

**Finance & Performance Minutes 22
January 2020, TMC Minutes 24
January 2020, Quality Governance
Assurance Committee Minutes 29
January 2020 and Audit Committee
minutes 10 December 2019
3 March 2020**

Minutes of the Finance and Performance Committee

Date Wednesday 22nd January 2020
Venue Conference Room, Hollybush House, The Royal Wolverhampton NHS Trust (RWT)
Time 8.30am

Present:

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

In Attendance:

<u>Name</u>	<u>Role</u>
Tim Shayes	Acting Deputy Director of Strategic Planning & Performance
Helen Troalen	Deputy Chief Financial Officer
Katy Thorpe	Acting Head of Service Efficiency & Delivery
Nathan Joy-Johnson	Director of Procurement (Part)
Neil Simmonds	Deputy Director of Procurement (Operations and Systems) (Part)
Claire Richards	PA to Director & Deputy Director of Strategic Planning & Performance (Mins)

001/2020	<u>Apologies for Absence</u> Apologies were received from Kevin Stringer, Junior Hemans and Keith Wilshere	
002/2020	<u>Declarations of Interest</u> There were no declarations of interest.	
003/2020	<u>Minutes of Meeting Held on 18th December 2019</u> The minutes were agreed to be a true record.	
004/2020	<u>Action Points From Previous Meeting</u>	
004.01	<u>Trust Financial Report - Mid Staffs Foundation Trust Funding (MSFT)</u> – K Stringer had formally raised the outstanding 2 x £0.2m MSFT funding and also this year’s £6m funding to the Department of Health and to Mark Mansfield (Regional Director of Finance) during an escalation meeting with NHSI. H Troalen stated that the Trust has now been asked to provide written evidence to support the request. H Troalen informed the Committee that she would forward written evidence this week.	HT
004.02	<u>Financial Outturn Paper inc Month 7 Forecast Update – Black Country Pathology Service (BCPS)/Cytology Report</u> – This report has been added to the agenda as agreed (agenda item 5.1), see item 005.01 within the minutes. Action closed.	
004.03	<u>Primary Care Underlying Deficit Report (Recovery Plan)</u> – G Nuttall agreed to submit a paper to Finance & Performance Committee in February 2020 outlining a recovery plan to reduce the overspend going forward. This item has been added to the work plan for the February meeting.	GN

004.04	<u>Performance Element of the IQP Report (National & Contractual Standards)</u> – The Committee were asked to provide feedback on the IQPR SPC format at the Committee Meeting in January. This item has been added to the agenda (item 7.2), see item 007.02 within the minutes. Action closed.	
004.05	<u>Financial Recovery Board (FRB) Report – Zesty Update</u> – This item has been added to the agenda as requested (item 5.2), see item 005.02 within the minutes. Action closed.	
004.06	<u>Cancer Summary and Action Plan Feedback</u> – T Shayes stated that no further feedback had been provided and that this month’s report will be discussed as a standard agenda item, see item 007.03 within the minutes. Action closed.	
004.07	<u>FRB Report</u> – K Thorpe outlined the format changes that had been requested regarding the bubble chart. Action closed.	
004.08	<u>Internal Audit Feedback</u> – M Martin informed the Committee that she had had a discussion with G Nuttall regarding the internal audit feedback and that the BAF and recovery plan would be updated accordingly for the remainder of the financial year. Further discussions would take place at Audit Committee. Action closed.	
004.09	<u>Monthly Capital Update (CRL)</u> – H Troalen informed the Committee that it was unlikely any further capital would be available to the Trust at this point within the financial year. Action closed.	
005/2020	<u>Additional Requested Reports</u>	
005.01	<p><u>Black Country Pathology Services (BCPS) & Cytology Update</u> – K Stringer submitted the report for the Committee to read for assurance purposes. H Troalen presented the report in K Stringer’s absence.</p> <p>The Black Country Pathology Services went live in October 2018, 6 months later than the initial business case had assumed. Building work is under way at New Cross site to merge laboratory services. Until this building work is complete, equipment contracts procured and the IT system operational anticipated savings will not be achieved, however there are a number of work streams in progress to enable savings to be released as soon as possible once services merge into the Hub. This is now likely to be early in 2021.</p> <p>Cytology services expanded from July 2019 to cover the whole of the West Midlands and surrounding areas following a successful tender. The transfer of work to the new laboratory is complete and the service is up and running. The financial contribution from this service transfer is higher than the initial tender had assumed. Initial investment identified in the Pathology Business Case for Management and IT are underspending by £124k.</p> <p>The Committee agreed that the report was extremely useful and asked how the savings would be tracked. S Evans stated that the savings would be tracked via the Programme Board Meetings and that a report could be made available on a periodic basis. G Nuttall stated that the Trust was currently having internal discussions regarding the separation of BCPS reporting in order to make reporting arrangements more transparent. BCPS will then separate into its own division. G Nuttall stated that monthly reports would be in place once this had taken place.</p>	

	<p>M Martin noted that the attached paper was financially focussed and asked if any risks had been identified and what the top risks were during the implementation phase. G Nuttall provided a brief update on key risks e.g. cancer, cytology, building/back log, cost pressures next financial year etc. G Nuttall agreed to liaise with K Stringer to produce a report for the March Finance & Performance Committee Meeting which would include operational risks.</p> <p>M Martin stated that during the BCPS process there had been a lot of discussion regarding Sandwell Specialised Services. M Martin asked if RWT were involved in the process and if there was any risk around the income. S Evans stated that a tender was currently in process regarding this and that the risk sits with Sandwell.</p> <p>The Committee noted the report.</p>	GN/KS
005.02	<p><u>Zesty Update</u> – K Thorpe outlined the contents of the report, informing the Committee that Zesty Patient Portal s a mobile web ‘app’. The app aims to give information and ownership of outpatient appointments to patients and is available on all modern smartphones, tablets and desktop computers.</p> <p>Implementation of the portal will take place over 2 phases:</p> <ul style="list-style-type: none"> • Phase 1 (projected go live August 2020) – Portal made available for patients to view their appointments only. • Phase 2 (Further 12 months development post phase 1) – Appointments made available to view and change. Under this phase, patients would have the added benefit of being able to book, cancel and re-arrange appointments without the need to contact the hospital. This requires substantial technical work from both IT systems and specialty clinic rules. <p>The introduction of the patient portal aims to give patients better access and ownership to their outpatient appointments and will also give the Trust the opportunity to reduce its expenditure on printing, postage and to reduce its Did Not Attend (DNA) rate.</p> <p>Progress to date is as follows:</p> <ul style="list-style-type: none"> • Zesty have demonstrated the product to the wider Trust and has been well received. • A Project Manager has been appointed and starts with the team February 2020. • Operational and System project initiation meetings are taking place in the Trust this month. • Data Protection Impact Assessment (DPIA) has started. <p>M Martin thanked K Thorpe for the report. K Thorpe stated that all savings identified from the scheme would be identified on the FRB pipeline.</p> <p>S Field asked K Thorpe to add community/primary care elements into the report and to submit it to Trust Board as an information paper.</p> <p>S Rawlings queried the costs to date. K Thorpe informed the Committee that costs for phase 1 total £50k and that costs for phase 2 have not yet been identified as they are dependent on integration.</p> <p>M Martin asked if the system would identify patients that cancelled reviews so that they did not miss regular checks. K Thorpe stated that a workshop was taking place tomorrow that would involve discussions around the building of rules such as the number of times a patient can cancel a review before being invited in for a regular check, preventing cancellations for specific areas or the setting of specific timeframes.</p> <p>The report was noted.</p>	KT

006/2020	<u>Governance</u>	
006.01	<p><u>Board Assurance Framework (BAF) Update</u> – K Wilshire provided an update.</p> <p>006.01.01 <u>SR1</u> – This risk had been flagged for the Committee to review incorrectly. C Richards informed K Wilshire so that the Trust Board report could be updated. Action closed.</p> <p>006.01.02 <u>SR8</u> – The Control Mitigations, Positive Assurances and Gaps in Control were updated. An additional Gap in Control (GC7) was added to include reference to 2 high recommendations from the Audit Report from Grant Thornton. M Martin stated that the internal audit had not made any detailed recommendations.</p> <p>006.01.03 <u>SR9</u> – There were no further updates.</p> <p>M Martin informed the Committee that the Trust would re-examine the BAF when reviewing the Trust Strategy. The Committee accepted and approved the amendments to SR8.</p> <p>M Martin asked if there was any anticipated strategic impact from Brexit. G Nuttall informed the Committee that she would be providing a verbal update at Trust Board but that there would not be any impact at the present time due to the 12 month exit period. Any changes/central requirements would be escalated as and when they arise.</p>	
007/2020	<u>Performance</u>	
007.01	<p><u>Performance Element of the IQP Report (National & Contractual Standards)</u> – G Nuttall provided highlights.</p> <p>007.01.01 <u>RTT</u> – The percentage of patients waiting within 18 weeks dropped slightly in December, largely due to the holiday period. To meet aspirations of the planning guidance further work has taken place to reduce the number of patients on the incomplete waiting list. There are currently 40,510 patients on the incomplete waiting list which is an increase compared to January 2019. The incomplete waiting list target for the end of the financial year is 37,598. G Nuttall stated that a recovery plan is in place and that the Trust’s trend is reducing whilst the national picture is deteriorating. S Rawlings asked if the target would be met by the end of March. G Nuttall stated that it is unclear at this time but that the Trust were actively working towards achieving the target.</p> <p>007.01.02 <u>Diagnostics</u> – There has been some deterioration in month due to the holiday period. The Trust continues to see high level of referrals into the Endoscopy Department and there are continuing capacity constraints in Neurophysiology. G Nuttall stated that additional Endoscopy sessions were taking place over weekends and that work was also being out sourced. Neurophysiology capacity is also being outsourced and is currently being booked for January and February 2020. A discussion took place regarding the recruitment of Consultants in the above areas. A Duffell stated that he would look into the possibility of universities regarding training courses and that further discussions would take place at the Workforce Organisational Development Committee (WODC).</p> <p>G Nuttall informed the Committee that in consultation with K Stringer she would produce a paper for Trust Board providing a summary of Trust use of external companies that would also provide a forward prediction around activity.</p> <p>007.01.03 <u>Emergency Department</u> – G Nuttall informed the Committee that one patient (not mental health) breached the 12 hour decision to admit target during the month. Performance against the 4 hour standard has dropped, which is reflective of the demand pressures seen at points</p>	GN/KS

<p>007.01.04</p> <p>007.01.05</p>	<p>within the month as well as challenges with social care capacity. Ambulance handover breaches saw a deterioration for both the 30 – 60 and >60 minute targets when compared with the previous month.</p> <p>A discussion took place regarding the additional pressures being experienced due to diverted ambulances from neighbouring Trusts. Steve Field asked if the number of diverted ambulances from neighbouring Trusts could be quantified. G Nuttall confirmed that there had been a 6% increase in conveyances in December and that there was a pattern of increased divers during December over the last 2 years. G Nuttall informed the Committee that the Trust received 16 diverted ambulances from Shrewsbury & Telford Hospital (SATH) in one 24 hour period in December. G Nuttall stated that this resulted in one 12 hour breach but that the Trust also had a further 5 – 6 patients who waited 11 – 12 hours. D Loughton escalated concerns to Executives within NHSE/I and the Trust received an apology. G Nuttall informed the Committee that there are also challenges within the Wolverhampton area. G Nuttall also informed the Committee about a recent request to accept 3 diverted ambulances from SATH which was increased to 7/8 later the same evening. G Nuttall stated that she is aware of this and is investigating further with support from D Loughton.</p> <p>The Committee noted for the minutes that they were aware that the staff within the Emergency Department worked really hard to deliver high quality care and that they were experiencing increased additional pressure from the number of ambulances brought onto site at New Cross from neighbouring Trusts. S Field asked that this information be added to the Trust Board Report to emphasise the impact being placed on the Trust.</p> <p>S Field informed the Committee that he would also express concerns regarding social care at the Health & Wellbeing Meeting that afternoon.</p> <p><u>Cancer</u> – The Trust is currently forecasting failure of 5 out of 9 of the indicators for December but has forecasted achievement of 2 Week Wait, 31 Day Sub Surgery and 31 Day Sub Radiotherapy (subject to validation). G Nuttall informed the Committee that she was pulling together a response via tumour site that could be shared with Trust Board via the information reading room.</p> <p><u>Theatre Utilisation</u> – A discussion took place regarding theatre utilisation. G Nuttall stated that she would circulate a copy of the theatre utilisation metrics to the Committee for information.</p> <p>The Committee noted the report.</p>	<p>GN</p>
<p>007.02</p>	<p><u>Review of IQPR SPC Format</u></p> <p>A discussion took place regarding the revised SPC format. The Committee agreed to retain the use of the national colour coding system but asked that the trend lines be removed and the indicator circles be made bigger. T Shayes agreed to liaise with K Wilshire to provide a further 1 hour refresher training on SPCs at a Board Development Session before the end of the financial year and to also invite H Troalen, M Worton and D Weaver. T Shayes agreed to also provide a one page quick guide to accompany the training session.</p>	<p>TS</p>
<p>007.03</p>	<p><u>Cancer Summary and Action Plan</u> – G Nuttall provided highlights of the report.</p> <p>The 62 day performance for December sits at 60.4% against a trajectory target of 75.0%. There are 1,266 patients waiting with 122 beyond 63 days (of which 45 are waiting in excess of 104 days). There have been improvements to the 62 day pathway. The 2 week wait (ww) target is currently being achieved in the two consecutive months of November and December. The additional capacity offered in breast, combined with the support received from Walsall and Dudley, has meant breast symptomatic 2ww performance has increased to 80.03% in December</p>	

	<p>and expected to increase further in February (January's Performance reflecting patient choice over the festive period). All subsequent targets have been achieved in chemotherapy, radiotherapy and surgery.</p> <p>The Committee noted that the dates in the report were incorrect. T Shayes agreed to update the dates within the report to 2020 and re-submit for discussion at Trust Board.</p> <p>G Nuttall informed the Committee that the Cancer Intensive Support Team were returning to the Trust tomorrow (23rd January 2020) to review actions. G Nuttall agreed to submit a copy of the report to Finance & Performance Committee in March.</p> <p>A discussion took place regarding the need for a further robot. G Nuttall stated that a robot may need to be purchased over the next 2 year period but that a decision would be made following a piece of work around demand and capacity on the use of the current robot.</p> <p>The action plan was noted.</p>	TS
007.04	<p><u>Contracting & Commissioning Report</u> – S Evans provided a summary of the report outlining the current progress with 2019/20 contracts and a forward view towards the development of 2020/21 contracts.</p> <p>The report alerted the Committee to current gaps in 2020/21 contract offers with commissioners of c. £20m and the high likelihood of escalation and arbitration with Staffordshire CCGs around the 2020/21 contract. Staffordshire CCG are unable to make an offer until they manage to balance their system total. The Trust is hoping to receive an update from Staffordshire CCG on 25th January. In the interim the Trust is collating evidence to demonstrate that the Trust has followed process in the event that we are asked to enter into arbitration. S Evans informed the Committee that he would provide a verbal update at Trust Board as work has progressed since compiling the report.</p> <p>S Evans informed the Committee that Specialised Commissioners offered an additional £680k towards the Trust's year end deal.</p> <p>The Committee noted the report.</p>	
007.05	<p><u>STP Verbal Update</u> – S Evans provided a verbal STP update. The STP believes it has reached a position for next year, following a financial settlement from NHS Midlands. The financial settlement has allowed the STP to sign up to its control total, leaving a £13.8m gap which has been divided out. S Evans informed the Committee that planning guidance is anticipated to be available by 30th January.</p>	
007.06	<p><u>Business Development Update</u> – S Evans informed the Committee that the report highlights current tenders under appraisal, submitted tenders, successful tenders, unsuccessful tenders and tenders not progressed.</p> <p><u>Successful Tenders</u> Delivered standard prepared meals – framework</p> <p><u>Unsuccessful Tenders</u> S Evans informed the Committee that the Trust had recently experienced difficulties competing with the private sector for tenders regarding Occupational Therapy. The Trust was also unsuccessful in meeting the criteria for the Clinical Research Network Patient Recruitment Centre tender. G Nuttall suggested adding an Executive Director sign-off process for future</p>	SE

	tenders. S Evans stated that this could be incorporated as part of the evaluation process.	
008/2020	<u>Financial Performance for Period 9</u>	
008.01	<u>Trust Financial Report</u> – H Troalen provided highlights from the Trust Financial Report:	
008.01.01	<u>In-month Performance</u> – The financial performance for the month (excluding PSF) is a deficit of £2.4m. The in-month position was £4.9m deficit until a series of adjustments were made to bring the financial performance back into line with the financial plan. The adjustments are technical in nature and are listed in the financial recovery plan which is being overseen by the F&P Committee. H Troalen informed the Committee that the forecast outturn is now on plan to deliver and that she will update the report to record this.	HT
008.01.02	<u>Year to Date Delivery of Annual Operating Plan</u> – Due to the adjustments the year to date performance is £31k ahead of the NHSI operating plan. This has secured the PSF payment for Q3 which is £2.8m. The CIP performance continues to lag behind the annual plan and is now £6.1m adverse to plan although this is mitigated to an extent by £1.3m of unutilised reserves. Pay is the other material variance to plan (£7.6m adverse YTD) and the level of over spending on pay has taken a step up in December which will be reviewed.	
008.01.03	<u>Risks and Mitigations</u> – The key risks in delivering the financial plan in 2019/20 are in line with what has been reported all year. The key risks are: £5.1m of depreciation cost pressure due to a change in accounting guidance, £10m shortfall on CIP programme, up to £7m for the non-delivery of the vacancy factor and various other directorate risks.	
008.01.04	<u>Cash</u> – The cash balance as at 31st December 2019 is £17.8m, £16.8m above the plan. S Rawlings asked for an update on payment runs. H Troalen stated that payment plans are in place across the Board and that delays had been experienced due to the ledger changeover. H Troalen anticipated that cash would be up to date by the end of this month.	
008.01.05	<u>Patient Income</u> – Patient care income plan is £373.1m to date, with actual income generated of £379.3m, an over performance of £6.2m to date, £1.4m over performance in December. A&E attendances were 397 on average per day in December. Non-elective and day case income are the main drivers for the over performing income year to date. To date are adjustments for the Aligned Incentive Scheme (AIS), fines, deferred income, provisions, and CQUIN which reduce income. This is offset by the impact of provisions and outturn of contracts from last year of £1.7m total. Additionally, following contract discussions a provision for £750k for an historic issue has been released and included in month 9.	
008.01.06	<u>Pay/Non-Pay</u> – H Troalen informed the Committee that a piece of work is being undertaken to understand the variance against pay and non-pay.	HT
008.01.07	<u>Report Format</u> – A discussion took place regarding the charts in the report not matching the reports. H Troalen stated that the charts had not updated and that they would be updated in next month's report.	
008.01.08	<u>Incinerator</u> – S Rawlings asked if the incinerator was up and running. G Nuttall confirmed that the incinerator was now burning at the correct temperature. Discussions were taking place with the CEO of the company regarding financial penalties. The Trust is still spending £40k per month sending waste off site for incineration. The amount of waste being sent off site has reduced by 50% and work continues to progress to resolve the backlog. G Nuttall informed the Committee that the situation was improving on a weekly basis.	
	The Committee noted the report.	

008.02	<u>Supplementary Finance Report</u> – This report was read in conjunction with the Trust Financial Report. The report was noted and approved.	
008.03	<p><u>Financial Recovery Board (FRB) Report</u> – K Thorpe provided an update to the Committee.</p> <p>The 2019/20 CIP target is £24.5m, broken down into £11m recurrent CIP Target and £13.5m non-recurrent CIP target. At month 9 the Trust is forecasting to deliver £13.666m, leaving a shortfall of £10.834m against the CIP Target (an increase of £0.021m compared to month 8 2019/20). The Trust’s recurrent YTD delivery is £2.035m with forecast outturn of £4.147m and the Trust’s non-recurrent YTD delivery is £6.291m with forecast outturn of £9.519m.</p> <p>The Trust has delivered £7.874m YTD against a YTD FRB Approved Plan of £9.276m (84%). This only relates to schemes FRB has approved. However, the YTD Trust CIP Plan is £14.286m. As a result, the Trust has delivered 55% of the YTD Trust Plan. To date FRB has approved 53 ideas which have been developed into PIDs and approved at previous FRB meetings with a combined value of £9.859M (40% of £24.500M plan identified).</p> <p>M Martin asked for an update on the Value For Money Equipment Asset Valuation project, which is identified as low difficulty within the pipeline. H Troalen stated that financial control were working through the process and would be in a position to update at the next Finance & Performance Committee Meeting.</p> <p>The CIP Target for 2021/21 has not yet been agreed. However, the Service Efficiency and Delivery Team have begun developing the CIP Plan for next year. A pipeline of schemes has been developed with 52 ideas of which 17 have been transferred from the 2019/20 Pipeline.</p> <p>Discussions have taken place at FRB about the identification of further schemes, which will increase the number of schemes in next month’s report. The Trust is currently aiming for a CIP plan of £18m but this is dependent on contract negotiations. The Trust is still utilising the services of David Moon who is assisting with budget reviews to try to minimise requests for cost pressures. M Martin asked how the CIP plan fit against the current budget. H Troalen stated that it was too early to say at this time as the contracting round had not yet been completed.</p> <p>During the forecast year end sign off on Friday 17th January the Committee were asked to commit to meeting the control total which was submitted the same day. The Committee agreed to this requirement.</p> <p>The report was noted.</p>	HT
008.04	<p><u>Temporary Staffing Expenditure Dashboard</u> – A Duffell provided highlights from the report. Month one shows an increase in trend due to the national pay award. M Martin stated that it was pleasing to see that the employment line evening out. A Duffell informed the Committee that the department were working on a revised format for the Temporary Staffing Expenditure Dashboard going forward.</p> <p>The Committee noted the report.</p>	
009/2020	<u>Financial Planning</u>	
009.01	<u>Medium Term Plan/Long Term Financial Model</u> – H Troalen stated that there was nothing further to add at this time.	

011/2020	<p>Procurement Report N Joy-Johnson provided highlights from the report.</p>	
011.01	<p><u>CIP Savings</u> – To provide CIP savings for 2019/20 168 individual projects were identified, 116 of which have been delivered providing a YTD achievement of £905,630 against a target of £1,320,000, giving a variance of £15,525.</p>	
011.02	<p><u>Implementation of an Integrated Supplies and Procurement Department (ISPD) between UHNM and RWT</u> – 74 of the 82 individual implementation actions have now been completed, 8 are on track and none are behind schedule. Key challenges still relate to staff turnover and systems integration across the different Trusts. The staff turnover is currently being managed but takes time and resources.</p>	
011.03	<p><u>The National NHSI Procurement League Table (PPIB)</u> – Performance has remained relatively static across all the measures, with the latest publication reported in October 2019 at 68th.</p>	
011.04	<p><u>Trusts Embracing the Adoption and Promotion of the NHS Standards of Procurement and the Skills Development Network for Procurement</u> – UHNM are compliant to Level 1 and Level 2 of the DH Standards of Procurement, however, following the merger the new ISPD will need to be re-assessed under the new combined entity of the ISPD. N Joy-Johnson stated that RWT will start at level 0 but NHSE/I will assess RWT at Level 3 as soon as possible and it is hoped that RWT will reach Level 2 status within 3 months.</p>	
011.05	<p><u>Collaborative Procurement</u> – N Joy-Johnson informed the Committee that he had been approached by Walsall Healthcare NHS Trust who are keen to join the collaborative procurement. Confidential discussions are taking place at this time. Care has been taken not to dismiss their approach but expectations are being managed in terms of what level of support the ISPD could potentially offer in the short/medium term. N Joy-Johnson stated that it was key to stabilise the current arrangements before expanding. The Dudley Group NHS Foundation Trust have also expressed an interest.</p>	
011.05	<p><u>Working with NHS Supply Chain (NHSSC) and the New National Procurement Future Operating Model (FOM)</u> – N Joy-Johnson outlined one of the fundamental changes in the new model. The new model will be funded by a top slice of 0.36% of total operating expenditure at Acute Trusts and 0.1% of operating expenditure at non-Acute Trusts. Next financial year the top slice will exist but without margin removal. N Joy-Johnson felt that it would be important to deliver against the capital towers and that this not currently being achieved and has been escalated. NHSI have asked the SIPF to identify a top slice and total contribution against the supply towers. Discussions took place during the meeting regarding this.</p>	
011.05	<p><u>GS1 and Catalogue Management Capability</u> – The existing UHNM eCatalogue solution provided by Virtual Stock is sub optimal both in terms of operational performance and compliance to the Lord Carter recommendations. A new joint working model to standardise the eCatalogue solutions has been identified and a decision was made to market test a single eCatalogue solution that can be used across both Trusts. To drive further efficiencies and system synergies the existing Purchase to Pay system provider (ABS) was considered as a potential new eCatalogue provider.</p>	
011.06	<p><u>Awards Update</u> – N Joy-Johnson informed the Committee that the new Integrated Supplies and Procurement Departments were recognised at the Health Care Supplies Association (HCSA) national conference in November, winning the Procurement Transformation Award for 2019.</p> <p>The report was noted.</p>	

010/2020	<u>Reports to Note for Period 9</u>	
010.01	<u>Annual Work Plan</u> – The work plan was noted.	
010.02	<u>Finance Minutes</u> – The minutes were noted.	
010.03	<u>Monthly Capital Update</u> – G Nuttall provided an update following the Capital Review Group Meeting on 21 st January. There were no significant concerns regarding the Trust achieving the expected EFL requirements by the end of the financial year. A proposed plan for the next 12 months is available and the department are working on pulling together a 5 year plan. There has been no confirmation of the CRL limit at this time. The report was noted.	
010.04	<u>Performance against Contractual Standards (Fines)</u> – S Rawlings asked for an update regarding the serious incident reporting fine. T Shayes stated that he would investigate this and report back via email. The report was noted.	TS
012/2020	<u>Any Other Business</u> No further business was discussed.	
12.01	<u>Revised Meeting Dates</u> – A discussion took place regarding the change of date to the April 2019 and August 2019 Finance & Performance Committee Meetings. The Committee agreed to change the date of the April meeting to 29 th April and to retain the August Meeting on 26 th August. M Martin stated that she would ask S Rawlings or J Hemans to Chair the August meeting in her absence and ensure NED presence was quorate.	MM
013/2020	<u>Date and Time of Next Meeting</u> The next Finance & Performance meeting will take place on Wednesday 26 th February 2020 at 8:30am, Conference Room, Hollybush House. Reports will be required by 12noon on Friday 21 st February.	

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 24 January 2020 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Ms N Ballard	Head of Nursing – Division 3
Prof A-M Cannaby	Chief Nursing Officer
Ms A Dowling	Head of Patient Experience
Dr L Dowson	Quality Improvement Lead
Mr A Duffell	Director of Workforce
Ms S Evans	Head of Communications
Mr L Grant	Deputy Chief Operating Officer, Division 1
Ms E Lengyel	Matron (representing Ms D Black, Head of Nursing, Division 1)
Dr R Leslie	Group Manager – Therapies and Dietetics Ambulatory Care
Mr D Loughton (Chair)	Chief Executive
Dr J Macve	Director of Infection and Prevention
Mr S Mahmud	Director of Innovation, Integration and Research
Dr B McKaig	Deputy Medical Director
Dr A Morgan	Divisional Medical Director, Division 2
Ms B Morgan	Head of Nursing – Division, Division 2
Ms M Morris	Deputy Chief Nursing Officer
Mr D Murphy	Divisional Medical Director, Division 1
Ms G Nuttall	Chief Operating Officer
Dr J Odum	Medical Director
Ms T Palmer	Head of Nursing and Midwifery
Mr M Reid	Head of Nursing – Corporate Support Services (part meeting)
Ms K Shaw	Deputy Chief Operating Officer, Division 3
Mr T Shayes	Acting Deputy Director of Strategic Planning and Performance
Dr M Sidhu	Divisional Medical Director, Division 3
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 S Watson	Head of Estates Development
Ms V Whatley	Deputy Chief Nursing Officer

In Attendance:

Ms G Nightingale	Executive Assistant
Mr K Wilshere	Company Secretary

Apologies:

Ms D Black	Head of Nursing, Division 1
Mr N Bruce	Associate Chief Technology Officer
Prof J Cotton	Director of Research and Development
Ms A Davis	Clinical Director – Pharmacy
Mr S Evans	Acting Director of Strategic Planning and Performance
Dr S Fenner	Divisional Medical Director, Division 1
Dr C Higgins	Division Medical Director, Division 3
Dr R Mathew	Clinical Director - Cancer
Mr T Powell	Deputy Chief Operating Officer, Division 2
Ms S Roberts	Divisional Manager – Estates and Facilities
Mr M Sharon	Strategic Advisor to the Trust Board
Ms H Troalen	Deputy Chief Financial Officer

Mr Loughton opened the meeting and said that following a Babylon press release and interviews that the response had been overwhelmingly positive. He then went on to outline the next steps in relation to video appointments etc and the work underway with West Midlands Ambulance Service (WMAS) to provide them with access to a GP/Consultant whilst the crew were with the patient, he said he would start the pilot with a Consultant Cardiologist. Dr McKaig said that he could foresee great opportunities arising from this partnership.

Mr Loughton said that with the use of the Babylon technology he would like to tackle loneliness and advised that he would be seeking support and help with this initiative through the British Red Cross and Age UK.

Standing Items

19-20/363: Apologies for absence

Apologies for absence were received from those listed.

19-20/364: Declarations of Interest

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

19-20/365: Minutes of the meeting of the Trust Management Committee held on 22 November 2019

The minutes of the meeting of the Trust Management Committee held on 22 November 2019 were approved and accepted as an accurate record.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on Friday 22 November 2019 be approved.

19-20/366: Matters arising from the minutes of the previous meeting

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

19-20/367: Action Points List

The following action points were provided as an update:

Date of meeting	Item/Action	By When
Friday 25 October 2019	<u>19-20/282: Learning from Deaths</u> a) That a meeting would be arranged with the A&E deceased patient's family. b) That the policy for crash trollies and crash bags would be reviewed.	Nov 2019
Friday 22 November 2019	<u>Additional note of Friday 22 November 2019 meeting</u> Mr Loughton asked if both actions had been completed. Mr Morgan and Dr Odum advised that both actions were outstanding and would be dealt with shortly.	Revised date of Dec 2019
Friday 24 January 2020	Dr Morgan confirmed that he had met with the family who were very positive.	Completed
Friday 22 November 2019	<u>19-20/326: Chief Nursing Officer (CNO) Report</u> That Professor Cannaby and Professor Singh would arrange to meet to discuss the IT upgrade to the Safe Hands system.	Dec 2019
Friday 24 January 2020		Completed

Friday 22 November 2019	19-20/329: Finance Position Report That Ms Nuttall would issue a statement to Directorates about increasing activity.	Nov 2019
Friday 24 January 2020		Completed
Friday 22 November 2019	19-20/320: Babylon Healthcare presentation Dr Patel to arrange a site visit to the GP Practice in Birmingham.	Nov 2019
Friday 24 January 2020		Completed

Discussion Items

There were no items for discussion this month,

Innovation Items

There were no items for discussion this month.

By Exception Papers

19-20/368: Brexit Update

Mr Stringer advised that the Brexit transition period commenced Friday 31 January 2020.

It was agreed: that the Brexit Verbal Update be noted.

19-20/369: New guidance for staff regarding medical emergencies outside of the hospital buildings, but still on the hospital grounds

Dr Odum introduced the report and said that following an incident outside the Emergency Department (ED) a meeting had been convened with West Midlands Ambulance Services (WMAS) and relevant staff from the Trust to discuss the formal introduction of guidance for staff in the event of a life threatening medical emergency / cardiac arrest outside of the hospital buildings, but still on site.

He detailed the new guidance that in the event of a life threatening medical emergency / cardiac arrest outside of the hospital buildings, but still on site that 999 should be called to deal with the medical emergency. The exception to this was if the patient requests or requires urgent help or collapses whilst in close proximity to the Emergency Department, in this case emergency help can be summoned by triggering the emergency alarm in ED which would alert reception and relevant staff. Dr Odum also noted that if a medical emergency happens in a department outside of ED then staff should call 2222 for emergency support.

Mr Loughton asked if the dialling of 999 on the hospital grounds was due to the fact that our hospital equipment was not suitable for use outside the building. Dr Odum concurred with this statement and following a brief discussion it was agreed to include this statement within the new guidance.

Dr Odum confirmed that the new guidance would be circulated February 2020 via an all user bulletin (making it better alert) notice.

Action: Dr Odum to include in the new guidance a statement that the Trust's equipment could not be used outside the buildings as it was not compatible.

It was agreed: that the new guidance for staff regarding medical emergencies outside of the hospital buildings, but still on the hospital grounds be approved.

Items to Note - Monthly Reports

19-20/370: Integrated Quality and Performance Report

Professor Cannaby reported that performance targets for sepsis indicators had been fully met in the Emergency Department (ED). She said that for all other clinical areas using Vitals that following a meeting with System C in December 2019, a decision had been reached to postpone sharing the incidence data as no assurance could be taken that this data was accurate and that as a result, there would be no sepsis data for these areas contained within this report. Professor Cannaby advised that from February 2020, the Trust would revert back to collecting and reporting the prevalence data until the concerns with the incidence data had been resolved. Mr Loughton and Dr Odum said that the achievement of the sepsis target within ED at such a busy time was a great achievement.

Professor Cannaby drew attention to infection prevention and noted that the Trust had reported four cases of Clostridium Difficile, which was above the Trust target. She said that there was an on-going drive in respect of infection prevention and staff compliance, she asked everyone to be vigilant and remind staff to ensure they follow infection prevention practices such as hand washing.

Professor Cannaby reported that the latest published Summary Hospital Mortality Indicator (SHMI) had reduced from 1.12 (period August 2018 to July 2019) to 1.10 (period September 2018 to August 2019) and that the Trust remains within the national SHMI funnel plot that classed us as within the 'expected' rang.

Ms Nuttall reported that the Trust's A&E performance had seen one patient breach the 12 hour decision to admit target this was due to no medical bed being available. She said performance against the 4 hour standard had dropped, which was reflective of the significant demand seen at points within the month as well as challenges with social care capacity to support discharges. She highlighted that ambulance handover breaches had also deteriorated for both the 30 - 60 and >60 minute targets, this was also reflective of the pressures that the Trust experienced during the month along with receiving diverted ambulance conveyances from surrounding Trusts, there was some regional issues that were being addressed, she thanked everyone in ED for all their hard work during this exceptionally busy period.

Ms Nuttall said that the 2 week wait Breast Symptomatic patients were currently being booked within standard and that oncology capacity was challenged in relation to delivering against target.

Ms Nuttall reported that to meet the aspirations of the planning guidance for Referral to Treatment (RTT) further work had been undertaken to reduce the number of patients on the incomplete waiting list and despite the slight dip in performance, the Trust's waiting list was decreasing, she said this was completely opposite to what was happening nationally.

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

19-20/371: Division 1 Quality, Governance and Nursing Report

Ms Lengyel introduced the report and stated that there had been two death incidents that were being investigated, there had been no new Never Events and that a Project Manager had been appointed to review the policies within the Division.

Mr Loughton asked about the increase in fall incidents, Ms Lengyel said that no trends had been identified and that the Division were investigation this.

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

19-20/372: Division 2 Quality, Governance and Nursing Report

Ms Morgan introduced the report and said that Division 2 had no closed beds and that the staffing position for Healthcare Assistant (HCAs) on a number of wards continued to give cause for concern, Mr Loughton asked if this was linked to Aldi's pay rates, Professor Cannaby confirmed that Aldi's pay rates were more than the NHS. Mr Loughton asked Mr Duffell to advise NHS Employers that Aldi pay more than the NHS do for certain roles.

Ms Evans advised that a recruitment event was scheduled and included HCA vacancies. Ms Morris said that an engagement event with current HCAs was being scheduled to understand if there were any issues of concern.

Dr Viswanath raised concerns with the staffing challenges within oncology, Mr Loughton said that a large amount of hard work had been undertaken on recruitment and agreed that he would meet with the Executive Directors and look at staffing and recruitment on a multi-disciplinary basis and introduce a Project Board to take this forward.

**Action: Mr Duffell to advise NHS Employers about the NHS pay rates and Aldi's increased pay rates
Mr Loughton to meet with the Executive Directors and formulate a Project Board to review on a multi-disciplinary basis the recruitment and staffing including Clinical Fellows within the Oncology Department**

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

19-20/373: Division 3 Quality, Governance and Nursing Report

Ms Ballard advised that the Paediatrics Department had five medication incidents and a Working Group had been set up to address staff training and compliance. She also noted that there had been one new serious incident of a delayed diagnosis in Dermatology.

Mr Loughton asked if Duty of Candour had been undertaken with the relevant patient/relative. Dr Odum said that as the medication incidents were classed as a low harm risk they would not be subject to Duty of Candour. Mr Loughton outlined a piece of work he was assisting the Department of Health and Social with in relation to Duty of Candour and asked everyone to give some thought to litigation claims and if they had any suggestions to inform him.

Professor Singh remarked how fantastic the Rheumatology Department was at Cannock Chase Hospital, and the potential international academic use for the facility. He said a stand out service that was presented to the University who were staggered at how good the department was.

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

19-20/374: Executive Workforce Summary Report

Mr Duffell introduced the report and stated that the National Staff Survey Trust's analysis was positive, 64 of the 89 indicators had seen an improvement on the previous year, with 52 being above average and that the Trust had agreed, jointly with Walsall Healthcare NHS Trust, to act as the Institute of Healthcare Managers (IHM) Regional Hub for the West Midlands.

He said that the International Nurse Fellowship programme had introduced 57 external appointments with a further 11 arriving over the month of January 2020 and the Nurse Recruitment programme from the Philippines had recruited 60 nurses, 45 had started with a further 9 arriving on 22 January 2020.

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

19-20/375: Chief Nursing Officer (CNO) Report

Professor Cannaby introduced the report and referred to the quality matrix that was an improving picture; this was felt to be due to the increase in staffing, robustness of ward reviews and nurse peer reviews.

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

19-20/376: Chief Nursing Officer (CNO) Governance Report

Professor Cannaby introduced the report and said how well the policy cleansing and updating had gone and that the next level eg guidelines would be reviewed in the same way.

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

19-20/377: Learning from Deaths Update

Dr Odum introduced the report and said the national Summary Hospital-level Mortality Indicator (SHMI) dataset had shown the most recent score for the Trust as 1.11, a further improvement, the Trust was now within the expected range and this was a result of both an increase in expected deaths and a decrease in observed deaths. He thanked the Continuous Quality Improvement (CQI) Team, Nursing Team for all their hard work and support with this programme and emphasised that this needed to continue at a Directorate and Divisional level.

He said that the Medical Examiner (ME) role was working well and that the percentage of deaths reviewed by the Medical Examiner remained at between 55 and 60% of total inpatient and Emergency Department deaths, additional time would be allocated in January 2020 so we would expect this number to increase.

Dr Odum reported on the receipt of an alert from Kings College in relation to the national mortality statistics for stroke as it was currently cited as borderline for the Trust, work had commenced on reviewing the reasons for this change.

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

19-20/378: Finance Position Report

Mr Stinger reported that following a meeting with NHS Improvement and all Chief Financial Officers the national picture for month 8 was a £1.3bn deficit which was half billion of the national plan, it was expected that all Trusts would breakeven by end of March 2020.

Mr Stringer introduced the report and said that the financial performance for the month was a deficit of £8.2m and that hard work was being undertaken to get back to our control target. He asked for everyone's support in keeping spend particularly on non-pay low.

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

19-20/379: Capital Programme Update

Mr Stringer introduced the report and said that the Estates Department and Divisions were working hard to achieve the capital financial target and that no new monies were predicted ahead of financial close at the end of March 2020. In response to Mr Loughton, Mr Watson confirmed that a list had been produced should new monies be provided.

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

19-20/380: Operational Finance Group Minutes – 14 November 2019

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

19-20/381: Operational Finance Group Minutes – 12 December 2019

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

19-20/382: Financial Recovery Board Update

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

19-20/383: Innovation, Integration and Research Director's Report

Mr Mahmud introduced the report and highlighted the excellent work Dr Kate Warren and the Public Health Team had done on clinical informatics. He reported on the working arrangements with Primary Care Networks (PCNs) and how well this was going. Mr Loughton asked for views on the Trust meeting with the PCNs to discuss joint working. Professor Singh remarked what a good place the Trust was in as they were very keen to be themselves and had realised to do that and be the best they needed to work with the Trust. Dr Sidhu agreed that this was the way forward and the best time to hold such a meeting as we move to an Integrated Care System (ICA).

Professor Singh suggested that we hold an engagement event with the Divisions and Consultants to outline the changes occurring through the ICA and PCNs. Ms Shaw agreed this would be useful and outlined how she and her team were working on RWT and PCN plans.

Mr Mahmud thanked everyone for their staff's suggestions in relation to Digital Dragon ideas, the committee were working through the ideas and were hoping to implement some during 2020. He said that there had been a really positive response from staff at all levels across the whole of the Trust.

Action: Ms Shaw to arrange a meeting with the PCNs to discuss working arrangements and Mr Mahmud would arrange an awareness session with all Divisions and Consultants.

It was agreed: that the Innovation, Integration and Research Director's Report be received and noted.

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

19-20/384: Contracting and Commissioning

Mr Shayes introduced the report and advised that we were currently in the midst of the 20/2021 contracting round and that Wolverhampton had a £10m gap that Specialised Commissioning Services had agreed to assist with.

He said Staffordshire CCGs had not presented a formal offer and it was estimated that there would be a considerable gap, based on current activity and known demand, a case for arbitration was being considered.

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

19-20/385: Tenders

Mr Shayes introduced the report and noted its content. Mr Loughton asked to be informed of all tender submissions going forward so that he is aware of the Trust's position.

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

19-20/386: Clinical Quality Improvement Programme

Dr Dowson said that the team had begun training staff in CQI with two sessions delivered to new starters, they had received good feedback and the first practitioner course had taken place on 23 January 2020 it was very well attended and open to all including our partner organisations.

In response to Dr Odum, Dr Dowson confirmed that Walsall NHS Trust was our closet partner organisation.

Dr Dowson advised that the CQI team were also supporting a number of improvement projects relating to Outpatients and that these included a demand and capacity model in gastroenterology and diabetes with a view to supporting directorates to manage any resulting imbalance through different ways of working. He said additionally, the team were supporting the neurology directorate in reviewing the processes for outpatient referrals to maximise efficiency. He highlighted an issue for gastroenterology patients on a general ward and general patients on gastroenterology wards and how care differentiates and noted that there was a need to keep the patients on the relevant wards as this lessened the length of stay.

Dr McKaig said that following a Clinical Directors boot camp it had been recognised that building in time for Directorates to have regular away days that included the CQI Team was important.

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

19-20/387: Midwifery Service Report

Ms Palmer introduced the report and said that the Birth to Midwife ratios were 1:27/28, a sustained picture over the last quarter and meets the recommendations of the Birth rate + (BR+) midwifery workforce / acuity review of the Trust in 2017. She also said that following a formal review of projected birth rates during September 2019, the agreed birth rate cap had maintained birth rates within manageable levels and therefore it had been agreed to lift the cap from 1 October 2019.

Ms Palmer reported on the challenges with continuity of care and said the Department was confident in achieving the 35% target of women placed onto a continuity of carer pathway from March 2020 and that Heads of Midwifery across the Local Midwifery Services had raised concerns with achieving the 51% trajectory, by March 2021 as not all of the four maternity services were compliant with BR+ recommendations.

It was agreed: that the Midwifery Service Report be received and noted.

19-20/388: Winter planning and Pressures

Ms Nuttall said that the Department were undertaking a review of the challenges encountered during the winter period particularly in relation to 12 hour breaches. Ms Nuttall and Mr Loughton concurred that this was not the experience we would want for patients, the organisation worked really well to manage the situation and they both thanked everyone for their hard work.

It was agreed: that the Winter Planning and Pressures Verbal Update be received and noted.

19-20/389: Freedom to Speak Up Report

Mr Duffell introduced the report and noted that year on year all targets had been achieved.

It was agreed: that the 7 Day Services: Compliance and Progress Report be received and noted.

Business Cases - Division 1

19-20/390: Replacement of Livanova Heater Coolers with 4 Maquet Heater Cooler

It was agreed: that the Business Case for the Replacement of Livanova Heater Coolers with 4 Maquet Heater Cooler be approved.

19-20/391: Replacement of Operating Theatre Lights Nucleus Theatres 4 and 7

It was agreed: that the Business Case for the Replacement of Operating Theatre Lights Nucleus Theatres 4 and 7 be approved.

19-20/392: Replacement Toe Probe

It was agreed: that the Business Case for the Replacement Toe Probe be approved.

19-20/393: Proposed changes required to Wolverhampton GP Investigation of Laboratory Pathway

It was agreed: that the Business Case for the proposed changes required to Wolverhampton GP Investigation of Laboratory Pathway be approved.

19-20/394: Colorectal Cancer Personalised Follow-up

It was agreed: that the Business Case for a Colorectal Cancer Personalised Follow-up be approved, subject to being approved at the Commissioning and Contracting Meeting.

19-20/395: Cell Salvage Machine and Equipment

It was agreed: that the Business Case for a Cell Salvage Machine and Equipment be approved, subject to being approved at the Commissioning and Contracting Meeting

19-20/396: Intensive Critical Care Unit (ICCU) Bariatric Machine Trolley

It was agreed: that the Business Case for an Intensive Critical Care Unit (ICCU) Bariatric Machine Trolley be approved.

19-20/397: Replacement Urodynamic Machine

It was agreed: that the Business Case for a Replacement Urodynamic Machine be approved.

Business Cases - Division 2

There were no Business Cases submitted for approval.

Business Cases - Division 3

19-20/398: HIV drug called Symtuza

It was agreed: that the Business Case for HIV drug called Symtuza be approved.

19-20/399: HIV drug called Biktarvy

It was agreed: that the Business Case for HIV drug called Biktarvy be approved.

Corporate Business Cases

19-20/400: Occupational Health and Well Being Consultant

It was agreed: that the Business Case for an Occupational Health and Well Being Consultant be approved.

19-20/401: Sexual Health Services

Mr Loughton asked that Sexual Health Services be reviewed and expanded, it was noted that Ms Shaw was working on this.

It was agreed: that Sexual Health Services be reviewed.

Outline/proposals for change

There were no Outline/Proposals for change for approval.

Policies

19-20/402: Strategies Update

There were no new Strategy updates.

19-20/403: Policy Update

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

19-20/404: CP61 - Management of Deteriorating Patient Policy

It was agreed: that CP61 - Management of Deteriorating Patient Policy be approved.

19-20/405: CP66 – Care of Patients Requiring Enhanced Care Policy

It was agreed: that CP66 - Care of Patients Requiring Enhanced Care Policy be approved.

19-20/406: HR06 – Dispute Resolution in the Workplace Policy

It was agreed: that HR06 – Dispute Resolution in the Workplace Policy be approved.

19-20/407: Corporate Records Management Procedure (previously OP84)

It was agreed: that the Corporate Records Management Procedure (previously OP84) Policy be approved.

19-20/408: HR10 – Managing Allegations of Behaviour Indicating Unsuitability to Work with Children and Adults with Needs for Care and Support Policy

It was agreed: that the Managing Allegations of Behaviour Indicating Unsuitability to Work with Children and Adults with Needs for Care and Support_Policy be approved.

19-20/409: New Policy – Withdrawing or Withholding Clinically Assisted Nutrition and Hydration in Adult Patients Who Lack Capacity to Consent to Treatment Policy

It was agreed: that New Policy – Withdrawing or Withholding Clinically Assisted Nutrition and Hydration in Adult Patients Who Lack Capacity to Consent to Treatment Policy be approved.

19-20/410: OP07 – Health Records Policy

It was agreed: that OP07 – Health Records Policy be approved.

19-20/411: 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.

19-20/412: Any other business

There were no any other business.

19-20/413: Date and Time of next meeting

The next meeting of the Trust Management Committee would be held on Friday 21 February 2020 at 1.30pm in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital

The meeting closed at 3pm

Minutes of the Quality Governance Assurance Committee

held on the:

Date **Wednesday 29 January 2020**
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
	G Nuttall (GN)	Chief Operating Officer
	Dr J Odum (JO)	Medical Director
	L Toner (LT)	Associate Non-Executive Director
Attendees:		
Apologies:	D Loughton	Chief Executive
	K Wilshere	Company Secretary

The Royal Wolverhampton NHS Trust

Item No		Action
1	<p>Apologies for absence</p> <p>Apologies were noted.</p> <p>1a Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting - Quality Governance Assurance Committee:</p> <p>MA asked if the following change could be made to page 3 of the November minutes:</p> <p>1st paragraph, line 13 – change the last sentence to: Unfortunately the delay in sending out the second letter could cost the Trust up to £10,000 fine.</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on November 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 – December – A M Cannaby / G Nuttall</p> <p>AMC presented the key points from the Quality section of the report to the meeting.</p> <p>There is an issue regarding the report module on Vitals, which isn't working properly although in all other respects Vitals is working. The company confirm that there is a problem with the report module. As a result a decision has been made to switch to prevalence data for sepsis. This relies on manual data collection via audits of notes.</p> <p>Due to the above issue Vitals Late Observations reporting is not working properly either. In every area a weekly audit is undertaken by the Ward Manager and a peer review audit which asks if observations are late so this prevalence data is being used to provide the IQPR report on late observations. RE sought to clarify if this is because the Trust cannot rely on the reporting system; AMC confirmed that this was correct. RE asked if the fault lay with the company who supplied the equipment. AMC replied that the Trust does not understand the algorithm in the reporting framework. It is recognised that there is an issue between PAS and the system. Also the Trust does not have Vitals in all parts of the hospital and the time when a patient is temporarily in an area not covered by Vitals will be recorded and accumulate as late observations. On-going discussions are taking place between IT and the company.</p> <p>SHMI continues to decline to 1.10 (September 2018 to August 2019).</p> <p>Currently the Trust is very close to the C-Diff target of 40 for the financial year. Reporting guidelines have changed; the Trust is currently doing a lot around cleaning, antibiotics, raising awareness around infection control.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>The target has been just been missed for VTE and again there has been a lot of IT downtime. Whilst staff have tried to input all of the paper forms, the target has not been reached which is unfortunate as the Trust was doing well in regards to VTE. RE asked if VTE was affected by Vitals, AMC advised not the reporting but some of the Trust systems have been upgraded and the downtime during the month can affect the figures.</p> <p>RE quoted from the QSIG minutes of November that "VTE compliance is showing a good increase figure overall, 97.2% following further investigation shows when the high risk patient is looked at compliance is only 72% which indicates that VTE is being completed but not on the patients where it matters the most and this is being fed back to the Directorate Governance meetings." RE stated that she thought it was encouraging that despite an apparently good result, staff were prepared to look below the surface and identify issues requiring attention. She felt that it was a positive attribute. AMC commented that there is a team of one nurse and a couple of Doctors that work very hard on this.</p> <p>GN presented the key points from the Performance section of the report.</p> <p>The meeting noted that there was one patient who breached the 12 hour decision to admit and this was due to an issue with medical beds. GN commented that this was the first time in a very long time that the Trust has had a 12 hour breach due to the lack of availability of one of the Trust beds. GN informed the meeting that January's position has deteriorated significantly and the Trust is currently in double figures for 12 hour breaches.</p> <p>GN advised that the 12 hour breach in December occurred on 30th / 31st December which followed a period from the 29th December when in a period of less than 20 hours the Trust received 16 ambulances from Shrewsbury & Telford. The decision was taken with the Executive on-call who agreed to take three only ambulances to assist Shrewsbury & Telford. This then led to long delays and bed challenges at this Trust. GN mentioned that despite all of the issues in December the Trust was 36th out of 117 Trusts nationally. GN advised that she was concerned about patient experience.</p> <p>The meeting noted that the Trust is managing to maintain the two week wait performance for Cancer for all tumour sites. There was a dip in December / January but this was through patient choice and not because of Trust capacity.</p> <p>Concerning breast referrals, RWT gave support to Walsall in December. It is accepted that this standard should be STP-wide and resources shared to give equal access to patients across the Black Country. GN felt that the plan for breast cancer was now more sustainable. Locum resource in radiology and radiography has been appointed and the trust has advertised for a radiologist.</p> <p>The Cancer Intensive Support Team attended the Trust for their assurance visit the previous week. They observed the Patient targeted list meeting. They will be returning unannounced to observe the meeting again. GN is currently awaiting their feedback.</p> <p>Discussions took place in regards to Cancer targets. GN mentioned that the Trust has advertised for a Radiologist.</p> <p>Resolved: Report was accepted</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
4.2	<p>Trust Risk Register – M Arthur</p> <p>MA presented the Trust Risk Register to the meeting and it was noted:</p> <p>4 new risks (all well populated)</p> <p>5316 - Risk of RTT breaches for Paediatric/Adult Patients (COO) – GN advised the meeting this risk will be reduced soon as this is linked with the out-sourcing. A new surgeon commences in May.</p> <p>5260 - RWT CYT: Cytology reporting times not meeting target (COO) – GN is expecting this to be cleared by the end of the financial year as there are improvements weekly.</p> <p>5315 - DGFT/RWT Shortage of Consultant Microbiologist (COO) - GN mentioned that this will be a risk for a while longer. The vacancy has been advertised but to date there are no applicants. JO advised that there is a national shortage of Microbiologists.</p> <p>3256 - Premises at West Park do not conform to professional standards for Audiology (COO) – The risk has been upgraded and GN confirmed that a decision is to be made to if re-investment needs to be made into the facilities. This risk was discussed in-depth and it was agreed that Audiology needs to be kept due to the needs of the Wolverhampton area.</p> <p>1 risks removed:</p> <p>5119 - Falsified Medicines Directive (COO) – deescalated to local management, based on the software being purchased and licence being in place.</p> <p>5 red risks (all have been reviewed this month):</p> <p>2080 - Risk to quality of patient care: reduced manpower (COO)</p> <p>4661 - Lack of robust system for review and communication of test results (MD)</p> <p>4113 - Divisions inability to achieve CIP (COO) – requires update around the actions.</p> <p>5182 - Lack of Network support for Vascular Services at RWT (MD) – requires update around the actions</p> <p>5246 - Lack of Consultant cover within Cancer Services (COO)</p> <p>Attention is required to the following risks:</p> <p>4113 COO – Actions 1st, 2nd and 3rd actions to be considered as controls for ongoing monitoring.</p> <p>1713 COO – Action and Assurance update</p> <p>4375 COO – Add actions in progress and a timescale for completion</p> <p>4411 COO – Add action timescales</p> <p>4472 COO – Consider GIRFT visit action plan progress as a control</p> <p>5031 COO – update on actions</p> <p>5182 MD – Action update</p> <p>5197 COO – Action update</p> <p>5045 MD – Action update</p> <p>5253 CFO – Action update</p>	

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Item No		Action
	<p>MA mentioned risk 3644; this is in regards to the CQC risk. There has been some progress around some of the mental health work being done for the Trust to raise our compliance for CQC requirements. There is a policy in development and some training being devised. A draft action plan that is being prepared from the draft CQC report. The action plan will be finalised when the final CQC report is received.</p> <p>Risk 4661 is showing positive progress around the completion of local SOP's. This is now completed for Division's Two and Three, just awaiting Division one's positions on how many have been done.</p> <p>RE raised queries on the following risks:</p> <p>4706 - Positive Assurance – New 2 x reported incident of Sewage ingress/water leaks since May 2019 - Sewage leak reported January 2020. Positive Assurance – New 1x Sewage leak behind Theatre 5, from the ward toilets in January. RE asked how these two were positive assurances. It was agreed that they could not be considered positive assurances. RE said that at the previous meeting it had been claimed that the number of cases of sewage ingress had reduced and that hence it was positive, but these further cases undermined that view. LT could not see how the "what else can we do" action would have an impact. GN explained that this was in relation to another issue. The cause was improper use of the toilets and the poor design of the pipes. GN commented that it was not in the capital programme to re-design the sewage system. It was agreed that GN would take back for an explanation.</p> <p>5182 - RE queried about the positive control regarding an e-mail sent from Professor Cotton to JO regarding the current status of TAVI services and asked how this was a positive control and asked if it should be re-written. JO agreed that it was not a positive control, agreed to remove.</p> <p>4596 – RE asked about the risk regarding the recruitment of a fourth Upper GI Surgeon and about the purchase of the bile duct exploration kit, an issue raised in March 2019 but due to be completed by March 2020 and questioned why this was taking so long. GN confirmed that this will be going through the business case process. JO mentioned that the recruitment of an Upper GI Surgeon has been put on hold currently until the portfolio is agreed, but that the bile duct exploration kit was a normal piece of kit. GN to review the risk.</p> <p>4903 – RE questioned the statement "Despite agreed referral pathway with Walsall they are unwilling to move forward at present." She noted that at the Trust Board this was challenged by a NED who is also chair of Walsall and it was accepted there that this may have been an old update. RE asked if this was a current update indicating Walsall's reluctance. GN advised that it had been agreed for some time, but not formally, that the Walsall referrals would slowly be moving to this Trust and to date this has not happened. Walsall still refer cases to Birmingham instead.</p> <p>1713 – RE informed the meeting that she was at the Workforce Planning meeting and advised this meeting that job planning software was in place, being used and progress being made. RE asked if this risk could be updated.</p> <p>4528 –. RE asked about this risk in regards to clinical web portal. Given the lack of action over this period and the lack of any real measures to deal with the risk other than to monitor, she said it would seem that the Trust accepts the risk and hence it should be removed from the risk register. MA advised that this risk has been discussed at the monthly risk review meetings and has not been accepted to close yet but MA suggested that it is brought back to</p>	<p></p> <p></p> <p></p> <p>GN</p> <p>JO</p> <p></p> <p>GN</p> <p></p> <p></p> <p>GN</p> <p></p> <p>MA</p>

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	<p>the next meeting for further discussion. After discussion JO suggested that the risk is removed with the agreement of the Division.</p> <p>5243 – RE asked for an update on this risk, GN agreed to action.</p> <p>MA advised the meeting that the risk register is a live system as opposed to it being centrally updated and the information comes from the Divisions. Following every meeting, Governance do go back with chases for updates / corrections, there is a monthly risk review meeting, held the first week of every month where issues are followed up. MA explained that the challenge is there is a three week time period: risk review meeting (week 1), send out for updates (week 2) and receive back for circulation to various meetings (week 3). It is therefore a very tight window to ensure the register is up to date. MA continued that sometimes when you see some of the entries it may be entered live by the user and not seen until the papers are received / read / discussed at the meeting.</p> <p>Board Assurance Framework</p> <p>In the absence of KW the meeting noted risks SR12 and SR13.</p> <p>SR12 – CM14 – The meeting noted the updates and the reduction in the SHMI, and the comment in CM14: “When the SHMI remains within the expected limits for 2+ consecutive data points (months) then the risk score will be revised.” It considered when a review would be appropriate: while a confirmed trend is required in order to be assured that the score represents a true picture, would 2+ months be sufficient in view of the steadily declining graph and the accurate predictions of PwC, or should more data points be established? GN pointed out that the usual trigger is 7 consecutive points. JO was slightly nervous about reducing the risk at the moment, and it was agreed to review on a monthly basis. JO stressed that the Trust needs to be assured before the risk can be changed. RE pointed out that the SHMI score was only one aspect of a large programme of work; and that the second Silverman Report and Mr Silverman’s presentation to the Board the February Board should also be taken into account.</p> <p>SR13 – GN advised that this has been updated and the risk incorporates all cancers. However, if there is signs of recovery on the two-week wait, GN may reduce the risk but still leave as red. GN assured the meeting that the Trust is moving in the right direction.</p> <p>Meeting agreed the changes to the Board Assurance Framework.</p> <p>Resolved: Reports were accepted</p>	<p>GN</p>
<p>5</p>	<p>Sub Group Reports</p>	
<p>5.1</p>	<p>Chair’s Report – Quality & Safety Intelligence Group (QSIG) – November 2019 – A M 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 (September & October) • Division 1 • Division 2 • Division 3 • Serious Untoward Incident Report 	

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5.2	<ul style="list-style-type: none"> • Deteriorating Patient Group • MirQ Procedure • Urology OPD Visit • WPH Ward 1 re-visit • CQI Report Q2 <p>In regards to Deteriorating Patients, JO advised the meeting that discussions had been held to ensure the hospital was safe out of hours and how this is managed across the board, which includes the management of identifying deteriorating patients. This work is from a number of SUI's which have been undertaken and are from out of hours and also national work.</p> <p>Resolved: Chair's report was accepted</p> <p>Quality & Safety Intelligence Group minutes</p> <p>The meeting accepted the minutes from the November meeting.</p> <p>RE noted from the minutes that Division One commented that there seems to be a lot less issues with prescribing errors on EPMA and this was reassuring to hear. RE asked if there was to be a review of benefits of the EPMA, JO replied yes to a review but the time of the review is yet to be confirmed due to on-going issues with the system. An operational and steering group have been set up to review EPMA in its entirety and given the current issues it has not been rolled out Trust wide yet.</p> <p>RE asked if the Black Country Pathology Service report covers performance issues. GN advised that the report does not include turnaround times. She has been in discussion with the chair of F&P. In future the Trust will treat BCPS as a division for reporting purposes, since it is a hosted service. GN assured the meeting that turnaround times are being monitored.</p> <p>RE asked to see the report from the BCPS which goes to QSIG, CE to forward.</p>	CE
5.3	<p>Chair's Report – Compliance Oversight Group (COG) – November 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"> • Transfusion Training • External Reviews Group • Risk Management Annual Audit <p>Resolved: Report was accepted.</p>	
5.4	<p>Compliance Oversight Group minutes</p> <p>The meeting accepted the minutes from the November meeting.</p>	
6	<p><u>Assurance Reporting / Themed Reviews</u></p>	
6.1	<p>Mortality Update Report – Dr J Odum</p>	

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6.2	<p>JO presented the above report to the meeting.</p> <p>The meeting noted the Crude Mortality and the SHMI value. JO advised that Walsall Healthcare NHS Trust SHMI is 1.08.</p> <p>Price Waterhouse Cooper (PWC) has plotted a graph, not in this report, where the predictions go to the value of one. JO stressed to the meeting that the Trust needs to monitor these figures and not lose sight.</p> <p>The Diagnostic Groups were noted and JO advised that work is being done on each of these. In regards to the Chronic Renal Failure there has been a request from the CQC in regards to the spike. An internal review has been conducted and presented to Mortality Review Group.</p> <p>JO advised the meeting of work ongoing in the Emergency Department with the CQI team and there is improvement in certain areas e.g. triage of sepsis and prescribing antibiotics where both achieved 100%, although the picture is not so good for inpatients. JO mentioned that the work is on track.</p> <p>Also noted were spikes in liver diseases which are being investigated. Dr Ian Perry and his team are looking into this.</p> <p>AMC commented that there are areas of improvement to be made in regards to deterioration, fluid balance chart etc. She said that there are improvements in fundamentals of care which should not be taken for granted in terms of the impact on patients and on whether they get better or deteriorate. The Nursing Audit Report is based on work undertaken by student nurses, who pull around 30 notes for review and find the work informative and beneficial. JO assured the meeting that the audit findings are utilised.</p> <p>Currently and not noted in the report there are only 17 outstanding SJR's.</p> <p>In regards to the Medical Examiner the Trust does not have 100% cover of all deaths and this is subject to further work. Additional sessions will need to be activated.</p> <p>Between 1 November and 31 December there were five cases identified as poor care. Themes highlighted include, compliance with guidelines & pathways, delays in investigations and compliance with the Mental Capacity Act. Reviews are on-going to look at these.</p> <p>RE mentioned that she had met the Bereavement Nurse, the lead nurse for palliative care and the lead for Patient Experience to discuss progress with the Learning from Deaths Guidelines. The Bereavement Nurse has extracted all the actions from the guidelines and is progressing with an action plan. RE was particularly interested to know how the trust would put into practice the requirement to put the bereaved families on an equal footing to the trust in the case of serious concerns. It was agreed that this was a difficult thing to get right and there currently appeared to be a lack of examples to learn from. The meeting discussed how families are involved and how best to approach each family.</p> <p>Resolved: Report was accepted.</p> <p>CQI Update</p> <p>In the absence of anyone to present the report the meeting read the Executive Summary and</p>	

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	<p>agreed that it looks positive.</p> <p>Good practice was noted under the Long Length of Stay Reviews.</p> <p>Resolved: Report was accepted.</p>	
7	<p>Issues of Significance for the Trust Board and Audit Committee</p> <p>Advise</p> <p>CQI Report TRR: BAF CQC Report:</p> <p>Assurance</p> <p>Quality review visits Learning Framework Proposal CQC Compliance Internal Self-Assessment Report</p> <p>Partial Assurance</p> <p>Late observations ED 4 hour target Cancer Staffing levels Transfusion Training Risk Management Annual Audit External Reviews Report</p> <p>Matters for Audit Committee</p> <p>No matters were identified.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>Good discussions</p>	
9	<p>Any Other Business – ALL</p> <p>RE mentioned that at Workforce Development and Organisation Committee they had begun the practice of written feedback on the way they meeting was run. QGAC said they preferred verbal assessments. RE said she would report back on the WODC experience in any case.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 26 February 2020, Conference Room, Hollybush House, 2pm to 4pm 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
4.2 – 29.01.20	4706 - Positive Assurance – New 2 x reported incident of Sewage ingress/water leaks since May 2019 - Sewage leak reported January 2020. Positive Assurance – New 1x Sewage leak behind Theatre 5, from the ward toilets in January. RE asked how these two were positive assurances. It was agreed that they could not be considered positive assurances. RE said that at the previous meeting it had been claimed that the number of cases of sewage ingress had reduced and that hence it was positive, but these further cases undermined that view. LT could not see how the "what else can we do" action would have an impact. GN explained that this was in relation to another issue. The cause was improper use of the toilets and the poor design of the pipes. GN commented that it was not in the capital programme to re-design the sewage system. It was agreed that GN would take back for an explanation.	GN	29.01.20	26.02.20	
4.2 – 29.01.20	5182 - RE queried about the positive control regarding an e-mail sent from Professor Cotton to JO regarding the current status of TAVI services and asked how this was a positive control and asked if it should be re-written. JO agreed that it was not a positive control, agreed to remove.	JO	29.01.20	26.02.20	
4.2 – 29.01.20	4596 – RE asked about the risk regarding the recruitment of a fourth Upper GI Surgeon and about the purchase of the bile duct	GN	29.01.20	26.02.20	

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	exploration kit, an issue raised in March 2019 but due to be completed by March 2020 and questioned why this was taking so long. GN confirmed that this will be going through the business case process. JO mentioned that the recruitment of an Upper GI Surgeon has been put on hold currently until the portfolio is agreed, but that the bile duct exploration kit was a normal piece of kit. GN to review the risk.				
4.2 – 29.01.20	1713 – RE informed the meeting that she was at the Workforce Planning meeting and advised this meeting that job planning software was in place, being used and progress being made. RE asked if this risk could be updated.	GN	29.01.20	26.02.20	
4.2 – 29.01.20	4528 – RE asked about this risk in regards to clinical web portal. Given the lack of action over this period and the lack of any real measures to deal with the risk other than to monitor, she said it would seem that the Trust accepts the risk and hence it should be removed from the risk register. MA advised that this risk has been discussed at the monthly risk review meetings and has not been accepted to close yet but MA suggested that it is brought back to the next meeting for further discussion. After discussion JO suggested that the risk is removed with the agreement of the Division.	MA	29.01.20	26.02.20	
4.2 – 29.01.20	5243 – RE asked for an update on this risk, GN agreed to action.	GN	29.01.20	26.02.20	

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5.2 – 29.01.20	RE asked to see the report from the BCPS which goes to QSIG, CE to forward.	CE	29.01.20	26.02.20	Completed – sent on 30.01.20
4.1 – 20.11.19	MMA asked how frequently Directorates have to deal with Duty of Candour letters and it was not frequent. It was agreed that it would be helpful to have a system of reminders to ensure both stage one and stage two letters go out on time. MA would look into it.	MA	20.11.19	29.01.20	<p>MA briefly explained to the committee the process and agreed to send the full brief to the minute taker for insertion into the action log. Meeting agreed to close the action.</p> <p>AMC stressed that the incident was purely human error.</p> <p>Process DoC1</p> <ul style="list-style-type: none"> • Weekly list of DoC incidents reviewed by GO who inform the directorates of timescale for notification • GO escalates to HCGM if DoC1 is not completed by the 8th day • HCGM will then liaise with the Directorate Management Team if a response is not received • DoC 1 Letter reviewed and signed by one by one of Directorate Management Trio then forwarded to the Patient Experience Team’s generic e-mail address rwht.complaints@nhs.net for QA. • Final letter saved to Datix <p>DoC2</p> <ul style="list-style-type: none"> • Governance notifies Directorate that RCA is approved and DoC2 to occur by date given • GO follow up with the Directorate to confirm appropriate person to apply DoC • GO escalates to HCGM if DoC2 is not completed by the 8th day • HCGM will then liaise with the Directorate Management Team if a response is not received

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					<ul style="list-style-type: none"> • DoC 2 Letter reviewed and signed by one of Directorate Management Trio, approved by the Division and then forwarded to the Patient Experience Team's generic e-mail address rwh-tr.complaints@nhs.net for QA. • Final letter saved to Datix <p>Key: GO – Governance Officer HCGM – Healthcare Governance Manager DoC – Duty of Candour DoC1 – notification of incident and apology DoC2 – notification of outcome of the investigation QA – Quality assurance check</p>
4.2 – 20.11.19	<p>National Reporting and Learning System (NRLS)</p> <p>RE questioned whether the data for serious harm (zero) and death in the period reported on was correct as she could recall SUIs which would appear to have met these criteria. MA said that these were being looked into to check that the criteria for inclusion have been properly understood. She would report back to the meeting. She advised that there is a new national reporting system to be implemented.</p>	MA	20.11.19	29.01.20	<p>MA advised the meeting that on the insight report for the first time this month the Trust is outside of the potential under reporting for severe harm and death, it was like this at October but the December report (which is in the TMC papers) the latest figures bring us outside of this bracket.</p> <p>The definitions, given by the NRLS, were reviewed and they clearly state that the incidents reported to the NRLS with a degree of harm / death / severe harm are only those when the patient safety incident resulted in the severe harm or death. MA mentioned that the Trust reviewed the numbers and thought they were quite low but there was something about a factual question and causation question – we are reporting on the causation question to the NRLS. Our figures have been confirmed as correct.</p> <p>Figures change on a monthly basis, the Trust uploads on a weekly basis.</p> <p>The meeting discussed further, with assurance</p>

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					provided by MA and JO and agreed to close the action.
6.1 – 20.11.19	JO to forward to the meeting the update on the SJR backlog.	JO	20.11.19	29.01.20	JO advised the meeting that the SJR backlog had been cleared. Close action
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 29.01.20 26.02.20	Updated and the reporting times are within management tolerance. Risk to be updated with the numbers. Bring forward to the next meeting. GN advised the meeting that the risk log had been updated. RE queried the change in numbers, mentioned that the report needs to see how the figures are moving and asked what the Trust could do. GN assured the meeting that she is monitoring the figures through the weekly Performance data. GN commented that she is aware of queries raised by RE in regards to not understanding if the figures are high, low etc. GN agreed to review the risk and make it easy to understand. Bring forward to the next meeting.
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 29.01.20	MMo mentioned that the report is currently embargoed at the moment and is being shared with the Division who are developing an action plan. Work is taking place and plans are being developed. Bring forward to the next meeting. AMC to circulate the action plan to the committee members – action to be closed once sent

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				23.10.19	JO advised that there is a meeting at the beginning of November and will feedback in November.
				20.11.19	JO advised that the meeting in November had been put back to December. Update at the meeting in January.
				29.01.20	JO mentioned that the meeting had taken place a few weeks and a report has been submitted to Dudley to confirm what it is we require ensuring we have the support we need across the network for this organisation. The meeting discussed further and JO agreed to bring an update to the March meeting
				25.03.20	

Closed Agenda Items – To be removed at the next meeting

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Update
4.1 – 20.11.19	GN advised the meeting that the Trust is currently predicting failure of six out of the nine indicators for October. Breast symptomatic in October was at 17% but November is showing significant improvement and the Trust is booking in standard. GN agreed to share the summary sheet to this meeting.	GN	20.11.19	29.01.20	Completed and circulated to the membership on 29 November 2019. Closed
4.2 – 20.11.19	4113 - Divisions inability to achieve CIP (COO) – positive assurance added around the Divisions achievement of CIP (Division 1 and 3). GN advised that she has revamped this risk and will circulate separately.	GN	20.11.19	29.01.20	Completed and circulated to the membership on 2 December 2019. Closed

Minutes of the Audit Committee

Date Tuesday 10 December 2019
Venue Conference Room, Hollybush House
Time 10.00 am

Present:

<u>Name</u>	<u>Role</u>
Mr Roger Dunshea	Non-Executive Director (Chair)
Mrs Mary Martin	Non-Executive Director
Ms Rosi Edwards	Non-Executive Director

In Attendance:

<u>Name</u>	<u>Role</u>
Mr Kevin Stringer	Chief Financial Officer
Mrs Helen Troalen	Deputy Chief Financial Officer
Mr Mark Stocks	Grant Thornton
Ms Sue Cordon	Grant Thornton
Ms Sarah Kabirat	Grant Thornton – Counter Fraud
Mrs Emily Mayne	Grant Thornton – Internal Audit
Ms Katie Scott (part)	KPMG – External Audit
Mr Keith Wilshere	Company Secretary
Mr Richard Jones (part)	Deputy Head of Security
Dr Jonathan Odum (part)	Medical Director
Mr Alan Duffell (part)	Director of Workforce
Mrs Anne-Louise Stirling	PA to Chief Financial Officer (minute taker)

Item No		Action
56/2019	<u>Apologies for Absence</u> Mr Andrew Bostock (KPMG)	
57/2019	<u>Minutes of the Previous Meeting</u> The minutes of the Audit Committee meeting held on the 12 September 2019, were reviewed and approved as a correct record.	

58/2019	<p><u>Matters Arising</u> No matters arising.</p>	
59/2019	<p><u>Audit Committee Action Points</u> The committee reviewed the list of Action Points and agreed upon, which items had been actioned and could be deemed closed.</p>	
60/2019	<p><u>Declaration of Interest</u> No interests were declared at this meeting.</p>	
61/2019	<p><u>Quality Governance Assurance Committee (QGAC)</u> R Edwards advised members that there were no areas of interest following the last meeting of QGAC particularly in relation to risks that required escalation to the committee.</p>	
62/2019	<p><u>Finance and Performance Committee (F&PC)</u> M Martin advised members that there were no areas of interest following the last F&PC meeting, however, CIP continued to be an ongoing issue.</p>	
63/2019	<p><u>Trust Management Committee (TMC)</u> K Stringer provided a brief update on areas of interest following the last TMC meeting.</p> <p>He advised that a report had been presented advising that the hospital site will be smoke free for staff from the 1 January 2020, following with patients/visitors from the 1 October 2020. The existing smoking shelters will become vaping shelters and in addition the sale of vaping products will be available to purchase on site.</p> <p>The Chair thanked K Stringer for the update on matters of interest arising from the business of the TMC meeting.</p>	
64/2019	<p><u>Board Assurance Framework (BAF)</u> K Wilshere presented the updated BAF report, which was noted by members of the committee.</p> <p>He advised that the next piece of work would be to review the Trust's Risk Register, in order to ensure that risks were still relevant and that any long standing risks that were deemed no longer live would be removed and updated with new risks.</p> <p>Members thanked K Wilshere for his work to date on the BAF.</p>	
65/2019	<p><u>Security</u> R Jones presented the Security Report to members of the committee.</p> <p>He advised members of the committee that the volume of calls received across the Trust remained the same, but the type of calls and incidents responded to by security staff were taking longer to deal with.</p>	

67.2	<p>RESOLVED: The committee noted the detail of the report and were assured that the remainder of the Internal Audit Plan would be delivered within the planned timescale.</p> <p><u>Recommendation Tracker Report Update</u></p> <p>E Mayne presented the Recommendation Tracker report providing an overview of recommendations that were due for implementation to members of the committee. She advised that there were currently eight recommendations outstanding. One recommendation had now been superseded by the 2019/20 audit and two further recommendations were in progress and had a revised implementation date proposed.</p> <p>RESOLVED: The detail of the tracker report and progress to date on recommendations was duly noted by members of the committee.</p>	
67.3	<p><u>Endoscopy Report</u></p> <p>S Cordon reported on the findings of the review of the Endoscopy Surveillance audit. Members of the committee noted that this audit had been an additional piece of work undertaken from the contingency day provision.</p> <p>The main objective of this audit had been to review and provide an assessment of the key risks associated with the Endoscopy recall database system along with the Trust's overall effectiveness in managing any risks. S Cordon advised that following the audit it was concluded that there was '<i>significant assurance with some improvement required</i>' and that three 'low' rated recommendations had been put forward for implementation. The detail of these recommendations can be found on page 5 of the Action Plan of the report.</p> <p>RESOLVED: Members of the committee noted the contents of the report and concluded this was a good piece of work, which had been well actioned.</p>	
67.4	<p><u>(DSPT) Data Security and Protection Toolkit Part 1</u></p> <p>E Mayne presented the DSPT Internal Audit report to members of the committee and advised that this audit had been divided into two parts. It was also noted that the DSPT had succeeded the IG Toolkit (from April 2018) and enabled organisations to measure their performance against Data Security and Information Governance requirements.</p> <p>She advised that following the audit it was concluded that there was '<i>significant assurance with some improvement required</i>', and that one 'medium' recommendation and three 'low' recommendations had been put forward for implementation. Members noted that there were good processes in place and progress had been made on areas that had not been met for the 2018/19 submission and recommendations that had been raised previously.</p> <p>K Stringer advised that the Trust relied heavily on its IT systems and only recently an IT outage had resulted in all IT systems going down and, therefore, a business continuity plan was essential. He also advised that IT were currently updating servers by moving old systems over to new IT systems. The Chair concluded that the Associate Chief Technology Officer (N Bruce) should be invited to the next meeting of the committee to update members on cyber related issues and also old legacy systems still being operated within the Trust. M Martin advised that it would also be timely to have an update on what exactly was on the Risk Register for server replacement. K Stringer agreed to brief N Bruce and invite him to the February meeting of the committee.</p>	K Stringer

<p>67.5</p> <p>67.6</p> <p>67.7</p>	<p><u>CIP Report</u> E Mayne presented the findings of the CIP Identification Internal Audit and advised this piece of work had been a follow up audit from the work carried out last year.</p> <p>She reported that this had been a detailed piece of work, which had identified areas of good practice; areas of improvement and had examined the processes and controls the Trust had in place for early identification of CIP and monitoring thereafter. Members noted that the audit had produced a <i>'partial level of assurance'</i>, with three formal recommendations and one improvement point.</p> <p><u>Internal Audit Plan 2020/21 – Process for Drafting</u> E Mayne advised members that meetings would be arranged with both Executive Directors and Non-Executive Directors, in order to facilitate the finalisation of the Internal Audit Plan for 2020/21.</p> <p><u>Counter Fraud Progress Report</u> S Kabirat presented the Counter Fraud Progress Report to members of the committee detailing the summary of work undertaken since the last meeting of the committee against the 2019/20 Counter Fraud Plan.</p> <p>She advised that work undertaken on the <i>'Hold to Account'</i> and <i>'Prevent and Deter'</i> elements of the work plan had been the main focus of proactive activity during this period. It was noted that there had been three enquiries two of which were ready for closure and four investigations were in progress with three reports due to be issued next week. M Martin referred to the GP fraud investigation and expressed concern at the length of time the investigation had taken. S Kabirat explained that the delay had been with the CPS and that a report would be issued to K Stringer once a response had been received. M Stocks confirmed that the CPS had been very slow in responding on this particular case and had in fact had the report for six months.</p> <p>RESOLVED: The committee noted the detail in the Counter Fraud Progress Report.</p>	
<p>68/2019</p> <p>68.1</p>	<p><u>External Audit – KPMG</u></p> <p><u>Progress Report</u> K Scott presented the External Audit Progress Report to members of the committee.</p> <p>The report summarised work undertaken since the last meeting of the committee in September 2019, together with a summary of upcoming work detailed on page 2 of the report and Appendix A detailing any technical updates.</p> <p>K Scott advised that a debrief meeting on the 2018/19 audit had taken place with H Troalen and senior members of the Finance Department. She also reported that a meeting had taken place with K Stringer and H Troalen to discuss future audit focus and any emerging risks. In particular, how the Trust will be preparing for 'IFRS 16 Leases', a key change in the audit scope for the coming year was discussed. Referring to page 3 of the report K Scott reported that based on their risk assessment to date three areas had been identified, which would form the focus of their audit.</p>	

68.2	<p>R Edwards enquired about 'IFRS 16 Leases' and the work that would need to be undertaken and what impact this would have on the balance sheet. K Stringer advised that this change would entail a lot of work for the department, but as yet it had not been quantified.</p> <p>RESOLVED: The committee noted the detail in the External Audit Progress Report.</p> <p><u>Quarter 2 Benchmarking Report 2019/20</u> K Scott presented the Quarter Two – Benchmarking Report to members of the committee, which was duly noted by members of the committee.</p>	
69/2019	<p><u>Losses and Special Payments Report</u> K Stringer presented the report on Losses and Special Payments for the period 1 August 2019 to 31 October 2019.</p> <p>The committee noted the following detail:-</p> <ol style="list-style-type: none"> 1 the total losses and special payments in the period of £70,353.40 (22 new cases plus 1 existing case) including; <ol style="list-style-type: none"> a. losses and special payments authorised within Officers' delegated limits in the period by the Deputy Chief Financial Officer under delegated powers of £13,552.17 (12 cases), (*net value £11,744.67); b. losses and special payments authorised outside Officers' delegated powers for the period 14 May 2019 to 1 September 2019. These were approved on 12 September 2019 by the committee of £30,156.00 (2 cases), (*net value £19,612.50); c. personal injury claims of £38,966.23 (8 new cases plus 1 existing case); d. total for the 2019/20 year of £117,658.93 (54 new cases plus 3 existing cases); 2 the provision of -£50,000 which had been held for the Pro-Vision settlement claim and has now been utilised. <p>K Stringer advised that on inspection of the report he had noted that Appendix A had some column heading errors and, therefore, he would ensure that the report was amended and recirculated to members of the committee.</p> <p>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 Board for final approval at the 4 February 2020 meeting.</p>	K Stringer
70/2019	<p><u>Audit Committee Workplan 2020</u> Members of the committee reviewed and approved the workplan for 2020.</p>	
71/2019	<p><u>Any Other Business</u> The Chair addressed the committee and asked for feedback on the business of the meeting. No issues were raised by members.</p>	

72/2019	<p><u>Date and Time of Next Meeting</u> 11 February 2020 in the Conference Room, Hollybush House, New Cross Hospital</p> <p>Please Note: - 9.30 am private meeting with Internal/External Audit and committee members. The full meeting of the committee will commence at 10.00 am</p>	
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