

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	22 January 2016	
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 IPM community migration to Silverlink PAS. ▪ Considered and approved the business case for additional theatre staff to support GA cases in the Cardiology catheter laboratories. ▪ Approved a business case for the appointment of two additional BSE accredited physiologists – Cardiology. ▪ Received and approved the business case for the appointment of a second cardiac imaging consultant with skills in cardiac devices. ▪ Agreed to support the business case for the replacement of contrast injectors in the Cardiac catheter labs. ▪ Received the quarterly update on Cancer Services. This highlighted the forthcoming peer review of the Head and Neck Team. ▪ Noted the progress reported on Infection Prevention. Reasonable progress had been seen against most measures although <i>C. difficile</i> infections remained a concern. ▪ Approved the business case for the replacement of haemodialysis machines. ▪ Received an update on nurse revalidation and work around retention of existing nursing staff. 	

	<ul style="list-style-type: none"> ▪ Approved the new Patient Experience and Quality & Safety Strategy 2015 - 2018
<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 1.30pm on Friday 22 January 2016 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
Dr C Higgins	Divisional Medical Director, D2
Ms L Holland	Interim Director of HR
Mr S Mahmud	Programme Integration Director
Ms B Morgan	Acting Head Nurse, D2
Ms G Nuttall	Chief Operating Officer
Ms T Palmer	Head of Midwifery
Ms S Roberts	Acting Divisional Manager, Estates and Facilities
Dr D Rowlands	Lead Cancer Clinician
Mr M Sharon	Director of Strategic Planning and Performance
Dr S Smith	Divisional Medical Director, D2
Mr K Stringer	Chief Financial Officer

In Attendance:

Mr A Sargent	Trust Board Secretary
Ms C Hitchcock	Genomics Ambassador (part)

Apologies:

Ms C Hobbs	Head Nurse, D1
Mr T Powell	Deputy COO, Division 2
Dr J Odum	Medical Director
Dr B S Singh	Lead IT Clinician

Mr Loughton introduced Mike Sharon, incoming Director of Strategic Planning and Performance.

DECLARATIONS OF INTEREST

No interests were declared at this meeting.

16/1: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 18 DECEMBER 2015.

IT WAS AGREED: that the minutes of the meeting of the Trust Management Committee held on Friday 18 December 2015 be approved as a correct record, subject to the name of "Ms Lengyel" in minutes 15/348 and 15/349 being replaced by the name "Bev Morgan".

16/2: MATTERS ARISING FROM THE MINUTES

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

16/3: ACTION POINTS LIST

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

16/4: INFECTION PREVENTION

Dr Cooper introduced the quarterly progress report on infection prevention and control in the Trust. This showed reasonable performance against all measures other than for C.difficile. He again raised a concern over the exponential increase in CPE's year on year; there was an uneven picture for this infection nationally. In response to a question by Dr Dowson, Dr Cooper indicated that he hoped that eventually the OPAT Team might be housed somewhere near the new AMU. Responding to another issue, Dr Cooper confirmed that he had seen recent surgeon level data for SSI.

IT WAS AGREED: That the quarterly report on Infection Prevention be noted.

16/5: CANCER SERVICES

Dr Rowland presented his quarterly report on Cancer Services. The main feature of the report concerned the impending peer review, involving an external visit to the head and neck team. He reminded the meeting that Wolverhampton's head and neck team treated almost as many patients as Birmingham's, despite being half the size of its neighbour. He added that the service would benefit from more input from dieticians, and speech and language therapists.

IT WAS AGREED: That the quarterly report on Cancer Services be noted.

16/6: GOVERNANCE REPORT - DIVISION 1

Dr Higgins 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 6 open high amber risks and a further two open risks on the TRR. Mr Badger noted the national decision to remove bursaries for students taking degrees in nursing and asked what plan was in place nationally to safeguard the numbers taking up places on these courses. Ms Etches replied that whilst the bursary had gone, so had the cap on the number of places available on such courses, and that it was expected that another 80,000 places would become available. Take up would be monitored. She acknowledged that the change might prevent HCAs from taking the step towards nursing careers because some could not deal with the financial commitment. However, the Trust should consider examining other ways of training people, such as through having its own school of nursing, as part of its long term strategy. She stressed that retention of experienced nurses was emerging as a major concern, and that more needed to be done to keep staff already working here.

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

16/7: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

Ms Palmer presented this report on behalf of Division 1. The number of falls had reduced in month, but the number of grade 2 pressure ulcers had increased.

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

16/8: ADDITIONAL THEATRE STAFF TO SUPPORT GA CASES IN THE CARDIOLOGY CATHETER LABORATORIES

Mr Badger presented the business case for additional theatre staff to support GA cases in the Cardiology catheter laboratories.

IT WAS AGREED: that the business case for additional theatre staff to support GA cases in the Cardiology catheter laboratories be approved, subject to approval also by the commissioner.

16/9: TWO ADDITIONAL BSE ACCREDITED PHYSIOLOGISTS - CARDIOLOGY

Mr Badger presented this business case, which recommended the appointment of two additional BSE accredited physiologists – Cardiology.

IT WAS AGREED: That the business case for two additional BSE accredited physiologists – Cardiology be approved.

16/10: SECOND CARDIAC IMAGING CONSULTANT WITH SKILLS IN CARDIAC DEVICES

Mr Badger presented a business case relating to the appointment of a second cardiac imaging consultant with skills in cardiac devices.

IT WAS AGREED: That the business case for the appointment of a second cardiac imaging consultant with skills in cardiac devices be approved, subject to approval also by the commissioner.

16/11: REPLACEMENT OF CONTRAST INJECTORS IN THE CARDIAC CATHETER LABS – BUSINESS CASE

Mr Badger presented this business case.

IT WAS AGREED: That the business case for the replacement of contrast injectors in the Cardiac catheter labs be approved.

16/12: NURSING AND QUALITY REPORT - DIVISION 2

Ms Morgan summarised the monthly nursing and quality report from Division 2. It was noted that there had been 38 reported breaches in agreed staffing numbers during December across the Division, and 107.55 WTE qualified vacancies (a slight increase).

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

16/13: GOVERNANCE REPORT - DIVISION 2

Ms Morgan 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 5 existing high-level amber risks.

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

16/14: BUSINESS CASE – MOBILE WORKING IN ADULT COMMUNITY SERVICES

Dr Dowson asked for this report to be deferred.

IT WAS AGREED: That the business case for Mobile Working In Adult Community Services be deferred.

16/15: BUSINESS CASE FOR REPLACEMENT OF HAEMODIALYSIS MACHINES

Dr Dowson introduced the business case for the replacement of haemodialysis machines.

IT WAS AGREED: That the business case for the replacement of haemodialysis machines be approved, subject to the approval of the Capital Review Group.

16/16: 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 progress with recruitment of doctors and nurses, progress in getting agreement to the “opt out” regarding enrolment onto the staffing bank, an increase in sickness absence during the month under review (but still lower than for the same period 12 months before), and a big drive on flu vaccination.

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

16/17: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall reported that the biggest challenge remained the Emergency Department’s performance, with a significant deterioration against the 4 hour standard and December 2015 being the worst month on record. Ambulance conveyances had increased across the Board: we received 175 on 1 January. She highlighted the charts showing emergency admissions via A and E (page 25) which suggested that the new model of care was beginning to have an impact on the number of admissions. Some of the on-going issues, and actions to deal with them, were briefly outlined. Ms Nuttall indicated that the Trust had achieved the target for the 62 day wait for first cancer treatment – the first time for many months.

Dr Dowson updated the meeting on the progress of the work by PWC on delayed discharges from care, which was going well. Delays over therapies had emerged as an issue and attention was being focused on making the physiotherapy resource work better for patients.

Ms Nuttall confirmed that the Trust had met representatives of Northern Doctors, when it had been revealed that they were not planning to undertake much minor surgery. Dr Dowson suggested that we could end up with more work in the ED, and not less, if they did not handle the numbers originally projected within their part of the service. Ms Nuttall undertook to provide a further update at the next meeting (GN).

Ms Etches commented on the number of complaints recorded in the report, and pointed out that there had been a definite improvement in getting consent to breach. The falls rate had fallen to 3.7%, the lowest for some time. There had been a reduction in the number of avoidable pressure ulcers. However there was concern over the gradually falling number of VTE assessments, the reason for which was being sought. In Maternity Services, the meeting noted that C-section rates had gone up and at the same time so (unusually) had the number of 3rd and 4th degree tears.

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

16/18: EMERGENCY PREPAREDNESS Q3 REPORT

Ms Nuttall submitted the progress report on emergency preparedness for Q3, for information and assurance.

IT WAS AGREED: That the emergency preparedness report for Q3 be noted.

16/19: FINANCE REPORT FOR M9 (DECEMBER 2015)

Mr Stringer reported that at the end of Month 9 the Trust's deficit was £6,670,000, which was adverse to the month 9 plan by £380,000. Income for M9 stood at £380,000,000, below plan by £2,200,000. Activity and income were broadly as expected. The centre was exerting strong pressure on NHS organisations to reach a control total which balanced with the figure approved by Parliament for the current year. He reminded the meeting that the transfer of £2.5M from capital to revenue was part of the plan to achieve this. He added that this week's Finance and Performance Committee had spent time discussing sickness levels. He also flagged up the intense work required to settle debt by the year end.

Ms Nuttall mentioned further pending changes to the agency cap figure. Ms Holland undertook to keep colleagues informed about the changes.

IT WAS AGREED: That the report on the Trust's financial position at the end of M9 (December 2015) be noted.

16/20: CAPITAL PROGRAMME 2015/16 – M9 UPDATE

Mr Goodwin reported that the total spend for the Trust as at month 9 stood at £28,996,158, against a predicted spend of £34,099,000.

IT WAS AGREED: That the M9 update report on the capital programme 2015/16 be noted.

16/21: BUSINESS CASE: IPM COMMUNITY MIGRATION TO SILVERLINK PAS

Mr Stringer summarised the main points of this business case.

IT WAS AGREED: That the business case: IPM community migration to Silverlink PAS be approved.

16/22: REVALIDATION – QUARTERLY REPORT

The Committee received the quarterly report on Revalidation, which demonstrated good progress overall, with a medical appraisal rate compliance of 95.2% as at 31 December 2015.

IT WAS AGREED: That the quarterly report on Revalidation be noted.

16/23: 100.000 GENOME PROJECT

Charlotte Hitchcock attended for this item and gave a brief presentation on the 100k Genome Project.

During the discussion of this matter it was noted that the genomic information about the patients involved in the project would be added to their patient record. This would be classed as a clinical service, but treated separately from the existing genetics service.

IT WAS AGREED: That the report explaining the purpose of the 100k Genomics Project, and the implications for this organisation, be noted.

OPERATIONAL REPORT OF THE CHIEF NURSING OFFICER

16/24: 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.

16/25: SAFE STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – NOVEMBER AND DECEMBER 2015 DATA

The monthly report on the planned versus actual staffing by ward was submitted. It represented a deteriorating position. Ms Etches indicated that the TDA planned to visit the Trust next week as part of a “quality dive”. She also mentioned that nurses employed in areas such as research would be approached to do extra shifts (on a voluntary basis, for now).

Ms Etches reported that the CQC had still not responded to our appeal over last year’s inspection findings.

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

16/26: POLICIES FOR APPROVAL

The Committee considered three policies for approval.

IT WAS AGREED: That the following policies be approved:

- CP60 Management of Pleural Diseases
- OP95 New Procedures and Techniques Policy
- IP11 Infection Prevention Management of Parasites affected by common UK parasites

16/27: PATIENT EXPERIENCE STRATEGY

Ms Etches presented the report on the Patient Experience Strategy.

IT WAS AGREED: That the Patient Experience Strategy be approved.

16/28: PROFESSIONAL ISSUES

Ms Etches updated the meeting on nurse revalidation commencing on 1 April, and work around retention of existing nursing staff.

IT WAS AGREED: That the report be noted.

16/29: TRANSFORMATION PROGRAMME – MONTHLY UPDATE

The Committee noted this report. Mr Sharon indicated that the purpose of the Transformation Programme Group was under review.

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

16/30: CONTRACTS AND COMMISSIONING UPDATE

Mr Sharon introduced this report. There had not yet been an offer from specialised commissioners. He indicated that Jon Lear, Head of Contracting, was leaving the Trust today, and an interim was in place until the substantive replacement, Laura Morris, started in April.

IT WAS AGREED: That the report be noted.

16/31: INTEGRATION PROGRAMME CLOSEDOWN

Mr Mahmud presented a report on the progress of the Cannock Chase Hospital integration programme.

Mr Mahmud also outlined progress with Vertical Integration, and the intention to become an Accountable Care Organisation. Mr Loughton emphasised the need for good clinical representation at the Steering Group meeting next week, and asked Mr Mahmud to ensure the availability of key personnel at the date and time currently proposed for the meeting (SM).

IT WAS AGREED: That the report on the closedown of the Integration Programme be noted.

16/32: 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.

16/33: BOARD ASSURANCE FRAMEWORK

Ms Etches presented a summary from the Trust's BAF, and indicated that the purpose of this was so that the Committee could consider the risks within its remit and satisfy itself that they were being managed appropriately. This would in turn allow the Chief Executive to assure the Board that the Committee was maintaining correct oversight of the risks allocated to it.

IT WAS AGREED: That the monthly report on the BAF items for this Committee be noted.

16/34: ANY OTHER BUSINESS

No other business was raised at this meeting.

16/35: 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 26 February 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 3.20 pm