

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 27 July 2015 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
	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
	Dr J Odum	Medical Director
	Mr S Mahmud	Interim Programme Integration Director
	Ms M Espley	Director of Planning and Contracting
	Ms A Adimora	Director of Human Resources and OD
	Dr J Parkes	Associate Non-Executive Director
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
OBSERVERS:	Councillor P Bateman MBE	Wolverhampton City Council
	Ms J Foster	Sandwell HealthWatch
	Mr Tinsa	Member of public
APOLOGIES:	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Mr S Marshall	Wolverhampton CCG
	Mr D McIntosh	Wolverhampton HealthWatch

Part 1 – Open to the public

The Chairman welcomed Dr Julian Parkes to his first meeting as an Associate Non-Executive Director.

TB.5584: Declarations of Interest from Directors and Officers

Ms Etches said that with effect from 1 September she would be a Governor of the Health Futures UTC, which would be reflected in the papers for the next Board meeting.

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

TB.5585: Minutes of the meeting of the Board of Directors on Monday 29 June 2015

RESOLVED: That the minutes of the public session of the Trust Board held on Monday 29 June 2015 be approved as a correct record.

TB.5586: Matters arising from the minutes of the meeting of the Board of Directors held on 29 June 2015

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

TB.5544 – Results of influential research trials – Dr Odum said that staff were trying to establish where this information could be readily accessed (JO).

TB.5552 – WRES Case Studies: Ms Adimora circulated WRES baseline data for the Trust, along with a summary of the next steps.

TB.5549 – Living Wage – Mr Stringer indicated that a report on this would be presented to the JNC and then the Board (KS).

TB.5556 – Oversight of BAF – Mr Stringer confirmed that this would be included on the agenda of the Audit Committee on 3 September (KS/RD).

TB.5587: Board Action Points

RESOLVED: That the Board Action Points list be noted.

TB.5588: Chief Executive's Report

Mr Loughton presented his monthly report to the Board.

Mr Loughton spoke of the good progress being made in appointing consultants, including to some of the "hard to recruit" specialties.

Mr Loughton also mentioned that the number of "pilot hospitals" had reduced to 10 (from 22).

With reference to the Black Country Alliance, he explained that one reason for it being established was to make joint appointments in certain specialties; but this organisation was not experiencing difficulty in appointing to the specialties in question. He added that it was not generally seen as attractive to make joint appointments covering three different sites. In response to a question from Dr Anderson, he confirmed that a new urologist would commence here in September, and that it was likely that urology would make increasing use of the robotic surgery facility.

Noting the summary of the key points of the Secretary of State's speech on 16 July, Mr Vanes asked whether another "top-down reorganisation" was underway. Mr Loughton said that he believed that some of the proposed changes would require primary legislation. He also referred to the high degree of central control being exerted across the NHS at the present time, with a growing amount of fragmentation thrown in. The Chairman recommended members of the Board to read the recently published Sir Stuart Rose report.

RESOLVED: That the Chief Executive's monthly report be noted, and that with effect from 1 September 2015 Ms G Nuttall, Chief Operating Officer, be appointed as the Trust's Accountable Emergency Officer.

TB.5589: Patient's Story

The Board watched a DVD featuring a patient who had spent several weeks as an inpatient, culminating in an infected wound following surgery, which required a further procedure for it to be cleaned and dressed. The latter caused further difficulties and after discharge from hospital the patient continued to have the dressings changed twice weekly by district nurses. She was unhappy with the pain and inconvenience caused, and questioned why it had been necessary to create such a deep wound. Ms Etches pointed out that, unusually, this story related to an incident which had not yet been closed down and therefore she could not respond to detailed questions, but she undertook to bring the action plan to the next Board meeting. She stressed that this would not be classed as a never event because the gauze packing was intended to be left in situ.

Dr Parkes commented that a common theme in many complaints was a lack of communication, as appeared to have been the case in this story. Various questions about the case arose during the discussion, but could not be answered until the facts had been established by the current investigation. However, Dr Odum indicated that a medical practitioner would be expected to read all notes relating to a patient before embarking on a procedure or giving advice.

RESOLVED: That the Patient's Story be noted, and that the action plan be received at the next Board meeting (CE).

TB.5590: Open and Honest Care: Driving Improvement

When presenting this report, Ms Etches commented that the Board was unlikely to learn anything new from the information which will be published, as it was already being collected and reported in various ways. However, she was certain that there will be benefits for the public in being able to access this information in one place, and in a format which was consistent in the region. In response to a question by Dr Anderson, she said that there were no controls over how organisations collected the information, and it therefore carried no weight in terms of benchmarking one trust against another.

It was agreed that regular reporting on this matter be through the Quality Governance Assurance Committee (CE).

RESOLVED: that the report on Open and Honest Care: Driving improvement be noted, and that the Trust endorse the Board Compact and the nine principles which it contains.

TB.5591: Integration Programme Update

Mr Mahmud introduced this item, highlighting among other things the midterm review of service transfers and performance against the TSA plan would be included in the integration programme report in October, and that productivity and efficiency reporting for the transferring services would be reported on an integrated basis to the Finance and Performance Committee.

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

TB.5592: Urgent and Emergency Care Centre

Dr Odum reported orally on progress with this new development, which was proceeding according to plan – on budget, and on time. The Infection Prevention and Control Group was reviewing cleaning routines for the new facility. Mr Hemans referred to the visit to the new building in which he had participated recently and expressed his admiration for the work which was being done.

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

TB.5593: 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:

- A focus on pressure ulcers and deep tissue injuries in the “Help to heal” campaign over recent weeks
- Improved response times to complaints
- 2 breaches in the duty of candour
- Continuing concerns over the incidence of C.diff infections
- A fall in the number of c-section deliveries
- All types of falls had increased – no particular trends were discernible but the growth in the number of elderly patients with co-morbidities had heightened the risks

Ms Nuttall explained that there had been a welcome reduction in the number of cancelled operations, and excellent performance with ambulance handovers. However, the Emergency Department continued to struggle with rising demand, and there had been one 12 hour breach in June, involving a patient awaiting a bed at a mental health institution. There would continue to be a focus on cancer, especially the 62 day cancer wait. The Intensive Support Team had been invited to review our pathways and a date for their visit was awaited. She also highlighted the performance for discharge summaries within 24 hours of patient discharge, which had been discussed in detail at the Committee meetings last week. In response to a question from Mrs Rawlings, she confirmed that performance against Choose and Book was deteriorating, and that this was also a national problem.

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.5594: Introduction of Revised RTT Operational Standards

Ms Nuttall drew out the main changes to the Referral to Treatment Standards (RTT) which had been brought into effect in June. Mr Vanes enquired whether the Trust could do anything to mitigate the financial impact of the changes. Ms Nuttall answered that the Trust had until October to prepare itself, and that by then Orthopaedics and Maxillofacial should be

in a position where fines could be avoided, but General Surgery remained of concern in this regard. In response to a question by Mrs Martin, Ms Nuttall indicated that the pathway began when the Trust received the referral from the GP either via Choose and Book or a letter.

RESOLVED: That the report be noted.

TB.5595: Chair's report of the Quality Governance Assurance Committee on 22 July 2015

Dr Anderson presented the summary of the Committee meeting held on 22 July. She highlighted that the BAF/TRR would from now on appear at the Board every two months. She also highlighted issues around discharge to social care, discussions around the interpreting service (which was proving to be extremely expensive) and the new consent form which had been approved and was being rolled out.

Mr Loughton said that a broader discussion was required on the provision of interpreting services, which were not provided by all trusts. He wondered whether there could be a greater role for volunteers, rather than paid professionals, to provide this service, provided sufficient training was put in place. Mrs Rawlings suggested that thought could be given to using Trust Funds to support a training scheme for volunteers who were willing to assist with interpretation services. The Chairman added that discussions would take place with the local authority and other stakeholders who were similarly affected, mindful of ethical, safeguarding and qualification aspects.

RESOLVED: That the report be noted.

TB.5596: Safe Staffing - Planned Versus Actual Staffing by Ward – June 2015 data

Ms Etches presented this item, which gave details of the average fill rate by registered nurse/care staff, shift and ward for June 2015. The Board noted that the fill rate had been over 90% for the third consecutive month and that although there were some challenges, the picture was improving. Ms Etches requested the Board to note that although wards A5 and A6 consistently struggled with late observations, other indicators such as falls, pressure ulcers and complaints were not of a volume to make these wards outliers, and there was therefore no obvious correlation between clinical outcomes and concerns over staffing levels on those two wards. With regard to late observations, she went on to explain that there remained some software problems, and no definitive date when these would be overcome, although she could assure the Board that some temporary steps were being taken to improve the situation in the short term. She confirmed that this matter was on the Trust Risk Register. Answering a question by Dr Parkes, she said that this report on Safe Staffing referred only to inpatient areas, and therefore the A and E Department was not included.

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

TB.5597: Finance Report for June 2015 (Month 3)

Mr Stringer submitted the finance report for month 3 (June 2015), which showed that the Trust's income and expenditure position for the month was a net deficit of £4,100,000, (deficit to the M3 plan by £164,000). Total patient income at month 3 showed a deficit of £4,932,000, as highlighted in the Patient Care Income-Variance table on page 11. At month 3, £2,200,000 had been withdrawn from budgets for CIP which was higher than plan. The cash balance was £13,554,000 higher than plan. The agency spend analysis (page 9) was also highlighted; a task and finish group had been set up to review this.

Mrs Martin drew out some of the highlights from the Finance and Performance Committee meeting last week, including:

-Division 1 had produced detailed analysis of patient activity and a recovery plan, and Division 2 was currently working through the same level of detail.

-The CCG had commissioned an external organisation to conduct a further review of the dementia service (the third such review). Mr Loughton asked to be informed of the cost of this review (ME).

Mr Stringer said that the TDA had formally approached the Trust to set a year-end "stretch target". Following a detailed discussion in a full Board Development Session the Trust had responded negatively to this request, given the level of financial risk in the system.

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

TB.5598: Chair's report of the Finance and Performance Committee, 22 July 2015

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

RESOLVED: That the report be noted.

TB.5599: Executive Summary HR Report

Ms Adimora presented this item. She highlighted the departure of another nine overseas nurses during July and August, stressing that in this regard the trust was not an outlier and regional work was underway on retention rates. It was noted that a number of interviews were scheduled for consultant appointments, but that in some cases although the number of website "hits" on advertisements had been high, this had not always converted into applications and work was taking place to address this. Ms Adimora also mentioned the recent meeting of the West Midlands Leadership Forum, where concerns about the costs of the core programmes had been raised and the intention to find local solutions to meet leadership training demands had been expressed.

In response to questions, Ms Adimora acknowledged that the retention rate for overseas nurses was lower than that for "regular onshore" nurses, and one of the reasons appeared to be that several were seeking to work in a city hospital. One or two had also indicated a wish to live and work near to the coast. Ms Etches commented that these nurses may find a big difference in the level of support available, because, for example, many London hospitals employed high percentages of agency staff. They would also find that the cost of living was significantly higher than in a place like Wolverhampton. Mr Loughton said it was important that they left the Trust on good terms so that they would feel able to return should they wish to do so later.

RESOLVED: That the Executive Summary HR Report be noted,

TB.5600: Revalidation Annual Report

Dr Odum responded to a question from Dr Anderson by saying that doctors were given 1.5 PAs per week for work related to appraisals and revalidation

RESOLVED: That the Revalidation Annual report be noted.

TB5601: Clinical Audit Annual Report 2014-15

Dr Odum presented the Clinical Audit Annual report for 2014/15. Mrs Martin enquired about the process to ensure that recommendations arising from clinical audits were implemented. Dr Odum indicated that in any repeat audits the recommendations arising from earlier audits were examined to ascertain how they had been actioned. Mrs Martin thought it would be helpful to have a tracker showing all recommendations arising from clinical audits and progress in implementing them. Dr Odum affirmed that the majority of audits undertaken had some positive benefit for patients. He added that this year there had been an Audit Day to raise the profile and value of clinical audit and it was intended to repeat the exercise next year and to encourage greater participation across the Trust.

RESOLVED: That the report be noted.

TB.5602: Annual Health and Safety Report 2014/15

Ms Etches introduced the Health and Safety Annual Report for 2014/15. The report gave an account of good progress throughout the year, and the Board welcomed its improved format, although some felt that an executive summary would have enhanced it. Ms Etches undertook to feed the views back (CE).

RESOLVED: That the Health and Safety Annual Report for 2014/15 be noted.

TB.5603: NHS England Core Standards – EPRR Self Assessment

Ms Espley submitted this report, pointing out that the Trust had scored green against all 51 of the standards. A “deep dive” on pandemic flu had resulted in this one area being graded as amber. An action plan to complete this by September 2015 had been agreed.

RESOLVED: That the EPRR self-assessment against the NHS England Core Standards, as set out in the report, be approved.

TB.5604: Minutes of the meeting of the Trust Management Committee held on 26 June 2015

RESOLVED: That the Chairman’s report and minutes of the meeting of the Trust Management Committee held on 26 June 2015 be noted.

TB.5605: Chair’s Report of the meeting of the Charitable Funds Committee held on 29 June 2015

RESOLVED: That the Chair’s report of the Charitable Funds Committee on 29 June be noted.

TB.5606: Minutes of the meeting of the Quality Governance Assurance Committee held on 24 June 2015

RESOLVED: That the minutes of the meeting of the Quality Governance Assurance Committee held on 24 June 2015 be noted.

TB.5607: Minutes of the meeting of the Finance and Performance Committee on 24 June 2015

RESOLVED: That the minutes of the meeting of the Finance and Performance Committee held on 24 June 2015 be noted.

TB.5608: Minutes of the Charitable Funds Committee on 23 March 2015

RESOLVED: That the minutes of the meeting of the Charitable Funds Committee held on 23 March be noted.

TB.5609: Matters raised by members of the general public and commissioners

Councillor Bateman raised a concern about recent changes to the phlebotomy service at the Ashmore Park clinic. He thought that the communication of the change had been badly handled and the current arrangements were still unclear. He had requested the Wolverhampton Health Scrutiny Committee to look into this matter. He went on to applaud the Trust for its willingness to show publicly today's account of unsatisfactory patient experience. Finally, he picked up on comments made earlier in the meeting about the 12 hour waits for patients requiring mental health beds and expressed concern over the national shortage of suitable accommodation for these patients. In response, Mr Vanes indicated that the shortage of mental health inpatient beds had been a long standing problem which had been raised nationally by Mr Loughton at regular intervals. He undertook to provide further information on this matter to Councillor Bateman (JV).

With regard to the concern over the phlebotomy service, Mr Loughton undertook to write to Councillor Bateman with further details, but stressed that the decision had not been taken at Board level.

Mr Tinsa asked whether the minutes of the April meeting of the Patient Experience Forum, and the agenda of the June meeting of that Forum, could be published on the Trust website. Ms Etches agreed to look into this matter (CE). 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 September.

Mr Tinsa also asked why departments were coded. It was explained to him that a decision had been taken two years ago to update the wayfinding system around the hospital, following extensive research and examination of best practice elsewhere. It has been acknowledged that at the time of the change, older service users had found the new arrangements more confusing.

TB.5610: Any other business

The following items of any other business were raised:

-Ms Nuttall said that in response to the public health challenge about obesity, for a trial period a fruit and vegetable stall was operating adjacent to the Heart and Lung Centre.

-Ms Etches informed the Board that the TDA had revisited the Trust on 24 July, and was satisfied that the Trust was now fully compliant in regard to HCAs.

-Mr Loughton reported that NHS England had recently released data on flu vaccinations last winter, which showed that this organisation had been ranked 4th for the number of staff vaccinated.

TB.5611: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 28 September 2015 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wednesfield.

TB.5612: 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 12.25 pm.