The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 27 October 2014 at 10.00am in the Davy Unit, Cannock Chase Hospital, Brunswick Road, Cannock

PRESENT:	Mr J Vanes	Chairman
	Dr J Anderson	Non-Executive Director
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	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
	Professor D Kelly	Associate Non-Executive Director
	Ms M Espley	Director of Planning and Contracting
	Ms D Pugh	Acting Director of HR
	Mr S Mahmud	Interim Programme Integration Director
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
	Ms L Fieldhouse	Acting Deputy Chief Nurse
	Ms K Middlemiss	Chief Operating Officer (NIHR) Part
OBSERVERS:		
	Ms M Bygrave	Wolverhampton Healthwatch
	Mr M Swan	Lead Shadow Governor
	Ms N Dowd	WCCG
	Ms S Young	Cannock Chase CCG

The meeting was observed by 15 members of the public and local Councillors.

APOLOGIES:	Ms C Etches OBE	Chief Nursing Officer

Part 1 – Open to the public

TB.5217: Chair's Opening Remarks

Mr Vanes welcomed those present and indicated that the Board of the Royal Wolverhampton NHS Trust welcomed the opportunity to develop services at Cannock Chase Hospital and recognised the importance of safeguarding the hospital for its local community. He referred to the Five Year Forward Plan for the NHS released by Simon Stephens (Chief Executive of NHS England) last week, which would no doubt also influence future service developments, not least the relationship between primary and secondary care. Finally, he pointed out that in the last week a number of the reports on this agenda had been considered in depth by Board committees and this might be reflected in the amount of time spent on them during this meeting.

TB.5218: Declarations of Interest from Directors and Officers

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

TB.5219: Minutes of the meeting of the Board of Directors on Monday 29 September 2014

RESOLVED: That the minutes of the public session of the Trust Board held on Monday 29 September 2014 be approved as a correct record.

TB.5220: Matters arising from the minutes of the meeting of the Board of Directors held on 29 September 2014

Doctors who did not complete the appraisal process (TB.5130): Mr Dunshea said that he had not received the information requested. Dr Odum said that he would cover the point when he presented his report on revalidation later in the meeting.

TB.5221: Board Action Points

It was noted that there were still three outstanding items to be dealt with at a Board Development Session, and that dates for other items had slipped or were unclear. Dr Odum indicated that the work on obesity could be brought to a Board Development session. Ms Nuttall said that the enhancements to the Integrated Quality and Performance report had been introduced in part this month, and would be completed for the next and subsequent reports.

Mr Vanes mentioned two other outstanding items which had been requested by the Non-executive Directors were:

- An update on the integration of Community Services, including a summary of financial/efficiency benefits, and visits to three community facilities (GN)

- A meeting with each Deputy Chief Operating Officer and senior managers from the two divisions (GN)

RESOLVED: that the Board Action Points list be noted.

TB.5222: Chief Executive's Report

Mr Loughton presented his monthly report to the Board. He highlighted the recently closed consultations on the proposals regarding Cannock Chase Hospital, and gave an assurance that the Trust was listening to what had been said, and would consider how it could respond positively to public concerns and views. He referred also to the arrangements for public car parking for the Hospital, and said that in the last few days the Trust had reached an agreement with the Cannock Chase District Council which would improve public car parking facilities for hospital visitors. Mr Loughton also reported that agreement had been reached with Arriva Midlands to run a non-stop hourly bus service from Wolverhampton to Cannock Bus Station, via New Cross Hospital, to be reviewed after a reasonable period of operation, beginning in January 2015.

Ms Edwards requested further details of the privately run secure residential unit opposite New Cross Hospital, for which planning permission had recently been granted (ADS).

Ms Dowd told the Board that the Wolverhampton Health and Well-being Board had held an away day last week when the role of providers had been discussed, and a formal proposal would be sent to the Trust in the near future.

Mr Vanes asked about last week's statement by Simon Stephens regarding the Five-year Forward View of the NHS. Mr Loughton responded that the direction of travel proposed by Mr Stevens was broadly in line with the Trust's current thinking, and cited the intention to locate 14 GPs in this hospital, giving them a separate entrance and identity, in order to improve care across primary and secondary health services. He added that this proposal was supported by both of the local CCG's. He also referred to discussions with the two CCG's regarding the future organisation of community services in South Staffordshire.

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

TB.5223: Never Events

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

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

TB.5224: Mid Staffordshire Foundation Trust – Acquisition Business Case and Financial Arrangements

Mr Stringer guided the Board through a report which summarised the internal and external work in relation to the MSFT transaction and the final stages in the process through to the transfer of services on 1 November 2014. He provided the background and context to the current situation, which was that from 1 November Cannock Chase Hospital would merge with the Royal Wolverhampton NHS Trust and by 2016/17 an additional turnover of £40 million was anticipated arising from those services formerly part of MSFT. The Secretary of State had approved the transfer orders on 21 October and the transaction would take place at midnight on 31 October. He drew attention to the operational pressures, mounting since July, with approximately 6 ambulances per day coming from Stafford resulting in an average of two admissions at the New Cross site, per day, from the Stafford health economy. He outlined the plans for the provision of additional services at Cannock and summarised the revenue and capital implications. He stressed that there had been minimal investment in the Cannock site during the last five to ten years and therefore RWT had bid for capital resources to fund the necessary works. In response to Mrs Martin, he confirmed that the deadline for implementing new IT systems at Cannock had been moved back by two months. In response to a question by Professor Kelly, Dr Odum said that the registration issues with the GMC had been resolved and that the designated body would not have to change its name. Mr Dunshea asked about the timescale for investment at Cannock, and Mr Stringer said that certain work, such as at the Littleton Ward, had begun ahead of formal approval of the revised full business case. It was likely that the final business case would be submitted to the Finance and Performance Committee in December, for onward submission and approval by the TDA. Ms Dowd on behalf of the CCG expressed anxiety over the financial risk of creating an additional ward to cater for patients travelling to New Cross from the Stafford area, particularly vis a vis the impact of the new Urgent Care Centre.

Mr Loughton referred to the on-going work to resolve the significant financial difficulties across the Staffordshire health economy which would need to be addressed within the next 29 months otherwise the current funding package for Cannock would be at risk. He also pointed out that 142 ambulances arrived at New Cross Hospital on 26 October, a significant number being transfers from Stafford. However, additional ward capacity at New Cross

would not be available until December. He understood that Stafford would be required to reduce its bed capacity further by the end of this financial year.

Mr Loughton expressed his appreciation to the Chief Financial Officer and the rest of his executive director team for the unstinting work which they had done throughout the challenging process leading to the transfer of Cannock Chase Hospital to RWT.

RESOLVED: That the progress of the internal and external work in relation to the MSFT transaction be noted, and that the transaction be formally approved.

TB.5225: Finance Report for September 2014 (Month 6)

Mr Stringer submitted the finance report for month 6 (September 2014), which showed that the Trust's income and expenditure position for the month was a deficit of £720,000 (adverse to plan by £1,803,000 cumulatively). At month 6, £4,880,000 had been withdrawn from budgets under CIP, representing 17.3% of the annual total, but of that sum £2,255,000 had been achieved non-recurrently. He also highlighted the in month underperformance in Critical Care and the favourable variance in cardiac surgery, in respect of both areas further work was required. Mrs Martin indicated that the Finance and Performance Committee last week had focused on medical vacancies and was investigating which specialties were feeling particular strain from the vacancy situation and what plans had been put in place to mitigate the problem. The Committee also received a revised forecast outturn figure with likely best and worst case scenarios.

In response to a question by Mr Dunshea, Mr Stringer indicated that fines previously agreed for September and October would not be levied after all for RTT performance, but that the CCG was working within the national model contract and was required to impose certain other fines, such as for A and E targets being missed. The Trust was in discussion with the CCG as to the return of the monies, given the significant operational pressures the trust was facing.

Dr Anderson questioned the position regarding medical agency spend, noting that the information in this report differed from that given in the integrated quality and performance report. Ms Nuttall undertook to investigate and to inform the Board of the correct position (GN).

RESOLVED: That the report on the financial position of the Trust for September 2014 be noted.

TB5226 : Chair's report of the Finance and Performance Committee, 22 October 2014

RESOLVED: That the report be noted.

TB.5227: Revalidation of Doctors

Dr Odum presented this item. Responding to the question posed by Mr Dunshea at the previous meeting, he explained the reasons why doctors were not appraised and therefore became regarded as "non-compliant" in this respect. Each doctor was individually responsible to ensure that their appraisal was undertaken in a timely way, and if appraisal was to be delayed doctors had to complete a pro-forma indicating the reason for this. The Trust has a process for following up appraisals which became non-compliant. Mrs Rawlings asked about the deferrals made for revalidation recommendations. Dr Odum responded that the doctor who was abroad, to whom Mrs Rawlings had specifically referred, had been given by the GMC a revalidation date only three months from the date when he commenced work

with the Trust, and this gave insufficient time to assess his performance. He had been deferred to allow him to obtain supporting information for the appraisal. He added that NHS England viewed appraisals and revalidation as an indicator of the quality of services in an organisation and therefore expected appraisals to be compliant. For its part, the Trust must be able to demonstrate that its whole revalidation process was robust.

Professor Kelly enquired about the case of a "Dr who has left". Dr Odum explained that this was a locum in a small specialty who had joined the Trust knowing that he needed a revalidation recommendation shortly after taking up post. The Trust nonetheless set up a system to appraise him and to carry out revalidation after a few months but he left the Trust as soon as the deferral had been made. This information had been made available to the GMC for his case to be managed.

A member of the public enquired about the employment of locum doctors through agencies and asked whether New Cross could run its own locum service. Mr Loughton responded that if all NHS trusts in the West Midlands worked together and ceased using agencies a significant cost saving could be made. By contrast, he pointed out that since 2005 very few agency nurses had been employed at the Trust. In response to a further question, he explained that some doctors supplied by an agency received three times the going rate, but acknowledged that there were particular circumstances for the recent use of agency staff at Mid Staffordshire Foundation Trust. Ideally, however, the NHS as a whole should only use NHS locums paid at the NHS locum rates.

Another member of the public enquired about the recruitment of nursing staff from overseas and the safeguards being put in place to ensure that their English was good enough to work in this country. Ms Fieldhouse explained that a number of nurses had been recruited from European countries recently and that the Trust had worked with the University of Wolverhampton to assist them to understand local dialects. The Trust had satisfied itself before appointing them that their level of English was appropriate. Mr Loughton said that he had received no complaints on this matter and requested the questioner to speak to him outside the meeting about his concern about a particular incident regarding a healthcare worker from the Far East.

RESOLVED: That the quarterly report on the Revalidation of doctors be noted.

<u>TB.5228: Clinical Research Network West Midlands</u>

Ms Kate Middlemiss attended for this item, explaining that RWT would host the West Midlands network for the next five years, after 105 networks had been reduced to 15 nationally. The overall purpose was to increase the rate of research across the West Midlands and she described the governance arrangements in place, including the host Executive Leadership Group chaired by Prof Kelly. Prof Kelly thanked Ms Middlemiss and Jeremy Kirk for their work so far and said that after a difficult start much progress had been made and the human relationships which were essential to success were being developed. Mrs Rawlings commended the report, but asked why some of the high-level objectives had been red rated and wanted to know what sort of problems lay behind this. Ms Middlemiss said that the high-level objectives had been set nationally and were now being reviewed, so that the RAG rating was likely to change shortly.

In response to a question by Mr Dunshea, Dr Odum explained how the quality of the research undertaken was reviewed, and he described the governance arrangements for each study. In reply to Mr Dunshea’s question about being assured that money hypothecated for each project would actually reach the project, Ms Middlemiss confirmed that an audit process was in place for this purpose.

RESOLVED: That the progress report on the Clinical Research Network West Midlands be noted.

(Ms Middlemiss left the meeting immediately after this item)

TB.5229: Research and Development at RWT

Dr Odum presented the quarterly report on the progress of Research and Development at RWT. He acknowledged that the recruitment of patients to studies in the last year had been below target, and reminded the Board that an organisation which was actively researching tended to perform better than those which were not. Mr Loughton said that Trusts which were failing in research tended to be failing in other areas too. In response to a question from Ms Edwards, Dr Odum said that 18 RWT staff had attended a research master class, along with staff from other trusts. She asked what else the Trust could do to make people more alert to research opportunities. Dr Odum said that Professor Cotton and the Research Department maintained contact with directorates to encourage research, and maintained personal contact with key individual clinicians, as well as scrutinising the research network opportunities as they arose. Participation in NIHR research studies would be key going forward. Ms Dowd said that the CCG wished to bring Professor Cotton to a meeting of Team W to speak about the potential of research within primary care.

Dr Anderson asked whether doctors had sufficient time in their job plans to undertake research and whether doctors knew how well they would be supported. Dr Odum said there was provision for research in some consultant job plans, although some other doctors engaged in it even when it was not provided for in this way. He stressed that research and development at the Trust was not hindered because certain job plans made no provision for research. He also stressed that there were great opportunities for participation through the University of Wolverhampton, not just within the City but also in the surrounding areas.

RESOLVED: That the report be noted, and that Prof Cotton be appointed to represent the Trust on the NIHR Partnership Group.

TB.5230: Integrated Quality and Performance Report

Ms Nuttall reported by exception on the following:

- Cancelled operations had increased; an outbreak of norovirus was the main cause in Orthopaedics, whereas it was due to bed pressures in Gynaecology.
- 18 week (admitted) RTT – would remain red in October and November because of a conscious decision to prioritise those patients who had been waiting the longest time for treatment
- A and E: the red-rated four hour performance reflected constant high activity pressures, with attendances up by 11% in September and 9% for October (compared to the same period in 2013); ambulance attendances from Stafford were increasing but good handover performance was being maintained.
- Following the recruitment of health visitors, this matter had been downgraded on the risk register.

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.5231: Safe Staffing - Planned Versus Actual Staffing by Ward – September 2014 data

Ms Fieldhouse presented this item, which gave details of the average fill rate by registered nurse/care staff, shift and ward for September 2014. Some improvement in the situation was apparent.

RESOLVED: That the report on actual vs planned staffing by ward in September 2014 be noted.

TB.5232: Nurse Recruitment

Ms Pugh indicated that there were currently 115 vacancies, local recruitment was continuing and the first cohort of overseas nurses commenced work on 24 September. Further recruitment had taken place on 14 October in Greece and Italy, with potentially another 44 nurses joining the Trust. She confirmed that there remained a backlog in registering overseas nurses with the Nursing and Midwifery Council, and every effort had been made to expedite the procedure.

RESOLVED: That the progress report on the recruitment of nurses be noted.

TB.5233: Chatback Staff Survey 2014 – Results and Next Steps

Ms Pugh summarised the main points set out in this report. Mr Vanes noted the response to the question regarding communication between senior management and staff and asked what action was proposed in respect of this. Mr Loughton said that it would be necessary to look at how this score was broken down by department in order to determine the best way to deal with it. Mr Dunshea noted the low response rate to the survey, and asked why this might be. Ms Pugh said that Divisional Managers had been invited to make suggestions about how greater staff participation could be secured. In response to Dr Anderson's comment about the number of questions, Ms Pugh indicated that they had been kept to a minimum.

Mr Vanes asked for the Board to be told what the next steps would be in response to this survey of staff (DP).

RESOLVED: That the report on the chat back staff survey 2014 be noted.

TB.5234: Delivery of Estates Strategy 2009/10-2018/19: Q2 report for 2014/15

Mr Stringer presented this item. Mr Vanes indicated that the Non-executive Directors would appreciate a broader overview of the Estates Strategy. Mr Stringer agreed to bring the report on this to the Board (KS). In response to questions, Ms Nuttall clarified that the new 28 bed modular ward was primarily linked to patient movement due to the situation at Stafford, whereas the second floor of the new Urgent Care Centre would contain the relocated Acute Medical Unit.

RESOLVED: That the Q2 report on the delivery of the Estates Strategy be noted.

TB.5235: Board Assurance Framework/Trust Risk Register

Ms Fieldhouse introduced this item, which had been discussed extensively at the Finance and Performance and Quality Governance Assurance Committees in the last week. Mr Dunshea suggested that dates for completion should be stated against any further mitigating

actions listed in the report, and it was agreed that he should discuss this point outside the meeting with Dr Anderson. Ms Nuttall said that there had been a series of meetings with executive directors to standardise the information included in the BAF and Trust Risk Register.

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

TB.5236: Ebola

Dr Odum summarised the national and local position regarding Ebola. He said that whilst it was unlikely that a native West African infected with Ebola would migrate to the UK, it was possible (but very unlikely) for a healthcare worker from the UK who had served in West Africa to incubate the disease and exhibit symptoms upon their return. He described the initial symptoms of this viral infection and confirmed that it had a 21 day incubation period; there was no known cure and therefore control and isolation of individuals with symptoms was essential because this was a highly contagious virus, to the extent that the corpse of an infected person remained infectious for up to six days after their death. He confirmed that local plans were in place. In response to questions Ms Nuttall said that by default the plans had been tested locally. Mr Loughton said that he was concerned about the risk of an individual with symptoms entering via a portal other than the Emergency Department, and asked how the system would work in that case. Dr Odum said that a desktop exercise was being carried out across the region today and that this should shed light on the matter raised by Mr Loughton.

RESOLVED: That the oral update on Ebola be noted.

TB.5237: Minutes of the meeting of the Trust Management Committee held on 26 September 2014

RESOLVED: That the Chairman's report and minutes of the meeting of the Trust Management Committee held on 26 September 2014 be noted.

TB.5238: Chair's report of the meeting of the Quality Governance Assurance Committee held on 22 October 2014

Dr Anderson told the Board that the Committee had been particularly concerned about the increased number of complaints received, the levels of staff sickness, and the high level of medication errors.

RESOLVED: That the Chair's report of the meeting of the Quality Governance Assurance Committee held on 22 October 2014 be noted.

TB5239: Minutes of the Audit Committee on 5 June 2014

RESOLVED: That the minutes of the Audit Committee held on 5 June 2014 be noted.

TB.5240: Minutes of Committees in respect of which the Chair's report had already been submitted to Board:

Ms Edwards highlighted a correction to pages 7 of the minutes of the meeting of the Quality Governance Assurance Committee on 24 September, namely under paragraph 5.4 (first paragraph) whereby the 23 monetary penalties totalling £2.6 million applied to the **NHS** and not this Trust.

RESOLVED: That the minutes of the meetings of the Quality Governance Assurance Committee held on 24 September, and the Finance and Performance Committee held on 24 September 2014, be noted.

TB.5241: Matters raised by members of the general public and commissioners

Ms Bygrave noted from the integrated quality and performance report the increased number of complaints reported, and enquired whether the Trust had put in place adequate training to embed learning based on incidents and complaints. Ms Fieldhouse replied that the newly appointed Head of Patient Experience was working with operational staff to implement the recommendations of the Clwyd-Hart report into complaints, and that this would include an increased awareness of complaint handling and feedback. The themes contained in complaints were routinely presented back to directorates and to the Board.

Ms Bygrave also noted increased ambulance attendances and pressure on the Emergency Department even before the winter pressure period had begun, and asked the Board what plans it had put in place to deal with this level of demand. Mr Loughton replied that ambulances were generally turned round quickly by the Trust, but that his overriding concern was for the period immediately after Christmas. He said that there had been some cases of norovirus during the summer, which was not a good sign, and that if further outbreaks resulted in ward closures the hospital would face significant difficulty.

Ms Dowd confirmed that the CCG, on behalf of the local health economy, had received additional monies to introduce schemes to ease winter pressures for acute hospitals and primary care and that these would include support for residential homes and for the hospital admission teams, as well as public communications to raise awareness and encourage the public to "choose well".

Ms Young, on behalf of the Stafford and Cannock CCG's, expressed the hope that adequate notice would be given of any further meetings held in the locality. Mr Loughton confirmed that the Board intended to hold two meetings a year at Cannock, and one or two in community venues in Wolverhampton. He said that at future meetings it would be helpful if members of the public could notify the Chair of any questions before the meeting began, so that these could be dealt with in the event of the questioner not being able to stay for the whole duration of the meeting.

TB.5242: Any other business

No other business was raised.

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TB.5243: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 24 November 2014 at 10.00 a.m. in the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.5244: 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 12.21pm.