The Royal Wolverhampton
NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 26 March 2018

Agenda Item No: 3.

Safe & Effective | Kind & Caring | Exceeding Expectation

Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 26 March 2018 at 10 am in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Mr A Duffell	Director of Workforce
	Mr R Dunshea	Non-Executive Director
	Ms Etches OBE	Chief Nursing Officer/Deputy CEO
	Ms R Edwards	Non-Executive Director
	Mr J Hemans	Non-Executive Director
	Mr D Loughton CBE	Chief Executive
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr M Sharon	Director of Strategic Planning and Performance
	Miss J Small	Non-Executive Director
	Mr K Stringer	Chief Financial Officer
IN ATTENDANCE:		
	Ms S Evans	Head of Communications, RWT
	Mr K Wilshere	Company Secretary
	Prof. J Kirk	Clinical Director
	Ms P Boyle	Acting Chief Operating Officer
OBSERVERS:		
	Observer – Healthwatch Wolverhampton	
	Observer – Healthwatch Wolverhampton	
	Observer – Johnson & Johnson	
	Observer - Siemens	
APOLOGIES:		
	Dr J Darby	Associate Non-Executive Director

Part 1 – Open to the public

The Chair opened the meeting and welcomed all attending despite the weather. He also highlighted the recent Trust Board Committee meetings where many of the papers present have also been discussed.

Apologies for absence

Apologies for absence were received from Dr Darby.

TB. 6797: 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 Company Secretary reminded Board Members to 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. 6798: Minutes of the meeting of the Board of Directors held on Monday 26 February 2018

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 26 February 2018 be approved as a correct record.

TB. 6799: Matters arising from the minutes of the meeting of the Board of Directors held on 26 February 2018

There were no Matters Arising other than those noted as Board Action Points.

TB. 6800: Board Action Points

The Board Action points were reviewed as follows:

31st July 2017/TB 6519 Chief Executive's Report

Mr Loughton to organise a development session with the Board regarding the progression to an integrated care organisation with access to appropriate external and expert advice.
March 2018

Mr Mahmud recommended it be brought to the next Board Development Session on the 9th April 2018 as there is further information now available. Mr Odum gave a brief update on the recent first meeting of the Clinical Leaders Group as part of the proposed Integrated Care System of which Dr Odum is co-Chair with the CCG. Dr Odum outlined the initial meeting membership including local authority, public health and others. He referred to the proposed work programme and suggestions that require further discussion in the respective partner organisations. He felt it was a positive initial meeting and position with a timetable for a strategy development and ambition for the integrated care system.

Mr Mahmud highlighted that the potential business impact from the developing clinical strategy work was being considered and will require review and consideration by the Board in the near future. It was agreed to schedule this for the next available Board Development Session following Easter.

29 January 2018/TB 6706 Chief Executive's Report

The Interim Trust Board Secretary will explore holding a future Trust Board Meeting at Cannock.
April 2018

This item was not due to be reported on.

29 January 2018/TB 6710 Midwifery Service Report

It was resolved that a subsequent report on the revised Business Case issues associated with a birth delivery rate above 5,500 a year be brought back to the Board.
March 2018

Mr Vanes asked for an update on this item. Ms Etches responded to this item. She recommended that this be reported upon once the trend is established alongside the outcome report of the Birth-rate Plus work underway. Mr Loughton said it also needed to include the impact of the recent announcement by the Secretary of state regarding the training of additional Midwifes. Ms Edwards added that the discussions included Consultant cover as well as Midwife cover. It was agreed that this item will be considered again in June 2018.

26 February 2018/TB 6758 Patient Experience Q3 Report
Ms Etches to report back on any impact of the re-introduction of the Birthing Reflection in Maternity services.
March 2018

Ms Etches clarified the situation that the reflection has continued by being picked up by the Midwifes in service. It was agreed that this Action be considered closed.

26 February 2018/TB 6758 Patient Experience Q3 Report
Ms Etches/Ms Nuttall to provide further breakdown and information regarding the Complaints closed and PALs contacts in Orthopaedics referred to in the report.
March 2018

Ms Etches clarified this in relation to 29 PALs concerns and whether there were any trends and whether the level was reflected in complaints. Ms Etches said that on review the concerns raised through PALs were regarding delays whereas the five complaints related to general care issues and therefore there were no obvious trends or correlation. It was agreed that this Action be considered closed.

26 February 2018/TB 6758 Patient Experience Q3 Report
Ms Etches to provide further commentary on the 'Wednesday dip' in recommendation percentage.
March 2018

Ms Etches said that the only correlation to emerge from the analysis might be that the highest number of discharges take place on a Wednesday thereby impacting on satisfaction rates. It was agreed that this Action be considered closed.

TB. 6801: National Institute Health Research Projected Year-end Report and Plan
Prof. Kirk introduced the NIHR Annual Report of work and activity and the outline plan for the year ahead. He thanked the Trust for its ongoing support as the host for a further 3 years. He said that overall recruitment had increased to over 10% over target with challenges remaining on meeting expectations for time to approve and time to recruitment. The increased recruitment has resulted in increased resource to be invested in strategic development – chief investigators training and public health study development.

Prof. Kirk outlines the scrutiny of the plan to date. Mr Sharon asked for more information on the potential for public health studies. Prof. Kirk replied that this illustrates the move from a sickness focus to a well-ness focus and in a wider range of settings outside of hospitals. It builds on strong public health networks and he added that there was work underway to undertake some studies with neighbouring research networks to widen the potential study recruitment field.

Dr Odum commented that the hosting extension was welcomed to provide continuity. He said that the West Midlands is the largest and most dispersed network nationally. He said that there is a plan in place to improve further the time to recruit position. He also highlighted that studies in primary care will also be enhanced and supported across the whole of the region.

Ms Martin said the network monitoring visits are now in place and operating. She asked how lessons are learned and shared across the network. Ms Boyle said that lessons are shared both within the area visited and with all others across the wider network using the partnership group and structure. Mr Dunshea referred to the planned budget and asked what the GP payments were for in Division 1. Prof. Kirk said it relates to Oncology research readiness payments. Mr Dunshea asked about public health research funding and whether that would reduce the amount spent elsewhere. Prof. Kirk said that funding will be made available in part from economies of scale, some additional funding, slippage in other areas (so as to mean that other areas of research should not need to be 'defunded' to support enhancement in public health research).

Ms Edwards asked about the way primary care is further integrated and involved. Prof. Kirk said that partners in Keele have been active in recruitment of research active GP's and primary care including nursing was well in excess of the typical picture nationally. Ms Rawlings asked about the two performance indicators that remain red as referred to in Prof. Kirk's introduction and the work underway to address these. Prof. Kirk referred to the reputational and performance risks of not addressing these however he also said the performance in the West Midlands was typical of the picture nationally.

Mr Loughton thanked Prof. Kirk and Ms Boyle for their efforts and achievements in improving the breadth and number of studies and recruitment.

Resolved: that the National Institute Health Research Projected Year-end Performance Report and proposed budget and plan be approved.

TB. 6802: Chief Executives Report

Mr Loughton introduced the report highlighting the number of policies and strategies recently approved. He spoke about his recent visit to the West Sussex Trust Board speaking about vertical integration and learning from the process to date. He highlighted the balance of opportunity and rigour in due diligence and scrutiny and he thanked the Board for its ongoing support.

He highlighted that recent potential practice recruitments presented a range of new and further challenges due to the types of practice (rural) and the range of services – pharmacy and minor surgery amongst others. He also said that work with NHSI is underway to reflect the activity and investment in primary care in the Trust's model hospital performance figures and picture.

Mr Loughton then referred to the recent visit from Birmingham Medical School regarding student satisfaction and experience and that the Trust continues to rate very well locally and nationally. He also met recently with Sir David Nicholson who commended the Trust for its work on vertical integration and he shared potential future recruitment insights with the Chief Executive.

He referred to the recent external assurance review of the progress with vertical integration with positive feedback on the work and progress to date. He referred to the recent visit by the CQC and Mr Mahmud had shared vertical integration learning with NHS Provider Chairs at a gathering in London. Mr Mahmud gave a brief overview of the experience and comparison between progress locally compared with other areas around the country including Northumberland. He highlighted that the work in Wolverhampton was in the vanguard compared to elsewhere around the country.

Ms Rawlings asked about Northumberland's experience given they were a funded 'Vanguard'. Mr Loughton said that there was work underway to ensure there is no adverse resource impact over time. He added that the local ownership and approach had provided for greater flexibility, speed and the opportunity to exploit learning over time.

Mr Dunshea asked Mr Loughton to confirm what the headline developments were for the next few months in the STP. Mr Loughton said that the STP and the Trust focus would be on the delivery of the revised pathology service with Dudley and Walsall to date (and possibly City/Sandwell) including the capital investment with risks relating to construction capacity availability and cost following the failure of Carillion, back office payroll integration and provision of back office services including relocation of payroll services with a business plan to follow, shared procurement development with Stoke (as part of the move to national procurement hubs) including the TUPE of staff involved as quickly as possible and the search to recruit a new STP lead continues. Mr Loughton reflected on his perception of the issues relating to focus and synergy across the Black Country.

Resolved: that the Chief Executives Report be noted.

Patient Safety, Quality and Experience

TB. 6803: Patient's Story

Ms Etches introduced the patient story of a lady who, at the time of interview, was an in-patient following an aneurysm and ensuing complications. Her husband explained her experience of discharge, further periods of health problems, subsequent admissions and care. He described the dedicated care and treatment provided to try and achieve a situation that does not require ongoing dialysis in the future.

Ms Etches referred to changes in practice to identify and treat kidney function issues earlier to try and prevent the need for dialysis. Dr Odum gave an overview of the balance of supportive treatments to treat chronic disease in a way that mitigates against the deterioration to the point of requiring dialysis as dialysis can be difficult and stressful for patients and for clinical staff to manage. He described the need for close follow up and monitoring as reflected in this case. Ms Etches added that the speciality has not had any formal complaints to date this financial year alongside the related changes in experience from the patients perspective.

Ms Edwards asked whether one re-admission related to being prematurely discharged in the previous case. Ms Small asked how the positive practice and impact was shared. Ms Etches said that the story seen was shared at each Senior Managers Meeting across all service areas to be taken into the local Directorates and that the consent includes sharing for training and development purposes. Mr Loughton said that this lady represented a 'stranded patient' but where the positive treatment and avoidance of dialysis was good for the patient and thereby presented a dilemma when such a status is viewed in purely performance terms as 'bad'.

Dr Odum responded to Ms Edwards' question by explaining the complex picture that patients such as the lady in the story present regarding fluid retention and treatment. He said that the length of stay in this case indicated time was taken to try and gain a managed picture before discharge and was an attempt to mitigate possible repeated re-admission. Mr Vanes shared his experience of the 30 years of renal care 'Celebration Ball' and meeting a number of patients who had been on dialysis for some considerable time.

Resolved: that the Patient Story be noted.

Strategy, Business and Transformation

TB. 6804: Annual refresh of 5 year Capital Programme

Mr Stringer introduced the report following previous review and discussion at the March Private Board and Trust Management Committee. After these reviews and challenges to priorities, Mr Stringer referred to the information on page 3 of the report including the Pathology scheme. Mr Stringer said that confirmation was awaited of the timescale for capital scheme allocation and release by the STP, funding for Linac's 3 and 4 again awaiting confirmation, Stroke capital funding bid placed and the limited PC replacement programme. Mr Stringer highlighted that new schemes have IT investment built into the Business Cases and provision in addition to the replacement of existing aged IT.

Mr Stringer recommended the summary programme and confirmed that the projected over spend would be managed in year by the capital and finance teams. Ms Edwards asked about the apparently high potential cost allocated to the proposed demolition of Wrekin House and why this was. Mr Stringer said that he thought it related to the cost of the removal of asbestos on the site. Mr Loughton said it compared with other proposed demolition costs and the site also includes reinforced concrete. He went on to provide a brief summary of the circumstances that led to the Trust having responsibility for Wrekin House and the balance between spending money on demolition against investment in new or refurbished building.

Ms Rawlings asked about why there was push back of the reuse of the old Emergency Department timescale when space on the site was at a premium. Mr Loughton explained this related to the reduced capital available to bid for from the centre and this scheme against others of greater urgency and priority. He also referred to the approach to backlog maintenance given the restriction on capital availability. Ms Martin asked whether the Trust IT spend had been benchmarked against other comparable organisations as the figure appears low. Mr Loughton added that there is an investment of circa £3m as part of the Pathology scheme. Mr Stringer replied that work was done some time ago across a number of Trusts locally and nationally that appeared to illustrate that IT investment and spend was low across NHS services. He went on to highlight the difference between NHS organisations where there is particular IT related lead schemes with the requirement to provide savings to off-set the capital unless locally funded. Mr Stringer confirmed he would speak with Mr Bruce the Head of IT as to whether there was any other information available regarding benchmarking or comparison of IT investment.

Action: Mr Stringer to report back to Board any access to or availability of IT investment benchmarking or comparison information.

Mr Dunshea asked about any assumptions relating to capital investment in vertical integration (VI) and whether the programme should state the Trust position in relation to capital investment in VI. Mr Stringer replied that this was a fair challenge in relation to building and practices where the Trust owns the premises. He explained that there was another piece of work underway regarding the VI and community estate with proposals regarding potential changes and co-location that could be referred to in the programme where the Trust owns the asset. Mr Loughton said that there would be Business Cases to follow regarding VI estate changes in due course. Mr Stringer agreed to add a reference to the position regarding the primary care estate.

Action: Mr Stringer to add a reference to the position regarding the primary care estate to the programme.

Mr Dunshea then asked about any reference to investment of charitable funds. Mr Stringer said charitable funds expenditure proposed was likely to be on a series of smaller scale schemes than previously. Ms Rawlings confirmed this was likely to be the case at the next Charity Committee meeting. Mr Hemans asked about the IT investment and any risk relating to aging IT. Mr Loughton said that because of the way the computers are managed and protected through the use of the network firewalls, any risk is mitigated and information protected through that route.

Ms Rawlings asked about the deferment of the Eye Infirmary site and whether it resulted in any increased risk or exposure to liabilities. Mr Stringer said that ongoing security forms part of the revenue spend and he would provide an update at the Private Board regarding commercial negotiations relating to that site.

Mr Loughton asked that the Boards concerns regarding the impact of reduced capital availability on backlog maintenance be noted. Ms Martin said that there is work underway to assess the size and risks relating to this position regarding backlog maintenance. Mr Vanes asked it be shared with the Board at a future development session following receipt and initial scrutiny at the Finance and Performance Committee.

Action: Work underway to assess the size and risks relating to backlog maintenance to be shared with the Board at a future development session following receipt and initial scrutiny of the report at the Finance and Performance Committee.

Ms Edwards asked that this is followed by discussion at a future Public Board meeting.

Action: The item would then be brought to the next public board.

Resolved: that the refreshed 5 year Capital Programme be approved subject to the revisions and actions noted.

TB. 6805: Information Governance Strategy & Information Governance Toolkit Submission

Dr Odum introduced the paper and the required submissions outlined alongside the submissions of VI practices. He confirmed that all services meet the minimum requirement of being compliant with level 2 across the standards as detailed in the report. He highlighted that there are difference between practices declarations with work to follow to raise all towards consistency and compliance. He confirmed it had already been reviewed and scrutinised by a number of groups and Board Committee's before submission to the Board. Mr Loughton asked whether the CCG follow the same oversight process for practices in their domain. Dr Odum said he thought it was down to the individual practices. Mr Loughton said that the Trust is undertaking this work relating to the VI practices now and is using resources to support doing so, so as to have the necessary overview and assurance. Ms Edwards said she felt the detail in the report was useful and realistic in the self-assessment ratings. Ms Martin agreed.

Resolved: that the Information Governance Strategy & Information Governance Toolkit Submission be approved.

TB. 6806: Budget (Income/Expenditure Plan)

Mr Vanes detailed the scrutiny at Finance and Performance Committee that had already taken place. Mr Stringer added recent review by the Trust Management Committee. He highlighted the recent requirement regarding agreeing to abide by the proposed Control Total figure for the Trust and he confirmed that the Trust had done so with the implications set out in Section 3 of the Plan regarding the phased funding related to performance against meeting the control total.

Mr Stringer went on to highlight the turnover and trading predictions, predicted underlying positions and the future approach to recurrent and non-recurrent cost improvement programme and efficiency savings some of which is yet to be identified. He then highlighted in Section 6 the positon for inflation and reserves and does not include the most recent pay award as the detail was not known about how this would be funded particularly relating to the assimilation on to the revised banding and increment structures. He confirmed this is included as a potential risk.

Mr Stringer highlighted the £7.2m of cost pressure business cases identified and he then identified the assumed increase in the valuation of buildings by the centre. He confirmed that this had been challenged as an assumption as it bears less scrutiny in relation to the reality of the local property values situation. He then referred to the income situation and confirmed the value of signed contracts recently concluded. Mr Sharon said the situation was outlined in the report to the Private Section of the Board. Mr Stringer confirmed there is no general reserve contingency at present and the values of cost improvement assumed. He then highlighted a potential risk that contracted activity might be outside the operational ability to deliver and that any risks regarding this are in the process of being identified and assessed. He then briefly referred to the other identified risks.

Mr Vanes asked about the redefined approach to cost improvement definition. Mr Loughton and Mr Stringer said the agreement in principle was in place with NHSI and the mechanics of how this would work were being worked through with NHSI as a reasonable assumption. Mr Stringer confirmed that once formalised it would be taken to the Finance and Performance Committee for confirmation. Mr Vanes then asked about the recent changes to pay structures, assimilation and the pay award and what the degree of risk might be against the Trust staff profile. Mr Duffell said that approximately a third of staff in the Trust were at the top of band and excluding new entrants the phased 3 year impact will apply to around 50% of staff but that he was awaiting detail on the implementation of this before being able to confirm any potential cost and risks.

Ms Nuttall referred to Section 6 non-pay inflation assumption and asked that this be checked and confirmed with Division 2. She confirmed that the operational work was underway to assess the activity requirements and achievement by speciality and this supports what Mr Stringer said.

Action: Mr Stringer agreed to confirm the inflation assumptions for Division 2 with the operational leads for Division 2.

Mr Duffell said he supported the push back on the assumed increase in property values. Mr Stringer confirmed the costs of building and buildings was increasing but there was marked variation in the national picture regarding local property values compared with other areas. Mr Dunshea asked about Section 7 cost pressures and the pending Business Cases referred to. Mr Stringer said they vary from those with full business cases to those where the business cases are being worked on. He said the figures reflected the balance of those likely to complete and those likely to be delayed. Mr Sharon highlighted the challenge of achieving the cost improvement totals. Mr Loughton referred to the need to ensure that recruitment to increase activity had to happen in parallel with the activity requirements including the ability to recruit as quickly as possible. Mr Vanes agreed the need for a fast start to increased activity. Mr Vanes also extended the Board's thanks to Ms Troalen for the clarity and comprehensive work presented in the plan.

Resolved: that the Budget (Income/Expenditure Plan) 2018-2019 be approved.

Performance

TB. 6807: Finance Report Month 11

Mr Vanes confirmed that the report had recently been reviewed and discussed at the Finance and Performance Committee. Mr Stringer referred to the summary and the impact of holiday periods and the short month on activity. He confirmed month 11 was as predicted and he highlighted the risks and issues remaining – activity in March and the year-end CCG year end settlement discussions still to be concluded.

Resolved: That the month eleven Finance Report for February 2018 be noted.

TB. 6808: Chairs Report of the Finance and Performance Committee of 21 March 2018

Ms Martin said that the focus of the Committee had been on Cost Improvement Plans (CIP) for the year ahead. She highlighted that it was proving more difficult to get defined plans for CIP for the start of the year alongside transformation plans that were not yet fully formed in terms of the potential financial impact and any benefits. She highlighted the tension between cancelling elective work and ensuing clinical prioritisation in any such cases and said that the Committee had received some assurance on this being the case.

Mr Loughton said that this referred back to the previously highlighted work required on the capacity to deliver the contracted activity. He reflected on the historical context of waiting lists over the last 20 years and reflected that there may be physical capacity restrictions to be addressed.

Mr Vanes noted the continuing reduction in agency spend. Mr Loughton noted the further potential relating to visa access.

Resolved: that the Chairs Report of the Finance and Performance Committee of 21 March 2018 be noted.

TB. 6809: National Staff Survey Results

Mr Duffell introduced the report and results headlines relating to the key findings. He highlighted the top and bottom scores and he explained the method resulting in there always being top and bottom scores. He highlighted the areas for further work relating to staff engagement and satisfaction at work, safe practice and experience of discrimination at work. He reflected that the scores were broadly in line with the national picture and expectations and he referred to the position in the report compared to other local comparable Trusts. He then highlighted the detailed position relating to Divisions and Directorates (including Primary Care and the fledgling Division 3) along with the increase in response rate from circa 300 to circa 3,000. He said the Actions will be both Trust-wide and Division specific. Mr Duffell then referred to the comparison overview undertaken by 'Listening into Action' ranking of Acute and Community Trusts up 8 places on the previous period. He said a more detailed analysis is underway.

Ms Edwards asked about page 12 – staff experiencing physical violence from other staff – and wondered whether these were being reported as they do not appear to be being reported using the existing processes for incidents, grievances or disciplinary. She wondered how this might be changed. Mr Duffell said there was a link to the freedom to speak up guardian route and their monitoring of such reports.

Mr Dunshea agreed that the response rate gave more useful data and information and he asked when the Action Plans would be available. Mr Duffell said he planned for the initial review to be undertaken at the next Workforce and Organisational Development Committee (WODC) including input from the Divisional Deputy Chief Operating Officers with plans by May approved by WODC in June to capitalise on the recent relevance of the data. Ms Edwards asked whether the grade of the staff was known in relation to the reports of violence and aggression – staff on staff. Mr Duffell said it could only be identified by Division otherwise the data might be individually identifiable.

Mr Duffell said the replacement for Chatback would be carried out quarterly for more detailed responses. Dr Odum referred to the national focus on the impact of bullying and harassment on patient safety through the Royal Colleges. Mr Duffell said there is a national call to action in respect of this that the WODC had picked up action from.

Mr Vanes reflected on the summary content of the report, the improved response rate and further work outlined as significant improvement year on year.

Resolved: that the report on the National Staff Survey Results be noted.

TB. 6810: Integrated Quality and Performance Report

Ms Etches introduced the quality report highlighting items in the Executive Summary on pages 3 and 4 including increase in sickness rate in January 2018 with Norovirus and Flu in patients in that period, page 9 and 10 Friends and Family Test (FFT) response rate reductions that will be monitored in subsequent months to see whether they represent a single month or more of a trend along with triangulation with complaints prevalence. She referred to a slight improvement in late observations particularly in Division 2 using Division 1 methods and an increase in late moves in February related to the increased activity and length of stay. She referred to page 13 and the declaration of 'avoidable deaths' following mortality reviews by Directorates. Dr Odum clarified the process including Root Cause Analysis (RCA) investigations and the judgement as a result of the following case note subjective judgement reviews on the balance of probabilities as a qualitative review of care given.

Ms Etches said the reporting of deaths were required to be reported publicly in this or another report to the Board. She highlighted the reduction in pressure injuries and falls with harm month on month and the continuing reduction in cases of *C.Difficile* and the potential further reduction in the future target by 1 case per year. She referred to the reduction in Safeguarding referrals which appear to be related to issues not meeting the safeguarding threshold and are instead investigated as complaints. She also referred to the deterioration in the number of Caesarean Section rates that is subject to further investigation and review. Her final comment related to the ongoing challenges in qualified staff rota fill rates on page 43 of the report.

Ms Nuttall referred to the performance metrics and the challenging picture for the month relating to the increase in cancellations, emergency department figures that reflect a slight improvement from January but ongoing issues relating to ambulance handover and long waits all subject to ongoing actions and work to address these performance elements. She reflected that despite this the Trust continues to perform comparatively well when compared to others. She referred to the ongoing good work in Delayed Transfers of Care (DTOCs) despite local care home capacity being challenged, the cancer figures position with actions in place to deal with the backlog and future treatments.

Mr Duffell asked what the trajectory was for the cancer care rates. Ms Nuttall said that increasing tertiary referrals meant that the trajectory is more likely to be 80%. Mr Dunshea asked about the safeguarding referrals rate and the concern that the inclusion in complaints made it difficult to see what the prevalence was. Ms Etches said that these were issues that would not have been previously pursued as they did not meet the Safeguarding Investigation criteria. Mr Dunshea asked about Theatre Utilisation and the national report recommendations. Ms Nuttall said that these are included in the local plan and actions for theatre improvement and she highlighted that results had already started to emerge through the productivity reporting to the Recovery Board.

Mr Vanes reflected on the media concern on emergency department pressures and his perception that local people and officials are understanding and supportive of the services attempts to address the volume of work and the value of the local support. He asked whether it was reasonable to expect improvement as previous years over the year. Mr Loughton said the picture was unclear at this time as prevalence and activity was not reducing in the same way as in previous years. He also highlighted the relationship with primary care access and increased emergency department attendances. He also referred to the further opportunities relating to requirements in improved performance by the Vocare service.

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

TB. 6811: Executive Workforce Report

Mr Duffell introduced the report highlighting the signing of the armed forces covenant, buying and selling of annual leave between staff, ongoing reduction in turnover and reduced vacancy rates, e-tracking of recruitment to improve flow, successful recent RCN Recruitment event (21 interviewed, 19 conditional offers made and 30 further declarations of interest), temporary qualified staff rates and the ongoing reduction in un-used hours and certificate sponsorship rates as part of the national problem. He went on to key metrics with concern relating to sickness absence increases that are being subjected to further detailed work.

Mr Hemans said he was wondering whether the Trust could use willing examples of ex-armed forces staff in promotion where appropriate. Mr Duffell said that where the staff were happy to be identified in line with their service history it would be pursued. Mr Loughton said it also required improved understanding amongst the wider staff group in valuing these colleagues. Mr Duffell gave a brief overview of the recent national pay agreement as a combination of inflation uplift along with the re-structure of the pay bands with the potential assimilation costs and changes to pay progression gateways being more formalised with a 3 year transition to March 2021 with the necessary support and mechanisms. He confirmed this would be reported through the WODC henceforth.

Mr Loughton asked about the local framework issues. Mr Duffell said it requires a fundamental shift in appraisal. Mr Loughton asked whether NHS Employers could lead work to ensure consistency across providers. Mr Duffell confirmed that automatic closure of gateways and the national requirements known being a current appraisal undertaken and in place, mandatory training completed, disciplinary sanction and performance framework targets met.

Resolved: that the Executive Workforce Report be noted.

Annual, Six monthly and Quarterly Reports

TB. 6812: Undergraduate Education Academy

Dr Odum referred to the recent successful review by the national academy with a student present for future reports. Mr Vanes asked that the staff and junior doctors be thanked for their contributions.

Resolved: that the Undergraduate Education Academy Report be noted.

TB. 6813: Education

Resolved: that the Education Report be noted.

Governance, Risk and Regulatory

TB. 6814: Trust Risk Register and Board Assurance Framework

Ms Etches said that the report content was under review to streamline the report. She highlighted the changes summarised at the start of the Report – on the Board Assurance Framework (BAF) 2 red risks were reduced to amber, there was a new red risk relating to recruitment of neo-natal nurses. Ms Martin confirmed the downgrading of 2 financial risks on the BAF with these being re-worded to better reflect the risks and then be re-graded appropriately. Ms Small noted the Risk 4661 ICE Implementation evidence of issues. Dr Odum confirmed the system has now been implemented and the procedure for review of results was agreed and in place. Directorates were confirming how this is being implemented across all service areas for assurance and review of the risk rating.

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

TB. 6815: Terms of Reference Audit Committee

Resolved: that the Terms of Reference Audit Committee be approved.

TB. 6816: Terms of Reference Quality Governance Assurance Committee

Resolved: that the Terms of Reference Quality Governance Assurance Committee be approved.

TB. 6817: Terms of Reference Finance & Performance Committee

Resolved: that the Terms of Reference Finance & Performance Committee be approved.

TB. 6818: Terms of Reference Trust Management Committee

Resolved: that the Terms of Reference Trust Management Committee (TMC) be approved subject to the changes and amendments (referring to membership and reporting groups) agreed at the last TMC meeting on 23 March 2018.

TB. 6819: Risk Strategy incl. Review of Integrated Governance Framework
Ms Etches requested moving the review to follow the recent structural changes.

Resolved: that the Risk Strategy incl. Review of Integrated Governance Framework review be undertaken and reported in June 2018 be approved.

TB. 6820: National Children and Young People Survey 2016
Ms Etches introduced the report that was recently received a year after the survey was completed with a low response rate compared to other national surveys. She highlighted the areas of low scores in the report and she explained the differential responses depending on age group and/or parents in the survey. She said that this made some of the responses difficult to analyse and referred to the Action Plan included and reported completion of the action plan and that she had sought further assurance in some key areas such as the management of pain in children.

She also referred to the recent refurbishment of the environment, recent improvements in staffing levels and skill mix with ongoing recruitment to Band 5 posts. She referred to play support being now enhanced through skilled Health Care Assistants and improvement shown by recent environmental audits. She also highlighted the issue relating to the access to drinks and she confirmed that a parents catering area remains available including drink making facilities. She said that ongoing feedback is in place to gauge the current situation using the 'monkey well-being' initiative. Mr Vanes asked why there appeared to be a delay in it being reported to Board. Ms Etches explained the need for the Report once received to go through the governance and action process and then be scheduled on the Board agenda. Ms Rawlings asked how the actions will be monitored. Ms Etches said the 'monkey survey' and the Trust Council of Members will undertake follow-up surveys. Mr Duffell said the delay in receipt of the report was disappointing. Ms Edwards pointed out the results were very similar to the previous survey and report in 2014 which also resulted in an action plan. She asked for the action plans from the 2014 and 2016 reports to be compared to see whether the 2014 actions had been completed, and if so why there had not been improvements by the time of the 2016 survey. This comparison could indicate whether the actions in the 2016 action plan were likely to result in improvements that would meet patients' expectations, or if more needed to be done. Ms Etches agreed this would be useful.

Action: Ms Etches to report on the comparison of Actions from 2014 and 2016 Survey Reports.

Ms Martin asked whether the results had been correlated with complaints for this area. Ms Etches said that the low response rate and the close working relationships with parents tends to pick up issues in real time. Mr Vanes asked for the results of the Monkey Survey and Council of Members work to come back to the Board. Ms Etches proposed it be the focus of a future Board Development session.

Action: Ms Etches and Mr Wilshere to include this on the Board Development Sessions programme.

Resolved: that the National Children and Young People Survey 2016 be noted.

TB. 6821: National Maternity Survey 2017

Ms Etches said that the response rate in this case was in line with that expected at 35%. She highlighted on page 4 and the missing scores that relate to non-comparable service or question revision means omission. Ms Etches said the results were an overall improvement on those from the previous survey and she referred to birth preferences and risk assessment that has provoked further audit work to clarify whether there are issues along with post-natal mothers checks and contraception advice.

Ms Rawlings said she was concerned by some of the anecdotal comments and a possible lack of care and compassion. Ms Etches said compared with complaints and FFT responses there has been low levels of post-natal feedback. The complaints tend to be not regarding the care provided more the busy-ness of the area and the short length of stay for new mothers that is not always well received. She said complaints tend to be if there is a risk that prevents use of the midwife led unit. Ms Small asked about the care and support for new mothers and the lack of detail in some of the data and IT system data availability. Ms Etches said the system replacement is in place. Dr Odum asked whether it has data relating to area of origin. Ms Etches said it didn't.

Resolved: that the National Maternity Survey 2017 be noted.

Committee Minutes and Chair's Reports

TB. 6822: Chairs Report of the Trust Management Committee 23 February 2018

Resolved: that the Chairs Report of the Trust Management Committee 23 February 2018 be noted.

TB. 6823: Chairs Report of the Finance and Performance Committee of 21 March 2018

Resolved: that the Chairs Report of the Trust Finance and Performance Committee of 21 March 2018 be noted.

TB. 6824: Chairs Report of the Quality Assurance Governance Committee of 21 March 2018

Ms Edwards said that QGAC had asked for the causes of the increasing emergency C-Section rate to be investigated. This would be reported back on in the near future along with the work already referred to regarding the update and refresh the Trust Risk Register entries.

Resolved: that the Chairs Report of the Trust Quality Assurance Governance Committee of 21 March 2018 be noted.

TB. 6825: Chairs Report of the Charity Committee of 12 December 2017

Resolved: that the Chairs Report of the Charity Committee of 12 December 2017 be noted.

TB. 6826: Chairs Report of the Workforce and Organisational Development Committee of 23 February 2018

Resolved: that the Chairs Report of the Workforce and Organisational Development Committee 23 February 2018 be noted.

Minutes from Committees in respect of which the Chair's report has already been submitted to the Board:

TB. 6827: Approved Minutes of the Finance and Performance Committee of 21 February 2018

Resolved: that the approved minutes of the Finance and Performance Committee 21 February 2018 be noted.

TB. 6828: Approved Minutes of the Quality Assurance Governance Committee of 21 February 2018

Resolved: that the Chairs Report of the Quality Governance Assurance Committee 21 February 2018 be noted.

General Business

TB. 6829: Matters raised by members of the general public and commissioners
None raised.

TB. 6830: Any other Business
None raised.

TB. 6831: Date and time of next meeting: 30 April 2018 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

To consider passing a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest.

TB. 6832: 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 12.50pm.