

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 30 March 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 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
OBSERVERS:	Mr M Swan	Shadow Lead Governor
APOLOGIES:	Ms M Bygrave	Wolverhampton Healthwatch
	Professor D Kelly	Associate Non-Executive Director
	Mr S Marshall	WCCG

Part 1 – Open to the public

TB.5423: Chair's Opening Remarks

Mr Vanes welcomed those present. He indicated that the last few weeks had been busy ones for the Board, and expressed appreciation for the work done by members of the Board. He also mentioned that Professor Kelly had submitted apologies for this meeting, which would have been her last as an Associate non-Executive Director. Mr Vanes acknowledged Professor Kelly's contribution to the Board, especially for Research and Development.

TB.5424: Declarations of Interest from Directors and Officers

In response to a question by Ms Adimora, Mr Loughton explained that Di Pugh would remain listed until the details were incorporated into the annual report for 2014/15.

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

TB.5425: Minutes of the meeting of the Board of Directors on Monday 23 February 2015

RESOLVED: That the minutes of the public session of the Trust Board held on Monday 23 February 2015 be approved as a correct record.

TB.5426: Matters arising from the minutes of the meeting of the Board of Directors held on 23 February 2015

Arising from minute TB.5385, Mr Stringer confirmed that he had notified Noreen Dowd of the Trust's preferred tariff option for next year.

TB.5427: Board Action Points

It was noted that the meeting with the Divisional Management Teams would be arranged in April. Of the two outstanding responses to the Francis report, a named key nurse was routinely allocated to each patient, although the name of the nurse was not written above the bed. More challenging was the expectation that the named key nurse on duty should whenever possible be present at every interaction between doctors and the allocated patients; nurses were available on ward rounds and at "ward huddles" but not necessarily at every intervention with the patient when a doctor was involved. Dr Anderson asked whether, when a consultant saw a patient, an independent witness was always present. Ms Etches could not confirm this point. Dr Anderson asked whether every consultant meeting with the patient was documented in the case notes. Dr Odum said that it should be documented as a matter of good practice.

The second outstanding response arising from the Francis report concerned a commitment by staff to abide by NHS values and the constitution. Ms Adimora thought that this was already reflected in contracts but would be able to confirm this by May.

RESOLVED: that the Board Action Points list be noted.

TB.5428: Chief Executive's Report

Mr Loughton presented his monthly report to the Board. He confirmed that the following policies and strategies had been approved by the Trust Management Committee on 27 March:

- Risk Management Assurance Strategy
- MP01 Policy for Prescribing, Storage and Administration of Drugs
- OP01 Development and Control of Trust Policies and Procedures
- OP64 Implementation and Review of National Guidance and National Confidential Enquiries

Mr Loughton spoke of the recent visit to the Trust by Jonathan Sheffield and his team from the NIHR, when they had recognised the good progress made during the first year of the network which they found to be very businesslike and well-managed. Hitting the targets for recruiting patients to trials would remain a challenge.

Mr Loughton said that although the Trust had not been successful in attracting Vanguard status for its proposals, he remained of the view that the Trust still needed support, for certain initiatives relating to Cannock Chase Hospital. Mr Dunshea asked what the long-term strategy was in respect of Vanguard; would successful ventures be rolled out nationally? Mr Loughton responded that the likelihood was that the variety of models being trialled was too large and that NHS England would eventually reduce them to, say, five models which could be rolled out.

Ms Edwards referred to the NHS Confederation Dalton Review event in February, and asked for clarification on how the review was expected to progress. Ms Espley indicated that the TDA was running a series of workshops in each geographical area and that she would attend one looking at the Birmingham and Dudley models in the near future, after which she could report back.

Finally, Mr Loughton referred to recent press coverage of tendering for cancer services and end of life care services in Staffordshire and confirmed that the Trust would continue to engage with the tendering process in view of the value of the work to the Trust. There would be opportunity for further discussion in the private session.

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

TB.5429: Patient's Story

The Board watched a DVD of the experience of a patient in the Hospital, as told by his daughter (who happened to be employed by the Trust). A number of concerns were described, including a poor standard of care on a particular ward (for example teeth not cleaned for five days), failure to respond to the patient's needs as a diabetic, lack of attention to Waterlow scores (the need to turn a patient in bed and the frequency it should be done) damage caused to his big toe when being hoisted in and out of bed, and an avoidable pressure ulcer. The main point made during the story was that staff on duty must understand that their actions – if they result in patient harm – can have significant implications not only for the patient but also emotionally for family members and community services (for example the cost of dressing a pressure ulcer by district nurse after discharge from the hospital). The pressure ulcer alone made the patient's recovery significantly longer than it otherwise would have been.

Ms Etches commented that the ward in question (A6) had been on the Trust risk register for a period of time, a new matron had been appointed, and the action plan which was being implemented covered aspects relating to care, communications and staff morale. The avoidable pressure ulcer incident described in the DVD had featured in one of the weekly accountability meetings and she had been disappointed at the time to see gaps in documentation in this case. She emphasised the amount of education being devoted into this ward area and also stressed the need to raise staff morale. This story had been shared with senior managers in the last week.

During discussion of the story, Mrs Rawlings expressed concern that insufficient attention appeared to have been given to the diabetic needs of the patient. Dr Odum agreed to follow up whether the Diabetes Team had been notified of this patient, because they offered an outreach service across the hospital. In response to Mr Dunshea's question about the duty of candour, Ms Etches confirmed that conversations would have taken place with the patient following the acquisition of the pressure ulcer. Dr Odum acknowledged concerns raised by Ms Edwards about the need to identify co-morbidities (such as an 84-year-old diabetic receiving surgery for a new knee). He said that there was an ortho geriatric service

but it tended to focus on trauma orthopaedic patients, although it had been known to be involved in non-traumatic orthopaedic cases also.

RESOLVED: That the Patient's Story be noted.

TB.5430: Never Events

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

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

TB.5431: Consultant Outcome Report 2014 Publication

Dr Odum drew out the salient points of the report on RWT consultant outcomes for seven surgical specialties and selected indicators, including activity levels and mortality rates as well as complication, transfusion rates and length of stay for one specialty. Outcomes for lung cancer were included for the first time, but other data had not been updated from the national database and was therefore unchanged from the previous year. He informed the Board that he had no particular concerns at service level or at individual consultant level. Mr Dunshea noted apparent variations in activity levels between consultants and requested clarification. Dr Odum explained that most orthopaedic surgeons at the Trust worked in different subspecialties and that overall there were no concerns over their productivity.

RESOLVED: That the report be noted.

TB.5432: Trust Strategic Objectives

The Board discussed the report on the Trust's Strategic Objectives, which had been the subject of a facilitated discussion at the recent Board Away Day. Mrs Martin asked when the new format Board Assurance Framework would reflect the revised objectives. Ms Etches expected this to be in the new format by May. Responding to Mrs Rawlings' comment about the need for marketing and communications, Ms Etches agreed that the objectives must be shared widely and this would include sharing them with senior managers shortly.

RESOLVED: That the Trust's Strategic Objectives with effect from 1 April 2015 be as follows:

- **To improve the culture of compassion, safety and quality in every department and service we offer**
- **To build a reputation for excellence by achieving top 25% performance against key measures**
- **To proactively seek opportunities to improve health services in our local health economy through collaboration and supportive partnerships**
- **To have an effective, well integrated organisation which operates efficiently**
- **To maintain the financial health of the organisation and seek appropriate investment opportunities that enable further enhancement of patient services**

- **To attract, retain and develop all employees and improve employee engagement year on year.**

TB.5433: Second Tranche Service Transfers post dissolution of Mid Staffordshire Hospitals FT

Mr Mahmud introduced a report on the planned service transfers of acute medicine (01 April 2015), cardiology (01 April 2015) and paediatrics (18 May 2015). He confirmed that the service transfers had been subject to a “double lock” assurance mechanism and had received considerable external scrutiny commissioned by both the Trust and the NTDA to ensure the service transfers were safe and effective. The Trust Board noted positive feedback in terms of its service readiness and operational planning. Mr Mahmud also set out that the complexity of the service provision for community interface aspects of paediatric care in Staffordshire has required intensive planning and co-ordination. It was noted that there has been strong engagement with South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) the providers of community paediatric services in South Staffordshire in the development of pathways.

Ms Nuttall highlighted to the board that whilst acute medicine transfer had in effect been in place since July 2014, there would need to be close monitoring of acute patient flows from Staffordshire and its impact on overall capacity.

Mr Loughton also indicated that following the transfer of maternity services in January 2015, bookings were now rising in line with predictions.

RESOLVED: That the implementation plans and assurance mechanisms for the transfer of acute medicine, cardiology and paediatrics, as outlined in the report, be approved

TB.5434: Cannock Chase Hospital Integration Programme Update

Mr Mahmud introduced this item.

RESOLVED: That the update on the Cannock Chase Hospital Integration Programme be noted, and that updates on obstetrics and neonatal intensive care be submitted to a future meeting (SM).

TB.5435: Emergency and Urgent Care Centre

Dr Odum reported orally on progress with this new development, which was proceeding according to plan. The WCCG would be taking a lease for the accommodation required for the primary care element of the services in the new building, but they would sublet it to the primary care provider. The Board noted that the final submission for the primary care element should be made by early June. In the late spring or early summer arrangements would be made for the Board to inspect the building, and there would also be open days for stakeholders, staff and the general public.

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

TB.5436: Income and Expenditure Plan 2015/16

Mr Stringer submitted the Income and Expenditure Plan for 2015/16 for approval, and guided the Board through the main points. The plan proposed a deficit of £2.4M which was driven by CIP requirements of £32.6M being rebased to £20.6M, QIPP reductions from Commissioners of £11.4M, budget overspends of £9.8M and cost pressures/developments from divisions and Directorates of £20.6M. Even having addressed a number of these issues there were still significant risks including an outstanding disagreement with the commissioners for £4.7M which if lost at mediation/arbitration would increase the deficit proposed by £4.7M. In response to a question by the Chairman, he said that if the Board agreed to set a deficit budget the Trust would be flagged red and pressed to explain how it would get out of deficit and what risks it could mitigate against. The Chairman requested that careful thought be given to how this matter would be communicated to staff and stakeholders. Mr Loughton stressed that the local health economy was not in a deficit situation, and that the Trust was not planning any manpower reductions. During discussion of this item, Non-executive Directors raised questions and discussion points about the impact of the projected cash flow upon the capital programme, the likely response of the TDA to the course of action proposed, and the consequences of setting a “deficit” budget, including the potential reactions of workforce, suppliers and other partners. The intention that the Trust continue to make significant investment in services was noted during the discussion, as was the worsening financial position of a number of other Trusts in the West Midlands.

RESOLVED: That the Income and Expenditure Plan 2015/16 and associated balance sheet and cash flow be approved.

TB.5437: Contract Negotiation 2015/16 update

Ms Espley presented a report which provided an update on progress relating to contract management with the core commissioners, including an oral update with regard to contract negotiations for 2015/16. Mr Loughton acknowledged the significant amount of work which had been done to reach this stage and congratulated all those concerned.

RESOLVED: That the update on Contracting and Commissioning be noted.

TB.5438: Integrated Quality and Performance Report

Ms Nuttall drew the Board’s attention to the following:

- A reduced number of cancelled operations recorded in February (the transfer of work to Cannock had beneficially impacted on this indicator)
- Emergency Department: attendances up by 7.1% over the same period last year, with a combination of patients coming from Stafford and Wolverhampton
- From 1 March the minor injuries unit at Cannock would come under the management of RWT and would be reflected in future performance activity reports (as a “type 3 activity”, like the Phoenix Centre)
- Ambulance handover: 11 patients waited between 30 and 60 min for ambulance handover, but there had been none waiting for more than 60 min

- RTT 18 weeks would be in breach, but the Trust had treated a larger number of patients who had been waiting for more than 18 weeks
- Cancer performance: 75% increase in referrals for two-week waits due to a national awareness campaign, and March was likely to be similar, although there were signs of recovery for April.

Ms Nuttall reported that the Emergency Care Intensive Support Team were in the Trust today to review systems and processes for delays in transfer of care (which had continued to increase during the period under review, largely due to more patient volumes and consequent challenges with support from social services).

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

- Net promoter score – levels of satisfaction had dropped, especially regarding patient moves and cancelled operations
- Falls with harm peaked in February
- Pressure ulcers - a recent audit showed that 47% of patients admitted with pressure ulcers died within six weeks
- Midwife-birth ratio was at a record (high) level
- Reduction in catheters with infection

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.

(Note: the Chair briefly left the room during discussion of this item, and Mrs Martin took the chair during his absence).

TB.5439: Chair’s report of the Quality Governance Assurance Committee on 25 March 2015

Dr Anderson presented the highlights of the Committee meeting held on 25 March.

RESOLVED: That the report be noted.

TB.5440: Safe Staffing - Planned Versus Actual Staffing by Ward – February 2015 data

Ms Etches presented this item, which gave details of the average fill rate by registered nurse/care staff, shift and ward for February 2015. The position was not improving, the organisation had been exceptionally busy, and it had proved harder than usual to fill bank shifts, with staff appearing to be very tired and unwilling to do extra shifts. She underlined the need at this time to have particular regard to the well-being of Trust staff.

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

TB.5441: Executive Summary HR Report

Ms Adimora presented this item. In response to a question, she confirmed that overseas nurses who obtained their PIN numbers rapidly were ones who had previously worked in the UK.

RESOLVED: That the Executive Summary HR Report be noted.

TB.5442: Briefing on Current Status of Recruitment, Attraction and Retention

Ms Adimora drew out the salient points of this report. She highlighted the proposals for a nurse recruitment open day on 25 April. Ms Edwards asked whether the Trust thought it had benefited from participating in the EURES Programme. Ms Adimora said that it was considered to be worth persevering with this pilot, but that every effort would be made to maximise recruitment from the UK market. The timing of any future overseas recruitment event would be carefully organised so as to avoid the main summer holiday periods.

Responding to Mr Dunshea's concern about being able to recruit sufficient numbers of non-training grades in trauma and orthopaedics at both senior fellow and junior trust grade level, Dr Odum said that this would not be a risk to throughput in orthopaedics and the situation was being managed by locum staff, with a longer term plan to recruit to fill all the posts.

RESOLVED: That the briefing on the current status of recruitment, attraction and retention be noted.

TB.5443: Leadership and Management Development

Ms Adimora presented this report. Mrs Rawlings asked how any benefits from the Process Communication Model (PCM) would be measured. Ms Adimora said that she had requested that the delivery of PCM, which had originally been introduced to reduce the number of clinical incidents, would be more carefully tailored to the needs of the organisation, ranging from the full three-day session to brief master class sessions.

RESOLVED: That the update report on Leadership and Management Development be noted.

TB.5444: 2014 National NHS Staff Survey Results

The Board noted that the National Survey had taken place last autumn and covered the organisation prior to the transfer of services from MSFT on 1 November 2014; and it had attracted a limited response from staff. As a result of discussion, it was concluded that Chat Back should take place before June so that an up-to-date set of responses would be available for the CQC team when they came into the Trust (AA). To this end, every effort would be made to encourage a larger staff cohort than before to participate, and to reach satellite sites. Ms Edwards urged that there be some overlap between the questions posed in the National Survey and in ChatBack.

RESOLVED: That the report on the 2014 National NHS staff survey results be noted and a further Chat Back exercise be initiated.

TB.5445: Agenda for Change – Pay Changes Agreed

A report on the pay settlement for 2015 was submitted. Mr Stringer drew attention to the fact that a group of senior staff would receive a pay cut because of the way the national settlement had been constructed.

RESOLVED: That the report be noted.

TB.5446: Finance Report for February 2015 (Month 11)

Mr Stringer submitted the finance report for month 11 (February 2015), which showed that the Trust's income and expenditure position for the month was a surplus of £4,644,000, (adverse to the revised M11 plan by £758,000). Total income at month 11 was £424,860,000, which was favourable to plan by £3,636,000. At month 11, £11,665,000 had been withdrawn from budgets for CIP, representing 41.4% of the annual total, but of that sum only £6,013,000 had been achieved recurrently. He indicated that the organisation at present was above its plan for cash, due to a number of temporary coincidental factors.

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

TB.5447: Chair's report of the Finance and Performance Committee, 25 March 2015

RESOLVED: That the report be noted.

TB.5448: Research and Development at RWT

Dr Odum presented the quarterly report on Research and Development within the Trust. The lower than expected rate of recruitment onto research studies had been discussed at the Trust Management Committee on 27 March. In past years, a small number of individual studies had delivered to the targets, but this year the Trust had not benefited from one of those studies, which had affected performance. Due to the activity-based funding model now in place, this had had a knock on effect on Trust income. He confirmed that Professor Cotton was working with colleagues to ensure the Trust was fully participating on portfolio studies which came up on the NIHR portfolio. In response to a question by Dr Anderson, Dr Odum said that a minority of consultants had R and D specifically mentioned in their job descriptions. Most directorates were now research active and a few consultants had R and D in their job plans and in addition a number of others were also research active. Mr Dunshea asked whether it was likely that in a year's time uptake by patients for research projects would have risen significantly. Dr Odum said that he hoped that the numbers participating would have risen in a year's time although he could not be sure that it would be a significant increase; work was being done to look across the portfolios to see what we could engage with and the likely numbers we may recruit, but he warned that many of the studies currently in the portfolio were small ones.

RESOLVED: That the report be noted.

TB5449. Workforce Planning – Midwives and Nurses

Ms Etches introduced a report informing the Board of national guidance issued for nurse staffing, and the current position of the Trust in relation to the guidance. She indicated that a full establishment review would be reported in May.

RESOLVED: that the report on Workforce Planning (Nurses and Midwives) be noted.

TB.5450: Board Assurance Framework/Trust Risk Register

Ms Etches introduced this item, which had been discussed extensively at the Finance and Performance and Quality Governance Assurance Committees in the last week.

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

TB.5451: Risk Management Assurance Strategy

Ms Etches submitted a report which provided the Board with an updated strategy for the governance of risk management and related reassurance (replacing the former Integrated Governance Strategy). She added that minor amendments were required by the Quality Governance Assurance Committee, namely changes to reflect that the Trust is for the time being not seeking authorisation to be a foundation trust, and that eventually committees' terms of reference would need to reflect delegated BAF risks in line with the updated Trust Strategic Objectives. Mr Dunshea said that he would submit a number of technical points for consideration by the Head of Governance and Legal Services. Dr Odum asked that the document be amended to reflect responsibility for the revalidation process. It was suggested that, once amended, the document should be recirculated to the Board.

RESOLVED: That the Risk Management Assurance Strategy be approved.

TB.5452: Fit and Proper Persons Test

Ms Adimora introduced this report, which provided an update on the action so far taken to implement the Fit and Proper Persons Regulations.

RESOLVED: That the report be noted.

TB.5453: Annual Report of Directors' Interests 2015/16

RESOLVED: That the report be noted.

TB.5454: Information Governance Toolkit Submission 2014/15

Dr Odum submitted the annual report on the IG Toolkit Submission. The Board noted that the Trust had achieved level 2 compliance, with average scores of 78%. In response to a question by Mr Dunshea, Dr Odum confirmed that there had been a positive outcome to the clinical coding review mentioned in the report. It was noted that during the year there had been an increased number of IG incidents reported and it was not yet clear whether the breach reported to the ICO could lead to reputational damage to the Trust.

RESOLVED: That the report on the IG toolkit scores for 2014/15 be noted.

TB.5455: Updated Standing Financial Instructions – Authorised Limits Schedule

Mr Stringer recommended that this report be approved. It had been discussed by the Audit Committee on 26 February.

RESOLVED: That the proposed changes to the SFI Authorised Limits Schedule, as set out in appendix A to the report, be approved.

TB.5456: Minutes of the meeting of the Trust Management Committee held on 20 February 2015

RESOLVED: That the Chairman's report and minutes of the meeting of the Trust Management Committee held on 20 February 2015 be noted.

TB. 5457: Chair's report of the meeting of the Audit Committee meeting held on 26 February 2015

RESOLVED: That the report be noted.

TB. 5458: Summary of Key issues considered by the Charitable Funds Committee meeting held on 23 March 2015

RESOLVED: That the report be noted.

TB.5459: Minutes of the meeting of the Quality Governance Assurance Committee held on 18 February 2015

RESOLVED: That the minutes of the meeting of the Quality Governance Assurance Committee held on 18 February 2015 be noted.

TB.5460: Minutes of the meeting of the Finance and Performance Committee on 18 February 2015

RESOLVED: That the minutes of the meeting of the Finance and Performance Committee held on 18 February 2015 be noted.

TB.5461: Minutes of the meeting of the Audit Committee on 4 December 2014

RESOLVED: That the minutes of the meeting of the Audit Committee held on 4 December 2014 be noted.

TB.5462: Minutes of the meeting of the Charitable Funds Committee on 27 November 2014

RESOLVED: That the minutes of the meeting of the Charitable Funds Committee on 27 November 2014 be noted.

TB.5463: Minutes of the meeting of the Charitable Funds Committee on 12 January 2015

RESOLVED: That the minutes of the meeting of the Charitable Funds Committee on 12 January 2015 be noted.

TB.5464: Matters raised by members of the general public and commissioners

No matters were raised.

TB.5465: Any other business

Ms Etches reported that the TDA visit to Cannock and West Park Hospitals (in connection with HCAs) on 19 March had gone well with very positive feedback; the written report was awaited.

TB.5466: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 27 April 2015 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wednesfield.

TB.5467: 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 1.12 pm.