

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	18 December 2015	
Action Required by receiving committee/group:	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
Aims of Committee:	<ul style="list-style-type: none"> ▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis ▪ To direct and influence the Trust service strategies and other key service improvement strategies which impact on these, in accordance with the Trust overall vision, values and business strategy. 	
Drivers: Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.	<p>The matters highlighted below are not driven directly by the CQC, NHS Improvement, or any other outside body, but are driven by the need and desire to enhance patient experience, ensure patient safety, maximise operational efficiency and effectiveness, improve the quality of services, and safeguard the financial position of the Trust.</p>	
Main Discussion/Action Points:	<ul style="list-style-type: none"> ▪ Received and approved the business case for the introduction of an updated Electronic Requesting System for Pathology and Radiology requests. This will enable the replacement of an out dated electronic requesting system in Pathology, and a paper based system in Radiology. ▪ Considered and approved the business case for the use in certain cases of Aflibercept for treating macular oedema (TAG346). ▪ Approved a business case for the of Aflibercept solution (Eylea) for injection as an option for treating visual impairment caused by macular odema secondary to central retinal vein occlusion as outlined in NICE technology appraisal guidance 305 (February 2014), as an alternative to treatment with (Ranibizumab) Lucentis. ▪ Received and approved the business case for the use of Dexamethasone Intravitreal Implant (TAG349) for treating diabetic macular oedema. ▪ Agreed to support the business case for the use of NICE Technology Appraisal TA343 – Obinutuzumab In Combination with Chlorambucil for untreated Chronic Lymphocytic Leukaemia. 	

	<ul style="list-style-type: none"> ▪ Discussed and approved the business case for the use of SSC 1531 Pembrolizumab for treating Unresectable, Metastatic Melanoma after progression with Ipilimumab. ▪ Approved the business case for the appointment of further staff as part of the Capacity Team Review, in order to meet increased service demands and provide a robust 7 day service, with continued management support. ▪ Approved the business case for the funding of two respiratory consultants. This will enable the former winter pressure ward C17 to be clinically managed by the Respiratory Directorate and facilitate the senior clinical management of patients and robust clinical governance. ▪ Reviewed the capital programme for 2016/17 and acceded to the TDA's request to make a 'capital to revenue' transfer of £2,500,000. ▪ Received the quarterly report on R & D activity at the Trust, which highlighted good progress in several aspects of the work of the Directorate, and by Dr Maggie Sque at the University. ▪ Approved the nursing midwifery and health visiting strategy.
<p>Risks Identified: Include Risk Grade (categorisation matrix/Datix number)</p>	<p>The Trust Management Committee has had regard to any risks identified in respect of these matters. The TMC also has a standing item on every agenda, at which point anybody present may raise any matter which is deemed to be worthy of consideration for inclusion on a risk register.</p>

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1pm on Friday 18 December 2015 in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton

Present:

Mr D Loughton CBE	Chief Executive (Chair)
Mr I Badger	Divisional Medical Director, D1
Dr M Cooper	Head of Infection Prevention
Prof J Cotton	Head of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Ms C Etches	Chief Nursing Officer
Mr M Goodwin	Head of Estates Development
Mr L Grant	Deputy Chief Operating Officer, D1 (pt)
Ms L Holland	Interim Director of HR
Ms B Morgan	Acting Head Nurse, D2
Ms G Nuttall	Chief Operating Officer
Mr T Powell	Deputy COO, Division 2
Ms S Roberts	Acting Divisional Manager, Estates and Facilities
Dr D Rowlands	Lead Cancer Clinician
Mr K Stringer	Chief Financial Officer

In Attendance:

Ms E Lengyel	Matron, Cardiothoracic Directorate
Mr A Sargent	Trust Board Secretary

Apologies:

Dr C Higgins	Divisional Medical Director, D2
Mr S Mahmud	Programme Integration Director (pt)
Ms T Palmer	Head of Midwifery
Ms C Hobbs	Head Nurse, D1
Dr J Odum	Medical Director
Dr B S Singh	Lead IT Clinician
Dr S Smith	Divisional Medical Director, D2

DECLARATIONS OF INTEREST

No interests were declared at this meeting.

15/339: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 27 NOVEMBER 2015.

IT WAS AGREED: that the minutes of the meeting of the Trust Management Committee held on Friday 27 November 2015 be approved as a correct record.

15/340: MATTERS ARISING FROM THE MINUTES

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

15/341: ACTION POINTS LIST

IT WAS AGREED: That the Action Points list be noted.

15/342: GOVERNANCE REPORT - DIVISION 1

Mr Badger introduced this item and highlighted that there had been no new red complaints but there was one open red risk for the Division (regarding reduced staffing), along with 7 open high amber risks which remained under review.

IT WAS AGREED: that the monthly Governance report for Division 1 be noted.

15/343: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

Mr Badger submitted this report on behalf of Division 1. The number of reported pressure ulcers grade 2 and staffing breaches had fallen significantly in month.

IT WAS AGREED: That the report on Nursing, Midwifery and Quality in Division 1 be noted.

15/344: INTRODUCTION OF UPDATED ELECTRONIC REQUESTING SYSTEM FOR PATHOLOGY AND RADIOLOGY REQUESTS

Mr Badger presented the business case for the introduction of Updated Electronic Requesting System for Pathology and Radiology requests. This would enable the replacement of an out dated electronic requesting system in Pathology, and a paper based system in Radiology.

IT WAS AGREED: that the business case for the introduction of updated Electronic Requesting System for Pathology and Radiology requests be approved in principle, subject to the method of funding the additional revenue costs being agreed with the Chief Financial Officer.

15/345: AFLIBERCEPT FOR TREATING MACULAR OEDEMA (TAG346)

Mr Badger introduced the business case for using Aflibercept for treating macular oedema (TAG346), in certain cases.

IT WAS AGREED: That the business case for the use in certain cases of Aflibercept for treating macular oedema (TAG346) be approved, subject to its acceptance by the commissioners.

13/346: MACULAR OEDEMA (CENTRAL RETINAL VEIN OCCLUSION) – AFLIBERCEPT SOLUTION FOR INJECTION (TAG305)

Mr Badger presented this business case, which recommended the use of Aflibercept solution (Eylea) for injection as an option for treating visual impairment caused by macular odema secondary to central retinal vein occlusion as outlined in NICE technology appraisal guidance 305 (February 2014), as an alternative to treatment with (Ranibizumab) Lucentis.

IT WAS AGREED: That the business case regarding Macular Oedema (CRVO) – Aflibercept solution for injection (TAG305) be approved, subject to its acceptance by the commissioners.

13/347: DEXAMETHASONE INTRAVITREAL IMPLANT (TAG349)

Mr Badger presented a business case relating to the use of Dexamethasone Intravitreal Implant (TAG349) for treating diabetic macular oedema.

IT WAS AGREED: That the business case for the use of Dexamethasone Intravitreal Implant (TAG349) for treating diabetic macular oedema be approved, subject to its acceptance by the commissioners.

15/348: NURSING AND QUALITY REPORT - DIVISION 2

Ms Lengyel summarised the monthly nursing and quality report from Division 2. It was noted that there had been 29 reported breaches in agreed staffing numbers during November across the Division (a decrease since October), and 101.80 WTE qualified vacancies (a slight increase).

AGREED: That the monthly Nursing and Quality report for Division 2 be noted.

15/349: GOVERNANCE REPORT - DIVISION 2

Ms Lengyel presented the monthly governance report from Division 2. She indicated that there were no new red complaints opened during the period, there was one red risk (relating to the recruitment and retention of sufficient nursing staff), and there were 6 existing high-level amber risks, with a further 3 risks awaiting approval for inclusion on the Trust Risk Register.

IT WAS AGREED: That the Governance report for Division 2 be noted.

15/350: NICE TECHNOLOGY APPRAISAL TA343 – OBINUTUZUMAB IN COMBINATION WITH CHLORAMBUCIL FOR UNTREATED CHRONIC LYMPHOCYTIC LEUKAEMIA

Dr Dowson submitted the business case for the NICE Technology Appraisal TA343 – Obinutuzumab in combination with Chlorambucil for untreated Chronic Lymphocytic Leukaemia

IT WAS AGREED: That the business case for the use of NICE Technology Appraisal TA343 – Obinutuzumab In Combination with Chlorambucil for untreated Chronic Lymphocytic Leukaemia be approved.

15/351: SSC 1531 PEMBROLIZUMAB FOR TREATING UNRESECTABLE, METASTATIC MELANOMA AFTER PROGRESSION WITH IPILIMUMAB

Dr Dowson presented the business case for the use of SSC 1531 Pembrolizumab for treating Unresectable, Metastatic Melanoma after progression With Ipilimumab.

IT WAS AGREED: That the business case for the use of SSC 1531 Pembrolizumab for treating Unresectable, Metastatic Melanoma after progression with Ipilimumab be approved.

15/352: BUSINESS CASE FOR CAPACITY TEAM REVIEW

Dr Dowson introduced the business case for the appointment of further staff as part of the Capacity Team Review, in order to meet increased service demands and provide a robust 7 day service, with continued management support.

IT WAS AGREED: That the business case for the use of further staff following the findings of the Capacity Team Review be approved, subject to the approval of the CCG to fund this from reinvested “fines” money.

15/353: BUSINESS CASE FOR THE PROVISION OF TWO RESPIRATORY CONSULTANTS

Dr Dowson submitted a business case for the funding of two respiratory consultants. This will enable the former winter pressure ward C17 to be clinically managed by the Respiratory Directorate and facilitate the senior clinical management of patients and robust clinical governance.

IT WAS AGREED: That the business case for the provision of two respiratory consultants be approved, subject to the approval of the CCG to fund this from reinvested “fines” money.

15/354: EXECUTIVE HR REPORT

The Committee noted the update on the Trust headcount, sickness absence, local and bank costs, agency spend, overseas recruitment, local recruitment, and medical recruitment. Ms Holland highlighted slight increases in the sickness absence rate and nurse vacancies compared to the previous month. However she also reported on encouraging progress with overseas nurse recruitment and mentioned some of the steps being taken to strengthen the Trust’s grip on those who had accepted positions with RWT.

IT WAS AGREED: That the Executive Summary HR report be noted.

15/355: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall reported that PWC were looking at delayed discharges across 6 wards. Dr Dowson added that this work had included PWC facilitating a workshop session with Trust and WCC representatives, where the importance of making “discharge huddles” standard, and more effective, was accepted, and the need to spread good practice (as found on ward A7) supported. Regarding A and E, Ms Nuttall indicated that an integrated Human Factors approach was being brought to bear on the current review of systems and processes. The team responsible for this had reported back on good staff engagement with the process. Mr Loughton asked for a feedback session to be held with the entire A and E consultant body, at which the importance of all following the same process and system should be emphasised (GN/LD).

Ms Etches commented on the number of complaints reported and suggested that assurance of improvement could be taken only when a clear downward trend was discernible. She highlighted that this was the first time the report contained three cases of patient harm due to medication errors. The Committee noted a slight increase in the number of avoidable pressure ulcers during November. It also noted that RWT was very open and comprehensive in reporting on these, whereas it was known that other trusts were not reporting device related pressure ulcers; Ms Etches confirmed that this was being raised nationally as a concern.

IT WAS AGREED: That the monthly Integrated Quality and Performance report be noted.

15/356: FINANCE REPORT FOR M8 (NOVEMBER 2015)

Mr Stringer reported that at the end of Month 8 the Trust’s deficit was £5,090,000 which was favourable to the month 8 plan by £293,000. Income for M8 stood at £336,000,000, below plan by £1,600,000. Activity and income were broadly as expected. The TDA now expected

trusts to focus on their anticipated year-end position, for which a range of possibilities had been developed by the Finance Team.

IT WAS AGREED: That the report on the Trust's financial position at the end of M8 (November 2015) be noted.

(Note: At this juncture Mr Loughton temporarily left the meeting, and Ms Etches took the chair)

15/357: CAPITAL PROGRAMME 2015/16 – M8 UPDATE

Mr Goodwin reported that the total spend for the Trust as at month 8 stood at £27,214,399, against a predicted spend of £32,454,000.

IT WAS AGREED: That the M8 update report on the capital programme 2015/16 be noted.

15/358: CAPITAL PROGRAMME REVIEW 2015/16

Mr Goodwin outlined the review of the capital programme for 2015/16.

IT WAS AGREED: That the review of the capital programme for 2015/16 be approved, and that the TDA request to make a 'capital to revenue' transfer of £2,500,000 be acceded to.

15/359: R & D PERFORMANCE AND ACTIVITY AT RWT – QUARTERLY REPORT

The Committee received the quarterly report on R & D activity at the Trust. Dr Cotton guided the meeting through the main sections and highlighted good progress in several aspects of the work of the Directorate, as well as some of the on-going challenges which it faced.

IT WAS AGREED: That the quarterly report on R & D be noted.

15/360: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

The Committee noted this report which included one new operational high-level risk and six existing high-level risks.

IT WAS AGREED: That the report be noted.

15/361: SAFE STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – NOVEMBER 2015 DATA

The monthly report on the planned versus actual staffing by ward was submitted. It represented a deteriorating position. Ms Etches said that the TDA would visit the Trust in January to examine our staffing situation in more detail. The impact of the vacancy levels was being felt more keenly across the organisation. HR and senior nurses were discussing the Trust's retention strategy, in the awareness of certain critical stages after nurses came off the preceptorship programme. Ms Lengyel referred to the decision to make Band 7 nurses more involved in arranging cover, to ease pressure on the on-call managers. Mr Powell raised a concern over the effectiveness of the working arrangements between the Bank and the divisions.

Ms Etches indicated that it was expected that from 1 April 2016 the Secretary of State would mandate the "nursing hours per patient day" metric. Mr Stringer asked whether the amount of time spent with a patient was as important as the quality of each nurse-patient encounter.

Ms Etches said that the proposed new measure must be triangulated with other outcomes because nursing time per patient day was not a guarantee of safety.

IT WAS AGREED: That the monthly update on planned versus actual staffing by ward be noted.

(Note: Mr Loughton re-entered the meeting and assumed the chair again)

15/362: NURSING MIDWIFERY AND HEALTH VISITING STRATEGY

Ms Etches presented the report on the Nursing, Midwifery and Health Visiting Strategy. In response to Ms Nuttall, she confirmed that the AHPs had reserved the right to develop their own professional strategies.

IT WAS AGREED: That the Nursing, Midwifery and Health Visiting Strategy be approved, and that quarterly progress reports be brought to TMC on actions taken in regard to the Strategy.

15/363: TRANSFORMATION PROGRAMME – MONTHLY UPDATE

The Committee noted this report. Ms Nuttall confirmed that the e-reminder system was reducing the incidence of “Did Not Attends” (DNA). Mr Stringer reported that the Trust had not been included in the final 6 bids for the PEPPOL GS1 programme, but the possibility of obtaining a reduced sum to develop some parts of the project was being investigated.

IT WAS AGREED: That the monthly report on the Transformation Programme be noted.

15/364: POLICIES FOR APPROVAL

The Committee considered two policies for approval.

IT WAS AGREED: That the following policies be approved:

- OP68 Volunteering Policy
- IP13 Outbreak of Communicable Infection Policy

15/365: RISK - CONSIDERATION OF RISKS TO BE ENTERED ONTO A RISK REGISTER

No new risks were identified for a risk register during the course of this meeting.

15/366: ANY OTHER BUSINESS

Answering a question by Mr Loughton, Ms Nuttall said that the Trust had negotiated with the City Council for an increase in social worker support on 23 and 31 December. It would still be very beneficial to get some social workers on duty on 28 December but so far this had not proved to be possible.

15/367: DATE AND TIME OF NEXT MEETING

It was noted that the next meeting of the Trust Management Committee was due to be held on Friday 22 January 2016 at 1.30 p.m. in the Board Room of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

The meeting closed at 2 pm