

**Finance & Performance Minutes 23
October 2019, QGAC 23 October
2019 and TMC Minutes 25 October
2019
2 December 2019**

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Agenda Item No: 12.1

Minutes of the Finance and Performance Committee

Date Wednesday 23rd October 2019
Venue Conference Room, Hollybush House, The Royal Wolverhampton NHS Trust (RWT)
Time 8.30am

Present:

<u>Name</u>	<u>Role</u>
Sue Rawlings	Non-Executive Director (Chair)
Junior Hemans	Non-Executive Director
Simon Evans	Acting Director of Strategic Planning & Performance
Gwen Nuttall	Chief Operating Officer
Alan Duffell	Director of Workforce

In Attendance:

<u>Name</u>	<u>Role</u>
Tim Shayes	Deputy Director of Strategic Planning & Performance (Part)
Helen Troalen	Deputy Chief Financial Officer
Keith Wilshere	Trust Secretary (Part)
Katy Thorpe	Acting Head of Service Efficiency & Delivery
Neil Simmonds	Head of Procurement (Part)
Nathan Joy-Johnson	Director of Procurement (Part)
Claire Richards	PA to Director & Deputy Director of Strategic Planning & Performance (Mins)
Paige Beaden	Performance & CQI Admin (Observer)

108/2019	<u>Apologies for Absence and Introductions</u> Apologies were received from Mary Martin and Kevin Stringer. S Rawlings welcomed Paige Beaden to the meeting. Paige will be observing the meeting as she will provide assistance with the publication of reports and minute the meeting in the absence of C Richards.	
109/2019	<u>Declarations of Interest</u> There were no declarations of interest.	
110/2019	<u>Minutes of Meeting Held on 25th September 2019</u> The minutes were agreed to be a true record.	
111/2019	<u>Action Points From Previous Meeting</u>	
111.01	<u>Trust Financial Report (MSFT Funding)</u> – The Trust continues to pursue the remaining 2 payments of £0.2m MSFT funding that the Department of Health (DoH) had not paid. H Troalen confirmed that the Trust needed to escalate this further. M Martin had previously agreed that she would write an escalation letter if it was required. H Troalen confirmed that this would now need to be escalated. H Troalen informed the Committee that £6m MSFT funding has been agreed for the next 2 financial years. H Troalen stated that UHNM have confirmed that they had received full payment from the DoH and had not had any reductions.	MM

111.02	<p><u>Proposed Monthly Meeting Dates For 2020</u> – The proposed dates were circulated within the papers for the meeting and the changes were agreed. C Richards to ensure that dates are communicated to the attendees. Update: revised meeting dates have been sent out as diary invites and the meeting dates paper has been circulated to all attendees. Action closed.</p> <p>S Rawlings expressed concerns regarding the number of late reports this month and stressed that the Committee were unable to read through reports before the Committee meeting if they were submitted late. Several Finance & Performance Committee Meeting dates are being rescheduled next year to allow for additional time to produce reports to ensure that the reports were submitted on time and allow for reading time.</p>	
111.03	<p><u>BAF/CQC Feedback</u> – The CQC had stated that there was some inconsistency in relation to the understanding of the reviews of the BAF and risk register risks. The Committee felt that the feedback was unclear and had requested further clarification. G Nuttall stated that the Trust would be unable to clarify the feedback until the report had been received. G Nuttall would clarify as soon as possible.</p>	GN
111.04	<p><u>BAF/Template Update</u> – K Wilshere stated that the template document has been adjusted to clearly identify which Board Committee will be reviewing each risk, see item 3 on the report. Action closed.</p>	
111.05	<p><u>Orthopaedics</u> – G Nuttall stated that Division 1 were completing further work on their recovery plan and that a paper would be submitted to Private Trust Board for sign off on 6th November. G Nuttall stated that the other Divisions were confident with their forecasting. Action closed.</p>	
111.06	<p><u>Financial Recovery Board (FRB) Report</u> – The report format has now been adjusted so that it can be enlarged on Diligent without the text blurring. Action closed.</p>	
111.07	<p><u>Divisional Analysis of Mapping Reduction of Vacancies</u> – The divisional analysis of mapping the reduction of vacancies against Bank was submitted to FRB on 16th October. K Thorpe stated that FRB had requested further analysis of the data. A Duffell stated that it was important to ensure that the report identifies anomalies between nursing bank and nursing fill rate. A Duffell/K Thorpe stated that they would be in a position to provide an update at the next meeting.</p>	AD/KT
111.08	<p><u>Temporary Staffing Expenditure Dashboard Format</u> – H Troalen confirmed that the Waiting List Initiative Expenditure will be brought forward by the end of the calendar year and that the remaining priorities will be re-ordered at the same time.</p>	HT
112/2019	<u>Governance</u>	
112.01	<p><u>BAF Update</u> – The BAF report was discussed.</p>	
112.01.01	<p><u>SR8</u> – K Wilshere outlined the updates to control and mitigations and in particular GC1. K Wilshere confirmed that he would be meeting with G Nuttall to discuss the controls to see if they needed to be further updated. The Committee accepted and approved the amendments to SR8.</p>	
112.01.02	<p><u>SR9</u> – K Wilshere outlined updates to the gaps and control and stated that a further meeting would be taking place in November to discuss updates. The Committee accepted and approved the amendments to SR9.</p>	

	S Rawlings thanked K Wilshere for his hard work.	
113/2019	<u>Performance</u>	
113.01	<u>Performance Element of the IQP Report (National & Contractual Standards)</u> – G Nuttall provided an update as follows:	
113.01.01	<p><u>Referral to Treatment Incomplete</u> – Performance saw further deterioration during September. The recovery action plan and new trajectory has been completed with specific departmental actions to aid improvement of compliance for this indicator. This is being monitored on a weekly basis at the Divisional Managers performance meeting. Additional validation is underway, along with pathway cleansing and targeted training. The CCG have provided financial assistance to support the waiting list validation team.</p> <p>G Nuttall stated that the Trust has commissioned SHS to assist with Dermatology clearance work in preparation of transferring Wolverhampton Adult (non-cancer) Services over to the new provider, Circle, in December. G Nuttall stated that SHS cleared over 100 patients from the dermatology waiting list last weekend and will continue to provide support going forward.</p>	
113.01.02	<p><u>Diagnostics</u> – This indicator continues to be a challenge, largely due to a marked increase in referrals into the Endoscopy Department with an increased demand of Fast Track patients taking precedence over routine tests, a recovery plan is in place. G Nuttall informed the Committee that there had been improvements around MRI/CT but stated that there had been some impact from FIT testing and capacity within Neurophysiology. G Nuttall stated that she is expecting an updated recovery plan this week. Further discussions took place regarding physicians ceasing to pick up extra sessions due to the changes in pension/tax rules.</p> <p>S Rawlings raised a question on behalf of M Martin. M Martin had noted the under performance within Gastroenterology and asked if there were staffing issues. G Nuttall stated that there were some consultant vacancies that were advertised and the Trust did not appoint.</p>	
113.01.03	<u>Emergency Department</u> – One patient breached the 12 hour decision to admit target during the month, which was a mental health patient who was waiting for a specialist bed. G Nuttall stated that performance was fairly static and whilst it is not as good as this time last year, compared well to other trusts. She indicated the Trust was still receiving ambulances from other Trusts.	
113.01.04	<u>Ambulance Handover</u> – Ambulance handover breaches saw an improvement during September 2019 for the 30-60 minutes target, however, the Trust saw a slight deterioration in the >60 minute target compared with the previous month. For the first time in over 12 months ambulance numbers were static when compared to the same period last year, however, quarter 2 showed an overall increase of 427 conveyances (3.41%) compared with the same period last year.	
113.01.05	<p><u>Cancer</u> – G Nuttall stated that the system the Trust had put into place to divert patients within a 3 mile radius of Walsall Healthcare Trust and Russells Hall to those Trusts for breast screening had been successful. The Trusts backlog and waiting times have reduced. The Trust met with Wolverhampton CCG last week to agree an overall joint objective to stabilise breast screening appointments at 20 days across all 3 Trusts. S Rawlings stated that it was good that the Trusts were working together and providing a better experience/service for patients.</p> <p>Work continues to progress within the other cancer pathways.</p> <p>The Committee noted the report.</p>	

113.02	<p><u>Cancer Action Plan</u> – G Nuttall stated that a copy of the Cancer Recovery Action Plan had been circulated for information and that the report will also include a summary page of any changes for the Committee in the future.</p> <p>G Nuttall went on to say that the recruitment of Radiographers was going well and the Trust had trained and appointed clinical fellows. Unfortunately there had been no applicants for the Radiologist positions and that the Trust were looking to develop clinical fellows to cover this post long term.</p> <p>There were no further questions, the action plan was noted.</p>	GN
113.03	<p><u>Quarterly Contracting Report</u> – S Evans provided an update on the report.</p> <p>Routine contract management is ongoing with Commissioners via monthly contract discussions. The CCG have recognised and are now investigating increased levels of coding, which the Trust is also looking into.</p> <p>A long term agreement has been reached to develop a Partnership Agreement for the delivery of Wolverhampton Healthy Child Programme and Sexual Health Services.</p> <p>S Evans informed the Committee that the Trust has now received the commissioning intentions back from all of our commissioners. The Trust has informed the host commissioner that we want to keep using the Aligned Incentive Schemes (AIS).</p> <p>S Evans stated that the Trust is about to go into one of the most challenging contracting rounds for a number of years. Wolverhampton CCG have confirmed that they wish to build upon the existing AIS. S Evans stated that the Trust expects that any Wolverhampton “deal” is likely to extend across other Black Country CCGs. A discussion took place regarding the additional funds that the Black Country STP will be asking Trusts to provide in addition to the control total.</p> <p>S Rawlings asked how the 3 STP capital bids would progress. S Evans stated that it was uncertain but that it would form part of the discussions regarding financial planning. The Trust is currently in the process of submitting the STP long term plan and the plan is not as affordable as it needs to be. S Evans stated that regional diagnostic centres would be prioritised across the Black Country.</p> <p>The Trust has met with Staffordshire CCG. S Evans informed the Committee that there appears to have been a change in focus in their intentions from sharing risk to the avoidance of risk and that there is a need to navigate this as a key player outside of their STP. Wolverhampton and Staffordshire are seeking agreement to contract independently. However, the Trust preference remains as one contract with Staffordshire CCGs and an Associate to the Wolverhampton CCG contract.</p> <p>S Evans informed the Committee that Specialised Services have already indicated that they want to commission differently and intend to terminate some current block arrangements with a focus on developing provider collaborations at an STP level, linking into ICS arrangements and for the first time, seeking aligned incentive style arrangements. S Evans stated that the Trust remains a Tier 2 provider in the Black Country and we need to position ourselves accordingly.</p> <p>The first contracting round meeting is due to take place tomorrow (24th October).</p> <p>The report was noted.</p>	

113.04	<p><u>Tender Report</u> – S Evans provided an update on tenders.</p> <p>The Trust submitted 4 bids and are awaiting the outcomes:</p> <ul style="list-style-type: none"> • A joint DVLA bid with ViaPath – expecting to hear back in the Spring, • Physiotherapy services (Sandwell Metropolitan Borough Council), • Occupational Health Nurse Service (Wolverhampton Homes), • Physiotherapy services (Wolverhampton Homes). <p>A Duffell stated that the Trust had not yet received a response in relation to the Occupational Health Nurse Service and that the expected feedback date of 21st October had passed. S Evans confirmed that this was correct.</p> <p>The 4 tenders that the Trust is not progressing with are:</p> <ul style="list-style-type: none"> • Delivery of community-based sexual health services in Shropshire; • Integrated Drug and Alcohol Services for Walsall patients; • Black Country wide School Age Immunisation Service; and, • Specialised Services for women with complications of mesh inserted for urinary incontinence and vaginal prolapse. <p>S Evans informed the Committee that the Trust have an opportunity to provide a bid for the delivery of a comprehensive screening and diagnostic cytology laboratory service for the Jersey government, which shall include primary HPV testing in line with NHSCSP guidelines. The Services shall also include the provision of clinical advice by the Preferred Supplier in respect of the diagnostic services to the Authority on an as required basis. S Evans stated that the delivery will consist of pick-ups at an airport which is on the current route.</p> <p>S Evans also informed the meeting that the NIHR Clinical Research Network (CRN) are looking into the development of five purpose-designed centres dedicated to late-phase commercial research. The centres will offer rapid set-up of late-phase commercial research, standardised contracting and delivery approaches where appropriate, and dedicated facilities and staff. The centres will increase the NHS’s capacity to deliver research, enabling significant growth and opportunities for patients to benefit from early access to innovation. The contract value is £1.3m and the Trust will be looking to try to repurpose existing buildings in the hopes of submitting a tender.</p> <p>The report was noted.</p>	
114/2019	<u>Financial Performance for Period 6</u>	
114.01	<p><u>Medium Term Financial Plan (MTFP)</u> – H Troalen presented a PowerPoint an update on the Medium Term Plan and agreed to circulate a copy of the slides following the meeting.</p> <p>H Troalen clarified that the MTFP is the Trust’s 5 year plan that is being submitted to STP as the long term financial plan. The Trust received control totals on 7th October that were significantly different to plan and were asked to respond by 18th October. H Troalen stated that the last 2 years of MSFT transition funding has been agreed and NHSI have altered our trajectory to take this into account. The Trust worked hard to submit a counter proposal.</p> <p>H Troalen provided an update on the latest developments and provided the statistics from the previous submission and trajectory and the counter proposal. See overleaf.</p>	HT

	2020/21	2021/22	2022/23	2023/24
Surplus/(deficit) £m				
Previous RWT submission excluding FRF	(32.2)	(27.9)	(27.5)	(26.9)
STP trajectory excluding FRF	(4.4)	0.6	(0.4)	2.3
FRF available	4.4	0.0	0.4	0.0
STP trajectory including FRF	0.0	0.6	0.0	2.3
RWT counter-proposal including FRF	(10.4)	(3.8)	(3.6)	2.5

The Trust has re-assessed all assumptions and provided an improved plan but that is still unable to deliver the trajectories year on year that have been requested. H Troalen identified what overspends had been included or excluded from the 2020/21 model.

A Duffell asked if the improved plan takes into account £7m that Black Country STP may ask the Trust to provide in addition to the control total. H Troalen stated that it did not.

G Nuttall stated that if the counter-proposal is accepted it will be extremely challenging to deliver.

S Rawlings asked if the report had been submitted for information at this stage. H Troalen stated that it had been submitted for information and that the plan has to be submitted on 1st November. The plan will not be able to be presented to Trust Board for approval due to timings. G Nuttall informed the Committee that K Stringer has had a discussion with D Loughton and G Nuttall regarding this.

S Rawlings thanked H Troalen and the Finance Department for the work that had taken place to provide the revised plan. The Committee acknowledged the issues and caveats and supported the Trust taking the plan forward.

114.02 Trust Financial Report and Forecast Outturn – H Troalen provided highlights from the Trust Financial Report.

114.02.01 In-month Performance – The financial performance for the month (excluding PSF) is a deficit of £2.0m.

114.02.02 Year to Date Delivery of Annual Operating Plan – The year to date performance is in line with the NHSI operating plan. Within the in-month position there is £1.1m of non-recurrent prior year adjustments that improve the overall position.

114.02.03 Cash – The cash balance as at 30th September 2019 is £12.6m, £12.4m above the plan and the Trust is paying at 41 days.

114.02.04 Patient Income – Patient care income plan is £242.3m to date, with actual income generated of £245.9m, an over performance of £3.6m to date, £60k over performance in September.

114.02.05 S Rawlings raised questions on behalf of Mary Martin. Mary queried why elective work continues to under performance while the Trust has large waiting lists. G Nuttall stated that the main area of under performance is within Orthopaedics and Urology. Orthopaedics is currently the main focus and an update will be provided next month.

GN

	<p>M Martin asked why there was a big variance in the Division 1 contribution. G Nuttall stated that the vacancy factor for Division 1 nursing was less than Division 2 so that there would be less room for any vacancy factor.</p> <p>The Committee asked why bank expenditure had increased despite recruitment. A Duffell drew attention to page 13 of the Temporary Staffing Dashboard report and stated that the Trust had received the lowest number of requests for bank shifts this month. A Duffell recognised that further work needed to take place to look into this but stated that the Trust head count had risen to 9.5k staff. S Rawlings stated that it was good to see the reduction in requests for bank shifts. H Troalen informed the Committee that bank costs are more from medical bank.</p> <p>M Martin had asked why the Women’s and Neonate Business Case was taking so long to approve. G Nuttall confirmed that the business case had been approved but that there may have been a timing lag within the report.</p> <p>The Committee noted the report.</p>	
114.03	<p><u>Supplementary Finance Report</u> – The supplementary report was read in conjunction with the Trust Board Report.</p> <p>The report was noted.</p>	
114.04	<p><u>Financial Recovery Board (FRB) Report</u> – K Thorpe provided an overview of the FRB Report.</p> <p>The 2019/20 CIP Target is £24.5m, £11m recurrent CIP Target and £13.5m non-recurrent CIP Target. At month, the Trust is forecasting to deliver £14.5m leaving a shortfall of £9.97m against the CIP Target (an increase of £0.132m compared to month 5 2019/20). The Trust’s recurrent YTD delivery is £1.23m with forecast outturn of £4.00m and the Trust’s non-recurrent YTD delivery is £3.87m with forecast outturn of £10.52m.</p> <p>K Thorpe stated that the team are looking to see what is in the plan for next year that can be pulled forward and if anything further can be done with projects that are forecasting this year.</p> <p>S Rawlings asked if there was any further detail regarding the Operating Theatres Efficiency Programme. K Thorpe stated that this was the first month that the Trust were able to draw against the scheme. G Nuttall informed the Committee that it was important to ensure that the savings were not over counted.</p> <p>S Rawlings asked if the incinerator was now working. G Nuttall stated that it was due to go live on 5th November. S Rawlings asked how much compensation the Trust would receive for late delivery. H Troalen stated that some money had already been received but that the remaining funds would be requested on completion of the project. The Trust is anticipating approximately £300k. J Hemans asked what indemnity was in place with the company. G Nuttall stated that she was unsure but that she would liaise with Sandra Roberts and feedback on a response.</p> <p>S Rawlings asked for further information regarding the Asset Valuations being scoped under ‘other schemes’. H Troalen confirmed that it was an accounting process.</p> <p>The report was noted.</p>	GN
114.04	<p><u>Temporary Staffing Expenditure Dashboard</u> – A Duffell stated that the head count for the Trust is increasing which is having an impact on costs. A Duffell reiterated the comments in item 111.07 and stated that there would be more understanding once the report has been re-</p>	

	<p>submitted to FRB.</p> <p>The report was noted.</p>	
114.05	<u>Training & Development</u>	
114.05.01	<u>Budget Training Report</u> – This report has been deferred to next month.	
115/2019	<p><u>Integrated Procurement Function Update</u> – N Joy-Johnson and N Simmonds were welcomed to the meeting. N Joy-Johnson stated that the report provides an update on the key work streams that are currently being undertaken by the Integrated Supplies and Procurement Department (ISPD) on behalf of The Royal Wolverhampton NHS Trust.</p> <p>N Joy-Johnson outlined the total implemented savings for RWT that were identified by ISPD for 19/20 as £3.9m.</p> <p>A total of 137 individual projects were identified to assist with CIP savings, 94 of which have been delivered year to date, providing savings of £1.3m.</p> <p>N Joy-Johnson stated that the full integration of the two Supplies and Procurement Departments into a single entity to be known as the ISPD had gone well. The new consolidated model went live following the final sign off and official sealing of the Partnership Agreement and TUPE transfer of the RWT staff into UHNM on 1st July 2019. ISPD is being monitored and managed by the Procurement Board and the Executive Lead for the Board is Kevin Stringer from RWT. N Joy-Johnson stated that all staff had TUPE'd across but some staff members chose to transfer to different departments or retire. There were some initial IT and networking issues that have now been resolved. N Joy-Johnson stated that the ISPD has been approved by other Trusts wanting to join and that this may be an option long term once fully embedded.</p> <p>S Rawlings asked if there had been any culture issues. N Joy-Johnson stated that the culture is okay and that he felt this was assisted with the provision of the SLA prior to the collaborative model being put into place.</p> <p>A discussion took place regarding the NHSI Procurement lead table. RWT is currently 68 out of 133. G Nuttall asked if it would be easy to split this going forward. N Joy-Johnson stated that the metrics are Trust specific and it would be easy to do so. UHNM are 4th nationally on the lead table. S Rawlings asked if the good practice that UHNM had identified would be implemented across the board to uplift RWT's performance. N Joy-Johnson confirmed that this was the case.</p> <p>N Joy-Johnson stated that ISPD were looking to introduce an eCatalogue system across UHNM and RWT to allow Trusts to achieve further efficiencies with providers.</p> <p>H Troalen stated that RWT have purchased the same ledger system as UHNM and will be looking to implement the P2P and catalogue system on 1st April 2020.</p> <p>N Joy-Johnson informed the Committee that within the ISPD structure at RWT, two groups are led by the Senior Nurse – Clinical Procurement to provide further standardisation.</p> <p>Discussions took place regarding the EU Exit. N Joy-Johnson informed the Committee that the NHS has completed a lot of work in the last 12 months in preparation for a potential no deal. N Joy-Johnson stressed that ISPD have been working with national, regional and local partners to cover any potential risks.</p>	

	<p>The ISPD have also been successful in achieving regional and national recognition as winners of the National GO Public Procurement Awards 2019/20 in the category of 'Taking the procurement function forward – NHS Health and Social Care' and are Winners of the 'NHS Procurement Innovation' award at the NHS in the Midlands Excellence in Supply Awards 2019.</p> <p>S Rawlings congratulated the team on their progress.</p> <p>S Rawlings asked how the regional work and consolidation of RWT/UHNM would link to STP. N Joy-Johnson stated that the ISPD covers all STP from the Midlands due to the partnership and stated that there may be scope to link with a further 2 other Trusts in the future.</p> <p>S Rawlings asked if ISPD were up to compliment with staffing. N Joy-Johnson stated that vacancies currently take 3 – 4 months to fill but that an interview was taking place today, 23rd October, to fill a senior post. The ISPD is currently 7% down on workforce but are actively looking to fill the vacancies.</p> <p>M Martin has asked if the Executive Summary could be changed in the next report to highlight any challenges or issues. N Joy-Johnson noted the request and stated that he would implement the changes.</p> <p>S Rawlings thanked N Joy-Johnson and N Simmonds for attending the meeting.</p>	
116/2019	<u>Reports to Note for Period 6</u>	
116.01	<u>NHSI Monthly Return</u> – The return was noted.	
116.02	<u>Annual Work Plan</u> – The work plan was noted.	
116.03	<u>Finance Minutes</u> – The minutes were noted.	
116.04	<u>Monthly Capital Update</u> – The report was noted.	
116.05	<u>Performance against Contractual Standards (Fines)</u> – The report was noted.	
117/2019	<u>Any Other Business</u> There was no further business to discuss.	
118/2019	<u>Date and Time of Next Meeting</u> The next Finance & Performance meeting will take place on Wednesday 20 th November 2019 at 8:30am, Conference Room, Hollybush House. Reports will be required by 12noon on Friday 15 th November.	

Minutes of the Quality Governance Assurance Committee

held on the:

Date **Wednesday 23 October 2019**
Venue **Conference Room, Hollybush House**
Time **2.00pm to 4.00pm**

	Name	Role
Present:	R Edwards (RE) - Chair	Non-Executive Director
	M Arthur (MA)	Head of Governance
	A M Cannaby (AMC)	Chief Nursing Officer
	J Hemans (JH)	Non-Executive Director
	D Loughton (DL)	Chief Executive
	G Nuttall (GN)	Chief Operating Officer
	Dr J Odum (JO)	Medical Director
	V Whatley (VW)	Deputy Chief Nursing Officer
Attendees:	L Dowson (LD)	Associate Medical Director – Continuous Quality Improvement
	K Wilshire (KW)	Company Secretary
Apologies:	M Martin	Non-Executive Director

The Royal Wolverhampton NHS Trust

Item No		Action
1	<p>Apologies for absence</p> <p>Apologies were noted.</p>	
1a	<p>Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting - Quality Governance Assurance Committee:</p> <p>MA asked for a correction to page 4 – risk 5119 – Falsified Medicines Directive (COO) – <i>update on the progress of actions.</i></p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 25 September 2019 were approved as a correct record.</p>	
3	<p>Matters arising from the Minutes</p> <p>The action log was updated accordingly.</p>	
4	<p>Regular Reports</p>	
4.1	<p>Integrated Quality & Performance Report – September – V Whatley / G Nuttall</p> <p>VW presented the Quality section of the report and advised the meeting that complaints, falls, mortality and VTE were all showing signs of progress. Areas of concern are around late observations which remain high and are being monitored weekly. She said that as a result of the way late observations are measured following the implementation of the new Vitalpac module, there has been a sharp increase in our non-compliance mainly due to a lot of changes in the metrics and more patients being identified as deteriorating. This results in more observations being required and hence more work. Despite increased awareness, performance has not improved yet. An action plan is currently in draft and will be signed off later in the day. VW confirmed that the CQI Team are helping in this process.</p> <p>Community acquired pressure ulcers have seen an increase earlier in the year but then there was an increase in the hospital pressure ulcers as well. However, compared to the other Trusts locally RWT is doing better. A community action plan is in place and will be presented at the CQRM the following day and will be monitored by the Tissue Viability Steering Group.</p> <p>There were five cases of C-Diff which is down from last month but still above the Trust's monthly trajectory. The Trust now only has 48 hours to identify C-Diff where before it was 72 hours.</p> <p>Sepsis data is being collected. Targets were met in the Emergency Department, while the rest of the indicators remain rated as amber or red. Data is available weekly and being fed back to wards and departments. The Sepsis team is being supported by the CQI team and a lot of work is being done Trust wide regarding sepsis awareness.</p>	

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Item No		Action
	<p>GN presented the Performance section of the report.</p> <p>The meeting was advised Referral to Treatment saw further deterioration during September, but there are some specialities which have seen a bigger impact due to the size of the backlog. There are two key areas that are being focussed on for recovery: Ophthalmology and Dermatology, where the Trust is using a private company to assist with this. The Validation Team are in place to support the process and CCG are providing some funding to support the team.</p> <p>Diagnostics saw a challenge in September and GN is predicting a continuing challenge in October. GN mentioned that MRI and CT which saw a challenge in diagnostic performance are now doing really well; the challenge is now with the Endoscopy Department which is linked to an increase in referrals. Neurophysiology, also challenged, is affected by two elements – the revised waiting list policy and secondly the significant impact of pension changes on the willingness of consultants to take on additional sessions. There is a recovery plan in place for Endoscopy but GN could not give an assurance for Neurophysiology, as a plan is still being worked on. DL asked what the recovery time was for Endoscopy, GN replied that it should have been October but she now feels it will be December.</p> <p>The Trust’s Emergency Department, while it did not meet the 4 hour target is nevertheless in the top 40 nationally, which gives some assurance. There was another 12 hour breach in September. This was a mental health patient waiting for a specialist bed.</p> <p>In regards to the Breast two-week wait the joint work with both Walsall and Dudley has been very successful to the point where this Trust is now booking at day 14 (down from 24 in the IQPR), Walsall are at day 23 and Dudley are at day 30. GN, via the minutes, thanked Walsall and Dudley for their assistance. The divert that we put in place when we receive referrals direct to the hospital from GP practices in the three mile radius around these two trusts has now been removed. GN said this would result in rapid equalisation of booking times between Walsall and RWT. GN advised the meeting that there were other issues within Dudley affecting their waiting times. RE asked if the system could be reactivated if needed. GN said that the principle of mutual support and sharing workloads has been set, and that it was agreed at the STP the previous week that the waiting times would be standardised across the STP, and that this would include RWT support for Dudley & Walsall if needed.</p> <p>GN informed the meeting that there is a lot of good working taking place within cancer; GN advised that she will do a summary of where the changes / progress are being made and will share with Finance & Performance and this meeting. For assurance the meeting was advised that to date there is still no evidence of any harm to patients arising from the delays. DL asked if the definition has been changed that if the patient is not being treated because treatment is not appropriate they are not included in the figures for 104 days. AMC confirmed that these patients are removed from the figures.</p> <p>Resolved: Report was accepted</p>	<p>GN</p>
<p>4.2</p>	<p>Trust Risk Register – M Arthur</p> <p>MA presented the Trust Risk Register to the meeting and it was noted:</p> <p>2 new risks:</p> <p>5285 - Urgent access to Stroke CTAs 24 hours a day 7 days a week (COO) – this is awaiting Divisional approval and was incorrectly coded on Datix as TRR. GN confirmed that she has not yet agreed this risk.</p>	

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Item No		Action
	<p>5249 - Cerebral Function Monitoring Machine failure Services (COO) – fully populated risk with actions around a business case with test trials for the new machines happening in November.</p> <p>3 risks removed:</p> <p>4665 - X-RAY CANNOCK (COO) – replacement programme has been completed.</p> <p>4761 - Cardiology, Cardiothoracic & Anaesthetic JMS vacancies (COO) – this has been filled with five Registrars and leaving one gap remaining – risk closed completely.</p> <p>5069 - Dermatology Fast Track Capacity (COO) – this has been downgraded to the Directorate because they are now managing the tracking capacity.</p> <p>4 red risks:</p> <p>2080 - Risk to quality of patient care: reduced manpower (COO) – a number of positive and negative assurances have been updated.</p> <p>4661 - Lack of robust system for review and communication of test results (MD) – one action has been closed and some positive assurance has been added (all Histology results and requests are visible on ICE only). Historical can only be viewed on TD Web.</p> <p>4113 - Divisions inability to achieve CIP (COO) – refreshed assurance on both positive and negative.</p> <p>5182 - Lack of Network support for Vascular Services at RWT (MD) – update to the risk after the meeting in November.</p> <p>Actions to note:</p> <p>2719 COO – action update, grade under threshold – confirm decision to remain on TRR. GN advised the meeting that she had missed the timings for this month and can be removed from the TRR but is still remains a risk.</p> <p>RE asked about risk 4529 – vacancies in Medical Staffing / Agency / Locum – asked if the two assurances (one negative / one positive) are separated. MA agreed to that.</p> <p>Risk 5429 – RE asked why this issue had been going on for such a long time before being escalated to the Trust Risk Register and what could have happened to stop it getting to this stage. GN agreed that staff think they are going to solve an issue but they do not and commented that she has been sighted into this issue.</p> <p>Risk 5069 – RE sought clarification on a positive assurance and GN agreed that it should be moved to a negative assurance.</p> <p>Risk 5197 – RE is unsure what the red / amber / green signify – is it the length of time on the waiting list, seriousness of the case etc. MA to look into this.</p> <p>Risk 2080 – RE queried the difference in the figures between this risk and risk 3644. AMC advised that one set of figures were overall and one set were ward figures, therefore both figures are correct.</p>	<p>MA</p> <p>MA</p>

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	<p>RE asked risk 4523 about the heater cooler units and if the water supply had been tested and asked if there was any progress. GN advised that three out of six machines had failed, no lists had been cancelled and no patients have declined the procedure. The action is to still continue to procure the equipment. GN to seek an update on this risk.</p> <p>Risk 1713 – GN confirmed that this had not been updated.</p> <p>Risk 4696 – RE asked about the backlog of non-urgent imaging studies and asked how the Trust was now doing on this. GN agreed to ask what the average reporting time is and assured the meeting that she is aware that the risk has been updated by Radiology.</p> <p>Risk 4706 – RE queried this risk in regards to a blocked sewer below the Theatres. GN assured the meeting that it was a reporting statement and part of the risk register / overall challenge and no issues arising from it were affecting Theatres.</p> <p>No issues raised within the Trust Risk Register to be escalated to the Board Assurance Framework.</p> <p>Board Assurance Framework</p> <p>KW tabled an updated report for SR12. JO advised the meeting that it was about amalgamating the controls, mitigations and the gaps in controls. KW asked for the approval of removing GC2 and GC3 as completed as the remainder of the actions are picked up in GC6 which has also been updated. There is an additional entry into the positive assurances; the SHMI is now being reported within the funnel diagram. The meeting accepted and agreed the proposed changes. KW recommended that JO consider if the current RAG rating is accurate and needs to be reviewed. JO asked that it be left as it is but will review in the future.</p> <p>KW updated the meeting on SR13 and noted that most of the update had been on the positive assurances and the completion of GC1. The meeting accepted and agreed the proposed changes.</p> <p>Resolved: Reports were accepted</p>	<p>GN</p> <p>GN</p> <p>GN</p>
5	Sub Group Reports	
5.1	<p>Chair’s Report – Quality & Safety Intelligence Group (QSIG) – September 2019 – AM Cannaby presented</p> <p>The key points noted from the QSIG Chair’s report are:</p> <ul style="list-style-type: none"> • 104 day Harm report • Black Country Pathology Service (BCPS) • Human Tissue Authority Inspection • Staff vacancies - AMC is hopeful that January 2020 there will be an improvement due to all of the recent successful recruiting <p>Resolved: Chair’s report was accepted</p>	

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5.2	<p>Quality & Safety Intelligence Group minutes</p> <p>RE asked about the results of the National CQC Children and Young People Survey, AMC replied that there have been improvements and there are actions – AMC to forward action plan to RE.</p> <p>The meeting accepted the minutes from the September meeting.</p>	AMC
5.3	<p>Chair’s Report – Compliance Oversight Group (COG) – September 2019 - Dr J Odum presented</p> <p>The key points noted from the COG Chair's report are:</p> <ul style="list-style-type: none"> • Mortality Review Group • Resuscitation Group • Falls Prevention Group • Organ Donation Group • Safeguarding Group Report • NCEPOD – On the Right Course <p>RE clarified that the Safeguarding Group report was positive and JO confirmed that it was. AMC commented that following the CQC inspection, improvements must be made in regards to the Trust's Mental Health assessments. AMC assured the meeting that there have been a lot of improvements since the recommendations. The meeting discussed this further and VW confirmed that a Mental Health session has been booked for next year at Trust Board level.</p> <p>Resolved: Report was accepted.</p>	
5.4	<p>Compliance Oversight Group minutes</p> <p>The meeting accepted the minutes from the September meeting.</p>	
6	<p><u>Assurance Reporting / Themed Reviews</u></p> <p>6.1 Mortality Update Report – Dr J Odum</p> <p>JO presented the Learning from Deaths Mortality report to the meeting and noted that observed and expected deaths are moving in the right direction. PwC predictions are that these trends will continue. The next update on SHMI will be in 10 days' time.</p> <p>PwC have advised the Trust that while it is making good progress in coding issues, diagnostic groups and expected / observed death rates, so is the rest of the country. JO warned that there can be no complacency around the improvements.</p> <p>There is now a full allocation of Mortality Reviewers. JO described the process for SJR's in terms of allocation and how they will be distributed. He said that there will no longer be SJR 1's or 2's just SJR's undertaken. For assurance JO mentioned that there will be oversight and double scrutiny on some of the cases. The initial review will be conducted by someone not involved with the case, they will then go back to the Directorates or where the case was managed and there will be an opportunity to get a further independent SJR undertaken. The meeting discussed the level of independence and if it would be possible for some types of case to use someone from another Trust. JO agreed to look into the possibility of setting up</p>	

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6.2	<p>arrangements with another Trust.</p> <p>RE queried the new Diagnostic Groups table and asked for some assistance in reading it correctly. JO advised that this is how it is now presented on NHS Digital and is a download, the larger the box equates to the more deaths in that particular diagnostic category and the deeper the colouring the higher the standardised mortality rate. After a brief discussion the committee agreed it would rather see a simpler table which made it clearer where the issues were.</p> <p>RE asked for clarification on the table on page 5 of the report as the numbers did not add up. JO said that further work was needed on the table as it does not reflect the current situation.</p> <p>Resolved: Report was accepted.</p> <p>CQC Well Led Update Report – AM Cannaby</p> <p>AMC advised that the report contains the old action plan mainly around the CQC inspections of the GP practices. It was noted that a lot of the actions were either completed or due to be finished.</p> <p>The factual accuracy report has been received in regards to Coalway Road, which is overall good. It does require improvement in the safety domain and that is around the storage of medication, this has resulted in the Trust receiving a regulation 12 which means that an action plan is required and sorted. There have been recurrent themes across the GP practices that the Trust has taken over. Division 3 have done a good job to ensure that procedures that should be in place are in place.</p> <p>VW advised that the Trust is expecting a Special Education Needs inspection between now and Christmas. The Trust will be given one week's notice.</p> <p>MA asked for approval of the closed actions. The meeting reviewed and approved.</p> <p>Resolved: Report was accepted.</p>	JO
6.3	<p>CQI Project Update – Dr L Dowson</p> <p>LD presented the Executive summary to the meeting and it was noted that the eight members of the team have all passed their assessments and they are now qualified to the QSIR Academy. The team will now be able to teach staff what they have learned and give accreditation.</p> <p>Courses will commence in November and they will be delivering the fundamentals course which is the one day familiarisation course which is linked to induction and is for new and existing staff. From January 2020, the five day QSIR practitioner courses will begin, providing training to six cohorts within the 12 months. This is aimed at key individuals and teams working on quality improvement projects.</p> <p>LD advised the meeting in regards to the Patient Journey theme there are two main highlights. One is the launch of the ward huddle tool which has been rolled out into five Medical wards with a clear programme for the rest of the Medical wards to commence and some of the Surgical wards. The huddle tool provides live data on the constraints on why patients are not progressing along their journeys and enable standardised discussions to take place within the patient huddles. Good feedback is being received and the tool is also</p>	

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	<p>challenging some of the perceived reasons for delays, suggesting that more of them are within the control of the team.</p> <p>The other is the Long Length of Stay ward review, which was launched on 16 October 2019 piloting on three Medical wards. Learning is being gathered and a lot of variability is being found between wards. Division 2 are actively leading on this project with support of the CQI team. Discussions are underway in regards to elective patients and the demand / capacity work in Outpatients and cancer pathways. LD advised the meeting that the CQI team do not own the projects; rather they support areas to develop and improve their own projects.</p> <p>Improvement in Emergency Department sepsis identification and delivery of treatment has been sustained. CQI team have been supporting the work being undertaken by the Sepsis leads and LD is considering when the CQI team can step back from this project.</p> <p>LD mentioned that the four appropriate Directorates are now engaged across the mortality outliers (pneumonia, stroke, AKI and heart failure). The team is also supporting improvement in Clinical Coding and how improving discharging might improve coding; this is being led by Dr Viswanath.</p> <p>Good work is being undertaken at Fair oak and LD referred to the circulated papers which included a case study showing a reduction in falls and establishing a QI culture in Fair oak. There is a lot of enthusiasm on Fair oak, staff are being allowed to try things out and LD feels it is a brilliant example of what he would like to see across the Trust.</p> <p>LD advised the meeting that he had recently been over to the Walsall Healthcare Trust to meet their QI team to see how they deliver their fundamentals course. Discussions are taking place on how each Trust can support each other, shared courses on demand etc.</p> <p>LD informed the meeting of several risks for the CQI team. These included the loss of the nursing secondment post in December. A meeting has been set up with VW and AMC to discuss further how to maintain the input of Nurses to the team. Another issue raised was the impact of winter pressures on the training programme, which may result in the training being delayed until March. Work is being undertaken on the ways that some staff consider how the QI team works, for example, who owns the projects etc. LD felt the CQI team need to have a supportive role, help the area set up projects and understand how to manage them, and then move on.</p> <p>RE asked about the funding of a nursing secondment and after a discussion, it was agreed that a Nurse secondment would benefit the work and save the Trust money.</p> <p>DL asked how the team having eight trained staff compares to other Trusts; LD replied that we have more than other Trusts.</p> <p>DL commented that he was asked to attend the Cytology huddle and asked if the huddle was being used outside of wards. LD replied that there are lots of different huddles (wards, safety, theatre etc), it is bringing a group of people together and having a discussion. LD is unsure of Cytology huddle and was asked by DL to review in terms of a patient safety issue.</p> <p>The meeting discussed length of stay patients at West Park and how it cannot be compared to other parts of the Trust, while agreeing there is scope for improving pathways and treatment and possible reducing the time spent in rehabilitation.</p> <p>Priorities for the next quarter include: creating the CQI academy and starting teaching; brain</p>	

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	<p>storming on what needs to be achieved over the next 12 months; establishing weekly QI drop in sessions called TQI Friday. LD said that the team needs to obtain smart aims for the mortality related patient themes. For the overall themes / patient journey there is a metric to review for stranded patients / four hour target. Patient safety is a struggle and LD has tasked Dr Perry to come up with suggestions / ideas. Following discussion, JO suggested that himself and LD have a catch-up.</p> <p>Resolved: Report was accepted.</p>	
<p>7</p>	<p>Issues of Significance for the Trust Board and Audit Committee</p> <p>Advise</p> <p>Continuous Quality Improvement. Learning from Deaths Report IQPR BAF TRR: Well Led Report</p> <p>Assure</p> <p>Organ Donation Group Safeguarding Group Report Governance: Black Country Pathology Service (BCPS)</p> <p>Partial assurance</p> <p>Falls Prevention Group NCEPOD – On the Right Course Cancer 104 day harm report</p> <p>No assurance</p> <p>There were none</p> <p>Matters for Audit Committee</p> <p>There were none.</p>	
<p>8</p>	<p>Evaluation of Meeting – ALL</p> <p>Good discussion.</p>	
<p>9</p>	<p>Any Other Business – ALL</p> <p>There was no other business to discuss.</p>	

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10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 20 November 2019, Conference Room, Hollybush House, 2pm to 4pm</p> <p>Apologies –</p>	

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COMMITTEES ACTION SUMMARY REPORT

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
4.1 – 23.10.19	GN informed the meeting that there is a lot of good working taking place within cancer; GN advised that she will do a summary of where the changes / progress are being made and will share with Finance & Performance and this meeting.	GN	23.10.19	20.11.19	
4.2 – 23.10.19	RE asked about risk 4529 – vacancies in Medical Staffing / Agency / Locum – asked if the two assurances (one negative / one positive) are separated. MA agreed to that.	MA	23.10.19	20.11.19	
4.2 – 23.10.19	Risk 5197 – RE is unsure what the red / amber / green signify – is it the length of time on the waiting list, seriousness of the case. MA to look into this.	MA	23.10.19	20.11.19	
4.2 – 23.10.19	RE asked risk 4523 about the heater cooler units and if the water supply had been tested and asked if there was any progress. GN advised that three out of six machines had failed, no lists had been cancelled and no patients have declined the procedure. The action is to still continue to procure the equipment. GN to seek an update on this risk.	GN	23.10.19	20.11.19	
4.2 – 23.10.19	Risk 1713 – GN confirmed that this had not been updated	GN	23.10.19	20.11.19	

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4.2 – 23.10.19	Risk 4696 – RE asked about the backlog of non-urgent imaging studies and asked how the Trust was now doing on this. GN agreed to ask what the average reporting time is and assured the meeting that she is aware that the risk has been updated by Radiology.	GN	23.10.19	20.11.19	
5.2 – 23.10.19	Quality & Safety Intelligence Group minutes RE asked about the results of the National CQC Children and Young People Survey, AMC replied that there have been improvements and there are actions – AMC to forward action plan to RE.	AMC	23.10.19	20.11.19	
6.1 – 23.10.19	The meeting discussed the level of independence and if it would be possible for some types of case to use someone from another Trust. JO agreed to look into the possibility of setting up arrangements with another Trust.	JO	23.10.19	20.11.19	
6.1 – 26.09.19	RE mentioned that in the BAF report, risk 12 there is reference that the Silverman report will be referenced in the action plan but this is not yet visible. JM agreed to include this in future reports	JM (on behalf of JO)	25.09.19	23.10.19 20.11.19	RE commented that SR 12 of he BAF report has not yet been annotated to indicate where the recommendations of the Silverman Report are being actioned. JO agreed to do this and pointed out that there would be a further report from Professor Silverman revising actions on his earlier report in December Bring forward to November meeting.

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<p>4.2 – 22.05.19</p>	<p>5182 - Lack of Network support for Vascular Services at RWT (MD)</p> <p>JO to review and update the risk</p>	<p>JO</p>	<p>22.05.19</p>	<p>26.06.19</p> <p>24.07.19</p> <p>25.09.19</p> <p>23.10.19</p> <p>20.11.19</p>	<p>In the absence of JO, it was agreed to bring this action forward to the July meeting.</p> <p>JO confirmed that he has not yet updated the risk yet, however further work has been undertaken and a meeting held in regards to the Vascular Services work.</p> <p>Bring forward to the September meeting.</p> <p>GN advised that there was an internal meeting prior to the Black Country meeting in October. The internal meeting was chaired by Dr Odum. Agreed to bring forward to October.</p> <p>JO advised that there is a meeting at the beginning of November and will feedback in November.</p>
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Closed Agenda Items – To be removed at the next meeting

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Update
4.2 – 26.09.19	5284 - EPMA - system and operational use (overarching risk) (COO) – MA commented that the risk had been deescalated and is now showing again. GN asked if this risk could be re-assigned to Medical Director. GN commented that the role out is not fully complete due to complexity with the system. There is still a lot of work to be done. The meeting was advised that additional support has been taken on to support the work. GN to speak to JO.	GN	25.09.19	23.10.19	JO advised that the risk has been reconstructed and put onto the risk register and the Executive Director is now JO instead of GN. The issue of the complexity of the work is now being discussed at an Operational Group with oversight from a Steering Group. Agreed to close the action.
4.2 – 26.09.19	5253 - Dell Tablets on ePMA wards damage and unsupported warranty (CFO) – RE asked how the Trust could purchase tablets not suitable for the wards. The meeting discussed this risk at length. GN suggested that the meeting speak to Kevin Stringer for clarification and commented that Nick Bruce is reviewing. RE asked for this risk to followed up- is the issue with the Trust or with Dell. MA to e-mail the lead for an update.	MA	25.09.19	23.10.19	MA updated the meeting that the Trust has gone back to the company to say that we should be covered under contract. However the company have replied that it is a user issue not covered by indemnity. JO confirmed that there is heavy use of the tablets in certain areas and IT team have found a company which provides I-Pads with rubber around to protect. JO advised that the Trust is investing £100K to purchase and distribute across the various ward areas. The meeting discussed why I-pads are needed on the wards and JO commented that it is for the use of EPMA. Following discussion it was agreed to close this action.
5.5 – 26.09.19	RE raised concerns in regard to <i>mobile workers reporting upper limb injury due to the use of mobile devices with no supporting equipment for their use</i> , MA agreed to ask Margaret Simcock how many people have had time off work, Health & Safety investigation etc.	MA	25.09.19	23.10.19	MA confirmed that she had raised these concerns to Margaret Simcock (MS) at the recent Compliance Oversight Group where MS presented the quarterly report. There are two cases that are registered with Occupational Health who have MSK and currently it is unknown if they are RIDDOR reportable. They are not being investigated as part of an RCA but they are

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					<p>looking into their risk assessments and other equipment. MA confirmed that the two workers were based within the Community (tablets / laptops around their work base / patients homes).</p> <p>Agreed to close the action.</p>
4.1 – 24.07.19	The Intensive Support Team have signed off 12 months' worth of work which GN will share the report.	GN	24.07.19	25.09.19	GN confirmed that this has been shared. A further report will be received in December / January. GN advised that the tool is currently being used in Endoscopy. After a brief discussion, it was agreed to close the action.
5.2 – 24.07.19	RE enquired about a statement under the Nucleus Theatre section that the Theatre list commenced at 9am and finished at 11pm with a single Anaesthetist and asked if this was a usual list. MMo replied that the list started late as she was on the QRV visit. JO confirmed that it can happen. Following a brief discussion, JO agreed to speak to Mr Morgan for clarification.	JO	24.07.19	25.09.19 23.10.19	<p>CE to e-mail JO regarding update</p> <p>JO advised the meeting that the Anaesthetists do have breaks when other colleagues step in to help out on an ad-hoc basis. They have natural breaks when there is a changeover etc. A more formal approach could be introduced of split days and the Clinical Director is looking into this option. The Anaesthetists are not happy with this though and are happy with the support that they are having at the moment. It is currently with the Directorate for a review.</p> <p>RE raised concerns in regards to safety & fatigue.</p> <p>The meeting agreed to close this action.</p>
6.1 – 24.07.19	RE enquired about the Silverman report and all of the recommendations are in the action plan and asked if Silverman's actions could be identified by a letter, code etc. JO agreed to look into this	JO	24.07.19	25.09.19 23.10.19	RE commented that this is mentioned under risk 12 of the BAF report but it is not appearing in the action plan. Bring forward to October's meeting.

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TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 25 October 2019 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Dr J Bateman	Consultant Rheumatologist (part meeting)
Ms N Ballard	Head of Nursing – Division 3
Mr N Bruce	Associate Chief Technology Officer
Prof J Cotton	Director of Research and Development
Ms A Davis	Clinical Director – Pharmacy
Mr A Duffell	Director of Workforce
Mr S Evans	Acting Director of Strategic Planning and Performance
Ms S Evans	Head of Communications
Dr S Fenner	Divisional Medical Director, Division 1
Dr C Higgins	Division Medical Director, Division 3
Mr D Loughton (Chair)	Chief Executive
Dr J Macve	Director of Infection and Prevention
Dr B McKaig	Deputy Medical Director
Mr R McMahan	Acting Head of Nursing, Division 1
Dr A Morgan	Divisional Medical Director, Division 2(part meeting)
Ms B Morgan	Head of Nursing – Division, Division 2
Ms M Morris	Deputy Chief Nursing Officer
Ms G Nuttall	Chief Operating Officer
Dr J Odum	Medical Director
Mr T Powell	Deputy Chief Operating Officer, Division 2
Mr M Reid	Head of Nursing – Corporate Support Services
Ms K Shaw	Deputy Chief Operating Officer, Division 3
Dr M Sidhu	Divisional Medical Director, Division 3
Ms V Whatley	Deputy Chief Nursing Officer

In Attendance:

Dr H Hughes	National Guardian for the NHS – Freedom to Speak Up/ GP (part meeting)
Ms K Whittaker	Regional Liaison Officer – Midlands, Freedom to Speak Up (part meeting)
Mrs N R Mehay	Freedom to Speak Up Guardian – The Royal Wolverhampton NHS Trust (part meeting)
Ms G Nightingale	Executive Assistant

Apologies:

Mr I Badger	Divisional Medical Director, Division 1
Prof A-M Cannaby	Chief Nursing Officer
Dr L Dowson	Quality Improvement Lead
Mr S Mahmud	Director of Integration and Digital Innovation
Ms T Palmer	Head of Midwifery
Mr A Race	Deputy Director of Workforce
Ms S Roberts	Divisional Manager – Estates and Facilities
Mr M Sharon	Strategic Advisor to the Trust Board
Prof B Singh	Clinical Director IT
Mr K Stringer	Chief Financial Officer/Deputy Chief Executive
Dr A K Viswanath	Divisional Medical Director, Division 2
Mr K Wilshere	Company Secretary

Mr Loughton welcomed Dr Henrietta Hughes; National Guardian for the NHS – Freedom to Speak Up, to the meeting.

Standing Items

19-20/269: Apologies for absence

Apologies for absence were received from those listed.

19-20/270: Declarations of Interest

There were no new or changed declarations of interest given at the meeting.

19-20/271: Minutes of the meeting of the Trust Management Committee held on 27 September 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 27 September 2019 be approved.

19-20/272: Matters arising from the minutes of the previous meeting

There were no matters arising from the minutes of the previous meeting.

19-20/273: Action Points List

The following action points were provided as an update:

Date of meeting	Item/Action	By When
Friday 27 September 2019	<u>19-20/219: Digital Innovation</u> Mr Neil Nortimer, Head of Digital Academy – West Midlands Academic Health Science Network to join the Trust’s Digital Innovation Committee.	Oct 2019 Completed
Friday 27 September 2019	<u>19-20/223: Integrated Quality and Performance Report</u> A letter was to be sent to Mr Dale Bywater regarding diagnostic support for Manor Hospital, Walsall from Sandwell and West Birmingham NHS Hospitals Trust. Ms Nuttall confirmed that this action had been completed	Oct 2019 Completed

Main Body of Meeting – Discussion Items

19-20/274: National Freedom to Speak Up (FTSU) Guardian – verbal presentation

Mr Loughton introduced Dr Henrietta Hughes, National Guardian for the NHS – Freedom to Speak Up and a practising GP.

Dr Hughes gave a verbal presentation on the Freedom to Speak Up Guardian role both nationally and locally and said that ‘speaking up’ protected patient safety and improved the lives of staff only when effective listening occurred. She said that Mrs Mehay had advised her how supportive the Trust and Managers had been and outlined how members could direct staff to speak to Mrs Mehay if they had concerns, Dr Hughes thanked members and Mrs Mehay for their attention.

Dr Hughes outlined the proactive and reactive work:

- Workers had to be supported in speaking up
- Barriers to speaking up had to be addressed
- A positive culture of speaking up should be fostered
- Issues raised should be used as opportunities for learning and improvement and investigations should be undertaken in a timely manner

She highlighted that of the 7,087 cases reported during 2017/18:

- **45%** included an element of bullying and harassment
- **32%** include an element of patient safety
- **5%** included perceived detriment

She welcomed contact from anyone who had a solution to how to deal with detrimental staff perceptions.

Dr Hughes reported on the Freedom to Speak Up Guardian Survey 2018 that had focussed on the following questions:

- “Does my organisation have a positive culture of Speaking Up?”
- Are there significant barriers to Speaking Up in my organisation?
- Do managers support staff to Speak Up?
- Do senior leaders support staff to Speak Up?
- People in my organisation do not suffer detriment as a result of Speaking Up?”

She said our Trust had rated 77% and drew the Committee’s attention to the Trust’s peer review system and said how good it had been to see this.

Mr Loughton highlighted times he had witnessed bullying and harassment and said that this had to be taken forward from top down. Dr Hughes concurred.

Action Ms Banga: that the Freedom to Speak Up (FTSU) presentation be circulated to members of this Committee.

It was agreed that National Freedom To Speak Up (FTSU) Guardian verbal presentation be received and noted.

Dr Hughes left the meeting

Innovation Items

There were no Innovation items for presentation this month,

By Exception Papers

There were no Exception Papers this month.

Items to Note - Monthly Reports

19-20/275: Integrated Quality and Performance Report

Ms Nuttall said that Referral to Treatment (RTT) performance had deteriorated in September 2019 and that additional support was being provided to improve performance.

Ms Nuttall reported on the indicator for diagnostic services and the challenge largely due to a marked increase in referrals. She outlined how well all the teams were doing in addressing the current challenged position and she thanked them for their efforts.

Ms Nuttall advised on the deteriorating national position for A&E targets and that RWT had achieved a good level in September 2019 with one patient who had breached the 12 hour target during the month as a mental health patient waiting for a specialist bed to become available.

She provided an update on the cancer performance for the Trust and highlighted that a reduction in the backlog of breast symptomatic patients waiting for their first appointment had resulted from the work undertaken across the Sustainability and Transformation Partnerships (STPs) to balance demand.

She said that the Winter Plan would be presented at the next meeting. Mr Loughton said it would be increasingly difficult to meet the targets as surrounding Trusts were finding it increasingly difficult to achieve the A&E target. Dr Odum outlined discussion that had taken place at the Infection Prevention Committee and he reminded everyone of the recent MRSA outbreak. He reiterated the need to focus on the basic elements of infection prevention. Dr Macve concurred to. In response to Mr Loughton, Dr Odum confirmed that a message on Infection Prevention was to be sent to all staff.

Ms Whatley reported that quality and performance targets had improved for Complaints, Late Observations, Falls, and that the Sepsis Screening indicator target had been met in the Emergency Department and the remaining indicators remained rated as amber or red. She also advised that there had been an increase in Press Ulcers, particularly in community cases and a community action plan had been put in place.

Action Dr Odum and Ms Evans: that a message would be sent to all staff on Infection Prevention.

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

19-20/276: Division 1 Quality, Governance and Nursing Report

Mr McMahon introduced the report and stated that the maternity birthing cap had been raised by 300.

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

19-20/277: Division 2 Quality, Governance and Nursing Report

Ms Morgan drew attention to the welcomed addition of recently recruited overseas nurses predominantly assigned to Medicine.

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

19-20/278: Division 3 Quality, Governance and Nursing Report

Ms Ballard advised that the Venous Thromboembolism Risk Assessment (VTE) assessments for paediatrics had seen an improvement in compliance; Mr Loughton remarked how good an achievement this was.

In response to Mr Loughton, Ms Shaw advised that the Paediatric Department was busy; the Paediatric Assessment Unit (PAU) was working well, beds were good and elective work for ophthalmology was being carried out at weekends.

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

19-20/279: Executive Workforce Summary Report

Mr Duffell introduced the report and stated that the National Staff Survey had been launched for 2019, the current response rate was 13%, slightly higher than the same time last year. He said that Ms Evans had implemented an excellent communication plan and asked everyone to remind their staff to complete the survey.

Mr Duffell said that four of the six workforce performance indicators had seen an improvement over the last month; sickness absence rate, vacancy rate, turnover and 24 month retention.

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

19-20/280: Chief Nursing Officer (CNO) Report

Ms Whatley reported that 119 offers had been made to the Nursing Clinical Fellowship Programme, with the majority from overseas.

She provided the quarterly update on the Nursing System Framework. She summarised that twenty-six out of thirty work streams had key objectives and eighteen of these objectives had been met. She said that the work streams that had not achieved their objectives had explained the challenges and actions had been put in place to move them forward achieving them.

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

19-20/281: Chief Nursing Officer (CNO) Governance Report

Ms Morris introduced the report and referred to the Trust Risk Register (TRR) two new risks had been added, three that had been removed and the four red risks on the register. She then detailed the Serious Untoward incident (SUI) Performance and that the completion of investigations was being reported in a timely manner.

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

19-20/282: Learning from Deaths Update

Dr Odum introduced the report and said that the national Summary Hospital-level Mortality Indicator (SHMI) dataset had shown the most recent score for the Trust as 115, and that the observed death rate had reduced.

Dr Odum outlined the good work being undertaken across the Trust and emphasised the need to maintain this.

Mr Loughton requested a meeting be scheduled with the family of the deceased patient within the A&E Department. He also raised the need for the policy regarding crash trollies and crash bags to be reviewed. Dr Odum agreed to review this policy immediately.

**Action: Dr Morgan a) That a meeting would be arranged with the A&E deceased patient's family.
Dr Odum b) That the policy for crash trollies and crash bags would be reviewed.**

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

19-20/283: Finance Position Report

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

19-20/284: Capital Programme Update

Mr Loughton said that the car park and pathology building extension was on schedule.

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

19-20/285: Operational Finance Group Minutes

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

19-20/286: Financial Recovery Board Update

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)

19-20/287: Information Governance (IG) Data Protection and Security Toolkit (DPST) 2019/2020

Dr Odum introduced the report and stated that this year (2019/20) the requirements had changed and that there were 116 mandatory evidence requirements for the Trust and 42 mandatory evidence requirements for GPs, the submission had 99 completed mandatory elements with 17 outstanding and for GP practices 32 had been completed with 10 outstanding, that meant the Trust had submitted 'Standards Not Met' return. Dr Odum advised that the internal audit draft review of the toolkit position had indicated substantial assurance against the toolkit evidence.

In response to Mr Loughton, Dr Odum advised that the Trust was not an outlier and that all actions would be completed by the end of March 2020.

It was agreed: that the Information Governance (IG) Data Protection and Security Toolkit (DPST) 2019/2020 be received and noted.

19-20/288: Contracting and Commissioning Update

Mr Evans introduced the report and referred to the highlights and summary therein. He then went on to state that there would be an additional £7 million savings plan for Wolverhampton at a Commissioner level, which was likely to be passed onto Providers. Mr Loughton asked to be involved in any discussions in regard to the savings plan.

It was agreed: that the Contracting and Commissioning Update be received and noted.

19-20/ 289: Current Tenders and Progress Update

Mr Evans introduced the report and along with Professor Cotton drew attention to the tender for National Institute for Health Research (NIHR) Patient Recruitment Centres that had been identified through the NIHR Clinical Research Network (CRN). If successful, the result would be five purpose-designed centres dedicated to late-phase commercial research; this would increase the NHS's capacity to deliver research, enabling significant growth and opportunities for patients to benefit from early access to innovation.

It was agreed: that the Current Tenders and Progress Update be received and noted.

19-20/290: Clinical Quality Improvement (CQI) Programme

Mr Evans introduced the report and advised that the CQI team had undertaken the Quality Service Improvement Redesign (QSIR) assessment process in the second week of October and that all team members had graduated to the QSIR Academy.

He said this would allow the Trust to deliver the QSIR course for all staff and accredit those who participate. He asked everyone to remind their staff of the training and to book onto a planned programme.

It was agreed: that the Clinical Quality Improvement (CQI) Programme Report be received and noted.

19-20/291: Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment Core Standards

Ms Nuttall stated that from 21 October 2019, the Trust would provide weekly situation reporting to NHS England and Improvement regarding the Trust's state of readiness in advance of the Brexit withdrawal.

It was agreed: that the Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment Core Standards Report be received and noted.

19-20/292: Director of Infection Prevention and Control

Dr Macve introduced the report and noted the raised acquisition of Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia that had resulted in the closure of some wards. In response to Mr Loughton, Dr Macve and Mr Reid agreed to meet with Mr Loughton to discuss a programme of support for the Infection Prevention message to all staff.

Action Mr Reid: Mr Loughton, Dr Macve and Mr Reid to meet to plan a programme of support for the Infection Prevention message to all staff.

It was agreed: that the Director of Infection Prevention and Control Report be received and noted.

19-20/293: Research and Development

Professor Cotton introduced the report and said that despite a 5% reduction in core funding the Research and Development Department had continued to deliver the research programme. He advised that the Professors appointed to the University of Wolverhampton would improve research studies at the Trust.

It was agreed: that the Research and Development Report be received and noted.

19-20/294: Undergraduate Training Teaching Academy

Dr Bateman introduced the report and noted the progress in integration of Aston Medical Students from September 2021 onwards; this would be supported by a project management plan and a new undergraduate educational strategy in line with new GMC guidance.

Dr Odum said that further work was to be done on student placements particularly in reference to methodology and the different curriculum models. He went on to advise that there were only two providers for this level of training to Aston Medical Students - Sandwell and West Birmingham NHS Trust and ourselves. He also drew attention to the need to provide accommodation for the Aston University Students as there is no additional capacity other than that already provided to Birmingham University Students and that solutions were being worked on.

In response to Mr Loughton, Mr Bateman confirmed that the curriculum for Birmingham University and Aston University would remain different at this present time.

It was agreed: that the Undergraduate Training Teaching Academy Report be received and noted.

Dr Bateman left the meeting.

19-20/295: Care Quality Commissioning (CQC) Well-Led Inspection Activity and CQC Action Plan Progress as at 7 October 2019

Ms Morris introduced the report and said that since the Trust's inspection it had continued to receive formal data requests from the CQC, predominantly relating to clarification points. She said the Trust was still awaiting the formal draft inspection report.

Ms Morris reported that the draft inspection report had been received for Coalway Road Medical Practice and that the overall rating had been 'Good'. In response to Ms Morris, Ms Ballard confirmed the outstanding practice that needed to be inspected was Dr Bilas's Medical Practice.

Ms Morris said that the Trust was expecting a joint local area Special Educational Needs and/or Disabilities (SEND) inspection conducted by the Local Authority and CQC. She said the Trust's Safeguarding Team would oversee this inspection from the Trust's perspective and the visit date was yet to be confirmed. In response to Dr Odum, Dr Higgins confirmed that any gaps in service would be with the services commissioned by Wolverhampton Clinical Commissioning Group (WCCG).

It was agreed: that the Care Quality Commissioning (CQC) Well-Led Inspection Activity and CQC Action Plan Progress as at 7 October 2019 be received and noted.

Business Cases - Division 1

19-20/296: Cannock Chase Hospital and Hilton Main Security Scheme

It was agreed: that the Business Case for Cannock Chase Hospital and Hilton Main Security Scheme be approved.

19-20/297: Maintenance Contract for OCT Machine and cost of consumables – Cardiology

Mr Evans reported that the Business Case for the Maintenance Contract for Optical Coherence Tomography (OCT) Machine and cost of consumables – Cardiology would be funded by the Division.

It was noted: that the Business Case for the Maintenance Contract for Optical Coherence Tomography (OCT) Machine and cost of consumables – Cardiology would be funded by the Division.

19-20/298: Spinal Bed Replacement

It was agreed: that the Business Case for the Spinal Bed Replacement be approved.

19-20/299: Bi-polar Diathermy

It was agreed: that the Business Case for Bi-polar Diathermy be approved.

19-20/300: Endoanal Ultrasound System

It was agreed: that the Business Case for Endoanal Ultrasound System be approved.

19-20/301: Air Conditioning Unit for the Cardiac Rehabilitation Gym

It was agreed: that the Business Case for Air Conditioning Unit for the Cardiac Rehabilitation Gym be approved.

Business Cases - Division 2

19-20/302: TA552 - Liposomal Cytarabine Daunorubicin

It was agreed: that the Business Case for TA552 Liposomal Cytarabine Daunorubicin be approved.

19-20/303: TA561 - Venetoclax with Rituximab

It was agreed: that the Business Case for TA561 Venetoclax with Rituximab be approved.

19-20/304: TAG547 – Tofacitnib to treat moderate to severe ulcerative coitis

It was agreed: that the Business Case for TAG547 – Tofacitnib to treat moderate to severe ulcerative colitis be approved.

Business Cases - Division 3

19-20/305: Additional substantive staff required to maintain and further develop the Chemotherapy Electronic Prescribing and Medicines Administration system (Chemocare)

It was agreed: that the Business Case for Additional substantive staff required to maintain and further develop the Chemotherapy Electronic Prescribing and Medicines Administration system (Chemocare) be approved.

Corporate Business Cases

19-20/306: Obstetric and Maternity Staffing

It was agreed: that the Business Case for Obstetric and Maternity Staffing be approved.

19-20/307: Patient Administration Portal

It was agreed: that the Business Case for Patient Administration Portal be approved.

Outline/proposals for change

There were no Outline/Proposals for change for approval.

Policies

19-20/308: Strategies Update

There were no new strategy updates.

19-20/309: Policy Update

It was agreed: that the Policy Update be received and noted.

19-20/310: OP65 Capacity Management Policy

It was agreed: that OP65 Capacity Management Policy be approved.

19-20/311: MP02 Unlicensed Medicines Policy

It was agreed: that MP02 Unlicensed Policy be approved.

19-20/312: 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.

19-20/313: Any other business

Mr Reid reported that the flu campaign launched 30 September 2019 and that the vaccine supply was split over three deliveries. He said that 37.92% of staff had been vaccinated, of which 40.99% were front-line staff.

Mr Loughton drew attention to the flu sticker and said how important it was knowing that staff had been vaccinated and suggested that staff that do not have a sticker are encouraged to have their flu jab.

It was agreed: that the Seasonal Flu Update be received and noted.

19-20/314: Date and Time of next meeting

The next meeting of the Trust Management Committee would be held on Friday 22 November 2019 at 1.30pm in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital

The meeting closed at 2.50pm