

Minutes of the meeting of the Board of Directors held on Monday 4 June 2018

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Agenda Item No: 3

Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 4 June 2018 at 10 am
in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital,
Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Prof. A-M Cannaby (v)	Chief Nursing Officer
	Mr A Duffell	Director of Workforce
	Mr R Dunshea	Non-Executive Director
	Ms Etches OBE	Deputy CEO
	Mr J Hemans	Non-Executive Director
	Mr D Loughton (v) CBE	Chief Executive
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director
	Dr J Odum (v)	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr M Sharon	Director of Strategic Planning and Performance
	Mr K Stringer (v)	Chief Financial Officer

(v) denotes voting Executive Directors.

IN ATTENDANCE:

Ms P Boyle	Chief Operating Officer, CLRN
Ms S Evans	Head of Communications, RWT
Prof. J Kirk	Clinical Director, CLRN
Dr B McKaig	Deputy Medical Director
Ms N Mehay	Freedom to Speak Up Guardian, RWT
Mr K Wilshere	Company Secretary

OBSERVERS:

Mr Hildrew	Seimens
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APOLOGIES:

Dr J Darby	Associate Non-Executive Director
Ms R Edwards	Non-Executive Director
Ms G Nuttall (v)	Chief Operating Officer
Ms J Small	Non-Executive Director

Part 1 – Open to the public

Apologies for absence

There were apologies for absence received from: Dr Darby, Ms Edwards, Ms Nuttall and Ms Small. Mr Loughton would join the meeting when available.

TB. 6890: Declarations of Interest from Directors and Officers

There were no declared changes or conflicts arising from the list of declarations reviewed.

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

TB. 6891: Minutes of the meeting of the Board of Directors held on Monday 30 April 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 30 April 2018 be approved as a correct record.

TB. 6892: Matters arising from the minutes of the meeting of the Board of Directors held on 30 April 2018

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

TB. 6893: 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 system with access to appropriate external and expert advice.

Mr Mahmud confirmed that a date will be set with the Company Secretary for the 9 July 2018 Board Development Session. **It was agreed: that this item now be considered closed.**

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.

June 2018

30 April 2018/TB 6851 Learning from Deaths (Mortality) Update Report

A future Board Development Session be scheduled to review the data, information, possible sources of triangulation and learning from the developing process. The date of this to be agreed with Dr Odum. June 2018

30 April 2018/TB 6854 Finance Report – Month 12

Ms Nuttall to provide further commentary on the Out-patient Attendance Rates in the Report. June 2018

30 April 2018/TB 6855 Integrated Quality & Performance Report

The Board undertakes subsequent further review and discussion on the information and data it reviews as part of the Well-led Self-assessment with further proposals for revision to reports as appropriate. June 2018. Following discussion, Ms Martin and Mr Dunshea asked for a proposed set of benchmarked changes from the Executive that result in a revised strategic report that provides clear definition of the main issues, risks and challenges, what is not going as expected and what is being done about them. Prof Cannaby, Dr Odum and Ms Nuttall agreed to provide a review.

Ms Etches asked whether this was two issues, the other of which was the review and refinement of the use of the Board Assurance Framework. Ms Martin reflected that there was duplication of some data and information and that other organisations provide a clearer front infographic focussed initially on the main issues. Mr Duffell agreed there were two items here. Mr Mahmud agreed the previous discussion was about the clarity on the main issues.

Mr Dunshea reflected that the current report gives trends and detailed information but insufficient assurance of action in areas of significant challenge. Dr Odum agreed and highlighted conversations already underway regarding key areas such as Cancer performance.

Action: It was agreed that Prof Cannaby, Dr Odum and Ms Nuttall would provide a proposal to revise the IQPR in July 2018.

Prof Cannaby said that development would continue from month to month.

30 April 2018/TB 6855 Executive Workforce Report

Mr Duffell to provide information regarding the increased appraisal rate target to Dr Odum.
June 2018

Mr Duffell gave an overview of the process that agreed the previous target and that it would be revised with confirmation at the next Trust Board.

TB. 6894: National Institute for Health Research – Local Research Network

Dr Odum introduced Prof Kirk and Ms Boyle who gave the overview of the Annual Report submitted pending Trust Board approval. She outlined the Report content requirements and priorities and highlighted the increase in participant recruitment including primary care, the increased number and range of studies recruited to, the inclusion of Dementia research, the increase in chief investigators and recruitment from hospices.

She said that at year end the Network was in balance and that the funding for 2018-19 has been agreed along with allocations to organisations and investment into further chief investigator training. She also referred to actions in place to assure local inputting of key research performance data. Ms Boyle said a new lead for Dementia studies was in place. Mr Sharon asked about the red indicator regarding primary care involvement in Dementia studies. Ms Boyle said this related to the new Lead and a lack of national portfolio studies at present. Prof Kirk said the ambition was to initiate more studies locally in future.

Mr Dunshea asked about the red indicators with open timescales and asked when they might be resolved. Prof Kirk said that the benchmarks used would be changed and that some of the red indicators would no longer be required in those areas where the local network has little or no control to change. Ms Boyle said that HL04, 05 and 07 would no longer be required. Mr Dunshea asked how the relationship between national disease leads and local networks worked. Prof Kirk pointed out the issues in the funding system that sometimes restricts the degree of sharing of national research and that local alliances would make some difference to this such as the alliance with the East Midlands CLRN but that the main block involved the need to change the funding model to incentivise wider sharing and co-operation in national studies with the lead centres.

Mr Duffell asked about the support Pharmacy staff indicator. Ms Boyle said that related to long term sickness absence with the person now returned and that she expected the requirement to be delivered in the current year. Dr Odum referred to the positive potential aspects of the new Dementia study lead and the lack of chief investigators impact on the number of studies initiated locally. He said the increase in recruitment was impressive and supported the priorities and plans of the CLRN. Prof Kirk said that a call for new chief investigator trainees would be launched in the near future accessing support from the Birmingham Trials unit.

Resolved: that the report be received and noted: that the NIHR CRN West Midlands Annual Delivery Report be approved.

Patient Safety, Quality and Experience

TB. 6895: Patient's Story

Prof. Cannaby introduced the video about a recent patient and related that it illustrated a good news story. The video was of a wife relating her and her husband's experience of care on two occasions when he was an in-patient at new Cross Hospital on Ward A8. She spoke of her admiration for the staff and care provided for a patient who was seriously ill. Prof Cannaby said that the lady had stayed with her husband on a number of occasions and had therefore observed the work and staff in an immersive situation. She said that the gentleman had subsequently returned home and died sometime after.

Ms Rawlings referred to the case and asked whether the SWAN team were involved. Prof Cannaby said she would have expected them to be. Ms Etches referred to the positive impact of the relative's manner and approach on the staff. Mr Vanes complimented her powers of observation and asked whether she might have the potential to provide insights for staff training in the future. Mr Dunshea said the detailed level of her observations were impressive.

Resolved: that the Patient Story be received and noted.

TB. 6896: Patient Experience Q4 May

Prof Cannaby introduced the report and highlighted the information on page 8 regarding how the Safeguarding Issues that don't meet the criteria are being re-directed to PALs investigations and she said that it was potentially rich, in her view, in information for improvement especially regarding communication and interface issues between services in hospital, community and primary care. Prof Cannaby declared an interest as this was the area of her Ph.D. Study. She said it potentially offers a depth of material for future improvement activity.

Mr Dunshea asked about the information on page 9 regarding learning points from complaints and he asked whether these should have a greater emphasis in the report and resulting actions. Prof Cannaby spoke about Ms Dowling's dissemination of learning activity with services on the ground. Mr Dunshea asked about page 17 and the issues regarding the placement of students from the local university. Prof Cannaby said the current system seems to act against students being able to commit as the time requirements may be onerous due to study workloads as students. She said there are alternative activities they could be involved in that are less of a time draw and commitment.

Mr Sharon said that page 18 states that the Equality Group reference would in future reflect the revised approach with a greater emphasis on matters other than compliance as these are subject to regular reporting processes. Mr Duffell added that the Workforce Committee is involved in this compliance and monitoring role. Mr Vanes said the investigation timescales and volume had settled down and he asked whether any other organisations were making any greater leaps forward or step change. Prof Cannaby referred to the improved signposting of people to the right point of response resulting in the improved position. Ms Etches agreed that the current senior leadership had made significant improvement in functioning and that there are further potential improvements to be made but that they are reliant on the rest of the organisation in engaging in and supporting the process and the changes made to date.

Mr Vanes asked about the situation in primary care and whether this might mean an increase in complaints. Prof Cannaby said that an increase in services was likely to result in an increase in complaints and that community and primary care services were already included. Ms Etches also pointed out the impact in numbers of the diverted Safeguarding related issues.

Resolved: that the Patient Experience Q4 17-18 Report be received and noted.

TB. 6897: Chief Executive's Report

Mr Loughton joined the meeting at 10.45 am and introduced his report. He highlighted the success in Consultant appointments recently, his participation on the Secretary of States recent round table and the invitation to join the independent panel reviewing primary care by the end of the year.

Mr Loughton went on to mention the national clinical tutors awards presentation and the positive reputational and motivational impact on the staff supported, the changing profile and nature of future recruitment to nurse training and the recent feedback from the Royal College of Obstetrics and Gynaecology review with the detailed report to follow.

Mr Loughton spoke of his attendance at the initiation of the new 'Accountable Care Journal' whose editor-in-chief is Stephen Dorrell and deputy editor in chief is Sir Bruce Keogh.

Mr Vanes asked about the recent STP meeting. Mr Loughton referred to his recent experience regarding the STP Chair recruitment. Mr Sharon said there wasn't anything further to report at this juncture. Mr Sharon referred to the STP being subject to a nationally led development programme.

Resolved: that the Chief Executives Report be received and noted.

TB. 6898: Freedom to Speak Up – update

Ms Mehay introduced her report and reflected on the last 6 months and said the Freedom to Speak Up agenda was improving and could improve further. She reviewed the planned improvement activity over the next 6 months including the recruitment of new link staff, a repeat survey completion, further feedback collection and other activities. She referred to the recently published guidance and self-assessment tool for Trust Boards. Ms Mehay said that the Board were expected to take ownership and lead the use of the guidance, tool and initiative.

Action: it was agreed to detail a future Board Development Session on the NHSI Guidance, self-assessment tool and the Trust Boards initial view and plan of work and actions in September 2018 led by Ms Mehay and Mr Duffell.

Prof Cannaby asked if Ms Mehay could confirm the main issue related to how staff address and relate to each other. Ms Mehay confirmed this was the predominant view along with perceptions of management style, attitudes and behaviours. Ms Rawlings referred to the proportion of Allied Healthcare Professional reported issues and asked if there were any particular themes. Ms Mehay said the professions in that group seem to want to and be able to speak up if they felt necessary. Mr Loughton asked how this compares with other organisations. Ms Mehay said the RWT reporting is 3rd highest in the local area with higher reporting viewed as positive.

Mr Duffell referred to the regional data returns which remained very variable with some Trusts still not reporting the data. He asked about the data regarding delays in waiting for responses. Ms Mehay said these were often 'no harm' such as communication delays between staff issues, and if the issue is resolved then engagement can sometimes lapse. Mr Mahmud asked how RWT compared. Ms Mehay said she was disappointed by the CQC not attending her interview at the recent inspection visit and that the work therefore was unlikely to be reflected in the report when received. She said she has raised this along with others at a national and regional level.

Dr Odum welcomed the report and recent contact with Dr Henrietta Hughes, the national lead who he found inspiring and set out the national agenda. He asked how many issues relate to management failure to take up issues reported to them. Ms Mehay said this was in the majority of the no-harm cases where they have tried to raise resolution through the management route but without what was felt to be a satisfactory response and/or engagement or impact. She said the high level harm issues have also mostly been raised through the formal available route.

Dr Odum asked whether this might be concerning and what might be done to improve this. Ms Mehay said other Trusts had commenced manager training including addressing this issue amongst others and locally the Trust has revised the policy, process and guide regarding managers initial responses and follow-through. She added that the national leads had planned training now in place. Mr Vanes emphasised the need to maintain the guarantee of anonymity and that Ms Edwards has been the lead Non-executive Director supporting this. He thanked Ms Mehay for her commitment and efforts.

Resolved: that the Freedom to Speak Up – Update Report be received and noted.

Strategy, Business and Transformation

Performance

TB. 6899: Finance Report – Month 1

Mr Stringer introduced the report and highlighted the key messages in the report relating to the month 1 position and the risks identified. He added that work continued on the new Division 3 position. He referred to page 6 regarding the impact known on income in month 1.

Mr Stringer referred to the near completed capacity planning exercise and potential impact and the additional challenges to the cost improvement programme. He added that the report content and presentation was being reviewed along similar lines to the discussion regarding the IQPR earlier in the Board meeting.

Ms Martin referred to the reports on the Risk Share Agreement with Staffordshire Commissioners as encouraging alongside the Cancer Performance Monitoring work regarding patient flow and potential improvements to speed and flow.

Resolved: that the Finance Report – Month 1 be noted.

TB. 6900: Integrated Quality and Performance Report

Prof Cannaby introduced the report and highlighted items on page 11 regarding the improvement in Division 2 on late observations and work had commenced regarding late patient moves after 10pm. Prof Cannaby went on to refer to the acquired pressure injury incidents improvements and the changes to the reporting process for VTE assessments. She referred to a spike in radiation incidents that were identified when the checking process picked them up before an x-ray was carried out. Prof Cannaby said work was progressing on improving Safeguarding Staff training levels.

Mr Mahmud said the Division 3 information and data was now included in the report.

Mr Vanes asked what the trajectory was for the 4 hour Emergency requirement for quarter 1 2018/19. Mr Stringer said it was in relation to being as good as at the same time last year. Mr Stringer said review and negotiation was ongoing.

Mr Dunshea said he was meeting with the operating theatre management team and would report back in due course. He said it was good to see the new Division information and he wondered whether it was possible to do a benefit comparison between integrated and non-integrated practices. Mr Mahmud said the potential benefits had been highlighted and shared and that awareness had been raised with GP's, Commissioners and others regionally and nationally. Mr Loughton said that in his view the level of awareness across commissioning and the wider primary care was improving.

Mr Dunshea asked about the progress of e-prescribing. Dr Odum said it was in place with some challenges regarding the introduction with work ongoing to look at any benefits and challenges known.

Ms Martin asked about the Emergency Department and how the Ambulance attendances figures reported compared to the levels assumed in the Business Case and whether there is the capacity to deal with the level of need and number of attendances. Mr Loughton said the current level was at the predicted levels for 2021-2022 from the Business Case. He said in his view the capacity therefore was not in place for the levels of activity in reality versus against plan.

Dr Odum said that the figures have been ahead since the new department commenced with recruitment continuing and discussions with Vocare regarding appropriate splits of attendee's. He referred to further issues regarding some medical staff. Prof Cannaby confirmed the Nursing recruitment continued with the current establishment being slightly over planned. Dr Odum referred to the further impact on attendances from other subsequent service changes. He said the Ambulance Trust has no particular explanation for the increasing levels to Wolverhampton. Mr Loughton wondered whether there had been a reduction in patients seen and treated by Ambulances at the scene during winter pressure spells.

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

Regular Reports

TB. 6901: Executive Workforce Report

Mr Duffell introduced the report and highlighted the changes to the presentation of the report, and the current vacancy rate rise due to month 1 planned increase in posts and establishment. Mr Loughton asked what the scale and impact of the increase was. Mr Stringer and Mr Duffell said they would confirm the increase in numbers of posts and any phasing of their introduction and differentiating posts in each Division e.g. Community posts. Prof Cannaby also referred to the increases in Paediatrics and Neonatal posts. Mr Duffell also referred to the revised stretch target for sickness absence (3.85%) with local targets tailored to the local service situation. He went on to list the current set of recruitment initiatives outlined in the report. Mr Duffell said that all the recent visa applications had been refused; the retention rate evaluation particularly Allied Healthcare Professionals would be subject to further analysis and action.

Resolved: that the Executive Workforce Report be noted.

ACTION: Mr Stringer and Mr Duffell to confirm the increase in posts from 2017/18.

Annual, Six monthly and Quarterly reports

TB. 6902: Clinical Fellowship Programme

Dr Odum introduced the report for information. He referred to the update and the detail in the report and he referred to the detailed review at the recent Trust Management Committee. He said the two years to date have been very positive and Prof Singh's enthusiasm and drive had produced some impressive results. He referred to the reduction in medical staff from other routes over the same period. He also highlighted the continuation of the out of programme nature of the scheme to extend and continue with 104 fellows as of the end of March 2018. He also highlighted the benefits of the overseas and international affiliations.

Dr Odum referred to the visa situation – 12 refused, 4 via Tier 5 route and 8 rolled over to July 2018 - and the further changes to the income level requirement and he alluded to the use of the Tier 5 Visa Route in the four successful cases and the continued use where appropriate. He also highlighted the qualitative benefits in the report. Dr Odum referred to the picture across the Divisions with further development into Division 1 following the drive from Division 2 to continue to drive down the use of agency staff where possible and the associated cost.

Mr Loughton said it was a success and he thanked the Board for backing the original idea and proposal with the resulting quality of the Doctors the programme attracts and produces as an alternative to the continued use of the dwindling number of trainees available or the continued use of agency staff with quality associated issues. He referred to potential for the programme to expand to capacity in other organisations but with the need to ensure the quality and control of the placements available so as to not weaken the reputation of the programme.

Dr Odum agreed that maintaining a good experience was vital to the continued support and success of the programme. Mr Loughton also said that transport would need to be considered and factored into any such future arrangements. Ms Martin asked about Division 3. Mr Loughton, Mr Mahmud and Dr Odum confirmed that work and planning was already underway in Division 3 particularly in relation to GP developments. Ms Martin asked for Division 3 plans to be made explicit in the next report. Dr Odum agreed.

Mr Dunshea referred to Division 1 and asked what the prognosis was for the scheme taking off in Division 1. Dr Odum said the Divisional services with greater specialisms presented some different challenges in implementation, but that planning is progressing such as in Anaesthetics with moves in future into general surgery and other areas. Mr Loughton referred to the positive engagement of clinical leaders in the development of the programme in Division 1.

Resolved: that the Clinical Fellowship Update Report be received and noted.

TB. 6903: Nursing & Midwifery Workforce Establishment & Skill-mix

Prof Cannaby introduced the report and the supporting Business Case. Mr Dunshea asked what the appetite for risk was in Nursing Skill Mix and recruitment. Prof Cannaby referred to the detailed and rigorous current process from Ward, through a validation process with external input, internal senior challenge and use of a national benchmarked model alongside professional judgements, ratios, care hours per day and associated data.

Prof Cannaby said that the appetite for reducing numbers or skill mixes was none. She added that if the appetite referred to recruitment to future workforce requirements for the appropriate skills mix and quality then the appetite was high. Ms Etches referred to previous perceived pressure from external sources to reduce skill mix and the impact of doing so observed in other organisations. She also confirmed the challenge and rigour built into the process based on an established evidence base.

Mr Loughton referred to the appetite and approach to recruitment in the emergency department. Mr Dunshea, Prof Cannaby and Dr Odum all agreed it was a difficult balance to strike. Mr Dunshea asked how many other professions did the same process. Mr Loughton referred to it being well developed in nursing but not across other professions. Mr Sharon referred to his visits to clinical areas and the views of staff that seem to know what the establishment is, in most cases it is appropriate and that they know how to raise it if it becomes an issue. Prof Cannaby is also in contact daily with staff on the ground regarding resolving any specific staffing issues.

Resolved: that the Nursing & Midwifery Workforce Establishment & Skill-mix Report be received and noted.

Governance, Risk and Regulatory

TB. 6904: Trust Risk Register and Board Assurance Framework

Prof Cannaby introduced the report and referred to the summary of changes.

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

TB. 6905: Trust Annual Report, Annual Governance Statement, Annual Accounts and Quality Account

Mr Stringer introduced the information and confirmed the ISA260 Unqualified Opinion from external auditors with some agreed actions including one regarding NHS 'bad-debts' and how they are dealt with in the accounts with the changes to the audit opinion risk assessment of this. It also referred to the underlying position and the handover procedures.

He also referred to the comments and assessments at a point in time in respect of the draft Quality Account relating to VTE and C.Difficile. Mr Dunshea agreed that the process had been concluded by the Audit Committee as delegated. Mr Stringer confirmed submission prior to the national deadline.

Resolved: that the Annual Governance Statement, Annual Report 2017-2018 and Annual Accounts approved by the Audit Committee be received and noted and the approval agreed: that the External Auditors ISA 260 Opinion Letter be approved.

TB. 6906: Audit Committee Annual Review of Activities Report

Mr Dunshea confirmed this was reviewed at the most recent Audit Committee.

Resolved: that the Audit Committee Annual Review be noted.

TB. 6907: Liverpool Community Health – Kirkup Report

Prof Cannaby introduced the report for review of other governance related reports for insight, overview and comparison with the Trust and Board governance operation. The summary presented was part 1 – the information and summary, with a gap-analysis and further discussion to follow at the July Trust Board regarding the comparative situations and any proposed actions.

Mr Vanes said he was surprised by the lack of timely regulatory oversight and intervention. Mr Loughton spoke about the focus on various aspects of some services as seen as a higher priority than other service areas at a regulatory level.

Prof Cannaby said that it was important in relation to the development of skill mix tools across wider service areas particularly community services such as those RWT provides.

Resolved: that the Part 1 Summary of the Liverpool Community Health – Kirkup Report be received and noted.

Feedback from Board Committees

TB. 6908: Chairs Report of the Trust Management Committee of 27 April 2018

Resolved: that the Chairs Report of the Trust Management Committee of 27 April 2018 be noted.

TB. 6909: Chairs Report of the Charity Committee of 5 April 2018

Resolved: that the Chairs Report of the Charity Committee of 5 April 2018 be noted.

TB. 6910: Chairs Report of the Finance & Performance Committee of 23 May 2018

Resolved: that the Chairs Report of the Finance & Performance Committee of 23 May 2018 be noted.

TB. 6910: Chairs Report of the Audit Committee of 25 May 2018

Resolved: that the Chairs Report of the Audit Committee of 25 May 2018 be noted.

TB. 6911: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 16 May 2018

Resolved: that the Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 16 May 2018 be noted.

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

TB. 6912: Approved Minutes of the Finance and Performance Committee of 25 April 2018

Resolved: that the Approved Minutes of the Finance and Performance Committee of 25 April 2018 be noted.

TB. 6913: Approved Minutes of the joint Audit and QGAC Committee of 25 April 2018

Resolved: that the Approved Minutes of the joint Audit and QGAC Committee of 25 April 2018 be noted.

General Business

TB. 6914: Matters raised by members of the general public and commissioners

There were no matters raised by the public.

Any other Business

TB. 6915: Date and time of next meeting:

25 June at 10a.m. in the Conference Room, Cannock Chase Hospital, Brunswick Road, Cannock, WS11 5XY

TB. 6916: 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.

Resolved: that the resolution to exclude be approved.

The meeting closed at 12.50pm.