

# The Royal Wolverhampton NHS Trust

**Minutes of the meeting of the Board of Directors held on Monday 27 March 2017 at 10 am in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton**

<b>PRESENT:</b>	Mr J Vanes	Chairman
	Mr D Loughton CBE	Chief Executive
	Dr J Anderson	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr J Hemans	Non-Executive Director
	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
	Prof Rob Stockley	Associate Non-Executive Director
<b>IN ATTENDANCE:</b>	P Boyle	Acting Chief Operating Officer, NIHR Clinical Research Network West Midlands
	T Cresswell	Community Engagement/Volunteer Coordinator
	Mr Simon Evans	Deputy Director of Planning and Performance
	Mr A Sargent	Trust Board Secretary
	Ms Alison Tennant	Clinical Director of Pharmacy
<b>APOLOGIES:</b>	Mr M Sharon	Director of Strategic Planning and Performance
	Dr J Darby	Associate Non-Executive Director

## **Part 1 – Open to the public**

### **TB.6326: Declarations of Interest from Directors and Officers**

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

### **TB.6327: Minutes of the Meeting of the Board of Directors held on Monday 27 February 2017**

**RESOLVED:** That the Minutes of the meeting of the Public Session of the Trust Board held on Monday 27 February 2017 be approved as a correct record.

### **TB.6328: Matters Arising from the Minutes of the Meeting of the Board of Directors held on 27 February 2017**

The following matters arose from the minutes of the previous meeting;

*TB.6171* - Theatre Utilisation Rates. It was agreed to make this a Board Action Point. Ms Nuttall will progress it.

*TB.6300* – Ms Holland provided further information and this matter was considered closed.

### **TB.6329: Board Action Points**

Ms Etches informed the Board that the Review of Governance needed more detailed information and requested it be deferred until May. This was agreed.

### **TB.6330: Chief Executive's Report**

On 2 March a Teletracking event had been held at the Wolverhampton Medical Institute and 90 requests for information had been received from other Trusts. It was being installed in a handful of other Trusts so in future RWT would be able to compare with other sites and explore if further efficiencies can be drawn out from the Safe Hands technology.

Meetings had been held with Dr Helen Hibbs and Linda Sanders as part of the exploratory discussions of an Accountable Care Organisation process, with submission of an outline business paper to NHSE being planned for 31 March 2017.

Initial analysis of back office resource expenditure across Black Country acute hospitals, had been shared which whilst of general interest, was unlikely to yield major financial gains for RWT. The Trust had emerged as the most efficient hospital after Dudley and Walsall, and with Sandwell being the least efficient.

Various meetings regarding an integrated approach to Pathology services had been held, including discussion with NHSI colleagues. There was a pressing need to realise savings across the Black Country, if Trusts could agree on a single hub strategy.

At a meeting in Leicester the CEO had met with Miranda Carter, formerly RWT's Assessment Director from Monitor in 2012/13, who was now heading up the emerging ACO approval process for aspirant health systems, which would culminate in a board to board meeting with representatives of NHSI and NHS England.

Mr Vanes reminded the Trust Board that several key announcements by Simon Stevens were planned to be released this week, which may result in further discussions of interest.

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

### **TB.6331: Patient Story**

The Board watched a DVD recording of a patient at New Cross who had awoken from a planned operation to discover a stoma had been fitted. Already distressed by this fact and the sensations that this had caused, the attending bank nursing staff had been inattentive and unhelpful. Another nurse then attempted to change the bag but spillage was caused. In recovering the situation, other staff encouraged a complaint. The patient added that other care in another hospital was first class and she expected the standards of care to be more uniformly high.

Ms Etches explained this was not a common complaint theme for this ward and an action plan was now in place. There was shared learning regarding matching bank skills, but good cooperation and attitudes of staff (lacking in this case) was something RWT expected, irrespective of whether temporary/permanent grade or location.

Ms Etches answered questions from Dr Anderson regarding occasions where surgery may have varied outcomes and confirmed to Ms Edwards and Mr Dunshea that the bank had identified the staff involved, and competency and performance issues would be picked up. Mr Hemans sought assurance that the patient had received feedback to clarify the Trust's responses, and Mr Vanes reminded the Board that he would, as per custom, write to thank the patient for making the DVD.

**RESOLVED: That the patient story be noted.**

### **TB.6332: Mortality Update Report**

Dr Odum introduced the detailed report on mortality, which addressed both the national changes to the approach of NHS Trusts to reporting and investigating deaths, and the recent increases in the HSMR and SHMI rates for RWT. A recent national research paper had concluded that existing mortality statistical tracking methodologies were not a good or reliable marker of poor patient care.

The most salient points were that RWT will be one of forty Trusts piloting an initiative led by the Royal College of Physicians using the Structured Judgement Review (SJR) methodology to review how we conduct our individual retrospective case notes reviews following deaths.

Following detailed analysis and discussion, the preliminary view was that the changes in HSMR/SHMI for RWT were likely to be based on data fluctuations, coding practices and potentially significant changes in some care pathways, but that these factors needed careful analysis. Significantly, the case note reviews of deceased patients undertaken by directorates and the more detailed case notes reviews undertaken at specialty level in response to specific "alerting" SMRs at diagnosis group level have not revealed evidence of poor care and/or identified avoidable/preventable mortality. The outputs of these reviews are reported into the Trusts mortality surveillance and sub-committee arrangements. The MoRAG sub-committee includes external stakeholder membership.

Dr Odum responded to several points in the report regarding how small differences in how raw data is presented and processed can have a significant impact in terms of elevating or decreasing the SHMI/HSMR measure and described the legitimate challenge from NHSI into what will be done to reassure the Board regarding the elevated SHMI/HSMR. Dr Odum outlined the proposed actions to both investigate the elevated mortality statistics and to provide assurance to the Board regarding quality of care to patients. These actions are outlined in the Board report and have been discussed with both NHSI and NHSE.

~~Ms Edwards referred to a national call to action meeting on mortality reporting she had attended on behalf of the Board and considered the range of proposed actions described by Dr Odum at this stage as both appropriate and in keeping with new national guidance. She would be interested to then learn where RWT compared to other Trusts.~~

"Ms Edwards referred to the requirements of the new National Guidance on learning from Deaths. The actions described by Dr Odum were in line with what this required but in addition RWT would need to undertake a comparison of its policies and procedures on investigation, involvement of bereaved families, reporting and Board oversight with the requirements of the guidance."

Mrs Martin also approved of the proposed actions but asked when could Trust Board expect to learn of the conclusions reached? Dr Odum responded that these actions would take weeks not months and timelines will be apparent once the initial scoping is complete.

Mr Dunshea reflected that if the SHMI/HSMR movements were the consequence of pathway changes that were improving patient care (for example, the Swan pathway and Physician A model in ED) could RWT have anticipated this in terms of altered coding approaches and in future review coding impacts as part of the service re-planning?

Dr Odum explained that clinicians had not known in advance the outcome of the successful Physician A model and the impact this would have in appropriately reducing medical admissions and therefore had not anticipated the potential impact nor their relevance to mortality measures, but this was a point to consider in future. He also noted that the RWT crude death rate has not changed as a percentage and that the “expected” death rate is low compared to other neighbouring Trusts and independent reviews of the RWT coding department had supported the coding practice being applied.

Mr Loughton asked if RWT could currently estimate the impacts of Vertical Integration. Dr Odum responded that this was difficult but clinicians believe that achieving movement of patient care to the community and out of the Acute Trust will impact on both rates of admissions and potentially mortality statistics.

Ms Etches asked if any other organisations had implemented the Physician A model for comparison? Dr Odum responded that to his knowledge the Physician A model was not replicated elsewhere in other Trusts. Ms Nuttall asked whether it would be possible to ask the HED data production unit to understand how they calculate the expected death rate for each Trust? Dr Odum agreed this would be an interesting further action.

Professor Stockley summarised his view that the recent adverse fluctuation in HSMR/SHMI for RWT appeared at this stage to be data driven and observed that if a unit gets better at appropriately sending a greater volume patients home from a setting, then you are left with a greater concentration of those who are very unwell and more likely to die as inpatients.

Mr Loughton asked if it was possible to implement a piece of work to try to understand why the crude mortality for RWT was lower than most Trusts and still dropping, yet other measures seemed at odds.

**RESOLVED: That the Medical Directors Mortality Update Report:**

- a) be received for update and assurance regarding elevated mortality statistics**
- b) to note the standardised mortality rates for RWT and potential causes with actions to further investigate variation**
- c) and to note the 8 point action plan designed to provide further information in relation to causes for the raised SMRs and assurance in relation to clinical care.**

**TB.6333: Strategic Objectives**

Ms Etches noted that pending the national announcements anticipated on March 31st RWT may need to review whether to take its current strategic objectives to a Board Development Session, so this agenda item would be returned to in due course.

**TB.6334: Budget Setting Update 2017/18**

Mr Stringer introduced the paper, which built on the draft proposal to the Board in February.

The paper recommended to the Board adopting a budget that complied with the NHS Improvement control total after reducing for CNST to produce a surplus of £11.6m for 2017/18.

There were a number of assumptions built into the plan, which included the continuation of MSFT deficit support of £6m for the 2017/18 and 2018/19 year. By accepting the control total the Trust got access to STF funding of £9.9m and were exempt from the majority of contract fines.

Mr Stringer brought the risks identified on page 11 to the Board's attention – in particular highlighting the CIP/efficiency challenge, which had increased from £20m to £26.9m by accepting the control total.

Mr Dunshea asked if this was the budget to be approved and Mr Stringer confirmed it was although the format was slightly different to previous years. He confirmed he would provide a traditional income and expenditure financial plan to the Board in the private section. All of the normal balance sheet, cash flow analysis and supplementary statements would go to Finance and Performance Committee.

Mrs Martin said that the elements of the plan that could lead to the downside risk materialising needed to be carefully monitored.

Mr Stringer explained that the contents of the plan had been shared at Senior Managers Briefing and whilst it was tough it was deliverable if the organisation fully engaged for delivery.

Mrs Etches identified that CQC recently wrote out detailing that their fees had significantly increased which needed to be catered for.

The budget included patient income of £458m within an overall budget of £531m and Mr Stringer confirmed to Mr Dunshea that a comparison with the previous budget would be provided in the private Board.

**RESOLVED: That the Budget for 2017/18 be approved.**

### **TB.6335: Capital Programme**

Mr Stringer introduced the paper which set a firm Capital Programme for 2017/18 of £19.3m and an outline plan of £84m across the 5 years.

2017/18 shared a small over commitment of £700k, which would be managed throughout the year. Assumptions had been made in particular that funds would be identified for the Stroke Unit if agreed by Commissioners, that the 2 linear accelerators would be centrally funded and that capital receipts of £1m would be realised.

The real challenge was in years 2 and 3 when the draft programme showed significant over commitment. Mrs Martin accepted the need to prioritise, but was concerned there was no investment for IM&T replacement. Mr Stringer acknowledged this and confirmed that in the latter end of 2016/17 IT equipment had been purchased and some projects such as e-prescribing included equipment purchase, but he would review the programme to see if more investment could be made.

Mrs Rawlings raised concerns that the CRL was being constrained. Mr Stringer again acknowledged this and said that if the Trust was in surplus and generating cash there was an argument to go back to the centre for increased CRL for investment.

Mr Dunshea asked about an additional multi-storey car park for the site and Mr Stringer identified that this had to be put back to 2019/20.

Mr Loughton supported the 2017/18 Capital Programme, but was now becoming concerned that the restrictions nationally and then placed on Trusts meant that there would be an element of crisis management replacing things as they failed.

**RESOLVED: a) That the Capital Programme for 2017/18 be approved.  
b) That the Five Year Capital Programme be noted.**

### **TB.6336: Hospital Pharmacy Transformation Plan**

Dr Odum briefly introduced the report with appendices and Alison Tennant, Clinical Director for Pharmacy, was in attendance. The report was broadly welcomed.

Ms Edwards asked about Quality Aseptic Services and whether there was a case for a more collective approach, whether a credible Black Country alternative existed, and could there be collaboration, whereby the NHS commissions and manufactures the manufacture of Pharmacy products at scale?

Dr Odum responded that Aseptic services were definitely required and some willingness to collaborate existed in Pharmacy Departments across the Black Country, but NHSE were very unlikely to proceed towards the NHS manufacturing drugs. Mr Stringer added that a paper on Aseptic services had been produced and would be discussed by Trust Boards in due course.

Dr Anderson complimented the paper and stated her view that a big factor was the time pharmacy staff were able to spend on wards. She also enquired if modern medical training would be sufficiently focussed on how to prescribe properly and accurately?

Dr Odum responded that these were complimentary issues and working together was the essence of good pharmacy services. He believed medical training would continue to require all Junior Doctors to understand patients' medical history and prescribe appropriately.

**RESOLVED: That the Hospital Pharmacy Transformation Plan be approved.**

### **TB.6337: Leadership and Management**

This paper was deferred until later in the year.

### **TB.6338: Integrated Quality and Performance Report**

The monthly Quality and Performance report had been circulated prior to the meeting and discussed at committees in the previous week.

The highlights included:

- A decline in formal complaints (although 9 had been reopened) and further improvement in Family Friends Test results
- Compliance with training on Pressure injuries was good and a reduction in incidence was noted, subject to validation

- There had been improvement in late observations, VTE incidence and falls with serious harm
- A slight rise in E Coli bacteraemias and four new cases of CPE were identified in month, with a business case in development for molecular testing on site
- The business case for TOTO pressure relief in community settings had been declined

Mrs Rawlings enquired about adult Safeguarding referrals rising and some training still rated red. Ms Etches responded that both adult and child Safeguarding training dipped last month but expected training compliance rates to rise from March.

**RESOLVED: That the February 2017 Integrated Quality and Performance report be received and noted.**

**TB.6339: Chair's report of the meeting of the Quality Governance Assurance Committee held on 22 March 2017**

Ms Edwards presented a report containing the highlights of the meeting of the Quality Governance Assurance Committee held on 22 March 2017. Among other matters she noted that the TOTO pressure relief revised business case noted in the previous report had been declined by the CCG and a review of BAF/TRR was underway.

**RESOLVED: That the Chair's report of the Quality Governance Assurance Committee meeting on 22 March 2017 be noted.**

**TB.6340: Nurse Workforce report**

Ms Etches introduced the report and noted that in the Skill Mix Review the CNS roles were reviewed to ensure gradings are appropriate and also clarify job plans.

Dr Anderson asked was there a staff survey conducted and any findings on retention? Ms Etches replied that a report had been fed into CQRM last Thursday and Ms Holland referred to related intelligence in the later Executive HR report.

**RESOLVED: That the report on planned versus actual staffing by ward during February 2017 be noted.**

**TB.6341: Executive Workforce Report**

Ms Holland presented the monthly comprehensive update on workforce. In response to questions from Ms Edwards ~~about whether RWT planned to recruit more midwives than needed (since the midwife:birth ratio was good) and how the establishment figures~~ **as to whether RWT was really 19 midwives over cadre when the midwife to birth ratio was still 1:31 and why the nurse establishment figures vary month by month and how they** were derived, she would review and provide the detail after the Board by email.

**RESOLVED: That the Executive Workforce report be received and noted.**

**TB.6342: 2016 National NHS Staff Survey Results**

A paper on the latest NHS national staff survey and RWT's comparative response rates and findings across selected thematic areas was introduced by Ms Holland. She observed that RWT appeared to have mirrored the regional and national picture, especially in the bottom 5 ranking scores.

The 32% RWT response level from 1250 randomly sampled staff was disappointing (down from a previous 39%), possibly due to consultation fatigue, meaning only circa 5% of the workforce had been surveyed. This questioning the value of the NHS national staff survey as a tool at RWT but it was hoped that the larger sampling in Chatback will be more relevant and better supported, these results being available in June or July 2017.

Mrs Martin noted that the Audit Committee receives reports on physical/verbal abuse by staff area by area and asked whether any national programme could be tie into for this issue?

Mr Loughton said RWT is too tolerant of these difficult perceptions and incidents and felt research was needed on where to draw the line on definitions.

Ms Etches noted there had been some cases reported of assaults on staff last week with police involved and charges were expected.

Mr Vanes said that any such cases need to be explored and the police were regularly enquiring about levels of hate crime and offering support.

Mr Dunshea enquired about question KF 31 which focussed on staff confidence in reporting unsafe clinical practice and suggested RWT ranked marginally lower than national averages.

Ms Holland responded that for national Freedom to Speak Up week last week RWT posed one question online every day, to promote and stimulate interest in the freedom to raise concerns agenda. The RWT lead on this work will include the result in the next Board update.

**RESOLVED: To note the report on 2016 NHS Staff Survey Results for RWT.**

#### **TB.6343: Finance Report February 2017 (Month 11)**

Mr Stringer presented the Month 11 report, which was for the end of February 2017.

The position showed that the Trust achieved an in-month deficit of £129k, which became a surplus of £490k after STF monies had been put in. This was a cumulative deficit of £384k, which was a £3.4m cumulative deficit.

When performance element of the STF monies was taken into account the Trust was achieving its NHSI profile.

The year-end position was imminent and the forecast was a £5.7m surplus, which included the alternative site asset valuation and the £4.8m invoice raised to the CCG. The invoice was subject to arbitration and would have a material impact on the Trust if the Trust was unsuccessful.

**RESOLVED: That the Finance report for February 2017 be noted.**

#### **TB.6344: Chair's report of the Finance and Performance Committee held on 22 March 2017**

**RESOLVED: That the Chair's report of the Finance and Performance Committee be noted.**

#### **TB.6345: A Revised Recruitment Approach for Apprentices**



This agenda item was deferred at the request of the Non Executives because of its operational content.

**TB.6346: RWT Flu Campaign Report 2016/17**

Ms Holland introduced the review of progress regarding vaccinations for flu, which had achieved a large volume of staff vaccinated but fell short of the national required percentage and consequently the Trust did not achieve the full CQUIN value. There were lessons to be learned for the next campaign.

**RESOLVED: The Board noted the report.**

**TB.6347: Education and Training**

Dr Odum introduced the quarterly Education and Training report.

**RESOLVED: That the Board received for assurance the quarterly Education and Training report.**

**TB.6348: Revalidation of Medical Staff – quarterly update**

Dr Odum introduced the quarterly Revalidation of Medical Staff update.

**RESOLVED: That the Board received for assurance the Revalidation of Medical Staff quarterly update.**

**TB.6349: Business Case Catheter Lab 2 Refurbishment**

Mr Stringer introduced this item.

**RESOLVED: That the business case for the Catheter Lab 2 Refurbishment be approved.**

**TB.6350: Replacement of Heating Supplies to WMI & Accommodation Blocks – Business Case**

Mr Stringer introduced this item

**RESOLVED: That the business case for Replacement of Heating Supplies to WMI and Accommodation Blocks be approved.**

**TB.6351: Clinical Research Network West Midlands (CRN WM) – Annual Delivery Plan**

Dr Odum introduced this report and appendices, including the 2017/18 Delivery Plan for the Clinical Research Network West Midlands. Total funding for the network in the year ahead amounted to £27,384,607, a core allocation reduction of 4.1%.

Mr Vanes asked Prof Stockley for his evaluation of the progress being made across Years 3 and 4 and he responded in the positive, stating that the scale and pace of transformation from

the pre-existing collection of networks was more than satisfactory, and longer term hosting discussions were starting.

Pauline Boyle, Acting Chief Operating Officer, for the LCRN indicated to the Board that the revised patient recruitment target for 2018/19 from 48,000 to 57,100 and the West Midlands Annual Delivery Plan will be amended accordingly, prior to submission.

**RESOLVED: The Board noted the Clinical Research Network West Midlands report and signed off the Annual Delivery Plan for 2017/18, as amended.**

**TB.6352: Annual Report of Directors' Interests 2017/18**

The report was noted.

**RESOLVED: That the Board noted the Annual Report of Directors' Interests.**

**TB.6353: Information Governance Toolkit Submission 2016/17**

Dr Odum introduced this annual report of the Caldicott Guardian.

**RESOLVED: The Board received and noted the Information Governance Toolkit Submission v14 2016/17, ready for submission to the Department of Health on March 31<sup>st</sup> 2017, and incorporating RWT, the MGS Medical Practice, Lea Road Practice, Alfred Squire Practice and Tettenhall Road Practice.**

**TB.6354: Charitable Funds Committee – revised terms of reference**

Revised Terms of Reference for the Charitable Funds Committee were considered for approval. Mrs Rawlings noted the RWT Charity was also considering the relative benefits of establishment as an independent rather than corporate charity.

**RESOLVED: The Board approved the revised terms of reference for the Charitable Funds Committee of The Royal Wolverhampton NHS Trust.**

**TB.6355: Board Assurance Framework/Trust Risk Register**

The latest iterations of the Board Assurance Framework and Trust Risk Register (which had been scrutinised and discussed at the Quality Governance Assurance committee the previous week) were introduced by Ms Etches and noted by the Board.

**RESOLVED: That the Board Assurance Framework and Trust Risk Register updates for March 2017 be noted.**

**TB.6356: Chair's report and draft minutes of the meeting of the Trust Management Committee held on 24 February 2017**

The minutes of the Trust Management Committee held on 24 February 2017 were noted.

Dr Anderson noted a new red risk was apparent and related to the Trust Risk Register. Ms Etches responded that there was timing lag issue and this was planned to be on the next iteration of the TRR.

**RESOLVED:** That the Chairs report and minutes of the Trust Management Committee held on 24 February 2017 be noted.

**TB.6357: Chair's report of Charitable Funds Committee held on 13 March 2017**

Mrs Rawlings introduced a tabled report on the recent meeting.

**RESOLVED:** That the Board notes the Chair's Report of the Charitable Funds Committee held on 13 March 2017.

**TB.6358: Chair's report of the Audit Committee held on 23 February 2017**

Mr Dunshea introduced the Chair's report of the last meeting held on 23 February 2017.

**RESOLVED:** That the Board notes the Chair's Report of the Audit Committee held on 23 February 2017.

**TB.6359: Minutes of the Quality Governance Assurance Committee 22 February 2017**

Ms Edwards introduced the minutes of the meeting held on 22 February 2017.

**RESOLVED:** The Board received and noted the minutes of the Quality Governance Assurance Committee of 22 February 2017.

**TB.6360: Minutes of the Finance and Performance Committee 22 February 2017**

Mrs Martin introduced the minutes of the meeting held on 22 February 2017.

**RESOLVED:** The Board received and noted the minutes of the Finance and Performance Committee of 22 February 2017.

**TB.6361: Minutes of the Charities Committee 2 August 2016**

Mrs Rawlings introduced the minutes of the meeting held on 2 August 2016.

**RESOLVED:** The Board received and noted the minutes of the Charities Committee held on 2 August 2016.

**TB.6362: Matters raised by members of the general public and commissioners**

There were no questions raised.

**TB.6363: Any other business**

The Chairman placed on record his great thanks to both Ms Linda Holland for her tenure as Director of Human Resources and Organisational Development and Mr Adrian Sargent for his 40 plus years of public service to the institutions of Wolverhampton, most latterly as Trust Board Secretary at RWT; both employees would complete their employment in the following week and this was their last Trust Board meeting. Other directors also expressed their heartfelt appreciations.

**TB.6364: Date and time of next meeting**

It was noted that the next meeting was due to be held on Monday 24 April 2017 at 10 am in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

**TB.6365: 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 12:25 pm.