

# Draft Minutes of the Public Trust Board Meeting 30 July 2018 1 October 2018

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Agenda Item No: 3.0

# Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 30 July 2018 at 10 am  
in Room 2, Board Room, Corporate Services Centre, Building 12,  
New Cross Hospital, Wednesfield, Wolverhampton

<b>PRESENT:</b>	Mr J Vanes	Chairman
	Prof. A-M Cannaby (v)	Chief Nursing Officer
	Dr J Darby	Associate Non-Executive Director
	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
	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.*

<b>IN ATTENDANCE:</b>	Ms S Evans	Head of Communications, RWT
	Ms C Griffiths	Deputy Director of Workforce, RWT
	Dr B McKaig	Associate Medical Director, RWT
	Ms S Gill	Healthwatch Wolverhampton
	Mr S Hildrew	Seimens
	Ms L Siddall	HealthPerm
	Ms A Dowling	Head of Patient Experience, RWT (Part)
	Ms A Tennant	Clinical Director Pharmacy, RWT (Part)
	Ms T Palmer	Head of Midwifery, RWT (Part)
	Mr P Stonelake	Director of Breast Screening Dudley, Wolverhampton and South Staffs, Dudley NHS Foundation Trust (Part)
	Mr K Wilshere	Company Secretary, RWT

<b>APOLOGIES:</b>	Mr A Duffell	Director of Workforce
	Mr S Mahmud	Director of Integration

## Part 1 – Open to the public

### **TB. 6973: Apologies for absence**

There were apologies for absence received from: Mr Duffell and Mr Mahmud.

### **TB. 6974: 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. 6975: Minutes of the meeting of the Board of Directors held on Monday 25 June 2018**

There was one amendment to the minutes; Ms Nuttall was noted as absent and giving her apologies in error. It was confirmed that she had attended the meeting.

**Resolved: That the minutes of the meeting of the public session of the Trust Board held on Monday 25 June 2018 be approved as a correct record with the amendment agreed above.**

### **TB. 6976: Matters arising from the minutes of the meeting of the Board of Directors held on 25 June 2018**

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

### **TB. 6977: Board Action Points**

The Board Action points were reviewed as follows:

#### **31 July 2017/TB 6519 Chief Executive's Report**

30 April 2018 - Mr Mahmud confirmed that a date will be set with the Company Secretary for the 9 July 2018 Board Development Session DL July 2018

**It was agreed that this action was completed and that it be 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. TP/GN June 2018

**This item was confirmed as an agenda item at the meeting.**

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

A future Board Development Session to 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. JO June 2018

*See also Action 6851 below*

**25 June 2018/TB 6851 Learning from Deaths (Mortality) Update Report**

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. JO/JV July 2018

**It was confirmed that Richard Wilson from NHSI would be part of the Board Development Session 17 September 2018 focussing on Mortality and Learning from deaths. It was confirmed that these will be regarded as a single Action.**

**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. All December 2018  
*See also Action Point below*

**30 April 2018/TB 6855 Integrated Quality & Performance Report**

Prof Cannaby, Dr Odum and Ms Nuttall to provide a proposal to revise the IQPR in July 2018 AMC/JO/GN July 2018

**The initial revisions to the IQPR were presented at the meeting. It was agreed to treat this and the Action Point above as a single item hereafter.**

4 June 2018/TB 6898 Freedom to Speak Up – update  
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. Ms Mehay and Mr Duffell. August 2018

**It was confirmed that both items would be dealt with at the Board Development Session on 13 August 2018. It was agreed that the Action be closed.**

**4 June 2018/TB 6901 Executive Workforce Report**

Mr Stringer and Mr Duffell to confirm the increase in posts from 2017/18. KS/AD June 2018

Mr Stringer said that key elements and analysis had been provided by Mr Duffell. He also confirmed that the Finance and Performance Committee were looking further into staffing costs. Ms Martin added this included temporary staffing and agency costs as part of the total pay bill. Mr Hemans confirmed the Workforce Committee would continue to monitor the overall workforce position. **It was agreed that the Action be closed.**

**25 June 2018/TB 6710 Midwifery Service Report**

It was agreed that the assurance regarding staffing in relation to current birth rates would be provided to QGAC and the next Trust Board. TP/GN July 2018  
See July TB Agenda

**It was agreed that this item would be taken along with the Action 6710 in future. This item was confirmed as an agenda item at the meeting.**

**25 June 2018/TB 6854 Finance Report – Month 12**

Ms Nuttall said this would be picked up in the quarterly finance report presented at the next Trust Board meeting. GN July 2018  
See July TB papers.

Ms Nuttall said that further information, including outpatients, would be contained in a paper to next Financial Recovery Board which should be published thereafter.

### **25 June 2018/TB 6901 Executive Workforce Report**

Mr Loughton has commissioned a piece of work to assess how many consultants the Trust will need over the next 2 years. Mr Duffell to bring this back to the Board in September 2018.

AD **September 2018**

Mr Dunshea asked if this would be viewed by the Workforce Committee before the Board. Dr Odum confirmed it would. Mr Loughton highlighted further work regarding the predicted number of Junior Doctors in training and the consequential impact. D Odum confirmed the Medical Workforce Group was attending to this.

### **25 June 2018/TB 6939 Patient and/or Staff Story**

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.

AMC **September 2018**

### **TB. 6978: Chief Executive's Report**

Mr Loughton introduced his report and highlighted the quality of the consultant appointments recently made and referred to in his report. In addition to the Policies and Strategies approved, he also referred to development regarding future flexible workforce options. He then mentioned the public talks and events he had given and attended, his and Ms Etches recent visit to the Trust in Worcester where the Trust was helping them implement Safe Hands alongside training and the development of senior clinical staff. He gave assurance that the costs of the Trust's staff time is being charged for at the appropriate rate.

Mr Loughton thanked Ms Evans and her Communications Team for their efforts in organising the successful NHS 70<sup>th</sup> celebrations. He also referred to his recent visit to the Coalway Road practice and he asked whether the increase in staff numbers is reflected in the Trust's workforce figures. He said he was impressed by the practice staff's enthusiasm and commitment to becoming part of the Trust. Mr Loughton went on to refer to challenges with other practice negotiations relating to rural practices that were being worked through.

Mr Loughton confirmed that City and Sandwell had not opted in to the Pathology approach and he outlined future potential for further and wider developments in pathology services including Cytology services. He also alluded to the potential for the development of shared transport services in the future.

Mr Loughton then reviewed the visit from Professor Steve Powis, NHSE Medical Director who had visited the Trust including a number of the vertically integrated practices and the Academic Institute development alongside the visit from Dr Kathy McClean.

Mr Loughton went on to share further updates from recent STP Meetings. Mr Vanes highlighted the new Secretary of State and the new Chief Executive of the Council that were now in their new roles. Mr Dunshea asked about the STP consideration of the Trust's Capital Bids and whether this had any impact on the Trust programme. Mr Loughton said his view was that the process at STP level was a work in progress and that there were wider views and considerations that influenced what was dealt with at STP level and what might be dealt with as part of larger schemes. He referred to the Trust bids for improved Cancer services and the de-camping from the West Park site.

Mr Loughton referred to a recent breach in the emergency department and the need for investment in mental health services due to the lack of availability of a suitable medium secure placement. Dr Darby asked about the prospect of Pathologists working from home and whether this was part of their standard contract. Mr Loughton said that it related to attracting staff back into the workforce who have other commitments with careful monitoring and practice protocols. Mr Loughton said he had undertaken a similar scheme previously and that it would form part of the future workforce strategy. He said that there is potential in home and flexible working with the appropriate level of monitoring, safety and assurance in place.

Ms Rawlings asked whether the greater flexible working was being looked at across the Trust. Mr Loughton said it was but that it needed to be done at pace. Ms Small asked whether the technology strategy would support this. Mr Stringer said this was the case including mobile and portable technology and that progress needed to move faster if possible. Mr Loughton said that the costs were often outweighed by the benefits.

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

**TB. 6979: Midwifery Service Report including Birth-rate plus**

Ms Palmer introduced the report and referred to Midwifery Workforce information from Birth-rate plus giving an acuity dataset that showed that most of the women giving birth cared for by the Trust were in the moderate to high and intensive support needs levels. She said the inference was an increase in staffing as outlined in the report with discussions with the Chief Operating Officer already arranged.

Ms Palmer said the rest of the report referred to the Trust meeting all its various reporting requirements and the successful appointment to the Professional Midwifery Advocate roles (PMA) with an evaluation to follow later in the year.

Ms Martin said the report was interesting and she asked whether the Trust services were safe today and into the future given the previous rise in the number of births and the ongoing staffing recruitment issues in both Midwives and in relation to Consultant cover. Ms Palmer said that all vacancies had been appointed to, that activity remained unpredictable but that they are safe confirmed by the CQC visit, she said the recent cap had reduced the numbers compared to last year but that more recently there had been an increase in births from women in Wolverhampton. Ms Palmer said that trimester forecasting work showed the Trust was in line with contracted births but this might change. Dr Odum said that the Consultant hours related to the threshold of 5000 live births as the trigger and wasn't currently required. He said that the rotas for Obstetrics and Gynaecology provided adequate cover although the support of the middle grade Doctors required further work.

Ms Edwards said that the issue of emergency C-sections had been reviewed at the recent Quality Governance Assurance Committee (QGAC) and she asked whether the middle grade medical cover situation Dr Odum was referring to also related to the level of knowledge and experience that might be lacking in supporting making decisions about the appropriate use of C-sections. Dr Odum said in his view these were two different considerations. He said that the decision to induce doesn't relate to staffing levels but the care of the individual as opposed to the availability of senior staff. Ms Edwards asked whether the grade of the person making the decision might change the decision making in such cases. Dr Odum said that such decisions were made with the patient, the Midwife and often the Consultant.

Ms Etches asked about the high level of dependency and how that compared with other similar Trusts. Ms Palmer highlighted that the report showed that this was in line with the national information. Ms Etches asked what the impact was on the Neo-Natal Unit. Ms Palmer confirmed that it does have an impact on the Neo-Natal Unit. Prof. Cannaby referred to the report and said that whilst the report indicated that there was a short-fall in the number of Midwives, there was a further nuance relating to the non-clinical oversight with leadership also being stretched as a result.

Mr Dunshea referred to the graph on page 4 regarding the predicted increase in births. Ms Palmer said it referred to the position before the cap was imposed. She clarified that before the cap bookings had increased from Surgeries outside the local area. She said that recent figures indicated that this had brought the predicted births for the year within the contract.

Mr Dunshea asked about the previously referred to review by the Royal College of Obstetricians and Gynaecologists and asked when it would be completed. Ms Palmer said the work had been completed but the report had not yet been received and was expected in August 2018. Dr Odum added that it related to still-births and C-Section hysterectomies. He said the initial feedback was that the service was safe and the final recommendations were awaited.

Mr Sharon asked whether Walsall's staffing situation had improved. Ms Palmer said that they are still finding it difficult to recruit and that their cap remained in place. Ms Nuttall said the six practices concerned were part of the predicted 5000 but that an increasing Wolverhampton birth-rate might mean that this would have to be re-considered.

Mr Loughton congratulated Ms Palmer and her staff on the recent CQC rating of Outstanding. He said that the Trust's success in recruitment might have caused pressure on other parts of the system. He said that no further assurances regarding safety could be given because circumstances in the wider area such as in Stafford where their unit was becoming unsustainable could and would impact on the services in the Trust including Maternity and Urgent Care. He said there would be pressure to lift the cap on numbers and he asked for a contingency plan to be put in place.

**Action:** A contingency plan is put in place regarding the impact of other maternity services – Ms Palmer, Prof. Cannaby, and Ms Nuttall.

Ms Etches referred to the recent Black Country Local Maternity System (BCLMS) discussions and that 2 of the 4 local services have lifted their caps with pressure to remove the cap at Walsall and Wolverhampton. She said any such decision would be made only on the safety and function of the Trust's services and not in relation to the decisions of services elsewhere.

Ms Nuttall said that future feedback would be available regarding addressing the issues in the report and the future issues. Ms Martin suggested it become part of the revised IQPR. Prof. Cannaby said she would look at this being included.

**Resolved:** that the Midwifery Service Report including Birth-rate plus be noted.

## Patient Safety, Quality and Experience

### **TB. 6980: Patient Story**

Prof. Cannaby introduced the story. The patient reflected on the quality of care provided over their many admissions to Trust services in respect of her sickle cell condition. She praised the recent improvement in both the quality of services and staff from recent changes in leadership. Prof. Cannaby reflected on the powerful positive impact of the attitudes and approaches of positive leadership with recent full recruitment being achieved, the training and inducted of the new staff to the changed culture including regarding best care for specific conditions, cultural awareness, team working and the impact on patients, the use of clinical nurse specialists to increase nursing visibility, education regarding improved awareness and treatment of pain. She said the main message related to the way in which the patient had been listened to and her suggestions included in the changes that had been made.

Ms Rawlings asked whether the change in leadership had been a pro-active act to improve the situation or as a response to indications that all was not as it should be in the area referred to. Ms Etches said it was because it was felt that the leadership needed a different focus and it attracted the new leaders to improve the situation. Mr Loughton referred to Ms Black as having come up through the organisation.

Ms Small asked how the key learning from listening to patients was being shared as in her view it was an aspect of care that could always be improved as part of improving communication abilities and skills. Prof. Cannaby said that patient feedback was a key aspect looked at on an ongoing basis as part of a continuous improvement approach included how to make positive use of negative feedback at all forum's and levels.

Mr Hemans said the story was impressive and he asked whether the patient had been asked to be part of future recruitment of key staff. Prof. Cannaby said this was the case across all potential areas of influence. Ms Dowling confirmed that she would be approached in this regard.

Mr Dunshea said he had a slight concern about the apparent lack of anticipation in nursing care skills in anticipating and treating pain and that he expected it to be part of the awareness and skill set that nursing staff have as a result of being trained nurses. Prof. Cannaby said that her experience was that without it as a specific focus it can tend to become reactive and that therefore the focus, screening and pre-emption was a leadership imperative.

Ms Etches referred to evidence that a lack of focus and good leadership impacts negatively on team morale and quality of care including clinical proactivity. Prof. Cannaby added the importance of continuing education and integrating it into day to day services. Mr Vanes welcomed the story and said that although the sickle cell patients were truly expert patients by experience given the repeated nature of the long-term condition, he asked whether recent changes in population may mean an increase locally. Dr Odum said that the management of the condition is complex and life-long so getting it right was very important including timely and appropriate treatment as quickly as possible by those with the best expertise. He said work was underway to try and best identify and fast-track this using for example Patient Passports. He said there may be a small increase with a local increase in population from Africa. He went on to outline the access to suitable expertise and treatment.

Ms Etches referred to a previous patient story relating to the introduction of the passport scheme. Mr Sharon asked whether people can go from the emergency department to the best care. Dr Odum said they would be fast-tracked to the appropriate service.

**Resolved:** that the Patient Story be received and noted.

#### **TB. 6981: Learning from Deaths/Mortality Data**

Dr Odum introduced the detailed report. Mr Dunshea commented that the recent press coverage lead him to wonder whether the Trust had got to the bottom of the issue, whether the Trust managers were confident in the data and the treatments applied to it. Dr Odum said that following the internal analysis, the external data analyses the impacts of pathway changes were confirmed. He referred to the ongoing reduction in the number of discharges with a consequential rise in the mortality impact rate that was known about and the impact on the Summary Hospital-level Mortality Indicator (SHMI).

Dr Odum said that the pathways were sound but that the admission of patients with a higher acuity of illness is not adjusted for within the Mortality statistics. He then referred to the work to clarify the definition of Finished Consultant Episodes (FCE's) with an improvement in coding clarity and accuracy. He said that because the SHMI is reported 6 months in arrears and therefore would be unlikely to improve within that timescale.

Dr Odum then referred to the quality of care with reviews of all the diagnostic pathways underway alongside Clinical Audits and Quality Improvement Projects of compliance with the pathways referred to in the report. He outlined the outcomes from audits undertaken to date and the external advice sought at each stage to provide assurance on the data and information being reported and provided. He went on to say that an external independent expert had been identified and would be helping the Trust in the near future.

Dr Odum also referred to the CCG engagement to date in the review of the data and information and the health and social care community work to improve future management of end of life care. He also referred to the early implementation of the Medical Examiner role being recruited to by the Trust. He said there was a backlog of the case note reviews given the time each takes and work was underway to address this. Mr Dunshea asked about the public perception and whether any work was required. Mr Loughton said the independent scrutineer would be invited to a future Board Meeting to provide an independent view and assurance.

Mr Loughton went on to provide a summary and overview of press coverage in recent years of similar instances. Mr Vanes said there was a legitimate public interest and the explanation might make a difference. He asked if it was on the Trust Risk Register. Dr Odum said that following the recent QGAC it was agreed that this risk be escalated to the Board Assurance Framework. Mr Vanes added that this would also be added to by the Board Development Session focussing on external input on Mortality and Learning from Deaths. Mr Loughton and Prof. Cannaby suggested that that part of the Development Session have a minute kept.

**Resolved:** that the part of the Board Development Session on 17 September 2018 with input from Richard Wilson be regarded as an extraordinary Confidential Trust Board Meeting and a minute be kept.

Mr Loughton and Dr Odum summarised the reporting process, the level and detail of the reports provided and the positive feedback to date.

Mr Hemans asked whether a single document could be provided that summarised all the inputs and actions to date including the health and social care community initiative. Dr Odum said this group had not yet met and that in future the report would include those elements.

Dr Darby asked whether there were particular patterns of admissions of patients likely to die. Dr Odum said that reviews included the location patients were admitted from and that in those cases the question was being asked as to why admission took place. Mr Loughton referred to weekend mortality rates that have remained higher than in the week despite seven day working being in place. He also referred to the pressure in the wider care community for care staff that has a pressure and potential future admission impact. Dr Darby said the view that a death in a care home as being 'bad' needed to be turned around if that is the preferred place for the patient. Mr Loughton and Dr Odum agreed that the Trust would in whatever way it could support the wider care system in promoting appropriate end of life care in all settings.

Dr Odum said that in his view the quality of care was further improved over the last five years in the Trust including across seven days and the reduction in outlying medical patients over time. He said that the reviews and investigations to date had not revealed any patterns or evidence of systemic failures.

**Resolved: that the Learning from Deaths/Mortality Data Report data be received and noted.**

#### **TB. 6982: Kirkup Report Part 2 – Gap Analysis**

Prof. Cannaby introduced the report regarding the failures at an NHS Trust. She highlighted the report giving the RWT position in each case, the assurances available and the area for further work in the context of an overall picture of positive assurance against the majority of the recommendations from the original report.

Prof. Cannaby reviewed the areas of highest issue relating to staff stress as illustrated by the Health and Safety Executive surveys, aspects of leadership and management framework development, the planned culture survey and the evaluation of team-working evaluations of the team optimisation model (TOM). Mr Hemans asked that the timescales be included. Ms Rawlings asked about the culture survey given the number of surveys already for staff. Prof. Cannaby said it would be short and internally managed and pre-emptive of any possible issues. Mr Sharon asked what aspects of culture would be covered. Prof. Cannaby said initially it would be of the elements in the Kirkup Report.

**Action:** It was agreed that the revised plan and future reporting would be monitored through the QGAC.

Mr Loughton, Prof. Cannaby and Ms Etches spoke about the amount of scrutiny and assurance currently sought and provided to the Trust Board.

**Resolved: that the Kirkup Report Part 2 – Gap Analysis be received and noted.**

#### **TB. 6983: Gosport Inquiry Report Summary and Gap Analysis**

Prof. Cannaby introduced the report, Ms Tennant and Ms Dowling provided an overview of the impact of the findings from the Gosport inquiry. Ms Tennant spoke about the degree of assurance currently available and additional assurance planned to be provided to the Board in relation to controlled drugs.

She went on to outline the proposed improvement to feedback to staff using the positive reporting of concerns system. Ms Dowling referred to three key themes relating to the speed of response to complaints, collation and reporting of themes, and the assurance of learning and improvements in complaints handling and responses. She referred to recent review and improvements to the Trust Policy and procedure including external assurances of their quality.

Ms Dowling gave an overview of the application of the current process including the involvement of executive Directors and ombudsman referrals and feedback. She also highlighted the triangulation with serious incidents and claims and system developments to provided faster real time feedback to staff and managers regarding complaints and complaints handling. Ms Dowling then gave an overview of the number of complaints relating to drugs and in particular controlled drugs none of which indicate either high numbers or any systemic issues. Mr Loughton highlighted the differences between the organisations including the cultural aspects from the recruitment process on.

Mr Dunshea asked whether the Electronic Prescribing and Medicines Administration (EPMA) roll-out would provide further assurance and control. Ms Tennant said it did and it would. Mr Vanes said he recognised the variations between the organisations and welcomed the assurances provided.

**Resolved: that the Gosport Inquiry Report Summary and Gap Analysis be received and noted.**

#### **TB. 6984: NHS Breast Screening Annual Report and QA Report**

Mr Stonelake introduced the report as Director of the Breast Screening programme. He gave an overview of the services involved, the geographical spread and organisations involved with the screening hub in Dudley. He spoke about the recent quality assurance visit and his lead role. He said the outcome of the visit was received in June 2018 with the recommendations in the report relating to process, management and staffing related issues. He outlined the variations in staffing and recent work to achieve the funding and recruitment of key staff.

Mr Stonelake then outlined the relationship with New Cross Hospital and the delivery of the sub-contract at the Hospital including the future recruitment of Breast Radiologists or the need to vary this using Radiographer staff.

Mr Dunshea asked about the key recommendation and whether they were achievable. Mr Stonelake said it depended on the funding position with Commissioners and that the Business Case is currently being worked on. Mr Loughton asked which Commissioners. Mr Stonelake said Staffordshire and Birmingham. Mr Loughton said he would support the need to recruit staffing irrespective of a Business case process. Mr Stonelake said he would appreciate that support from Mr Loughton.

Dr Odum said he supported the options identified by Mr Stonelake and the need for pace in tackling the situation. He described the training process and position for radiographers to be used in the service and recent recruitment position. Mr Loughton said that recruitment should proceed for as many radiographers as can be appointed. Ms Nuttall said that internal reviews resulted in support to recruit. Ms Etches asked whether the risk was on a risk register. Mr Stonelake said it was on the Dudley Risk register and at RWT on the local service risk register. Ms Nuttall said the level of risk was being reviewed by the service.

**Resolved: that the NHS Breast Screening Annual Report and Quality Assurance Report be received and noted.**

**TB. 6985: Clinical Nursing Fellowship Proposal**

Prof. Cannaby introduced the proposal in light of the recruitment situation and success of the medical fellowship programme. Ms Edwards asked who was being targeted. Prof. Cannaby said nurses two years onwards from qualification, aimed at existing staff and attracting new recruits and augmented by a changed approach to overseas recruitment through the academic partners in other countries along the lines of the medical programme. She said that there was a lot of interest from these partners. Mr Dunshea asked if the Workforce Committee had reviewed the proposal. Prof. Cannaby said the Trust Management Committee had approved it in principle and that it was at the Board to highlight the initiative and raise the awareness of the Board to a potential change to the overseas recruitment process. Mr Loughton said he had asked that the Board be briefed on this proposal given the revised approach.

Prof. Cannaby described the costs and barriers to previous overseas recruitment processes. Mr Loughton described the difference in the staff commitment. Ms Martin asked whether it would bring people back into the nursing workforce post Brexit. Mr Loughton said that impact was unclear but that previous overseas recruitment was no longer a viable option. Ms Martin said that the opportunity to have an education programme alongside their clinical career was attractive. Ms Whatley said that it was very attractive to existing staff as a retention and development opportunity.

Mr Dunshea asked about the option summary and asked for confirmation of the recommendation of Option C and when it would commence. Prof. Cannaby confirmed this and that the initial programme would commence from September 2018 using the medical programme augmented by other input from academic and Trust staff alongside medical colleagues where possible and appropriate. Prof. Cannaby highlighted the support of the University in this programme.

**Resolved: that the Clinical Nursing Fellowship Proposal be received and Option 3, page 8 be approved.**

**Action:** That the scrutiny of the progress of this proposal will be undertaken by the Workforce and Organisational Development Committee of the Board.

**TB. 6986: Infection Prevention Annual Report 2017/18**

Ms Whatley introduced the report and provided an overview in relation to the annual programme of work and recent national changes to the target relating to Gram Negative Bacteraemia (GNB). She highlighted the awards received recently, the performance report elements with reductions in infections, publications and national recognition in targeted community work. She highlighted the challenges relating to MRSA including screening and wound care, rising Carbapenemase Producing Enterobacteriaceae (CPE) numbers with local changes and improvements including catheter use and the national change to the GNB target level being tackled across the health community. Mr Vanes asked about the anti-biotic prescribing position. Ms Whatley said this was still subject to CQUIN targets and that work continued across the health and social care community. Ms Edwards referred to page 57 regarding care homes standards and she commented that they were still struggling. Ms Whatley said this was the case with struggles to undertake required investments but that infection rates were tackled where possible by other means.

Prof. Cannaby asked what the biggest risk was. Ms Whatley said the control of CPE with early detection and isolation including the investment for detection agreed by the Trust Management Committee. Mr Sharon said it had a cost but moved the approach forward significantly if compared to an outbreak. Dr Odum referred to recent data on anti-biotic prescribing being in line with guidance as now close to 100% and much improved. Ms Rawlings asked whether there was evidence relating to Vertically Integrated (VI) practices. Ms Whatley said the relationships had been strengthened including for investment and works to improve practice environments and she expected this to be clearer over time including the practices in South Staffordshire.

**Resolved: that the Infection Prevention Annual Report 2017/18 be received and noted.**

## **Strategy, Business and Transformation**

### **Performance**

#### **TB. 6987: Financial Report – Month 3**

Mr Stringer introduced the report and the implications of the recent pay award and some of the apparent confusion in the media. He said that the funding position understanding was improved with a reported shortfall and resulting potential future pay pressures. He confirmed it was on the Risk Register and that there were two further years to follow. Ms Martin added that there was also the medical and dental award unfunded pay pressure recently announced. Mr Stringer said it was stages and the full pressure would be from 2019. Mr Stringer referred to the month 3 figures and pressures on pay budgets, temporary pay and activity funding, year-end phased achievements, cash report in the Trust Board Reading Room with risks highlighted. Ms Martin added the initial position now received regarding backlog maintenance and the programme in place including a significant amount for Cannock as a result of previous under-investment. Mr Hemans added that seeking additional funding was agreed. Mr Loughton said this might be referred to the previous due diligence. Mr Dunshea asked about the Capital expenditure for the year ahead and the profile. Mr Stringer said the car parking and other large scheme pacing decisions were being considered. Mr Loughton asked about debtor Trusts actions. Mr Stringer said the agreement was in place in principle with some part payments imminent. Mr Loughton suggested a more robust approach.

**Resolved: that the Finance Report – Month 3 be noted.**

#### **TB. 6988: Integrated Quality and Performance Report**

Mr Vanes said this had been extensively reviewed by recent Board Committee's. Prof. Cannaby referred to the initial revisions in format and presentation and asked for members' views and suggestions. Mr Vanes confirmed that members were happy with the revisions to date.

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

## Regular Reports

### **TB. 6989: Executive Workforce Report**

Ms Griffiths introduced the report and highlighted the work underway on improving appraisals, improvement in staff sickness rates alongside wellness support and the changes to retention figures.

**Resolved: that the Executive Workforce Report be noted.**

### **TB. 6990: Revalidation Report**

Dr Odum introduced the report and noted the statement of compliance required approval to sign-off.

**Resolved: that the Revalidation Report be noted and that the Statement of Compliance be approved (Appendix E).**

## Annual, Six monthly and Quarterly reports

### **TB. 6991: Clinical Audit Update/Report**

Dr Odum introduced the detailed report alongside his view of the ongoing improvement. Ms Martin asked about the issue highlighted under Alert relating to *“Increased engagement from Directorate Audit Convenors and Audit Project Leads required.”* Dr Odum said that it had been disappointing that directorate input and attendance had been poor and that despite time and service pressures, the attendance is part of the individual’s job plans and therefore should be attended. He said this would continue to be actively monitored and dealt with individually if required. Mr Dunshea asked about the Strategy for 2018-2021 and whether there would be any significant change. Dr Odum said it would focus on the national audits participation, NICE guidance benchmarking and the continued increased use of the Quality Improvement Process (QIP’s) replacing audits as the methodology. Mr Dunshea asked when the new strategy would be available. Dr Odum said he would check.

**Resolved: that the Clinical Audit Update/Report be received and noted.**

## Governance, Risk and Regulatory

### **TB. 6992: Trust Risk Register**

Prof. Cannaby said that 4718 Safeguarding Risk had been updated.

**Resolved: that the Trust Risk Register be received and noted.**

### **TB. 6993: Board Assurance Framework (BAF)**

**Resolved: that the Board Assurance Framework be received and noted.**

### **TB. 6994: Board Attendance Return**

**Resolved: that the Board Attendance Return be received and noted.**

**TB. 6995: CQC Action Plan**

Ms. Etches said that the TMC was monitoring the delivery with a changed approach to the QIP method. She said the Action Plan had not been requested by the CQC to date and that recent VI and Cannock visits had taken place with the reports expected in due course. She said that initial feedback was positive and would be reflected as part of the most recent inspection rating.

**Resolved: that the CQC Action Plan be received and noted.**

**Feedback from Board Committees**

**TB. 6996: Chairs Report of the Trust Management Committee of 22 June 2018**

**Resolved: that the Chairs Report of the Trust Management Committee of 22 June 2018 be noted.**

**TB. 6997: Chairs Report of the Finance & Performance Committee of 25 July 2018**

**Resolved: that the Chairs Report of the Finance & Performance Committee of 25 July 2018 be noted.**

**TB. 6998: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 25 July 2018**

**Resolved: that the Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 25 July 2018 be noted.**

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

**TB. 6999: Approved Minutes of the Finance and Performance Committee of 20 June 2018**

**Resolved: that the Approved Minutes of the Finance and Performance Committee of 20 June 2018 be noted.**

**TB. 7000: Approved Minutes of the QGAC Committee of 20 June 2018**

**Resolved: that the Approved Minutes of the QGAC Committee of 20 June 2018 be noted.**

**General Business**

**TB. 7001: Matters raised by members of the general public and commissioners**

None raised.

## **Any other Business**

### **TB. 7002: Date and time of next meeting:**

1 October 2018 at 10a.m. in the Board Room, Corporate Services Centre, New Cross Hospital, Wolverhampton

**TB. 7003:** 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 1:01pm.

DRAFT