

Minutes of the meeting of the Trust Management Committee held on Friday 23 November 2018 4 February 2019

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Agenda Item No: 12.8

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1pm on Friday 23 November 2018 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Mr I Badger	Divisional Medical Director, D1
Prof. A-M Cannaby	Chief Nursing Officer (Part)
Prof. J Cotton	Director of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Mr A Duffell	Director of Workforce
Ms S.Evans	Head of Communications
Mr L Grant	Deputy Chief Operating Officer, D1
Dr S Grumett	Lead Cancer Clinician
Dr C Higgins	Divisional Medical Director, D3
Mr D Loughton (Chair)	Chief Executive
Dr J Macve	Director of Infection, Prevention and Control (DIPC)
Mr S Mahmud	Director of Integration
Ms B Morgan	Head of Nursing – Division D2
Mr W Nabih	Head of Estates Developments
Ms G Nuttall	Chief Operating Officer
Dr J Odum	Medical Director
Ms T Palmer	Head of Midwifery (part of the meeting)
Ms S Roberts	Divisional Manager, Estates and Facilities
Mr M Sharon	Director of Planning and Performance
Ms K Shaw	Deputy Chief Operating Officer, D3
Prof B Singh	Clinical Director IT
Mr K Stringer	Chief Finance Officer/Deputy Chief Executive
Ms A Tennant	Clinical Director Pharmacy
Dr A K Viswanath	Divisional Medical Director, D2
Dr K Warren	Consultant in Public Health

In Attendance:

Mr N Bruce	Head of IT
Ms E Lengyel (for Ms Hobbs)	Matron
Ms H Troalen	Deputy Chief Finance Officer
Mr K Wilshere	Company Secretary

Apologies:

Ms N Ballard	Head of Nursing – Division D3
Ms C Etches	Deputy Chief Executive (Part)
Dr S Fenner	Divisional Medical Director, D1 (Apols – part)
Ms C Hobbs	Head of Nursing, D1
Dr B McKaig	Deputy Medical Director
Ms T Palmer	Head of Midwifery (part of the meeting)
Dr J Parkes	Vertical Integrated GP
Mr T Powell	Deputy Chief Operating Officer, D2
Dr M Sidhu	Divisional Medical Director, D3
Ms V Whatley	Head of Clinical Support including IP

Standing Items

18/414: Apologies for absence

Apologies for absence were received from those listed.

18/415: Declarations of Interest

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

18/416: Minutes of the meeting of the Trust Management Committee held on 26 October 2018

There were no amendments to the minutes.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on 26 October 2018 be approved.

18/417: Matters arising from the Minutes of the previous meeting

There were no matters arising from the minutes raised.

18/418: Action Points List

Friday 27 July 2018 18/301: Integrated Care System Update (ICS)

Action: That Prof. Singh and Ms Shaw articulate the risk described with Ms Edwards and provide assurance that the risk either is reflected in a current risk on the Risk Register or that a new Risk is placed on the Risk Register.

21 Sept 2018 BD/KS

Ms Shaw said that she would confirm this to the Company Secretary once completed.

Main Body of Meeting – Discussion Items

18/419: Topic A - Hillrom Bed System

The meeting had a demonstration of the Hillrom bed system. There followed a discussion of views of the product, its relative benefits and issues and links to existing data systems. It was felt that a trial of the beds would be desirable and would be pursued with the company. Ms Nuttall asked about connectivity with other relevant systems. Prof. Singh asked whether patient data would be transferred wirelessly and if it was that the necessary security was in place. Mr Bruce said this bed would plug into existing sensor systems that would not have the same vulnerability as a Bluetooth connection. Dr Odum asked where the data was held. Mr Bruce said it would depend whether the database was held centrally by the company or on a local server within the Trust. He said it then depended on how it would be mapped into real time feedback systems in the Trust. Mr Loughton said the intention would be in time to replace the current beds with the intelligent beds.

It was agreed: that demonstration of the Hillrom Bed System be received and noted.

It was agreed: that an outline provisional agreement for the Trust to work with Hillrom on the evaluation and potential use of the product in principle be approved.

18/420: Topic B - Smoke Free system

Dr Odum introduced the presentation and Dr Warren. He highlighted the proposed use of a revised staged approach. Dr Warren introduced herself and outlined the presentation content. She referred to the previous smoke free site policy and presented a revised approach to future smoke free policy and activity.

Dr Warren outlined the approach by design to support and enable a smoke free culture in the Trust. She referred to the signals and cues in the wider environment and society that would be used to support the approach.

Dr Warren referred to previous concerns and the focus on individual members of staff to enforce the policy, the gap left by the previous support service, the expectation of 100% compliance was not immediately realistic. She said that would be flipped to a mind-set of enabling and supporting people to be smoke-free. She referred to the need for a focus on staff, the human element and human behaviour.

Dr Warren referred to the RCP report that called for smoke free advice to be a core part of the assessment and treatment of patients for any other condition. She referred to three strands of work based around; Quit Support including use of vaping products away from smoking places, a business case for previously used structured treatments, self-help pathways and IT-based support prescribing options through the nationally provided support systems, and the recording of smoking status and treatment options offered to patients; Smoke-free environments including making the finding of smoking or vaping areas more easily, the use of behavioural cues to deter smoking such as fresh produce at main entrances; and Communication plan based on staff engagement, training and message delivery for patients, visitors and colleagues. Dr Warren referred to work in primary care in the implementation of the GP Practice Support Prescription.

Mr Badger said he thought the disposable vape product was a good idea but where and how would they be disposed of. Dr Warren said the suppliers would make dedicated bins available as the product contained a battery element. Mr Badger said he had a concern for those on low incomes that the cost, albeit less than the equivalent cigarettes, may be a disincentive. He asked whether there might be a free initial device being made available. He said the message would have to be carefully crafted. Mr Mahmud asked how many Trusts were smoke free. Dr Warren said all mental health Trusts had done so despite the inherent challenges. Prof Cotton asked how success would be measured. Dr Warren said it would be based on an initial observational audit with follow up and repetition alongside the prevalence of smoking status assessment and prescription possibly with a Patient Survey element in future. Mr Duffell shared his experience from his previous Trust and the time it had required. Dr Warren said the programme would take 12-18 months to implement.

Ms Tennant asked about the current arrangements and issues identified including smokers congregating in inappropriate places on site such as under air intakes to the aseptic suite. Mr Loughton asked whether it was known where the smokers on the site were from and whether they were patients, relatives or visitors. He said that CCTV would provide a potential route to identify where the smokers were coming from. He shared his previous experiences and difficulties of staff challenge or access to security staff to address. He also referred to options using public address systems and volunteers to identify smokers and ask them to stop.

Dr Warren reiterated the need to provide a positive encouragement message to a smoke free future. Mr Badger said it would apply to anyone on the site whether a patient or not. Dr Odum said the approach had been successfully used elsewhere alongside making smoking status a core part of healthcare provision and that was persuaded of the approach to take as proposed.

There was a discussion regarding the provision and availability of vending machines to dispense the vaping product. Dr Higgins asked whether this would be done in relation to under 18's on site. Dr Warren said she would investigate the options of vending and other options for provision to ensure the product could not be accessed to initiate vaping.

It was agreed: that the Smoke Free System Plan be approved.

18/421: Topic C - Clinical Fellowship Programme – this item was deferred.

18/422: Topic D - Continuous Quality Improvement Programme – “How do we become even better?” Approved by C & C 13/11/18

Mr Sharon introduced the paper setting out the case for developing Trust wide Continuous Quality Improvement Programme and the development of a team dedicated to supporting this programme. He also outlined proposed changes to the way in which the Trust managed its Cost Improvement Programme.

Mr Sharon said the proposed approach would vary the application depending on whether the focus was Cost Improvement or Quality Improvement that might give rise to cost opportunities all focussed on supporting change at local service level including education in best practice for quality improvement to promote future agility of the Trust and Trust services.

Mr Sharon said it would be clinically led with contributions from the corporate support services as an extended resource. He referred to the changes in the cost of supporting the revised programme compared to previous approaches used with a net saving. He said other Trusts were and had taken this approach with some benefit.

Prof. Cotton asked about the benefits articulated with only one relating to patient outcomes and patient care. He suggested the approach might place greater focus and emphasis on improvement in patient care, safety and quality. Mr Sharon said he would review on that basis. Prof Cannaby said the Quality and Safety Strategy was due for review and would be required to be consistent with this approach to implementation.

It was agreed: that the proposed Continuous Quality Improvement approach be received and noted.

18/423: Topic E - Proposal for the Creation of a Trust Chain/Alliance

Mr Sharon introduced the paper and the potential rationale and models for closer future working between Trusts other than through merger and the additional complications, bureaucracy and costs that mergers introduced. He referred to the experiences of other Trust's set out in the paper and the recommended approach. Mr Sharon said that any approach relied on a degree of willingness in potential partner organisations to commit. He referred to the potential challenges that would arise if the situation for partnership should arise.

Mr Loughton said he thought that it would depend on the degree of clinical relationships and co-operation would depend on the leadership of the organisation. He shared his views and experience of others in mergers and agreed that a chain approach would offer greater agility and speed.

Prof Singh said he had concerns about the culture in the component organisations being able to come together and not cause an undue tension and difficulty. He asked whether the arguments to not take this approach had been explored sufficiently. Mr Loughton said that there might be a political and geographical imperative that means the cultures will change through the movement and changes in staff over time.

Mr Loughton shared his views of the other nearby organisations and relative vulnerability. Mr Sharon said the approach was not without risk, effort or use of energy. He referred to existing support provided to others with resulting positive impact for both organisations. Ms Nuttall shared her concern about the scale involved. Prof. Singh wondered whether the spread and variety of agenda's being pursued presented a possible challenge and whether it was clear what organisation would emerge. Mr Badger said that previous experience would indicate that closer future working sooner may be a greater benefit than waiting. Mr Loughton said he appreciated the concerns and that there may be opportunities to consider this approach in the not too distant future.

It was agreed: that the Proposal for the Creation of a Trust Chain/Alliance be received and noted.

By Exception Papers: None this month

Items to Note - Monthly Reports

18/424: Integrated Quality and Performance Report

Ms Nuttall and Prof. Cannaby introduced the report.

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

18/425: Division 1 Quality, Governance & Nursing Report

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

18/426: Division 2 Quality, Governance & Nursing Report

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

18/427: Division 3 Quality, Governance & Nursing Report

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

18/428: Executive Workforce Summary Report

Mr Duffell introduced the report and the highlights summarised therein.

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

18/429: Chief Nursing Officer (CNO) Nursing Report

Prof. Cannaby introduced the report.

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

18/430: CNO Governance Report

Prof. Cannaby introduced the report.

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

18/431: Finance Position Report

Mr Stringer introduced the report.

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

18/432: Capital Programme Update

Mr Stringer introduced the report.

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

18/433: Operational Finance Group Minutes

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

18/434: Financial Recovery Board – monthly update

Mr Sharon introduced the report.

It was agreed: that the Financial Recovery Board – monthly update Report be received and noted.

18/435: Integrated Care System Report – no report this month

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

18/436: Property Management

Mr Stringer confirmed that this report had been deferred and that the report would now be reviewed 1/4ly from

18/437: 100,000 Human Genomes

Dr Odum introduced the report.

It was agreed: that the 100,000 Human Genomes Report be received and noted.

18/438: Safe Hands Delivery Group Report

Ms Nuttall introduced the report.

It was agreed: that the Safe Hands Delivery Group Report be received and noted.

18/439: Winter Planning and Pressures

Ms Nuttall noted the reference to additional capacity as still being required and that there would be further work to quantify current and predicted Wolverhampton activity. Mr Loughton referred to the revised position regarding Telford ED.

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

18/440: Patient Experience Annual Report

Prof. Cannaby introduced the report.

It was agreed: that the Patient Experience Annual Report be received and noted.

18/441: Freedom to Speak Up Guardian Annual Report

Mr Duffell introduced the report.

It was agreed: that the Freedom to Speak Up Guardian Annual Report be received and noted.

Business Cases - Division 1

18/442: Extension to Baby Tagging System Approved by CRG 20/11/18

It was agreed: that the Extension to Baby Tagging System Business Case be approved.

18/443: Replacement of Solar Monitors in Heart & Lung Centre Approved by CRG 20/11/18

It was agreed: that the Replacement of Solar Monitors in Heart & Lung Centre Business Case be approved.

18/444: Capital Replacement of Vivid I TOE Machine Approved by CRG 20/11/18

It was agreed: that the Capital Replacement of Vivid I TOE Machine Business Case be approved.

18/445: Replacement of Fluorescent Microscope Approved by CRG 20/11/18

It was agreed: that the Replacement of Fluorescent Microscope Business Case be approved.

18/446: Consultant Microscope – replacement Approved by CRG 20/11/18

It was agreed: that the Consultant Microscope – replacement Business Case be approved.

Business Cases - Division 2

18/447: Expansion of The Specialist Palliative Care Team Approved by C & C 13/11/18

It was agreed: that the Expansion of The Specialist Palliative Care Team Business Case be approved.

18/448: NICE TAG 523 Midostaurin For Untreated Acute Myeloid Leukaemia Approved by C & C 13/11/18

It was agreed: that the NICE TAG 523 Midostaurin For Untreated Acute Myeloid Leukaemia Business Case be approved.

18/449: Replacement of CT1, CT/Simulator and associated costs including CT, room refurbishment with changing room refurbishment, service contract, quality assurance, bladder scanner and patient equipment used for planning of Radiotherapy patients. Approved by CRG 20/11/18 Approved by C & C 13/11/18

It was agreed: that the Replacement of CT1, CT/Simulator and associated costs including CT, room refurbishment with changing room refurbishment, service contract, quality assurance, bladder scanner and patient equipment used for planning of Radiotherapy patients Business Case be approved.

18/450: The Pleurx Peritoneal Catheter Drainage System For Vacuum-Assisted Drainage Of Treatment Resistant Recurrent Malignant Ascites Approved by C & C 13/11/18

It was agreed: that the Pleurx Peritoneal Catheter Drainage System For Vacuum-Assisted Drainage Of Treatment Resistant Recurrent Malignant Ascites Business Case be approved.

18/451: Replacement Bladder Scanner For West Park Hospital Approved by CRG 16/10/18 Approved by C & C 13/11/18

It was agreed: that the Replacement Bladder Scanner For West Park Hospital Business Case be approved.

Business Cases - Division 3 – none this month

Corporate Business Cases

18/452: Client computing upgrade to Windows 10 Approved by CRG 16/10/18

It was agreed: that the Client computing upgrade to Windows 10 Business Case be approved.

18/453: Development of Medical Examiner and Structured Judgement Review Approved by C & C 13/11/18

It was agreed: that the Development of Medical Examiner and Structured Judgement Review Business Case be approved.

Outline/proposals for change – none this month

Policies

18/454: CP26 Blood Transfusion Policy

It was agreed: that the CP26 Blood Transfusion Policy be approved.

18/455: MP01 Medicines Policy

It was agreed: that the MP01 Medicines Policy be approved.

18/456: CP64 Invasive Cervical Cancer

It was agreed: that the CP64 Invasive Cervical Cancer be approved.

18/457: CP24 Bone Bank Policy

It was agreed: that CP24 Bone Bank Policy be approved.

18/458: 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.

18/459: AOB 1

Mr Loughton said that he would be releasing a press release relating to the increase in Cancer referrals and the increased number of patients treated. Dr Grumett confirmed that some of the media coverage was detrimental to staff morale.

18/460: Date and Time of next meeting

The next meeting of the Trust Management Committee will be held on 25th January 2019 at 1.30 p.m. in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital

18/461: For information only – Our Digital Healthcare Journey

Mr Mahmud highlighted the additional information provided and that a Steering group would be formed in the near future.

The meeting ended at 3.35pm