The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 31 October 2016 at 10 am in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Dr J Anderson	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr D Loughton CBE	Chief Executive
	Mr R Dunshea	Non-Executive Director
	Mrs M Martin	Non-Executive Director
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr K Stringer	Chief Financial Officer
	Ms L Holland	Director of HR and OD
	Mr S Mahmud	Director of Integration
	Mr M Sharon	Director of Strategic Planning and Performance
	Prof Rob Stockley	Associate Non-Executive Director
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
	Dr K Willmer	Division 2 (part)
	Dr R Jervis	Director of Public Health, Wolverhampton City Council (part)
	Ms G Augustine	Public Health, Wolverhampton City Council (part)
OBSERVERS:	Mr S Marshall	Wolverhampton CCG
	Councillor A Muston	Wolverhampton City Council
	Mr D McIntosh	Wolverhampton Healthwatch
	Ms N Mehay	Freedom to Speak Up Guardian, RWT
APOLOGIES:	Ms R Edwards	Non-Executive Director
	Mr J Hemans	Non-Executive Director

Part 1 – Open to the public

TB.6137: Declarations of Interest from Directors and Officers

RESOLVED: That the declarations of interest by Directors and Officers be noted.

TB.6138: Minutes of the meeting of the Board of Directors held on Monday 26 September 2016

RESOLVED: That the minutes of the meeting of the public session of the Trust Board held on Monday 26 September 2016 be approved as a correct record.

TB.6139: Matters arising from the minutes of the meeting of the Board of Directors held on 26 September 2016

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

TB.6140: Board Action Points

The following updates were noted:

TB.6098 – Academic Institute of Medicine - Dr Odum confirmed that this would be reported to the Board in January 2017.

TB.6103 – Recovery Plan for General Surgery – Ms Nuttall indicated that the update would be circulated in early November.

TB.6103 – Supplementary Finance report – Mr Stringer indicated that the supplementary Finance report from the meeting held on 21 October had been circulated to the Board today, and that in future it would be sent electronically to all members of the Board at the same time as it was being sent to the members of the Committee.

TB.6109- Workforce Race Quality Standards – Outcomes of Focus Group meetings – Ms Holland agreed to circulate the slides from the recent Focus Group meetings to members of the Board in the next few days.

RESOLVED: That the Board Action Points list be noted.

TB.6141: Chief Executive's Report

Mr Loughton guided the meeting through his monthly report. He highlighted a further meeting recently held with the Health Policy team at 10 Downing Street which presaged an announcement towards the end of November about continued government support for NHS research and development. With regard to the report of the Public Accounts Committee into Discharging Older People from acute hospitals, he indicated that the Trust had good working relationships with the social care team from Wolverhampton City Council. However, patients from South Staffordshire disproportionately accounted for delayed discharges at the moment. Ms Nuttall indicated that she continued to work with colleagues in South Staffordshire to obtain improvements.

Dr Anderson noted the topics discussed at the Wolverhampton Health and Well-being Board on 19 October and requested that copies of these be forwarded to her. Mr Loughton said that these could be made available to Board members.

Mr Dunshea noted the continuing meetings regarding the STP, and enquired about the progress being made. Mr Loughton said that the Birmingham STP plan, along with 2 others in the south east of England, had now been made public but there was no firm timescale for the Black County plan to be presented to a public Board meeting. The latest estimate was that all plans should be reviewed by no later than 18 November, and published provisionally on 21 November.

Mr Vanes noted that the Trust had recently been ranked "level 3" in a communication from NHS Improvement, regarding the Single Oversight Framework. Mr Loughton said that the precise meaning of this ranking was still being established.

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

TB.6142: Patient's Story

The Chairman informed the meeting that the patient's story had been deferred until the November meeting.

TB.6143: Infant Mortality Update

Dr Jervis, Director of Public Health, Wolverhampton City Council, attended the meeting accompanied by Glenda Augustine, Public Health. Dr Jervis presented the annual update on Infant Mortality and began by explaining that the subjects of the report were babies born to women with a WV postcode which had been born alive but died within the first year of life. Therefore this was not hospital data and did not include infants with anything other than a WV postcode. She also pointed out that a small number of babies were born with multiple abnormalities and an extremely low chance of survival. Whilst these cases in themselves were tragic, the Public Health concern was not directed to changing these cases but rather to focus upon preventable factors which risked the child's survival, primarily smoking, but other factors also. She paid tribute to the good contribution to the infant mortality action plan from teams across the Trust. The Board noted that although good progress on the implementation of the recommendations arising from the Infant Mortality Action Plan was recorded in the report, and there had been some improvement, Wolverhampton remained one of the areas with the worst infant mortality rate in the UK and there was no room for complacency. Dr Odum endorsed the good work which had been done and the close engagement between Public Health, the Trust, and other partner organisations. He mentioned the way the Healthy Lifestyles team had played a key role in the work so far, and expressed the intention for the Trust to continue to play its part. He also informed the Board that the clinical teams at the Trust always considered ways of supporting the survival and growth of all newly born infants but there were a few congenital abnormalities which were basically incompatible with the infant's survival.

Professor Stockley requested clarification of the numbers of deaths attributable to causes, and the numbers of deaths attributable to association. Dr Jervis replied that the team had undertaken an audit of all deaths of babies in the area, linked to maternity data, and death by association included infants of mothers who were morbidly obese, booking late in pregnancy and smoking. Ms Augustine added that there were no explanations for the deaths but it was presumed that they were preventable deaths linked to the associations identified. Dr Jervis indicated that information had been gathered for the Wolverhampton Safeguarding Board, which might be helpful to Professor Stockley, and which could be forwarded to him.

Dr Anderson asked whether the strategy included addressing grandparents and an older generation of mothers. Dr Jervis replied that this older generation was targeted through Healthy Lifestyles who tried to find out whether anybody in the family smoked and, if so, attempted to tackle whole family behaviour. She reminded the Board that there were issues for example around smoke clinging to clothes, and that midwives were becoming more assertive about the dangers of smoking when working within family groups. Dr Anderson requested data on the percentage of children dying of sudden infant death during their first year.

Mr Sharon said that infant mortality was a significant issue across the whole of the Black Country but sensed that effective action would come through work in each locality. However, he wondered whether there were pockets of good practice which were being, or could be, shared across the patch. Dr Jervis said that she was pleased that infant mortality

had become a work stream in the Black Country STP and confirmed that different boroughs shared information and practice. She offered a number of examples of how various approaches and emphases in other areas were being shared.

In response to a question from Mrs Rawlings about how levels of deprivation impacted on infant mortality rates, Dr Jervis replied that in Wolverhampton 80% of babies were born to mothers from the most deprived wards of the city, although she also pointed out that one of the most deprived wards also happened to have the lowest rate of infant mortality in the city and the reasons for this were being investigated because it was thought that they pointed to how established communities could provide forms of resilience. The Board noted that the Public Health teams carried considerable workloads, and that sometimes language barriers hindered transmission of key messages. Mr Dunshea noted that the report cited a rate of 6.4 deaths per 1,000 births and asked for further numbers. Dr Jervis indicated that this equated to 18 deaths per annum. Mr Dunshea then said it would be helpful to know the causes of death broken down, so that the optimal allocation of resources to tackle the underlying problems could be clearly determined. Dr Jervis replied that data was being gathered on those deaths in order to establish the proportion that might be preventable. Mr Dunshea went on to ask for the current Public Health view on vaping. Dr Jervis replied that there remained uncertainty over any long term harm caused by vaping, whilst there was no doubt that smoking tobacco was dangerous and especially so for the mother and the unborn child. At present it was not possible to say that vaping was as bad, in public health terms, as tobacco smoking, but Public Health urged cessation from all forms of smoking. In pursuit of that, Public Health also discussed with smokers positive steps in order to move away from smoking tobacco. Dr Odum informed the Board that the Trust reviewed all neonatal deaths and that these probably contributed to 50% of the infant mortality figures.

Mr Loughton said that he chaired the Black Country, Shropshire and Staffordshire Neonatal Network and at present there was significant pressure on neonatal intensive care services.

Mr Vanes had noted recent newspaper coverage of adverse maternity services metrics publicised by the CCG. Mr Marshall on behalf of the CCG responded that the assessments were made independently of and with little input from the CCG and that the things which had been measured were not all specified in the national standards/pathways.

The Chairman thanked Dr Jervis and Ms Augustine for attending the meeting, and Mr Loughton said that it would be important for them to continue to come to this Board to talk about infant mortality, among other things.

RESOLVED: That the progress report on the implementation of recommendations addressing the high rate of infant mortality in Wolverhampton be endorsed, that the on-going delivery of all recommendations in the action plan and scrutiny review be supported, and that an annual review of progress on addressing infant mortality in Wolverhampton be received in October 2017.

TB. 6144: Patient Experience Quarterly Report – Quarter 1 2016/17

Ms Etches presented the report on Patient Experience for the first quarter of 2016/17. She informed the Board that there were issues around the collection of FFT data and that the Trust was meeting with the company responsible for this to discuss the suspected discrepancies which had come to light. Mrs Martin wanted to know what the Trust was trying to do to improve the response rates in those areas where it was relatively low. Ms Etches described some of the ways in which FFT responses were collected and drew attention to the Action Plan which was being followed through. She acknowledged that whereas some

areas had a response rate of around 100%, others were as low as 25%. She believed that to some extent it depended upon how much import staff on duty placed on the FFT measure.

Mr Dunshea picked up from the report that Nottingham University Hospital appeared to achieve a high rate response and asked how they had managed to do this. Ms Etches acknowledged that other Trusts used a variety of methodologies and the success or otherwise depended upon the way these were applied.

Mrs Rawlings noted the trend in complaints around discharge and asked why this had risen. Ms Etches suggested that this might be a one-off, because it had been unexpected, and future reports would be examined carefully to see whether there was a trend emerging.

Still on the theme of the Friends and Family Test, Mr Dunshea noted that the policy was not being applied consistently and asked what steps were being taken to resolve this. Ms Etches said that the Patient Experience team were working with areas with low response rates trying to raise its profile and improve performance, primarily by involving the matrons. She added that it tended to be the same type of ward which continued to have low response rates.

RESOLVED: That the Patient Experience report for the first quarter of 2016/17 be noted and that the development work outlined in the report be supported.

TB. 6145: Operational Planning Update

Mr Sharon updated the Board on the planning guidance jointly issued by NHS England and NHS Improvement, highlighting that the deadline for final submission had been brought forward to 23 December. There would be a two year plan in line with the contracting process. He indicated that there remained uncertainty as to how this would all be linked to STP control total. Mrs Martin wanted to know about the decision making process prior to submitting the Operational Plan. Mr Sharon indicated that it would be shared at the Board Development Session on 14 November and, subject to that, it was intended for the Chief Executive and Chairman to sign it off just before final submission. Noting this response, Mrs Martin went on to comment on the complexities of the new process, and asked what assumptions had been made in preparing the draft Operational Plan so far. The Chairman repeated that there would be further opportunity for discussion at the Board Development Session on 14 November and if necessary this could be converted to a formal Board meeting. Mr Sharon added that the commissioner was expected to make a final offer by 4 November, to which the Trust must respond within one week. Replying to a question by Mr Dunshea, Mr Sharon indicated that the commissioner's priorities were consistent with the narrative and direction of the STP at this point in time.

RESOLVED: That the process established to develop the Operational Plan for submission on 24 November 2016 be noted, and that the Chief Executive and Chairman be authorised to sign off the draft Operational Plan, following discussion at the Development Session on 14 November.

TB.6146: Contracting and Commissioning Update

Mr Sharon presented a report giving an update on the current contracting issues and Commissioning intentions shared with the Trust. The Board noted that agreement on next year's contracts had now been reached with the local authority, but the specialised commissioner had announced an intention to formally place OJEU advertisements for all their contracts in order to make them compliant with the prevailing competition legislation which was applicable.

RESOLVED: That the update on progress related to contract management with the core commissioners, and the information regarding the process to be followed in contract negotiations for 2017/19 be received and noted.

TB. 6147: Integrated Quality and Performance report

Ms Etches highlighted from the report that there had been a number of positive developments during the month under review, including an improvement in the response rate for complaints, an increase in FFT response rates on both Divisions, an improvement in late observations for Division 1, and continued reduction in both pressure injury prevalence and incidence. Safety thermometer data had reached a high of 95.1% harm free care for September, and a significant decrease was recorded in the number of *C.difficile* cases.

Ms Nuttall outlined the executive summary for the performance of the organisation, which included improvements around the number of cancelled operations, the improving position in the Emergency Department (which was now in the top 20 nationally), and the rate of admission from the emergency portals remaining roughly as it had been in the previous month. She also reported that although RTT incomplete performance had improved in September, the Trust was still failing to meet the target for 18 weeks incomplete RTT. She also highlighted the on-going challenges facing Cancer Services and explained that the dip in theatre performance in September was due to the unexpected absences of consultants.

RESOLVED: That the September Integrated Quality and Performance report be received and noted.

TB. 6148: Clinical Audit – Case Study

Dr K Willmer attended for this item, and spoke about the clinical audit "Sepsis: Are patients referred by GP better managed coming via Emergency Department?" The study had not looked at all patients with Sepsis, but only those referred by GPs to ambulatory access areas. She explained the Sepsis 6 Standard, in terms of what was meant to be delivered, and ways in which this might vary under certain circumstances. The conclusion of the audit demonstrated that the change in policy so that all patients referred from GPs with possible Sepsis were seen by the ED, had made an improvement to Sepsis management although there remained a number of gaps in care and further work needed to be done. Dr Odum welcomed the way this study had underlined the benefits of the Physician Model which was in use.

In response to a question from Dr Anderson about differences in outcome, Dr Willmer indicated that the study had not examined mortality, but national studies had shown that getting treatment at early stages did save lives. Dr Odum added that, compared with national data, the study demonstrated very good performance at this Trust. Mr Dunshea asked how it would be possible to share the findings of this audit. Dr Willmer responded that the Trust had audited the Physician A Model to understand its impact on admissions to medical wards and once this had been written up it would be presented to the directorates. Mr Dunshea said that the findings should be shared widely within the NHS.

RESOLVED: That the presentation on the Clinical Audit into Sepsis management be received and noted.

TB. 6149: Chair's report of the meeting of the Quality Governance Assurance Committee held on 26 October 2016

Dr Anderson highlighted the reports of the Quality Review visits in September which had been very beneficial for the organisation.

RESOLVED: That the Chair's report of the Quality Governance Assurance Committee meeting on 26 October 2016 be received and noted.

TB. 6150: Nursing Workforce report

Ms Etches presented the report setting out planned versus actual staffing by ward for September 2016 including the average fill rate by registered nurse/healthcare assistant. The report also provided information on Care Hours per Patient Day triangulated with a selection of nurse sensitive quality indicators. She indicated that attempts were being made to calculate the cost per hour with support from Safe Hands team. The Board noted that the Trust's bid to pilot the Nurse Associate role had been successful, and it was hoped to recruit 24 individuals into this new role. In response to a question from Dr Anderson, Ms Etches said that as far as she was aware the net loss of nurses recorded in the report did not reflect a national trend, and was also smaller than it had been in some previous months. She emphasised the positive work being undertaken on retention of staff.

RESOLVED: That the report on planned versus actual staffing by ward during September 2016 be noted.

TB. 6151: Finance Board report – Month 6 (September 2016)

Mr Stringer introduced the report on the Trust's financial position at month 6, saying that it showed a deficit of £0.82m, which was adverse to plan by £0.85m. Patient income was below target by £1.5m, partly due to activity levels not being as high as expected. Mr Stringer also stated that the cash balances had been reducing, and a national decision was still awaited on the Capital Resource Limits which had led to the decision to defer £4m of capital expenditure into 2017/18. Mr Stringer indicated that at month 6 a total of £5.05m had been removed from budgets under the Cost Improvement Programme, but only a modest percentage of this was recurring expenditure, and the organisation continued to face a significant challenge to deliver the target by the end of the year. The Board noted that agency spend had shown a reduction month on month during the year so far. Mr Stringer then referred to the recent meeting of the Finance and Performance Committee which had discussed the forecast outturn, had considered the recovery plans and was aware of a potential year-end deficit of between £8m-£10m. Mrs Martin highlighted that the recovery plan was still a work in progress and drew the attention of the Board to the re-designation to red of the risk around Mid Staffordshire. Mr Stringer commented that his teams were working through the MSFT business case again, to ascertain the position of the transitional support and to decide whether to apply for a further two years of transitional funding, given the current circumstances.

Mr Dunshea asked whether proposals for new posts and new activities were identified when budgets were being set. Mr Stringer said that the provision for business cases had been made, but not all of these would ultimately be pursued. In response to a further question by Mr Dunshea, Mr Stringer confirmed that lessons had been learnt following the recent Audit Committee discussion of processes for implementing CIP, and that most recently a series of workshops had generated various ideas which were being worked up into proposals for action.

RESOLVED: That the report on the financial position of the Trust for September 2016 be received and noted.

TB. 6152: Chair's report of the meeting of the Finance and Performance Committee held on 28 October 2016

RESOLVED: That the Chair's report of the meeting of the Finance and Performance Committee held on 28 October 2016 be received and noted.

TB. 6153: Executive Summary HR monthly update

Ms Holland introduced this report. She drew attention in particular to the Sickness Policy review and the proposed shorter process for managing poor attendance patterns. The report also included an audit of Fact-finding/Fair Blame Process which appeared to have been a well received and effective development. Ms Holland also highlighted the winter flu campaign, to which a CQUIN was attached and which was therefore the subject of intense focus in order to significantly increase take-up.

Mrs Rawlings asked whether the triggering of Article 50 to exit the European Union by March 2017 would have any adverse impact on ad-hoc international recruitment. Ms Holland confirmed that there had recently been consideration of other potential sources for recruitment and in view of more recent outcomes it had been decided to invest more heavily in the home market and the development of new roles which would in turn lessen the need to recruit in the EU in future. Replying to a question from Mrs Martin, Ms Holland said that the target of 75% had been set for vaccinating frontline staff against influenza (against an overall target of 65% in 2015/16). The deadline for achieving this target was 31 December 2016.

Mr Dunshea asked for future reports to include, in the Medical Workforce Update, tables information about GPs and senior clinical fellows. Ms Holland agreed to include these in future (LH). Mr Dunshea also asked what "additional clinical services" represented in the sickness data chart in paragraph 1 of the report. Ms Holland indicated that these were semi technical roles and agreed to provide more detailed information in writing to Mr Dunshea after the meeting (LH).

It was noted that the reconstituted Workforce Assurance Group, including a non-executive director, would commence in November.

RESOLVED: That the Executive HR report be received and noted.

TB. 6154: Deansley Sub-station Business Case

Mr Stringer presented this business case for approval, and said that it had been approved by the Capital Review Group and Trust Management Committee, and was within the approved capital programme.

RESOLVED: That the business case to replace and increase the capacity of the existing transformers and to upgrade the existing LB switchgear for the Deansley sub-station be approved.

TB. 6155: Linear Accelerators 1 & 2 – Replacement business case

Mr Stringer presented the business case for the replacement of Linear Accelerators 1 & 2, which he said was already within the approved capital programme. One of the new

machines would be purchased by the Trust, and the other one obtained by a lease. He indicated that there were, however, on-going discussions which might change the means by which these items were funded.

RESOLVED: That the business case for the purchase of two new Linear Accelerators be approved.

TB. 6156: Revalidation of Medical Staff

Dr Odum presented the quarterly update on the revalidation of medical staff, which highlighted that at 30 September 2016 the Trust's medical appraisal compliance rate was 95.4%. In response to a question from Ms Etches, he said that the process had not so far hindered a doctor from being able to practice.

RESOLVED: That the quarterly update on the Revalidation of Medical Staff be noted.

TB. 6157: Quality Governance Assurance Committee – Revised Terms of Reference

RESOLVED: That the revised Terms of Reference for the Quality Governance Assurance Committee be approved.

TB. 6158: Chair's report and draft minutes of the meeting of the Trust Management Committee held on 23 September 2016

RESOLVED: That the chair's report and the minutes of the meeting of the Trust Management Committee held on 23 September 2016 be noted.

TB. 6159: Minutes from earlier Board meetings

The following minutes were received and noted:

Quality Governance Assurance Committee, 21 September 2016
Finance and Performance Committee, 21 September 2016

TB. 6160: Matters raised by members of the press and general public

No matters were raised by members of the press and public in attendance at this meeting.

TB. 6161: Any Other Business

In response to a question from the Chairman, Ms Holland indicated that the Equality and Diversity Annual Report was not due to be submitted to the Trust Board.

The Board were informed that Neelam Mehay, recently appointed Freedom to Speak Up Guardian for the Trust, was observing the meeting.

TB. 6162: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 28 November 2016 at 10 am in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

TB.6163: 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 12:15 pm.