

**Finance & Performance Minutes 26
February 2020 TMC Minutes 21
February 2020 and QGAC minutes
26 February 2020
7 April 2020**

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Agenda Item No: 13.1

Minutes of the Finance and Performance Committee

Date Wednesday 26th February 2020
Venue Conference Room, Hollybush House, The Royal Wolverhampton NHS Trust (RWT)
Time 8.30am

Present:

<u>Name</u>	<u>Role</u>
Junior Hemans	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
Kevin Stringer	Chief Finance Officer

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
Tim Powell	Divisional Manager (Division 2)
Keith Wilshere	Trust Secretary
Paige Beaden	Performance & CQI Officer (Minutes)

014/2020	<u>Apologies for Absence</u> Apologies were received from M Martin and C Richards.	
015/2020	<u>Declarations of Interest</u> There were no declarations of interest.	
016/2020	<u>Minutes of Meeting Held on 22nd January 2020</u> The minutes were agreed to be a true record.	
017/2020	<u>Action Points From Previous Meeting</u>	
017.01	<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. No further update provided.	
017.02	<u>Primary Care Underlying Deficit Report (Recovery Plan)</u> – This item has been added as an agenda item see item (input number) within the minutes. Action closed.	

017.03	<u>Black Country Pathology Services (BCPS) & Cytology Update</u> – G Nuttall and K Stringer to produce a report for the March Finance & Performance Committee Meeting which will include operational risks. This item has been added to the work plan.	GN/KS
017.04	<u>Zesty Update</u> – 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. Action closed.	
017.05	<u>IQPR Diagnostics</u> – G Nuttall agreed to produce a paper for Trust Board, in consultation with K Stringer, providing a summary of proposed Trust use of external companies that would be necessary to achieve activity targets for the following year’s contracts. Report to be included in March Finance & Performance Committee Meeting. Action ongoing.	
017.06	<u>IQPR (Theatre Utilisation)</u> – G Nuttall to circulate a copy of the theatre utilisation metrics to the Committee for information prior to the March Finance & Performance Committee Meeting. Action ongoing.	
017.07	<u>IQPR (SPC)</u> – SPC refresher training has been arranged and a one page quick summary guide will be made available at the training session. Action closed.	
017.08	<u>Cancer Summary & Action Plan</u> – T Shayes informed the Committee that he updated the report with the correct dates and re-submitted to Trust Board. Action closed.	
017.09	<u>Business Development Update</u> – G Nuttall had suggested adding an Executive Director sign-off process for future tenders. S Evans confirmed that this has been incorporated as part of the evaluation process. Action closed.	
017.10	<u>Trust Financial Report (In-month Performance)</u> – Following last month’s Committee Meeting H Troalen updated the Trust Board report to reflect that the forecast outturn is now on plan to deliver. Action closed.	
017.11	<u>Trust Financial Report (Pay/Non-Pay)</u> – H Troalen had previously informed the Committee that a piece of work is being undertaken to understand the variance against pay and non-pay. This is now being reported monthly by each finance team and will be detailed in the main finance report. Action closed.	
017.12	<u>FRB (Money Equipment Asset Valuation Project)</u> – M Martin asked for an update on the Value For Money Equipment Asset Valuation project, K Thorpe and H Troalen have completed process and figure is reported in FRB report. Action closed.	
017.13	<u>Performance against Contractual Standards (Fines)</u> – T Shayes confirmed that he had provided an update regarding the serious incident reporting fine. Action closed. New material regarding re-investment of fines has been provided by commissioners which will be looked into further from CIP perspective, no further update regarding fines.	TS/KT
017.14	<u>August Finance & Performance Committee Meeting Chair/Membership</u> – M Martin agreed to ask S Rawlings or J Hemans to Chair the meeting on 26 th August and ensure NED presence was quorate. Action closed.	
018/2020	<u>Additional Requested Reports</u>	

018.01	<p><u>Division 2 Performance Update</u> – T Powell provided a Division 2 performance update for the Finance & Performance Committee.</p> <p>T Powell began by detailing the four groups within Division 2 (Medical Services, Emergency Services, Rehabilitation & Ambulatory Care and Cancer Services). He then broke the groups down further into the specific specialities and briefly mentioned that the Division also provided the Trust wide Patient Access Service.</p> <p>T Powell detailed the Month 10 Financial Position and Forecast Year End Position for the Division. He detailed the Division’s current position which showed a £2.4million deficit at Month 10 and a forecast year end deficit of £4.2million. Currently the division’s income is over performing by almost £4.5million, the forecast noted the Division should over achieve against its contracts by just over £5million at year end. Divisional cost pressures were also included in the position.. Agency and Bank expenditure was detailed separately on two graphs which were now showing an improvement in bank expenditure due to reduced vacancy levels within nursing.</p> <p>T Powell also detailed the Division wide achievements, challenges and opportunities.</p> <p>Notable achievements Division wide included:</p> <ul style="list-style-type: none"> - The recruitment of 6 x PEF’s (Practice Education Facilitators) to support the nursing staff, - The introduction of Huddle tools on wards - MADE (Multi Agency Discharge Event) opportunities. <p>J Hemans queried if MADE helps with LLOS patients, T Powell detailed that while it does impact positively on discharges certain cohorts of patients need further work. LLOS reviews are taking place on 3 x Trial wards helping to reduce LOS in complex patients.</p> <p>Notable challenges included:</p> <ul style="list-style-type: none"> - The achievement of CIP - Ongoing vacancies within the medical staff group and, - Patient flow issues identified with South Staffs and Shropshire. <p>Division 2 were currently experiencing a high usage of bank staff, A Duffell to catch-up with T Powell to discuss further. It was detailed that high cost bank oncology consultants are being used within cancer services to cover vacancies. J Hemans questioned if ED was still receiving diverted ambulances from Shrewsbury in particular. G Nuttall noted the Board were due to discuss this in much more detail at the next Trust Board meeting.</p> <p>Potential opportunities included the use of the Clinical Fellowship Programme to grow our own consultants - currently the Division have 1 x Consultant appointed via the programme. Further role development was being reviewed for ACPs, ENPs and Physician Associates. A bespoke induction programme was also to be rolled out in ED for nursing staff. T Powell hoped this would help with nurse recruitment and staff retention.</p> <p>Presentation was circulated to Committee Members following the meeting.</p> <p>The Committee thanked T Powell for his presentation.</p>	
018.02	<p><u>Primary Care Recovery Plan</u> – G Nuttall presented the report to the Committee.</p> <p>K Shaw was not in attendance as the report had not been fully completed yet.</p> <p>The report outlined the operational and performance management challenges in the Primary Care Service Directorate following the merger of the Primary Care Services Directorate and</p>	GN

	<p>Adult Community Services Group in December 2019. The management of change process within the Adult Community was underway and would be completed in March 2020 and a similar process will commence within Primary Care. This would be concluded by September 2020.</p> <p>The report identified new ways of working, movement to one General Medical Services (GMS) contract, property and maintenance management and cultural change within an integrated organisation.</p> <p>The Committee recognised and supported the work required and the work streams identified for the financial recovery and stability within Primary Care at RWT. It still required a fully costed financial recovery plan but acknowledged this could only be developed following the conclusion of the workforce modelling work already underway. The January DPR meeting had focused heavily on the ongoing workforce issues within Primary Care. G Nuttall noted than J Burrell (GP and CD) was in attendance and was really engaged.</p> <p>J Hemans queried the flexibility of the GPs as per a previous conversation. G Nuttall responded that it is mixed but it's very much a journey at the moment. S Rawlings challenged G Nuttall in regards to taking on new GP practices and how it will affect our current position? G Nuttall will ensure that any new GP practices will be informed they must comply to our model of care and what is expected nationally by PCNs. S Rawlings remained concerned by the financial impact. G Nuttall was unable to give the Committee assurance currently. An update to be provided at a future date when information is available. K Stringer also highlighted the potential impact of digitisation and electronic ways of working which may offer future savings.</p> <p>It was noted that G Nutall passed on J Hemans feedback regarding the telephony service and its challenges.</p> <p>The report was noted.</p>	
<p>019/2020</p>	<p><u>Governance</u></p>	
<p>019.01</p> <p>019.01.01</p> <p>019.01.02</p> <p>019.01.03</p>	<p><u>Board Assurance Framework (BAF) Update</u> – K Wilshere provided an update. It was noted that not all items in the report had been reviewed due to annual leave. Further BAF updates to be provided at March Finance & Performance Committee meeting.</p> <p><u>SR1</u> – It was noted the reduction in risk scoring for SR1 was reflected in this month's report. Gaps in control were queried by J Hemans in regards to the standardisation of roles within the Trust, A Duffell informed the Committee that the majority of anomalies were found in JDs within Division 3. He is to discuss further with K Shaw and will provide update to J Hemans.</p> <p><u>SR8</u> – There were no further updates.</p> <p><u>SR9</u> – K Stringer outlined the updates to the Committee. An additional Control/Mitigation (11) was added to indicate that the Finance & Performance Committee had approved the action plan in place to achieve the 2019/20 Control Total and that progress is being monitored monthly. K Stringer updated positive assurances to highlight that discussions for 20/21 contracts were taking place with Wolverhampton CCG weekly and that an update was required for Staffordshire CCGs. Gaps in control were updated with revised dates and to indicate that new planning guidance had been issued for compliance.</p> <p>The Committee accepted and approved the amendments to SR8 and SR9.</p>	<p>KW</p> <p>AD</p>

020/2020	<u>Performance</u>	
020.01	<p><u>Performance Element of the IQP Report (National & Contractual Standards)</u> – G Nuttall provided highlights as follows:</p> <p>Prior to the IQPR highlights a discussion was held in regards to the Coronavirus outbreak and how it might impact the Trust. It was noted that the Trust was preparing as much as possible and potentially ahead of others certainly in regards to the community swabbing service being put in place. Talks were also ongoing for geographical locations this service will cover. K Stringer queried the potential staffing issues that may arise for members of staff self-isolating as per national guidance including the visiting at risk countries. G Nuttall would provide an up to date list to the Committee. J Hemans was interested if the outbreak would affect our procurement of drugs from China in particular. G Nuttall responded that due to Brexit we had already stockpiled drugs so we remain unaffected. K Stringer in agreement as he was recently approached by D Loughton with the same question and he had asked the procurement team. Clearly the longer the outbreak continued the more strained the supply chain would become.</p>	GN
020.01.01	<p><u>RTT</u> – The percentage of patients waiting within 18 weeks improved during January 2020. Some specialties were outsourcing some work where appropriate and Directorates were working closing with the booking teams to make sure all available capacity was being utilised effectively. To meet the aspirations of the planning guidance, further work had taken place to reduce the number of patients on the total waiting list, which dropped below 40,000 at the end of January.</p>	
020.01.02	<p><u>Diagnostics</u> – There has been a slight deterioration in month. The Trust continues to see high levels of referrals into the Endoscopy Department (with increased demand of Fast Track patients taking precedence over routine tests), coupled with increased referrals and capacity constraints continuing in neurophysiology. Additional sessions continued to be undertaken in endoscopy at the weekends throughout January and February 2020 along with the out sourcing of some tests to a private provider to improve this performance. For neurophysiology capacity has been sourced elsewhere and was currently being booked for January and February 2020. Similar issues had been identified in Cardiology. This is to be looked into further and discussed at next meeting.</p>	GN
020.01.03	<p><u>Emergency Department</u> – 14 patients breached the 12 hour decision to admit target during the month. This was as a result of having insufficient beds available at the time. Performance against the 4 hour standard had dropped slightly, reflective of the significant demand pressures seen at points within the month as well as challenges with social care capacity to support discharges. Ambulance handover breaches saw an improvement for the 30-60 minute target, however there was a slight deterioration of the >60 minute target when compared with the previous month. This was also reflective of the pressures that the Trust experienced during the month.</p>	
020.01.04	<p><u>Cancer</u></p> <p>The Committee noted the report.</p>	
020.03	<p><u>Cancer Summary and Action Plan</u> – G Nuttall provided highlights of the report.</p> <p>G Nuttall informed the Committee of the patient choice cancellations in 2WW and breast symptomatic, with the position now recovered in February. T Shayes had no further update to add regarding the Cancer summary but informed the Committee the annual planning round is underway with cancer performance being a key focus for discussion.</p> <p>J Hemans queried if the collaborative work with Dudley and Walsall was still ongoing, T Shayes</p>	

	<p>detailed that we are still receiving some breast referrals from Walsall but this is due to decrease significantly as their own cancer figures are improving. S Rawlings asked if an update could be provided on tertiary referrals, T Shayes noted that two thirds of tertiary referrals being received after 62 days with the other third remaining in our backlog. NHSEI have been contacted and are aware of how many late tertiary referrals the Trust receive.</p> <p>The action plan was noted.</p>	
020.04	<p><u>Contracting Round Verbal Update</u> – S Evans provided a verbal update on the contract negotiations to date.</p> <p>Weekly Update: S Evans began by informing the Committee that he had met with CCG recently. The meeting was largely financially driven and the CCG were still pushing their original offer. Both the CCG and the Trust are aware of each other’s position but little movement has been made in terms of negotiation. We detailed our challenges to the STP and pushback has been made on our forecast numbers.</p> <p>We have responded to Staffordshire’s original offer and we are £10million apart. The Trust is seeking advice as to which STP we will need to contact for support with the negotiation/arbitration of this contract. S Rawlings asked if any pressure should be put on Staffordshire? S Evans responded that he is unsure if they had an agreed financial envelope with the STP yet. H Troalen mentioned the contract was discussed at CRM and our agreement is based upon the value of work we will be providing Staffordshire with. J Hemans question whether UHMN are in a similar position with them. S Evans noted they use a slightly different finance and contracting model. The Finance model UHMN are using is the intelligence fixed payment system. S Evans and K Stringer had met with the STP Finance Director who wanted to see how the Trust could become an ICP in the South West.</p> <p>Specialised Services: S Evans happy to inform Committee that original offer was £8million apart and now after further contract negotiations was now around the region of £2.5million. He believed they were in a good position with discussions continuing.</p> <p>City & Wolverhampton Council: Progressing well, further work to be done. Partnership board meeting at 1pm that day with a further update to be provided at March Finance & Performance Committee meeting.</p>	
021/2020	<u>Financial Performance for Period 10</u>	
021.01	<u>Trust Financial Report</u> – K Stringer provided highlights from the Trust Financial Report:	
021.01.01	<u>In-month Performance</u> – The financial performance for the month (excluding PSF) was a £1.2m in-month surplus. The original in-month position was £0.4m deficit which was adverse to plan by £1.7m. The Trust reviewed the appropriateness of a number of provisions which have been revised bringing the financial performance into line with the planned position. The adjustments were listed as items in the financial recovery plan approved by Finance & Performance Committee. Patient income was higher than expected in month for non-elective and day case income as well some non-recurrent funding.	
021.01.02	<u>Year to Date Delivery of Annual Operating Plan</u> – Due to the adjustments the year to date performance is £62k ahead of the NHSI operating plan. CIP performance continues to lag behind the annual plan and was now £7.5m adverse to plan although this was mitigated to an extent by £2.2m of unutilised reserves. Pay was the other material variance to plan (£8.3m adverse YTD). The level of actual pay increased again in January which is the fifth month in a row that pay has increased. Whilst pay overall has increased slightly, it should be noted that bank spend had fallen in January.	

<p>021.01.03</p> <p>021.01.04</p> <p>021.01.05</p> <p>021.01.06</p> <p>021.01.07</p>	<p><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. The Trust has an action plan in place to hit the control total which is supported by actions at NHSEI (NHS Midlands) and the host commissioner. Within the action plan, divisions need to achieve their forecast run rate</p> <p><u>Cash</u> – The cash balance as at 31st January 2020 is £19.3m, £18.1m above the plan.</p> <p><u>Patient Income</u> – Patient care income plan is £412.6m to date, with actual income generated of £419.7m, an over performance of £7.1m to date. A&E attendances were 403 on average per day in January. Non-elective and day case income are the main drivers for the over performing income year to date. Adjustments have been made 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 £2.2m total.</p> <p><u>Pay</u> – Pay continues to overspend and in the main is due to medical staffing agency and a reduction in vacancy rates compared to plan. JMS over establishment in critical care accounted for £57k of the overspend and an increase in 1:1 care on the General Surgery ward also contributed towards the adverse position.</p> <p><u>Non-Pay</u> – Non pay position is £1.47m favourable to plan. A budget adjustment relating to prior period BCP mobilisation spend is the primary cause of the favourable non pay variance and there is an offset in month against the non-patient income plan.</p> <p>The Committee noted the report.</p>	
<p>021.02</p>	<p><u>Supplementary Finance Report</u> – This report was read in conjunction with the Trust Financial Report. The report was noted and approved.</p>	
<p>021.03</p>	<p><u>Financial Recovery Board (FRB) Report</u> – K Thorpe provided an update to the Committee.</p> <p>A Model Hospital update had been included in FRB information pack, reference costs data has been replaced with National Cost Collection (Patient Level Costing, PLICS) data. The Service Efficiency Team is arranging to meet with all departments and clinical specialties to identify new opportunities and where data can be used to make improvements.</p> <p>J Hemans enquired about the cost of two particular drugs used in ophthalmology and whether a decision has been made (in reference to a previous discussion), K Thorpe detailed that it is now clinical need versus cost basis.</p> <p>K Stringer detailed collaboration plans with Wolverhampton council in funding a solar farm. The councils request for funding was refused however NHS can also apply for funding from Salix. Business case was currently being finalised, with further discussions to take place. More detail to be provided at March Finance & Performance Committee meeting.</p> <p>The carbon reduction scheme and electric charging points were discussed briefly; new multi-story car park will have a number of electric charging points with staff members already on a waiting list for current capacity. A WhatsApp group had been created for current users to move cars etc. during working hours. The plastic reduction pledge has been signed, with plans to reduce the Trusts plastic use underway. A Trust wide event was taking place in March (subject to review for Corona virus) to aid plastic reduction, staff members to be invited and create personal pledges.</p>	<p>KS</p>

021.03.01	<p><u>2019/2020</u> – The 2019/20 CIP Target was £24.5m. This was broken down into £11m recurrent CIP target and £13.5m non-recurrent CIP Target. At month 10, the Trust was forecasting to deliver £15.144m leaving a shortfall of £9.356m against the CIP Target (an increase of £1.478m compared to month 9 2019/20). The Trust’s recurrent YTD delivery was £2.370m with forecast outturn of £4.388m and the Trust’s non-recurrent YTD delivery was £8.014m with forecast outturn of £10.756m. The Trust had delivered £10.384m YTD against an YTD FRB Approved Plan of £10.432m (99%). This only related to schemes FRB has approved. However, the YTD Trust CIP Plan is £17.687m. As a result, the Trust has delivered 59% of the YTD Trust Plan.</p> <p>To date the FRB Meeting have approved 54 ideas which were developed into PIDs with a combined value of £10.120m (41% of £24.500m plan identified). There are no more schemes remaining in the 2019/20 pipeline as these have now all transferred to next year.</p>	
021.03.02	<p><u>2020/21</u> – The CIP Target for 2021/21 has not yet been agreed (but was in the order of £18m). However, the Service Efficiency and Delivery Team have started to develop the CIP Plan for next year. A pipeline of schemes has been developed with 70 ideas and has been split into divisions as follows: Division 1 (13), Division 2 (4), Division 3 (17), Value For Money (30) and Trust Wide Schemes (6). Of the 70 ideas on the 2020/21 pipeline, 6 were presented and approved by the Financial Recovery Board on 19th February 2020, with 64 ideas remaining in the pipeline.</p> <p>The report was noted.</p>	
021.04	<p><u>Temporary Staffing Expenditure Dashboard</u> – A Duffell informed Committee all updates were provided.</p> <p>K Stringer interested in why employed pay expenditure continues to increase but bank expenditure was not decreasing? A Duffell responded that many reasons can factor into this and that K Thorpe and T Shayes did a deep dive into this. K Stringer noted that vacancy levels are noticeably down but bank remains consistent, T Shayes detailed that when looking into nursing staffing levels, no particular reasons were found other than the possibility of an outside request for banking staff. G Nuttall noted medical bank increase.</p> <p>A Duffell to undertake another full year review, further conversations to be had outside of Finance & Performance Committee Meeting to look into this.</p> <p>The Committee noted the report.</p>	AD
021.05	<p><u>Annual Budget/Income & Expenditure Plan</u> – K Stringer/H Troalen provided an update.</p> <p>The report on the financial plan for 2020/21 was tabled due to the fluid nature of the contract negotiations and material costs requested internally by Corporate and Divisional teams. The Trust was currently unable to set a financial plan that complied with its Financial Improvement Trajectory as there was a significant gap still outstanding with Commissioners and nearly £40m of cost pressures/activity related costs/business cases from the Trust. Pay inflation and the cost of the superannuation scheme were higher than tariff funded inflation. Trust figures included a proposed reduction of vacancy factor to recognise the in-year under achievement. It would be necessary to ask March Trust Board for delegated authority to the next F&P Committee in order that a budget was in place before 1 April 2020.</p>	
022/2020	<u>Financial Planning</u>	

022.01	<p><u>Quarterly PLCS/Service Line Reporting</u> – H Troalen provided an update. The report highlighted that months 8 and 9 were the first reports based on the new ledger and coding system.</p> <p>The Committee noted and approved the report, including approval of the next steps.</p>	
022.02	<p><u>Medium Term Plan/Long Term Financial Model</u> – K Stringer provided an update.</p> <p>This was deferred subject to agreement of contracts and the annual Income and Expenditure Plan.</p>	
023/2020	<u>Reports to Note for Period 10</u>	
023.01	<u>NHSI Monthly Return</u> – The return was noted.	
023.02	<u>Annual Work Plan</u> – The work plan was noted.	
023.03	<u>Finance Minutes</u> – The minutes were noted.	
023.04	<u>Monthly Capital Update</u> – The report was noted.	
024.05	<u>Performance against Contractual Standards (Fines)</u> – The report was noted.	
025/2020	<u>Any Other Business</u> No further business was discussed.	
25.01	<u>Meeting Reflection Time</u> – Nothing further was discussed.	
026/2020	<u>Date and Time of Next Meeting</u> The next Finance & Performance meeting will take place on Wednesday 25 th March 2020 at 8:30am, Conference Room, Hollybush House. Reports will be required by 12 noon on Friday 20 th March.	

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 21 February 2020 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Ms N Ballard	Head of Nursing – Division 3
Ms D Black	Head of Nursing, Division 1
Mr N Bruce	Associate Chief Technology Officer
Prof A-M Cannaby	Chief Nursing Officer
Mr A Duffell	Director of Workforce
Dr S Fenner	Divisional Medical Director, Division 1
Dr R Leslie	Group Manager – Therapies and Dietetics Ambulatory Care
Mr D Loughton (Chair)	Chief Executive
Mr S Mahmud	Director of Innovation, Integration and Research
Dr R Mathew	Clinical Director - Cancer
Dr B McKaig	Deputy Medical Director
Ms G Nuttall	Chief Operating Officer
Mr T Powell	Deputy Chief Operating Officer, Division 2
Ms S Roberts	Divisional Manager – Estates and Facilities
Dr M Sidhu	Divisional Medical Director, Division 3
Ms H Troalen	Deputy Chief Financial Officer
Dr A K Viswanathan	Divisional Medical Director, Division 2

In Attendance:

Mr P Ball	Head of Sales – Static Systems (part meeting)
Dr E Jenkinson	Consultant – Emergency Department
Ms B Jones	Director – Independent Living – Central Region, British Red Cross (part meeting)
Ms G Nightingale	Executive Assistant
Mr M Wakelam	Product Manager – Static Systems (part meeting)
Mr K Wilshere	Company Secretary

Apologies:

Prof J Cotton	Director of Research and Development
Ms A Davis	Clinical Director – Pharmacy
Dr L Dowson	Quality Improvement Lead
Mr S Evans	Acting Director of Strategic Planning and Performance
Ms S Evans	Head of Communications
Mr L Grant	Deputy Chief Operating Officer, Division 1
Dr C Higgins	Divisional Medical Director, Division 3
Dr J Macve	Director of Infection and Prevention
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
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
Prof B Singh	Clinical Director - IT
Mr K Stringer	Chief Financial Officer/Deputy Chief Executive
Mr M Sharon	Strategic Advisor to the Trust Board
Mr S Watson	Head of Estates Development
Ms V Whatley	Deputy Chief Nursing Officer

Mr Loughton opened the meeting by welcoming Doreen Black, Head of Nursing – Division 1 to her first meeting.

Standing Items

19-20/414: Apologies for absence

Apologies for absence were received from those listed.

19-20/415: Declarations of Interest

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

19-20/416: Minutes of the meeting of the Trust Management Committee held on 24 January 2020

The minutes of the meeting of the Trust Management Committee held on 24 January 2020 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 24 January 2020 be approved.

19-20/417: Matters arising from the minutes of the previous meeting

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

19-20/418: Action Points List

The following action points were provided as an update:

Date of meeting	Item/Action	By When
Friday 24 January 2020	<u>19-20/369: New guidance for staff regarding medical emergencies outside of the hospital buildings, but still on the hospital grounds</u> Dr Odum to include in the new guidance a statement that the Trust's equipment could not be used outside the building as it was not compatible.	Feb 2020
Friday 21 February	Completed	21 Feb 2020
Friday 24 January 2020	<u>19-20/372: Division 2 Quality, Governance and Nursing Report</u> a) Mr Duffell to advise NHS Employers about the NHS pay rates and Aldi's increased pay rates b) 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 within the Oncology Department	Feb 2020 March 2020
Friday 21 February	Completed	21 Feb 2020
Friday 24 January 2020	<u>19-20/383: Innovation, Integration and Research Director's Report</u> a) Ms Shaw to arrange a meeting with the PCNs to discuss working arrangements b) Mr Mahmud to arrange an awareness session with all Divisions and Consultants.	March 2020
Friday 21 February	Completed	21 Feb 2020

Discussion Items

19-20/419: British Red Cross

Mr Loughton welcomed Ms Bernice Jones, Area Director for Independent Living - British Red Cross. He said that the presentation followed meetings he had had with the British Red Cross regarding partnership working.

Ms Jones gave a presentation on the portfolio of the British Red Cross with a focus on three main causes that form their strategy:

- Disasters and emergencies
- Health inequalities
- Displacement and migration

Ms Jones reported that in her area she managed 110 staff and 650 volunteers with an annual budget of £3million. She said that during 2019 14,000 people had been supported at home by the British Red Cross nationally supporting admission avoidance, improving patient flow and reducing attendees to A&E.

She said her focus for the meeting was on the provision on an Independent Living Service – health and social care – non-clinical support. This typically comprised;

Home from Hospital Support – long term support

A high volume front door admissions prevention service targeted at those with the least urgent clinical need

Assisted Discharge – short term support

Assistance with discharge and taking people home who otherwise would be at risk of further deterioration and loss of independence without support

High Intensity Users – admission avoidance support

In partnership with NHS Right Care support people calling 999, attending A&E, or being admitted most frequently, but also to support people with emerging needs, delivering a targeted preventative model

Social Prescribing

A new development via Primary Care Networks (PCNs) that was announced in the NHS Long Term Plan; building on an increased national recognition of the need for social connectedness (reducing loneliness) and it's role in poor health and high intensity use of services.

Dr McKaig asked how stable the largely volunteer workforce was, Ms Jones said that the support provision from volunteers was a real challenge.

Dr Sidhu asked how many primary care referrals had been received; Ms Jones said that would depend on how the contract was set up and whether primary care was included as a referrer.

Ms Jones left the meeting

Mr Loughton said that since meeting with the British Red Cross he had also met with Mr Ian Darch, Chief Executive of the Wolverhampton Voluntary Council (WVSC) and had agreed to work with WVSC and the City of Wolverhampton Council with a view to providing support to a patients/befriender service aimed at reducing social isolation (loneliness) during and following discharge from hospital. Dr Jenkinson suggested using Duke of Edinburgh scheme members as volunteers, Mr Loughton said that was a good idea.

It was agreed: that the British Red Cross presentation be received and noted.

Innovation Items

19-20/420: Static Systems

Mr Mahmud introduced Mr Wakelam and Mr Ball of Static Systems – a nurse call system that facilitates communication between staff and the individual patients.

Mr Ball outlined various conferences he had attended in which Lord Carter had stated that The Royal Wolverhampton NHS Trust (RWT) was a forward thinking organisation in relation to the use of technology. He outlined the back ground of the company, based in Wombourne, family run with world-wide contracts. The company had initially started with a nurse call system in healthcare and the system had evolved into something far more advanced and this was what was being presented today.

Mr Ball then outlined what the system was able to do:

- Following a patient pressing the call button alerts and alarms from systems and devices in the clinical space are processed by an intelligent rules based engine ensuring that all events receive an instant response or action
- Events from one system can be processed in conjunction with information from another to intelligently enhance an alarm, alert or workflow
- Alerts are delivered directly to the right people, at the right time, on the right device
- Automatic or user selectable actions can be performed directly from the device whether it be a direct speech conversation with a patient, other care team member or an escalation to an alternative event or workflow

Mr Wakelam said that interruptions could be minimised as the right staff were alerted to undertake the relevant procedure at the right time. He outlined how the clinical team work together way for the individual patient. He went on to highlight a number of further benefits;

- It brings an entire care team together seamlessly around the patient
- It informs clinical decision making; unified data from multiple sources at one time including clinical and operational systems and medical devices
- It is a secure messaging and collaboration between care teams
- It delivers an excellent patient experience.
- It Improves staff wellbeing
- It's a scalable and flexible solution

He explained how the data from the system could be used to evidence clinical and non-clinical interventions with patients, and that could be used as part of an anonymised data pack for Care Quality Commission (CQC) inspections, litigation claims to demonstrate the interventions and level of care provided at the time.

Dr Viswanath asked if the system was able to measure the length of contact with a patient. Mr Wakelam confirmed that the system was able to do this.

Mr Bruce advised that the cost of the electronic devices would need to be included when considering the cost of any implementation.

Mr Loughton asked for a meeting to be arranged with Tele-tacking and Hill Rom to look at the potential for the integration of Static Systems with products from the other systems.

Action: Mr Mahmud to arrange a meeting with Static Systems and Tele-tracking.

Mr Ball and Mr Wakelam left the meeting.

It was agreed: that the Static Systems presentation be received and noted.

By Exception Papers

There were no items for discussion this month.

Items to Note - Monthly Reports

19-20/421: Integrated Quality and Performance Report

Ms Nuttall reported that all the performance metrics had been missed and that the Trust's A&E performance included 14 patients breach the 12 hour decision to admit target during the month. She said this was as a result of having no appropriate beds available at the beginning of the month. She said that the position was improving but the volume of patients seen had been exceedingly high. Mr Loughton said that this reflected the national picture of the current position within A&E Departments.

Ms Nuttall said that overall cancer performance was improving.

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

19-20/422: Division 1 Quality, Governance and Nursing Report

Ms Black introduced the report and noted the summary therein.

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

19-20/423: Division 2 Quality, Governance and Nursing Report

Mr Powell introduced the report and said that the nurse staffing position had improved.

Mr Powell said there had been 34 falls for the month of January 2020, none with serious harm. He noted that there had been no falls with serious harm for the six consecutive months.

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

19-20/424: Division 3 Quality, Governance and Nursing Report

Ms Ballard advised that the Paediatrics Department had seen a decrease in the number of medication incidents reported within January 2020.

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

19-20/425: Executive Workforce Summary Report

Mr Duffell introduced the report and stated that the vacancy rate had improved in month from 7.22% to 6.66%, the lowest level recorded.

He said turnover performance was good in all but the unregistered clinical staff groups which was slightly over target.

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

19-20/426: Chief Nursing Officer (CNO) Report

Professor Cannaby introduced the report and the summary therein.

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

19-20/427: Chief Nursing Officer (CNO) Governance Report

Professor Cannaby introduced the report and advised that the Data Protection and Security Toolkit (DPST) require the Trust to achieve 95% compliance for Information Governance (IG) training within 2019/20. She said that as current compliance was 88%, a plan was now in place to raise awareness with staff of the need to complete this important training.

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

19-20/428: Learning from Deaths Update

Dr Viswanath introduced the report and said the national Summary Hospital-level Mortality Indicator (SHMI) dataset had shown the most recent score for the Trust as 1.097, a continued reduction.

He said that a response had been submitted to the Care Quality Commission (CQC) following a recent outlier alert for Chronic Renal Failure. He advised that the action plan from this review would focus on; improvements in End of Life care pathways, the establishment of a Renal Specialist Nursing role, conservative kidney management clinics and the follow up of patients through virtual clinics.

Dr Viswanath confirmed that the new IT Platform was on track to 'Go Live' on 31 March 2020 and that it would capture the entire workflow of mortality. He said that following a meeting with his peer from Walsall Hospitals NHS Trust, a request to review our system with a view to installing it at their Trust had been received.

Action: In response to Mr Loughton, Dr Viswanath would undertake a visit to some London hospitals to look at their system for recording SHMI and implement any changes to our Trust's system if deemed necessary.

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

19-20/429: Finance Position Report

Ms Troalen reported that the in-month position was a £0.4m deficit which was adverse to plan by £1.7m.

She advised that the Trust had an action plan in place to achieve the control total which was supported by actions at NHS Improvement/England (NHSIE - West Midlands) and the host commissioner.

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

19-20/430: Operational Finance Group Minutes

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

19-20/431: Innovation, Integration and Research Director's Report

Mr Mahmud introduced the report and highlighted that the Primary Care Networks (PCNs) were moving at pace and working well together. He said that Professor Steve Field CBE, Chairman, had shared a summary version of this paper with the All Parliamentary Health Group who recognised how cutting edge the work the Trust was undertaking on integrated care was.

Mr Mahmud advised that an internal stakeholder event had been scheduled for 5 March 2020 to explore and agree what the partnership would look like with Babylon. He said that this would form part of the final contracting arrangements.

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)

19-20/432: Property Management Report

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

19-20/433: Care Quality Commission (CQC) Inspection Report

Professor Cannaby reported that CQC had published the Trust's report following the Core Services and Well-Led Inspection conducted in August and September 2019. She said the Trust had retained its Good overall rating and had been rated as Outstanding for the caring domain. She said the safe domain had been rated as Requires Improvement and that the rest of the domains had been rated as Good. She said that the Trust had been issued with five requirement notices which related; to safe care and treatment, consent, safeguarding, good governance and staffing. She added that an improvement plan was being developed based on the recommendations in the inspection report.

Mr Loughton said that he was disappointed that the Requires Improvement ratings that dated back as far as 2015 and 2017 had not been inspected, as he knew that services had improved considerably.

Mr Duffell said that a 'thank you' celebration would be held on Thursday on 27 February 2020 with cakes provided to staff to thank them for all their hard work during the inspection and in recognition of the staff survey results.

It was agreed: that the Care Quality Commission (CQC) Inspection Report be received and noted.

19-20/434: Cancer Services Report

Dr Mathew introduced the report and said that cancer pathways had been remapped and a dashboard performance monitoring system had been implemented. He said there remained challenges with diagnostic provision. Mr Loughton asked for a meeting with Dr Mathew to discuss support and possible solutions to the diagnostic challenges.

Action: Ms Nightingale to arrange a meeting between Mr Loughton and Dr Mathew in relation to diagnostic challenges.

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

19-20/435: NHS Staff Survey 2019 Results

Mr Duffell said that there had been improvements in 10 of the 11 themes in the survey and in five of the themes the improvements were statistically significant. He advised that the Staff Engagement rate remained unchanged and continued to be higher than the average rate.

Mr Loughton circulated an Health Service Journal (HSJ) chart that focused on the 'Staff survey: Best and Worst for recommending care – Midlands and East'. He said that our Trust was in the top 10 and that he was concerned that other local Trusts were in the bottom 10. There followed a wide-ranging discussion regarding options for potential chain or group arrangements in the Black Country. Mr Loughton confirmed there was no intention for a formal merger with Walsall or Dudley Trusts.

Mr Loughton said that he was attending a Risk Summit on Tuesday 25 February 2020 in relation to any support/actions the Trust could provide Shrewsbury and Telford Hospitals (SaTH) Trust with following a CQC unannounced inspection. He noted that SaTH was the third worst in the Country for 'Staff Recommending they/or a family member be Cared' there.

It was agreed: that the NHS Staff Survey 2019 Results be received and noted.

19-20/436: Budget Income/Expenditure Annual Report

Ms Troalen advised that this agenda item was deferred.

It was agreed: that the Budget Income/Expenditure Annual Report be deferred.

19-20/437: Patient- led Assessment of the Care Environment (PLACE) Results

Ms Roberts reported that PLACE was an assessment of all our patient areas across all three sites that assessed whether patients were cared for with compassion and dignity in a clean and safe environment. She said our results following an assessment were outstanding.

It was agreed: that the Patient-led Assessment of the Care Environment Results be received and noted.

Business Cases - Division 1

19-20/438: Hysteroscopes for Women's and Neonatal Services – new equipment to improve the patient journey by See and Treat Model

It was agreed: that the Business Case for Hysteroscopes for Women's and Neonatal Services – new equipment to improve the patient journey by See and Treat Model reducing multiple appointments to one single appointment be approved.

19-20/439: Explant Kit for Trauma and Orthopaedic Theatres for Hip Revision Surgery

It was agreed: that the Business Case for the Explant Kit for Trauma and Orthopaedic Theatres Hip Revision Surgery be approved.

19-20/440: Replacement Radiofrequency Device – Appleby Treatment room for the treatment of Chronic Pain Elective Day Case Procedures

It was agreed: that the Business Case for the Replacement Radiofrequency Device – Appleby Treatment room for the treatment of Chronic Pain Elective Day Case Procedures be approved.

Business Cases - Division 2

19-20/441: Acute Oncology Nurse Expansion - to extend working hours, including weekends, full implementation of an advice and triage telephone service, improved Sepsis management and to implement a functional Cancer of the Unknown Primary Service

It was agreed: that the Business Case for the Acute Oncology Nurse Expansion - to extend working hours, including weekends, full implementation of an advice and triage telephone service, improved Sepsis management and to implement a functional Cancer of the Unknown Primary Service be approved.

19-20/442: Provision of Additional Staff Resource for The Durnall Unit - to address the staff shortfall identified and would include the implementation of Advanced Clinical Practitioners

Ms Nuttall advised that the Business Case for the Provision of Additional Staff Resource for The Durnall Unit to address the staff shortfall identified and would include the implementation of Advanced Clinical had been deferred until next month.

Business Cases - Division 3

There were no Business Cases submitted for approval.

Corporate Business Cases

There were no Business Cases submitted for approval.

Outline/proposals for change

There were no Outline/Proposals for change for approval.

Policies

19-20/443: Strategies Update

There were no new Strategy updates.

19-20/444: Policy Update – Policy Group Terms of Reference

It was agreed: that the Policy Update – Policy Group Terms of Reference be received and approved.

19-20/445: OP62 – Breaking of Significant and Bad News Policy

It was agreed: that OP62 – Breaking of Significant and Bad News Policy be approved.

19-20/446: OP82 – Prevention of Cancelled Operations on the day of Surgery/Admission/Treatment Policy

It was agreed: that OP82 – Prevention of Cancelled Operations on the day of Surgery/Admission/Treatment Policy be approved.

19-20/447: Procedure for Work Schedule Reviews and Exception Reporting for Doctors and Dentists

It was agreed: that the Procedure for Work Schedule Reviews and Exception Reporting for Doctors and Dentists be approved.

19-20/448: 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.

19-20/449: Any other business

Mr Loughton provided an update on the Clinical Negligence Claims work he and Maria Arthur, Head of Governance, had undertaken on behalf of the Department of Health (DOH) Policy Advisor. He said that Ms Arthur had done some excellent work looking back at claims in relation to Duty of Candour. He noted that evidence was that less claims and complaints are noted when you say sorry. Mr Loughton had been advised by the Policy Advisor at DOH that legalisation may change to that of a 'no fault compensation' system similar to those in place in Sweden and New Zealand.

It was agreed: that the Clinical Negligence Claims Update be received and noted.

19-20/450: Date and Time of next meeting

The next meeting of the Trust Management Committee would be held on Friday 27 March 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 26 February 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:	V Whatley (VW)	Deputy Chief Nursing Officer
Apologies:	D Loughton	Chief Executive

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1	<p>Apologies for absence</p> <p>Apologies were noted.</p> <p>1a Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting - Quality Governance Assurance Committee:</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on January 2020 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 – January – A M Cannaby / G Nuttall</p> <p>AMC presented the Quality section of the report.</p> <p>The meeting noted that there will be a change in the Friends and Family test and how it is reported, looking more at recommendations than response levels. AMC advised the meeting that a paper is being developed and will be circulated over the next month.</p> <p>¹_{SEP}VTE was close to but missed the 95% target partly due to issues with IT systems; staff have been trying to catch up via the paper system.</p> <p>The Trust has reached the C-Diff yearly target of 40 meaning the Trust is likely to be slightly over the target at year end. AMC advised a member of staff is currently looking at this figure to ascertain ones where the Trust could do nothing, and at issues with particular wards.</p> <p>AMC mentioned to the meeting an area of continuing concern: the change from incident reporting to prevalence reporting on Sepsis due to the problem with the reports module on Vitals. There is good compliance but still with room to improve.</p> <p>Late Observations have also moved to using prevalence audit data. The Trust is working with Vitals to resolve issues, but this will take some months to be sure that the reports module is giving reliable results. AMC feels the Trust may be using prevalence for at least 6 months.</p> <p>GN presented the Performance section of the report.</p> <p>The meeting was advised these were the poorest set of metrics the Trust has seen for some time across many of the areas.</p> <p>Referral to Treatment time improved in January to 83% and even though the figure is still very red, the key metric which will be looked at nationally for next year is the number of patients on the waiting list, not the performance in terms of number of weeks waiting for treatment. To achieve the waiting list metric the Trust needs to be below 40,000 by the end of March. The</p>	<p>AMC</p>

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	<p>expectations are this number will not increase over the next 12 months. GN mentioned that the Trust is on track to be below 40,000 and it is achievable. There will not be many Trusts nationally who will be achieving / staying within their expected benchmark.</p> <p>Diagnostics deteriorated in month within Endoscopy and Neurophysiology, a recovery plan was in place, Neurophysiology (private sector) and Endoscopy had additional weekends. Both departments are on track and showing signs of improving with regards to their trajectory. GN feels that diagnostics will turn green in April.</p> <p>January saw all of the cancer targets failed. GN advised the meeting that the two-week wait was due to patient cancellation / patient choice early in the month. The Trust is now booking back in standard. During January and some of February the Trust was also helping Walsall out and took an additional 70 referrals to support them as part of the STP-wide agreement which had helped RWT last year.</p> <p>GN commented that the Emergency Department is where the most significant change has been seen. The number of patients who had to wait over 12 hours was at 14 and this has never happened before. It was due to bed capacity. In January there were cancelled operations, and elective surgery commenced again on 13 January. The first couple of weeks of the year saw only day cases / cancer procedures. At times the Emergency Department was under extreme pressure; this was managed well by ED, however the experience for patients was very poor. GN mentioned that she is expecting to see an increase in complaints</p> <p>LT queried why antibiotics for sepsis in ED within the first hour went from 100% to 65%. AMC reported it was assumed that this was due to the pressure the department was under at the time. JO commented that the team is working well together; the figure has gone up since the dip.</p> <p>GN said the breaches were clustered around one or two days, not spread over the whole month. During this period there were 30 ambulances within 45 minutes and the Trust was unable to manage. None of the breaches were due to mental health issues. The same pressures have not been seen in February, though there is currently flu and norovirus in the Community.</p> <p>LT asked why the emergency C-section rates are always red. AMC advised that the national average has gone up slightly. The Obstetricians and Midwives review all of the emergency C-sections, and all of them are appropriate, with no harm. Regular audits of care are completed. AMC advised that following conversations that she has had with the Head of Midwifery and the Consultants it is believed the national figure will go down.</p> <p>RE enquired about the number of cancelled operations as percent of elective admissions, was in the red and asked if this was due to patient choice. GN advised that this was due to elective pressures.</p> <p>GN gave a lengthy update to the meeting in regards to Shrewsbury & Telford hospitals. The Trust received a telephone call last week in regards to a risk summit that would be called by NHSI/E on the Emergency Department of Shrewsbury & Telford hospitals based on an unannounced visit that the CQC carried out of that week and asked if this Trust could offer any additional support / peer support. GN mentioned that two Consultants had gone to meet the staff at Shrewsbury & Telford hospitals last week to see what support was needed.</p> <p>The risk summit was held beginning of this week held by NHSI/E chaired by the Medical Director of NHSI/E, present were stakeholders and CQC who fed back the findings that they</p>	

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	<p>had observed over the two days. GN gave a brief overview of the meeting which she attended with four others from this Trust.</p> <p>The meeting held an in-depth discussion in regards to this issue, the support which ourselves and University Hospital of North Staffordshire could offer and the impact on the Trust if A&E patients come here in significant numbers instead of to Shrewsbury & Telford, and what measures the trust would need to take to prepare for this.</p> <p>Resolved: Report was accepted</p>	
<p>4.2</p>	<p>Trust Risk Register – M Arthur</p> <p>MA presented the Trust Risk Register to the meeting and it was noted:</p> <p>0 new risks.</p> <p>3 risks removed:</p> <p>4523 - Failing Heater Cooler Units (COO) – closed completely off all registers – new units having been obtained 4170 - Lack of capacity - OPD, Snowdrop Suite and Durnall Unit (COO) – downgraded to 9 – there is no rationale, MA advised that she would ensure this was added in. The reason was due to the positive QRV visit on Durnall and the action plan has progressed well. 5253 - Dell Tablets on ePMA wards damage and unsupported warranty (COO) – closed completely off all registers – devices have been purchased and distributed</p> <p>5 red risks:</p> <p>2080 - Risk to quality of patient care: reduced manpower (COO) - positive assurance indicated. 4661 - Lack of robust system for review and communication of test results (MD) – no change to this risk. One action overdue relates to CP50 SOP's and work is still on-going in Division 1 to complete. Division 2 and Division 3 have completed. LT mentioned that there are no risk scores after actions. 4113 - Divisions inability to achieve CIP (COO) – actions to be updated, noted that there are overdue dates. 5182 - Lack of Network support for Vascular Services at RWT (MD) – needs an action updated but it has been reviewed. 5246 - Lack of Consultant cover within Cancer Services (COO) – positive assurance indicated with two locum Doctors secured.</p> <p>Attention is required to the following risks:</p> <p>4113 COO – Actions 1st, 2nd 3rd to be considered as controls for ongoing monitoring, 7th action to update. 1713 COO – Action and assurance update 4375 COO – Add actions in progress and a timescale for completion 4411 COO – Add action timescales 5045 MD – Action update – noted that there was no risk score after actions – MA to sort 5182 MD – Action update 5246 COO – 2nd Action update</p> <p>Risk 2719 – RE asked for an update on the Ward Clerks and the potential cost pressure</p>	<p>MA</p> <p>MA</p>

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	<p>2020/2021 to consider. RE asked why the risk included e-PMA for Pharmacy prescribing and what had it to do with the risk. JO explained that it was to do with patients being correctly assigned on PAS. Meeting discussed this further with GN confirming that there is Ward Clerk cover at the weekend within certain areas.</p> <p>Risk 5083 – RE mentioned that a TMC review was due in January and asked for an update – GN confirmed that a phase 1 business case to cover weekends had been agreed and noted that positive assurance needs to be added.</p> <p>Risk 4903 – RE asked GN for an update on this risk – GN advised that this risk is on-going following developments at Shrewsbury & Telford.</p> <p>Risk 3256 – West Park Audiology department – GN updated the meeting and commented that she does not feel that Audiology will pass its next quality test due to the calibre of the booths. Portable booths can now be purchased and are significantly cheaper.</p> <p>Risk 5031 – Risk 5031 – LT noted that this risk regarding the lack of sonographers is currently rated 12 and the target is 3. She questioned whether it was realistic to expect to achieve this target given the national shortage of Sonographers. AMC advised that there are two more midwives starting their training and the Trust is looking to increase the training numbers. LT said she would like to see all midwives' training include sonography. Most sonographers have existing clinical qualifications, but there is also the prospect of people taking a first qualification as a Sonographer. It was noted that this will be a long term project</p> <p>Risk 5316 – Ophthalmology – RE noted a couple of points under Evidence Not Working, about SHS may be unable to support all dates and SHS may be unable to provide theatre teams and Anaesthetists when needed, RE asked if this was something that was anticipated when SHS became involved or is this a surprise. GN commented that the Trust was hoping not to carry on using SHS for as long as they have been. GN advised that the Trust have gone back to SHS for some more dates and the reality is they may not be able to provide the staff. This is only specific to Paediatrics Squints.</p> <p>Board Assurance Framework – K Wilshere</p> <p>KW presented the above report to the meeting and advised that SR8 and SR13 are being worked on by himself and GN.</p> <p>KW assured the meeting that the BAF report has been updated and SR1 has been reduced in terms of score.</p> <p>All changes are highlighted on each of the risks.</p> <p>SR12 – JO advised the meeting that he has no further updates. The meeting noted the steady reduction in the SHMI and that further discussion would be held in due course on SR12 to reduce the rating. KW asked if the risk could be reduced at today's meeting. In view of the continued reduction, and following the discussion at the previous meeting on when it would be appropriate to reduce the rating, and noting that the SHMI score was only one aspect of a large programme of work, and taking into account the second Silverman Report and Mr Silverman's presentation to the February Board, the meeting decided to reduce the score from 16 to 12 (likelihood).</p> <p>SR13: the meeting noted the positive updates and were assured by the COO that the drop in January's performance (not reflected in the updates but appearing in the IQPR for January)</p>	<p>GN</p>

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	<p>reflected seasonal patient choice not to attend for test/treatment and that the improved performance had resumed in February. In January and February RWT had assisted Walsall with breast referrals (70 referrals) and was now booking within standard again.</p> <p>RE confirmed that the meeting had reviewed SR12 and SR13 and noted that further discussion would be held in due course on SR12 to reduce the rating. KW asked if the risk could be reduced at today's meeting. This was discussed further and agreed to move from 16 to 12 (likelihood).</p> <p>The meeting also considered 5 red risks not on the TRR or linked to the BAF and agreed that they should continue to be monitored at divisional level, while querying whether some of the ratings were appropriate.</p> <ul style="list-style-type: none"> • 4686 – failure to repair roof leaks at Cannock • 5131 – clinical risk – Cardiology Day Ward open • 5303 – limited regional and national PICU capacity, critically ill and unwell children cared for at RWT while awaiting transfer or clinical improvement • 5321 – research recruitment to time and target – meeting feels that this should not be on the TRR • 5381 – linked in with 5131 – inability to admit TAVI patients. <p>Resolved: Reports were accepted</p>	
5	Sub Group Reports	
5.1	<p>Chair's Report – Quality & Safety Intelligence Group (QSIG) – January 2020 – Dr J Odum presented</p> <p>The key points noted from the QSIG Chair's report are:</p> <ul style="list-style-type: none"> • 104 day harm review report • Falls • 12 hour breaches • Histopathology result delays <p>Resolved: Chair's report was accepted</p>	
5.2	<p>Quality & Safety Intelligence Group minutes</p> <p>The meeting accepted the minutes from the January meeting.</p> <p>RE asked what can be done in regards to the Histopathology result delays. JO mentioned that recruitment had been completed and it was now fully staffed. However there was an issue in the staff commencing in post. The workload is now at a higher degree than anticipated. The growth rate of work is approximately 15% to 20% higher than anticipated.</p> <p>The Trust inherited problems from both Walsall Healthcare and Dudley Hospitals which is having a knock on effect at this Trust. JO updated the meeting on the challenges currently being experienced within the department. The meeting discussed further and were advised by GN that this is also being discussed at Finance & Performance meetings. GN does not feel that assurance can be given to when these issues can be resolved at this moment.</p>	

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	<p>RE picked out three items which she thought would give useful assurance to the board:</p> <ul style="list-style-type: none"> • The Serious Untoward Incident audit carried out every 6 months and reported under item 4.3; • The Punch Biopsy fast track clinic (item 5.1) where the Consultant sees the patient and the nurses conducted the biopsies, which will help to reduce the Dermatology waiting lists; • The recent Quality Review Visit at Pendleford Dental Services and the positive outcome (item 6.2). 	
5.3	<p>Chair's Report – Compliance Oversight Group (COG) – January 2020</p> <p>The key points noted from the COG Chair's report are:</p> <ul style="list-style-type: none"> • Infection Prevention and Control • Thrombosis • Equalities Diversity & Inclusion Steering Group • Patient Experience • Learning from Experience (previously CLIP) – MA advised the meeting of the work currently on-going with the Terms of Reference. VW and MA are meeting this week to discuss further. Once completed the TOR's will be brought back to this meeting. <p>Resolved: Report was accepted.</p>	
5.4	<p>Compliance Oversight Group minutes</p> <p>The meeting accepted the minutes from the January meeting.</p>	
6	<p><u>Assurance Reporting / Themed Reviews</u></p>	
6.1	<p>Mortality Update Report – Dr J Odum</p> <p>JO presented the above report to the meeting.</p> <p>The meeting was advised that the latest SHMI is 1.097. The predictions of Price Waterhouse and Cooper indicate the Trust will see a progressive decline over the course of the next four months at which point it is anticipated the Trust will be at 1.01. This is a combination of both the reduction in observed death rate and increase in the expected death rate.</p> <p>In regards to the diagnostic groups with elevated SHMI's they have all had investigations and coding reviews and detailed analysis have been reported to the CQC.</p> <p>Resolved: Report was accepted.</p>	
6.2	<p>QGAC effectiveness questionnaire – R Edwards</p> <p>RE explained that this questionnaire was derived from an Audit Committee Questionnaire which Audit had been using. There is a section on Clinical Audit which is more appropriate to this Committee. Previously QGAC had self-assessed using a questionnaire derived from one used by F&P (also based on the Audit Questionnaire). She asked if members would review the draft questionnaire and if they have any queries or concerns to please forward them to Clare Emms (CE). If CE receives no issues, CE to forward out for completion with a deadline.</p>	CE

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Item No		Action
<p>6.3</p>	<p>Resolved: Report was accepted.</p> <p>External Reviews Report – M Arthur</p> <p>MA presented the above report to the meeting and advised that this was the routine External Reviews Registry update report. MA confirmed that this report had been through the Compliance Oversight Group and had been accepted and recommended closures closed.</p> <p>The meeting was advised that a new process for monitoring External Reviews will be implemented from March 2020. There will be no longer a requirement for the completion and return of Form A and Form B. An additional change will be in regards to the RAG rating, after each visit the rating will be the current visit and the impact level. After discussion, MA was asked to include a column with the previous rating so people can see what the previous rating to the current rating is.</p> <p>The meeting noted the following:</p> <ul style="list-style-type: none"> • There has been no new Red rated reviews since the last report. • The two reviews that are currently RAG rated as Red, have actions in progress to address identified gaps (Audiology visit and Neo-natal). • There are four reviews that have an action plan in progress that do not have a RAG rating. <p>Agreed to close all of the requested reviews.</p> <p>MA advised the meeting of the oldest open visit on the report which is from 2014, MHRA visit within Medical Physics. This will be picked up with the Division at QSIG.</p> <p>After discussion, MA was asked to include a column with the initial as well as the current rating so people can see the initial level of compliance/seriousness of the issues raised. This should assist with using the RAG rating to identify any issues to feed into the discussions on the Internal Audit plan.</p> <p>Resolved: Report was accepted.</p>	<p>MA</p>
<p>7</p>	<p>Issues of Significance for the Trust Board and Audit Committee</p> <p>Advice</p> <p>Shrewsbury and Telford Information Governance TRR BAF</p>	

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Item No		Action
	<p>SR12 SR13 Learning from Deaths Report Learning from Experience (previously CLIP)</p> <p>Assure</p> <p>Serious Untoward Incident Actions Audit New procedure: punch biopsy Quality Review Visit - Division 3 Dental Services – Pendeford Health Centre</p> <p>Partial assurance</p> <p>ED Performance: 12 hour breaches IQPR: Sepsis IQPR data 104 day harm review report</p> <p>No assurance</p> <p>Histopathology result delays Black Country Pathology Service performance</p> <p>Matters for Audit Committee</p> <p>There were none</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>Great timing Good discussion</p>	
9	<p>Any Other Business – ALL</p> <p>JO asked if QGAC would accept delegated authority from the Board to sign off the IG Toolkit at the March meeting, as the next Board is after the submission date. The meeting agreed. JO to put this to the Board in Any Other Business.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 25 March 2020, Conference Room, Hollybush House, 2pm to 4pm</p> <p>Apologies –</p>	

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COMMITTEES ACTION SUMMARY REPORT

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
4.1 – 26.02.20	The meeting noted that there will be a change in the Friends and Family test and how it is reported, looking more at recommendations than response. AMC advised the meeting that a paper is being developed and will be circulated over the next month.	AMC	26.02.20	25.03.20	
4.2 – 26.02.20	4170 - Lack of capacity - OPD, Snowdrop Suite and Durnall Unit (COO) – downgraded to 9 – there is no rationale, MA advised that she would ensure this was added in. The reason was due to the positive QRV visit on Durnall and the action plan has progressed well.	MA	26.02.20	25.03.20	
4.2 – 26.02.20	5045 – Action update – noted that there was no risk score after actions – MA to sort	MA	26.02.20	25.03.20	
4.2 – 26.02.20	5083 – RE mentioned that a TMC review was due in January and asked for an update – GN confirmed that a phase 1 business case to cover weekends had been agreed and noted that positive assurance needs to be added	GN	26.02.20	25.03.20	
6.2 – 26.02.20	QGAC effectiveness questionnaire – R Edwards RE explained that this questionnaire was derived from an Audit Committee Questionnaire which Audit had been using. There is a section on Clinical Audit which is more appropriate to this Committee. Previously QGAC had self-assessed using a	CE	26.02.20	25.03.20	

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	questionnaire derived from one used by F&P (also based on the Audit Questionnaire). She asked if members would review the draft questionnaire and if they have any queries or concerns to please forward them to Clare Emms (CE). If CE receives no issues, CE to forward out for completion with a deadline				
6.3 – 26.02.20	External Reviews Report – M Arthur After discussion, MA was asked to include a column with the initial as well as the current rating so people can see the initial level of compliance/seriousness of the issues raised. This should assist with using the RAG rating to identify any issues to feed into the discussions on the Internal Audit plan	MA	26.02.20	25.03.20	
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 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.	GN	29.01.20	26.02.20 25.03.20	Risk has not been updated – bring forward to the next meeting
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 25.03.20	Risk has not been updated – bring forward to the next meeting

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				26.02.20	Bring forward to the next meeting. RE noted that this risk has not been changed. GN advised that she has not had an update and will chase.
				25.03.20	Bring forward to the next meeting
4.2 – 22.05.19	5182 - Lack of Network support for Vascular Services at RWT (MD) JO to review and update the risk	JO	22.05.19	26.06.19 24.07.19 25.09.19 23.10.19 20.11.19 29.01.20	In the absence of JO, it was agreed to bring this action forward to the July meeting. JO confirmed that he has not yet updated the risk yet, however further work has been undertaken and a meeting held in regards to the Vascular Services work. Bring forward to the September meeting. GN advised that there was an internal meeting prior to the Black Country meeting in October. The internal meeting was chaired by Dr Odum. Agreed to bring forward to October. JO advised that there is a meeting at the beginning of November and will feedback in November. JO advised that the meeting in November had been put back to December. Update at the meeting in January. JO mentioned that the meeting had taken place a few

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				25.03.20	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
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Closed Agenda Items – To be removed at the next meeting

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Update
5.2 – 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

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					<p>received</p> <ul style="list-style-type: none"> 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 rwh-tr.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 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	National Reporting and Learning System (NRLS)	MA	20.11.19	29.01.20	MA advised the meeting that on the insight report for the first time this month the Trust is outside of the

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	<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>				<p>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 provided by MA and JO and agreed to close the action.</p>
<p>6.1 – 26.09.19</p>	<p>RE mentioned that in the BAF report, risk 12 there is reference that the Silverman report will be referenced in the action plan but this is not yet visible. JM agreed to include this in future reports</p>	<p>JM (on behalf of JO)</p>	<p>25.09.19</p>	<p>23.10.19</p> <p>20.11.19</p>	<p>RE commented that SR 12 of the BAF report has not yet been annotated to indicate where the recommendations of the Silverman Report are being actioned. JO agreed to do this and pointed out that there would be a further report from Mr Silverman revising actions on his earlier report in December</p> <p>Bring forward to November meeting.</p> <p>The meeting discussed this further and clarified that it was the action plan which should be annotated, in line with the BAF report, to state which of the actions took forward recommendations of the Silverman report and JO agreed that could be done. The second Silverman</p>

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				29.01.20	<p>report would be going to December Trust Board. Bring forward to January's QGAC meeting.</p> <p>The meeting noted that the actions from the Silverman report have been included into the Mortality report. Close action</p>
4.2 – 29.01.20	<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>	GN	29.01.20	26.02.20	Risk has been updated – close

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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	MA confirmed that this has been removed. Close
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	Risk updated – agreed to close
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
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 Circulated – closed – bring back to the meeting in 6 months