The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 23 February 2015 at 10.00am in the Seminar Room, Gem Centre, 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
	Ms N Dowd	WCCG
	Dr J Kirk	WM Clinical Research Network (pt)
	Ms K Middlemiss	WM Clinical Research Network (pt)
	Dr D Rowlands	Lead Cancer Clinician (part)
OBSERVERS:		
	Ms M Bygrave	Wolverhampton Healthwatch
	Mr Tinsa	Member of the public
APOLOGIES:		
	Professor D Kelly	Associate Non-Executive Director
	Mr M Swan	Shadow Lead Governor

Part 1 – Open to the public

TB.5372: Chair’s Opening Remarks

Mr Vanes welcomed those present and expressed appreciation for being able to use the facilities in the Gem Centre for this meeting. He briefly outlined the history and function of the Centre, which had transferred to the Trust in 2011 under the Transforming Community Services programme. It now hosted a variety of services for children across the City, with multidisciplinary teams working out of the building.

TB.5373: Declarations of Interest from Directors and Officers

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

TB.5374: Minutes of the meeting of the Board of Directors on Monday 26 January 2015

RESOLVED: That the minutes of the public session of the Trust Board held on Monday 26 January 2015 be approved as a correct record.

TB.5375: Matters arising from the minutes of the meeting of the Board of Directors held on 26 January 2015

There were no matters arising.

TB.5376: Board Action Points

It was noted that the meeting with the Deputy Chief Operating Officers would be arranged in April. A note about the impact of falling oil prices on CHP had been given to Mr Dunshea and this action was therefore completed. With regard to the discussion about whether to add CIP 2015/16 to the Board Assurance Framework (BAF), it was agreed that this should be added as a red risk.

RESOLVED: that the Board Action Points list be noted.

TB.5377: Chief Executive's Report

Mr Loughton presented his monthly report to the Board. He said that the following policies had been approved by the Trust Management Committee on 20 February:

- CP11 Resuscitation
- HS01 Management of Health and Safety
- OP18 – Patients Property
- CP54 Clinical Supervision
- OP60 Being open
- OP10 Risk Management and Patient Safety Reporting Policy
- OP45 Clinical Audit and Effectiveness Policy and Strategy
- HR02 Alcohol and Misuse of Substances Policy

Mr Loughton spoke of the plans to reconfigure car parking for hospital patients in Cannock and highlighted the need to keep under review the availability of disabled parking adjacent to Cannock Chase Hospital. His recent meeting at the Staffordshire Health Overview and Scrutiny Committee had gone well. The Board noted that it would be necessary for the foreseeable future to operate two different models of paediatric services, the one at Stafford being very inpatient based, whereas Wolverhampton's model was more reliant upon outpatient services and the aim was to develop community paediatric services by recruiting additional community nurses. In response to Dr Anderson, he said that although two paediatricians will transfer from Stafford to this Trust, he was unaware that any community paediatricians were transferring. He explained that one implication of running two models was that the length of stay for children from the Stafford area may be longer than for those from Wolverhampton, and although the additional inpatient demand could be met (an extra

18 beds having recently been provided in New Cross Paediatric Department) it was intended to develop the service along the community lines previously mentioned. He also indicated that the new bus service was now operating although so far it was relatively lightly loaded. Mr Mahmud confirmed that intense discussions were taking place with service providers to clarify how the paediatric services would operate after May and that in particular a mapping exercise in respect of community pathways was being undertaken. Ms Nuttall assured Ms Dowd that this would not increase pressure upon existing community paediatricians in Wolverhampton, but that the Trust was pressing for community services in Staffordshire to be increased.

Mr Vanes noted that a report by Robert Francis into whistleblowing in the NHS had recently been published, and invited any early thoughts about how the Trust might respond. Ms Etches replied that a multidisciplinary approach would be reported through the committee structure.

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

TB.5378: Patient's Story

Ms Etches read a brief statement from a patient treated at New Cross hospital, which described the experience of bad news being broken well, friendly teams and supportive staff on the Snowdrop Unit leading up to the day of the operation. However, her experience was also of insufficient communication with her family on the day of the surgery and problems with her care following the operation. Ms Etches confirmed that an action plan had been assembled to deal with the issues raised.

Ms Edwards noted that instead of the forecast two hours, the length of surgery had become eight hours and she wondered whether patients found it difficult to understand what they were being told, or whether incorrect information had been given. Mr Dunshea stated his disappointment that HCAs had inappropriately discussed details of private lives in the presence of this patient. He also felt that patients should receive more written information about their operations, including estimates. Dr Odum explained that the consenting process should cover off what would take place on the day of surgery, including possible complications, and that best practice was to provide patients at that time with a patient information leaflet which would contain contact numbers for further questions before they came in for the procedure. He said that there were many reasons why surgery could take longer than expected. With regard to the discussion of personal matters by healthcare assistants, Ms Etches indicated that staff should be professional and their communications should be appropriate for the context, although she pointed out that on occasions patients may converse with staff and draw out information about their family and private lives. She acknowledged, however, that this was not the same as when staff talked to each other (rather than to the patient) about their private lives. She added that since the experience of this patient, the skill mix review had led to staffing changes on the ward in question. Finally, she stressed that it was important for families and patients to understand how long an operation was likely to take. Mr Vanes agreed to write to the patient in question and to confirm that the story had provoked an extensive discussion in the Board meeting.

RESOLVED: That the Patient's Story be noted.

TB.5379: Never Events

Ms Etches reported orally that there had been no new never events for RWT since the January meeting. Processes at Cannock Chase Hospital had been standardised with those at New Cross, and were being monitored monthly. There remained a need to introduce

safety checklists at areas outside operating theatres there. Dr Anderson suggested that safety checklists should be drawn up for clinical areas outside operating theatres, and for eventualities which were not officially defined as never events. Ms Etches highlighted that two recent RCAs had reflected positively on the introduction of safety checklists as best practice.

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

TB.5380: Patient Experience Quarterly Report Q3 2014/15

Ms Etches drew out the salient points of the Quarter 3 report on Patient Experience at the Trust. Ms Dowd confirmed that the CCG undertook practice visits (which would change when co-commissioning commenced in April) and that every GP practice was expected to operate a patient participation group where individual cases could be reviewed. The Board noted that a particular theme during Quarter 3 related to discharge and the effectiveness of practices based on the discharge policy, and there had been a greater focus on discharges from the hospital during the last month. In response to a question by Ms Edwards, Ms Etches indicated that there used to be an externally imposed target for the timescale for responding to complaints; in the absence of this, her team tried to identify recurring delays due to particular members of staff or departments. It was noted that some complainants submitted follow-up questions because the issue they had originally raised had not been appropriately addressed. In response to Dr Anderson, she confirmed that a number of people were involved in reviewing the quality of responses to complaints. Dr Anderson noted that unhelpful responses might later lead to litigation.

Dr Anderson noted that the main areas of concern this quarter related to communications and staff attitudes, and she asked how well the organisation stressed the "listening" aspect of caring across the organisation. Ms Etches acknowledged that staff needed to listen without jumping to conclusions; which was where "human factors" came into play. Responding to Mrs Rawlings questions about the involvement of the PALS team, Ms Etches said that because they captured everything referred to them there was no danger that trends and problems would be overlooked.

RESOLVED: That the report be noted.

TB.5381: National Institute for Health Research Clinical Network: West Midlands

Ms K Middlemiss and Dr J Kirk attended to present the Annual Plan for the Local Clinical Research Network. In response to a question from Ms Etches, Ms Middlemiss confirmed that lay members had been recruited to work as part of the patient and public engagement network, having applied to advertisements through the existing networks.

Mr Dunshea asked when the Board would receive assurance that the research network was delivering benefits to patients and clinical outcomes. Dr Kirk said that the network was promoting best practice in research as well as striving to secure adequate numbers of studies coming forward. Specialty objectives would be further developed but it was stressed that the infrastructure must be in place for studies to proceed in a satisfactory way. Mrs Rawlings noted that the budget had been increased by an additional £860,000 and asked how this would make a difference to the work of the Network. Dr Kirk said that the money was allocated for strategic use to drive priority areas. Responding to a comment by Mr Loughton, Dr Kirk said that the network was working with underperforming units to increase their success and that some potential one off studies were expected to help in this regard. Dr Odum and Mr Loughton voiced their appreciation of the progress so far made, particularly having regard to the challenges of establishing the network which covered a large

geographical area and included organisations which were very diverse in terms of the organisation of research and development. Mr Loughton commented that from a national perspective the development of these networks was beginning to deliver what the Government had intended.

RESOLVED: That the Annual Plan for the Local Clinical Research Network be approved, and that Dr Odum and Mr Stringer be authorised to sign off the financial plan and submit it to the NIHR CC, and bring it back to the Board in due course for information.

TB.5382: Cannock Chase Hospital Integration Programme Update

Mr Mahmud introduced this item. He confirmed that to date things had gone well, the Local Transition Board continued to meet fortnightly, and further details regarding paediatric services were expected in March. Commenting on the decision of staff to remain working at County Hospital in Stafford, Mrs Martin expressed surprise that RWT did not have a master plan for HR post-reorganisation. Mr Loughton said that TUPE applied and staff would not be forced to transfer if they were offered a job which they wished to accept at Stafford. It was noted that UHNM had faced similar problems. Mr Dunshea said that it would be useful to have a better understanding of how risks and interdependencies were managed. Mr Loughton reminded the Board that a number of safeguards had been put in place, including a double lock and fortnightly LTB meetings, and all the detailed information could be circulated to the Board if required.

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

TB.5383: Emergency and Urgent Care Centre

Dr Odum reported orally on progress with this new development, which was proceeding according to plan, with the new building expected to be weatherproof very soon. He said that it was intended to open the building shortly before it opened officially so that staff and members of the public could view the new facility. The tender process for the urgent care component was underway. Dr Anderson said that the organ donation artwork had now been agreed, and would be put on display outside the new facility.

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

TB.5384: 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 update with regard to contract negotiations for 2015/16. An escalation meeting was scheduled for 25 February with WCCG and Stafford and Cannock CCGs. The Board noted that in the last week Monitor had made an announcement about the tariff for next year and had offered two options for trusts to consider. Ms Espley said that no offer had yet been received from Specialised Services commissioners.

Mr Vanes said that the Non-executive Directors would welcome a presentation on the Better Care Fund in the Board Development Session (ME/GN).

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

TB.5385: Financial Planning 2015/16 Update

Mr Stringer presented a report updating the Board on certain key strands of work linked to setting the Income and Expenditure Plan for 2015/16. He agreed to share with Ms Dowd the Trust's preferred option regarding the tariff for next year (KS).

RESOLVED: That the report be noted.

TB.5386: Integrated Quality and Performance Report

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

- Overall attendances at Accident and Emergency Department were up by 7.5% compared to the previous year
- Ambulance attendances and conveyances had increased by 12.6% over the same period last year
- The increased number of patients attending A and E compared to last year amounted to 7500
- RTT would be in breach again in January; a tripartite letter had been sent to all organisations indicating that fines would not be levied
- Concerns remained high regarding cancer performance in January and February, with capacity issues affecting the breast two-week wait and late tertiary referrals affecting the 62 day wait (numbers of referrals had increased due to national campaigns).

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

- New guidance awaited regarding mixed sex accommodation
- Safety thermometer – still a few points short of the national target
- Pressure ulcers - CCG had been provided with an assurance report following a review of all grade 2 pressure ulcers
- Safeguarding – QGAC had requested further work on the feedback mechanisms to ensure consistently good practice for both children and adults
- unexpected term babies in NNU - every review would be led by an Executive Director

Mrs Rawlings noted deterioration in performance regarding infection prevention and asked what action was being taken. Ms Etches referred to the recent visit by the TDA to review HCAIs in the hospital as a result of which there would be more focus on environmental issues (the TDA had reported positively on infection prevention practices). Deep cleans were hindered by the lack of decant facilities, although housekeepers were doing their best to deal with individual bays as and when they could. She also pointed out that compared to a number of years ago patients who had C.*difficile* were not normally extremely sick as a result.

Mr Dunshea asked why there had been so many cancelled operations in January due to a lack of beds despite the fact that the Trust had just opened a 28 bedded modular ward. Ms Nuttall attributed the problem to delayed discharges.

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.5387: Chair's report of the Quality Governance Assurance Committee on 18 February 2015

Dr Anderson presented the highlights of the Committee meeting held on 18 February. Responding to remarks about testing for C.*Difficile*, Mr. Loughton said that the Trust's approach was the right one. Mr Vanes suggested that this could be explored in more detail when Dr Cooper submitted his annual report on infection prevention. Dr Odum confirmed that these were live issues for the Infection Prevention Group.

RESOLVED: That the report be noted.

TB.5388: Bereavement Service Update

Ms Etches submitted a report which outlined service improvements to create an integrated approach to end of life and bereavement care, ensuring compliance to the five priorities and improving bereavement care trust wide. She asked the Board to note the intention to change the culture of the organisation in order to achieve closer alignment to the practices in Salford which had seen a reduction of between 20-30% in complaints when more care and focus had been taken on appropriate treatment of dying patients and their families. In response to a question, she confirmed that the improvement work had begun.

RESOLVED: That the proposed service improvements to create an integrated approach to end of life and bereavement care, as set out in the report, be approved.

TB.5389: Safe Staffing - Planned Versus Actual Staffing by Ward – January 2015 data

Ms Etches presented this item, which gave details of the average fill rate by registered nurse/care staff, shift and ward for January 2015. The Board noted that local recruitment was currently targeting theatre nurses.

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

TB.5390: Finance Report for January 2015 (Month 10)

Mr Stringer submitted the finance report for month 10 (January 2015), which showed that the Trust's income and expenditure position for the month was a surplus of £2,927,000, (adverse to the revised M10 plan by £2,376,000.). Total income at month 10 was £382,353,000, which was favourable to plan by £1,674,000. At month 10, £8,339,000 had been withdrawn from budgets under CIP, representing 29.6 % of the annual total, but of that sum only £3,353,000 had been achieved recurrently. As required by the TDA, an action plan had been put in place and discussed extensively by the Finance and Performance Committee earlier this week. Mrs Martin referred to the ongoing concern about CCGs maximising their reinvestment of emergency marginal rate/fines back into the Trust, and it was noted that discussions with Walsall and Stafford CCGs were continuing to this end.

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

TB5391: Chair's report of the Finance and Performance Committee, 18 February 2015

RESOLVED: That the report be noted.

TB.5392: Executive Summary HR Report

Ms Adimora presented this item. Dr Anderson noted that this year's flu vaccination programme had not been entirely successful. Mr Loughton explained that the Trust was required by NHS England to undertake the annual flu vaccination programme and this was the first time in 20 years that he was aware of difficulty of this nature arising. Mr Dunshea asked whether the Trust could make the vacant non-training medical grades more attractive to would-be applicants. Dr Odum explained that these were posts established for particular individuals for particular stages in their careers and by definition had to be fixed term appointments. The difficulty was that there were not enough doctors nationally to fill all of these vacant posts. The proposed service changes at Cannock had led to an increase in the number of medical vacancies.

RESOLVED: That the Executive Summary HR Report be noted.

TB.5393: Briefing on Current Status of Recruitment, Attraction and Retention

Ms Adimora drew out the salient points of this report. She indicated that some of this information would soon appear in the reports to the Finance and Performance Committee.

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

TB.5394: National Cancer Patient Experience Survey

Ms Nuttall guided the Board through the annual update on the National Cancer Patient Experience Survey, which included experiences in GP surgeries. She drew attention in particular to the fact that the Trust was within the top 20% for written information provided to patients regarding forthcoming operations. The action plan would be monitored by the Quality Safety Action Group. Mrs Rawlings noted that research for cancer patients had not appeared to be as good, and Ms Nuttall said that this had been picked up in the action plan.

Dr Rowlands attended for this item and explained some of the measures which had been taken since last year to bring about improvements, including the requirement that each cancer MDT produce its own work plan. A number of work streams had been put into place to bring about improvements. It was noted that this was the fourth survey of this kind and that it was not being run in 2015. Wolverhampton was the only cancer centre in the West Midlands which scored above average in this survey.

RESOLVED: That the progress report on the National Cancer Patient Experience Survey be noted.

TB.5395: 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. She mentioned that both the HFMA and KPMG supported less frequent reporting of the BAF to

the Board and more focus in the committee structure. She acknowledged the importance of mitigating actions listed in the BAF being measurable.

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

TB.5396: Mid Staffordshire NHS Foundation Trust Public Inquiry Report – Update Position Paper

Ms Etches submitted a report which provided the Board with an overview of the recommendations from the 2013 Francis report insofar as they applied to the Trust, with an update on the Trust's current position and future actions. Mrs Rawlings requested a progress update on recommendation 004 (all NHS staff should be required to enter into an express commitment to abide by the NHS values and the constitution, both of which should be incorporated into the contracts of employment) and 064 (each patient should be allocated for each shift a named key nurse responsible for coordinating the provision of the care needs of each allocated patient. The named key nurse on duty should whenever possible be present at every interaction between the doctor and an allocated patient). It was agreed to add these to the Board Action Points list. Mr Dunshea asked whether these recommendations were now part of the cultural core of the organisation. Ms Etches said that further work would be required to test whether this was the case.

RESOLVED: That the report be noted.

TB.5397: Minutes of the meeting of the Trust Management Committee held on 23 January 2015

RESOLVED: That the Chairman's report and minutes of the meeting of the Trust Management Committee held on 23 January 2015 be noted.

TB.5398: Minutes of the meeting of the Quality Governance Assurance Committee held on 21 January 2015

RESOLVED: That the minutes of the meeting of the Quality Governance Assurance Committee held on 21 January 2015 be noted.

TB.5399: Minutes of the meeting of the Finance and Performance Committee on 21 January 2015

RESOLVED: That the minutes of the meeting of the Finance and Performance Committee held on 21 January 2015 be noted.

TB.5400: Matters raised by members of the general public and commissioners

Ms Bygrave noted the number of complaints which featured poor communications with patients and asked how the Trust could roll out best practice on this. In response, Ms Etches said that issues raised by complaints were picked up through various work streams and training opportunities and there was presently a review of how staff induction to the Trust could reinforce expectations about interactions with patients. Ms Bygrave commented that this was a very important matter, which had been picked up in the Francis report into Mid Staffordshire Foundation Trust.

Ms Bygrave then referred to the discussion about information given to patients undergoing treatment, and asked how the Trust could work on improving patients' understanding of what

they were being told. Ms Etches replied that there was already evidence that patient understanding was greater when information was given by a clinical nurse specialist, and that the supervisory band seven nurses were expected to speak to patients daily to deal with any questions or concerns. Mention was made also of the patient information leaflets which contained contact numbers to which patients could address ongoing questions or concerns.

Ms Bygrave asked about the number of cancelled operations due to the lack of an anaesthetist. Mr Loughton explained that this may have been due to an anaesthetist being on sick leave (that is, "phoned in sick") on the day of the planned operation and insufficient cover being available from other anaesthetists in the Trust.

Mr Tinsa asked for consideration to be given to the publication on the Trust website of the minutes of the meetings of the Patient Experience Forum. Ms Etches agreed to look into this (CE).

TB.5401: Any other business

No other business was raised.

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TB.5402: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 30 March 2015 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wednesfield.

TB.5403: 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 1.10.pm.