The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 25 April 2016 at 10.00am in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Dr J Anderson	Non-Executive Director (part)
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	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
	Mr S Mahmud	Integration Director
	Dr J Parkes	Associate Non-Executive Director
	Mr M Sharon	Director of Strategic Planning and Performance
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
	Dr C Elliott	For agenda item 9.9
	Dr C Fahim	For agenda item 9.9
OBSERVERS:	Councillor P Bateman	Wolverhampton City Council
	Mr S Marshall	Wolverhampton CCG
	Mr D McIntosh	Wolverhampton HealthWatch
APOLOGIES:	Mr J Hemans	Non-Executive Director
	Prof Rob Stockley	Associate Non-Executive Director

Part 1 – Open to the public

TB.5908: Declarations of Interest from Directors and Officers

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

TB.5909: Minutes of the meeting of the Board of Directors on Wednesday 30 March 2016

RESOLVED: That the minutes of the public session of the Trust Board held on Wednesday 30 March 2016 be approved as a correct record.

TB.5910: Matters arising from the minutes of the meeting of the Board of Directors held on 30 March 2016

TB.5873: *Research and Development Questionnaires* - in response to a question from Mrs Rawlings at the March Board, Dr Odum said that the number of questionnaires sent out since 1st April 2015 was 60, with 27 being returned. The arrangement was that questionnaires were sent to study participants once they had finished their active study treatment, which meant that there would not necessarily be a correlation between the number of patients recruited into research and the number of questionnaires sent out during any given time period. Given this, and the low number of questionnaires being received, the Trust recognised within the department that the process needed review.

A new process and revamped questionnaire was introduced on 1st April 2016. Under the new scheme questionnaires were being sent out twice a year to all patients recruited into studies during the previous 6 months. This will ensure that all research participants are given the opportunity to tell RWT about their experiences. Just over 600 questionnaires were sent out in the first week of April with approximately 150 completed and returned so far. A summary of this feedback will be included in future TB reports.

TB.5911: Board Action Points

Dr Odum indicated that he had sought clarification from Dr Jervis about timescales for the infant mortality action plan and had been told that after it had been reviewed by the Wolverhampton Health and Wellbeing Board in the late summer it could be shared with the Trust Board.

Mr Stringer indicated that a number of technical developments had been carried out on PAS and an implementation plan for the conversion to use of NHS numbers would be brought to the May meeting.

Mr Vanes requested that the update on clinical audit matters be circulated by email as soon as possible (JO).

RESOLVED: That the Board Action Points list be noted.

TB.5912: Chief Executive's Report

Mr Loughton guided the Board through his report, and highlighted the NIHR meeting in Worcester on 20 April when over 100 attendees from across the region had gathered, marking two successful years of RWT hosting the network. It was pointed out that Engaging Communities Staffordshire had begun to host Wolverhampton Healthwatch from 1 April.

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

TB.5913: Patient's Story

The Board viewed a DVD recording, highlighting the experience of a patient who had been brought from the Phoenix Centre into New Cross and had been treated for a rare condition. He paid warm tribute to the care he had received and the teamwork evident among the staff.

Ms Etches said that she was particularly pleased with the comments made because the ward in question was carrying ten WTE nurse vacancies (covered predominantly by bank staff), and still had managed to perform very well in this case. Her only concern was the reference made by the patient to being moved from ward to ward during the night. Whilst

understanding the operational reasons for this, she noted the growing use of new technology which could help reduce the number of moves within the hospital after 11pm.

RESOLVED: That the Patient Story be noted.

TB.5914: Consultant Outcome Report 2015 Outcomes

Dr Odum reported that this matter would be brought to the May Board meeting.

TB.5915: Contracting Negotiation 2016/17 Update

Mr Sharon submitted a report on the progress of contracting negotiations for 2016/17. He confirmed that the contracts with local commissioners were due to be signed today, but progress with the specialised commissioners was far slower and in this case only the heads of agreement were due to be signed today. He confirmed that he did not expect any changes to where services were provided. Responding to Mr Vanes, Mr Stringer said that the contract assumed income of £89M for specialised services, and £40m for community services. Ms Edwards asked whether the level of CQUIN being stipulated posed any risk. Mr Sharon said that this would amount to up to 2.5% of contract value, of which about £1.25m of CQUIN remained to be finalised across the CCGs and specialised commissioners. One particular matter of disagreement concerned the requirement to introduce a clinical utilisation tool. Because RWT already uses Safe Hands, which has some of the functionality of the new tool, the introduction of another ward based tool, with all the attendant work, was being resisted. However he remained confident that most of the local CQUINs agreed with commissioners could be delivered.

Mrs Rawlings asked whether an increase in A and E activity had been factored into contracts. Mr Sharon confirmed that if activity did not reduce in the way expected, RWT would be paid for the actual performance undertaken. The performance data for the new Urgent Care Centre would be carefully scrutinised to assess whether the percentage of patients stated in the contract had been diverted there from the ED.

Mr Marshall endorsed much of what had been said by Mr Sharon, and said that the negotiations had been carried on in a largely constructive manner. Mr Loughton expressed appreciation for the work of all those, across the organisations involved, in reaching the position being reported today.

Mr Stringer highlighted a national issue over the percentage of CQUIN payments which trusts could earn back. This varied from 2% in some cases to 2.8% in others for specialist services, and the inequality was causing concern. RWT stood to earn back at the rate of 2%, which amounted to a potential loss of £400,000 in the contracts for this year.

Mr Vanes thanked Mr Sharon for his work on the contract process, given that he had only commenced work with the Trust in January.

RESOLVED: That the progress made on contract negotiations, and the remaining risks to the income position, be noted.

TB.5916: Income and Expenditure Plan 2016/17

Mr Stringer guided the Board through his report on the Income and Expenditure Plan. He commented on the very low level of unmarked reserves, namely the sum of £1.25M, and also pointed out that the effect of the new junior doctor contract had not been costed yet. Despite national assurances, he was not able to confirm that it would be cost neutral.

Mrs Martin asked what steps were going to be taken to mitigate against the financial risks. Mr Stringer said that there had been a good debate at TMC last Friday, when the financial position had been spelt out, along with the need to explain them to all employees and gain the support of staff. Ms Nuttall supported the intention to be clear and transparent with every part of the organisation, in order to obtain support for the drive to cut costs and work more efficiently. Mr Dunshea asked whether by not achieving the requisite £2M target surplus, the Trust would forfeit the opportunity to apply for Sustainability and Transformation funding later in the year. Mr Stringer said that whilst it was clear that the Trust would not trigger its STF payment it was unclear whether there would be a further opportunity in the financial year to apply for the same/reduced value. He commented that it was important for the Board to understand and accept the numbers set out in this plan, and to settle for a stretching but achievable control total. Replying to Mrs Martin's question about MSFT Transition monies, Mr Stringer confirmed that although there was price support of £5M for MSFT for 29 months only, the business case had anticipated a further two years of this support. The difficulty was that the NHS landscape had changed significantly since the MSFT transaction and it would be much harder to identify a source for that funding, given that STPs were now the mechanism to produce 5 year financial plans..

Mr Stringer offered to bring an update on the Medium Term Financial Plan to the Board Development Session later in the year (KS).

RESOLVED: That the Income and Expenditure Plan 2016/17 and associated balance sheet and cash flow be approved.

TB.5917: Capital Programme 2016/17 and Five Year Capital Programme 2016/17-2020/21

Mr Stringer introduced this report, reminding the Board that it was standard practice to over commit to the capital programme. It would be actively managed throughout the year in order to reduce the £0.5M over commitment. Answering Mrs Martin's questions about Linacs and the incinerator, Mr Stringer recounted the way the Linacs had originally been funded centrally, but despite approaches to Government for support (so far unfruitful) it had been decided to press on with the programme of replacing the now end of life equipment, using the Trust's capital programme to fund the project. The incinerator was also at the end of its useful life and therefore a review was underway into investing in a long term self-funding initiative encompassing energy use across the New Cross site. With regard to Ms Edward's question about window replacements, Ms Nuttall said the programme had been prioritised and was split between replacing leaking windows and putting in window restraints.

Mr Dunshea asked for clarification about the process which was used to determine which schemes would go forward, and the timescale for bringing to the Board plans for future years and their relationship to a revised estates strategy. Mr Stringer replied that the 2016/17 programme had been under development since February this year but had been held up due to work on finalising the Income and Expenditure plan. The Estate Strategy had been aired at a Board session in March, and the main on-going discussion currently was around the future use of the now vacant space behind the ED (for a potential inpatient bed facility) and the use/rationalisation of community assets. He offered to bring this topic back to a Board Development session (KS).

RESOLVED: That the Capital Programme 2016/17 and Five Year Capital Programme 2016/17-2020/21, and that further consideration be given to the medium term financial plan and the required actions to get back to surplus/break even in order to deliver the

Trust's statutory breakeven target, and the funding mechanism to afford the Five Year Capital Programme.

TB.5918: 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 – still not meeting the standard despite working very hard – the 90% attained during March put RWT as 40th best in the country.

- Cancelled operations – showing as compliant because the figures were below 0.8% of elective admissions for Q4, which probably reflected the improved bed management system and greater use of Cannock hospital
- RTT – all on target for March, but it was unlikely to be the same for April, due to the impact of the strike – to which the CCG had already been alerted.

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

- Complaints – a steady increase in numbers had been seen since last November/December, but the number of reopened complaints had declined in March.
- Friends and Family Test – the response rates were largely good.
- VTE – numbers in the community had risen in March
- Maternity – the number of 3rd and 4th degree tears had risen despite the number of C-section deliveries rising at the same time – this was being kept under review. The midwife-birth ratio remained at 1:30 (where it should be).
- Safety thermometer – there had been an increase in the number of avoidable pressure ulcers.

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

TB.5919: Chair's report of the Quality Governance Assurance Committee on 20 April 2016

Ms Edwards presented the summary of the Committee meeting held on 20 April

RESOLVED: That the report be noted.

TB.5920: Revalidation of Medical Staff

Dr Odum submitted this report, which informed the Board that the medical appraisal compliance rate at 31 March 2016 had reached 99.7%. He told the Board that a national review suggested that the quality of local appraisals was now far higher than it had been prior to the advent of this revalidation system. Answering Dr Anderson's question about deferred cases, Dr Odum said that doctors had between 6 and 9 months in which to assemble the required information, bring it to the deferred appraisal, and get it all signed off. He added that revalidation cost RWT between £75-80,000 per annum. Replying to a further question from Dr Anderson, he indicated that successful revalidation was unlikely to be dependent upon holding a signed off job plan because job plans could be the subject of legitimate challenge and arbitration through a separate process.

Ms Etches was asked to comment on the progress of nurse revalidation. She confirmed that a formal progress report would be brought to the Board when a longer period of time had elapsed, and said that there was no additional cost to the Trust for centrally supporting nurse revalidation. Although it was the responsibility of nurses to get themselves revalidated, the Trust was keeping close to the process because if a nurse failed he or she would be deregistered immediately by the NMC, for three months.

RESOLVED: That the quarterly report on medical reappraisal be noted.

TB.5921: Safe Staffing - Planned Versus Actual Staffing by Ward – March 2016 data

Ms Etches presented this item, which gave details of the average fill rate by registered nurse/care staff, shift and ward for March 2016. There had been a very slight improvement in month in the percentage of areas falling below the 80% fill rate.

Ms Etches informed the Board that a different model was under review for making late observations, and this was being considered for inclusion in the Integrated Quality and Performance report this year.

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

TB.5922: Finance Report for March 2016 (Month 12)

Mr Stringer submitted the finance report for month 12 (March 2016), which showed that the Trust had a net surplus of £134,000 after TDA technical adjustments, which was £2,028,000 adverse to the stretch forecast. Total patient contract income at month 12 showed a deficit of £3,155,000. The Trust's recurrent CIP achieved to M12 was £10.08m, representing 48.9% of the annual target. Mr Stringer told the Board that patient contract income had been better in M12, and the WCCG had been very constructive in regard to fines. All key statutory targets had been met, subject to external audit.

Mrs Martin reported that at the Finance and Performance Committee meeting last week there had been a detailed discussion about the year-end position. Mrs Rawlings asked whether adjustments made to the balance sheet could significantly limit flexibility moving forward. Mr Stringer affirmed that in his professional judgment the Trust had released the maximum it could afford to.

Replying to Mr Vanes, Ms Holland said that pay costs had risen by about £1m from January because additional staff had been recruited. Mr Stringer indicated that the year-end CIP performance roughly mirrored that for the previous year.

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

TB.5923: Chair's report of the Finance and Performance Committee, 20 April 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.5924: Executive Summary HR Report

Ms Holland presented this item, and said that a pipeline had now been established for recruitment of Pilipino nurses, a recruitment exercise in Dublin last weekend had generated interest, a further job fair was planned in Birmingham next month, and a social media recruitment drive for community nurses was under consideration. Ms Etches added that she and Ms Holland had met with the staff side to describe and discuss the proactive efforts being made to overcome staffing shortages.

Ms Holland reported a slight increase in sickness absence rates during March. Mr Dunshea referred to an External Audit report seen at Audit Committee, which had found sickness absences to be higher on Mondays than any other day.

RESOLVED: That the Executive Summary HR Report be noted.

TB.5925: Clinical Audit – Infective Exacerbation of COPD – Are we using the correct antimicrobials (Audit 2596)

Dr C Elliott and Dr A Fahim attended for this item, and presented the findings of clinical audit 2596. They explained that patients with COPD account for 115,000 emergency hospital admissions per year in the UK. Around 24,000 deaths per year are attributed to COPD, 16,000 of which occur within 90 days following an acute admission to hospital. Given the significant level of mortality so close to admission and the resources committed to COPD, it was vital that these patients were managed effectively and efficiently, in accordance with national and local guidance. Furthermore, with increasing rates of bacterial resistance to antibiotics it was essential that the Trust prescribed the correct antibiotics for the correct diagnosis, in accordance with local microbiology guidelines. Following an observation on respiratory wards that patients were not being treated in accordance with the guidance, a retrospective audit was undertaken. Patients admitted during November 2015 with an acute exacerbation of COPD were identified and with use of scanned notes, reports and blood results on the clinical web portal, the usage of antibiotics and adherence to guidelines were considered. 64 patients were treated for an acute exacerbation of COPD in November 2015. Of these, 49 cases were diagnosed to be infective. 25 cases (51%) were prescribed a reasonable choice of antibiotics in accordance with guidelines or appropriate in the clinical picture. The main finding was that a further 19 cases (39%) were treated with Doxycycline first line in place of Amoxicillin without documented rationale and against local guidelines.
Following discussion with colleagues, it became apparent that many other local trusts use Doxycycline first line in place of Amoxicillin and they both cover for pathogens grown commonly from COPD patients in our local area. In light of this, it does not seem that Doxycycline is an inappropriate choice, but current preference and use conflicts with local guidance. An action plan based on the audit had been prepared.

Dr Odum said he had been surprised to find the extent to which Doxycycline continued in use, but Dr Parkes said that it was commonly prescribed in the community, along with two other drugs, to counteract antibiotic resistance.

Ms Edwards asked how this compared to compliance with guidelines for other antibiotic drugs. Dr Odum said he was unable to answer that question but confirmed that the Antimicrobial Stewardship Committee was looking to conduct a monthly audit of compliance with guidance. Answering a further question from Ms Edwards he said that doctors joining the Trust were expected to follow local guidelines as soon as they started, and that the guidelines were readily accessible via the intranet. He stressed that NICE could not be too prescriptive about what each hospital should use because the pathogens grown varied from area to area.

Dr Parkes suggested it would be useful to see a clinical audit on the use of antibiotics for UTIs.

Mr Sharon asked how easily junior doctors joining RWT could find local guidelines. Dr Fahim replied that an F1 doctor joining an organisation would immediately seek out the prescribing guidelines, and an app for smartphones made the information even more accessible.

RESOLVED: That the progress report on a Clinical Audit recently completed be noted.

TB.5926: Junior Doctors' Strike

Dr Odum told the Board that management supported the junior doctors' right to strike, and had made contingency plans to ensure cover throughout the three hospitals, and in particular the Emergency Department and assessment units, for the duration of the industrial action on 26 and 27 April (between 8am and 5pm on both dates). He outlined the arrangements for the Cardiac Arrest Teams. In the event of a major incident, there was a mechanism to recall the junior doctors.

Ms Nuttall said that over 1100 new and follow up outpatient appointments had been cancelled, along with 99 elective procedures. To assist consultants navigate unfamiliar IT systems in the Emergency Department additional administrative support had been drafted in. Mr Loughton reminded the meeting that even if the strikes were cancelled at the last minute, the patients' cancelled appointments could not be reinstated at short notice. Dr Anderson noted the risk of the Trust being fined for failing to meet waiting times targets during the strikes. Mr Marshall responded that the CCG would be mindful of the circumstances facing the Trust over the next two days. He also said that the CCG had written to all GPs outlining measures they should be taking to help patients during the strike period.

RESOLVED: That the oral update on the junior doctors' strike be noted.

TB.5927: Emergency Preparedness Response and Resilience Annual Report 2015/16

Ms Nuttall introduced this annual report which summarised the work undertaken to ensure that the Trust is compliant with its legal and statutory requirements. It also outlined the Trust's state of readiness in responding to any emergency or disruptive event which may impact on service delivery. The planning, training & exercises which had taken place and an outline of the priorities for 2016/17 were also set out in the report.

RESOLVED: That the EPRR Annual Report 2015/16 be approved.

TB.5928: Board Attendance Return 2015/16

RESOLVED: That the Board Attendance Return for 2015/16 be noted.

(Note: S Marshall left)

TB.5929: Minutes of the meeting of the Trust Management Committee held on 24 March 2016

RESOLVED: That the Chairman's report and minutes of the meeting of the Trust Management Committee held on 24 March 2016 be noted.

TB.5930: Chair's report of the joint meeting of the Audit Committee and Quality Governance Assurance Committee on 20 April 2016

Mr Dunshea presented his report of last week's joint committee meeting.

RESOLVED: That the Chair's report of the joint meeting of the Audit Committee and the Quality Governance Assurance Committee on 20 April 2016 be noted.

TB.5931: Minutes from earlier Board Committee meetings

The following minutes were received and noted:

Quality Governance Assurance Committee, 23 March 2016
Finance and Performance Committee, 23 March 2016

TB.5932: Matters raised by members of the general public and commissioners

The following were raised by the press and public present at the meeting:

Picket line – Mr Loughton confirmed that the press could visit the picket line during the junior doctors' dispute.

Patients' Stories – Mr McIntosh noted that the Trust sometimes found it difficult to persuade patients whose experience had not been positive to engage with the process of recounting this through a DVD recording, and said that Healthwatch came into contact with a number of such patients and offered to try to help the Trust to record these experiences.

Financial Situation – Mr McIntosh enquired about the impact on patients if the Income and Expenditure Plan which had been discussed today was not approved. Mr Loughton made clear that the Plan had been approved by the Board and would be the basis for going forward, with an expectation that the Trust would provide more patient care next year and with no fewer staff than now.

Healthwatch – collaboration between Staffordshire and Wolverhampton – Mr McIntosh mentioned the prospect of increasing collaboration between the two organisations in regard to patient flows.

Interim Review in Snowdrop Ward – Mr McIntosh referred to a recent interim review in Snowdrop Ward, which had generally been very positive, but which had thrown up a challenge about specialist nurse cover, particularly at weekends. Ms Etches said that there were no vacancies for specialist nurses, but perhaps staff absences had been the issue.

Councillor Bateman told the Board that his year as local authority observer at Board meetings was almost over. He said he had found it interesting. His only disappointment was that despite making several requests he had not been supplied with RWT press releases. Ms Holland said that she would look into this again (LH).

TB.5933: Any other business

There were no other items of business to be considered.

TB.5934: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 23 May 2016 at 10.00 a.m. in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield.

TB.5935: 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 12.40 pm.