The Royal Wolverhampton
NHS Trust

Draft Minutes of the meeting of the Board of Directors held on Monday 25 June 2018 30 July 2018

Agenda Item No: 3

Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 25 June 2018 at 10 am in Room 2, Cannock Education Centre, Level 3, Cannock Chase Hospital, Cannock

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 R Edwards	Non-Executive Director
	Ms Etches OBE	Deputy Chief Executive
	Mr J Hemans	Non-Executive Director
	Mr D Loughton (v) CBE	Chief Executive Officer
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director
	Ms Nuttall (v)	Chief Operating Officer
	Dr J Odum (v)	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr M Sharon	Director of Strategic Planning and Performance
	Ms J Small	Non-Executive Director
	Mr K Stringer (v)	Chief Financial Officer/Deputy Chief Executive

(v) denotes voting Executive Directors.

IN ATTENDANCE:	Ms A Downward	Communications Officer, RWT
	Dr L King	Consultant, Care of the Elderly, RWT
	Ms D Locke	Head of Workforce/Strategic HR and Change Lead/VI and ACO Programme
	Mr S Phipps	Group Manager, Women and Neonates, RWT
	Dr R Taylor	Clinical Teaching Fellow, RWT
	Ms K Maskell	Support Secretary, RWT
	Ms A Rogers	Support Secretary, RWT
APOLOGIES:	Dr J Darby	Associate Non-Executive Director

Part 1 – Open to the public

Apologies for absence

There were apologies for absence received from: Dr Darby, Ms Nuttall and Mr Sharon will be joining the meeting on arrival.

TB. 6933: 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. 6934: Minutes of the meeting of the Board of Directors held on Monday 4 June 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 4 June 2018 be approved as a correct record.

TB. 6935: Matters arising from the minutes of the meeting of the Board of Directors held on 4 June 2018
There were no Matters Arising other than those noted as Board Action Points.

TB. 6936: Board Action Points
The Board Action points were reviewed as follows:

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

Mr Vanes asked about this report on the consequences of the increased Birth Rate. Prof. Cannaby confirmed that a range of work had been taking place resulting in three key papers – a Birth Rate plus paper, an external peer review paper and an internally commissioned birth services end to end review paper. Prof. Cannaby said the first paper was complete, Dr Odum said the second had not been received to date and Prof. Cannaby said the third would take place over the summer. Mr Loughton suggested that all 3 reports should be presented to the Board in the autumn.

Ms Etches referred to the initial request relating to activity initially with subsequent evolution in the work underway. She suggested the Board waited for the completed information.

Ms Martin sought assurance that the staffing report would be presented to Quality Governance Assurance Committee (QGAC) given the recent increase in births. Prof. Cannaby said that at present with the cap in place staffing remained sufficient to be safe. Ms Edwards said the assurance issues included Consultant cover and she would like assurance regarding the current position and birth rate.

Action: It was agreed that the assurance regarding staffing in relation to current birth rates would be provided to QGAC and the next Trust Board.

30 April 2018/TB 6851 Learning from Deaths (Mortality) Update Report
Dr Odum recommended that this be the subject of a Board Development Session as soon as was possible given the current level of reported deaths and the SHMI. He recommended that this should look at reviewing the available data, information and other possible sources of triangulation and learning from the developing process.

Action: Dr Odum to liaise with Mr Vanes in regards to adding this to the agenda of the Board Development Session on 9 July 2018 or as soon as possible thereafter.

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

Ms Nuttall said this would be picked up in the quarterly finance report presented at the next Trust Board meeting.

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.

Mr Duffell said that there was more work involved to provide this information than was initially anticipated. He confirmed that the revised targets and findings would be taken to the Workforce Organisational Development Committee (WODC) in September.
It was agreed this action be closed.

4 June 2018/TB6901 Executive Workforce Report
Mr Stringer and Mr Duffell to confirm the increase in posts from 2017/18. June 2018

Mr Duffell confirmed that there had been an increase in posts across the Trust but not solely as a result of the formation of Division 3. He said that the increase was across a number of areas and services. Mr Loughton said he has commissioned work to assess how many consultants the Trust will need over the next 2 years so as to be proactive in recruitment. Mr Duffell said he would bring this back to the Board in September 2018 (1 October 2018). He shared his views and experiences of other Trusts current practice to attract staff.

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.

Mr Dunshea asked about the work on the revisions to the Report. Prof. Cannaby reported that a number of meetings had taken place and others were scheduled to take place regarding this action and she expected the paper outlining the main changes at the September Board. Prof Cannaby said that development would continue from month to month.

4 June 2018/TB 6898 Freedom to Speak Up – update

Ms Mehay and Mr Duffell to provide detail at a future Board Development Session on the NHSI Guidance, self-assessment tool and the Trust Boards initial view and plan of work and actions. June 2018

Mr Duffell confirmed that this has been initially scheduled for September 2018.

TB. 6937: Delirium Quality Improvement Project – Clinical Audit Presentation

Dr Odum introduced Dr Taylor, Clinical Teaching Fellow and Dr Ward, Consultant Care of the Elderly. Dr Taylor introduced the presentation by informing that he teaches medical students and the clinical audit on Delirium was undertaken as part of the teaching. He went on to say that clinical audit had increasingly become focussed more on quality improvement and the QIP methodology and that this audit was undertaken using the Quality Improvement Project (QIP) which aimed to improve the patient experience. He said that all junior doctors in training are required to complete at least one audit per year, and that to use the QIP approach requires the doctor in training to ask: What do I want to improve?; How can this be achieved?; and, How will this be measured? Dr Odum said that QIP often used the plan, do, study, act (PDSA) improvement framework.

Dr Taylor introduced the project he had been involved in. He clarified the differences between a clinical audit approach and the quality improvement approach including the benefits of speed and an improvement focus.

Dr Taylor introduced the topic of delirium as a common state of acute confusion. He described how it often starts suddenly and can fluctuate in its course. He outlined that a baseline audit was conducted in January 2017 and its aim was to determine what, if any, assessments of delirium were being done and how, and how the process of recognition, assessment and appropriate treatment might be improved. Dr Taylor outlined the work was aimed at the older adult (over 65) population admitted to an acute medical unit (AMU).

Dr Taylor went on to outline the three PDSA cycles and results undertaken. He said that Cycle 1 had focussed on a targeted education session to AMU clinical staff and was completed February 2017, Cycle 2 had a targeted education session to FY2 doctors and was completed March 2017 with Cycle 3 focussed on the development and launch of a visual management system (stamp) as a prompt to clinicians.

Dr Taylor said that following analysis of the results it appeared that the teaching to AMU staff did not produce an increase in delirium assessment and in Cycle 2 targeting a group of FY2 students (who are involved in the clerking of acute medical patients) the teaching did not make any change either. He said it was only in Cycle 3 using a visual prompt to clinicians that an increase in assessments performed was then noted but the diagnosis of delirium was not improved.

He concluded that the visual prompt was the most effective method of improving the initial recognition and assessment - this had been taken forward into a full delirium assessment in the new AMU clerking proforma (June 2018).

Ms Martin asked if there will still be an audit requirement of practice against standards in addition to QIP to check clinical practice. Dr Odum said that benchmarking against national standards will continue and therefore we will continue with audits but QIP will be more widespread in appropriate situations. He referenced the benchmarking and audit against standards in other areas where the use of this approach was more appropriate to the requirements.

Ms Rawlings asked about the fluctuations in patient's presentation in the results and she asked given this whether the assessments were being timed appropriately. Dr Taylor said this was problematic and probably only tackled through continued awareness of the presentation and continual review. Dr Ward added that the key issues related to the awareness in staff with a range of different presentations from the hyper aroused and hypo aroused. Ms Etches added it was the sensitivity of all staff to the signs and working together to ensure the needs were addressed.

Ms Rawlings asked if there had been any issues regarding patient safety if not recognised. Dr King said there was a higher mortality rate is higher in hypo presenting delirium patients. Mr Dunshea asked what the next stage is when it is better initially recognised and recorded. Dr Taylor and Dr King referred to further work undertaken to provide improved access and awareness of the appropriate assessments and treatment following recognition information that are available to staff and patients/families to access on the Trust intranet. She added the need to improve the way patients with such issues are approached and treated and how they and their carers are communicated with. Mr Hemans asked what happens in the community. Dr King said that there is a specialist clinic that patients can be referred to or back to the GP to screen. Dr Odum said given the relative newness of the topic, how aware are colleagues in Primary Care? Dr King said that confusion is recognised but with a tendency to watch and wait in the first instance rather than to pursue. She said that in care environments patients do tend to receive anti-biotic treatment but that there is an under recognised part of new and changed drugs also inducing this state.

Resolved: that the presentation Delirium Quality Improvement Project – Clinical Audit be noted.

TB. 6938: Chief Executive's Report

Mr Loughton introduced his report and said that he had attended, with Mr Mahmud, a GP partnership review event in London hosted by Department of Health and Social Care. He said there is a shift nationally to move towards a salary model rather than partnership backed by Lord Darzi's recent statements.

Ms Edwards said that Scotland was proposing to move to a GP salary model by 2017 but it hasn't happened to date. Mr Loughton said there is a report being worked on that would be sent out in December 2018. He reflected on the differential positions between Trust practices and others.

Mr Loughton said he had attended a NHS Providers dinner hosted by the Head of the Care Quality Commission (CQC) and the Chief Inspector of Hospitals. He said that whilst at the dinner he heard colleagues from other Trusts broach the subject of their recent inspections and the ratings the Trusts had been given. Mr Loughton said he and his colleagues had been left in no doubt that the CQC would stand by their findings. He said a re-assessment of Medicine at Cannock was imminent.

Mr Loughton said he had attended the West Midlands Cancer Alliance Board meeting. He further said that he would be taking over the Chair for meeting and the Trust would receive 2 days' worth of his salary per month for this, paid directly to the Trust. He said that the 62 day target would be the main focus for improvements. Mr Loughton reflected on his thoughts on the potential to influence the future development on cancer standards and timescales.

Mr Loughton said that Mr Stringer had been recognised by the HFMA with a lifetime achievement award. The Board congratulated Mr Stringer on this award.

Mr Loughton said that since the report was produced that 2 Consultant Radiologists had been recently appointed. Ms Edwards added that they had come because of the reputation of the Trust.

Mr Loughton said that he had a visit planned to Telford and Shrewsbury NHS Trust with Dr Odum in respect of their Accident and Emergency Services. He referred to that Trust currently only have 4 A & E Consultants. He outlined his view of their situation and the need for other organisations to ensure they adequately plan and recruit the required staff and that they not resort to short notice closures or restrictions with the consequential impact on other nearby organisations. He referred to their ratio for consultant rotas as 1 in 4. Ms Nuttall confirmed we have rota ratio of 1 in 12. Dr Odum referred to further interest from colorectal medical staff.

Mr Dunshea asked whether the chair of the STP appointment had been confirmed yet. Mr Loughton replied that the panel has appointed but the applicant hasn't been confirmed or informed.

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

Patient Safety, Quality and Experience

TB. 6939: Patient and/or Staff Story - discussion

Prof Cannaby opened the discussion by asking the Board if they would prefer this agenda item to be presented in a different format. She explained this could be achieved through videos presenting life at the Trust from a staff and patient perspective and/or staff and patients to attend the meetings to relay their story in person or through the presentation of other information such as complaints with illustration and voice-overs.

Mr Duffell gave a commentary on how a staff story meeting had been used in a previous organisation he worked for where a group of staff would meet with the Board between Public and Private meetings. Mr Loughton felt staff would find the situation too intimidating and Ms Rawlings asked whether staff views and feelings should already be known from Director Walkabouts. Ms Etches gave her view of how such an approach had been successfully used elsewhere with a range of staff from student nurses upwards.

Ms Rawlings asked whether it would be useful to have the staff involved to give a different perspective on either a patient story, complaint or other matter so as to provide a variety of perspectives on a common issue. Prof. Cannaby said this might prove challenging in the gaining of the consent and involvement of those involved. Prof. Cannaby added that it otherwise would prove difficult to continue trying to provide a patient story video to every Trust Board meeting.

Ms Martin said that it was the one opportunity to focus on a patient story and she said that the means of presentation could be audio or written or represented by another voice but that she felt great value from the emphasis on the patient story. Ms Small agreed with Ms Martin's views and maintaining the focus on patient care. Mr Loughton said any form of media could be used to enable them to tell their story in whatever way they felt of doing so. Mr Loughton asked the Chair whether he had seen other approaches used at Trust Boards elsewhere that he had observed. Mr Vanes said that he had seen a variety of approaches and techniques used, including one Board where the parents and new born baby met with the Board and were in the room to provide their commentary on their experiences but in more conducive surroundings, preparation and support with sufficient time to say what they wanted to. He said it may also be that patients feel unwell on the day and unable to participate.

Mr Vanes said he would support an exploration by the Chief Nurse of what and how best to present the information in whatever way. Mr Dunshea agreed with the importance of having the focus and information. Mr Vanes added that it has been done with less formality prior to the main meeting. Ms Rawlings asked whether PALs and other staff could also relate the story or issue. Prof. Cannaby agreed that anyone present should have sufficient time, support and an appropriate environment and atmosphere in which to be able to tell their story in their way.

Mr Sharon arrived at this point (10:57)

Action: Prof. Cannaby to explore a range of options for the conveying of patients stories, staff stories and other information about patient care at future Trust Board meetings.

Resolved: that the Patient Story be received and noted.

TB. 6940: Maternity CNST Incentive Report

Mr Phipps, Group Manager for Women's and Neonates presented his report and requested Board approval to submit a rebate request for contributions to the Incentive fund of approximately £334k. He said that the benchmarking report said that the Trust needed to meet 10 safety actions in order to qualify for the incentive payment and the Trust was compliant with 9 of the actions and partially compliant with 1.

He said NHSI seek Trust Board assurance of the compliance report prior to submission. He said that the action the Trust was partially compliant with was number 8 that related to MDT training and plans are in place to address this. He said that plans were in place to ensure this would be in place by the end of quarter 3. He went on to a change in the guidance relating to the scheduled meetings for action number 9 regarding Trust Safety Champions. Mr Mahmud asked whether the incentive was proportionate. Mr Phipps said it was not. He said that it is new to all Trusts this year.

Ms Edwards said that although the Trust was compliant to RCOG tool the Trust does not have that level of Consultant cover in place to date. Mr Phipps said the guidance and interpretations in this area had changed and the main focus was local assurance for local cover.

Ms Rawlings asked about the data set noted achieving 8 of 10 criteria and whether this had improved. Mr Phipps referred to the process for data submission and that this had improved slightly. Ms Etches asked how many staff the Trust was short of to achieve the standard completely. Mr Phipps said it would by the end of quarter 3. Mr Loughton and Ms Etches asked this be brought forward to quarter 2. Ms Nuttall suggested an internal ambition of quarter 2. Mr Phipps and his team were thanked by the Chair for the report and the work undertaken.

Resolved: that the Maternity CNST Incentive Report data submission be approved.

Strategy, Business and Transformation

Performance

TB. 6941: Financial Report – Month 2

Mr Stringer introduced the report and that the £3.9m deficit was ahead of the plan. He said income for May 2018 had been a strong month, the highest amount since January 2018. He referred to work continuing on pay and agency spend, the cash position was ok at this point but that Trust to Trust delays had increased. Mr Loughton gave his view on how this could be approached. Mr Stringer gave assurance that this was being done.

Ms Martin asked that the Board consider a new risk on the risk register regarding the recent pay award funding and the consequential accounting impact of large single sums being received. She also referred to the 5 year backlog maintenance review report that was imminent being required along with the impact of the increased activity in contracts on spending.

Mr Loughton asked about the other Trusts payment issues. Mr Stringer said that in his view it was usually a cash flow availability issue in the debtor organisation that resulted in the delay in payment. Mr Loughton went on the say that he had been given assurance that the pay award would be provided directly to providers imminently. Mr Duffell added that this had been raised through a number of forums but that it might not be received until August 2018. He clarified the award payment in July and the back-dated award in August 2018. Ms Martin said that without receipt of the income the payment would impact on the Trust cash and financial position. Mr Duffell, Mr Stringer and Mr Loughton all reiterated that the payment timing and method for the initial and ongoing payments was unknown at this time.

Mr Vanes asked about the PSF underperforming compared to the much improved Emergency department response rate. Ms Nuttall explained that organisations had to demonstrate improvement compared to a specified previous point (12 months ago) in time and that this was subject to discussion nationally. Mr Vanes referred to the apparent inherent difficulty in achieving the requirements to trigger the payment under the current rules. Mr Loughton and Mr Stringer said that in previous years another method of distribution had been used.

Mr Dunshea asked about the apparent achieving on vacancy factor alongside an increased spend on agency. Mr Stringer said this formed part of the work underway but that it can vary between staff groups that would produce this picture. Mr Loughton shared the concern and

gave assurance that work was underway to better understand the situation including the recent need to transfer patients from ITU.

Resolved: that the Finance Report – Month 2 be noted.

Resolved: that the Chair of Finance and Performance Committee report be noted.

TB. 6942: Integrated Quality and Performance Report

Prof Cannaby introduced the report and said the work undertaken to tackle late observations had resulted in an improved situation but that there remained further work being done to ensure this was maintained. She referred to the position regarding Late Moves and that this remained an issue with work underway to improve the position against the baseline data.

Prof. Cannaby then referred to the most recent data for Infection Control and that there had been an increase in some indicators with increased cleaning in some areas alongside the reinvestigation of these figures and the causes. She then referred to the continued increase in the reporting of Radiology near misses and incidents relating to issues with referrals and with possible correlation with the types of training for differential staff groups.

Ms Nuttall said there were improvements in reducing cancelled operations, Referral to Treatment Times (RTT) had continued to improve, that there was one 12 hour breach relating to the placement of a patient requiring a mental health bed in the region who was eventually transferred to a service in London, the CCG is leading on the investigation and Root Cause Analysis (RCA).

Mr Loughton asked what the level of VoCare performance was. Ms Nuttall said they were continuing to achieve at least 90% every month. Mr Loughton stated this needs to improve to 100%. Ms Nuttall agreed further improvement was required. Mr Loughton shared his view of the changed situation in Stoke regarding VoCare.

Ms Nuttall then referred to the metrics regarding Cancer care and that these remained extremely challenged. She referred to page 28 of the report and the requirement to treat 105 patients per month to reduce the backlog and maintain future activity. She said there had been an increase in breaches but that average waiting times were predicted to start coming down.

Ms Nuttall said that she had received the draft Report from the Intensive Support Team and due out in next few weeks and this will be shared in due course with the Board. She also referred to the agreed harm review process with CCG for patients waiting over 104 days.

There followed a discussion regarding the waiting times in relation to treatability and harm assessment. Mr Loughton said that a decision to not treat should stop the clock and reviews. Ms Nuttall said there was provision for this if end of life care is confirmed.

Mr Loughton reiterated that he was lobbying about revisions required to the Cancer metrics locally, regionally and nationally but with sensitivity to the patients in their position of waiting. He asked Dr Odum whether such decisions are made in a timely way and the patients informed rather than in a ‘wait and see’ situation.

Dr Odum said he hoped that would not be the case and that decisions are communicated directly to the patients in a timely way. He also said that the assessment of harm at 104 days was of questionable value or worth and that late treatment in relation to the individual patient's cancer condition would not be clear until the disease had progressed. He then referred to the changes in treatment for prostate interventions where watch and wait had been superseded by new interventional treatments now accepted as a change to the pathway. Dr Odum said the need was to continue to invest and expand the robotic surgery capacity and capability.

Mr Dunshea asked about the recent press stories regarding syringe drivers related to the Gosport Hospital inquiry. Ms Etches asked whether this was a machine calibration or human mismanagement or both. Mr Loughton said he had previously encountered issues with both, from human point of view and calibration of machine. Dr Odum said that the only issues he was aware of both related to human mis-calculation in rapid infusions regarding the speed of the infusion. He said the last incident was at least 18-24 months previous. Mr Vanes said that the Mortality Data was reviewed at the Finance and Performance Committee meeting. He asked whether the risk register or BAF entries accurately reflected the level of risk. Ms Edwards said it is on the Trust Risk Register as a high risk. Dr Odum said the resulting reputational risk may need to be placed on the Board Assurance Framework.

Dr Odum went on to outline the wide programme of work regarding improving quality of care, pathways of care, the end of life pathway and improving Mortality not just in the Trust but with CCG support across the health economy.

Mr Loughton said that the Trust needed to progress with the improvements and asked Prof Cannaby and Mr Mahmud be involved. Prof Cannaby said that Dr Odum, Ms Nuttall and herself were already working together to improve the situation. Mr Loughton emphasised previous press and political messages regarding levels of mortality and how it might be reported. Ms Edwards said it is on the Trust Risk Register as a high risk and the question of whether it needed to be reviewed had been discussed at QGAC. Mr Loughton said the statistical position had to change along with the quality of care. Dr Odum said there was a large programme of work that was being pursued at pace.

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

Regular Reports

TB. 6943: Executive Workforce Report

Mr Duffell introduced the report and said there was a new target for sickness this year with a downward trend in month. He referred to the dip in mandatory training compliance. He highlighted further work and prospective improvement in the situation for staff visas, further recruitment initiatives and learning from why staff leave the organisation. He said that some of the analysis indicated frequent dates when staff tend to leave the Trust (e.g. 1 July) that was being looked into further to understand why this was happening.

He highlighted the recent successful recruitment day and the signing up of 18 substantive staff for posts in Children's and Neonates and further interviews set up to follow. Mr Loughton asked where the recruits were coming from. Mr Duffell said they were from a combination of new starters and staff from other Trusts. He said previous conversation rates were good at around 20-25% and regular contact was maintained up to and post starting with the Trust.

He went on to highlight further focussed work being undertaken regarding improving the situation of Mandatory Training compliance and its integration into regular Appraisal practice and linkages to the new pay deal criteria for future increments. He also said that the revised approach to Apprenticeships appeared to be progressing well.

Ms Rawlings requested clarification as the IQPR stated that the Trust was compliant with Mandatory Training rates. Mr Duffell said there were errors requiring correction. Mr Dunshea asked about the Nurse Assistants and Associates progression. Mr Duffell said there are currently around 18 Associates due to qualify in January. Prof. Cannaby said that the next set may be dealt with as a pool. Ms Etches said that some of the qualifying Nurse Associates would probably want to go on to do their Nurse Training. She went on to say that the Trust Services would need to be clear about how the 'new role' was used in future as a means of recruiting qualified and associate staff.

Mr Duffell emphasised need to advertise careers rather than roles and then describe the required service roles to support the identified service delivery models to make best use of the best fit new roles. Ms Edwards referred to the level of unfilled posts in Division 3 and asked how this was being addressed and what impact the vacancies might have. Mr Duffell said that some of the unfilled posts were relatively new or recently established posts and that active recruitment was underway with new methods and approaches to recruitment being used. Ms Nuttall said there were particular issues in community paediatrics for example, and that the smaller size of the Division gives a different picture. Dr Odum asked whether the 49 consultant vacancies included GP practices. Mr Mahmud said there were few if any GP vacancies and these figures did not include the GP's. There followed a discussion on areas of recruitment issue and Mr Loughton asked for a briefing and clear detail of future recruitment initiatives. Mr Sharon added that there were issues in some specific sub-specialities that were being identified.

Resolved: that the Executive Workforce Report be noted.

Annual, Six monthly and Quarterly reports

TB. 6944: Health & Safety Annual Report

Prof Cannaby introduced the report and said there were 1169 incidents categorised on Datix as Health and Safety related during the period April 2017 to March 2018, a 13% reduction from the previous year including in Violence and Aggression. She said the Health and Safety visits had been positive and that there was a proactive approach with good message sharing. She added that Personal Injury claims had also reduced.

Mr Hemans asked if the Trust was charged for false call outs from the Fire Service. Mr Loughton said that the Trust isn't charged but the Fire services remain unhappy about them when they happen. He said they have said they may consider charging the Trust again in the future.

Ms Martin highlighted that there were 2 GP practices that were not compliant and said the Board needs assurance that they will be compliant. Prof. Cannaby said there is a planned programme to move the practices to compliance. Mr Mahmud said that it is built into the contract that within 3 months of joining the Trust they need to be compliant.

Mr Mahmud asked what happened in respect of learning from other Trusts and whether the information was shared. Prof Cannaby said that the learning was shared and that the Head of Governance circulates the information through the Health and Safety communication cascade. Mr Vanes noted the continued improvement in the Report and the results.

Resolved: that the Health and Safety Annual Report be received and noted.

TB. 6945: Emergency Preparedness Annual Report

Ms Nuttall introduced the report and said that it had been a very busy year as reflected in the report with future Winter Planning, Cyber Security and Cladding would remain the focus of future work.

Ms Edwards asked that future reports are not embedded.

Ms Rawlings asked about the declared fire risk at the old eye infirmary. Mr Loughton said there have been in the past set by people breaking in but none more recently.

Resolved: that the Emergency Preparedness Report be received and noted.

TB. 6946: Fire Safety Annual Report

Ms Nuttall introduced the report and said that she had received notification to replace the cladding with funding from the centre with the work done this financial year. Mr Vanes asked whether there would be any clinical disruption whilst this work was taking place. Ms Nuttall said there shouldn't be any disruption but that privacy and dignity issues and also noise would be investigated, assessed and addressed. Mr Vanes asked about potential Ambulance access. Ms Nuttall said alternatives were available. Mr Stringer confirmed the cost would be circa £1 million.

Resolved: that the Fire Safety Annual Report be received and noted.

Governance, Risk and Regulatory

TB. 6947: Trust Quality Account

Prof Cannaby introduced the report as presented. Mr Vanes expressed his thanks to the colleagues who had written and produced the report. Mr Vanes said he would write to the colleagues involved in producing the report to thank them.

Resolved: that the Trust Quality Account be approved.

TB. 6948: Trust Licence Self-assessment Declaration FT4

Mr Stringer introduced this report and the 2 conditions that the Board had to declare it had checked itself against. He said that G6 was completed earlier in the year with the declaration updated to reflect changes since the last declaration.

Resolved: that the Trust Licence Self-assessment Declaration FT4 be approved.

Feedback from Board Committees

TB. 6949: Chairs Report of the Trust Management Committee of 25 May 2018

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

TB. 6950: Chairs Report of the Charity Committee of 11 June 2018

Resolved: that the Chairs Report of the Charity Committee of 11 June 2018 be noted.

TB. 6951: Chairs Report of the Finance & Performance Committee of 20 June 2018

Resolved: that the Chairs Report of the Finance & Performance Committee of 20 June 2018 be noted.

TB. 6952: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 20 June 2018

Ms Edwards referred to a presentation on the work to reduce Cancer Wait times received.

Resolved: that the Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 20 June 2018 be noted.

TB. 6953: Chairs Report of the Workforce and Organisational Development Committee (WODC) of 22 June 2018

Mr Hemans gave a verbal update on the work and progress of the Committee.

Resolved: that the verbal Chairs Report of the Workforce and Organisational Development Committee (WODC) of 22 June 2018 be noted.

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

TB. 6954: Approved Minutes of the Finance and Performance Committee of 23 May 2018

Resolved: that the Approved Minutes of the Finance and Performance Committee of 23 May 2018 be noted.

TB. 6955: Approved Minutes of the QGAC Committee of 30 May 2018

Resolved: that the Approved Minutes of the QGAC Committee of 30 May 2018 be noted.

TB. 6956: Approved Minutes of the WODC Committee of 27 April 2018

Resolved: that the Approved Minutes of the WODC Committee of 27 April 2018 be noted

TB. 6957: Approved Minutes of the Charity Committee of 5 April 2018
Mr Vanes said they would be circulated post-meeting.

Resolved: that the Approved Minutes of the Charity Committee of 5 April 2018 be noted

General Business

TB. 6958: Matters raised by members of the general public and commissioners
Ms Locke who attended today's meeting in an observational capacity, commented on the quality of the discussions that had taken place. She further commented that during the patient story discussion there had been a good balance of suggestions.

Any other Business

TB. 6959: Date and time of next meeting:
30 June at 10a.m. in the Board Room, Corporate Services Centre, New Cross Hospital, Wolverhampton

TB. 6960: 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 12.20pm.