

The Royal Wolverhampton NHS Trust

**Minutes of the meeting of the Board of Directors held on Monday 28 September 2015
at 09.30am 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
	Mrs S Rawlings	Non-Executive Director
	Mr K Stringer	Chief Financial Officer
	Mr S Mahmud	Interim Programme Integration Director
	Dr J Parkes	Associate Non-Executive Director
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
OBSERVERS:	Councillor P Bateman MBE	Wolverhampton City Council
	Mr P McKenzie	WCCG
	Mr A Sen	W'ton HealthWatch
	Mr Tinsa	Member of public
	Ms A Griss	Member of public
APOLOGIES:	Ms A Adimora	Director of Human Resources and OD
	Mr S Marshall	Wolverhampton CCG
	Dr J Odum	Medical Director

Part 1 – Open to the public

The Chairman welcomed Mr Arko Sen as the incoming Chair of Wolverhampton Healthwatch.

TB.5626: Declarations of Interest from Directors and Officers

The Board noted that Dr Parkes had declared that with effect from today his daughter was employed as a nurse in the Emergency Department.

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

TB.5627: Minutes of the meeting of the Board of Directors held on Monday 27 July 2015

RESOLVED: That the minutes of the public session of the Trust Board held on Monday 27 July 2015 be approved as a correct record.

TB.5628: Matters arising from the minutes of the meeting of the Board of Directors held on 27 July 2015

The following matters arose from the minutes of the previous meeting:

TB.5597 – Review of dementia service – noted that the cost would be around £40,000.

TB.5609 – Patient Experience Forum – the agenda for the meeting on 29 September was on the Trust website, with the minutes of the previous (June) meeting as part of that agenda.

TB.5629: Board Action Points

RESOLVED: That the Board Action Points list be noted.

TB.5630: Chief Executive's Report

Mr Loughton presented his monthly report to the Board, highlighting the recent visit by Lord Carter, high levels of agency spend, and the good progress reported for the West Midlands NIHR. He shared that at the recent meeting of the NHS Research Board he had been told that future bids for research funds were to be from capital and not revenue.

Mr Loughton reported that Linda Holland would be interim Director of Human Resources from 5 October.

Dr Anderson asked the Chair to write to Professor Brookes to offer the Board's congratulations on his election to the Chair of the British Society of Gastroenterology Research Committee (JV). Replying to Mrs Rawlings, Mr Loughton assured the Board that this position would not impact on the work of the department because the clinical practice of Professor Brookes had been reduced already.

The Board placed on record their appreciation of the contribution of Angela Adimora, during her time as the Trust's Director of Human Resources and OD.

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

TB.5631: CQC Hospital Inspection – June 2015

Ms Etches presented a report which set out the findings of the CQC following their inspection in June 2015. Summarising the key points, she said that an appeal had been lodged against the process which lay behind the ratings in the report, pending which the report published on the CQC website would carry a note that it was subject to appeal, but also the ratings would be published on RWT sites. There could be another inspection within 12 months. Because actions were being gleaned throughout the inspection, the action planning process had been rapid and progress was already being made; QGAC would monitor the detail. Learning events were being held so that staff could discuss how things could be done differently, where necessary. She welcomed the strength of stakeholder support which had been expressed at the Quality Summit.

Mr Vanes asked how many of the amber ratings had been brought about by staff shortages. Ms Etches replied that most of them had been; which reflected the difficulties being experienced in filling gaps on nursing rotas. However, she maintained that the overall judgment still seemed unbalanced and that all of the evidence had not been triangulated. Mr Loughton indicated that only the day before the Quality Summit, the TDA had instructed trusts to reduce agency spend; it was ironic therefore that the CQC had criticised the trust not using agency nurses. He reminded the Board that a decision to cease using agency nurses had been taken 10 years ago on the grounds of reducing infections.

Mr Vanes asked whether the Executive Directors considered that the Trust had improved since the first CQC inspection. Ms Etches thought it was difficult to compare. She referred to the instances of good practice cited in the report, which must not be forgotten, particularly as the CQC had hit morale in some teams. On the other hand, it was clear that there were lessons to be learned.

Mr Vanes said that at the recent Health Scrutiny Panel meeting at WCC he had been asked whether the acquisition of MSFT had “weighed RWT down”. Mr Loughton said that this had not been the case; MSFT had become a burden several years prior to the formal acquisition last November, with an unplanned gradual drift over that period. He thought some of the Cannock Chase hospital ratings were harsh, particularly given the effect of carrying out, piecemeal, a £20M capital refurbishment there with services carrying on in the midst of it. Mr Mahmud pointed out that taking over the MIU had not been part of the TSA transaction – the Trust agreed to assume management responsibility at the request of the local CCG.

Answering Mr Vanes’ question about why some of the issues had not been identified by staff before the inspection, Ms Etches agreed that it would be good to develop an organisational culture in which everyone from time to time stood back and reviewed their work and proactively sought to make improvements where possible. However, she indicated that there had been inconsistencies in the feedback given by some inspectors during the inspection process.

Mr Hemans asked whether the recent CQC inspection of University Hospital of North Midlands had identified any issues which could have been due to the MSFT acquisition. Mr Loughton said that there had been some similarities in this regard, although UHNM already had significant issues of its own to be tackled, even before the inspection had taken place.

Mr Dunshea enquired about the independence of the CQC appeal process. Ms Etches indicated that no information on this point could be obtained, and she was assuming for now that the appeal would be considered by a different team to the one which had aggregated the RWT inspection data. Turning to the action plan, Mr Dunshea asked how the Board would take assurance that actions were being completed. Ms Etches said that evidence of completion would be reported to QSAG, and this would be visible to the Board through the minutes of QGAC.

Mr Dunshea asked whether, in response to the CQC report, there would be any changes in management or supervisory practice. In response, Ms Etches pointed out that staff had taken the report very seriously, and some were very upset. The approach was going to be to allow staff to implement improvements having understood why changes are needed. There would be a renewed drive to encourage supervisory staff, particularly Band 7 Nurses, to see their role primarily as a supervisory one.

Mr Loughton indicated that an external adviser was helping the Trust to work through the section on radiation protection.

Finally, Mr Vanes stressed the need to engage and communicate with the public and stakeholders about this report. He expressed appreciation for the hard work by staff in connection with the inspection.

RESOLVED: That the action plan be approved.

TB.5632: Patient's Story – Action Plan

Mr Vanes asked whether any items of business could be held over in view of the amount of time available for this meeting. It was agreed that the presentation on the actions following the patient's story in July be deferred.

RESOLVED: That the action plan from the patient's story shown in July be deferred (CE).

TB.5633: Integration Programme Update

Mr Mahmud introduced this item, highlighting service changes and human resources developments since the July meeting. In response to a question from Mrs Martin, Ms Nuttall confirmed that phase 1 of the building work was now complete. The non-executive directors were due to visit the hospital on 12 October.

RESOLVED: That the update on the Integration Programme be noted.

TB.5634: ICT and Patient Access – Cannock Position

Mr Stringer introduced a position statement assuring the Board of work done on a key strand of the integration programme. Replying to a question from Mr Dunshea about open referrals validation going back to 2009, Mr Stringer said that the report reflected different working practices at other organisations in regard to maintaining databases. Mrs Martin asked whether the intranet and Internet had been revamped at Cannock. Mr Stringer indicated that this work was ongoing and that work on core servers should be done in the next two/three months. Discussions were taking place about the possibility of expanding Safe Hands to Cannock Chase Hospital.

RESOLVED: That the report be noted.

TB.5635: Urgent and Emergency Care Centre

Mr Stringer reported orally on progress with this new development, which was now in the final "fitting out" stage. A series of staff open events had been planned.

RESOLVED: That the oral update on the building of the new Urgent and Emergency Care Centre be noted.

TB.5636: GS1 Outline Business Case – Request for Delegated Authority

Mr Stringer summarised the main points in this report which gave the background to the forthcoming submission of an outline business case for the Global Standards 1 Project. This project, if implemented, would allow the Trust to put in place a barcoding system whereby stock could be electronically recorded. Replying to a question by Mr Dunshea about how this would benefit patients, Mr Stringer indicated that the benefits will include doing things at the right time and recalling equipment soon as a defect occurred by linking products to particular

patients. Later phases would include prescribing from the pharmacy to ensure that patients received the correct medicines – a clear safety benefit.

RESOLVED: That the progress update on the GS1 business case be noted.

TB.5637: Integrated Quality and Performance Report

The Board noted that operational elements of this report had been discussed in detail at the recent meeting of the Finance and Performance Committee.

In respect of quality issues, Ms Etches highlighted the following:

- On-going concerns over response times to complaints and breaches in consent to exceed timescale – she was meeting with teams to understand their local systems and processes with the intention of achieving sustained improvement over time.
- A large number of C.difficile infections reported during August – measures in place to tackle this significant challenge for the organisation. It was noted that the strain of C.diff had changed during the year. A series of ward deep-cleans was planned to take place at weekends.

Dr Parkes asked for the reason why so many patients were discharged without an e-discharge summary. Ms Nuttall offered to break the figures down by clinical area for the next meeting of the Finance and Performance Committee (GN).

Mr Dunshea noted that the Trust was consistently exceeding the target for assessing and treating high risk stroke patients within 24 hours. Ms Nuttall said that the report measured performance against a national target. Mr Loughton requested that the possibility of an internal stretch target be considered (GN).

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.5638: Securing Sustainability – TDA Planning Process

Ms Nuttall indicated that in future this report would be considered in the public board meeting.

RESOLVED: that the Chairman and Chief Executive be authorised to sign the TDA Board Statements, Provider Licence and Sustainability Timeline returns on behalf of the Board, and that the amendments to the TDA Board Statements (MSFT transaction) as outlined in the report be approved.

TB.5639: Chair's report of the Quality Governance Assurance Committee on 23 September 2015

Dr Anderson presented the summary of the Committee meeting held on 23 September. She highlighted a number of issues raised at the meeting, including rising sickness absence, HSMR higher than expected, and the BAF seeing little movement in the descriptors since it was set up in this format in July.

RESOLVED: That the report be noted.

TB.5640: Safe Staffing - Planned Versus Actual Staffing by Ward – July and August 2015 data

Ms Etches presented this item, which gave details of the average fill rate by registered nurse/care staff, shift and ward for July and August 2015. It represented a deteriorating position since August, which had been exacerbated by the levels of 1-1 care which the Trust was expected to provide. The extent of this would shortly be reviewed. A number of beds had been closed on Wards A5 and A6 to help manage staffing problems. Responding to Mr Dunshea's query about the red rating on ICCU, despite it being a particularly busy spell with no unsafe staffing levels, Ms Etches explained that the template did not provide the flexibility to downgrade the risk in the light of the prevailing circumstances on that ward.

RESOLVED: That the report on actual vs planned staffing by ward for July and August 2015 be noted.

TB.5641: Executive Summary HR Report

The board noted this report. Ms Etches highlighted the departure of another 2 overseas nurses during September. Some of those who had left had returned home but had joined the bank and had indicated their intention to come back to do 2 weeks of shifts from time to time. Dr Anderson noted that an increasing number of trust fellows were being appointed, but was concerned that there was still an insufficient number of middle grade doctors to support services, compounded by the cut in the number of trainees. Mr Loughton acknowledged that manpower was emerging as a serious problem for the NHS. Mr Dunshea said that it would help to have the total nurse establishment stated to help the Board understand the extent of the vacancy impact.

RESOLVED: That the Executive Summary HR Report be noted,

TB.5642: Finance Report for August 2015 (Month 5)

Mr Stringer submitted the finance report for month 5 (August 2015), which showed that the Trust's income and expenditure position for the month was a net deficit of £7,245,000, (surplus to the M5 plan by £522,000). Total patient income at month 5 showed a deficit of £7,342,000, as highlighted in the Patient Care Income-Variance table on page 12. At month 5, £3,400,000 had been withdrawn from budgets for CIP which was 16.3% of the total annual amount. The cash balance was £28,337,000 (£14,904,000 higher than plan). He alluded to discussions at the August Board Development Session on the TDA's expectation that RWT would set a stretch target to end the year £1.4M in surplus, and the Board noted the fragile position of NHS finances nationally.

Mrs Martin drew out some of the highlights from the Finance and Performance Committee meeting last week, including a discussion on lower than expected performance against contract in certain specialties. A major challenge was to get elective activity increased so as to raise £5-6M, but without incurring large costs by doing so. Mr Dunshea repeated his view that the page "Patient Care income – Variance" would be enhanced by the inclusion of a note of the actions proposed to be taken. He accepted the point that this information might normally be provided at the Finance and Performance Committee but believed it was sufficiently important for all of the Board to see, and to be able to discuss if necessary.

RESOLVED: That the report on the financial position of the Trust for August 2015 be noted.

TB.5643: Chair's report of the Finance and Performance Committee, 23 September 2015

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

RESOLVED: That the report be noted.

TB.5644: Rheumatology Relocation at Cannock Chase hospital

Mr Stringer submitted a business case for the relocation of rheumatology at Cannock Chase hospital. He confirmed, in reply to Ms Edwards, that this was part of this year's capital programme.

RESOLVED: That the business case for the relocation of Rheumatology at Cannock Chase hospital be approved.

TB5645: Paying the Living Wage

Mr Stringer drew out the salient points of this report, stressing the complexity of the approach which had of necessity been taken, having regard to maintaining proper differentials, adhering to Agenda for Change, and taking precautions to avoid equal pay claims later. Mr Vanes commented that the national scheme was for the living wage to apply from the age of 25, whereas here it would be from the age of 18, a potential unique selling point to be emphasised in a competitive recruitment environment in a 'young' city.

RESOLVED: That the report be noted.

TB.5646: Independent Report into Clinical coding at RWT

Mr Stringer introduced the independent report into Clinical coding by CHKS. The report gave an account of good progress throughout the year, and the Board welcomed the findings.

RESOLVED: That the findings of the independent report into clinical coding, and the action plan resulting from it, be noted.

TB.5647: Non standard pre surgical chemo radiation treatment of rectal cancer patients 2005-2009

Ms Etches (on behalf of Dr Odum) submitted this report. Mr Loughton reflected that after long investigations and reviews, and at great cost to the department concerned this matter had reached its conclusion. Re-contacting 55 patients from the 2005-09 period did not appear to have benefitted any of the cohort of patients or their families, and now the Trust was rebuilding the department in question. The whistle-blower was no longer employed by the Trust and was himself under review by the GMC with restrictions on his practice. Mr Loughton noted that it was likely that the Genome project would lead to every patient being treated differently, especially in oncology. The Board welcomed the clear conclusion from the latest CQC review of these issues. This matter would be removed from the Trust Risk Register.

RESOLVED: That the report on non-standard pre surgical chemo radiation treatment of rectal cancer patients 2005-2009 be noted.

TB.5648: Charitable Funds Annual Report and Accounts 2014/15

Mrs Rawlings presented the Charity Annual Report for 2014/15.

RESOLVED: That the Annual Report and Accounts 2014/15 for the Trust Charitable Funds be approved.

TB.5649: RWT Charitable Fund – ISA260

The ISA260 for the charitable fund for 2014/15 was submitted for information.

Mr Vanes drew attention to the Volunteer awards evening on 1 October, and the fact that 100 new volunteers had joined the charity from Cannock Chase Hospital in 2014.

Finally, the Board noted that the League of Friends had decided to close this year because the effectiveness of the Trust Charity appeared to make their work superfluous, and the balance of their funds would be donated to the Wolverhampton Eye Infirmary.

RESOLVED: That the ISA260 for the Charitable Fund 2014/15 be noted.

TB.5650: Annual Audit Letter – year Ended 31 March 2015

Mr Stringer introduced this item. He said that it had been gratifying to be assured by the External Auditor that the technical treatment of the large transfer agreement from Mid Staffs FT had been carried out well.

RESOLVED: That the Annual Audit Letter for 2014/15 be noted.

TB.5651: Board Assurance Framework/Trust Risk Register

Ms Etches confirmed that there were currently three risks on the Board Assurance Framework. Dr Anderson reported that at the meeting of the Quality Governance Assurance Committee last week there had been some concern over the lack of movement in the descriptors in the BAF, with little new commentary having been added since July on many items. Mrs Martin requested that the allocation of risks to executive directors be reviewed. Ms Etches said that it was due to be considered at the Executive Director meeting this Wednesday. By contrast, Dr Anderson said that the Trust Risk Register showed a healthy amount of movement and evidence of effort made to resolve issues. Ms Etches commented that the TRR had been around in its current format for much longer than the recently revised BAF.

TB.5652: Assignment of NEDs to Committees

Mr Vanes drew attention to the small number of changes proposed. He added that the Trust was still hoping to appoint an Associate NED with a particular expertise in research.

RESOLVED: That NEDs be assigned to the Board Committees, as set out in the appendix to the report, with effect from 1 October 2015.

TB.5653: Board meeting dates 2016/17

RESOLVED: That Board meetings be held on the following dates during 2016/17:

Trust Board

25 April
23 May
27 June
25 July
26 September (and AGM)
31 October
28 November
30 January (2017)
27 February (2017)
27 March (2017)

Board Away Days

Tuesday 22 March
Thursday 15 September

Board Development Sessions

11 April
9 May
13 June
11 July
8 August (provisional)
12 September
10 October
14 November
12 December (provisional)
9 January (2017)
13 February (2017)
13 March (2017)

TB.5654: Minutes of the meeting of the Trust Management Committee held on 24 July 2015

In response to a question by Dr Anderson, Ms Nuttall confirmed that there was a recruitment plan in place to increase establishment in medical physics. This was a national issue.

RESOLVED: That the Chairman's report and minutes of the meeting of the Trust Management Committee held on 24 July 2015 be noted.

TB.5655: Chair's Report of the meeting of the Charitable Funds Committee held on 25 August 2015

RESOLVED: That the Chair's report of the Charitable Funds Committee on 25 August be noted.

TB.5656: Chair's report of the meeting of the Audit Committee held on 3 September 2015

RESOLVED: That the Chair's report of the meeting of the Audit Committee held on 3 September 2015 be noted.

TB.5657: Minutes of the meeting of the Audit Committee held on 4 June 2015

RESOLVED: That the minutes of the meeting of the Audit Committee held on 4 June 2015 be noted.

TB.5658: Minutes of the meeting of the Quality Governance Assurance Committee held on 22 July 2015

RESOLVED: That the minutes of the meeting of the Quality Governance Assurance Committee held on 22 July 2015 be noted.

TB.5659: Minutes of the meeting of the Finance and Performance Committee on 22 July 2015

RESOLVED: That the minutes of the meeting of the Finance and Performance Committee held on 22 July 2015 be noted.

TB.5660: Minutes of the meeting of the Finance and Performance Committee on 4 September 2015

RESOLVED: That the minutes of the meeting of the Finance and Performance Committee held on 4 September 2015 be noted.

TB.5661: Minutes of the Charitable Funds Committee on 29 June 2015

RESOLVED: That the minutes of the meeting of the Charitable Funds Committee held on 29 June be noted.

TB.5662: Matters raised by members of the general public and commissioners

Mr Sen commented on the format of the integrated quality and performance report, expressing appreciation of the trend analysis in the report, and asking whether the charts could be clearly titled in future. He also asked whether the Trust would consider using sensitivity analysis to find out what activities could impact on performance and fines. Mr Vanes invited Mr Sen to meet him and officers for a briefing on the metrics which had to be reported to the Board. Mr Sen also commented on the finance report which he thought would benefit from having more of the data represented diagrammatically.

Councillor Bateman referred to a previous concern about recent changes to the phlebotomy service at the Ashmore Park clinic. He said that he had been promised press releases from the Communications Dept of the Trust, but so far had not received any. He also referred to the impact of the recent CQC report, and in particular the way he thought it was damaging the confidence of people in the hospital.

Responding to Mr Tinsa's question about whether the agenda and minutes of the Patient Experience Forum could be published on the Trust website, Ms Etches said that they were available on there, but the minutes would always be about three months behind. In response to a further question from Mr Tinsa, Ms Etches confirmed that the Open and Honest Care data should appear on the website in the near future. Mr Tinsa also asked whether the Trust would employ any assistant physicians. The position was that the University of Wolverhampton is one of several universities running these 2 year courses for Physician Associates (formerly known as physicians assistants) and RWT will be employing them as part of its workforce plan.

Ms A Griss asked what was being done to support staff before and after the recent hospital inspection particularly having regard to levels of anxiety and stress related to staff workloads. Mr Vanes said that generally morale in the Trust was good. Ms Griss countered that there were a small number of pockets with lower morale due to shortage of staff leading to stress. Mr Vanes said that the Trust would keep morale under review as the organisation went into the winter period and acknowledged the importance of this matter. Mr Loughton referred to the recent Chat back and said that this suggested that the Trust was in better shape with regard to staff morale compared to many other trusts. He accepted, however, that the NHS generally needed to recruit more staff and that resources were under severe pressure with staff trying to manage on limited resources. He mentioned that 15% of Executive Director posts in the NHS were now vacant or filled with interims.

Ms Griss asked whether thought had been given to holding a CQC listening event before the inspection started. Mr Loughton repeated the point that the national shortage of staff posed serious problems for this and many other trusts. Ms Etches reassured Ms Griss that the Trust worked hard to recruit and retain staff, but not at the expense of reducing the high professional standards expected. She indicated that matters would be helped if levels of absenteeism could be reduced. Having said all of that, she paid tribute to the hard work and dedication of staff within the Trust. Ms Griss said that she had some ideas of her own regarding recruitment and retention, which might be of help to the Trust.

TB.5663: Any other business

No other business was raised.

TB.5664: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 26 October 2015 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wednesfield.

TB.5665: 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 12.20 pm.