

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 24 March 2014 at 10.00am in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton

PRESENT:	Mr J Vanes	Acting Chairman
	Dr J Anderson	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr D Loughton CBE	Chief Executive
	Ms 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 M Espley	Director of Planning and Contracting
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
OBSERVERS:	Mr M Swan	Lead Shadow Governor
	Mr R Young	WCCG
	Ms C Bott	Wolverhampton Health Watch
APOLOGIES:	Professor D Kelly	Associate Non-Executive Director
	Ms D Harnin	Director of Human Resources

Part 1 – Open to the public

TB.4914: Acting Chair's Opening Remarks

Mr Vanes drew the Board's attention to the recent death and funeral of Lord Bilston, more commonly known as Dennis Turner, who had been a local councillor and MP for many years and a great supporter of local health service improvement.

He also highlighted that the Board Committees had in the last week considered in detail a number of the items listed on the agenda of today's Board meeting.

TB.4915: Declarations of Interest from Directors and Officers

There were no declarations of interest.

TB.4916: Minutes of the meeting of the Board of Directors held on Monday 24 February 2014

RESOLVED: That the minutes of the public session of the Trust Board held on Monday 24 February 2014 be approved as a correct record.

TB.4917: Matters arising from the minutes of the meeting of the Board of Directors held on 24 February 2014

Letter to Patient (TB.4878): The Acting Chair undertook to send a letter to the patient who had featured at the previous meeting (JV).

Draft Capital Programme (TB.4886): Mr Stringer said that he would re circulate the draft capital programme in larger font size after this meeting (KS).

TB.4918: Board Action Points

It was agreed that the ICT 5 year Strategy would be an appropriate matter for discussion at the Board away day on 24 June.

The Secretary to the Board was asked to chase progress on organising a board to board with the WCCG Governing Body (ADS).

TB.4919: Chief Executive's Report

Mr Loughton informed the Board that good progress was being made overall in preparation for the launch of the Network, but the volume of HR work was such that it was outstripping the capacity of the HR Directorate at present.

He paid tribute to the contribution made by Sir David Nicholson during his tenure as Chief Executive of the NHS, mentioning that he had taken up the post at a time when the NHS nationally was carrying a deficit of £2bn.

Mr Loughton said that work in respect of MSFT continued to take up much of his time. He said that he had given an undertaking to staff at Cannock hospital to transfer them to the payroll of RWT, pending the preparation of contracts and ratification of the formal merger of the hospitals, and subject also to the costs being underwritten by the TSA. He went on to describe the decision of the Secretary of State to commission a review of maternity services at Stafford Hospital, the outcome of which would have to be considered before this Trust could progress any business case for the expansion of its maternity unit. The Estates Department were working on a development control plan for the Cannock site, including a review of car parking facilities. A team of independent contractors were now engaged on the various work streams and a more detailed report would be submitted to the Board in April.

In response to Mr Vanes, Mr Loughton said that Simon Stevens already had extensive knowledge of the NHS, which would stand him in good stead for dealing with the significant financial problems which had to be faced.

Finally, Mr Vanes said that he would circulate to all Directors a copy of the minutes of the meeting of the Wolverhampton City Council Health Scrutiny Panel which he had recently attended with Ms Etches (JV).

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

TB.4920: Patient's Story

The Board watched a DVD in which a patient who had undergone bowel surgery described her experience of subsequently being infected by *C.Difficile*. She said that she thought with hindsight that staff could have offered more help while she struggled with the practical effects of the infection, and said that she was disappointed that after discharge from the hospital it appeared that community services were unavailable because she lived outside the City boundary. In the event, a friend had looked after her for a week while she recovered from the infection. She also said that there had been a mix up with arranging a follow-up outpatient appointment after the surgery. She understood that staff were under pressure, but thought they needed to be more vigilant in giving due help when patients required it.

Ms Etches drew out some learning points, including that it was possible to assume wrongly that relatively young patients were able to look after themselves while in hospital. She explained that *C.Difficile* could cause temporary incontinence, and as well as being extremely distressing and embarrassing it presented an infection risk to other patients nearby. Lessons for the organisation included the need to communicate clearly and often with patients, the need for personalised care, and good handover procedures upon discharge from hospital. She added that the story was timely in that there was presently a major focus on infection prevention and hand hygiene and that the story would be shared with staff in that context.

Ms Edwards commented that staff should persist even when a patient maintained that they did not require help; in this case the patient clearly was not "alright".

In response to questions, Ms Etches confirmed that this patient was located in a main ward and not a cubicle. Dr Anderson queried why a patient with this kind of infection had not been moved into a side ward. Dr Odum referred to the situation a few years ago when this particular infection was linked to 40% mortality, whereas it was now less common in general, and tended to be more prevalent on medical rather than surgical wards. Regarding the perception by patients that they were adding to staff burdens, he said it was incumbent on staff to provide patients with what they needed.

RESOLVED: that the patient's story be noted, and that the Chairman send a letter of thanks to the patient for enabling her story to stimulate Trust Board learning.

TB.4921: Never Events

Ms Etches reported orally that since the February meeting two never events in respect of one patient had come to light. Initially the incident appeared to be a prescribing error, but upon more careful review against the never events criteria, it had been classified as a never event in part due to consent issues. There had also been a course of 20 injections for this patient, the last two of which had been administered to the wrong eye. The CCG was treating the episode as two separate never events, but the Trust would include both in one RCA.

She went on to describe how, following a report from the Chairman, a focus group would be established with staff who had previously been involved in never events, to try to identify issues that could trigger risks likely to lead to the occurrence of never events, and the outcome of this exercise would be reported to a future meeting (JV).

Mr Vanes noted that the Trust had gone for some time until very recently without recording a never event, and wondered whether there had been a loss of impetus leading to the most recent occurrences. Ms Edwards noted that key to this was changing behaviour within the

organisation so that when appropriate, staff challenged wrong practices. She and Mary Martin, in a recent Leadership Walkabout in the Delivery Ward, had heard from staff there how their behaviours had changed after Never Events, and it was important to share this with colleagues who had not experienced such events. Mr Loughton told the Board that the awareness of never events, coupled with the fear of being involved in one, was becoming ingrained across the organisation. Nevertheless, there was always the "human factor", which meant that things could, and occasionally did, go wrong.

RESOLVED: that the oral update on two recent never events be noted.

TB.4922: Nursing Workforce Review - six monthly update

Ms Etches guided the Board through her report which was the first to update the Board on the assessment made against the 10 expectations set out by the National Quality Board. She highlighted the difference between the results recorded in June 2013 and January 2014, which partly reflected the subjectivity which could occur when staff used the new system. It was noted that no professional judgement was being given at this stage, but would be offered in a future report. She encouraged the Board to look for trends, and to anticipate a comprehensive evidence base in support of workforce development.

Ms Edwards welcomed the report, saying that it was helpful to have an objective basis for the nursing workforce review.

Mr Loughton asked what definition Dr Foster would use in respect of the bed-nurse ratio. In response, Ms Etches said that traditionally Dr Foster had used a crude measure whereby anyone with a nursing qualification on the ESR would be included, but this would therefore encompass managers whose work made no direct contribution to bedside nursing. She said that it would be desirable for Dr Foster to refine the definition used. Dr Odum said that the Dr Foster data was based on a crude analysis and did not necessarily compare like with like. Not all nurses employed within an organisation worked on a ward. Mr Loughton suggested that Dr Foster should be alerted to the potential for disparities to appear between organisations due to the use of different methodologies.

Mrs Martin noted the significant change in numbers against the wards at West Park Hospital. Ms Etches explained that since last summer there had been increases in capacity on these wards. She also reminded the Board that this methodology did not reflect the layout of wards or bed usage, which was why it was necessary to add professional judgement to the report in future. She went on to indicate that Safe Hands should eventually provide the capability to capture daily staff needs based on patient acuity.

In response to a question by Mrs Rawlings, she said that the Safer Nursing Care Policy would shortly be reviewed by one of the policy groups.

Answering questions by Dr Anderson about seasonal variations in paediatrics and the scope for flexing staff numbers accordingly, Ms Etches said that she understood that in the last two years there had been no seasonal variations within paediatrics although it was possible to flex staffing in the light of variations if necessary. She added that Dr Odum would shortly be visiting the USA to investigate how staffing could be organised through better use of Safe Hands technology. It would be a slow process, of course, to institute the necessary flexibility here. Mrs Martin thought that this would raise the issue of how to build and maintain teams on wards if a more flexible staffing model was in place.

RESOLVED: that assurance be taken that the senior nurses within the Trust are taking active measures to meet the recommendations made by the National Quality Board to ensure safe staffing.

TB.4923: Health and Safety Report 2012/13

Ms Etches presented a report covering activities undertaken in relation to health and safety for the 18 month period until October 2013. The report covered incident reporting, compliance via audit, and RIDDOR. She said that the Trust had a small group of staff responsible for this work, who covered hospital and community services, and who had adopted a model of local empowerment and local ownership. The team had decided to centralise the training records in order to strengthen assurance around staff competencies.

Mrs Rawlings noted that the information about the pre-assessment/checklist on page 13 suggested a greater number had been completed during the first six months of 2013/14 than during the previous 12 months, and wondered whether this reflected greater staff awareness. However, the report on the staff survey later on the agenda indicated that staff were receiving less training. Ms Etches said that the report reflected greater effort on completing risk assessments in community areas and greater emphasis on training the community teams.

Ms Edwards said that she would like to raise a number of detailed questions about the report and agreed to follow these up directly with staff outside this meeting.

Mr Loughton responded to a point made by Ms Edwards regarding legionella, by saying that the Trust was very careful to flush out pipework on a regular basis. The Board noted that action in respect of legionella was reported to the Infection Prevention and Control Group regularly.

RESOLVED: that the report on health and safety within the Trust, covering the 18 month period until October 2013, be noted.

TB.4924: Research and Development

Dr Odum submitted a report on the progress of research and development within the Trust during the period until the end of February. He confirmed that the R and D Manager at Mid Staffordshire FT would be leaving at the end of March, and that they had turned to this Trust for help. He referred also to the significant R and D activity at MSFT, some of which was likely to form part of the expected merger with Cannock hospital. The availability of critical care services at New Cross would boost research at Cannock, for example with trials of biologic technologies.

RESOLVED: that the progress report on Research and Development within the Trust be noted.

TB.4925: IG Toolkit Submission

Dr Odum presented this report.

RESOLVED: that the IG assurance statement set out in appendix 1 to the report be approved, together with the IG Toolkit final scores (set out in section 2 of the report), and that the IG Lead be authorised to submit the IG Toolkit.

TB.4926: Surgeon-Specific Mortality Data

Dr Odum summarised the main points within this report, which would come to the Board every year. It was noted that the Trust did not carry out bariatric surgery and there was no data on endocrine surgery, but information was available from the other eight specialties. The Trust's own surgeons had all contributed to the data entry and as a result much information was now publicly available. It was expected that the sub-specialties would refine their databases over time. Dr Odum said that he was assured by the data that there was nothing of significance for outlier status either for the Trust or for the individual surgeons, and that in some cases the performance described was among the best in the country.

Dr Anderson asked whether this information could trigger a surge in demand for the services of the better performing surgeons. Mr Loughton said that from his experience this data would have no impact on patient choice. Mr Young supported this view, saying that patient choice appeared to be influenced above all by convenience rather than mortality rates.

Dr Odum went on to suggest that over time mortality rates were likely to be driven down when individualised data was released, and this would therefore have an impact on national performance. Decisions about whether to carry out procedures on high risk patients would continue to be made by multidisciplinary teams and therefore individual surgeons would be prevented from "cherry picking" cases more likely to be successful. In response to Dr Anderson, he said that there was no evidence that the cardiac surgeons were "sidelining" any high risk patients.

Mr Loughton supported the release of this data but stressed that it was not perfect, and that surgeons ranked at the bottom faced a terrible experience.

Mr Vanes said that he would write to the surgeons named in the report to congratulate them on behalf of the Board (JV).

RESOLVED: that the data set out in the report on surgeon-specific mortality be noted.

TB.4927: Integrated Quality and Performance Report

Ms Nuttall reported by exception on the following:

- A and E: failed the type I and overall target, but significantly improved halfway through March as a result of clinically led actions, so that the Trust would hit the target for March and the year-to-date target for overall performance in A and E;
- The 62 day traditional target for cancer was likely to be red for March; weekly meetings were taking place to review patients on the 62 day pathway; gynaecology had now been resolved but there remained two issues in urology, namely the long-term absence of a consultant, and a significant increase in referrals following a national awareness campaign.

She pointed out that as a tertiary centre the Trust had to accept patients from other organisations, in many cases some considerable time after "the clock had started" and the delays were outside the control of this organisation. She continued to make representations to the Chief Executives of trusts involved in delayed transfers and late referrals, but had so far had no favourable responses. She had also raised this with the CCG for them to follow up with other CCG's under the contracting process because guidelines were in place and

should be followed. In respect of this point, Mr Young said that NHS England and the Local Area Team were particularly interested in this target. However he had found that other CCG's were proving less than receptive to requests to engage constructively with the concerns raised. Ms Nuttall emphasised the negative effect on patient experience and outcomes when late referrals took place.

In response to Mrs Martin, Ms Nuttall said that the pathways were often reviewed and changes made in order to improve the patient journey.

Ms Etches reported that the Net Promoter Score had risen significantly in February and that the CQUIN target would be met. The Board noted that the Patient and Carer Voice had achieved a higher overall score in February, and that against the official external target the Trust had now reached 36 cases of *C.difficile* against a target of 36; it was fervently hoped that no more would be recorded between now and the year-end reporting period.

The Chairman reminded the Board that this report had been discussed in detail at Committees during the last week.

RESOLVED: That the Integrated Quality and Performance report be noted, and that the Single Operating Model self-certification returns be signed off and submitted to the Trust Development Authority.

TB.4928: 2013 National NHS Staff Survey Results

The Board received with interest the latest national survey, noted marginal improvement, and a reduction in local response rates. Mr Loughton indicated that, because the results did not identify the Departments of the participating members of staff, this was not a helpful tool for management. In addition, staff appeared to have little faith in this survey because it would not lead to action when matters needed to be improved. He said that a growing number of trusts were using a tool similar to Chatback.

Ms Etches asked for clarification about whether the report related to 2013 or the two previous years, and it was agreed that it should be resubmitted with clarification on this point and with data taken from the most recent Chatback so that the two surveys could be compared by the Board (DHR).

RESOLVED: That the report be resubmitted to the Board, including comparative information from the most recent Chatback survey in respect of similar questions used in both.

TB.4929: Nurse Recruitment

Mr Loughton reported that because of differences in the model of midwifery services used in Greece, attention had now turned to Southern Ireland where a midwife recruitment drive would take place. Greece would continue to be targeted for the recruitment of nurses.

RESOLVED: That the progress report on nurse recruitment be noted.

TB.4930: PR/Media Issues

In the absence of the Director of Human Resources this report was not considered.

RESOLVED: That the oral report on PR /recent media issues be deferred.

TB.4931: Financial Report February 2014 (Month 11)

Mr Stringer submitted the finance report for month 11 (February 2014), which showed that the Trust's income and expenditure position was a surplus of £7,349k, which was £187k above the month 11 plan. Total income at month 11 was £359,746k, which was above plan by £1,935k. He added that Division 1 had achieved its monthly outturn figure by the end of February which was a very good achievement. Directors had discussed this report in detail at sub-committees held in the previous week.

RESOLVED: That the report on the financial position of the Trust for February 2014 be noted.

TB.4932: Chair's report of the Finance and Performance Committee, 19 March 2014

Ms Martin presented the highlights of the meeting held on 19 March. Mr Vanes asked about the factors which had led to D1's impressive recovery of the control targets. Mr Stringer said that there had been a detailed analysis of operational finance within the Division, followed by clear focus on certain actions required to hit the target.

RESOLVED: That the report be noted.

TB.4933: Income and Expenditure Plan 2014/15

Mr Stringer drew out the salient points of the report on the Income and Expenditure Plan for 2014/15. This highlighted that the figures included nothing for the Research and Development Hub, the Trust's Charitable Funds or Mid Staffordshire developments, all three of which would be the subject of separate reports to the Board. The level of surplus expected by the end of the year was lower than that indicated in the previous LTFM due to non-recurrent investments required, and the figure now indicated would be the very least amount required to support the new emergency centre scheme. Any lower level of surplus would have a corresponding impact on the capital programme. The biggest challenge for the year ahead remained the Cost Improvement Programme, and although there were certain plans in place, a significant amount of recurrent cost reductions remained to be identified.

Mr Loughton congratulated Mr Stringer and his team on this budget and emphasised the need to achieve the year end surplus to fund the Trust's capital programme. He also underlined the need to accelerate the construction of the new emergency centre so that it could open by November 2015 in readiness for that winter.

In response to a question by Mr Vanes, Mr Stringer said that it was intended to submit the High Level Transaction Business Case for Mid Staffordshire to the Board in April, although this depended on due diligence being completed.

RESOLVED: That the Income and Expenditure Plan for 2014/15 be approved.

TB.4934: Report of the Change Programme Group

Ms Espley introduced the report on the work of the Change Programme Group since February. She said that a report would be submitted to the April meeting of the Finance and Performance Committee on the governance of the CIP, especially regarding transformation schemes. In reply to Dr Anderson, Mr Vanes said that reports on SLR were now considered by the Finance and Performance Committee, and been scrutinised in the previous week..

RESOLVED: That the report of the work of the Change Programme Group be noted.

TB.4935: Capital Programme 2014/15 – 2018/19

Mr Stringer drew out the highlights of this report, which set out for approval the proposed five-year capital programme. He stressed that it was subject to the receipt of public dividend capital amounting to £10m in connection with the new emergency centre, and that if this sum was not forthcoming there would be a significant impact on the overall programme.

Ms Edwards asked about the timescale for the business case for the Adult Cystic Fibrosis Centre. Mr Loughton said that this depended upon an affordable proposal being worked up by the relevant team. Ms Edwards asked whether the team in question had the requisite skills to make the necessary cost reductions when preparing a revised case. Mr Loughton said that he would give this question further consideration.

Mr Loughton asked the Board to note that the Estates Department was presently under considerable pressure but continued to perform well for the Trust.

RESOLVED: That the capital programme for 2014/2015-2018/2019 be approved.

TB.4936: Contracting and Commissioning

Ms Espley reported orally on the recent contract negotiations which had resulted in a contract being signed with the lead CCG today. The specialised services commissioned by NHS England had been agreed nationally as an extension to the locally determined contract, and, in addition, the contract with WCC (worth approximately £6m) would roll forward into 2014/2015. She told the Board that the CCG had issued a number of challenges for the Trust to work through in coming months, including in regard to New to Review in OPD and a range of QIPP schemes.

The Chief Executive expressed appreciation for the work done by all parties to reach this position. He referred to the tensions inherent in the current structure and cited conflicting interpretations of guidance issued from the centre.

Mr Young indicated that the CCG had pre-committed all of its contingency funds for the contract with RWT, which posed a risk for the entire health economy for the year ahead.

RESOLVED: That the progress now reported in respect of contracting and commissioning arrangements for 2014/15 be noted.

TB.4937: Board Assurance Framework/Trust Risk Register

Ms Etches introduced this item, drawing attention to the revised format. Referring to the question raised by the Audit Committee, she said that assurances on the Board Assurance Framework would be managed by the Quality Governance Assurance Committee in future. The Board noted the new risks which were highlighted in the report, and welcomed the executive summary.

Mrs Rawlings enquired whether the risk in respect of the requirement for 60 hour consultant presence was appropriately rated as a C4 Amber. Ms Nuttall said that following discussion at the Quality Governance Assurance Committee last week, the Directorate had been asked to review the Risk Register in the next month or so, and to continue to work on the business case for additional staff.

RESOLVED: That report on the Board Assurance Framework/Trust Risk Register be noted.

TB.4938: Annual Report of Directors' Interests

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

TB.4939: Minutes of the meeting of the Trust Management Committee held on 21 February 2014

Dr Anderson asked whether the clinical coding posts had now been advertised. Mr Stringer said that HR were expected to approve the advertisements imminently.

RESOLVED: That the minutes of the meeting of the Trust Management Committee held on on 21 February 2014 be noted.

TB.4940: Chair's report of the meeting of the Quality Governance Assurance Committee held on 19 March 2014

RESOLVED: That the Chair's report of the meeting of the Quality Governance Assurance Committee held on 19 March be noted.

TB.4941: Chair's report of the Audit Committee, 25 February 2014

RESOLVED: That the Chair's report of the meeting of the Audit Committee held on 25 February be noted.

TB.4942: Chair's report of the Charitable Funds Committee, 25 February 2014

RESOLVED: That the Chair's report of the meeting of the Charitable Funds Committee held on 25 February 2014 be noted.

TB.4943: Minutes of Committees in respect of which the Chair's report has already been submitted to Board:

Dr Anderson said that there were just two outstanding matters on the Action Log of the Quality Governance Assurance Committee, namely the review of mortality (no longer a priority due to other work taking place) and the review of the NNU and PAU.

RESOLVED: That the minutes of the meetings of the Quality Governance Assurance Committee held on 19 February 2014, and the Finance and Performance Committee held on 19 February 2014 be noted.

TB.4944: Matters raised by members of the general public and commissioners

On behalf of Healthwatch Mrs Bott expressed congratulations to Mr Vanes for the way he had chaired the meeting, and to the Board for the detailed reports and transparent approach

to its business. She sought an assurance that the questionnaires used in the staff survey were wholly anonymous. Mr Loughton confirmed that they are.

TB.4945: Any other business

NHS Change Day: In response to a question from the Acting Chairman, Ms Etches said that there had been a reasonable response to this Day, but that consideration would be given to how a greater response might be generated in 2015.

Executive Directors on the Wards: Ms Etches confirmed that certain of the Executive Directors had helped on the wards recently, merely to refresh their awareness of what patients experience while in the hospital.

TB.4946: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 28 April 2014 at 10a.m. in the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.4947: 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 12.37pm.