Governance Assurance Committee, 24 February 2016
Finance and Performance Committee, 24 February 2016
Audit Committee, 1 December 2015
Charitable Funds Committee, 14 December 2015

TB.5884: Matters raised by members of the general public and commissioners

No matters were raised by the press or public present at the meeting.

TB.5885: Any other business

There were no other items of business to be considered.

TB.5886: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 25 April 2016 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wednesfield.

TB.5887: Exclusion of Press and Public

RESOLVED: That, pursuant to the provisions of section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.

The meeting closed at 12.50 pm.