
5 August 2019
## Minutes of the Finance and Performance Committee

**Date**  
Wednesday 19th June 2019

**Venue**  
Conference Room, Hollybush House, The Royal Wolverhampton NHS Trust (RWT)

**Time**  
8.30am

### Present:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Mary Martin</td>
<td>Non-Executive Director (Chair)</td>
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<tr>
<td>Junior Hemans</td>
<td>Non-Executive Director</td>
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<tr>
<td>Mike Sharon</td>
<td>Director of Strategic Planning &amp; Performance</td>
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<tr>
<td>Alan Duffell</td>
<td>Director of Workforce</td>
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### In Attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Helen Troalen</td>
<td>Deputy Chief Financial Officer</td>
</tr>
<tr>
<td>Simon Evans</td>
<td>Deputy Director of Strategic Planning &amp; Performance</td>
</tr>
<tr>
<td>Tim Shaye</td>
<td>Head of Service Efficiency &amp; Delivery (part)</td>
</tr>
<tr>
<td>Claire Richards</td>
<td>PA to Director &amp; Deputy Director of Strategic Planning &amp; Performance (Mins)</td>
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</tbody>
</table>

**061/2019 Apologies for Absence**  
Apologies were received from Sue Rawlings, Kevin Stringer and Gwen Nuttall.

**062/2019 Minutes of Meeting Held on 22nd May 2019**  
The minutes were agreed to be a true record.

**063/2019 Action Points From Previous Meeting**

<table>
<thead>
<tr>
<th>063.01 Trust Financial Report (MSFT Funding)</th>
<th>The Trust continues to pursue the remaining 2 payments of £0.2m MSFT funding that the Department of Health had not paid. H Troalen agreed to provide M Martin with contact details for the letter to write to the Department of Health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>063.02 Division 1 Performance Update (Audit Report)</td>
<td>This item has been added to the agenda, see item 065/2019. Action closed.</td>
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<td>063.03 BAF SR8</td>
<td>M Martin asked if control and mitigation points 5 and 6 were now complete. G Nuttall stated that the review of the medical estate is still a work in progress but that meetings had been arranged and would be completed by the middle of June. Work around bank/agency remains ongoing. M Martin stated that the assurance columns did not seem to be updated and felt that they should identify the initial assurance date and final review date. G Nuttall agreed to discuss with K Wilshire and provide updates and to include model hospital within SR8 in preparation for the next meeting. Repeat action.</td>
</tr>
<tr>
<td>063.04 BAF SR9</td>
<td>M Martin asked K Stringer to update SR9 with the work being completed for the medium term plan and to update positive assurance dates. M Martin commented on C11 and stated that the Committee were still waiting feedback from the last meeting the NHSI had attended and observed. Repeat action.</td>
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</tbody>
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**Present:**  
Mary Martin: Non-Executive Director (Chair)  
Junior Hemans: Non-Executive Director  
Mike Sharon: Director of Strategic Planning & Performance  
Alan Duffell: Director of Workforce

**In Attendance:**  
Helen Troalen: Deputy Chief Financial Officer  
Simon Evans: Deputy Director of Strategic Planning & Performance  
Tim Shaye: Head of Service Efficiency & Delivery (part)  
Claire Richards: PA to Director & Deputy Director of Strategic Planning & Performance (Mins)
<table>
<thead>
<tr>
<th>Page No.</th>
<th>Description</th>
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<tbody>
<tr>
<td>063.05</td>
<td>Trust Financial Report – H Troalen incorporated the suggested changes into this month’s report. Action closed.</td>
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<tr>
<td>063.06</td>
<td>STP Operating Plan – M Sharon agreed to forward a copy of the STP Black Country Operating Plan once it has been agreed.</td>
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<tr>
<td>064/2019</td>
<td>Declarations of Interest There were no declarations of interest.</td>
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</table>
| 065/2019| Division 1 Audit Update  
L Grant provided an update on the outcome of the Hip Fracture Best Practice Tariff audit. 
Time to surgery (within 36 hours) has increased from 66% to 85% over the last 6 months. Care of the Elderly appointment performance was recorded as 83% January, 91% February and then dropped to 82%. L Grant informed the Committee that the Trust will have 8 fully established consultants in place by September 2019. L Grant stated that Orthopaedic work had been challenging and that the Trust were opening an additional 6 beds on A6 on an ad hoc basis and that the Orthopaedic Group Manager post has been advertised and will close at the end of this month. 
M Martin asked if there had been any progress with phasing the start times of theatre utilisation. L Grant stated that this was a work in progress as it would involve changes to job plans. 
M Martin thanked L Grant for the update. |
| 066/2019| Governance  
066.01 BAF Update – M Martin stated that cancer had been added to the BAF and would be discussed at the Quality Governance and Assurance Committee (QGAC) each month. Nothing further to report.  
066.02 Objective Setting Report Frequency – A discussion took place regarding this year’s Finance & Performance Committee objectives.  
066.02.01 Performance Outliers – S Evans stated that NHSI had not yet released formal guidance regarding the calculation of long stay stranded patients but that a target had been set to reduce this target by 40%. S Evans informed the Committee that he will be discussing a draft proposal of an internal trajectory of 111 with G Nuttall on return from annual leave. S Evans will provide a quarterly update to the Committee starting from July 2019. M Martin asked who would be leading on the work. S Evans informed the Committee that Dr Lee Dowson, CQI Associate Medical Director, would be leading on the work. M Martin suggested inviting Dr Dowson to the July Committee Meeting if he’s available.  
066.02.02 Underlying Deficit – M Martin stated that the Committee would like more understanding of the Trust position. H Troalen stated that she was currently pulling together a pack in preparation for Use of Resources Assessment in August and that this would also be reflected in the medium term plan. The medium term plan will be discussed as a standing agenda item at each Finance & Performance Committee Meeting on a monthly basis. |
<table>
<thead>
<tr>
<th>Date</th>
<th>Financial Performance for Period 2</th>
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<tr>
<td>067/2019</td>
<td>Trust Financial Report and Forecast Outturn – H Troalen provided highlights as follows:</td>
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<td>067.01</td>
<td><strong>In-month Performance</strong> – Patient care income over performed by £0.9m. This was due to increased</td>
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<td>attendances in A&amp;E. Planned activity also over performed. Pay overspent in month predominantly due</td>
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<td>to medical agency spend and the vacancy factor not being achieved as expected due to supporting</td>
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<td>safe services. Non-pay overspent in month in clinical areas is largely due to clinical supplies</td>
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<td>through increased activity, although this is partially offset by patients not requiring as many</td>
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<td>blood products as predicted. Utility costs have also overspent due to increased usage. Depreciation</td>
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<td>overspend in month reflects the timing of transferring asset under construction into working</td>
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<td>assets.</td>
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<tr>
<td>067.01.01</td>
<td><strong>Year to Date Delivery of Annual Operating Plan</strong> – The year to date performance is marginally</td>
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<td>behind the operating plan. Activity income has continued to over perform but overspends within</td>
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<td>expenditure budgets has impacted on the position. The cost improvement plan has continued to</td>
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<td>deliver in month but it should be noted the phasing makes achievement of the plan more challenging</td>
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<td>as the year goes on. The adverse pay variance is partly driven by the vacancy factor which has</td>
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<td>only been partially achieved in month.</td>
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<td>067.01.03</td>
<td><strong>Risks and Mitigations</strong> – The key risks in delivery of the financial plan in 2019/20 are: MSFT</td>
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<td>transaction support (£6.0m) and depreciation funding support from NHSI (£5.1m) have been included</td>
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<td>in the annual plan. Informal feedback from NHSI suggests that the £5.1m may not be supported.</td>
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<td>CIP delivery is in excess of what has been delivered in past years, however, more has been identified</td>
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<td>at this point of the year than the same period last year £13.5m of vacancy factor is built into</td>
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<td>budgets. The current delivery of this is c. 50% per month which leaves a potential pressure of</td>
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<td>nearly £7m for the year. Divisional risks were captured during budget setting and will be reassessed</td>
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<td>at the end of quarter one.</td>
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<td>067.01.04</td>
<td><strong>Income &amp; Expenditure Run Rates</strong> – The current month has a £757k adverse position compared to</td>
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<td>plan and a year to date position of £34k adverse to plan although it should be noted that this is</td>
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<td>within the operating plan submitted to NHSI.</td>
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<td>067.01.05</td>
<td>H Troalen informed the Committee that patient income had been exceptional in April. The Trust</td>
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<td>cash position is better than excepted and is being carefully monitored.</td>
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<td>067.01.06</td>
<td>H Troalen stated that discussions had taken place regarding the mechanism in place for cash loans</td>
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<td>if required, however a loan was not anticipated at this time. H Troalen informed the Committee</td>
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<td>that the Trust payments had now slipped to 60 days (30 days late) and that a discussion had taken</td>
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<td>place regarding the possibility of adding £3m into the budget to improve payments to 45 days. The</td>
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<td>Trust will need to indicate if it requires cash support in October next month.</td>
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<td>067.01.07</td>
<td>M Martin drew attention to the income and expenditure graph and asked that yearly comparisons be</td>
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<td>added to the graphs within the report. H Troalen stated that she will ensure they’re added next</td>
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<td>month.</td>
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<td>A discussion took place regarding the vacancy factor. H Troalen confirmed that this was a risk</td>
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<td>and that the Trust achieved in excess of 50% last year but that month 1 and 2 achievements were</td>
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<td>worse this year and that 50% achievement was a good estimate based on historical data. The Finance</td>
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<td>Department will complete the first set of forecasting at month 3. H Troalen suggested sharing the</td>
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<td>month 3 forecast with the Committee.</td>
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**HT**
067.02 Supplementary Finance Report – The supplementary report was read in conjunction with the Finance Report.

067.02.01 M Martin drew attention to the underlying position totals on page 51. H Troalen stated that she would ensure that the in-month data was clearly displayed within the Trust Board Report and reflected in next month’s Finance & Performance Committee report.

067.02.02 M Martin asked for an update on AIC (Aligned Incentive Contract) within the report. H Troalen stated that the AIC is an adjustment made to reflect the terms and conditions of the AIC contract. Elective over performance (over 105% of the agreed plan) is paid at a marginal rate. As the Trust is signed up to AIC we receive full block payment of CQUIN. H Troalen also stated as the Trust has signed up to the AIC it has received less data challenges from the CCG than last year. H Troalen informed the Committee that the adjustment figure within the report will change as it is based on variance but that this will continue to be monitored.

067.02.03 H Troalen informed the Committee that provisions have been put in place to offset a potential agreement around Mortality data whilst coding changes take place. M Martin asked if this could be carefully monitored. H Troalen confirmed that this would take place but that it may take some time due to complications surrounding the analysis of the data.

067.02.04 A discussion took place regarding the Pharmacy (Boots) cost pressure. M Sharon and H Troalen stated that Boots had given notice to the Trust as the Pharmacy was not generating money. H Troalen stated that alternative options are being discussed, one of which would be to work with Foundation Trusts who would be able to provide the facility. H Troalen informed the Committee that cost pressure was captured as a risk within budget setting, therefore financial impact has been factored into forecasting.

067.02.05 M Martin queried the debt against Walsall CCG. H Troalen stated that she would look into this and feedback at next month’s meeting. M Martin commented that £3m debt could uplift payment runs if recouped.

067.02.06 M Martin stated that Wolverhampton City Council had not paid month 1 and 2. M Sharon confirmed that there had been delays to payment but that confirmation of payment had now been agreed.

067.02.07 M Martin asked that all comments regarding the Financial reports be directed to H Troalen. The report was noted.

067.03 Financial Recovery Board (FRB) Report – T Shayes provided an update as follows:

The 2019/20 CIP Target is £24.5m, broken down into £11m recurrent CIP Target and £13.5m non-recurrent CIP Target. At month 2, the Trust is forecasting to deliver £13.522 (an increase of £2.257m compared to month 1 2019/20), leaving a shortfall of £10.978m against the CIP Target. The Trust’s recurrent YTD delivery is £0.287m with forecast outturn of £3.413m and the Trust’s non-recurrent YTD delivery is £0.834m with forecast outturn of £10.109m.

The Trust has delivered £1.122m YTD against a YTD FRB Approved Plan of £1.375m (82%). This only relates to schemes FRB has approved and includes a number of schemes that are genuinely off-track (for which further detail has been provided within the Programme Summaries) but also a number of schemes that have delivered but haven’t been transacted. The YTD Trust CIP Plan is £1.014m. As a result, the Trust has delivered 111% of the YTD Trust Plan.
T Shayes stated that the Financial Recovery Board is completing a piece of work to accurately identify recurrent CIP ahead of the Use of Resources Assessment in August. T Shayes stated that a PID for Overseas Patients totalling £249k was approved in month at FRB but that this has netted off a reduction as the Endoscopy PID value has reduced.

M Martin sought assurance that the Trust captured CIP programmes that were still to be delivered the previous financial year in this financial year. H Troalen stated that this was taken into account when budget setting but would not appear as a CIP in the following year.

M Martin noted progress and stated that it was encouraging.

The report was noted.

Temporary Staffing Expenditure Dashboard – A Duffell outlined the contents of the report. Stating that the pay bill had reduced in May, drawing attention to A2B on page 4 which clearly shows a reduction in temporary staffing spend and B1A on page 6 that shows a 3 month reduction. A Duffell stated that page 13 B2E also shows a 3 month reduction in request for shifts. Further analysis would take place to identify whether the improvements were sustained.

M Martin expressed concerns regarding areas within the supplementary report that stated there was some over establishment in community and other areas. A Duffell stated that analysis would need to take place to identify if this was the case. H Troalen informed the Committee that Division 3 were completing some transformation work around community services and that discussions are taking place at Medical Workforce Group regarding any over established pockets.

J Hemans queried whether the over staffing within primary care was due an increase in staffing levels. T Shayes felt that this may be due to an increase in costs rather than staffing numbers. H Troalen stated that Medical Workforce Group were looking into the translating of GP sessions. A Duffell confirmed that the primary care work model is being developed.

Performance Element of the IQP Report (National & Contractual Standards) – S Evans provided highlights of the report as follows:

Referral to Treatment Incomplete – Performance saw further deterioration during May. This continues to be a knock on effect from reduced activity over the bank holiday periods, patients choosing to prolong their waits and in addition to this is compounded by the significant rise in cancer 2 week wait referrals taking priority over routine patients. The Trust continues to focus on reducing the backlog where possible and work closely with Directorates to use all available capacity effectively.

Diagnostics – This target remains within standard for May 2019. However, the Trust continues to see a high numbers of cardiac referrals into Radiology for CT and MRI Heart and in addition to this we have seen a large increase for urgent endoscopy diagnostic tests. This will have a knock on effect into June.

Emergency Department – The Trust failed to achieve the target during May. There were two patients who breached the 12 hour decision to admit target during the month, both of these were Mental Health patients awaiting a specialist inpatient beds. S Evans stated that performance had been particularly challenging in June, which was largely due to patient flow. The Local Authority are currently struggling to provide immediate care for patients who are being discharged from Hospital. The Trust has been liaising with Wolverhampton CCG to put
<table>
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<th>Time</th>
<th>Topic</th>
<th>Details</th>
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<tr>
<td>068.01.04</td>
<td>some intermediate action in place to assist with patient flow.</td>
<td><strong>Ambulance Handover</strong> – Ambulance handover breaches saw a significant improvement during May 2019 for both the 30-60 minutes and the &gt;60 minute target compared with the previous month. However, we continue to see a rise of ambulance conveyances into the Trust, receiving an additional 300 (6.97%) during the month compared with the same period last year.</td>
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<td>068.01.05</td>
<td>S Evans informed the Committee that the Trust would not receive payment from electronic bookings unless they received a UBRN (unique booking reference number). A small team of 4 x Band 2 staff were being recruited to assist with data cleansing. This would enable the Trust to provide more accurate data reporting and ensure that UBRN’s were allocated to all patients, which would improve income.</td>
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<td>068.01.06</td>
<td>Trusts have been asked to develop capacity alerts on the electronic system. S Evans stated that this could assist the Trust in the short term as patients may choose to receive treatment at other Trusts, enabling the waiting lists to reduce.</td>
<td>M Martin drew attention to e-discharge performance and congratulated the team on achieving the performance target. The Committee noted the report.</td>
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<td>068.02</td>
<td><strong>Cancer Action Plan</strong> – S Evans provided an update and stated that the Trust has recruited some radiographers and secured some Breast Radiologists through the support of Sandwell &amp; West Birmingham Hospital NHS Trust. S Evans reported that the 2 week wait breast referral target is currently 1.1% against a target of 9%.</td>
<td>The Black Country STP is currently looking into an agreement which will allow patients to have an informed choice on where they receive treatment. Meetings have taken place with Walsall Healthcare NHS Trust, Russells Hall Hospital and CCGs to discuss how GPs can be encouraged to refer patients to alternative hospitals within a 3 mile radius. This could potentially result in the diversion of 60-80% of patients who receive treatment at RWT, reducing breast referrals by 120 – 130 per month. This would allow the Trust sufficient time to reduce the current back log. S Evans stated that the organisations have provisionally agreed to the proposal as long as NHSE/NHSI support the proposal and do not impose any sanctions on the Hospitals assisting. The Trust is currently awaiting confirmation of the agreement and a follow up meeting for final sign off is due to take place on Friday 21st June. M Sharon stated that it would be good to see providers working together for the good of patient interest. M Martin highlighted that the current back log was not due to a reduction in performance but due to the huge increase in referrals from Wolverhampton GPs. A discussion took place regarding radiologist posts. M Martin asked if Wolverhampton University could assist with a training course to develop Radiographer posts within the Black Country. A Duffell stated that the Trust had been exploring this option with Wolverhampton University but that nothing had been confirmed at this time. The action plan was noted.</td>
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<td>068.03</td>
<td><strong>Performance against Contractual Standards (Fines)</strong> – S Evans stated that the £5k e-discharge fine was incorrect and that fines for the month totalled £500. The report was noted.</td>
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<td>068.04</td>
<td><strong>STP Update</strong> – M Sharon provided a verbal update on STP stating that work had commenced on</td>
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the medium term plan and that a visioning session took place with Trusts last week.

M Sharon informed the Committee that joint working discussions are taking place with the Chief Executive Officers from Walsall Healthcare Trust. M Sharon also stated that Staffordshire STP have started an engagement process entitled “Together We Are Better”.

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<tr>
<th>069/2019</th>
<th>Financial Planning</th>
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<tr>
<td>069.01</td>
<td><strong>Medium Term Plan</strong> – H Troalen provided a verbal update, stating that the Medium Term Plan has now been added to the work plan so that the Committee receive a monthly update. H Troalen stated that the plan is due on 30th September. The Finance Department have completed the NHSI 5 year plan template and have a draft initial set of 5 year figures. The initial 5 year plan suggests a large financial challenge in 2020/21. H Troalen stated that there would need to be some work to look at the phasing of the challenge. K Stringer is proposing to discuss the assumptions with Executive Directors and the Finance &amp; Performance Committee in July. K Stringer will provide a report to private Trust Board in July and a discussion will take place during the Board Development session in August. The Finance &amp; Performance Committee will be asked to sign off the proposal in September. M Martin asked if external support was in place. H Troalen confirmed that Deloittes would be providing some support. Further discussions took place regarding additional funding available to the NHS. S Evans stated that this would be modelled through annual planning and that guidance should be received by the end of Summer. H Troalen stated that PSF funding was being phased out and would be replaced by the Financial Recovery Fund (FRF). Bring medium term plan forward to after Governance.</td>
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<th>070/2019</th>
<th>Reports to Note for Period 2</th>
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<td>070.01</td>
<td><strong>NHSI Monthly Return</strong> – A discussion took place regarding the data within the NHSI monthly return. H Troalen confirmed that some of the data was compiled automatically and some sections manually. The return was noted.</td>
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<td>070.02</td>
<td><strong>Annual Work Plan</strong> – The work plan was noted.</td>
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<td>070.03</td>
<td><strong>Finance Minutes</strong> – The minutes were noted.</td>
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<td>070.04</td>
<td><strong>Capital Report</strong> – M Martin sought clarification regarding the CRL, stating that the capital report was implying that it had not been agreed. H Troalen informed the Committee that the Trust had not received feedback on the operating plan and stated that NHSI had written to all Trusts asking them to submit a revised plan in an attempt to reduce capital spend. The report was noted.</td>
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<td>070.05</td>
<td><strong>Procurement Strategy</strong> – The report was noted.</td>
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<td>071/2019</td>
<td><strong>Any Other Business</strong></td>
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<td>071.01</td>
<td><strong>Attendance</strong> – M Martin asked that the Committee to pass on apologies to C Richards for upcoming meetings over the summer months to ensure that the meeting is quorate.</td>
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<td>071.02</td>
<td><strong>August Finance &amp; Performance Committee Meeting</strong> – M Martin asked C Richards to look into the possibility of moving the meeting in August to take place the first week in September.</td>
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<td>071.03</td>
<td><strong>HPV Cytology</strong> – M Sharon provided an update on the HPV Screening Tender. The Trust had successfully won the tender with implementation commencing in September 2019. However, University Hospitals Birmingham NHS Foundation Trust (UHB) had given notice to cease the contract which is due to be enforced from July 2019. M Sharon informed the Committee that RWT will be in a position where it will have to step in earlier than anticipated, which will increase the current backlog. M Sharon stated that this could result in media coverage and that he is currently liaising with S Evans to ensure an appropriate media response is generated. M Sharon informed the Committee that the new equipment will be in place in September and once in place the backlog will reduce significantly.</td>
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<td>072/2019</td>
<td><strong>Date and Time of Next Meeting</strong></td>
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<td>The next Finance &amp; Performance meeting will take place on Wednesday 25&lt;sup&gt;th&lt;/sup&gt; July 2019 at 8:30am, Conference Room, Hollybush House. Reports will be required by 12 midday on Friday 19&lt;sup&gt;th&lt;/sup&gt; July.</td>
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Minutes of the Quality Governance Assurance Committee  

held on the:

Date  Wednesday 26 June 2019  
Venue  Resource Room, Building 12  
Time  2.00pm to 4.00pm

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<th>Name</th>
<th>Role</th>
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<td><strong>Present:</strong></td>
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<tr>
<td>R Edwards (RE)</td>
<td>Chair - Non-Executive Director</td>
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<tr>
<td>M Arthur (MA)</td>
<td>Head of Governance</td>
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<tr>
<td>A M Cannaby (AMC)</td>
<td>Chief Nursing Officer</td>
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<tr>
<td>M Martin (MMa)</td>
<td>Non-Executive Director</td>
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<tr>
<td>M Morris (MMo)</td>
<td>Deputy Chief Nursing Officer</td>
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<tr>
<td>G Nuttall (GN)</td>
<td>Chief Operating Officer</td>
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<td><strong>Attendees:</strong></td>
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<tr>
<td>S Hickman (SH)</td>
<td>Compliance Manager</td>
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<td>M Simcock (MS)</td>
<td>Health &amp; Safety Improvement Co-ordinator</td>
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<td><strong>Apologies:</strong></td>
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<td>D Loughton</td>
<td>Chief Executive</td>
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<tr>
<td>Dr J Odum</td>
<td>Medical Director</td>
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<tr>
<td>K Wilshere</td>
<td>Company Secretary</td>
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<td>Item No</td>
<td>Action</td>
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| 1       | Apologies for absence  
Apologies were noted. |
| 1a      | Declarations of Interest  
There were no Declarations of Interest. |
| 2       | Minutes of Previous Meeting - Quality Governance Assurance Committee:  
MA advised the meeting of a change to page 5, risk 2729 should read risk 2719.  
MA advised the meeting of a correction to page 10, item 6.2 – NRLS report, 2nd paragraph, last line should read: This increase in the rate of incident reporting per 1000 bed days is due to the increase in activity.  
MA advised the meeting of a correction to page 10, item 6.2 – NRLS report, 3rd paragraph, should read: The Trust reporting to NRLS is reduced from 37 days to 24 days.  
RESOLVED: Minutes of the Quality Governance Assurance Committee held on 22 May 2019 were approved as a correct record. |
| 3       | Matters arising from the Minutes  
The action log was updated accordingly. |
| 4       | Regular Reports |
| 4.1     | Integrated Quality & Performance Report – May – A M Cannaby / G Nuttall  
AMC presented the Quality section of the report.  
The meeting was advised that Late Observations have been investigated further. AMC advised that in the old system there was a 10 minute / 10% tolerance for whether the target was met or not. MMo commented that it was additional time to allow staff to do observations if they did not complete in the time allowed. In the new system the 10 minutes has been removed and it is now a 10% window. For example if an hourly observation was required an additional six minutes would be allocated. On top of that the escalation trip has changed, and is earlier. This means that more people are being escalated and more observations completed, which is good for safety and with a smaller tolerance. RE asked if the new system was a feature of the Trust computer systems, or whether it was a national requirement. AMC replied back that this was VitalPac and MMo confirmed that this was the new national standard and not a Trust implemented figure. MMA commented that this is now a challenge for staff nationwide. The meeting discussed this further and it was agreed that staff education is paramount on the new timing.  
There have been two falls with serious harm and these are STEIS reportable. Full RCA’s are in progress and assurance was received that initial lessons have been learnt.  
Emergency c-section rates are currently red. AMC has spoken to Tracy Palmer (TP), Head of |
<table>
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<th>Item No</th>
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<td>Midwifery, who said she had no concerns about any of the cases. National guidance which requires early intervention to improve outcomes leads to more inductions and this tends to mean more emergency C-sections with the increase. The meeting was assured that any baby born with induction, emergency c-section or who goes to neo-natal is followed through. RE queried about patients who present to the Acute Inpatient Departments with suspected sepsis and administered antibiotics within the first hour, the Trust target is 90%, however the quarterly figure is now down to 58.8% from 83.1%. AMC confirmed that herself and MMo are meeting with the Sepsis Nurse to understand what else needs to be done to improve this figure. MMo advised that a report will be issued to show which area needs to improve and to indicate where support is required. AMC to bring the findings back from this meeting to the Trust Board. RE asked about the percentage of patients who present with suspected sepsis to the Emergency Department and are administered antibiotics within one hour. AMC advised that this figure was a contractual level. RE said that an amber score for 50% plus was not a performance score the trust would be satisfied with. AMC thought it was no longer in CQUIN, and that it might be possible to look at national guidance for a RAG target. She would speak to Simon Evans to clarify and progress. AMC advised the meeting that she has spoken to the CCG in regards to the Midwife to Birth ratio. The advice given by the CCG was the figure should be 1:30 for the traffic light system. This is generally collated on a STP standard and this figure is recognised nationally. RE and MMa both considered that we should make it clear in the IQPR what our own standard is, even if our performance standard for the RAG rating is 1:30. The Finance Report currently shows it as 1:27 and if this is the level we are seeking to achieve - or if it is 1:28 - we should be consistent in saying so in the IQPR. MMa commented that for the first time in the report, the stranded patients (over 21 days) rolling 3 month average is provided. MMa raised concerns that the Trust has 800 beds and there are 171 beds already occupied by stranded patients, including 65 in Rehab. MMa feels that this table could be a helpful piece of work and is being looked at by Finance &amp; Performance. MMa asked if the Trust has patients that should not be here. GN replied yes. GN advised that our numbers have increased because the Trust has had two patients who have been in for over 12 months each. Unfortunately one has passed away though the other has been discharged. The meeting discussed this in length and it was agreed the Trust is doing a lot of the things suggested. GN presented the Performance section of the report. Referral to Treatment (incomplete) in May saw a deterioration. This was due to the two Bank Holidays. There have been challenges with the cancer two-week wait. GN advised the meeting that there is a definite shortage of staff undertaking Waiting List Initiatives (WLI's) in certain specialties due to the impact on their pensions. The areas affected are Ophthalmology, some in Dermatology, Plastic Surgery, ENT and Maxillo-facial. GN informed the meeting that she feels performance will be low, however, action and recovery plans are in place but these will not recover the Trust back up to 90% at this moment. The meeting agreed to advise this to Trust Board via the Chair’s report. A brief discussion was held and it was asked if all of the vacancies were recruited to, would there be any issues. GN said it would help but there would still be an issue within cancer.</td>
<td>AMC</td>
</tr>
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</table>
The Emergency Department failed to achieve the target in May. There were two 12 hour breaches and these were mental health patients. GN advised the meeting that discussions are taking place with a potential consultation that Trusts will be made to admit patients with mental health issues. The meeting agreed that this was unacceptable; GN commented that there could be a lot of push back.

Ambulance handover breaches have improved in May. Conveyances have increased by approximately 7% compared to last year. The meeting held a lengthy discussion where it was noted that in the previous week, the Trust were receiving patients from Dudley until a telephone call was made to ask them to stop due to our own pressures. Patients are also received from Dudley, Telford and occasionally Walsall.

Cancer currently remains a significant challenge across the Trust with the most challenge being in the two-week wait. The current breaches are all in breast, the other breaches are minimal and generally the other specialities are within standard. GN advised the meeting that:

- Wolverhampton cancer wait is 42 days
- Walsall cancer wait is 14 days
- Dudley cancer wait is 13 days

The agreement to date is that Dudley and Walsall will undertake one clinic each which is the equivalent to 14 patients. GP practices closest to Walsall and Dudley will be asking their patients to attend one of these Trusts.

Resolved: Report was accepted

4.2 Trust Risk Register – M Arthur

MA presented the Trust Risk Register to the meeting and it was noted:

1 new risk:

5198 - Inability of Community Midwives to complete Early Help Assessments for the Unborn/New-born babies (COO) – well populated in terms of assurances, controls and actions. External training has been moved from September to July.

3 risks removed:

4161 - Shortage of Qualified Nurses across the Division (COO) – risk was downgraded for local management

4547 – Safeguarding (COO) – risk was downgraded for local management

4955 - MRET/Readmissions/Fines monies (CFO) - closed

4 red risks:

2080 - Risk to quality of patient care: reduced manpower (COO) – has been updated.

4661 - Lack of robust system for review and communication of test results (MD) – some out of date actions but the review date is current. New actions have been added including details of a review group meeting, chaired by Dr Odum, to discuss solutions. Local standard operating
**Item No** | **Action**
--- | ---
| | procedures (SOPs) are to be submitted by August. Trials are on-going around the up-load of Histopathology results onto ICE. A new system will be used by Black Country Pathology Services (BCPS) from February 2020 and a Task and Finish Group is being developed to ensure all results will be viewed on one system. MMa commented that she was pleased to see the actions however; she was dismayed to see how long it's going to take as it is a red risk. This risk was briefly discussed, but in the absence of JO it was agreed to discuss at the July meeting.

4113 – Divisions inability to achieve CIP (COO) – some out of date actions but the review date is current.

5182 – Lack of Network support for Vascular Services at RWT (MD) – risk to be reviewed by Dr Odum.

The meeting was informed that a number of the risks have been reviewed in terms of their review date and their date of actions and assurances but there are still some with out of date dates etc. MMa commented that she thought that a lot of work had been done and this was encouraging but there is still more to be done. AMC advised the meeting that on a monthly basis AMC, MA and the Healthcare Governance Managers meet to discuss the risk registers which results in discussions within Divisions and regular updates and monitoring.

**Board Assurance Framework**

In the absence of Keith Wilshere the meeting noted the following key issues:

1 new risks, 4 red risks:

**SR1** - Workforce - Recruitment and Retention of staff across the Trust and in particular the future workforce
**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 surplus.
**SR12** – Mortality rates – reputational risk. The meeting noted that there are two dates in the assurance that are blank.
**SR13** – New Risk - Cancer performance metrics place RWT in the bottom quartile nationally.

2. Updates

Updates SR1 scheduled for 13/06/2019,
SR8 scheduled for 26/06/2019,
SR9 scheduled for 17/06/2019,
SR12 scheduled 19/06/2019.

On the recommendation of QGAC, SR1 has additional Trust Risk Register Risks now associated.

Updates will be/have been presented to Trust Board Committee’s in June 2019.

SR1, SR8 & SR9 have remained at 20 for >12 months. In each case, the Target Risk has been realistic in the prevailing climate.

RE noted the two positive assurances within SR12:

- PA11 - Review of Mortality Statistics and Learning from Deaths
- PA12 - Trust development of Continuous Quality Improvement programme (CQI)

There were also issues raised in the Silverman report which would fall within negative assurances, and she would like these to be more clearly stated in this part of SR12.
amending existing negative assurance to make the Silverman report recommendations more explicit. GC15 was an example which probably referenced the Silverman report. It was important to show that key recommendations had been captured."

Regarding GC2, RE commented that there were some coding differences between coders and clinicians. AMC replied that robust discussions are being held with Price Waterhouse Cooper (PwC), re-education and work between the Clinicians and Coders.

The meeting reviewed SR13 (that the Trust cancer performance metrics place RWT in the bottom quartile nationally). RE thanked GN for updating the risk. GN confirmed that the red type was the feedback that she had received from RE. GN assured the meeting that there will be more updates in readiness for the July review. GN explained that she has scored the risk as 20. MMa queried on the controls / mitigations page whether a number of level 3’s actually had external independent assurance, but in reviewing them the committee agreed that they had. MMa mentioned that the Trust has had external activity and is not referenced in the risk, for example the Cancer Intensive Team and NHSI / NHSE. The meeting discussed this risk further and noted that it was very well documented. It was agreed that everyone was comfortable with the level of assurance and detail within the risk. Risk was formally accepted by all.

Resolved: Reports were accepted

5 Sub Group Reports

5.1 Chairman’s Report – Quality & Safety Intelligence Group (QSIG) – May 2019 – A M Cannaby

- Potential to harm events – to be discussed at the 104 day meeting
- Falls and Pressure Ulcers
- SUI Actions
- Nursing Vacancies
- Intravascular Lithotripsy

Resolved: Chair’s report was accepted

5.2 Quality & Safety Intelligence Group minutes

RE referred to the final para of item 4.1.1 concerning information on the Pathology Service being included in Division 1’s report and the creation of a dashboard by BCPS to meet the needs of boards and thought the Board wold be interested. The meeting agreed.

The meeting accepted the minutes from the May meeting.

5.3 Chairman’s Report – Compliance Oversight Group (COG) – May 2019 – noted in the absence of Dr Odum

The key points noted from the COG Chair’s report are:

- Medication Safety Report
- Pressure Ulcer and Tissue Viability Report
- Venous Thromboembolism (VTE) Group Report
### Item No 5.4

- Radiation Safety Group Update
- Trauma Governance Committee
- Smoke Free RWT Hospital Grounds
- National Emergency Laparotomy Audit

**Resolved:** Report was accepted.

**Compliance Oversight Group minutes – May 2019**

RE referred to item 4.1 concerning the Medicines Management Report and the prescribing and administration of Opioids. She thought the Board would be interested to know of the oversight COG intends to exercise. The meeting agreed.

The meeting accepted the minutes from the May meeting.

### Item No 6

**Assurance Reporting / Themed Reviews**

**6.1 Mortality Update Report**

In the absence of JO, RE asked if anyone had any issues, concerns or comments. MMA commented that it was a very big report and a lot is repeated monthly. MMA mentioned that she has issue finding the new information from the report and asked if the reporting could be shortened and improved. MMO happy to feed this back to Jane McKiernan at the Thursday morning meeting.

MMO advised the meeting that 10 Mortality Reviewers (eight doctors and two nurses) have been appointed. They are currently going through the process and will then commence with the mortality reviews.

MMO mentioned that the Learning Disabilities Mortalities Review (LeDeR) is a national report that was presented to the Mortality Review Group (MRG) and there is a lot of actions for NHSI/E to take forward but there are also local actions for this Trust to take forward. MMO commented that she had started to attend the Health Economy Leader Group which will be helpful for this Trust to ensure that we have good links.

RE commented that on the Pneumonia audit report within the Emergency Department a lot of initials were used for example CXR and asked for a glossary or the words to be written in full. AMC mentioned that CXR stood for Chest X-Ray.

**Resolved:** Report was accepted.

**6.2 Health & Safety Annual Report – S Hickman & M Simcock**

SH presented the above annual report to the meeting for 2018 / 2019 and is a reflection on the work which the team have been undertaken and monitored via the Health & Safety Steering Group.

SH advised the meeting that Health & Safety work alongside Estates and Facilities and Occupational Health. The meeting was assured that there has been a lot more engagement at the Health & Safety Steering Group and due to this engagement, more issues have been identified to be improved on and assurances sought. This is managed via the Risk Profile process (appendix 1 of the papers). This is monitored though out the year and on a quarterly basis discussed at the Health & Safety Steering Group.
Work is on-going with the Health & Safety representatives throughout the Trust and it is found that all are very willing even when their time is restricted due to their daily work duties.

Health & Safety Executive priorities are actively monitored and look at other Trusts in the region to see what is happening. Our learning is shared with other leads in the area.

SH informed the meeting that to date the Trust has seen improvements / done well in:

- The Trust has not received any Health & Safety Executive visits over the last 12 months
- Overall incident statistics have reduced, although the Trust does still have some high risk areas.
- RIDDOR reportable incidents have reduced (table five, page 20 of the main report)
- This is the first year of Health & Safety mandatory training and it has been very well received with an achievement of 95%.
- Work has been undertaken with Estates in regards to the Premises Assurance Model (PAM) Compliance Training, this has been embedded within Estates & Facilities. However, though assurance is being given, there is more work to do.

The meeting was advised by SH of the following areas of improvement:

- When work was undertaken on the Driving for Work policy it was discovered that this policy had not been embedded across the Trust. This is a risk that needs to be raised and work is being undertaken with the relevant areas.
- Even though there was a reduction of incidents as noted above, Sharps incidents has not reduced. MS advised the meeting that this issue has been discussed at various sub-groups and Infection Prevention and Occupational Health have been tasked with doing staff awareness training etc. Health & Safety will be supporting in this process.
- Health Surveillance has improved significantly over the last 12 months; however, due to the Driving for Work Policy and Hand & Arm Vibrations (HAVS), this is a key risk for this Trust.
- Due to challenges within recruitment in Health & Safety over the last 18 months (two whole time equivalent vacancies), different ways are being sought to deliver what is required to the Trust. This has resulted in eight departments having an overall audit rating of red, due to significant gaps in documentation. However, previous to this year full audits had been completed.
- There was one safety alert response was late and this was due to the action plan not being adequate and JO reviewing / altering. Approval is always sought for closure.

SH reported that future plans within Health & Safety include:

- Encourage ownership and engagement of Health & Safety management within the areas where needed.
- Health & Safety team to reduce annual audits of all areas to follow up audit and focus on the areas that need support. Spot check audits will be undertaken.
- Health & Safety team to check the evidence of compliance being reported by the specialist leads using the HSE legislation requirements / inspection guides and Trust policy.
- Use MyAssurance for real time reporting of audits and information is available at different levels across the Trust.
- Health & Safety Executive priorities continue to be Occupational Health,
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<tr>
<td>6.3</td>
<td>Board Assurance Framework Audit and Risk Management Internal Audit Report - R Edwards</td>
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<td>6.4</td>
<td>Risk Management Assurance Strategy – M Arthur</td>
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Occupational Lung Disease, MSK and work related stress. Work has been completed and raised awareness. SH advised that following a received report it had been noted that work related stress has decreased but personal stress is on the increase. Health & Safety team have asked for details on the areas where this is happening to enable targeted awareness can be undertaken.

MMa asked about the areas which are red and sought assurance that these areas would get the necessary support. MS confirmed that House Keeping have completed their audit, Maxi facial is a very complicated area, the Health & Safety Officer who has this in their portfolio is in regular contact and offers support for their risk assessments. Maternity Reception / admin are not a high priority / high risk; once again the Health & Safety Officer is providing support. SH assured the meeting that issues are raised with Divisions on a quarterly basis as an exception report.

On behalf of the meeting, AMC offered Health & Safety the Committee’s support. SH commented that improvement have been made with Estate’s Development, however work is on-going with the tenanted buildings, these are the ones that we do not own but we have staff and provide services from. SH mentioned that there is now a task and finish group which looks at these areas so Health & Safety know what assurances we have from the Landlords.

Resolved: Report was accepted.

6.3 Board Assurance Framework Audit and Risk Management Internal Audit Report - R Edwards

RE commented that the Risk Management Internal Audit report was for information to ensure that this committee did not miss anything.

RE presented the Board Assurance Framework Audit report and gave an overview of the report contents.

One issue noted were the minutes need to be more explicit when the Board Assurance Framework (BAF) is discussed, for example what is discussed, views, actions etc. MMa commented that she had finally received a letter from NHSI who observed Finance & Performance and one of the main points was that the minutes did not reflect the discussions enough. MMa asked if Keith Wilshere could run a session for the Trust Board level minute takers and the Chairs to explain what is required within the minutes.

Resolved: Report was accepted.

6.4 Risk Management Assurance Strategy – M Arthur

MA presented the above paper to the meeting.

The meeting was informed that this is a routine report and is updated on a yearly basis and there are no significant infrastructure changes within the report.

MA pointed out the following key areas for the meeting to note:

- Page 3, section 2.0 – Scope – noting that in addition to the acute and community services, the Trust is now comprised of GP services and the Black Country Pathology Service
The Royal Wolverhampton NHS Trust

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| 6.5     | **Page 7, section 5.0 – Structure and Approach** – noting the new Compliance Oversight Group and Quality & Safety Intelligence Group  
**Page 16, section 5.6 – Policy Management and Risk Assurance** – alignment of policies to include the new services within the Trust  
**Page 17, section 5.8.2 – Trust Committee Summary** – small description about the new committee – Workforce and Organisation Development Committee (WODC) which is a new sub-Board committee  
**Page 22, Risk Management for Senior Managers (mandatory e-training) is no longer mandatory. The training is still available but is not mandatory subject and this will be monitored.** |

MM commented that our arrangements, structures and reporting are the same.

Appendix three indicates the movement within the sub-groups. AMC asked for CIICG to be written in full, MA agreed to action. AMC also asked for the keys on the right side to be tidied up.

MMo advised MA of a new group which reports to the Trust Management Committee (TMC) and needs to be added to the list: Patient & Service User Innovation Group which is chaired by Sultan Mahmud, the terms of reference have been drafted and will be approved at the next meeting in August.

MMa mentioned that she has not seen the terms of reference for either of the two sub-groups which report into Finance and Performance Committee. GN advised the meeting that the Financial Recovery Board have recently reviewed and signed off their terms of reference due to a change of Chair. GN also mentioned that the Capital Review Group have also reviewed and approved their terms of reference. Chairs of all the groups to be asked to submit their terms of reference to their parent groups.

Resolved: Report was approved

**Draft Quality Accounts – M Morris**

MMo advised that the draft Quality Accounts have been discussed at various groups for approval and comments.

The meeting thanked MMo for the hard work and asked that thanks are passed to those who contributed to the report.

The report will be submitted to Trust Board for information only.

Resolved: Report was approved

**7**  
**Issues of Significance for the Trust Board**

**Advise**

QGAC approved the Quality Account 2018/19. It will now be published. (Deadline 30 June 2019)

QGAC agreed the new BAF risk SR13, “Cancer performance metrics place RWT in the bottom quartile nationally”
Item No | Action
--- | ---
QGAC approved the Risk Management Assurance Strategy Review. This contained amendments and updatings but no fundamental changes.
QSIG wishes to see Pathology Service information included in the Division 1 report to QSIG. Discussions are underway within Pathology regarding creating a dashboard which will go through the Black Country Partnership reporting structure.
Smoke Free RWT Hospital Grounds
Assurance
- Health and Safety Annual Report
Partial Assurance
- Mortality
- RTT
- Medicines Management Group report to Compliance Oversight Group
- Trauma Governance Committee
No assurance
- Cancer
Matters for Audit Committee
Internal Audit’s reports on the BAF (7 May 2019) and Risk Management (24 April 2019) were discussed.
Concerning the recommendation “Discussion/explanation of key changes to the BAF should be reflected in the minutes of sub-committee meetings”: QGAC considers that the chairs and secretaries of all the board committees should get together with the company secretary to agree the level of detail required to achieve this.

8 Evaluation of Meeting – ALL
On time, good discussion.

9 Any Other Business – ALL
There was no other business to discuss.

10 Date and time of Next Meeting:
Wednesday 24 July 2019, Conference Room, Hollybush House, 2pm to 4pm – Please note the change of venue
## COMMITTEES ACTION SUMMARY REPORT

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Action to be taken raised from the meeting</th>
<th>Lead</th>
<th>Committee Date</th>
<th>Review date</th>
<th>Update</th>
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<tr>
<td>4.1 – 26.06.19</td>
<td>RE asked about the percentage of patients who present with suspected sepsis to the Emergency Department and are administered antibiotics within one hour. AMC advised that this figure was a contractual level. After further discussion AMC agreed to speak to Simon Evans to ascertain if this was still a CQUIN / contract or not.</td>
<td>AMC</td>
<td>26.06.19</td>
<td>24.07.19</td>
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| 6.1 – 26.06.19 | **Mortality Update Report**  
In the absence of JO, RE asked if anyone had any issues, concerns or comments. MMa commented that it was a very big report and a lot is repeated monthly. MMa mentioned that she has issue finding the new information from the report and asked if the reporting could be shortened and improved. MMo happy to feed this back to Jane McKiernan at the Thursday morning meeting. | MMo  | 26.06.19       | 24.07.19    |              |
| 6.4 – 26.06.19 | **Risk Management Assurance Strategy – M Arthur**  
Appendix three indicates the movement within the sub-groups. AMC asked for CIICG to be written in full, MA agreed to action.  
AMC also asked for the keys on the right side to be tided up.  
Chairs of all the groups to be asked to submit their terms of reference to their parent groups. | MA   | 26.06.19       | 24.07.19    |              |
|   | **4.1 – 22.05.19** | MM asked why the target for Midwife to Birth ratio states 1:30 when the correct figure is 1:28. Following an in-depth discussion it was agreed to change the report target to 1:28. | AMC | 22.05.19 | 26.06.19 | MMO advised that the ratio has always been referred to as 1:28. However, nationally it was agreed that each unit would have their own requirements. MMa asked if the Trust should measure against the national target or the local target. Following a discussion, MMO agreed to take this action to Tracy Palmer, Head of Midwifery, for clarification. MMO to close action via e-mail. |
|   |   |   |   |   | 24.07.19 |
|   |   |   |   |   |   |
|   | **4.2 – 22.05.19** | **5182** - Lack of Network support for Vascular Services at RWT (MD) | JO | 22.05.19 | 26.06.19 | In the absence of JO, it was agreed to bring this action forward to the July meeting. |
|   |   | JO to review and update the risk |   |   | 24.07.19 |
|   |   |   |   |   |   |
|   | **4.2 – 22.05.19** | **Risk 4113** – RE asked if the action under "what else can we do" referring to "progress to be made with LOS - drive across all areas" is linked to action to reduce the proportion of Stranded Patients. GN advised that some of the action is linked to Stranded Patients and some to Get it Right First Time (GIRFT). RE asked if new metrics on length of stay had been devised to monitor performance and whether these needed to be seen by board committees. This was discussed further and GN agreed to review. | GN | 22.05.19 | 26.06.19 | GN gave a brief update on the progress of this risk and the meeting noted that the data needs to be collected from 1 July 2019. GN asked for this action to be left on the report and she would update in readiness for the next meeting. |
|   |   |   |   |   | 24.07.19 |
|   |   |   |   |   |   |
|   | **4.2 – 22.05.19** | **Risk 5112** – RE asked if there is an update from the Recruitment days. AMC replied that there are about seven vacancies. GN to ask for the risk to be reviewed. | GN | 22.05.19 | 26.06.19 | GN confirmed that she has asked for the review to be updated and apologised when it was noted that it had not been. Agreed to bring forward to the next meeting. |
|   |   |   |   |   | 24.07.19 |
|   |   |   |   |   |   |
|   | **4.2 – 22.05.19** | **SR12** - Under the negative assurance GC4 and GC14 are to be updated. | JO | 22.05.19 | 26.06.19 | In the absence of JO it was agreed to bring this risk forward to the next meeting. |
### Closed Agenda Items – To be removed at the next meeting

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<tr>
<th>ITEM</th>
<th>Action to be taken raised from the meeting</th>
<th>Lead</th>
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<th>Committee Review date</th>
<th>Update</th>
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<tr>
<td>4.2 – 22.05.19</td>
<td><strong>BAF Audit Report / Internal Audit Report – R Edwards</strong>&lt;br&gt;RE gave a verbal update on the above reports and asked that these papers should be circulated and discussed at the next meeting.</td>
<td>CE</td>
<td>22.05.19</td>
<td>26.06.19</td>
<td>Circulated on 24 May 2019</td>
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<td>4.2 – 22.05.19</td>
<td><strong>4472 - Delays in Cubicle Assessment and Triage (COO)</strong> – MM mentioned that this risk had been on since April 2016, noted that there was a lot of activity on what is being done with evidence that it is and is not working. MM asked what assurance could be given that this risk would come out of the red. GN / AMC explained the process of Triage and the target of 15 minutes to be seen. To date the Trust has had no SUI’s or RCA’s in regards to this risk. Following discussion it was agreed to review this risk outside of the meeting.</td>
<td>GN</td>
<td>22.05.19</td>
<td>26.06.19</td>
<td>This risk has been downgraded to amber. Agreed to close this action.</td>
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<td>4.2 – 22.05.19</td>
<td><strong>Risk 3069 -</strong> RE commented asked what the Leicester Conference and the action plan were. MA advised that there had been a review of Never Events over a 12 month period and the Leicester event was an NHSI arranged event to pass on learnings to other Trusts. An action plan is available and it was agreed that this be shared with the meeting. RE also asked about &quot;evidence that it is not</td>
<td>MA</td>
<td>22.05.19</td>
<td>26.06.19</td>
<td>MA advised the meeting that the WHO checklist figure of 78% has improved since the last meeting and confirmed that a Never Event action plan, relating to this risk has been circulated to the QGAC members. Agreed to close this risk.</td>
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<td>Date</td>
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<td>4.1 – 24.04.19</td>
<td>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.</td>
<td>AMC</td>
<td>24.04.19</td>
<td>22.05.19</td>
<td>AMC to speak to SE to ascertain when the new format report will be ready. Bring forward to June’s meeting. MMa confirmed that the report was in the new format. Close action.</td>
</tr>
<tr>
<td>4.2 – 20.03.19</td>
<td><strong>4382</strong> - 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.</td>
<td>GN</td>
<td>20.03.19</td>
<td>24.04.19</td>
<td>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 June 2019 GN confirmed that this risk has been updated. Agreed to close.</td>
</tr>
<tr>
<td>4.1 – 20.02.19</td>
<td>RE queried why on “the % of patients who presented with sepsis to the emergency departments – the target is 90%, the chart indicates red on 45.9% and amber on 52%. AMC will review” AMC mentioned that these levels are part of the contract, so the Trust is complying with the contract. RE advised the meeting that she had queried via e-mail if this was appropriate for a rag rating on performance for Sepsis. AMC replied that a further update will be provided at a future board meeting when the contractual agreements have been</td>
<td>AMC</td>
<td>20.02.19</td>
<td>20.03.19</td>
<td>Target is included in revised IQPR format, to consider when new format report comes out in June. The meeting discussed this action and it was agreed that the new format report had not resolved the issue. Further discussion would be undertaken within this meeting. RE asked for this action to be closed.</td>
</tr>
<tr>
<td>Date</td>
<td>Action</td>
<td>Responsible</td>
<td>Date</td>
<td>Details</td>
<td></td>
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<tr>
<td>20.03.19</td>
<td>AMC finalised. Following an update from AMC, RE asked for a separate update on Sepsis. AMC commented that the two Sepsis nurses have commenced within the Trust and the team is now meeting and an action plan formulated and this will be completed by the end of the month. <strong>AMC is hopeful that a plan will be brought back to a future meeting.</strong></td>
<td>AMC</td>
<td>20.03.19</td>
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<tr>
<td>21.11.18</td>
<td>GN agreed to review the TRR and consideration to the BAF (Cancer)</td>
<td>GN</td>
<td>21.11.18</td>
<td>GN advised the meeting that she is currently in the process of completing this action and will update at the next meeting. GN to email RE/KW/MM with views to agree reasoning</td>
<td></td>
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<td></td>
<td>23.01.19</td>
<td>GN confirmed that she has started this work but will circulate prior to her leave.</td>
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<td>20.02.19</td>
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<td>24.04.19</td>
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<td>22.05.19</td>
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<td>26.06.19</td>
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<td><strong>Completed – close action</strong></td>
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Minutes of the Audit Committee

Date: Friday 24 May 2019
Venue: Conference Room, Hollybush House
Time: 9.30am

Present:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Roger Dunshea</td>
<td>Non-Executive Director (Chair)</td>
</tr>
<tr>
<td>Mrs Mary Martin</td>
<td>Non-Executive Director</td>
</tr>
<tr>
<td>Mrs Rosi Edwards</td>
<td>Non-Executive Director</td>
</tr>
</tbody>
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In Attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Kevin Stringer</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Mrs Helen Troalen</td>
<td>Deputy Chief Financial Officer</td>
</tr>
<tr>
<td>Mr Andy Smith</td>
<td>Grant Thornton - Internal Audit</td>
</tr>
<tr>
<td>Mr Andrew Bostock (Part)</td>
<td>KPMG – External Audit</td>
</tr>
<tr>
<td>Mr David Sharif</td>
<td>KPMG – External Audit</td>
</tr>
<tr>
<td>Mrs Michelle Collins</td>
<td>Head of Financial Control and Assurance</td>
</tr>
<tr>
<td>Mr Keith Wilshere</td>
<td>Company Secretary</td>
</tr>
<tr>
<td>Mrs Katie Winchurch</td>
<td>Acting Personal Assistant to the Chief Financial Officer (minute taker)</td>
</tr>
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<table>
<thead>
<tr>
<th>Item No</th>
<th>Action</th>
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<tbody>
<tr>
<td>18/2019</td>
<td><strong>Apologies for Absence</strong>&lt;br&gt;Mr Paul Smith</td>
</tr>
<tr>
<td>19/2019</td>
<td><strong>Minutes of the Previous Meeting</strong>&lt;br&gt;The minutes of the Audit Committee meeting held on the 12 February 2019, were reviewed and approved as a correct record.</td>
</tr>
<tr>
<td>20/2019</td>
<td><strong>Matters Arising</strong>&lt;br&gt;No Matters Arising to report.</td>
</tr>
<tr>
<td>21/2019</td>
<td><strong>Audit Committee Action Points</strong>&lt;br&gt;The committee reviewed the list of Action Points and agreed upon, which items had been actioned and could be deemed closed.</td>
</tr>
</tbody>
</table>
### Declaration of Interest
No interests were declared at this meeting.

### Quality Governance Assurance Committee (QGAC)
R Edwards updated members on areas of interest following the last Quality Governance Assurance Committee (QGAC) Meeting.

R Edwards advised there were no new risks from QGAC. R Edwards said they looked at the Cancer risks and had a long discussion on this and will be putting this in the Board Report pending any comments as a no assurance has breast cancer in particular that would get back in line with an action plan which is why putting cancer on the BAF.

### Finance and Performance Committee (F&PC)
M Martin updated the members on areas of interest following the last Finance and Performance Committee (F&PC) meeting held on the 24 April 2019.

The Trust has received an enforcement letter from NHSi which puts the Trust back down into category 3. She said this is due to the underlying deficit and a few other technical things which NHSi know about including that the Trust are especially struggling with identifying more CIP. M Martin said this does mean more monitoring and meetings. The Finance and Performance Committee have set an objective to understand this and to set a Longer Term Financial Plan.

M Martin said NHSi did attend one of the Finance and Performance Committee Meeting (month 10) but she did not receive any feedback from the meeting.

K Stringer advised that Use of Resources ‘Model Hospital’ review will be on the 1 August 2019.

K Stringer advised that from the enforcement letter the Trust will need to submit the Medium Term Financial Plan on the 1 September 2019.

D Sharif noted audit will look at the actions from the meetings held with the Trust and NHSi.

M Martin reported that stranded patients are patients who have been in hospital for over 21 days and rehab was counted in these figures but they shouldn’t have been. She advised that some patients may need to be in hospital longer for good reason. M Martin advised that Simon Evans is adding up the number of patients. K Stringer said the lead on this needs to be someone from Ops side.

### Trust Management Committee (TMC)
K Stringer advised that H Troalen covered the Trust Management Committee in April and provided a brief update on areas of interest.

- Aston Medical School – the Trust at a point in time agreed to not engage with the new Undergraduate Training Doctors programme but have now been told we are engaging with Aston Medical School and working out the implications of having a different syllabus to the University of Birmingham. There are ongoing discussions and visits to
work out what that will be. From September there is a cohort of Aston Medical students potential coming to the Trust.

K Stringer noted of three Innovation presentations.
- Data by Prof Singh
- Electronic Data Capture
- End of Life

K Stringer noted H Troalen presented the month 12 Finance position and explained the numbers and she also talked about the Income and Expenditure Report the budget for the new year so TMC were sited on the challenge.

26/2019

**Board Assurance Framework (BAF)**

K Wilshere presented the Quality Governance Assurance Committee (QGAC) report.

K Wilshere said G Nuttall has provided him with a draft of the new risks relating to the Cancer performance which is currently being looked at and putting more information in to this paper to be circulated well before the next Audit Committee Meeting.

M Martin raised that where the papers are attached to each risk. The column that states date assurance provided are very old dates. K Wilshere said this was picked up by Internal Audit and there is an action going out to all Directors, Chairs and Administrators of all Trust Board Committee’s that review Board Assurance Framework (BAF) risks to ensure that any review, discussion and agreement of revised BAF risks are recorded in the minutes and the outcome is sent to K Wilshere to confirm the updates.

M Martin suggested that the ‘Model Hospital’ is somewhere in the BAF to say we are using that to inform the work and prioritise areas of improvement.

The Chair referred to the ‘action plan’ column and asked what the process to agreeing to the dates that have been put back. K Wilshere advised these changes to dates are normal check points rather than deadlines for completion. The Director revises this column with the progress to date and the new date is then suggested as a change. If there are any queries about the changes then this would need to be discussed with the Director who made the changes.

27/2019

**Grant Thornton – Internal Audit**

**Final Internal Audit Plan for 2019/20**

A Smith presented the Final Internal Audit Plan for 2019/20 for approval.

A Smith advised the Committee that the Final Internal Audit Plan for 2019/20 was presented at the Audit Committee Meeting in February 2019 and any changes raised from that meeting have been made and asked for approval from the Committee.

RESOLVED: The Committee approved this report.
27.2 **Internal Audit Annual Report and Opinion 2018/19**

A Smith presented the Internal Audit Report and Opinion 2018/19.

A Smith advised this is the same Audit Opinion as last year. He confirmed that it is stronger this year and does refer to the Board Assurance Framework (BAF) and confirmed they are happy with the document and the improvement on the report. A Smith noted the back of the plan sets out as high risk recommendations for completeness. He confirmed all these risks have previously been reported at the Audit Committee.

A Smith referred the Committee to page 4 of the Annual Report 2018/19 and asks the Committee to note the following detail:

- This report summarises all the work that has been completed. 11 reviews have taken place and the vast majority of the reviews have been significant or significant with some improvement. A Smith noted this is a good result with just 3 partial assurances which were around Financial Sustainability, Risk management and the Data Protection Toolkit.

- A Smith advised that the two reviews that are ongoing are ‘The Length and Deaths Policy’ and the ‘Endoscopy Review’ both will come to the September Audit Committee.

**RESOLVED:** The committee noted the detail in the Internal Audit Annual Report and Opinion 2018/19.

27.3 **Risk Management**

A Smith presented the Risk Management Report.

A Smith advised that the main focus is on Divisional Management and the Governance Team. A Smith advised this review had a result of ‘partial assurance with improvement required’ and noted the following are noted as good practice:-

- The Trust reviewed its Governance reporting structure and confirmed the change in structure allows compliance reports to be reviewed by the Executive Lead and Governance and Specialist Lead which allows more time and focus to be given at the Quality and Safety Intelligence Group for performance/progress update against compliance.

- The Trust Board receives comprehensive reports on all strategic and operational risks.

A Smith advised the following points are report as areas for development:-

- There is no documentation of discussions held to decide which risks rated as high on the Trust Risk Register (TRR) and should be escalated to the Board Assurance Framework (BAF).

- It was identified that the risks categorised as grade 12 and above are not being escalated to the Trust Risk Register (TRR).

- It was identified that the Central Governance Team is routinely involved in the day to day administration of the Datix System but combined with vacancies it is limited on the
volume of proactive risk analysis work that the Governance Team can carry out. The Chair asked if there was anything that could be done to improve this. A Smith advised that if the Governance Team was fully recruited to it would be fine.

A Smith advised this report was done in January 2019.

**Board Assurance Framework**
A Smith presented the Board Assurance Framework.

A Smith advised there has been a significant improvement with only a couple of minor issues. He noted one being similar to the risk management review. Audit weren’t seeing the challenge documented in the minutes but the update was on the BAF.

M Martin asked for guidance on how these actions/updates are minuted. M Martin said need to ensure the minute takers know what to minute. K Wilshere to arrange minute writing and report writing for admin support to Committees and Chairs of Committees.

The Chair mentioned that in the past there had been a bit of a grey area on the Chief Nurses role and Board Secretary role which was down to communication. K Wilshere believed it was now working well and the position is now that the Chief Nurse/Governance manages the Risk Register and K Wilshere manages the BAF and acknowledged there is a cross over point.

**Local Clinical Research Network (LCRN) Advisory**
A Smith advised an audit had taken place on the Local Clinical Research Network (LCRN) to give the Trust reassurance. He said he is pleased to say the Trust is compiling with all and expected controls in each area are well designed, implemented and operate effectively.

A Smith advised M Collins did an excellent piece of work on this. K Stringer thanked M Collins for all her hard work.

**Recommendation Tracker**
A Smith confirmed there are seven recommendations overdue to date. H Troalen advised there was an action from the Joint Meeting of Audit Committee and Quality Governance Assurance Committee held on the 24 April 2019 to chase responses within the Trust on the outstanding recommendations. H Troalen confirmed she has been forwarding on the updates to A Smith’s colleagues. H Troalen confirmed she does have a verbal update from the two outstanding actions around Pharmacy but due to the action log not being in the papers she can’t verbal update on these. H Troalen confirmed she had spoken to Paula Haydon from Pharmacy and she confirmed these will both be updated for the next Audit Committee.

A Smith and H Troalen advised the following actions:-

- Pharmacy – Close
- Draft Accounts – Close
- Year End Position – Close
- Annual Leave Policy – going to a July HR Meeting

The Chair asked for an update via email on the recommendation tracker to confirm all actions by the end of June. The Chair thanked H Troalen for picking up the recommendation tracker.
27.7 **Data Security and Protection Toolkit – Action Plan Update**

A Smith presented the Data Security and Protection Toolkit – Action Plan. A Smith confirmed the action plan is now attached.

**RESOLVED:** The committee noted the Data Security and Protection Toolkit – Action Plan.

K Stringer raised that the Trust are likely to engage Internal Audit in a new plan as a separate engagement in terms of Payroll. K Stringer confirmed that some of the Trust customers are asking for an audit or accreditation of processes in our Payroll function as a provider. He said this is currently not in our SLA’s and this would be an extra piece of work that audit could help with but there would be a cost attached to it. K Stringer said likely to ask Internal Audit to do a separate piece of work with Payroll to assert accreditation standard to assure the Trust customers that things are being done appropriately. K Stringer advised there would need to be a discussion on who picks up the cost for this.

R Edwards said that it seems sensibly to do this and once it is done it will cover for all.

K Stringer advised need to be clear on what assurance is provided and what accreditation says.

28/2019

28.1 **Annual Report 2018/19**

**Annual Accounts 2018/19**

The Chair referred to the Annual Accounts 2018/19 and noted this read in regards to the numbers.

**RESOLVED:** Members of the Committee approved the Annual Accounts and acknowledged that the Annual Report would now be presented at the June Meeting of the Trust Board for final approval.

**Overview of all Financial Accounts Position**

K Stringer advised all requirements have been received. He noted the good performance in CRL and the delivery of capital in the Estates Team. K Stringer noted this report read very well and is a good summary of the Trust’s year end performance. He advised M Collins had done a lot of work on this. K Stringer said very pleasing CRL performance to be within £13k of a £22.7m target given that the target was not known until 5 weeks after year end is very good.

M Martin noted that it wasn’t good enough not knowing the CRL target until 5 weeks until the end of the year.

**Accounting Policies**

The committee noted the Accounting Policies.

**Going Concern**

D Sharif reported that they have looked through the value for money work and the financial plan for 2019/20 and looked at the assumptions that the Trust is making around ability to meet the ongoing commitments. D Sharif noted there are no issues to raise on the Going Concern.

M Martin advised that H Troalen did a very helpful/useful paper which outlined the Trust’s current Cashflow position as at the end of Q3 2018/19 and the revised Internal Cashflow Forecast 2018/19 and details or potential upsides and downsides to this revised forecast and this was presented at the Finance and Performance Committee in January 2019. H Troalen to share this paper with the Audit Committee members.
Annual Governance Statement 2018/19
The Annual Governance Statement 2018/19 was discussed under the Annual Report 2018/19 agenda item.

2018/19 Events after Reporting Period
Nothing to report.

External Audit – KPMG

ISA 260
A Bostock presented the ISA 260 report to members of the committee and he apologised for the late circulation of this report.

He advised the members of the summary of the opinions detailed on page 5 of the report:-
- Financial Statements Audit
- Value of Money
- Quality Accounts

A Bostock confirmed that they intend to issue an unqualified audit opinion on the Financial Accounts following the Board adopting them and receipt of the management representations letter.

A Bostock said this is based on the work completed around the key significant risks which is what the audit plan was focused on has been predominately around the valuation of lands and buildings. He raised that there was an issue around the Asset Lives which came from the updated RICS guidance from the Chelsea surveyors which suggested some of the Asset Lives were took long and confirmed there is an audit adjustment linked to that because it isn’t material.

A Bostock said on Income they looked at income recognition linked to the Governance accounts process. This was looked through and A Bostock confirmed they are happy with it.

A Bostock said on expenditure which is the other significant risk they looked at key material expenditure item around Payroll and are satisfied with the control environment around those. A Bostock referred to Value for Money and noted based on the work undertook it is concluded that the Trust does have adequate arrangements to secure economy, efficiency and effectiveness in Use of Resources. A Bostock confirmed the risks that were looked at were Financial Sustainability and asked the Committee to look at the financial plans for the year and the approach to CIP delivery, the recurrent and non-recurrent aspects around that.

A Bostock referred to the Quality Accounts and confirmed they are satisfied with the content of the Quality Account. He confirmed they tested two mandated indicators which were the Venous Thromboembolism (VTE) and Patient Safety Indicator (PSI) and confirmed they gave a modified limited assurance opinion on the presentation and recording of these.

A Bostock and D Sharif thanked H Troalen, M Collins and the wider team for all their help and hard work and responding to all the queries raised with the audit.
D Sharif referred to page 8 of the report and gave the following detail:-
- Valuation of Land and Building Assets – a desktop review has been performed for the year ending 31 March 2019.

- Revenue Recognition – A large part of this related to the Agreement of Balances exercise and D Sharif referred to appendix 3 the difference that were found arising from applying the national audit office threshold of £300k. He said the work had been centred around finding evidence to support the Trust position from the Income and Expenditure Accounts details of these can be found on page 41. No changes found from the work undertaken.

- D Sharif referred to page 42 – the Trust declared income of the £1.656m in dispute with Wolverhampton CCG. D Sharif confirmed this has now been resolved after receiving evidence from the Trust and the Trust now full anticipate payment of this.

K Stringer asked D Sharif to update the ISA 260 on the couple of things raised. These updates are:-
  - Debtors position of the CCG
  - The number of verifications gone up by 5% points.

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### 30/2019

**Management Representative Letter**

K Stringer presented the Management Representation Letter to members of the Committee.

It was noted that this was in connection with the audit of the financial statement as at 31 March 2019 and was presented for approval as in previous years.

**Resolved:** The Committee approved the Management Representation Letter and noted that a signed copy of the letter would be presented to the June meeting of the Trust Board.

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### 31/2019

**Annual Report 2018/19**

The Chair referred to the Annual Report 2018/19. K Wilshere confirmed the Annual Report presented at the Committee is close to the final version apart from typos and punctuality. Sally Evans to read through for final approval. K Wilshere will extract the Annual Governance Statement from it and send for Trust Board approval.

**RESOLVED:** Members of the Committee approved the Annual Report and acknowledged that the Annual Report would now be presented at the June Meeting of the Trust Board for final approval.

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### 32/2019

**Quality Account 2018/19**

The Chair referred to the Quality Account 2018/19. R Edwards advised this has been to Quality Governance Assurance Group and she has fed her comments back to M Morris.

**RESOLVED:** The Committee approved the Quality Account and acknowledged that the Quality Accounts would now be presented to the June meeting of the Trust Board for final approval.
**Losses and Compensation Payments**

K Stringer presented the report on Losses and Special Payments for the period 1 February 2019 to 31 March 2019.

The committee noted the following detail:

- The total losses and special payments in the period of £121,479.81 (28 cases).
- The losses and special payments authorised within Officers’ delegated limits in the period from 1 February 2019 to 31 March 2019, the Deputy Chief Financial Officer authorised £10,159.39 (15 cases) of losses and special payments under delegated power.
- The losses and special payments authorised outside Officers’ delegated powers for the period 16 November 2018 to 1 February 2019 which were approved on the 12 February 2019 by the Audit Committee £99,704.42 (10 cases).
- The personal injury claims of £11,616 (3 new cases).
- The total for the 2018/19 year of £509,508.77 (268 new cases plus 4 existing cases).
- Approve the write off of losses and special payments of £46,382.69 (2 cases) outside the Officers’ delegated limits in the period 2 February 2019 to 13 May 2019.
- To note a fruitless payment to Pro Vision for £35,000.00 that was approved by the Audit Committee outside of the meeting on the 2 May 2019. This will be included in the next report 1 April 2019 to 31 July 2019.

R Edwards referred to page 2 of the report and raised that the café tills were down by £141.07 during this period. H Troalen advised this figure was from the tills in the Heart and Lung Café and potential this could be due to typing errors when keying in the cost of the item. H Troalen advised the tills have since been changed and now the cashier picks off a list and the cost then is shown on screen.

The Chair referred to the comparison of losses and special payments for the year to date of 2018/19 and 2017/18 financial years and the noted the big jumps within Private Patients and Overseas Visitors. H Troalen gave a verbal update and advised that the large numbers are due to clearing of the backlog which all have been provided for and she advised this stands out due to the period it covers. H Troalen advised that a group has been set up and Matthew Butcher is the Finance representative and the aim of this group is to bring all the departments involved in Private Patients Income (Medical Secretaries, General Office and the Contracting Team) making sure that the correct price lists in the contract and 80% off our activity should have a standard price and that is captured in the contract. Also, on a quarterly basis doing a line by line review of outstanding invoices to be able to start targeting the areas for example it could be the same consultant coming up over and over again and is he getting the right up front permissions to do what he is doing with the patient.

**RESOLVED:** Members of the Committee approved the detail in the Losses and Special Payments report and approved write off of debt and other loss, outside Officers’ delegated limits. The losses report will be presented to the June 2019 meeting of the Board for final approval.
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<tr>
<th>Date</th>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>33.2</td>
<td><strong>Single Life Depreciation Report</strong></td>
<td>The Single Life Depreciation Report was received and approved by the Committee.</td>
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<tr>
<td>34/2019</td>
<td><strong>Security Report</strong></td>
<td>The Security Report was discussed at the Committee.</td>
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<td>The Chair asked about the issues in A&amp;E over the last couple of months and asked what procedures changes had been put in place. K Stringer advised that D Loughton is looking to raise the height of the glass window in A&amp;E between the reception staff and patient.</td>
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<td>K Stringer to ask P Smith for a briefing on how the Trust is challenging the crime issues brought to the Trust. Does this need special training or just assurance. P Smith to report back.</td>
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<td></td>
<td><strong>RESOLVED:</strong></td>
<td>The committee noted the detail in the Q4 Progress report on security issues within the Trust.</td>
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<tr>
<td>35/2019</td>
<td><strong>Audit Committee Effectiveness Review Summary Paper</strong></td>
<td>The Chair commented that the questionnaire was only sent to the Non-Executive Directors. Next year need to ensure this is sent out to all members to complete.</td>
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<tr>
<td>36/2019</td>
<td><strong>Audit Committee Workplan</strong></td>
<td>Members of the committee reviewed and noted the workplan for 2019.</td>
</tr>
<tr>
<td>37/2019</td>
<td><strong>Any Other Business</strong></td>
<td>The Chair addressed the committee and asked for feedback on the business of the meeting.</td>
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<td>The Chair reiterated that late reports being circulated for discussion were not acceptable. It was agreed that late reports would not be submitted to any future meetings.</td>
</tr>
<tr>
<td>38/2019</td>
<td><strong>Date and Time of Next Meeting</strong></td>
<td>Thursday 12 September 2019 at 10.00am in the Conference Room, Hollybush House.</td>
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The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 24 May 2019 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:
Mr I Badger Divisional Medical Director, Division 1
Ms N Ballard Head of Nursing – Division 3
Prof A-M Cannaby Chief Nursing Officer (part meeting)
Ms S Evans Head of Communications
Mr L Grant Deputy Chief Operating Officer, Division 1
Dr C Higgins Divisional Medical Director, Division 3
Ms E Lengyel Matron (representing Clair Hobbs)
Mr D Loughton (Chair) Chief Executive
Dr J Macve Director of Infection, Prevention and Control (DIPC)
Dr B McKaig Deputy Medical Director
Mr A Morgan Divisional Medical Director, Division 2
Ms B Morgan Head of Nursing – Division, Division 2
Ms M Morris Deputy Chief Nurse (part meeting)
Mr W Nabih Head of Estates Developments
Ms G Nuttall Chief Operating Officer
Dr J Odum Medical Director
Ms T Palmer Head of Midwifery
Mr T Powell Deputy Chief Operating Officer, Division 2
Mr A Race Deputy Director of Workforce
Mr M Sharon Director of Strategy, Planning and Performance
Mr T Shyestes Head of Service Efficiency
Dr M Sidhu Divisional Medical Director, Division 3
Prof B Singh Clinical Director IT
Ms S Thacker Matron – Obstetrics and Gynaecology
Ms V Whatley Deputy Chief Nursing Officer
Dr A K Viswanath Divisional Medical Director, Division 2

In Attendance:
Mr P Beaumont Sales Director – Intouch Health (part meeting)
Mr G Danks Operational Manager, Black Country Pathology Services (part meeting)
Mr K Wilshere Company Secretary
Ms G Nightingale Executive Assistant
Mr M Sanders Chief Executive – Intouch Health (part meeting)

Apologies:
Mr A Duffell Director of Workforce
Ms C Hobbs Head of Nursing, Division 1
Dr S Fenner Divisional Medical Director, Division 1
Mr S Mahmud Director of Integration
Ms K Shaw Deputy Chief Operating Officer, Division 3
Mr K Stringer Chief Financial Officer/Deputy Chief Executive
Ms H Troalen Deputy Chief Financial Officer

Standing Items

19-20/061: Apologies for absence
Apologies for absence were received from those listed.
19-20/062: Declarations of Interest
There were no new or changed declarations of interest given at the meeting.

19-20/063: Minutes of the meeting of the Trust Management Committee held on 26 April 2019
There were no amendments to the minutes.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on Friday 26 April 2019 be approved.

19-20/064: Matters arising from the minutes of the previous meeting
There were no matters arising from the minutes of the previous meeting.

19-20/065: Action Points List
The following action points were provided as an update:

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Item/Action</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday 22 March 2019</td>
<td>18/514: Topic A - Teletracking</td>
<td>Ms Nuttall to coordinate group to visit and view Command Centre at Chester. To be scheduled</td>
</tr>
<tr>
<td>Friday 26 April 2019</td>
<td>19-20/007: Aston Medical School</td>
<td>Mr Bateman would visit other Trusts who had adopted a model of training medical students from various Universities to understand the model of work Nov 2019</td>
</tr>
</tbody>
</table>

Main Body of Meeting – Discussion Items

19-20/066: Pathology Project Update
Mr Danks introduced the presentation on the Pathology Project Update. He presented the reference data and noted that each laboratory was ranked from high to low. He explained that the Trust ranked high due to the high amount of tests undertaken and quick turnaround, he attributed to the automation of key components of the testing laboratory journey of a specimen/blood test. He said that this was one of the key reasons for bringing laboratory testing onto the one site. He said that at present Wolverhampton was the only laboratory to report actual costs of both biochemistry and haematology below those expected with it undertaking more tests than other sites.

Mr Danks reported on the independent analysis of Performance for all sites. He said the A&E Department for Wolverhampton was the busiest but had a faster turnaround and the evidence pointed to the benefits from Automation – Wolverhampton had a more automated workflow and fewer manual touch points than other sites across the network which resulted in a quicker turnaround.

He said that the Black Country Pathology Network had earmarked preparation for implementation of a Laboratory Information Management System (LIMS), linking all four laboratories with WIFI end to end connectivity with a planned go live of September 2019 and that this would enable e-requesting and printing at the point of collection. He drew attention to the building works currently being completed at the back of the Pathology Laboratory with completion by early 2020 in preparation to migrate the services from the Black Country sites, resulting in all microbiology and cellular pathology being carried out at the Trust New Cross site.

Mr Loughton reported that these developments had attracted staff as it allowed for sub-specialisations such as in Histopathology.
In response to a question from Mr Loughton, Mr Danks advised that future test response time would not be affected as A&E testing would be completed on each site in the Specialist Laboratory and GP and other routine testing would be collected from each site at scheduled times during the day and results emailed to the relevant requester.

Mr Danks confirmed that the recruitment process had begun to recruit a member of staff to meet with GPs in relation to the provision of testing for their Practices with Shropshire the first.

Mr Loughton and Mr Sharon commended Mr Danks and his Team on the large amount of work undertaken to provide such a large scale integrated service.

It was agreed: that the Pathology Project Update Progress presentation be received and noted

**19-20/067: Intouch with Health Presentation**

Mr Sanders, Chief Executive of Intouch Health introduced himself and referred to a similar project the Trust had some years ago in Urology that focussed on the check-in of patients. He said that the system Intouch had built on this experience. Mr Beaumont introduced the presentation “Driving improvements in Outpatient Flow and Pre-operative Assessments”. He outlined the system specialised in optimising patient flow within busy departments, particularly in the Outpatients Departments and that it was able to pre-book any tests as part of the appointment, that upon arrival the kiosks have wayfinding software along with the facility to self-check in. Mr Beaumont offered to arrange a visit to one of the 100 plus hospitals the company currently serves; Ms Nuttall agreed to make arrangements to visit Aintree NHS Trust.

Mr Sanders shared his personal experience that of a family member navigating hospital clinics, testing and appointment systems. He illustrated how, if the Intouch System was installed the process, pathway and experience would be integrated and co-ordinated including for example, instead of a letter you would receive a text message advising you of the appointment and several texts at different intervals reminding the individual of the forthcoming appointment, to the system arranging the various tests ahead of the appointment on the same day. He recommended installing screens within eating areas (cafes) to inform the individual that the clinician was ready to see them.

Mr Loughton asked for points of question and discussion.

In response to questions from Ms Nuttall and Mr Sharon, Mr Sanders advised that if the whole system was purchased it could be implemented on a phased approach over 1 year and for the Outpatient element it could be implemented over a 10 – 12 week period. He outlined the difference between a non-managed service - the Trust undertakes the implementation work and with a managed service a dedicated person would be on site to drive the implementation and the implications of each approach in respect of scoping and implementation.

In response to Professor Singh, Mr Sanders confirmed that if a patient was attending for an appointment, other clinical appointments could be scheduled for the same day around that appointment, therefore reducing the number of times the patient visits the Trust.

In response to Dr Sidhu, Mr Sanders confirmed that height, weight and blood pressure could be undertaken by the individual and then linked electronically to the patient record. Ms Whatley said this would be very helpful for nursing as they have to undertake these tests on a regular basis.

Mr Loughton thanked Mr Sanders and Mr Beaumont for attending to present to Committee members.

**Mr Sanders and Mr Beaumont left the meeting.**

Mr Loughton asked for comments from Committee Members. Dr McKaig said that it was an opportunity to modernise current practices with a useful start in Outpatients. He emphasised that overall access for patients to health records is key. Mr Sharon said it could be useful in Outpatients, but reminded the Committee of the need to review why we are making so many additional Outpatient appointments.
Ms Whatley said she knew of a similar system installed at University Hospitals Birmingham (UHB) which was, on first experience, difficult to navigate. She said UHB had improved this by providing Volunteers to assist making the whole process much more useable.

Dr Morgan said that he was interested in explaining the systems potential in the Emergency Department.

It was agreed that Ms Nuttall would visit Aintree NHS Hospital and Ms Higgins would investigate how it worked at Alder Hay for Children’s Hospital.

It was agreed: that the Intouch with Health presentation be received and noted

19-20/068: 100k Genomes Update Report
Dr Odum introduced the report for information. He said that Genomes project had been initiated three years ago and was now starting to move into business as usual and that his would be a challenge nationally. He said that clinicians should be receiving results and reports for individual patients and confirmed that Genomic Tumour Advisory Boards have been set up by the West Midlands Genomic Centre. He highlighted that the key item from the report was the utilisation of the Cancer reports for patients.

Mr Badger said that he had received some cancer reports and reported that they had been useful for the individual and family in relation to diagnosis and family history. He suggested that the reports be put on the ICE system. Dr Higgins and Dr Odum concurred with this.

Mr Loughton asked Dr Odum to thank Charlotte Hitchcock for all her hard work and dedication on Genomes project.

It was agreed: that the 100k Genomes Update Report be received and noted.

By Exception Papers

19-20/069: Operating Plan Update
Mr Sharon introduced the presentation on the draft public Operating Plan and asked that any comments be sent to him or Mr Simon Evans as soon as possible as it would be presented to Trust Board on Tuesday 4 June 2019 for approval. He advised that the Vison and Values for the Trust had not changed and that the Trust continued to be “An organisation that continually strives to improve the outcomes and experiences for the communities we serve”.

Mr Sharon highlighted the 2019/20 plans:

To have an effective and well integrated health and care system that operates efficiently:

- We would work collaboratively with social care colleagues, commissioners and other providers to help deliver the ambition to achieve a reduction in long stay patients
- We planned to create a fully integrated community based healthcare service through the development of a primary care network across the City
- We would continue to work with stakeholders across the City to deliver an Integrated Care Alliance across Wolverhampton

Proactively seek opportunities to develop our services:

- We would explore opportunities for digital innovation and look to develop new ways of working across the trust
- We would continue to bid for appropriate tenders and work in partnership with all commissioners to identify services that meet the health needs of our population
• We recognised the importance of creating services that are easy for patients to navigate and would explore the opportunity to provide more services in collaboration with other acute providers across the Black Country

Create a culture of compassion, safety and quality:

• We would establish clear plans to deliver our three Quality Priorities:
  − Safe Staffing – continued reduction in vacancies across the Trust
  − Patient Experience and Satisfaction – undertake more patient engagement events to shape future service developments
  − Safer Care – see a reduction in the SHMI (mortality)
• We would build internal capacity and capability and implement a Continuous Quality Improvement programme across the Trust to help improve the service we provide for our patients

Attract, retain and develop our staff and improve employee engagement:

• Workforce planning – We would continue to explore the development of new roles and innovative career pathways to help address workforce shortages
• Staff engagement – We would actively listen to our staff and would develop multi-layered plans to secure continued improvement in this area
• Diversity and Inclusion – We would refresh our education and training offer and deliver a programme of awareness raising events including an inclusion conference

Maintain financial health - appropriate investment to patient services:

• We would develop a new team to help identify and deliver our savings targets
• We remained committed to investing in our services through our Capital Plan. Where possible, we would explore alternative funding streams to support our capital ambitions
• We would deliver our planned income and expenditure position and improve our underlying position
• We would produce a medium term financial plan that models the financial challenges over the next five year period, ensuring we plan to operate within our financial means.

Be in the top 25% for key performance indicators:

• We would deliver the planned activity targets for A&E and maintain our position within the top 25% nationally
• We would achieve the national ambition of a reduction in the number of patients waiting on the incomplete 18 week Referral to Treatment (RTT) pathway
• We would implement the new cancer standards and would strive to ensure all patients receive a diagnosis within 28 days of referral
• We would ensure that 99% of patients are seen within 6 weeks for key diagnostics

Mr Sharon said that these were the Trust’s set of priorities for the forthcoming year and that they were both challenging and require hard work to achieve.

It was agreed: that the Operating Plan Update Presentation be received and noted.

Items to Note - Monthly Reports

19-20/070: Integrated Quality and Performance Report
Ms Nuttall drew attention by exception to the deterioration in the position for the 2 week wait for Cancer and in particular the Breast Symptomatic waits.
She said that the Cancer wait had now impacted on Colorectal, Upper Gastro Intestinal, Head and Neck Cancer waits as referrals continued to rise and therefore the target was deteriorating for all said specialities. She reported on two potential cases of Harm that were being investigated.

Ms Nuttall said that the Cancer Teams was working extremely hard to deliver the targets, however referrals continued to rise. Mr Loughton said how extremely hard it is for staff to achieve national targets when the referral rate continues to rise and he asked for everyone not part of the Cancer Directorate to assist in any way possible when making requests and to ‘think what can I do to help’. Ms Nuttall said that on a more positive note a Consultant had been appointed following the completion of the Clinical Fellowship programme.

It was agreed: that the Integrated Quality and Performance Report be received and noted.

19-20/071: Division 1 Quality, Governance and Nursing Report

It was agreed: that the Division 1 Quality, Governance and Nursing Report be received and noted.

19-20/072: Division 2 Quality, Governance and Nursing Report

It was agreed: that the Division 2 Quality, Governance and Nursing Report be received and noted.

19-20/073: Division 3 Quality, Governance and Nursing Report

It was agreed: that the Division 3 Quality, Governance and Nursing Report be received and noted.

19-20/074: Executive Workforce Summary Report

It was agreed: that the Executive Workforce Summary Report be received and noted.

19-20/075: Chief Nursing Officer (CNO) Report

It was agreed: that the Chief Nursing Officer (CNO) Report be received and noted.

19-20/076: Chief Nursing Officer (CNO) Governance Report

It was agreed: that the Chief Nursing Officer (CNO) Governance Report be received and noted.

19-20/077: Finance Position Report

It was agreed: that the Finance Position Report be received and noted.

19-20/078: Capital Programme Update

It was agreed: that the Capital Programme Update Report be received and noted.

19-20/079: Operational Finance Group Minutes

It was agreed: that the Operational Finance Group Minutes be received and noted.
19-20/080: Financial Recovery Board Update
It was agreed: that the Financial Recovery Board Update Report be received and noted.

19-20/081: Learning from Deaths Update
It was agreed: that the Learning from Deaths Report - be received and noted.

Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual)

19-20/082: Annual Fire Safety Report
It was agreed that the Annual Fire Safety Report be received and noted.

Business Cases - Division 1

19-20/083: Business Case to meet the service specification for Thoracic Surgery following on from the retirement of a Mixed Practice Consultant
It was agreed: that the Business Case to meet the service specification for Thoracic Surgery following on from the retirement of a Mixed Practice Consultant be approved.

Business Cases - Division 2

19-20/084: TAG 221 Romiplostim for the treatment of Chronic Immune (Idiopathic) Thrombocytopenic Purpura
It was agreed: that the Business Case TAG 221 Romiplostim for the treatment of Chronic Immune (Idiopathic) Thrombocytopenic Purpura be approved.

19-20/085: TAG 293 Eltrombpoag as an option for treating Chronic Immune Thrombocytopenia Purura in Adults
It was agreed: that the Business Case for TAG 293 Eltrombpoag as an option for treating Chronic Immune Thrombocytopenia Purura in Adults be approved subject to Capital Review Group approval.

19-20/086: TAG 553 Pembrolizumab for Adjuvant treatment of Resected Melanoma with High Risk of Recurrence
It was agreed: that the Business Case for TAG 553 Pembrolizumab for Adjuvant treatment of Resected Melanoma with High Risk of Recurrence be approved.

19-20/087: Funding request for Semaglutide
It was agreed: that the Funding request for Semaglutide be approved.
Mr Sharon presented this Business Case and drew attention to the fact that Wolverhampton Clinical Commissioning Group had agreed to fund this development.

It was agreed: that the Development of an Urgent Treatment Centre at Phoenix Health Centre be approved subject to Wolverhampton Clinical Commissioning Group funding this Development.

**Business Cases - Division 3**

There were no Business Cases submitted for approval.

**Corporate Business Cases**

There were no Business Cases submitted for approval.

**Outline/proposals for change**

There were no Outline/Proposals for change for approval.

**Policies**

**19-20/089: Strategies Update**

It was agreed: that the Strategies Update be approved.

**19-20/090: Policy Update**

It was agreed: that the Policy Update be approved.

**19-20/091: CP18 Clinical Photography**

It was agreed: that the CP18 Clinical Photography Policy be approved.

**19-20/092: MP09 Electronic Prescribing and Medicines Administration Policy**

It was agreed: that the MP09 Electronic Prescribing and Medicines Administration Policy be approved.

**19-20/093: OP13 Information Governance and Data Protection**

It was agreed: that the OP13 Information Governance and Data Protection Policy be approved.


It was agreed: that the New Policy – De-identification and Pseudonymisation Policy be approved.

It was agreed: that the New Policy – Profiling, Automated Decision Making and Artificial Intelligence Policy be approved.

19-20/096: GP02 Anti-Fraud and Anti-Bribery Policy

It was agreed: that the GP02 Anti-Fraud and Anti-Bribery Policy be approved.

19-20/097: Information Governance Strategy

It was agreed: that the Information Governance Strategy be approved.

19-20/098: Patient Experience, Engagement and Public Involvement Strategy

Ms Morris introduced the new strategy and stated that the focus was on strengthening public engagement. She thanked everyone for their views and comments which had been incorporated into the strategy. Dr McKaig said that he had read the strategy and that it had been produced in an easy readable format.

It was agreed: that the Patient Experience, Engagement and Public Involvement Strategy be approved.

Ms Morris attended the meeting for this agenda item only.

19-20/099: Any new Risks or changed risks as a result of the meeting

There were no new or changed risks noted from the business of the meeting.

19-20/100: Any other business

a) Mr Loughton advised that the Executive Team had gone through the Care Quality Commission (CQC) assessment for Well-Led on Wednesday morning, the Executive Team had reassessed each service. He said that Ms Evans would be producing a Communications Strategy regarding the impending CQC visit.

b) Ms Nuttall reported that she had received confirmation that Probert Court was not accepting patient referrals from Friday 1 June 2019 and that beds would close and alternative solutions would be found via the Patient Flow Team. In response to Mr Loughton, Ms Nuttall, Ms Ballard and Ms Whatley advised that a programme of assistance had been provided by the Trust but there had been difficulties for our staff in respect of staff culture and approach.

c) Mr Loughton asked everyone for their views on the new format of the meeting; all agreed it was much improved. Professor Singh raised concerns that some reports had not been discussed in sufficient detail and suggested that each noted report was taken in turn and each Committee Member asked if they had any concerns or points that the Committee should be aware of. It was agreed to the recommendation and Mr Loughton requested that Mr Wilshere notify attendees of the change.

Action: revised instructions regarding noted reports be provided with the agenda to the next meeting.

19-20/101: Care Quality Commission (CQC) Insight Report

It was noted: that the Care Quality Commission (CQC) Insight Report be approved for reading purposes.
19-20/102: Date and Time of next meeting
The next meeting of the Trust Management Committee would be held on Friday 21 June 2019 at 1.30pm in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital

The meeting closed at 3.30pm
The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 21 June 2019 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:
Mr I Badger Divisional Medical Director, Division 1
Ms N Ballard Head of Nursing – Division 3
Ms A Davis Clinical Director Pharmacy
Mr A Duffell Director of Workforce (part)
Mr L Grant Deputy Chief Operating Officer, Division 1
Dr C Higgins Divisional Medical Director, Division 3
Ms C Hobbs Head of Nursing, Division 1
Dr J Macve Director of Infection, Prevention and Control (DIPC)
Dr A Morgan Divisional Medical Director, Division 2
Ms B Morgan Head of Nursing – Division, Division 2
Ms M Morris Deputy Chief Nurse
Mr W Nabih Head of Estates Developments
Dr J Odum (Chair) Medical Director
Mr M Sharon Director of Strategy, Planning and Performance
Ms K Shaw Deputy Chief Operating Officer, Division 3
Mr T Shayes Head of Service Efficiency
Dr M Sidhu Divisional Medical Director, Division 3
Ms S Thacker Matron – Obstetrics and Gynaecology
Ms H Troalen Deputy Chief Financial Officer
Dr A Viswanath Divisional Medical Director, Division 2

In Attendance:
Ms M Arthur Head of Governance (for CNO Governance Report)
Ms S Banga Senior Administrator
Mr N Bruce Associates CTO
Mr A Ryder (For Physician Associates Presentation)
Dr A Shah (For Physician Associates Presentation)
Ms J Shillingford (for Mr Duffell)
Mr K Wilshere Company Secretary

Apologies:
Prof A-M Cannaby Chief Nursing Officer
Prof. J Cotton Director Research & Development
Dr L Dowson Quality Improvement Lead
Ms S Evans Head of Communications
Dr S Fenner Divisional Medical Director, Division 1
Dr S Grumett Lead Cancer Services
Mr D Loughton Chief Executive
Dr B McKaig Deputy Medical Director
Mr S Mahmud Director of Integration
Ms G Nuttall Chief Operating Officer
Ms T Palmer Head of Midwifery
Mr T Powell Deputy Chief Operating Officer, Division 2
Mr A Race Deputy Director of Workforce
Prof B Singh Clinical Director IT
Mr K Stringer Chief Financial Officer/Deputy Chief Executive
Ms V Whatley Deputy Chief Nursing Officer
Standing Items

19-20/103: Apologies for absence
Apologies for absence were received from those listed. It was confirmed that the meeting was not quorate and that any decisions made would require subsequent approval confirmation. Dr Odum welcomed Ms Davis, the new Clinical Director of Pharmacy, to the Trust and the Trust Management Committee.

19-20/104: Declarations of Interest
There were no new or changed declarations of interest given at the meeting.

19-20/105: Minutes of the meeting of the Trust Management Committee held on 24 May 2019
There were no amendments to the minutes.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on Friday 24 May 2019 be approved.

19-20/106: Matters arising from the minutes of the previous meeting
There were no matters arising from the minutes of the previous meeting.

19-20/107: Action Points List
The following action points were provided as an update:

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Item/Action</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday 22 March 2019</td>
<td><strong>18-19/556: Integrated Quality and Performance Report</strong>&lt;br&gt;Mr Wilshere confirmed that Ms Nuttall and he had agreed a provisional date (Sept 2019) for a future facilitated Board Development Session - Cancer – ideas to assist with Future Performance.&lt;br&gt;The item was agreed as closed.</td>
<td>26 July 2019</td>
</tr>
<tr>
<td>Friday 26 April 2019</td>
<td><strong>19-20/007: Aston Medical School</strong>&lt;br&gt;Mr Bateman would visit other Trusts who have adopted a model of training medical students from various Universities to understand the model of work</td>
<td>Nov 2019</td>
</tr>
<tr>
<td>Friday 24 May 2019</td>
<td><strong>19-20/067: Intouch with Health Presentation</strong>&lt;br&gt;Ms Nuttall would visit Aintree NHS Hospital and Ms Higgins would like to understand how the system worked at Alder Hay Hospital for Children’s</td>
<td>July 2019</td>
</tr>
<tr>
<td>Friday 24 May 2019</td>
<td><strong>19-20/100: Any other business</strong>&lt;br&gt;Mr Wilshere confirmed that notification had been provided with the Agenda and call for papers of the need to raise any concerns that the Committee should be aware of in relation to the reports they submit.&lt;br&gt;The item was agreed as closed.</td>
<td>21 June 2019</td>
</tr>
</tbody>
</table>

Main Body of Meeting – Discussion Items

19-20/108: Physician Associates
Dr Odum introduced Mr Ryder, the Physician Associate heading up the Trust programme and Dr Shah, the responsible Consultant overseeing the programme. Dr Odum gave a summary overview of the development and emergence of the Physician Associates (PA) role supporting service delivery.
Mr Ryder gave a brief presentation of his role across AMU, Lecturing and presentations and the PA Ambassador role for HEE. He reviewed the NHS challenges regarding service demands and workforce availability. He differentiated the Physician Associate (PA) role and the potential benefits of longer term service continuity and the complementary nature of the role to other professionals.

He gave an overview of the national development of PA roles and the emerging local West Midlands picture including at Dudley, George Elliot and UHB. He said the role had continued to develop into and including clinical quality improvement work and service improvement work.

Mr Ryder spoke about the challenges relating to funding sources and resources, cultural change and acceptance in the organisation, issues relating to future prescribing ability and the need for primary legislation to achieve and future regulatory requirements as yet unconfirmed and professional governance arrangements and supervision in the future.

He then summarised the current position and future potential key areas for implementation in respect of funding, service support for the role, education and training and innovation.

In response to a question from Mr Sharon, Mr Ryder outlined a typical working day to illustrate the role and the flexibility across a variety of clinical service areas bridging gaps and providing continuity. Dr Shah said that A&E consultants had requested additional PA hours.

Ms Shaw asked about the future prescribing issue. Mr Ryder said that the amendment to the Legislation was in the Parliamentary timetable that was then followed by the details of implementation and solving the issue of regulation.

Dr Viswanath said the important element was Directorate appreciation and vision for the use of the role in their area. Mr Duffell said establishing the role had to be as part of the future service delivery model, not as an add-on. Dr Shah agreed that it was about working up from the service requirements and model including PA’s in the skill mix. Dr Sidhu asked about PA’s in GP practices. Mr Ryder said the evidence to date was that it takes a year plus to become proficient in primary care operation depending on the individual and the setting.

Dr Shah said that as part of this the job environments needed to be attractive and supportive. Mr Nabih asked whether PA’s were retained or whether they went on to other, e.g. Medical training. Mr Ryder said the emerging picture was that PA’s stayed in one place for considerably longer than other professionals. Dr Shah said they often developed more within an expanded role.

Dr Odum thanked Mr Ryder and Dr Shah for their presentation and discussion. He said that those who have used the role there has been a positive and welcoming response and use in service. He said that the RWT investment in other workforce initiatives such as the Clinical Fellows, might in future need to be wider to include the potential of the PA role. He agreed with Mr Duffell in the need for services to include the PA role as part of their service workforce modelling and planning.

It was agreed: that the Physician Associates Update Progress presentation be received and noted

By Exception Papers

19-20/109: 7 Day Service Update
Dr Odum introduced the update report and summarised that the Trust was broadly compliant with the requirements of providing a 7 day service. He said there were remaining issues regarding daily reviews referred to in the paper. He said that the twice daily ward rounds had issues in a specific service area (Stroke) and the documenting of the occurrences was not always consistent or clear. He asked for service areas to work on improving this. Ms Morris added that there was also work on patient experience and whether there was any difference in perception between weekdays and weekends as recommendation rates appeared to be lower for weekends.

It was agreed: that the 7 Day Service Update be received and noted
Items to Note - Monthly Reports

19-20/110: Integrated Quality and Performance Report
Ms Morris introduced the quality aspects of the report with positive ED performance reported, FFT system issues in May 2019 with lower capture rates now resolved, the approved Patient Experience Strategy in place. She highlighted late observations performance had declined and was being investigated, including possible system recording issues. She said that Pressure Ulcer performance had also deteriorated and that each case was investigated. She said that there had been three falls with harm reported resulting in two deaths with investigations underway, and higher reported numbers of *C. difficile* cases due to the change in the definition of those reported now including those not acquired in our services only.

Dr Odum asked about the *C. difficile* new reporting requirements and the numbers in the report. Dr Macve said the target was no more than 10 in a quarter given a reduced target based on three low reporting quarters.

Mr Grant highlighted the challenges in RTT – Cancer rates, Ophthalmology issues with considerable waiting lists with additional services being put in place to tackle the situation. He said some had been waiting for follow up in excess of 12 months. He said that the national reporting on Breast Cancer had been in the press nationally with the Trust second worst in the country, and that referrals continued to increase month on month (503) with capacity for a maximum of 380. He said that further options were being explored to try and tackle this further.

Mr Grant also referred to a Never Event that had occurred the previous day where a spinal block had been administered to the wrong side of the spine. He confirmed that the investigation was underway. He said that ED performance remained challenged with 204 breaches of the 4 hour target with discharge blockages proving increasingly significant with apparently a reduced availability of discharge packages of care impacting within a few days on the Trust ned state and situation. He said there had been progress since in facilitating appropriate discharge arrangements although pressures on beds continued.

Dr Odum said that the pressure on beds and the loss of packages had not always been fully flagged up to the Trust and that the Trust was trying to be as aware as possible of the state and potential impact of other providers’ situations. He also referred to the recovery in ED performance and the potential support in Cancer services from partner organisations. Dr Viswanath asked whether there was any way of predicting or modelling the situation that had occurred relating to discharges. Mr Grant said the impact could be modelled. Dr Morgan confirmed that work was underway looking as the possibility for this.

It was agreed: that the Integrated Quality and Performance Report be received and noted.

19-20/111: Division 1 Quality, Governance and Nursing Report
Ms Hobbs introduced the report, confirming the Never Event that had occurred on 20/06/19 and thus not cited in the report and the late observation position, the reduction in falls with harm within the Division. She referred to 3 DRHABss, (2 MRSA) acquisitions with concerns regarding practice being addressed within the Cardiology Directorate. Dr Odum congratulated the Division on their success in recruitment of substantive staff. Mr Grant drew the TMC attention to the inclusion of reporting from the Pathology Service in future and that BPCS would form part of this report in future and the work and progress in place. Dr Odum welcomed the inclusion.

It was agreed: that the Division 1 Quality, Governance and Nursing Report be received and noted.

19-20/112: Division 2 Quality, Governance and Nursing Report
Ms Morgan introduced the highlights and she spoke about the red risk relating to recruitment issues for the Division with a recent escalation of the risk with over 70 registered nurse vacancies with service safety challenges that were being addressed. She said further recruitment initiatives were underway.
Dr Odum agreed that work was underway to address these challenges. Dr Viswanath referred to the new risk on the Durnall Unit and initial actions being taken to address the risk.

It was agreed: that the Division 2 Quality, Governance and Nursing Report be received and noted.

19-20/113: Division 3 Quality, Governance and Nursing Report
Ms Shaw referred to the pressures on radiology and MRI capacity with plans being put in place to bolster current Trust capacity. She also referred to work in dermatology including the tender for community services recently having closed. She said aspects of the acute and paediatric dermatology services were being looked at given recent staff changes. She said the situation would remain challenging in the short term. Ms Ballard referred to the summary in the report regarding incidents, investigations and improved performance alongside improved reporting and capture of incidents. She confirmed there was no harm involved in the radiation incidents and a new incident relating to non-diagnosis and follow up. She said that VTE reporting rates had slipped and was being addressed. Dr Higgins added that the VTE information had been shared with other areas involved in the patients care.

It was agreed: that the Division 3 Quality, Governance and Nursing Report be received and noted.

19-20/114: Executive Workforce Summary Report
Mr Duffell referred to the document in the reading room on the interim people plan for the NHS recently published by NHSI. He said more was likely to follow. He referred to the staff survey results on page 5 of the report and actions to date with examples of what was good, what was being addressed and the main challenges.

He referred to the highest FFT response rate achieved with improved recommendations. He said that the position regarding staffing numbers had increased as a result of the budget setting including more posts. He said the Trust had continued to recruit more staff than leaving the organisation month on month.

Dr Odum asked how many had joined us from other nearby Trusts. Mr Duffell said the Trust continued to recruit significant numbers from nearby (50%) Trusts and 50% nationally. Mr Nabih asked how many staff had been gained over the last 12 months. Mr Duffell said it had increased significantly month on month. He said the other Trusts continued to have greater recruitment challenges.

It was agreed: that the Executive Workforce Summary Report be received and noted.

19-20/115: Chief Nursing Officer (CNO) Report
Ms Morris introduced the report and reprised the issues already covered and reported. She referred to the evaluation of data from FFT responses, changed reporting arrangements for the Deteriorating Patient Group to QSIG with increased CCG scrutiny including Sepsis identification.

She referred to the Nursing Culture survey with initial pilot dates impending. She said this would offer future benchmarking opportunities. She also referred to the recruitment positions and recent incidents. Dr Odum said the Nurse Fellowship recruitment was in a healthy position. Ms Morris said the next report would include more detail on the Nursing Mortality audit and further information on the evaluation of the Nursing Excellence Audits.

It was agreed: that the Chief Nursing Officer (CNO) Report be received and noted.

19-20/116: Chief Nursing Officer (CNO) Governance Report
Ms Arthur introduced the report and highlighted the revisions to the risk management process regarding risk escalation from local to Trust-wide review after 3 months. She also referred to the local procedural cataloguing process and ensuing document reviews where required. She then spoke about the Health
& Safety compliance annual report position with some areas of low or non-compliance with local audits. She said not all annual review reports had been returned and she asked that it be escalated by Divisions and local services to improve the level of local assessment reporting.

There followed a brief discussion as to how and when the service areas were notified of H&S compliance by subject expert leads. Mr Duffell suggested it also be escalated to Heads of Services and DCOO’s. Ms Arthur said that was already provided. She said she would check how far that was provided across the support services. Ms Roberts said that would be useful.

**Action:** Ms Arthur to review and confirm H&S compliance report dissemination by the subject leads.

**It was agreed:** that the Chief Nursing Officer (CNO) Governance Report be received and noted.

19-20/117: Learning from Deaths Update
Dr Viswanath introduced the report and highlighted the unchanged SHMI position to January 2019. He said compared to previous years there had been less observed deaths most recently. He referred to the work by PwC and on coding accuracy that was expected to impact positively too. He highlighted the lag between changes being made and shown in the SHMI of around 12 months. He referred to the appointment of further Mortality reviewers to help tackle the backlog and timely future reviews. Dr Viswanath also referred to further education sessions for coders and clinicians to further improve understanding and consistency. He referred to work regarding the IT platform for managing the Learning from Deaths data and information with incremental improvements to this system over the next few months. Dr Odum said it was a big programme with some positive news and further work to do.

**It was agreed:** that the Learning from Deaths Report - be received and noted.

19-20/118: Finance Position Report
Ms Troalen highlighted the changes to the report format and the month 2 position that was in line with plan so far. She said patient income had remained high for a second month and the predicted cash position. She confirmed that vacancy information was now only in the Workforce report but the finance report continued to track the pay bill for the Trust.

She also referred to the tracking and reporting of the delivery of CIP, reserves and other items. She referred to the waterfall charts within the report showing the overall picture of income and expenditure variances. She also referred to the actual patient income and expenditure per month and by trends. Finally, she referred to the waterfall representation of the patient income position and she said that some income was being held as a hedge in case of any subsequent coding challenge against income. She also highlighted the description of new report available with it.

Ms Troalen said that patient income was driven by activity and price. She said there was work underway to better match to the costs of the activity. Dr Odum asked about the amount hedged for 2 months as being just under £1m. Ms Troalen said this was the case. She explained that subsequent reviews would be argued relating to tariff, acuity and/or coding issues. She said that tracking the trend would give a better idea over time for forecasting. She said the report was designed to be clearer and illustrative of the financial position and issues.

**It was agreed:** that the Finance Position Report be received and noted.

19-20/119: Capital Programme Update
Mr Nabih highlighted that the programme was on target with month one including previous year end transfers.

**It was agreed:** that the Capital Programme Update Report be received and noted.
19-20/120: Operational Finance Group Minutes

It was agreed: that the Operational Finance Group Minutes be received and noted.

19-20/121: Financial Recovery Board Update

Mr Shayes introduced the report and outlined the significantly challenging situation with the over achievement to plan to date although the plan was back-ended in the year. He also said that a review based on model hospital information was underway.

It was agreed: that the Financial Recovery Board Update Report be received and noted.

Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual)

19-20/122: Freedom to speak up Guardian

It was agreed that the Freedom to speak up Guardian Report be received and noted.

19-20/123: CQC Action Plan

Ms Morris highlighted the plan for information monthly including the Well-led Plan items. She said there remained around 37 open actions relating to predominantly GP practices and overarching actions. She said these may require further discussion at a future TMC regarding ongoing oversight by existing processes, systems and structures. Mr Duffell said this could apply to Mandatory Training. Ms Morris said the same may be the case with Safeguarding. She said there needed to be confirmation from Divisions to monitor elsewhere. Dr Odum said it was useful for oversight but not enacting and monitoring.

Ms Morris also said the communication plan had commenced with supporting information being disseminated. She provided a further summary of these materials and planned walk-abouts to support this over the next couple of weeks with the help and support of senior staff. She referred to materials for population by local service areas that could be referred to when giving examples of successes and challenges. She also asked for any more ideas and suggestions for communicating information to colleagues.

It was agreed that the CQC Action Plan be received and noted.

19-20/124: Infection Prevention Annual Report

Dr Macve introduced the report and highlighted the main summary aspects therein, including 2 MRSA attributions and 2 related to care at RWT with an overall rise in colonisation in hospital along with new C. difficile targets. She reiterated the importance of maintaining vigilance in Infection Control. Dr Odum welcomed the report.

It was agreed that the Infection Prevention Annual Report be received and noted.

Business Cases - Division 1

19-20/125: Business Case Neonatal Community Outreach Service – CQUIN

It was agreed: that the Business Case Neonatal Community Outreach Service – CQUIN be approved.
19-20/126: **Business Case Exogen Ultrasound Bone Healing Device**

It was agreed: that the Business Case Exogen Ultrasound Bone Healing Device be approved.

19-20/127: **Business Case Precision Temperature Management System ICCU**

It was agreed: that the Business Case Precision Temperature Management System ICCU be approved.

**Business Cases - Division 2**

None this month.

**Business Cases - Division 3**

19-20/128: **Business Case ePMA**

It was agreed: that the Business Case for ePMA be approved.

19-20/129: **Business Case Medicines Management Proposal Kyleena and Levosert**

It was agreed: that the Business Case Medicines Management Proposal Kyleena and Levosert be approved.

**Corporate Business Cases**

19-20/130: **Business Case 49216 - Network Upgrade**

It was agreed: that the Business Case 49216 - Network Upgrade be approved.

19-20/131: **Business Case 40205 - IPT Telephony migration - Year 3 only**

It was agreed: that the Business Case 40205 - IPT Telephony migration - Year 3 only be approved.


It was agreed: that the Business Case 49304 – Replacement of Heart & Lung Emergency Lighting System Block87 – Backlog Maintenance and Statutory Programme be approved.

19-20/133: **Business Case 49302 - Replacement of HV switchgear North Sector Phase A – Backlog Maintenance and Statutory Programme**

It was agreed: that the Business Case 49302 - Replacement of HV switchgear North Sector Phase A – Backlog Maintenance and Statutory Programme be approved.

19-20/134: **Business Case 49300 - Replacement of New Cross Hospital South West Sector LVSwitchgear - New Cross Hospital –Backlog Maintenance and Statutory Programme**
It was agreed: that the Business Case 49300 - Replacement of New Cross Hospital South West Sector LVSwitchgear - New Cross Hospital –Backlog Maintenance and Statutory Programme be approved.

19-20/135: Business Case 49504 – Replacement of Maternity Heating plant and Basic Infrastructure to Wrekin House – Backlog Maintenance Programme

It was agreed: that the Business Case 49504 – Replacement of Maternity Heating plant and Basic Infrastructure to Wrekin House – Backlog Maintenance Programme be approved.

19-20/136: Business Case 47425 - Multi-Storey Car Park

It was agreed: that the Business Case 47425 - Multi-Storey Car Park be approved.

Outline/proposals for change

There were no Outline/Proposals for change for approval this month.

Policies

19-20/137: Strategies Update

It was agreed: that the Strategies Update be approved.

19-20/138: Policy Update

It was agreed: that the Policy Update be approved.

19-20/139: HS05 - Ionising Radiation Safety Policy

It was agreed: that the HS05 - Ionising Radiation Safety Policy be approved.

19-20/140: HS33 – Driving for Work Policy

It was agreed: that the HS33 – Driving for Work Policy be approved.

19-20/141: MP04 – Management of Medication Errors Policy

It was agreed: that the MP04 – Management of Medication Errors Policy be approved.

19-20/142: OP10 – Risk Management and Patient Safety Reporting Policy

It was agreed: that the OP10 – Risk Management and Patient Safety Reporting Policy be approved.

19-20/143: OP91 – Data Quality Policy

It was agreed: that the OP91 – Data Quality Policy be approved.
19-20/144: OP92 – Clinical Coding Policy

It was agreed: that the OP92 – Clinical Coding Policy be approved.

19-20/145: OP102 – Non Elective Surgery Policy

It was agreed: that the OP102 – Non Elective Surgery Policy be approved.

19-20/146: CP52 – Intrathecal Chemotherapy.

It was agreed: that the CP52 – Intrathecal Chemotherapy be approved.

19-20/147: Risk Management Assurance Strategy

It was agreed: that the Risk Management Assurance Strategy recommended to Trust Board for approval.

19-20/148: Any new Risks or changed risks as a result of the meeting

There were no new or changed risks noted from the business of the meeting.

19-20/149: Any other business - 1

Mr Nabih advised that the work would start on the Multi-storey car park site imminently with completion by end February 2020.

19-20/150: Any other business - 2

Mr Sharon reminded the meeting of the success of the Trust in gaining the HPV testing service tender for the West Midlands. He alerted the meeting to the emerging local picture in some of the organisations involved as there have been issues with the graduated transfer. UHB have given commissioners notice of ceasing their local testing earlier leaving a gap in service that RWT will cover as best possible with a temporary screening arrangement. He said this was likely to have a short-term detrimental impact on the Trust performance and there may be adverse media coverage associated with this if the transfer does not go smoothly.

19-20/151: Care Quality Commission (CQC) Insight Report

It was noted: that the Care Quality Commission (CQC) Insight Report be available for reading purposes on the Diligent system.

19-20/152: Date and Time of next meeting

The next meeting of the Trust Management Committee would be held on Friday 26 July 2019 at 1.30pm in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital

The meeting closed at 3.20pm
# Minutes of the Workforce and Organisational Development Committee

**Date**: 26th April 2019  
**Venue**: Estates Development Meeting Room, Hollybush House  
**Time**: 10:30am

## Present:

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Sarah Allan</td>
<td>Head of Resourcing</td>
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<tr>
<td>Rose Baker</td>
<td>Associate Chief Nurse</td>
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<tr>
<td>Alan Duffell</td>
<td>Director of Workforce</td>
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<tr>
<td>Roger Dunshea</td>
<td>Non-Executive Director</td>
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<tr>
<td>Lewis Grant (part)</td>
<td>Deputy COO, Division 1</td>
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<tr>
<td>Junior Hemans (Chair)</td>
<td>Non-Executive</td>
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<tr>
<td>Daniela Locke</td>
<td>Head of Workforce</td>
</tr>
<tr>
<td>Adam Race</td>
<td>Deputy Director of Workforce</td>
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<tr>
<td>Sue Rawlings</td>
<td>Non-Executive Director</td>
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## In Attendance:

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<tr>
<th>Name</th>
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<tr>
<td>Maria Dent</td>
<td>Meeting Administrator</td>
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## Apologies:

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<th>Name</th>
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<tr>
<td>Sally Evans</td>
<td>Head of Communications</td>
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<tr>
<td>Sultan Mahmud</td>
<td>Director of Integration</td>
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<tr>
<td>Priyanka Nar</td>
<td>Head of Occupational Health &amp; Wellbeing</td>
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<tr>
<td>Tim Powell</td>
<td>Deputy COO, Division 2</td>
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<tr>
<td>Sandra Roberts</td>
<td>Divisional Manager, Estates &amp; Facilities</td>
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<tr>
<td>Kate Shaw</td>
<td>Deputy COO, Division 3</td>
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## Agenda

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## Standing Items

1. **Introductions & Apologies for Absence**  
   Apologies were noted as shown above.

2. **Declarations of Interest**  
   None declared.

3. **Review of the Action Log**  
   The Action Log was reviewed, to note:
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<tr>
<td>18/043 Tracking / Data Analysis of maternity / other leave - financial impact</td>
<td>S Allan advised that this work had been deferred in order to allow for a full set of data to be reviewed and this was currently underway. The review would be looking at the bank spend against forecast, focussing mainly on vacancy and the vacancy factor and the work around the impact of maternity leave and the impact of other leave was also being undertaken. The analysis was expected to be concluded over the next 4-6 weeks and S Allan proposed that the full report was brought back to the next meeting; the Committee agreed to this proposal. 18/043 S Allan</td>
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<tr>
<td>19/004 Medical Staff Annual Leave Planning</td>
<td>A Race advised that this action had been raised by the Audit Committee which was around the embedding of the new terms and conditions associated with medical annual leave and study leave within Trust policy. A Race informed that the Study Leave policy has been through process, therefore now concluded. However, there had been a slight delay on the annual leave policy and process but this was due for approval to the next LNC in June which would also take into account the implementation of the e-job planning system and e-leave. It was agreed to leave the action open for further update following the LNC meeting which is scheduled for 14th June 2019. 19/004 A Race</td>
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<tr>
<td>19/010 Mandatory Training Review</td>
<td>A Duffell advised that all targets had been revised and the new framework which included tier 1 and tier 2 mandatory training requirements approved. He reported that tier 1 training included all generic mandatory training requirements, whereas tier 2 included specialised/ role specific training requirements. These had all been incorporated within the induction training and the majority of the training was now available via e-learning. As previously reported, the Black Country Pathology training data would still be reported separately. Action 19/010 closed. 19/010 A Duffell</td>
</tr>
<tr>
<td>19/012 Developing Workforce Safeguards</td>
<td>A Duffell confirmed that he had forwarded on this item to the Chair and Company Secretary for consideration at a future Board Development Session. A Duffell advised that Ann-Marie Cannaby, Chief Nurse, would be reporting to Trust Board regarding the nursing element around this and advised that the Workforce Model Oversight Steering Group had been established, now renamed to the Role Development Steering Group. This group would report to WODC to demonstrate compliance of new roles within the Trust against the national documentation that had been shared at the previous WODC meeting. Therefore, actions for the next WODC: 1) Final TORs for the Role Development Steering Group to be shared. 2) Addition to the WODC TORs to ensure that WODC is recognised as the overarching group that recognises and keeps track of all new roles and that there is a governance mechanism for signing off. 3) To ensure that the RWT governance in practice aligns to the national view of governance. Action 19/012 Closed. 19/017 A Duffell</td>
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<tr>
<td>19/013 Workforce Race Equality Standards (WRES) – Update</td>
<td>D Locke informed that a further update report would be brought to the next WODC which would take into account the latest data that had now started to be received. 19/013 D Locke</td>
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### Agenda

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<tr>
<td>19/014</td>
<td>Workforce Race Equality Standards – Communication &amp; Promotion</td>
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<td>D Locke informed that communication and promotion had been discussed in detail at the Equality &amp; Diversity Steering Group, chaired by Mike Sharon, not just on WRES but on the wider engagement on diversity and inclusion. It had been agreed to utilise the Trust news bulletin to promote and would include patient experience elements about Equality and Diversity.</td>
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<td>D Locke advised that the Equality, Diversity &amp; Inclusion Group were pulling together a calendar of cultural events for the forthcoming year and agreed to bring back to WODC for information.</td>
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<td>19/018</td>
<td>D Locke</td>
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| 4. | Confirmation of the Minutes from the Last Meeting, 21st December 2018 and 22nd February 2019 |
|    | The minutes from the 21st December 2018 and 22nd February 2019 were reviewed and agreed as a true record of the meetings. |

<p>| 5. | Update Reports from the Action Log |
|    | 5.1 Tackling Bullying &amp; Harassment – Action Plans/ Deep Dive of 2018 Staff Survey (Action 18/065) |
|    | D Locke provided an update on the report following on from the early indicator results discussed at the previous meeting. She advised that the national staff survey results had been published at the end of February 2019 and the actual percentage of people reporting bullying and harassment was confirmed at 24% which matched the national position. She reported that the divisional teams, together with the divisional HR Managers, had reviewed the data and had carried out a deep dive within directorates and localised areas to identify any specific issues around bullying and harassment and violence and aggression as this year’s staff survey provided separate results on these two areas. In response to S Rawlings’ question on whether any hotspot areas had been identified, D Locke stated that the data received had been reviewed alongside local intelligence, for example any informal issues or cases reported, or any concerns raised with the Freedom to Speak Up Guardian, in order to triangulate and to drive more localised action plans. |
|    | R Dunshea stated that there was a legal definition for bullying and harassment for employment tribunals and queried whether the Trust was using that definition or a broader definition. D Locke advised that there was a legal definition for harassment which was included within the Trust policy and there was an explanation/definition of bullying. She reported that nationally, work is ongoing in this area which was supported by NHS improvement and NHS England, and a regional working group had been established specifically around harassment and bullying. |
|    | A Duffell observed that the results from the staff survey were the outcomes from staffs’ perception of what they class as bullying and harassment, as the national survey did not provide a clear definition. A Race informed that there was some working ongoing nationally with the NSHI to understand where there was a different perception of bullying and harassment and how the culture varied across these Trusts. |
|    | J Hemans queried whether there was any evidence obtained by staff leaving from exit interviews because of bullying and harassment, A Race stated that the... |</p>
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<td><strong>ESR leaving reasons recorded ‘incompatibility’ for leaving, but this appeared very infrequently.</strong></td>
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<td>S Rawlings queried whether it would be possible to capture the views from the different age groups, such as Millennials etc to assess the different responses; A Duffell stated that this may be a possibility and we would enquire as to whether feasible.</td>
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<td>Action 18/065 closed.</td>
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<td><strong>5.2</strong></td>
<td><strong>Attraction &amp; Retention (Action 18/073)</strong></td>
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<td>A Race reported that the report circulated had originally been submitted as part of the nurse’s retention plan to NHS Improvement on the 22nd March. The report sets out a detailed piece of work, governed by NHS Improvement, which the Trust met with at the end of November 2018 to scrutinise and develop a 12 month plan in relation to retention. He reported that the Attract and Retain Group had produced this piece of work initially identifying the main reasons for leaving, being –</td>
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<tr>
<td></td>
<td>1. Retirement by reason of age</td>
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<td>2. Work/life balance</td>
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<td>3. Promotion</td>
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<td>4. Relocation</td>
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<td>Following submission the Attract and Retain Group had assigned leads to focus on any identified actions but it had also agreed that there was a need to focus on all other staffing groups within the Trust.</td>
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<td>R Dunshea queried the clarification around the terminology for flexible, modern and agile practices. A Race stated that the Trust needed to be more proactive in developing flexible working practices, considering hot desking, home working, varying working hours, etc, whilst taking into account the requirement to provide services to its patients. He advised that a working focus group had been held in Outpatient nursing to begin early conversations, although no discussions had yet been held with service leads. R Baker commented that the discussions would be around what working practices the new generation of nurses wanted and whether this could be met whilst providing services and the practicality of delivering these services operationally, but any changes could take 12-18 months to implement.</td>
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<td>R Dunshea commented that it would be useful for the Committee to be updated on the impact of any examples of changes to working patterns after a period of time, and it was agreed that a further update would be provided in 6 months’ time.</td>
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<td>Action 18/073 closed.</td>
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<td><strong>5.3</strong></td>
<td><strong>Agenda Pay Gaps (Action 19/002)</strong></td>
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<td>D Locke provided highlights from the 2018 agenda pay gaps report and confirmed that the Trust’s report had been published at the end of March 2019.</td>
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<td>Action 19/002 closed.</td>
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<td><strong>5.4</strong></td>
<td><strong>2018 Staff Survey Update and Action Plans (Action 19/005)</strong></td>
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<td>A Race presented a report on the outcome results of the 2018 Staff Survey advising that the data was now reported under 10 themes rather than the 32 key...</td>
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findings reported in previous years. Overall, the Trust had seen improvements across these key themes with no deterioration noted in quality of appraisals, safe environment (in terms of violence and aggression), safety culture and staff engagement. The return around equality, diversity and inclusion had been marginally reported as underperforming, but it had been acknowledged that further work was required in this area to address. The return against the Staff Friends and Family Tests, ie staff recommending the Trust as a place to work and recommending the Trust for treatment was positive in both areas.

A Race reported that detailed work had commenced on action plans within the Divisions and Directorates to identify any hotspot areas and a Staff Survey Oversight Group had been convened to focus on driving forward the work around these action plans. A Duffell informed that the action plans covered three tiers:

- Corporate/Trust wide actions
- Divisional actions
- Directorate actions

With the actions being identified as short term, medium term and long term actions.

A Duffell informed that he had recently visited Leeds Teaching Hospital which had achieved very good results from the 2018 Staff Survey, in order to gain an insight on their working practices and to learn from good practice.

S Rawlings commented that communication was key to ensure that Staff were kept aware of what was taking place across the Trust.

Action 19/005 closed.

5.5 **WODC Performance & Effectiveness - Actions (Action 19/008)**

J Hemans confirmed that he and A Duffell had met to discuss objectives for the Committee to review over the next 12 months and proposed that these were:

(i) Workforce deep dive – on primary care and Vertical Integration (VI)
(ii) Radiology – review of recruitment challenges, future planning and performance issues
(iii) Manager skills and leadership and
(iv) Improved divisional and operational attendance

These proposals were supported; R Dunshea also proposed a review of Black Country Pathology Services but it was agreed to defer this until the end of the financial year or to the beginning of the new financial year, 2020-2021.

J Hemans proposed that the Terms of Reference would need to be amended to record that the review of the committee's performance and effectiveness would be carried out on a bi-annual basis, as in line with other Trust Committees. Proposal was agreed.

J Hemans proposed that the Committee added a further item to the agenda to carry out an evaluation of each meeting, following discussion, it was agreed to carry this out three times per year, ie every other meeting, to assess the effectiveness of the meeting and to ensure the Committee was contributing to the Trust’s strategic objectives.

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### Agenda Item No

**Action 19/008 closed.**

### Key Update & Workforce Performance

6. **Key Updates**

6.1 **National Talent Management Maturity Diagnostic**

A Duffell advised that there was a national talent diagnostic that all Trust’s would have to complete and he had put forward RWT as a pilot and early implementer but not yet aware if accepted.

6.2 **West Midlands HR Directors Meeting**

A Duffell advised that at the recent West Midlands HR Directors meeting, the new structure for East and West Midlands NHSI had been shared and Steven Morrison was the appointed HR & OD Director. Further update would be provided at the next meeting on the draft interim workforce plan which was due to be launched imminently.

A Duffell advised that he had been appointed as the Lead for the Black Country HR and OD for STP, starting in post from 1st April 2019. He informed that it had been reported that there will be more focus on collaboration and driving forward the STP plan, so there will be a requirement for an STP workforce plan, STP performance targets, and a peoples’ agenda.

### Executive Summary Workforce Report

A Duffell reported that the organisational vacancy level was below 7%, which was a fantastic achievement for the Trust and the teams would continue to focus on maintaining.

J Hemans requested a breakdown on apprentices to cover age, gender and ethnicity to take a view on the numbers going forward; A Duffell proposed a deep dive on apprentices, A Race agreed to follow up directly with L Nickell.

### Physicians Associates (PAs)

R Dunshea queried the position on Physicians Associates within the Trust; A Duffell advised that the Trust had currently got two PAs within the organisation but further discussion was required to ensure that there was a service delivery model to support these positions going forward and to ensure that staff did not leave if not fully supported. He stated that the Role Development Group had begun discussions on PAs and on the Nurse Practitioners to identify which services these roles could support. R Baker stated that it was important to develop a career framework with a pathway and career development prior to further appointments in order to fully support these new roles.

### Performance Metrics and Targets for 2019-2020

A Race provided a brief update on the proposed targets for the workforce indicators to be reported over the forthcoming year. The committee approved the proposal for the performance metrics and targets for 2019-2020.

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<tr>
<td>Action 19/025</td>
<td>A Duffell</td>
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<tr>
<td>Action 19/025</td>
<td>A Race/ L Nickell</td>
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9. Communications Strategy (Action 19/009)
A Duffell advised that the draft communications strategy had been circulated to the Committee for review and any comments should be forwarded on directly to S Evans, Head of Communications, within 2 weeks, ahead of submitting to Trust Board for formal approval.

R Dunshea queried the target audience; A Duffell agreed to feed this comment through in order to ensure clarity within the Strategy.

Action 19/026
All

10. Strategic Focus Areas

11. Workforce Resourcing & Productivity
S Allan provided an update on the key highlights within the report presented on vacancies, recruitment, Rostering and Bank Staff. To note:

- Data reporting from TRAC, the new applicant management system implemented in September 2018, would commence from June onwards, with initial reports shared with the Divisions to assess the metrics reported. Training on the system continues on a monthly basis.
- Two streams of focus around international nurse recruitment
  - There have been a number of appointments to the Clinical Fellowship programme, two are in post and three/four are due into the country over June and July.
  - There have been 14 offers via the Trust's agency partner. The aim is to employ 30 nurses to arrive around September onwards.
- Recruitment to medical positions continues, although some challenges in certain areas. For the Clinical Fellowship programme there are 30 Clinical Fellows in process and awaiting visas.
- Recruitment drives continue for bank staffing for both nursing and medical staff. In response to a query around auto-enrolment to the Bank for the new medical trainees, S Allan confirmed that as part of GDPR, staff need to be given the option to opt out.

R Dunshea commented that the Waiting List Initiative (WLI) Policy and Consultant job plans had been discussed at the recent joint Audit Committee and Quality Governance Committee meeting and asked whether there was any update on these. In response, S Allan advised that the WLI policy had been approved by the Local Negotiation Committee (LNC) and was due to be presented to April's TMC for formal approval, although to note that the rates were subject to a separate agreement. In regards to job planning, S Allan advised that the Allocate E-system was in the final build stages and would become available towards the end of May. It was agreed to provide further update on the job planning system in six months’ time to allow time for utilisation.

Action 19/027
S Allan

11. Deep Dive into Theatre Staff Resourcing (Action c/fwd from F&P)
F Bull, HR Manager for Division 2, presented an update on the report submitted which had been requested by the Finance & Performance Committee following their meeting in January, where the Divisional performance report had identified a potential risk with hard to fill theatre positions. She informed that the report looked at current staffing levels and establishment, at the APP standards for safe staffing, at how this was being addressed with recruitment drives etc alongside sickness absence and turnover within the department.

In response to S Rawlings query on whether there were any particular areas of...
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<td>concern, F Bull informed that there were a number of band 2 gaps within theatres at Cannock. R Baker stated that the advert for band 2 posts would receive over 100 applicants, however, there was a requirement to ensure that the right people were employed for this specialised area, S Allan proposed that a bespoke advert was considered for these posts.</td>
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R Dunshea queried the career progression for theatre staff, which was highly specialised, against that available for ward nurses. A Race stated that the nursing teams and nurse education teams had developed a career map for nursing which set out the starting point leading right up to chief nurse, however, he was unsure as to whether any particular nuances covered theatre nursing. R Baker informed that there were clear clinical pillars within the career framework but not specifically for clinical specialities within theatres, however, there were enhanced practices within theatres, therefore career progression was available but not in all specialties.

12. **Workforce Plan & Developing Workforce Safeguards Self-Assessment (Action 19/011)**

A Duffell informed that the Trust has a requirement to submit the workforce plan to NHSI and there was a requirement that it was brought to a Board Committee, and this had been included with the meeting papers.

A Duffell, stated that, as reported at the previous meeting, as part of the developing workforce safeguards, there is a requirement for organisations to carry out a self-assessment against the ESR framework and this too had been included with the meeting papers.

D Locke provided an update on the key points to note within the two reports, noting:

- that the workforce plan included a triangulation of finance activity and workforce numbers, and a number of validations had been built into the workbook by NHSI.
- Role development discussions had commenced with the Divisions and there were plans to set up workshops to look at workforce planning and skills development.
- The Self-assessment tool had highlighted key areas to focus on such as engagement, integration, leadership and strategic approach.
- The tool would be utilised by the Divisions and Directorates and an update on the interim picture would be brought back to WODC in October 2019.

13. **Health & Wellbeing and Health & Wellbeing Strategy (Action 18/067)**

A Race provided an update on the report submitted by the Head of Occupational Health and Wellbeing which provided an update on the ongoing work focussing around health and wellbeing. He informed that that a review against the NHS Workforce Health and Wellbeing Framework, led by NHS Employers, and a couple of academic models had been carried out and the Workplace Wellbeing Steering Group had developed the pillars of the health and wellbeing framework which were:

- Career Wellbeing
- Physical Wellbeing
- Mental & Emotional Wellbeing
## Agenda

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These areas would inform the Health and Wellbeing Strategy and an early draft had been shared with the group, but the final strategy would be brought back to the Committee for formal signing off.

### Key Risks

| 14. | **New Risks**  
No new risks identified. |
| 15. | **Board Assurance Framework**  
A Duffell asked the Committee to consider whether the current risk level on the BAF for the vacancy position should be reduced noting the improved vacancy figures. Following discussion, there was some hesitation in reducing the risk level as it was noted that a number of posts, although appointed to, were not yet in place within the Trust, therefore, it was agreed to keep the risk level as it stands. A Duffell proposed that this item was discussed in depth at the next meeting to give further consideration.  
A Race proposed there was a follow up with the Divisions around the assessment of the divisional risk ratings to support the discussion. |

### Papers for Information (To Note)

| 16. | Leadership Delivery Approach (final for information) |
| 17. | Leadership Development – Annual Report 2018/19 |
| 18. | Notes from the Attract and Retain Steering Group |
| 19. | Minutes of the Academy Steering Group |
| 20. | **Any Other Business**  
No further issues raised. |
| 21. | **Date and time of Next Meeting**  
10:30am-12:30pm, 28th June 2019  
Room 5, WMI |

### Action 19/029

A Race/P Nar