

Minutes of the meeting of the Board of Directors held on Monday 27 November 2017

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Agenda Item No: 3

Royal Wolverhampton NHS Trust

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

PRESENT:	Mr J Vanes Dr Jonathan Darby Mr A Duffell Mr R Dunshea Ms R Edwards Ms C Etches OBE Mr J Hemans Mr S Mahmud Mrs M Martin Ms G Nuttall Dr J Odum Mrs S Rawlings Mr M Sharon Miss J Small Mr K Stringer	Chairman Associate Non-Executive Director Director of Workforce Non-Executive Director Non-Executive Director Chief Nursing Officer Non-Executive Director Director of Integration Non-Executive Director Chief Operating Officer Medical Director Non-Executive Director Director of Strategic Planning and Performance Non-executive Director Chief Financial Officer
IN ATTENDANCE:	Mr K Wilshere Sally Evans Katie Haywood	Interim Trust Board Secretary Head of Communications, RWT Practice Education Facilitator, RWT
OBSERVERS:	Eve Aston Jack Mazzina Jennie Ord	Observer – Healthwatch Wolverhampton Liaison Consultants Chair, Dudley Group of Hospitals NHS Foundation Trust
APOLOGIES:	Mr D Loughton CBE Prof. Robert Stockley	Chief Executive Associate Non-Executive Director

Part 1 – Open to the public

Apologies for absence

Apologies for absence were received from David Loughton and Prof Rob Stockley.

TB 6660: Declarations of Interest from Directors and Officers

No additional declarations of interest were made in the meeting. The list of Declarations of Interest has been circulated. The Interim Trust Board Secretary asked Board Members to ensure they regularly review their entries and provide any changes and/or confirmation before each Board Meeting.

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

TB 6661: Minutes of the meeting of the Board of Directors held on Monday 30 October 2017

There were no amendments to the Minutes.

Resolved: That the minutes of the meeting of the public session of the Trust Board held on Monday 30 October 2017 be approved as a correct record.

TB 6662: Matters arising from the minutes of the meeting of the Board of Directors held on 30 October 2017

There was one matter raised by Mr Vanes regarding the checking of the language used in the revision to the Trust Strategic Vision and Objectives with colleagues from the local authority. Mr Sharon confirmed this had been done.

TB 6663: Board Action Points

The Board Action points were reviewed and revised as follows:

31st July 2017/**TB 6519** Mr Loughton to organise a development session with the Board regarding the progression to an accountable care organisation or system, with access to appropriate external and expert advice. As at the previous Board Meeting, Mr Loughton previously confirmed that the timing to complete this action at the Board Development Session in December 2017 would fit with the final submission due date at the end of December 2017.

27th October 2017/**TB 6618** The Interim Trust Secretary to circulate information on new consultant appointments since 1 June 2017 when available. Mr Wilshere confirmed that this information was contained in the Chief Executives Report for this meeting. The Action was confirmed as closed.

TB 6664: Chief Executives Report

Ms Etches introduced the report provided. She referred to the launch of the Lord Mayor's Red Bag Scheme to support admission and discharge and to the Volunteers Awards Event. Ms Etches thanked and congratulated all who give their time and those at the event.

Resolved: that the Chief Executives Report be noted.

TB 6665: Clinical Audit Case Study Presentation

Dr Odum gave a summary of the recent successful Clinical Audit events and awards including the presentation of a number of Audits and input from external bodies and experts in Audits. He referred to the improvement in the quality of the clinical audits being undertaken and the high standard of the work presented. The overall winner was the one presented by Sarah Kayran and Jennifer Wilson on Multiple Sclerosis – a comparison of practice compliance with NICE Guidelines.

Dr Odum reminded the Board of the purpose and benefit of the clinical audit programme as evidence and assurance of the quality and continuing improvement of Trust services. The Board gave their congratulations to the winning audit team and presenters.

Ms Kayran and Ms Wilson gave their presentation containing a summary of their initial audit, a second audit and comparative results between services on different sites within the Trust. The audit looked at the Physiotherapy interventions as described within the appropriate NICE Guidelines focussing on Resistance Training, Aerobic exercise and advice, Balance re-education, Stretching exercises and Vestibular rehabilitation.

They went on to describe the definition of Aerobic exercise and the use of the Borg Rate of Perceived Exertion Scale (RPE or Borg Scale)(2009) to measure patient fatigue in relation to the appropriateness of Aerobic exercise intervention. They presented a summary of the initial results from the audits undertaken in 2015 and 2016 and referred to the further re-audit in 2017. They described the differences in both the patient profiles being different in severity between the service sites which in part explains some of the differences in results between the sites based on the appropriateness of the treatment for the respective patients.

The main area of focus raised the issue of Vestibular rehabilitation that the audit then looked into in more detail. Ms Kayran and Ms Wilson said that the audit appeared to demonstrate the need for greater staff awareness of the need to ensure Vestibular issues are screened and assessed initially and to increase the range of interventions offered in such cases.

They summarised the main actions taken to improve future audit data collection, improved documentation of exercise groups and greater co-operation between services on different sites. Other changes made relate to improving patient care and experience. Both presenters have now undertaken Vestibular training for the out-patient Physiotherapists, they have developed both specific exercise groups, Neuro-hydro sessions and widened the consistency and use of the Borg Scale across services, clinicians and patients giving greater consistency in the measurement of perceived exertion.

It has also encouraged discussion between service areas resulting in improvement of the patient pathway to ensure access to the range of interventions described in the NICE Guidelines focussed on patient benefit. Dr Odum thanked the presenters and described the audit as a well-focussed and ordered piece of work with clear patient benefit as the outcome. He went on to describe how clear and well set out the work was and the added benefit of the opportunity to improve standards across services and sites. He added that the prize was support for additional training and learning for the audit leads. Mr Dunshea congratulated the winning team and he asked whether they had found the relevant NICE Guidelines useful and easy to use or not.

Ms Kayran and Ms Wilson said that initially some of the Guidelines had contained information about what was clinically indicated that was at variance with some of their previous training as therapists and experience in service delivery. Once the results of the audit had been shared with the wider professional group, Ms Kayran and Ms Wilson said that it appeared to promote a better understanding of the Guidelines in relation to need and service development. They said that interpreting the NICE Guidelines had required some specialist knowledge and input to clarify. They confirmed the intention to repeat the audit in 2018 and that the 2017 results had shown improvement to date.

Ms Edwards asked whether the learning might be shared more widely. Ms Kayran and Ms Wilson said that differences in services and working practices may limit the potential for this but they would explore this potential. Dr Odum and the Board thanked the presenters for their hard work and presentation.

Resolved: that the Clinical Audit Presentation be noted.

The Chair welcomed the visitors and observers including Jennie Ord, the Chair of Dudley Group of Hospitals NHS Foundation Trust as part of the Black Country Trust Chairs observing each other organisations Board Meetings.

TB 6666: Patient Experience Quarterly Update Q1, Q2 2017-2018

Ms Etches introduced the report as provided including on page 4 the increase in complaint numbers this quarter – future figures will indicate whether this is a trend or not. She said there had been a pleasing decrease in complaints in Ophthalmology. Ms Etches also confirmed that information will be included to provide assurance of the completion of actions from ‘Deep Dive’ reviews and investigations in future reports. She also said that the improvement in response timescales has been sustained.

Ms Etches said a number are still referred to the Parliamentary and Health Service Ombudsman's Office (PHSO) and she referred to previously higher rates of referral and the number upheld which have both reduced. She also referred to new checks in relation to multiple complainants and whether their complaint is already known or new. Ms Etches highlighted work by the PALs Team to better identify and target appropriate referrals as there has been a high proportion of inappropriate referrals to PALs. She confirmed that this work is being shared with local teams and services in resolving issues at a local level wherever possible.

Ms Etches went on to refer to examples of learning from complaints and resulting actions taken. She also highlighted the positive comments that continue to be logged on the NHS Choices web site. She said this information needs to be triangulated with the results of the Friends and Family Test (FFT) responses and other key data and the comparative data with other organisations locally. She pointed out service areas with low recommendation rates and that work is underway to try and understand why. She referred to page 19 with lower recommendation rates from responses over weekends compared to Monday to Friday.

Ms Etches pointed out the Volunteer work and the success of the Pets as Therapy as particularly well received by patients. Ms Edwards asked about page 16 response rates of the Trust compared to the National figure and asked whether there was variation between in-patient and out-patient areas responses. Ms Etches confirmed that there is a high level of response from Out-patients compared to other areas. Ms Nuttall said that Patient Related Outcome Data should also be included in the report for Hips and Knee operations. Ms Etches agreed and Ms Nuttall said she would provide this data. Ms Edwards confirmed this would be useful.

Ms Rawlings asked how the post-natal recommendation rates appeared to be relatively low. Ms Etches said the number of responses was low and therefore a small number change is reflected in a greater percentage impact and rate. Ms Martin asked why Community recommendations were low. Ms Etches confirmed this is being looked at and explained that some of the issues have already been identified such as where practice has been changed – e.g. District Nurse workload review and consequential re-aligning those who can travel to clinics from previous home visits which can cause unhappiness for the individuals concerned. She said that such changes have had some impact but that most communications about community services are positive apart from the ongoing issue relating to communication between services in hospital and in the community.

Ms Etches referred to potential to collect natal care ratings at key stages of the patients journey from ante- to post-natal care. She said that the systems to collect such data in this way are being looked at and that the ability to collect information in this way would give a more useful reflection of the patient experience and recommendation ratings. Mr Dunshea asked what is happening with GP services in complaints reporting. Ms Etches confirmed that changes have been made to the Datix Reporting system to enable Complaints from GP practices and Community services to be made in the same way and on to the same system as for all other services.

Resolved: that the Patient Experience Quarterly Update Q1, Q2 2017-2018 be noted.

TB 6667: Patient Story

Ms Etches introduced the Paediatric Story, mainly positive. She balanced this with an example of a complaint received in that service.

The story was from a family who experienced their daughter becoming ill unexpectedly and receiving care from the Emergency Department and subsequently from Paediatric services in Nottingham and back in the Trust in due course. They praised the staff and care for both their daughter and for them as her parents. They particularly appreciated staff remaining beyond their shift ends to aid continuity of transportation to the other Trust. The parents also appreciated the explanation given to them by staff and the actions they took.

They pointed out that the general Paediatric Ward was more busy and lively with noise and movement throughout the day and night. They said their daughter had struggled to sleep and asked whether anything could be done for children who needed quiet and less movement. They did say this was minor compared to the care they received. Ms Etches confirmed that the Ward is busier than PICU – the local service are looking at the use of age appropriate ear ‘muffs’ for greater sound isolation.

Ms Etches also referred to a recent review of the Paediatric Ward by Healthwatch Wolverhampton who had raised issues regarding access to the locked area if the reception staff were not available and the potential delay in access caused plus the disturbance caused by works with communication to patients and parents in adjacent areas who may be disturbed by these. Ms Etches then referred to a complaint received regarding an attendance at Children’s Out-patient Department Appointment. She related the complainants experience which, following investigation, was upheld and a response provided. The root cause related to recording and communication issues between staff in clinic teams.

Ms Edwards said the complaint appeared to include issues relating to staff attitude. Ms Etches confirmed this had also been picked up and dealt with in relation to individual responses.

Resolved: that the patient story be noted.

TB 6668: National Emergency Department (ED) Survey 2016

Ms Etches referred to the summary of the report and the Trust ratings with the changes since 2014. She highlighted those areas where the Trust had improved and rated well such as cleanliness and the reduction in positive rating relating to length of wait. She said the response rate was low compared to the number of people going through the department. Ms Etches pointed out the difference between actual lengths of wait in ED versus patient perceptions of their wait and the service they are waiting in.

Ms Etches said that the high rating for privacy and dignity reflected the improvement in the environment for examinations. She confirmed to a question from Ms Rawlings that the ratings were a score out of 10 and the relative changes to other Trust’s scores and this Trust’s scores in previous surveys. Ms Etches said that some of the results required further understanding to know what the perceptions reflected. She said the ED are reviewing the Action Plan and the impact of those Actions specified.

Ms Rawlings said that the Charity Committee have been trying to support access to water in one area. Ms Nuttall confirmed this is work in progress. Ms Etches also referred to the extended opening times of the Eastside Café to 2am and from 7.30am. Ms Edwards asked about the danger signs on discharge score. Ms Etches said it is good compared to previously and to other Trusts with further advances to be made in due course.

Mr Dunshea asked about the 15 minute target and whether it was achievable and whether the waiting time indicator sign in the ED is in use. He said on previous observation it was not in use. Ms Etches and Ms Nuttall said it was and should be in use. Ms Etches said that the 15 minutes depends on the streamed clinical need and priority. Mr Dunshea asked what was trying to be achieved. Ms Nuttall said they would be seen and streamed within 15 minutes. She said the triage information is collected and will be provided to see if it is consistent or otherwise with the survey data.

Action: Ms Nuttall to provide the summary time to triage data.

Mr Vanes referred to his experiences of shadowing the patient journey from ambulance to admission and asked whether the Trust is focussing on the quality and compassion of patient care as opposed to a blunt time measure of one small aspect of the pathway. Ms Etches referred to the need to triangulate speed with outcomes, mortality, infection and other potentially useful indicators.

Resolved: that the National Emergency Department (ED) Survey 2016 Report be noted.

TB 6669: Freedom to Speak Up Guardian Annual Report

Ms Mehay introduced the report provided, thanked the Board for their support and highlighted the key advances and issues. She said there had been an increase in concerns in September and the main area remains attitudes and behaviours rather than patient safety. Ms Mehay said that she and Mr Duffell's team are looking at work on this particularly in relation to GP and Primary Care staff.

Ms Mehay referred to a single severe issue that related to a staff attitude and behaviour report and not related to patient safety. She referred to the negative impact of delayed responses and consequent progression to the Grievance process if reporters feel that their concerns are not being responded to in a timely way. She said that further guidance for managers is to follow especially related to initial responses to concerns. The Datix reporting route pilot is now 'live' and reports are starting to come through.

Ms Martin asked about the issues with the contact links. Ms Mehay said a number have moved on and some of the remainder are not as active as required. She said the package of expectations and support is being revised to try and improve the contact link role and future recruitment of new contact links. Mr Duffell said this echoes experience elsewhere and endorsed the actions to clarify and support the role in the future. Dr Odum asked about the closed cases and feedback and whether the concerned people reporting were satisfied. Ms Mehay she thought that where staff feel they have been listened to and/or acted upon then they seem satisfied. She said that she intended to develop a method of collecting such feedback in the future.

She also said that in those cases where no action was required often related to a member of staff's need to 'unload' or where resolution lies in raising the concerns with local managers. Mr Hemans asked whether there had been any issues for any of the contact links not being supported by their line managers. Ms Mehay said that this had only occurred initially in one case and that the person has left the organisation. She contacted the Manager concerned to explain the role and time requirements and there was no further issue. Mr Dunshea asked about how the categorisations used were arrived at in terms of the level of harm. Ms Mehay said there is a tool used previously reported based on previous work in Birmingham and Stoke Trusts.

Action: Ms Mehay to provide the Harm definitions used. Mr Wilshere to place in Trust Board reading Room for reference.

Mr Dunshea asked if the person raising the concern is aware of the level of harm. Ms Mehay said they rate it referring to the definitions when completing the Datix Report, otherwise it is as a result of discussion with her and an agreed definition of harm or categorised by Ms Mehay if anonymous. Ms Etches asked whether the focus group approach could be coupled with the proposed CQC Focus Groups. Ms Mehay said she would consider this. Mr Duffell said the framework would be provided in future. Mr Wilshere offered to place it in the Board Reading Room facility. Mr Vanes thanked Ms Mehay for the development and progress and Ms Edwards as the lead Non-executive Director.

Resolved: that the Freedom to Speak Up Guardian Annual Report be noted.

TB 6670: 100,000 Genomes Project Update

Ms Hitchcock introduced the report as provided highlighting the high levels of recruitment locally with the support of the Band 4 and now Band 7 staff. She said that there is interest from all specialities and clinicians and patient self-referrals in relation to rare diseases. She said that recruitment is about to open for Haematological Cancers which will raise recruitment further. The region is now an accelerator site with additional funding and investment in a virtual clinician communication forum. She also said that a specimen vacuum packing funding pilot is in procurement for theatre and clinic samples. All local delivery partner Trusts are now open and live to the project and positive.

Ms Hitchcock said that her role had been extended to March 2018 and the support posts are substantive. Dr Odum said it is hoped the funding would continue beyond this timescale. He also pointed out the move of the project to that of service delivery. Ms Hitchcock said that move has already commenced in the Trust to part of recruitment as 'business as usual' practice from special consents to inclusion and opt-out consent as part of the other sample consenting process.

Ms Hitchcock said a briefer consenting process will also help increase recruitment. Mr Sharon said that recruitment figures were impressive. Ms Hitchcock added that the Trust has started to receive results back with consequential potential diagnosis where previously none have been offered. Dr Odum said this illustrates the potential clinical and patient benefit power of the project.

Mr Vanes observed the more general increasing popularity and interest in genetic ancestry – test once considered futuristic were now part of the norm – which hopefully would endear such participation in future.

Resolved: that the 100,000 Genomes Project Update Report be noted.

TB 6671: NIHR Delivery Update Report

Professor Kirk introduced the report ahead of a mid-year review with the centre early in the new year. He referred to page 4 and a positive picture regarding recruitment circa £50k plus for the year. The qualitative standards have room for improvement in reducing time from study approval to recruitment. He said that the financial situation has improved due to the benefits of achieved economies of scale across the larger area re-invested in investigator development. There has also been a bid for further strategic funding available early January 2018 and the financial model is based on no further funding reduction at this point in time.

Dr Odum said the partnership group has a new Chair and that the five year contract is due for renewal in 2019 and he expressed his hope for continuity. Mr Dunshea alluded to the quality indicators and the need to improve. Ms Boyle said that action had already been taken which should be illustrated in the next report. The Trust and Trust Board were thanked for their ongoing support. The Chair on behalf of the Board thanked the NIHR team for their efforts, achievements and actions.

Resolved: that the NIHR Delivery Update Report be noted.

TB 6672: Board Assurance Framework and Trust Risk Register update

Ms Etches introduced the report and assured the Board that SR10 has been updated. The report provides an overview of movement and the new Risk 4849 Amber and the closure of Risk 4793 with the addition of further assurances, actions and mitigations. Mr Vanes asked whether a response was received to the most recent Fire Cladding submission. Ms Nuttall said that more recently a direction endorsed by West Midlands Fire Service has also been submitted and she proposed to bring a formal update to the Trust Board in January 2018. Ms Etches added the risk relating to the 2 Nucleus Theatre's Drainage and the action being taken with what is an ongoing issue.

Resolved: that the Board Assurance Framework and Trust Risk Register Update be noted.

TB 6673: Black Country Pathology Final Business Case (FBC)

Mr Sharon said that this is the most recent iteration and level of detail in the Business Case reflecting further work and clarifications including IT solutions, clinicians views and the Business Model. He said that it fitted with the national direction for such services. He highlighted the information relating to the volume and throughput of tests proposed by the new service with a higher quality and more sustainable service resulting from the changes.

Mr Sharon said a change since the last version was a proposed July 2019 'go-live' for Shrewsbury and Telford that gave the opportunity for IT system improvements. He also referred to the staffing model and changes and that staff have now been briefed on the proposal alongside progress with resolving financial questions regarding for example space use and liability. Mr Sharon confirmed the learning from other earlier implementation areas. The Board is asked to approve the move to the implementation phase with the next steps of securing the required capital funding, beginning the IT system procurement and settling the situation with Shrewsbury and Telford Trust.

Ms Martin said she thought it was an exciting and important day for the Black Country in terms of the delivery of a service much talked about that will deliver real patient benefit and an improved sustainable service. She added the identification and management of the issues was welcome news and she looked forward to future achievements. Dr Odum agreed the opportunity was significant and welcomed and will help address staffing and quality issues into the future. He emphasised the need for pro-active recruitment. Ms Nuttall asked whether Mr Stringer had any more information on the capital situation following the recent Budget. Mr Stringer said he did not. He went on to agree with Mr Sharon regarding the working through and resolution of financial issues none of which in his view present significant issues. Ms Edwards asked what happens if the capital is not available. Mr Stringer said a loan would have to be sought with a changed Business Case and financial aspects given the repayment and interest involved. Mr Vanes asked what if the other Boards did not approve the progression of the Business Case. Mr Sharon said it would depend on the number not approving and if this was the case there would have to be further work and discussion between the Board's involved.

Resolved: that the progress with the Black Country Pathology Final Business Case (FBC) be approved to commence the implementation phase of the model – establish the service, capital funding being secured, the necessary building work to commence, the IT system procurement and the recruitment of the heads of Finance and Human Resources to commence the integration work: subject to the approvals of the other involved Trust Boards and the resolution of the source of the capital requirement.

The Chair thanked all those involved in the work and plan provided.

TB 6674: Finance Report October 2017 (Month 7)

Mr Stringer introduced the month seven Finance report. He highlighted that the financial risks were detailed in the report along with the current position of cost improvement programme delivery. He went on to provide a brief overview of the recent budget statement and potential implications for the NHS. He said that detail is still general in terms of the headline revenue and capital figures and the apparent use of STP's for access to capital and the linkage of any funded pay award only relating to Agenda for Change contracts and related to agreed productivity improvements.

Mr Stringer referred to the headline figures on page 7 of the Report and the end of month position. He outlined the risks involved including a revision of the Mid-Staffordshire transition funding re-rated as red. He said that all the activity bar elective is above previous and that the cash position was behind expectation and illustrates an increase in indebtedness from other Trusts.

The Finance Committee have challenged for assurance that all is being done that could be done regarding cash flow and he confirmed that Internal Audit will do work on this. He also emphasised the capital position and risks associated that might impact of meeting the CRL in the near future. He said that in his view it was unlikely that the CIP target will be achieved. He said that further consideration will have to be given to the predicted quarter and year end positions bearing in mind any impact on future STF payments.

Resolved: that the month seven Finance Report for October 2017 be noted.

TB 6675: Chair's report of the Finance and Performance Committee held on 22 November 2017

Ms Martin confirmed that the Finance Committee was seeking assurance regarding the cash flow, control processes and cash position and the involvement of Internal Audit was welcomed. She said that planning has already been shared regarding next year and the possible impact of CCG's re-negotiating mid two year contract, local authority reductions in public health spending and the underlying financial performance of the Trust.

Mr Mahmud asked whether there was risk associated with the non-payment of the funding solution related to MSFT. Mr Stringer said there was despite apparent agreement with the Department of Health and NHSI. Mr Dunshea asked about the outstanding unpaid invoice with Wolverhampton CCG from 2016/17. Mr Stringer said that this remained unresolved and arbitration had been sought but had not happened to date.

Resolved: that the Chairs report of the Finance and Performance Committee held on 22 November 2017 be noted.

TB 6676: Integrated Quality and Performance Report (IQPR)

Ms Etches introduced the report highlighting on page 10 the Friends and Family Test (FFT) results and the comparison with the national recommendation figures. She also referred to the late patient moves data including the ED and total admissions information. Ms Etches said the collection of the number of moves per patient was being explored. She also referred to the increase in pressure injuries recently in the report and that all those patients involved were over 80 years old and she confirmed that in each case an investigation was underway. She went on to refer to page 16 and the outcomes from Cardiac Arrests. She said that the CCG had challenged the Trust on this and a Trust Consultant has presented further analysis to the CCG who were assured that the Trust was not an outlier. Ms Etches also highlighted the single case of MRSA that was deemed avoidable, the continuing high number of CPE cases compared to previous years, the reported increase in Pharmacy related low harm incidents and split of 'other' category in data. She also referred to page 25 and the total births remained above the cap since introduced and the impact of associated activity on services.

Ms Nuttall introduced the performance part of the report and referred to page 27 and the ED performance which showed a slight improvement month to month and ranked 40th nationally. She said that the figures for November showed a more significantly challenged position. She went on to refer to issues relating to low Vocare performance and that this has been picked up by the CCG. Ms Nuttall also alluded to Ambulance response times and said they remained good to the date of the report and that NHSI had informed the Trust that it intended to conduct a review of ambulance conveyances between the Trust and Dudley as these appear higher than expected.

Ms Nuttall referred to the data regarding Cancer care on page 30 of the report and that the 31 days to follow-up treatment was now green but that the 67 day figure remains red. She also referred to page 35 and the reported reduction in delayed transfers of care position that had reduced since the local authorities were reminded of the appropriate use of the better care funding. She said that there had also been an improvement in working relations with Wolverhampton and Staffordshire local authority services regarding discharge support.

Mr Dunshea asked whether the prescribing system changes would improve the situation regarding Pharmacy and prescribing incidents. Ms Etches said the nature of incidents will probably change with e-prescribing.

Resolved: that the Integrated Quality and Performance Report be noted.

TB 6677: Executive Summary Workforce Report

Mr Duffell introduced the report and highlighted the positive aspects – staff survey responses were at 38%. He added that the first equality event had gone well and that he intended to have a larger event next year. He also referred to the progress in linking to potentially available ex-armed forces staff to vacancies and recruitment. Mr Duffell referred to the comparative model hospital data in the report.

Mr Duffell also highlighted the positive impact of the recent Saturday recruitment event, the Staffordshire University recruitment event and increased Bank recruitment. He reported work to understand poor attendance at recent Consultant interviews. He said that the flu vaccination rate for staff was at 41% and that staff turnover had continued to reduce and that joining and leaving staff were being tracked. He also confirmed that appendix 3 of the report was no longer draft.

Ms Martin asked how the proposed Black Country bank would work. Mr Duffell explained that it adds a third tier of cover – the first is existing staff, the second is the Trust's Bank, the third is now the Black Country bank before the fourth of agency staff. Mr Duffell confirmed that he is involved in the development of this and would potentially give the Trust access to staff from other organisations staff Banks. Staff will have to make a positive decision to elect to be on the additional Bank in addition to the Trust Bank.

Ms Edwards asked about the Occupational Health surveillance programme changes and asked where these had come from, particularly those relating to the impact of night work. Mr Duffell said they came from the recommendations of a previous Health and Safety review to include wider and more comprehensive checks based on national health surveillance requirements. He said he would check on the source of the night work questionnaire and communicate this in due course.

Action: Mr Duffell to confirm the source of the Night Worker questionnaire.

Resolved: that the Executive Workforce Report be noted.

TB 6678: Chair's report and draft minutes of the meeting of the Trust Management Committee held on 27 October 2017

Resolved: that the Chair's report and draft minutes of the meeting of the Trust Management Committee held on 27 October 2017 be noted.

TB 6679: Chairs Report Quality Governance Assurance Committee 22 November 2017

Ms Edwards introduced her chair's report for the Quality Governance Assurance Committee (QGAC) of the Board. She highlighted the revisions to the report relating to the levels of assurance. She referred to the lack of assurance regarding the known Theatres drainage risk, assurance relating to improvements to the clinical audit plan relevance and quality. Dr Odum referred to the inclusion of the Diabetes audit, and assurance from the follow up and improvements from quality assurance visits.

Resolved: that the Chairs Report Quality Governance Assurance Committee 22 November 2017 be noted.

TB 6680: Minutes of the Quality Governance Assurance Committee 22 October 2017

Resolved: that the Quality Governance Assurance Committee 22 October 2017 be noted.

TB 6681: Minutes of the Finance and Performance Committee 25 October 2017

Resolved: that the Minutes of the Finance and Performance Committee 25 October 2017 be noted.

TB 6681: Minutes of the Workforce & Organisational Development Committee 18 October 2017

Resolved: that the Minutes of the Workforce & Organisational Development Committee 18 October 2017 be noted.

TB 6682: Matters raised by members of the general public and commissioners

There were no matters raised by members of the general public in attendance at the meeting.

TB 6683: Date and time of next meeting:

Monday 29 January 2018 at 10am in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

TB 6684: 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 12:37pm.