

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 1 June 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
	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
	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
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
	Dr R Jervis	Director of Public Health (part)
	Dr G Augustine	Public Health (part)
	Ms D Hickman	Head of Midwifery (part)
OBSERVERS:	Councillor P Bateman MBE	Wolverhampton City Council
	Mr Tinsa	Member of Public
APOLOGIES:	Mr S Marshall	WCCG
	Ms M Bygrave	HealthWatch

Part 1 – Open to the public

TB.5484: Chair's Opening Remarks

Mr Vanes welcomed Junior Hemans, newly appointed Non-executive Director, and Councillor Phil Bateman, City Council Observer, to their first Board meeting.

TB.5485: Declarations of Interest from Directors and Officers

The Board Secretary confirmed that Mr Hemans had declared his interests, and these would be reflected in next month's report.

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

TB.5486: Minutes of the meeting of the Board of Directors on Monday 27 April 2015

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

TB.5487: Matters arising from the minutes of the meeting of the Board of Directors held on 27 April 2015

There were no matters arising from the minutes of the previous meeting.

TB.5488: Board Action Points

The Board Secretary tabled an updated schedule of action points, and confirmed that the following could now be closed down:

TB.3878 (Staff Behaviour and Attitudes) - report on today's agenda

TB.4959 (Infant Mortality) - report on today's agenda

TB.5326 (Sickness Absence) – explanation provided in report

TB.5396 (Contracts of Employment) - explanation provided in report

TB.5434 (CCH Service Transfers) - the number of bookings is now on target

TB.5501 (Schwarz Rounds) - information provided by e-mail to the board.

RESOLVED: That the Board Action Points list be noted.

TB.5489: Chief Executive's Report

Mr Loughton presented his monthly report to the Board.

Mr Loughton spoke of the well attended event on 23 April celebrating the first 12 months of the Clinical Research Network. He paid tribute to the excellent leadership during the first year and the results being achieved. He added that most of the accommodation problems were being addressed in a reasonably cost-effective manner.

With regard to car parking provision at Cannock Chase Hospital, Mr Loughton mentioned that there were outstanding issues, such as tree preservation orders, to be addressed so that improved public car parking could be delivered as soon as possible.

Mr Loughton announced that Ms Maxine Espley had accepted a post with a large West Midlands housing association and would be leaving the Trust later this year. He paid tribute to her excellent work with the Trust since she joined it in 2011.

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

TB.5490: Patient's Story

The Board watched a DVD featuring an account by David Pitt who had undergone treatment for cancer and had taken part in a research project in connection with this. Mr Pitt paid tribute to the professional and kindly manner in which he had been treated throughout the research project and expressed appreciation for the opportunity to participate.

Mr Dunshea asked whether this type of story was used to promote the uptake of trials. Dr Odum said that the LCRN has a dedicated patient and public arm which promoted uptake of research opportunities and also that research was promoted internally to the Trust by the work of the research nurses.

RESOLVED: That the Patient's Story be noted.

TB.5491: Never Events

Ms Etches reported orally that there had been no new never events for RWT since the April meeting.

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

TB.5492 : Patient Experience Quarterly Report: Quarter 4, 2014/15

Ms Etches outlined the main points in the Q4 Patient Experience and Complaints report. Mrs Rawlings asked how the corrective actions were being monitored following the Baker Tilley report. Ms Etches described the process whereby actions were monitored before they were closed down, including the work of the CLIP group in sharing practice across the organisation, and the Risky Business newsletter (recently renamed and re-launched), as well as the formal Trust governance structure. Responding to a further question from Mrs Rawlings, she indicated that it was not possible to obtain absolute assurance that all 8000 members of staff were learning and acting on the lessons derived from patient feedback, but it was possible to obtain assurance that information was being cascaded appropriately to directorates and departments; and she floated the possibility of this being tested in the new round of NED/ED walkabouts.

Mr Dunshea sought clarification about the accountability of clinical directorates for implementing learning points arising from complaints. He also asked whether there was any qualitative feedback around "Non recommends" in the FFT responses. Ms Etches said that the reasons for "non-recommends" were not always apparent from the feedback and that in any case these did not always tie in with management concerns about particular wards. For example, although Ward A9 had nine non-recommends, this Ward was not giving rise to any particular concerns at this time. In other words, it appeared that "non-recommends" may not be a reliable guide to significant issues within the organisation. Similarly, she said that Ward C16 was not giving particular concerns in terms of the number of complaints, falls or pressure ulcers, and yet this also had a higher number of "non-recommends". Mr Dunshea reflected that this called into question the validity of this feedback, and Ms Etches concurred with this point of view. Ms Nuttall said that it was helpful to receive this feedback insofar as it was another means of monitoring trends and that if a pattern of "not recommends" persisted over a period of time the organisation would have to review the wards in question.

Dr Anderson asked whether maternity services had received the level of non-recommends indicated due to staffing ratios. Ms Etches agreed that staffing could be a contributory factor, as could the amount of building works taking place in that department, with the associated noise and disturbance which could colour patient's views of their experience.

Ms Adimora noted on page 10 of the report the number of thank you cards received and also on page 12 the addition of another 100 volunteers, both of which were positive indicators.

RESOLVED: That the report be noted.

TB.5493: Integration Programme Update

Mr Mahmud introduced this item. Mr Dunshea voiced his desire for more detail around the original projected activity and what was actually taking place, for example around referral patterns, and, if there was a significant difference, what actions were proposed to recover the activity. Mr Mahmud said that the detail was being considered at the Finance and Performance Committee.

Mr Vanes said that in his recent visit with Dr Anderson to Cannock Chase Hospital they had observed the complex mix of activity with consultants from different providers working in the hospital.

Mr Loughton said that the Board would be updated in the private session on TUPE consultations involving Trauma and Orthopaedic staff.

RESOLVED: That the update on the Cannock Chase Hospital Integration Programme be noted.

TB.5494: Urgent and Emergency Care Centre

Dr Odum reported orally on progress with this new development, which was proceeding according to plan. The newly Integrated Project Group meetings were dealing with details such as equipment and staff training. A number of visitors had now inspected the developing facility and had been impressed by it. He confirmed that activity levels had increased and were now higher than the figures projected for the time of opening, so that it would be necessary to open in November with more of the new facility open than had originally been anticipated. He mentioned also that the Urgent Care tender would be submitted by the deadline of 8 June.

Mr Loughton advised that staff recruitment should now be a priority. Activity figures in the original business case had been understated and in the absence of demand management within the local health economy the Trust was obliged to take steps now in order to cope with the rising levels of demand and activity.

Dr Odum stressed the importance of efficient patient flow through the organisation, leading to timely discharge. In connection with this, Ms Nuttall mentioned the report from the Emergency Care Intensive Support Team, some of whose themes included a consistent approach to Ward rounds, and the consistent application of new models for discharge arrangements. The Trust had been requested to host a national conference to describe how key decisions had been taken in regard to the new Urgent and Emergency Care Centre.

Mr Loughton again stressed the need for culture change in respect of discharge arrangements, so that the expectation would be that normally patients will be sent home following treatment and that social care services would not automatically be involved with certain types of patient. It was noted that social care services were now able to appoint substantive members of staff which was critical as the local health economy prepared for the winter period.

Ms Edwards asked whether human factors had been reflected in the development of this facility. Dr Odum confirmed that human factors had been considered. Fundamental to success was to ensure that the right services were in place and to direct people to the right place as soon as they arrived at the hospital.

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

TB.5495: Contract Negotiations 2015/16 Update

Ms Espley gave an oral report updating the Board on the progress of the contract negotiations for 2015/16 with the principal commissioners. All contracts for 2015/16 had now been signed and during May finance and activity plans were being cascaded to the Divisions. In response to a question by Ms Edwards, she agreed to provide an update on the Staffordshire cancer and end of life tender process during the private session.

RESOLVED: That the progress report on contract negotiations for 2015/16 be noted.

TB.5496: Capital Programme 2015/16 – Cashflow Management

Mr Stringer submitted for information a report explaining the projected cash flow in relation to the 2015/16 Capital Programme, and identified key impacts. He pointed out that the end of quarter 2 would be particularly critical. Mrs Martin asked whether this had been placed on the Trust Risk Register. Mr Stringer replied that this was linked to the CIP because the biggest impact of failing to hit the targets would be on the Trust Capital Programme. Although this was in a sense a subcategory of the risk around CIP, Mrs Martin maintained that it was a specific risk around timing of the cash flow. Mr Stringer agreed to draft a risk and share it with the next meeting of the Finance and Performance Committee (KS).

RESOLVED: That the report on the Capital Programme 2015/16 – Cashflow Management be noted.

TB.5497: Health Futures University Technical College (HFUTC) – in collaboration with Health and Wellbeing, University of Wolverhampton

Ms Etches drew out the salient points of this report, which explained the development of the first health care and health science UTC in the UK. Mr Vanes enquired about the qualifications which would be on offer and requested more detail in a future report. Ms Etches explained that this venture was intended to be another avenue for recruitment and workforce planning. The Trust had become a very significant partner in the development and delivery of this initiative, and the UTC would rely heavily on partner organisations to deliver training in the classroom. One of the issues to be resolved was how to cover the costs of Trust staff teaching at the new College. However, the prospect of growing the professionals of the future was particularly attractive to this organisation and the fact that students would dress professionally, and be in attendance between 8:30 am - 5 pm gave credence to the expectation that students would finish their courses “ready for work”. Another positive aspect of this was that during local road shows a significant number of NHS employees had expressed a desire for their own children to participate in the courses.

Mr Loughton suggested it might be appropriate to invite the Principal of the College to address the Board at a future meeting. It was also agreed that the prospectus would be circulated to the Board for information (CE).

Mr Hemans asked whether a post-qualification mentoring arrangement was being put in place. Ms Etches replied that upon successful completion of their qualifications the young people would be awarded a place at university and that the UTC and University were encouraging partner organisations to offer guaranteed jobs at the point of gaining final qualifications. In response to a question from Mr Dunshea she said that there would be 600

students when the college was full. It would be housed in a new campus located on West Bromwich High Street.

RESOLVED: That the report on the development of the Health Futures University Technical College be noted.

TB.5498: 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:

- Mortality: this was old data; no cause for concern at present.
- Medication incidents: a medication incident linked to a cancelled operation had not been picked up through routine data collection, giving rise to apparently contradictory information in this report.

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.5499: Integrated Quality and Performance Report 2015/16 – Review

Ms Nuttall pointed out that although a small number of metrics would cease to be included in this report to Board, they would continue to be reviewed in other ways by other groups within the Trust.

RESOLVED: That the proposed content of the Quality and Performance report to the board during 2015/16 be approved.

TB.5500: Chair's report of the Quality Governance Assurance Committee on 27 May 2015

Dr Anderson presented the highlights of the Committee meeting held on 27 May. There had been further improvement during the year around the rate of completion of clinical audits.

RESOLVED: That the report be noted.

TB.5501: Safe Staffing - Planned Versus Actual Staffing by Ward – April 2015 data

Ms Etches presented this item, which gave details of the average fill rate by registered nurse/care staff, shift and ward for April 2015. The Board noted that following discussions with the TDA further guidance had been received regarding the content of the report and in particular the need to show where a shift has been backfilled with bank staff. The report for May would indicate which wards had staffing levels which differed between weekdays and weekends. Answering Ms Edwards' question about the trend for increased requirement for one-to-one care, Ms Etches said that this merely reflected the growing frailty of patients and presented an additional resource requirement. Mrs Rawlings noted the high fill rate of HCAs on Ward A6. Ms Etches said that HCAs played an important role and were able to carry out observations.

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

TB.5502: Finance Report for April 2015 (Month 1)

Mr Stringer submitted the finance report for month 1 (April 2015), which showed that the Trust's income and expenditure position for the month was a deficit of £1,835,000, (surplus to the M1 plan by £7000). Total patient income at month 1 showed a deficit of £1,894,000. At month 1, £1,275,000 had been withdrawn from budgets for CIP. Mrs Martin said that a supplementary report to the Finance and Performance Committee gave more detailed levels of information broken down by directorate to complement this high-level summary for the Board. Welcoming the revised format of the report, Mr Vanes suggested that in future more information could be included by way of commentary, particularly in regard to mitigating actions around the budget deficit so that in year actions could be tracked and evaluated for success..

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

TB.5503: Chair's report of the Finance and Performance Committee, 27 May 2015

Mrs Martin highlighted the main issues dealt with at this Committee.

RESOLVED: That the report be noted.

TB.5504: Executive Summary HR Report

Ms Adimora presented this item, highlighting that, at the end of April, 8004 employees were employed by the Trust. Mr Dunshea indicated that it would be helpful to receive in future reports some narrative on proposed actions where adverse trends had been identified.

Ms Adimora reported that a small number of overseas nurses had resigned, but during exit interviews they had expressed satisfaction with their employment experience at the Trust. They were leaving mainly to work for the NHS in other parts of the UK, and these moves were consistent with the rate of turnover amongst nursing staff. Ms Etches said that discussions were being held with the first cohort of overseas nurses to establish whether any of them wished to relocate to another part of the organisation, particularly those who were not placed initially in the speciality of choice.

Ms Adimora circulated slides summarising the response rates to the latest Chat back survey of staff, which demonstrated that trends were improving and the overall result was commendable. She outlined the next steps which included the dissemination of an action plan, a one-page action summary for each department, and a free-form question. She agreed to update the Board at the next meeting (AA).

RESOLVED: That the Executive Summary HR Report be noted.

TB.5505: Staff Behaviours and Attitudes following work undertaken by South Tees NHS

Ms Adimora outlined a report which gave a brief overview of the Department of Health report into Winterbourne View hospital and summarised the type of learning and development currently in place within the Trust to equip staff with the right type of behaviours to manage safeguarding issues, and to ensure that there is attitudinal and behavioural

training/development in place to ensure that staff understand, learn and use the skills required to manage patients with learning difficulties, mental health conditions or challenging behaviour.

RESOLVED: That the report be noted.

TB.5506: Infant Mortality Action Plan 2015/16

Dr Ros Jervis and Dr Glenda Augustine attended the meeting for this item. Dr Jervis guided the Board through each point in the action plan, highlighting those recommendations with particular relevance to the work of the Trust. During the ensuing discussion, the following points were made:

- The number of babies dying each year due to sudden death syndrome was increasing
- The "back to sleep campaign" required fresh impetus to capture new mothers who were unsure about feeding habits and bed sharing
- Vitamin D deficiency was addressed early in pregnancy
- 56% of the total cohort of babies who died came from smoking families
- A detailed report was due to be considered by the Wolverhampton Health Scrutiny Panel in July, and a copy would be circulated to the Board for information (JO)
- This year, one baby had been killed under the age of one, and was the subject of a serious case review
- Although certain other trusts in the West Midlands had declared themselves to be smoke-free, the implications of such a move required careful consideration, not least the means of enforcing such a measure without compromising staff safety.

Mr Dunshea asked how many infant deaths occurred per annum. He was told the IMR was around twenty eight deaths per year in Wolverhampton and of these around ten were not preventable. Mr Dunshea emphasised the need to identify and focus resources on those who were most at risk.

Dr Odum confirmed that the Trust was signed up to this action plan but needed to clarify the timescales against certain actions.

It was noted that the action plan regarding obesity was due to be considered by the City's Health and Well-being Board in July, and that further details would be presented to this Board after that meeting (JO).

Dr Jervis also mentioned that the local authority was interested in collaborating with the Trust in the development of Telecare (assisted technology).

RESOLVED: That the report be noted.

TB.5507: Audit Committee – Review of Activities 2014/15

Mr Dunshea submitted for information and assurance an end of year update on the work of the Audit Committee during 2014/15.

RESOLVED: That the report be noted.

TB.5508: Quality Governance Assurance Committee – Review of Activities 2014/15

Dr Anderson introduced this item. She highlighted that although the oversight of specific BAF risks would be assigned to Board committees who will monitor progress in greater depth, her Committee would continue to maintain an overview of all of the risks listed on the BAF.

RESOLVED: That the report be noted.

TB.5509: Safeguarding Report

Ms Etches submitted an update on safeguarding activities in the Trust, and drew out some of the significant changes and developments which had taken place during the last 12 months.

RESOLVED: That the report be noted.

TB.5510: Midwifery

Ms Hickman attended the meeting to present this report on Midwifery Services. The Board noted that as a result of the Kings Fund Review the extended roles for the NMC over statutory supervision would end, representing a significant shift in midwifery service provision. She pointed out that local and regional enquiries into the nature of "supervision" confirmed that it covered far more than regulatory functions. In response to a question by Dr Anderson, she confirmed that greater reliance would be placed upon regional work in this regard. Ms Etches added that traditionally nursing services had learnt from midwifery in terms of supervision.

Mr Dunshea noted the green RAG rating against most of the actions listed in appendix 1, and asked whether these had been externally validated. He also asked when the K2 Project system was likely to be implemented. In reply, Ms Hickman said that the document had been populated by a supervisor and scrutinised externally. With regard to the K2 Project, she confirmed that this was due to be implemented next year, adding that it had turned out to be a two-year implementation programme. The hold-up was due to external factors. Answering Mrs Rawlings, she indicated that K2 would use both the NHS number and the hospital number for each patient. It was noted that the current midwife – birth ratio was 1:28, in line with local recommendations.

RESOLVED: That the report be noted.

TB.5511: Board Assurance Framework/Trust Risk Register

Ms Etches presented the Board Assurance Framework/Trust Risk Register. She indicated that the report would appear in a new format next month and then come to alternate meetings of the Board. The small print size in some of the pages was problematic and a solution was requested.

Dr Anderson requested that errors in radiology be reported each month in the Board's Quality and Performance report.

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

TB.5512: Sign up to Safety Campaign – Trust Registration

Ms Etches submitted a report which provided the Board with a summary of the NHS England campaign Sign up to Safety, and the Trust's success in securing funding to deliver the bid proposal. In response to Ms Edwards, Ms Etches confirmed that although the reduced amount awarded for PCM would result in less members of staff being trained, there would be no detrimental effect overall, and other parts of the Human Factors programme would still be progressed.

RESOLVED: That the actions being taken to register with the Sign up to Safety Campaign be noted.

TB.5513: Minutes of the meeting of the Trust Management Committee held on 24 April 2015

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

TB.5514: Draft minutes of the meeting of the Joint Audit and QGAC Committees held on 22 April 2015

RESOLVED: That the draft minutes be noted.

TB.5515: Minutes of the meeting of the Quality Governance Assurance Committee held on 22 April 2015

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

TB.5516: Minutes of the meeting of the Finance and Performance Committee on 22 April 2015

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

TB.5517: Matters raised by members of the general public and commissioners

Councillor Bateman said that he would post his report of this meeting on his public website. He requested a list of acronyms commonly used in the NHS (AS).

Mr Tinsa enquired about the process for looking at the underlying problems exposed through complaints and the way lessons learnt were disseminated to departments. He also noted that in some cases responses to complaints were rather slow. In reply, Mr Vanes explained that the Board received a high-level summary report on complaints and patient experience, and that more detailed information was provided to Board committees and other groups within the Trust. However, discussion at today's meeting had picked up some of the issues raised. Ms Etches pointed out that the report provided the Board with themes of complaints and demonstrated to some extent where the volume of complaints lay. She acknowledged that there was no room for complacency, and referred to her explanation earlier in the meeting on how lessons were disseminated. In response to a further question from Mr Tinsa,

she said that there was no mechanism in the Friends and Family Test to capture why patients "did not recommend" a particular service or part of the Trust. However, more depth of information was obtained through the work of the PALS team. Responding to a question about vexatious complaints, she said that there were only two such cases at present.

TB.5518: Any other business

There was no other business.

TB.5519: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 29 June 2015 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wednesfield.

TB.5520: 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 1.03 pm.