

Finance & Performance Minutes 24 April 2019, QGAC and Audit Committee Minutes 24 April 2019

4 June 2019



Agenda Item No: 12.1

Minutes of the Finance and Performance Committee

Date Wednesday 24th April 2019
Venue Conference Room, Hollybush House, The Royal Wolverhampton NHS Trust (RWT)
Time 8.30am

Present:

| <u>Name</u> | <u>Role</u> |
|---------------|--|
| Mary Martin | Non-Executive Director (Chair) |
| Sue Rawlings | Non-Executive Director |
| Junior Hemans | Non-Executive Director |
| Mike Sharon | Director of Strategic Planning & Performance |
| Alan Duffell | Director of Workforce |

In Attendance:

| <u>Name</u> | <u>Role</u> |
|-----------------|---|
| Helen Troalen | Deputy Chief Financial Officer |
| Simon Evans | Deputy Director of Strategic Planning & Performance |
| Tim Shayes | Head of Service Efficiency & Delivery |
| Keith Wilshere | Trust Secretary (part) |
| Will Nabih | Head of Estates Development (part) |
| Claire Richards | PA to Director & Deputy Director of Strategic Planning & Performance (Mins) |

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| 039/2019 | <u>Apologies for Absence</u> Apologies were received from K Stringer and G Nuttall. M Martin introduced T Shayes, Head of Service Efficiency & Delivery. | |
| 040/2019 | <u>Minutes of Meeting Held on 20th March 2019</u> The minutes were agreed to be a true record. | |
| 041/2019 | <u>Action Points From Previous Meeting</u> | |
| 041.01 | <u>Finished Consultant Episodes</u> – H Troalen stated that she would provide an update on FCEs at the May Finance & Performance Committee Meeting. | HT |
| 042.02 | <u>Trust Financial Report (MSFT Funding)</u> – H Troalen confirmed that the Trust continues to pursue the remaining 2 payments of £0.2m MSFT funding that the Department of Health had not paid. M Martin stated that she would draft a letter, as Finance & Performance Committee Chair, for H Troalen to send asking for an explanation regarding the outstanding funding. S Rawlings asked if Staffordshire had also received an underpayment. H Troalen stated that Staffordshire had not. | HT/MM |
| 043.03 | <u>Division 1 Performance Update (Audit Report)</u> – L Grant stated that he will submit a copy of the report once available. C Richards agreed to obtain a submission date from L Grant. | CR/LG |
| 043.04 | <u>Committee Meetings Terms of Reference</u> – K Wilshere confirmed that the 2 yearly self-assessment requirement had been included in the QGAC, F&P and TMC Remuneration Committee Terms of Reference. K Wilshere is awaiting confirmation at the next review from WODC (end April), Charity Committee (end June) and Audit Committee (end April) and agreed | |

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| | to feedback once completed. Action closed. | |
| 043.05 | <u>HARBR Taster Sessions</u> – Has been arranged for Mary Martin, Sue Rawlings, and Junior Hemans to take place on 24 th April. Action closed. | |
| 043.06 | <u>SR8 (Positive Assurance Update)</u> – M Martin had previously suggesting adding weekly reviews and COO sign off process for agency spends. A Duffell had also suggested adding that the Trust was trialling the use of the LMS system to electronically record agency usage within Division 3 and if successful would roll out to Division 1 and 2. See 046.01 for BAF update. Action closed. | |
| 043.07 | <u>SR8 (Control Update)</u> – M Martin had suggested that G Nuttall add a control to this risk surrounding pay, bank costs and the increasing trend within medical bank costs. See 046.01 for BAF update. Action closed. | |
| 043.08 | <u>Health Visiting/Nursing Statistics</u> – S Rawlings asked for an update on the health visiting/nursing statistics on p12 of the report. The Health Visiting/Nursing statistics are reported a month in arrears. Action closed. | |
| 043.09 | <u>Vacant Post Figures</u> – The Committee had queried the vacant post figures on page 11 of the report. H Troalen confirmed that the figures were correct. Action closed. | |
| 043.10 | <u>Supplementary Report (Action Plans)</u> – M Martin expressed concerns that a number of the appendices did not have the action plans completed. H Troalen confirmed that actions were ongoing and that action plans would be in place May onwards. | HT |
| 043.11 | <u>Annual Income & Expenditure Plan</u> – K Stringer agreed to provide S Field with a copy of the final paper. Completed. Action closed. | |
| 043.12 | <u>The Operating Game Training</u> – Training Dates have been circulated to NEDs. Action closed. | |
| 044/2019 | <u>Matters Arising</u> | |
| 044.01 | <p><u>Budget Setting Paper</u> – H Troalen presented a copy of the Income and Expenditure Budget paper outlining the present plan to achieve the Trust’s control total for 2019/20. The paper included changes that had taken place since it was presented to Trust Board on 4th March and outlined the key risks around the financial plan.</p> <p>The paper reported a funding gap of £9.8m. Following a series of mitigations the Trust is now predicting a year end figure of £5.0m surplus including PSF and MRET funding.</p> <p>H Troalen highlighted the following risks:</p> <ul style="list-style-type: none"> • MSFT transaction support (£6m) and financial support requested from NHSI (£5.1m) have been requested but may not be approved. • CIP delivery is in excess of what has been delivered in past years. £4.9m of CIP is identified as high risk and £10.6m as medium risk. • £13.5m of vacancy factor is built into budgets. Based on 2018/19 performance, there could be a risk around half of this, leaving a possible cost pressure that could be estimated at £6.8m. • Divisions have identified £6.7m of risks to the plan that have not been included in budgets as the Trust aims to mitigate them. | |

| | <p>The Committee agreed that it was difficult to relay accurate information in regards to the Trust's end of year financial position when last minute funding was allocated to the Trust which made a huge difference to the final financial position. M Sharon stated that a team of Executive Directors, Deputy Directors and Heads of Department had visited each of the Directorates to accurately portray the Trust's financial position, encourage engagement with the Clinical Quality Improvement team and to discuss annual planning.</p> <p>The Finance & Performance Committee approved the budgets, whilst noting the risks identified.</p> | | | | | | | | | | | | | | | | | | | | |
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| 045/2019 | <p><u>Declarations of Interest</u> There were no declarations of interest.</p> | | | | | | | | | | | | | | | | | | | | |
| 046/2019 | <p><u>Governance</u></p> | | | | | | | | | | | | | | | | | | | | |
| 046.01 | <p><u>BAF Update</u> – The Committee discussed the BAF update.</p> | | | | | | | | | | | | | | | | | | | | |
| 046.01.01 | <p><u>SR8</u> – M Martin asked for assurance around bank/agency spend within pay. A Duffell confirmed that bank is agreed at local level but that agency locum spend is going to be treated in the same way as medical bank with an additional tier for sign off by the COO. The Committee asked that the gaps in control GC5 be updated in relation to bank/agency spend. Update: K Wilshere has confirmed that this action has now been completed. Action closed.</p> <p>A Duffell stated that there was a need to have a conversation with A Cannaby re additional checks for Nurse Bank. H Troalen informed the Committee that M Worton was working with Dr Odum to tighten agency/bank spend within the Medical Workforce Group.</p> | | | | | | | | | | | | | | | | | | | | |
| 046.01.02 | <p><u>SR9</u> – The Committee asked that GC4 be updated to reflect that there is now an agreement in place with Staffordshire CCG. K Wilshere agreed to liaise with K Stringer regarding this.</p> | KW | | | | | | | | | | | | | | | | | | | |
| 046.01.03 | <p><u>Red Risks</u> – K Wilshere highlighted the red risk review and was asked to ensure that the following risk owners provide updates:</p> <p>4661 Dr Odum/I Badger 5088 T Powell 5182 Dr Odum/L Grant</p> | KW | | | | | | | | | | | | | | | | | | | |
| 047/2019 | <p><u>Financial Performance for Period 12</u></p> | | | | | | | | | | | | | | | | | | | | |
| 047.01 | <p><u>Trust Financial Report and Forecast Outturn –</u></p> <table border="1" data-bbox="263 1594 1305 1742"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Year to Date</th> </tr> <tr> <th>Plan £'000</th> <th>Actual £'000</th> <th>Variance £'000</th> </tr> </thead> <tbody> <tr> <td>Surplus/ (Deficit)</td> <td>(71)</td> <td>(9,773)</td> <td>(9,702)</td> </tr> <tr> <td>Achieved PSF</td> <td>11,415</td> <td>7,420</td> <td>(3,995)</td> </tr> <tr> <td>Control Total Surplus/ (Deficit)</td> <td>11,344</td> <td>(2,353)</td> <td>(13,697)</td> </tr> </tbody> </table> <p>The report stated that before PSF funding the Trust delivered a £9.8m deficit. The receipt of £7.4m of PSF funding improves this position to a £2.4m deficit. H Troalen confirmed that PSF funding has been agreed. Since the paper was written further central funding has been made available (£4.81m) plus a further I&E improvement of £0.564m resulting in a declared surplus of £3.02m against the control total.</p> | | Year to Date | | | Plan £'000 | Actual £'000 | Variance £'000 | Surplus/ (Deficit) | (71) | (9,773) | (9,702) | Achieved PSF | 11,415 | 7,420 | (3,995) | Control Total Surplus/ (Deficit) | 11,344 | (2,353) | (13,697) | |
| | Year to Date | | | | | | | | | | | | | | | | | | | | |
| | Plan £'000 | Actual £'000 | Variance £'000 | | | | | | | | | | | | | | | | | | |
| Surplus/ (Deficit) | (71) | (9,773) | (9,702) | | | | | | | | | | | | | | | | | | |
| Achieved PSF | 11,415 | 7,420 | (3,995) | | | | | | | | | | | | | | | | | | |
| Control Total Surplus/ (Deficit) | 11,344 | (2,353) | (13,697) | | | | | | | | | | | | | | | | | | |
| 047.01.01 | <p><u>Forecast:</u> The Trust has maintained a forecast of a £14.8m deficit since month 9 with a best case scenario of a £13.7m deficit. However, since that time a number of unplanned benefits have materialised which have improved the position. In reviewing the year end position, it</p> | | | | | | | | | | | | | | | | | | | | |

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| | <p>would be a reasonable expectation that the Trust could have forecast c. £1.3m of this improvement. The balance of £3.7m is due to unexpected expenditure benefits (£1.1m) and unexpected year end patient income from commissioners (£2.6m). Of the £5m improvement, £3.1m was only known in month 12 whilst the balance has been reported as an improving position over the final quarter.</p> | |
| 047.01.02 | <p><u>Financial Risks:</u> M Martin asked for an update on the main risks. H Troalen provided the following update:</p> <ol style="list-style-type: none"> 1) Patient income risks <ol style="list-style-type: none"> a) Transacting the aligned incentives contracts - the year end positions with Wolverhampton CCG and Staffordshire CCGs have been agreed using the aligned incentive contract terms and conditions and this is reflected in the year end position. b) Securing transition funding for the 2017/18 ward closure (£1.1m) - this has been agreed and the funding is in the year end position. c) Agreeing the return of readmissions money (£0.9m) - this has been agreed and the funding is in the year end position. d) Agreeing funding for the AEC/frailty model of care (£0.9m) - this has not been agreed and is under further discussion. 2) Confirmation of the £6.0m funding for MSFT support. The Trust has received £5.8m in cash and continues to seek an explanation about the £0.2m shortfall in this year and in 2017/18. 3) The accounting treatment of single asset lives is improving the forecast by £1.4m, subject to audit. H Troalen stated that D Loughton would provide a further update during the Audit Committee Meeting later that day. | |
| 047.01.03 | <p><u>Patient Income:</u> In month 12 patient contract income is £40.8m which is an under performance against plan of £1.4m.</p> | |
| 047.01.04 | <p><u>Pay:</u> In month 12 there are 8,654 WTEs in post, against a plan of 8,831 WTE, which is an increase of 163 from month 11.</p> | |
| 047.01.05 | <p><u>Cash:</u> At the 31st March 2019 the Trust had a cash balance of £16.0m which is £3.3m below the plan.</p> | |
| 047.01.06 | <p><u>Total Pay Against Budget (Page 7):</u> M Martin stated that the Trust was over budget every month last financial year and asked why holiday pay was not calculated on a month by month basis to smooth this out. H Troalen stated that this did not take place due to the number of transactions involved. However, it was appropriate to hold people to account to ensure that annual leave was scheduled and taken appropriately throughout the financial year. A further discussion took place regarding medical staffing e-rostering. A Duffell confirmed that the Trust is aiming to have this in place by October 2019.</p> | |
| 047.01.07 | <p><u>Directorate Expenditure Budgets – Pay (Page 16):</u> M Martin expressed concerns regarding the increase in pay bill from £328m to £364m. H Troalen stated that some of this was due to the Agenda For Change (AFC) Pay Award and some due to Pathology coming onto payroll. A Duffell confirmed that the second wave of the AFC pay award will be implemented this month and has been built into the pay budget.</p> <p>The Committee recognised the hard work that had been completed by everyone to achieve the final year end result.</p> | |

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| 047.02 | <p><u>Supplementary Finance Report</u> – The supplementary report was read in conjunction with the Finance Report.</p> <p><u>Year End Outturn (Page 12)</u> – H Troalen talked through the month 9 forecast outturn to actual month 12 outturn, highlighting the changes. J Hemans queried the reduced drug tariff income change. H Troalen stated that this was a pass through cost. H Troalen informed the Committee that the WIP adjustment was due to Wolverhampton CCG suggesting that the Trust review the tariff.</p> <p>The report was noted.</p> | |
| 047.03 | <p><u>Five Year Capital Programme 19/20</u> – M Martin informed the Committee that this report had been submitted to Trust Board for approval but had not yet been approved at Committee level and that the report was not up to date and required amendment. The report has since been revised, approved at Capital Review Group (CRG) and has been submitted to Finance & Performance Committee (albeit with very short notice) for approval prior to submission to Trust Management Committee and Trust Board. H Troalen stated that final recommendations within the report had been made on the assumption that the CRL will be approved.</p> <p>W Nabih attended the meeting and clarified the amendments to the report, highlights are as follows:</p> <ul style="list-style-type: none"> • Stroke funding has been moved into financial year 19/20. H Troalen confirmed that Stroke funding has been approved and will be received during 19/20. • Year 1 Pathology has been moved into financial year 19/20 and has not yet been approved. • The Trust has brought forward an additional £3.3m from last year’s programme to this year’s programme. W Nabih expressed thanks to everyone involving in assisting with this process. • Wrekin house development has been added to the 19/20 programme. • IT spend has been uplifted from £1.3m to £2m to enable the Trust to bring forward PC replacement throughout 19/20. • Linac funding has been moved to 20/21. Currently awaiting feedback from S West and G Nuttall to CRG as to whether this is feasible. • Multi-storey car park is being completed during the 19/20 programme. <p>M Martin asked if the IT uplift would ensure that the Trust is compliant with cyber security requirements. M Martin suggested a benchmarking exercise take place to ensure this was on par with other organisations. A Duffell stated that other IT investment had been made outside of the IT budget such as e-rostering etc. M Martin asked that N Bruce provide a balanced overview on where the IMT funding would be utilised to the Committee via email outside of this meeting.</p> <p>M Sharon informed the Committee that K Stringer is now chairing an IT Strategy Development Group</p> <p>M Sharon informed the Committee that the 2 Black Country STP bids for West Park and Cancer had been supported by the STP but not nationally supported. Future bids included in the report are aspirational and include; Outpatients Department, Radiopharmacy, Aseptics, Maternity, MRI, Vascular Cancer and Ward Block. Work is underway to examine maternity reconfiguration to try to improve the current capacity.</p> <p>Committee members were asked to forward any feedback on the report to W Nabih prior to the Trust Board Meeting on 13th May.</p> <p>The Committee noted the report.</p> | NB |

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| 047.04 | <p><u>Financial Recovery Board (FRB) Report</u> – The 2018/19 CIP Target was £25m. This was broken down into £15.m recurrent CIP Target and £10m non-recurrent CIP Target. At month 12, the Trust has delivered £14.070m, this equates to 56.3% of the overall target. Of which, the Trust’s recurrent delivery is £1.944M and non-recurrent delivery is £12.126M.</p> <p>M Martin stated that savings had improved on last financial year but that a lot of work was required this year in order to realise anticipated savings. M Martin suggested a discussion regarding the anticipated realisations of the Outpatient Project at next month’s Finance & Performance Committee Meeting</p> <p>The report was noted.</p> | GN |
| 047.05 | <p><u>Temporary Staffing Expenditure Dashboard</u> – The report was noted.</p> | |
| 048/2019 | <p><u>Performance</u></p> | |
| 048.01 | <p><u>Performance Element of the IQP Report (National & Contractual Standards)</u> – S Evans provided highlights of the report as follows:</p> | |
| 048.01.01 | <p><u>Referral to Treatment Incomplete</u> – Performance saw deterioration during March, this indicator continues to be affected by the rise in urgent referrals into cancer 2 week wait taking priority over routine appointments. Maxillo Facial have produced a recovery action plan and trajectory, Ophthalmology are currently in the process of doing the same. S Evans stated that RTT figures have increased from December onwards. The Trust has moved to an electronic referral system and no longer receives paper referrals from GPs. In order for the Trust to receive payment every patient has to have a unique reference number (UBR). Unfortunately patients are not always able to book appointments due to capacity issues and the Trust has to contact them to rebook an appointment. Patients are unable to move from ERS to PAS until they receive an appointment. Due to technical issues with this process the Trust has developed a manual solution where a data file is sent to the information team and imported manually each evening. This has resulted in RTT figures increasing as all patients are now visible on the revised system. S Evans stated that he will be attending a meeting in the near future to discuss the benefits of capacity alerts on the system.</p> <p>M Martin stated that an objective for the Committee this year was to understand hot spots surrounding RTT. M Martin asked to meet with S Evans to discuss this further. Update: Meeting arranged to take place on 16th May. Action closed.</p> | |
| 048.01.02 | <p><u>Diagnostics</u> – This target remains within standard for March 2019. The Trust continues to see a higher number of cardiac referrals into Radiology for CT and MRI Heart. The radiology department continues to work closely with the Cardiac Directorate to utilise scan capacity and in addition to this extra capacity has been made available during April and May 2019 to maintain compliance of this target.</p> | |
| 048.01.03 | <p><u>Emergency Department</u> – Although the Trust failed to achieve the target during March, it should be noted that year end performance was significantly better than average and ranked RWT in the top quartile of all ED performance across the country and 2nd best performing Trust across the West Midlands. One patient who breached the 12 hour decision to admit target during the month, this was a Mental Health patient awaiting a specialist inpatient bed.</p> | |
| 048.01.04 | <p><u>Ambulance Handover</u> – Saw an improvement during March 2019 for both the 30-60 minutes and the >60 minute target compared with the previous month. The Trust continues to see a rise of ambulance conveyances into the Trust, receiving an additional 531 (11.84%) during the month compared with the same period last year. This equates to an additional 17 ambulances</p> | |

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| 048.01.05 | <p>per day or the equivalent of 3.5 days additional activity. S Evans stated that the Trust received 7% more ambulances this year than last and informed the Committee that the Trust had declared 2 level 4 escalations this month.</p> <p><u>Cancer</u> – The Trust is currently predicting possible failure of the 2 week wait, 2 week wait Breast Symptomatic, 31 Day First Treatment, 31 Day Sub Surgery, 31 Day Sub Radiotherapy, 62 Day wait for First Treatment and 62 Day Consultant Upgrade for March, validation is on-going. Final cancer data is uploaded nationally 6 weeks after month end. Specific actions are:-</p> <ul style="list-style-type: none"> • Provide additional CTC capacity to support bowel screening. • Improve the quality and timeframes of tertiary referrals. • CCG to support GP's to improve referrals into the Trust. • Manage significant impact of rearrangement of Black Country pathology services, whilst maintaining current good turnaround times. • Review Radiotherapy pathway. • STP meeting scheduled for 1st May to discuss Black Country Breast capacity. <p>The Committee noted the report.</p> | |
| 048.03 | <p><u>Cancer Action Plan</u> – The action plan was noted.</p> | |
| 048.04 | <p><u>Performance against Contractual Standards (Fines)</u> – S Evans informed the Committee that Wolverhampton CCG have agreed to reduce the e-discharge target and felt that the Trust would be close to achieving the target this financial year.</p> <p>The report was noted.</p> | |
| 048.06 | <p><u>Contracting Round</u> – M Sharon provided a verbal update, stating that CQUINs have not yet been agreed for 2019/20. The proposed targets will be difficult to achieve but will be protected via the Aligned Incentive Scheme. M Sharon stated that negotiations had gone well and that the Trust achieved as good a settlement as expected.</p> | |
| 048.07 | <p><u>STP Update</u> – M Sharon provided an update on STP stating that the Black Country STP is being asked to provide a demand and capacity model. A meeting is also planned to take place on 25th April to provide a progress update on STP capital bids. RWT will be asked to provide an update on Pathology at that meeting. A discussion took place regarding the proposed boundary changes for NHS Sandwell & West Birmingham CCG.</p> <p>M Sharon reported that Staffordshire CCG are planning a public engagement exercise, it is unclear what this is in relation to at present. M Sharon stated that there is also an increasingly clear path to merge the CCGs in the black country by 2021.</p> <p>A Duffell informed the Committee that a Workforce and Clinical Leadership 10 Year Planning Workshop was taking place on 30th April and that he would be attending with Dr Odum on behalf of RWT.</p> | |
| 048.08 | <p><u>Tender Report</u> – M Sharon provided an update, informing the Committee that the Trust had successfully won the Cervical Screening & HPV Service tender. The contract is due to commence on a phased roll out from 1st July 2019 and will secure up to £51.3m income for the Trust over the next 7 years.</p> <p>Tenders for Physiotherapy Services and Occupational Health Services have been submitted and we are awaiting the outcome.</p> | |

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| | <p>Future tenders consist of:</p> <table> <tr> <td>DVLA Pathology</td> <td>Value: £5,024,333</td> </tr> <tr> <td>Community Musculoskeletal Services</td> <td>Value: TBC</td> </tr> <tr> <td>Falls Prevention Services</td> <td>Value: £256,902 per annum</td> </tr> <tr> <td>Community Equipment Service (ILS)</td> <td>Value: £55,000 per annum</td> </tr> <tr> <td>Stereotactic Ablative Body Radiotherapy (SABR)</td> <td>Value: TBC</td> </tr> </table> <p>M Sharon informed the Committee that a number of tenders that will arise that fall under the Black Country Pathology Service and that additional support will be required at RWT to manage this.</p> <p>The report was noted.</p> | DVLA Pathology | Value: £5,024,333 | Community Musculoskeletal Services | Value: TBC | Falls Prevention Services | Value: £256,902 per annum | Community Equipment Service (ILS) | Value: £55,000 per annum | Stereotactic Ablative Body Radiotherapy (SABR) | Value: TBC | |
| DVLA Pathology | Value: £5,024,333 | | | | | | | | | | | |
| Community Musculoskeletal Services | Value: TBC | | | | | | | | | | | |
| Falls Prevention Services | Value: £256,902 per annum | | | | | | | | | | | |
| Community Equipment Service (ILS) | Value: £55,000 per annum | | | | | | | | | | | |
| Stereotactic Ablative Body Radiotherapy (SABR) | Value: TBC | | | | | | | | | | | |
| 049/2019 | <u>Reports to Note for Period 12</u> | | | | | | | | | | | |
| 049.01 | <u>NHSI Monitoring Return</u> – The return was circulated following the meeting as the deadline for the return was 24 th April. | | | | | | | | | | | |
| 049.02 | <u>NHSI Monitoring Return Commentary Template</u> – The commentary template was circulated following the meeting as the deadline was 24 th April. | | | | | | | | | | | |
| 049.03 | <u>Annual Work Plan</u> – The work plan was noted. | | | | | | | | | | | |
| 049.04 | <u>Finance Minutes</u> – The minutes were noted. | | | | | | | | | | | |
| 049.05 | <u>Capital Report</u> – The report was noted. | | | | | | | | | | | |
| 050/2019 | <u>Date and Time of Next Meeting</u> The next Finance & Performance meeting will take place on Wednesday 22 nd May 2019 at 8:30am, Conference Room, Hollybush House. Reports will be required by 12 midday on Friday 17 th May. Apologies were received from J Hemans, S Rawlings and A Duffell. M Martin stated that she would ask another Non-Executive Director to attend the meeting in the NEDs absence. | | | | | | | | | | | |

Minutes of the Joint Audit Committee & Quality Governance Assurance Committee

held on:

Date Wednesday 24 April 2019
Venue Conference Room, Hollybush House
Time 1.00pm to 3.00pm

| Present: | Name | Role |
|-------------------|--------------------------------|---|
| | R Dunshea (RD) (Chair) | Non-Executive Director |
| | M Arthur (MA) – Part* | Head of Governance |
| | R Edwards (RE) | Non-Executive Director |
| | S Kabirat (SK) | Counter Fraud Specialist – Grant Thornton |
| | E Mayne (EM) | Senior Manager – Grant Thornton |
| | M Martin (MM) | Non-Executive Director |
| | M Morris (MMo) – Part* | Deputy Chief Nursing Officer |
| | G Nuttall (GN) – Part* | Chief Operating Officer |
| | D Sharif (DS) | Senior Manager - KPMG |
| | A Smith (AS) | Head of Internal Audit – Grant Thornton |
| | M Stocks (MS) | Partner – Grant Thornton |
| | H Troalen (HT) | Deputy Chief Finance Officer |
| | K Wilshere (KW) – Part* | Company Secretary |
| | | |
| Apologies: | Name | Role |
| | A M Cannaby | Chief Nursing Officer |
| | D Loughton | Chief Executive |
| | K Stringer | Chief Finance Officer |
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NB – Part * - agenda items 8 and 12 were discussed at the end of the meeting without these attendees present as they were asked by the Chair to leave as they are not part of the Audit Committee

The Royal Wolverhampton NHS Trust

| Item No | | Action |
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| 1 | <p>Apologies for absence</p> <p>Apologies for absence were noted by the meeting.</p> | |
| 2 | <p>Declarations of Interest</p> <p>There were no Declarations of Interest.</p> | |
| 3 | <p>Minutes of the Previous Meeting</p> <p>The minutes of the meeting held on Wednesday 25 April 2018 were accepted as a correct version.</p> | |
| 4 | <p>Matters arising from the Minutes</p> <p>There were no matters arising from the minutes and the action log was updated as agreed.</p> | |
| 5 | <p>Internal Audit Plan for 2019 / 2020</p> <p>RD advised the meeting that the report had been circulated prior to the meeting and he has received some comments which were then feedback to EM and AS. Comments have also been received from the Executives.</p> <p>MA advised the meeting of several queries:</p> <p>Page 5 – Risk Management – IA Sponsor is listed as Trust Company Secretary – agreed that the lead should be Governance.</p> <p>Page 5 – Data Security & Protection Toolkit – Proposed timing – Q4 – Indicative Days – 10 – MA advised that in 2018/2019 this was to be completed in Q2 but was completed in Q4. MA asked if this audit could be completed in Q2 and discussion to scope the audit to be undertaken in Q1. MA enquired if the indicative days could be increased. AS replied that this may be difficult but could be looked at, via reducing the number of days on another review. HT suggested that the number of days for Cash Collection – management of working capital is reduced and these days given to the Data Security & Protection Toolkit. Following agreement AS agreed to make these changes.</p> <p>RE enquired about the Consultant Job Planning and asked what was expected to be looked at in Q2 and will the software be in place to be able to action. RD advised the meeting that he had spoken to Dr Brian McKaig, Deputy Medical Director, who had advised that the software is called Allocate and it is due to go live in May. Between May and September the plan is to get all of the Consultants job plans onto the new system. The plan is then that Dr McKaig will review the job plans during October and November and a report will be submitted to the September Audit Committee on progress over the summer. After a brief discussion it was agreed to alter the proposed timing to Q3.</p> <p>Resolved: Report accepted with changes</p> | |
| 5.1 | <p>Audit Committee Progress Report and Sector Update – A Smith</p> <p>AS presented the above paper to and noted that Grant Thornton have delivered 151 of the 175 days in the audit plan. There is additional work to be undertaken in regards to the Governance review which is currently ongoing and is in regards to the Board Assurance Framework and this will be completed in advance of the May meeting.</p> | |

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| | <p>Work is also on-going in regards to the Clinical Strategy Review which is around learning from deaths compliance with policy. This review was delayed due to the Endoscopy review request by Dr Odum. AS advised the meeting that this piece of work may go past May and will have no impact on the Trust. AS mentioned to the meeting that the Endoscopy review will be continued once the Root Cause Analysis work has been completed. GN confirmed that all of the work will be completed by mid-May and feels that June would be a good time to continue the review.</p> <p>MM asked what the specific focus of the Endoscopy Waiting List Management audit. GN replied that Dr Odum has updated an issue that has been found in Endoscopy around surveillance patients and the waiting list management of those particular patients and the length of time. This matter had been reported to the Trust Board (private section). Therefore the Trust has asked Internal Audit to review the systems, process and actions that have subsequently been taken around SOP's to try and offer reassurance that the processes that have been put in place will not have a similar situation. It is a more a process review than clinical.</p> <p>AS advised the meeting that Internal Audits had picked up a piece of assurance work in regards to Clinical Research Network. This work is virtually complete and is hoped to be a positive assurance.</p> <p>MM asked for the reasoning behind the Governance work not being completed. AS replied that the plan was for this audit to be undertaken late into March / April and assured the meeting that it is not too far off being completed. Following discussion it was agreed to change the title of start date and make the internal audit plan clearer.</p> <p>Resolved: Report accepted with changes</p> | |
| 5.2 | <p>Recommendation Tracker – A Smith</p> <p>AS presented the above report to the meeting and it was noted that there are 19 recommendations which remain outstanding. AS advised the meeting that to date 11 of the recommendations remain overdue.</p> <p>MA asked about the one item for Governance that was not listed and enquired if it was for Risk Management Training for all staff. AS confirmed that he would check. MA informed the committee that it was an on-going / in progress action. MM advised the meeting that this recommendation was mandatory training status for all staff to complete the Risk Management Training. The Trust's Education and Training department have requested that all user bulletins, advertise market etc due to the pressure on staff because of the number of mandatory training requirements. However, this training is available for all staff to complete on the Intranet. MM supported the Trust's view on additional mandatory training.</p> <p>RE asked about the high risk for Pharmacy and enquired if once the Standard Operating Procedures have been created will this audit be compliant. AS confirmed that once written and approved this audit will be compliant. RE asked why it had taken so long, GN apologised and said she was unaware of the reasoning but would speak to Dr Odum. MM queried the Waiting List Initiatives and mentioned that the policies had been agreed and the split off rates was a separate issue. GN commented that she thought the policy had been agreed as well as it went to a Local Negotiating Committee (LNC) and subsequently this produced further questions. GN continued that there have been separate meetings with the LNC to ensure that the policy was agreed.</p> <p>MM continued that at a previous Audit meeting that any high risk recommendation which had missed its implementation date that the officer responsible would come to the committee to give their reasoning. MM mentioned that to date this had not been</p> | |

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| | <p>implemented. Following a lengthy discussion within the committee it was agreed that in future meetings the responsible officer of high risk recommendations would be in attendance to explain why the recommendations have not been implemented or to provide an update / assurance to the committee. The meeting agreed that the Trust needs to have staff employed who are striving to improve the Trust and the care provided to the patients etc. RD raised his concerns in regards to the level of dialogue between the responsible officer and Internal Audit and the responsible officer signing up to items without being approved by the Executives.</p> <p>RE raised concerns about the due date (30.11.17) for annual leave and study leave of Medical Staff. After a brief discussion it was agreed that the responsible officer would be invited to the May Audit committee for update. HT and GN to pick up outside of the meeting.</p> <p>MA asked when a report is completed who does it go to for sign off, i.e. the responsible officer, those that contributed to the audit etc. GN confirmed that the reports go back to the Executives and if there are any disagreements or discussions GN and EM speak at length to ensure the issues are resolved.</p> <p>Resolved: Report accepted</p> | |
| 5.3 | <p>Core Financial Controls - E Mayne</p> <p>EM presented the above report to the meeting and noted that the review focused on potential risks:</p> <ul style="list-style-type: none"> • Cash & bank • General Ledger • Accounts payable • Accounts receivable • Payroll (to include HR for leavers / joiners / changes) <p>EM explained that key financial controls within each of the areas and these have been tested. Overall significant assurance with some improvement required has been given. EM continued that it is credit to the team that there is only one low recommendation and two areas of improvement. EM commented that this is a good report for the Trust.</p> <p>EM commented that from the action plan the recommendations have been agreed and these will be followed up in due course.</p> <p>MM asked why the recommendation will take until the end of December 2019 to implement. HT replied that she thinks this is due to the roll out of TRAC and using the functionality within the new system.</p> <p>DS commended the report and commented that there were no issues around the 40 tested.</p> <p>Resolved: Report accepted</p> | |
| 5.4 | <p>Data Security & Protection Toolkit - E Mayne</p> <p>EM presented the above report and commented that it is a longer report as it is a more detailed.</p> <p>EM reminded the meeting that there has been previous discussions already held at Audit Committee about the context and the information is a new set of guidelines for the Trust.</p> | |

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| | <p>The meeting was assured that a methodical approach was taken to work through the 100 mandated indicators that the Trust needed to report against. The report indicated some areas of good practice and some areas requiring improvement. Partial assurance has been given with improvements required. Acknowledgement has been given to areas where actions have been taken but the question raised is the evidence in the portal. At the time of the report being written there was no evidence written in the portal. This has been reflected in the report. Recommendation have been made (one x high, three x medium and one x low), these recommendations need to be worked on and EM confirmed that Grant Thornton have worked closely with Raz Edwards (RE) to understand where she feels the Trust is. EM advised the meeting that RE held responsibility and had full oversight. However the Trust has now agreed that this is such a big area it is to be divided between other staff. The Trust now needs to make sure that staff understand their responsibility and the depth of their responsibilities.</p> <p>MM asked for clarification on the date of when this report was looked at. EM confirmed that the report was produced as late as possible. MM confirmed that following a report from Trust Board it was noted that the Trust did not achieve the audit by the end of the financial year. EM advised the meeting that with the work she undertakes with other Trusts she is not aware of any other Trust being compliant.</p> <p>MM noted that the report's due dates were to be finalised and asked if the report would be brought back to the committee with dates. EM mentioned that RE did not want to put dates in herself because that is not encouraging to those taking responsibility. EM assured the meeting at the next IG Action Group in May, staff will be invited to report back with a detailed plan of what needs to be delivered and when by.</p> <p>RD asked if it is felt by the Internal Audits that this is being led correctly comparing to other Trusts. AS replied that at this Trust it is being very much led from the top however Data Security & Protection is not embedded throughout the organisation. AS confirmed that most Trusts are not reporting full compliance. RD asked if AS felt that those involved are open to what is being suggested by the Internal Auditors and AS replied yes.</p> <p>Resolved: Report accepted</p> | |
| 6 | <p>Annual Governance Statement 2018/19 – K Wilshere</p> <p>KW presented the above statement to the meeting and informed the committee that it is currently a work in progress and there have been three further versions since the one that was submitted to this meeting.</p> <p>MA mentioned that she had some comments and would forward outside of the meeting.</p> <p>KW confirmed that the first draft needs to be in by Monday 29 April and comments to himself as soon as possible.</p> <p>KW offered his thanks to colleagues for their help in producing this statement.</p> <p>Resolved: Statement accepted with changes</p> | |
| 7 | <p>External Audit Interim Report – D Sharif</p> <p>DS did a verbal update on the above report to the committee.</p> <p>The committee was advised of the financial statements, audit work and quality accounts.</p> <p>Financial statement audit – DS confirmed that he had advised the committee in January</p> | |

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| | <p>of the interim work that had been undertaken. Since then DS advised that he had met with the Trust Valuer on the 27 March and further discussions will take place on the 30 April. A lot of work has already been undertaken in readiness for this meeting.</p> <p>Quality accounts – focus over the last few weeks has been around the testing of the two indicators (VTE and Patient Safety Incident reporting). DS commented that there has been excellent interaction with staff around testing.</p> <p>In regards to the Patient Safety Incident information is still being waited for in regards to the submission of the data set. Issues have been picked up in regards of timelessness both in recording of incidents and the reporting externally. These findings have been shared with the Trust.</p> <p>VTE – DS reported that he is happy to report that the same clinical issues are not being found as last year. This piece of work is to understand the robustness of the data itself. Testing around VTE has identified four incidents where the assessment date was either before the admission date or after the discharge date. This was an issue within the data reporting and not reflected in the clinical notes.</p> <p>RE mentioned that the Quality Accounts would be discussed in the following meeting, Quality Governance Assurance Committee. RE said with regard to the appendix listing clinical audit outcomes that one audit, the SSNAP Stroke audit, is described as fully compliant yet she was aware, having read that audit, that there were a number of areas of non-compliance and an action plan in place to deal with them. RE asked how it was decided if an audit is classed as fully compliant, who makes this decision and on what basis. Following a brief discussion MA agreed to speak to Dr Cherukuri in regards to the SSNAP audit and how audits were categorised.</p> <p>The meeting discussed the timetable for the audit of the accounts and following discussion it was agreed that:</p> <ul style="list-style-type: none"> • Audit Committee (sign-off) – 24 May • Submission Date – 28 May • Trust Board – 3 June <p>Resolved: Update accepted</p> | |
| 8 | <p>Counter Fraud Work Plan- S Kabirat</p> <p>When only members of the Audit Committee were present, SK gave an overview of the Counter Fraud Work Plan.</p> <p>The meeting was informed that the total allocated resource to the proactive counter fraud work plan is 85 days. SK advised that the structure has been changed and the main area is the Prevent and Deter section of the plan. This means that Counter Fraud need to test various areas of risk. Prevent and Deter covers Pre-employment, Procurement and Invoicing. SK gave a brief overview of these three areas.</p> <p>SK gave an overview of three cases which Counter Fraud is investigating for the Trust. The Audit Committee members asked SK questions, sought assurance and raised concerns over the cases. Following the lengthy discussions RD suggested and it was agreed by the committee that RD should speak to Kevin Stringer for clarification on the Trust position.</p> <p>It was agreed to discuss further at the next Audit Committee.</p> | |

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| | Resolved: Reports approved | |
| 9 | <p>Audit Committee – Review of Activities – R Dunshea</p> <p>RD presented the above for information.</p> <p>MM asked that it be noted that RD was not in attendance at the September meeting and she chaired the meeting.</p> <p>Resolved: Report accepted with change</p> | |
| 10 | <p>Quality Governance Assurance Committee / Annual Report / Summary of Activities – R Edwards</p> <p>RE presented the above for information and thanked MA for producing the report.</p> <p>The meeting noted that the committee had agreed to two objectives (the metrics to assure the Board of the performance of all Divisions and Mortality).</p> <p>RE mentioned that QSIG and COG sub groups have produced detailed reviews of compliance and risk status and RE assured the meeting that these two sub-groups are doing an excellent job in assurance.</p> <p>Resolved: Report accepted</p> | |
| 11 | <p>Evaluation of Meeting</p> <p>RD asked the Committee if any future meetings fall on a Bank Holiday if they could ensure papers are submitted in a timely manner.</p> <p>MM asked the Minute Secretary if papers could be added to Diligent as soon as possible as it was hard to mark up on e-mail.</p> <p>RD thanked the Minute Secretary for her work and meeting deadlines.</p> | |
| 12 | <p>Any Other Business:</p> <p>Single Life Implication Briefing Note – April 2019 – H Troalen</p> <p>HT presented the above paper to the meeting and advised that this paper was originally due to be presented at the last Audit Committee but was pulled due to being inappropriate. However it was later felt that this paper should be re-submitted without change.</p> <p>Resolved: Report accepted</p> <p>There was no other business.</p> | |
| 13 | <p>Date and Time of Next Meeting</p> <p>The next meeting of the Joint Audit Committee and Quality Governance Assurance Committee will be convened in April 2020.</p> | |

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COMMITTEES ACTION SUMMARY REPORT

| ITEM | Action to be taken raised from the meeting | Lead | Committee Date | Review date | Update |
|------|---|------|----------------|-------------|--------|
| 7 | <p>External Audit Interim Report</p> <p>RE advised that she found this on the Stroke Audit. Following a brief discussion MA agreed to speak to Dr Cherukuri in regards to the SSNAP audit.</p> | MA | April 2019 | May 2019 | |
| 8 | <p>Counter Fraud Work Plan- S Kabirat</p> <p>Following the lengthy discussions RD suggested and it was agreed by the committee that RD should speak to Kevin Stringer for clarification on the Trust position.</p> | RD | April 2019 | May 2019 | |

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Closed Agenda Items – To be removed at the next meeting

| ITEM | Action to be taken raised from the meeting | Lead | Carried forward from | Committee Review date | Update |
|------|---|------|----------------------|-----------------------|-------------------|
| 5.1 | MM mentioned that to date the Audit Committee had not seen the <i>Cash and working capital management report</i> . JB apologised for this and agreed to send the report to Anne-Louise Stirling for circulation to the Committee. | JB | 25.04.18 | May 2018 | Completed - close |
| 5.3 | MM asked if the report could be reformatted to be in Quarter order as this would be easier to view and monitor. JB agreed to change this. | JB | 25.04.18 | May 2018 | Completed - close |
| 5.3 | MA mentioned that there are a couple of differences between the audit plan for 3 years and the audit plan for this financial year. It is indicated that the Risk Management strategy is not due to be done in this financial year but is indicated to be completed on the proposed internal audit plan. Also the Radiology reporting is due to be done on the internal strategic internal audit plan this year but is not indicated on the proposed internal audit plan for 2018/19. JB informed the meeting that following discussions with sponsors there was a bit of movement. JB suggested that she adds to the report the rationale of why some of the audits have been moved. This was agreed. | JB | 25.04.18 | May 2018 | Completed - close |

Minutes of the Quality Governance Assurance Committee

held on the:

Date **Wednesday 24 April 2019**
Venue **Conference Room, Hollybush House**
Time **3.00pm to 5.00pm**

| | Name | Role |
|-------------------|-------------------------------|-------------------------|
| Present: | R Edwards (RE) - Chair | Non-Executive Director |
| | M Arthur (MA) | Head of Governance |
| | A M Cannaby (AMC) | Chief Nursing Officer |
| | M Martin (MM) | Non-Executive Director |
| | M Morris (MMo) | Deputy Chief Nurse |
| | G Nuttall (GN) | Chief Operating Officer |
| | Dr J Odum (JO) | Medical Director |
| | | |
| Attendees: | K Wilshere | Trust Secretary |
| | | |
| Apologies: | D Loughton | Chief Executive |
| | | |
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| | | |

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| 1 | <p>Apologies for absence</p> <p>Apologies were noted.</p> <p>1a Declarations of Interest</p> <p>There were no Declarations of Interest.</p> | |
| 2 | <p>Minutes of Previous Meeting - Quality Governance Assurance Committee:</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 20 March 2019 were approved as a correct record.</p> | |
| 3 | <p>Matters arising from the Minutes</p> <p>The action log was updated accordingly.</p> | |
| 4 | <p>Regular Reports</p> | |
| 4.1 | <p>Integrated Quality & Performance Report – March – A M Cannaby / G Nuttall</p> <p>GN presented the Performance section of the report.</p> <p>GN advised the meeting that there is deterioration in referral to treatment in several areas (this is the number of patients on a waiting list). The main area is Ophthalmology and GN is currently awaiting a recovery plan in terms of how they are going to rectify the number of patients who are waiting. The number of patients who are waiting over 18 weeks has also increased. Dermatology is the other area which is linked into Cancer and the 2-week waits. However, following a series of meetings with Dermatology it was agreed that their timetables would be reviewed with a view of more appointments being added into the system. GN is hopeful that within May there will be an improvement in Dermatology 2-week waits and it will have an impact on the RTT. The other area of concern is the Head & Neck Division and they have produced a recovery plan and have increased the numbers of outpatient appointments that are available to them. Trust concerns have been submitted to the NHSI and they are accepting of the position. MM reported that during the Finance & Performance meeting earlier in the day, Simon Evans advised that the issue was due to the impact of the extension of the ERS appointment booking system. MM mentioned that she will be meeting Simon to get a better understanding. GN confirmed that this is right but ERS is a national system which has been implemented, however GN is unsure if this is the reason behind the delay in RTT. GN commented that this is a capacity issue with the number of patients been treated and the time that they are being treated.</p> <p>There is a good performance within diagnostics and the Trust has recovered well. There are still challenges within the growing demand in MRI and CT, which are always on the border, however, Endoscopy have recovered.</p> <p>The Emergency Department was very busy in March with April even busier. There was one over 12 hour wait which was a mental health breach in March. GN mentioned that new guidance is being circulated stating patients who are waiting for a mental health bed, who may be at risk of a 12 hour breach need to be admitted. There was one mental health breach in April.</p> | |

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| | <p>MM asked how are the ambulance service coping. GN replied that they are working well with us, however, nationally demand is going up. The Black Country is seeing an increase in demand. There is no one specific reason why ambulance conveyancing is going up.</p> <p>GN updated the meeting on cancer and advised that there is a STP meeting the following week to discuss breast capacity across the Black Country. There has been an increase in not only breast but also gynaecological issues.</p> <p>GN advised the meeting that the 104 day on the 62 day pathway are slowly reducing and Urology is slowly reducing.</p> <p>The Intensive Support Team are still supporting the Trust and GN advised that the Trust has asked for any help and assistance in terms of help and guidance to improve.</p> <p>AMC presented the Quality section of the report.</p> <p>AMC advised the meeting that there is one red on late observations. This could be due to a couple of issues within VitalPac.</p> <p>VTE, including Paediatrics, is still below the target.</p> <p>The meeting noted that in March there were five cases of C-Diff and AMC reported that these cases were across Divisions 2 and 3 and are all in different areas. Cleaning has been increased. The C-Diff target for last year was 34 cases and the Trust only had 31. The meeting agreed that this was good for the Trust but will get harder to sustain.</p> <p>AMC informed the meeting that there was a lot going on within Sepsis and the Sepsis Team and the revised action plan.</p> <p>MM noted that C-section emergencies reduced to 15.5% in March.</p> <p>MM asked if the format of the report would be changing in the new financial year. AMC replied that Simon Evans has spoken to the Executives to discuss the new layout. AMC to clarify current position with Simon Evans.</p> <p>RE queried Falls Causing Harm, the chart indicates one however in the summary it is zero for March. AMC agreed to check.</p> <p>Resolved: Report was accepted</p> | <p>AMC</p> |
| <p>4.2</p> | <p>Board Assurance Framework – Keith Wilshire</p> <p>Prior to the presentation of this report, the meeting was advised that at future meetings the Trust Risk Register would be presented before the Board Assurance Framework. This will help the meeting to ascertain if risks on the TRR should be linked to a risk on BAF, if a new BAF risk should be created or confirm that the risk should be on the TRR without being linked to a BAF risk.</p> <p>KW presented the Board Assurance Framework to the meeting and it was noted</p> <p>0 new risks, 4 red risks: SR1 - Workforce - Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff</p> | |

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| | <p>SR8 - That there is a failure to deliver recurrent CIP's. SR9 - That the underlying deficit that the Trust has (in 2017/18) is not eliminated in medium term to bring the Trust back to financial surplus. SR12 – Mortality rates – reputational risk.</p> <p>Updates SR1 8/4/19, SR8 8/4/19, SR9 9/4/19, SR12 8/4/19.</p> <p>KW advised the meeting that JO had added a new control risk SR12 to negative assurance – GC15.</p> <p>MM queried risk SR12 and negative assurance GC1 and asked if the new date of 1 May 2019 was realistic. JO confirmed that the evidence had been submitted to the Mortality Review Group (MRG) and a report was submitted with the themes coming from the case-note reviews (SJR's). JO advised the meeting that currently there is no system in place to evidence how it is fed back; however this is a matter of time. JO confirmed that this date will be reviewed at the next MRG meeting.</p> <p>KW advised the meeting of the following:</p> <p>Risks already reflected in the BAF: 2080 to SR1 4113 to SR8 and SR9</p> <p>Red risks as of 1/4/19: 4113, 5190 (both scored 20), 4472, 4661, 5182 (all scored 16), 2080 and 5088 (both scored 12).</p> <p>Not referred to in either: 5190, 5182, 5088 (placed on since Audit)</p> <p>KW discussed the following three red risks with the meeting. These were highlighted in Internal Audit review but not reflected in BAF:</p> <p>4472 – Remains scored at 16. GN confirmed that Division have reviewed this risk but due to on-going emergency pressures, at the Divisional meeting it was decided that the risk needs to be in place. Controls and actions are in place but they do have corridor waits and there are delays. Emergency issues are located under the performance matrix.</p> <p>4661 – Remains scored at 16. KW reminded the meeting that this risk has been on a while and JO confirmed that it will be on for a while longer. JO advised the meeting that currently there is no capacity on TD Web due to an issue with the Histopathology results. JO is unable to give a timescale as to when this issue will be resolved.</p> <p>4903 – Has been rescored to 12 (amber). After a brief discussion it was agreed that this risk does not need to be added to the BAF.</p> <p>5088 – KW advised the meeting that this was scored at 12 but is now 16. GN reminded the meeting that this risk has now been closed.</p> <p>5190 – KW mentioned that this risk was originally scored at 20 and following a re-score is 8.</p> <p>5182 – This remains at 16. MM pointed out to the meeting that this risk as a financial</p> | |

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| | <p>implication on the Trust and feeds into SR9 sustainability. MM asked if this risk is scored at 16 which equates to likely happening what is the Trust doing about it. The meeting discussed the risk with JO explaining that the Trust has recently had a network review looking at where each service will be delivered. The Trust is still awaiting the revised proposals from the network. JO is proposing that we await the feedback then make a decision. Agreed to review the risk next month.</p> <p>In order to ascertain which objective is aligned to each risk MA and KW will meet to discuss further.</p> <p>Trust Risk Register – M Arthur</p> <p>MA presented the Trust Risk Register to the meeting and it was noted:</p> <p>2 new risks:</p> <p>5173 - IT infrastructure in Audiology clinics (COO) – RE challenged this risk and asked if it was a Trust risk. GN confirmed that she had also challenged this risk and the reply was that more than 50% of the equipment required replacing / updating. GN feels that this risk should be removed quickly.</p> <p>4523 - Failing Heater Cooler Units (COO) – MA advised the meeting that a couple of actions had been added to Datix since this report. A business case will be developed by June to see which of the units will be suitable for this Trust.</p> <p>MA confirmed that the above two new risks were quite well populated in terms of assurances and actions.</p> <p>4 risks removed:</p> <p>5116 - Provision of 24/7 Critical care Outreach Services (COO)</p> <p>4565 - Delivery of Agency Expenditure (COO)</p> <p>2952 - Patient developing a pressure ulcer due to inadequacies of pressure ulcer prevention equipment in the Community (CNO)</p> <p>4794 - The 2016/17 year end invoice (CFO)</p> <p>MA advised the meeting that there is rationale given for the four removed risks. All have the reasons for downgrading, merging etc.</p> <p>7 red risks:</p> <p>2080 - Risk to quality of patient care: reduced manpower (COO)</p> <p>4661 - Lack of robust system for review and communication of test results (MD)</p> <p>4472 - Delays in Cubicle Assessment and Triage (COO).</p> <p>4113 - Divisional failure to achieve CIP target (COO)</p> <p>5088 - Fragility of SaTH service (COO)</p> <p>5182 - Lack of Network support for Vascular Services at RWT (MD)</p> <p>5190 - ePMA downtime / outage issues (MD) – will be downgraded and removed from the TRR by the next report.</p> <p>MA confirmed that the above seven red risks have been reviewed and are either in date or have been updated.</p> <p>Resolved: Reports were accepted</p> | |

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| 5 | Sub Group Reports | |
| 5.1 | <p>Chairman’s Report – Quality & Safety Intelligence Group (QSIG) – March 2019 – A M Cannaby</p> <p>National Maternity Survey (patient experience) 2018: Division 1 reported that there was a 35% response rate with five questions indicating a 5% improvement and 17 questions indicating a 5% worsening score when compared to the previous year’s results. It was noted that many questions within this survey are subjective.</p> <p>The national survey has been undertaken again during February 2019, these results are not expected to be available until later this year (approx. September 2019).</p> <p>A local survey has also been undertaken by PALS which incorporated all the questions from the 2018 national survey. The local survey has demonstrated a significant improvement in all of the questions that demonstrated a worsening score in comparison to the national 2018 survey.</p> <p>Progress continues with implementation of continuity of care in alignment with the national ambition for better births. A prospective continual audit is being performed to audit against UNICEF Baby Friendly Initiative (BFI). A re-assessment against the national standard will be undertaken in October 2019. Mobility in labour is also being addressed via a relaunch of the high risk model of care; a recent review by NHSI has commended the innovative work that is being done to address mobility in labour.</p> <p>An organisational review of visiting times: Division 1 highlighted some anecdotal feedback from the T&O directorate that their patients now have their visitors with them for longer; as a consequence patients are waiting longer to use toileting facilities as they wish to stay with their visitor. When their visitor leaves the patient then may have a greater sense of urgency to use these facilities which may be a contributory factor as to why some patients are falling.</p> <p>Actions are being undertaken trust-wide and the CNO is aware. Presently only at the information gathering stage. Intended that a trust-wide survey monkey questionnaire will be circulated to all staff in order to ascertain their views/opinions.</p> <p>The meeting discussed visiting times within the organisation. AMC advised that two wards at West Park have different visiting times. Concerns were raised that patients need to rest as well as seeing their family / friends and if visiting times were extended this would not be possible and may have a negative effect on the patient. AMC agreed to review and keep the meeting informed.</p> <p>5.2 Resolved: Chair’s report was accepted</p> <p>Quality & Safety Intelligence Group minutes</p> <p>The meeting accepted the minutes from the March meeting.</p> | |

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| 5.3 | <p>Chairman’s Report – Compliance Oversight Group (COG) – March 2019 – Dr J Odum</p> <p>The key points noted from the COG Chair’s report are:</p> <p><u>Resuscitation Group</u></p> <p>It was noted than in December/January the Trust had replaced over 180 defibrillators, which was a significant piece of work. Consequently the adult cardiac arrest trolley audit was not undertaken in January. It was also noted that face to face training for BLS had been reduced as a result of the rollout. Additional sessions had been put in place to ensure mandatory training numbers are achieved. Requested that a further report to QSIG in May 2019 to provide assurance on the required action.</p> <p><u>Critically Ill and Injured Child</u></p> <p>The report focussed on the recent West Midlands Quality Review Service visit. A lot of good practice was noted, however, there were some issues to resolve. An action plan has been developed. The concerns raised related to nursing numbers on shifts who had advanced paediatric life support training, an issue about colour of arrest trollies (standardisation), access to 24hr report on CT scans and a lack of operational escalation policies on Paediatric Assessment Unit (PAU). There was some concern in QSIG about the timeframe and delivery of the plan, and it was requested that there was a further report in 3 months’ time to ensure the action plan is being implemented.</p> <p><u>CLIP</u></p> <p>The CLIP report was noted, however the increase in medication incidents (from 115 in Quarter 1 to 154 in Quarter 2) was highlighted. There was some discussion with regard to the rollout of EPMA and it was asked for further clarification at the next QSIG meeting.</p> <p><u>Information Governance Steering Group</u></p> <p>The report focussed on the submission of the revised IG assessment tools at the end of March 2019, in which the areas for assessment and evidence required had increased significantly. At the time of the meeting there were 24 mandatory elements outstanding, although plans were in place to reduce this number. It was noticed that if some of the standards could not be met, NHS Digital were likely to accept a robust action plan to meet those standards. Noted that most GP Practices were making reasonable progress. The increased requirement on staff resource to undertake this work was noted.</p> <p><u>ITEMS TO NOTE</u></p> <p><u>Clinical & Theatre Product Evaluation Group</u></p> <p>Good progress was noted in terms of multidisciplinary clinical engagement, with product changes that are resulting in cash releasing efficiencies and no detriment on clinical outcomes.</p> <p><u>Falls Prevention Group</u></p> <p>Good progress continues to be made in all areas, with clear plans in place to reduce all falls.</p> <p>The group noted all of the other reports with no significant issues to escalate or note.</p> | |

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| 5.4 | <p>Resolved: Report was accepted.</p> <p>Compliance Oversight Group minutes – March 2019</p> <p>The meeting accepted the minutes from the March meeting.</p> | |
| 6 6.1 | <p><u>Assurance Reporting / Themed Reviews</u></p> <p>Quality Account – M Morris</p> <p>MMo presented the above to the meeting.</p> <p>The meeting was advised that this is a first draft and approval will be sought from the Trust Board at the June meeting. As previous reports, objectives from last year and how the Trust has performed against them and objectives for the coming year are noted.</p> <p>Learning from Deaths section is drafted in line with the Statutory Requirement. There is also a table with a number of questions in regards to learning from deaths; data is included to meet the requirements.</p> <p>MMo mentioned the Workforce Safeguards which was published in October 2018 by NHS Improvement and organisations are requested to ensure that we publish our compliance with the safeguards.</p> <p>MMo advised the meeting of the other additional requirements for this year:</p> <ul style="list-style-type: none"> • A statement regarding the progress in implementing the priority standards for a seven day service • A statement regarding the ways staff can speak up, including how feedback is provided to those who speak up and how the Trust ensures that staff do not suffer detriment • A statement pertaining to Doctors and Dentists in training, including rota gaps and the plan for improvement. <p>The meeting was informed that the National Inpatient Survey results for 2018 are currently embargoed and cannot be shared outside of the Trust. The CQC inspection reports for Lakeside Medical Practice and Penn Manor Medical Centre have been received and are awaiting official publication.</p> <p>MMo informed the meeting of data not currently available but will be published in the final Quality Account.</p> <p>Key improvement priority areas for 2019/20 include:</p> <ul style="list-style-type: none"> • Workforce • Patient safety • Patient experience <p>RE commented that the draft Quality Account reads well and is easily understandable.</p> <p>RE to feedback comments outside of the meeting.</p> | |

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| 6.2 | <p>RE referred to appendix 3, summarising the clinical audits carried out and their compliance ratings and asked who decides if an audit is fully compliant. She cited the SSNAP Stroke Audit, which is listed as fully compliant, whereas she was aware that there was an action plan to deal with issues of non-compliance. Following a brief discussion, MA agreed to speak to the Directorate.</p> <p>MM asked about the sign off date as the Annual Report has to be submitted by the 29 May 2019. The meeting discussed further and it was agreed that this report would be approved at Board in June for publication at the end of June.</p> <p>Mortality Update Report – Dr J Odum</p> <p>JO presented the above report.</p> <p>The meeting was informed that the Trust have submitted all of the reviews (five in total) to the CQC in regards to the alerting diagnostic groups. There were over 200 case note reviews which were part of the submitted data set. These reviews were also sent to the various regulators.</p> <p>There is a large piece of work being undertaken in regards to Sepsis across the organisation.</p> <p>JO advised the meeting that raw data for Pneumonia has been received from the British Thoracic Society and Dr Ejiofor, Respiratory Consultant, is reviewing the data.</p> <p>Audits in regards to other alerting diagnosis are being undertaken or on-going.</p> <p>There has been good progress in regards to the Nursing teams. Palliative Care team are fully staffed. Recruitment to the Critical Care Out Reach team is also on-going.</p> <p>JO informed the meeting that at the last Quality Board meeting, Sally Roberts, Lead Nurse for the CCG, did a presentation in regards to inappropriate admissions from Care Homes into the organisation. This is now being taken forward.</p> <p>JO mentioned that the Medical Examiners are currently not capturing all deaths and this is down to the logistics and system changes that need to be put in. However, significantly more are being reviewed. Currently about 65 to 70% of deaths reviewed by the Medical Examiner, hence why the graph is showing an increase.</p> <p>JO reminded the meeting that the process of the formal reviews was changed.</p> <p>The meeting was advised that a job advert was published asking for medical and non-medical reviewers to have sessions of time allocated to do reviews (SJR1 and SJR2). There was a large response.</p> <p>Price Waterhouse Cooper is working with the Trust and Coding Department to provide external scrutiny. However coding accuracy has improved but there is work to be done.</p> <p>The next SHMI review is in May.</p> <p>RE commented that it was a very good and useful report.</p> <p>Resolved: Report was accepted.</p> | MA |

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| 7 | <p>Issues of Significance for the Trust Board</p> <p>Red risks on TRR not featuring on BAF under BAF risks</p> <p>Assurance Quality Review Visits - good and outstanding</p> <p>Partial Assurance Outcome of National Maternity Survey (patient experience) 2018 and subsequent national and local surveys</p> <p>Report from Resuscitation Group to COG</p> <p>Report to COG on Critically Ill and Injured Child</p> <p>Cancer performance</p> <p>Mortality report</p> <p>Quality review visit - requires improvement</p> <p>Items for Audit Committee</p> <p>QGAC and Audit held a joint meeting shortly before QGAC on 24 April 2019. An item raised at the joint meeting concerned the appendices to the Quality Account and the way clinical audits were assessed as fully compliant/minor non-compliant, etc. The issue prompting the item was resolved subsequently by email.</p> | |
| 8 | <p>Evaluation of Meeting – ALL</p> <p>Good discussions.</p> | |
| 9 | <p>Any Other Business – ALL</p> <p>There was no other business to discuss.</p> | |
| 10 | <p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 22 May 2019, Room F127, Building 12, 2pm to 4pm</p> | |

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COMMITTEES ACTION SUMMARY REPORT

| ITEM | Action to be taken raised from the meeting | Lead | Committee Date | Review date | Update |
|----------------|--|------|----------------|--------------------------------------|---|
| 4.1 – 24.04.19 | RE queried Falls Causing Harm, the chart indicates one however in the summary it is zero for March. AMC agreed to check. | AMC | 24.04.19 | 22.05.19 | |
| 4.1 – 24.04.19 | MM asked if the format of the report would be changing in the new financial year. AMC replied that Simon Evans has spoken to the Executives to discuss the new layout. AMC to clarify current position with Simon Evans. | AMC | 24.04.19 | 22.05.19 | |
| 6.1 – 24.04.19 | RE referred to appendix 3, summarising the clinical audits carried out and their compliance ratings and asked who decides if an audit is fully compliant. She cited the SSNAP Stroke Audit, which is listed as fully compliant, whereas she was aware that there was an action plan to deal with issues of non-compliance. Following a brief discussion, MA agreed to speak to the Directorate. | MA | 24.04.19 | 22.05.19 | |
| 4.2 – 20.03.19 | 4382 - NX55 Main Theatres, Wards A12, A14, Admin, Plant Rooms - Fire Safety (COO) – GN advised the meeting that this risk had been sent to herself but had not yet been signed off and is a potential new risk. GN assured the meeting that this risk is actively managed by the Fire Safety Group and she would look into whether it is needed to be on the TRR or could be managed at Directorate / Divisional level. | GN | 20.03.19 | 24.04.19 June 2019 | GN advised the meeting that she has spoken to Sandra Roberts. The risk will be reviewed at the next Fire Safety Meeting which is at the end of May. This will be with a view to reducing. Bring forward to June |

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Closed Agenda Items – To be removed at the next meeting

| ITEM | Action to be taken raised from the meeting | Lead | Carried forward from | Committee Review date | Update |
|-------------------|--|------|----------------------|--------------------------|--|
| 4.1 – 20.03.19 | When the SJR1 phase and Overall Care Outcomes graph was discussed MM asked if the colour code could be changed and the key to be put into Excellent, Good, Adequate, Poor Care. SH agreed to do this. | SH | 20.03.19 | 24.04.19 | Colour code has been changed – requested to put the numbers in numerical order. MA to action. Chair asked for item to be closed |
| 4.2 – 20.03.19 | 5088 – MM asked if there was any progress and was advised that there was not and the biggest impact is felt within the Maternity Department. This was discussed further and GN agreed to update as daily telephone calls to NHSI ceased in January. | GN | 20.03.19 | 24.04.19 | GN confirmed that the risk was closed last week. Agreed to close action |
| 4.2 – 20.02.19 | Trust Risk Register – M Arthur MM noted that the description on the summary sheet for risk 4113 is incorrect. GN advised the meeting that the risk has been updated. MA to change to Trust wide CIP Target. | MA | 20.02.19 | 20.03.19 24.04.19 | MM noted that the risk had been changed however; the front sheet had not been changed. SH to pick up. Bring forward to 24.04.19 Corrected – close action |
| 7 | Matters for Audit Committee VTE Audit by External Auditors MM reported that Audit Committee at their December meeting had considered QSIG's request in November for Internal Audit to look at the VTE process. Audit | RE | 23.01.19 | 20.02.19 | MM confirmed that this was raised at the Audit Committee and acknowledged that KPMG were the ones to make recommendations to improve the process, they were then going to see what work they could do between now and the year end to see if those were being implemented sufficiently to give a clear opinion when we come to the Quality Report. VTE is being reviewed again. Lengthy discussions took place |

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| | had declined, as there were existing recommendations from External Audit to work through. RE and MM, both on Audit, stressed the importance of RWT being able to demonstrate that it identified all patients who required VTE assessment, and that they received the assessment at the appropriate times. RE to seek an agenda item on this for the 12 February Audit meeting. | MM / RD | 20.02.19 | May 2019 | and assurance was given that work is on-going to try to improve VTE's. |
| | | JO | 20.02.19 | 20.03.19 | RE asked if it would be possible to have a report on what KPMG have found and where the Trust is currently. MM replied that Roger Dunshea to ask for this report. JO to ask Kevin Stringer why VTE was selected again for audit. |
| | | | | 24.04.19 | Following the Joint Audit Committee meeting prior to this meeting, the issue was clarified – close |