

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	20 May 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.	The matters highlighted below 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.	
Main Discussion/Action Points:	<ul style="list-style-type: none"> ▪ Received and approved the business case for the use of NICE TA358- TOLVAPTAN for patients with chronic kidney disease stage 2 or 3 at the start of treatment with evidence of rapidly progressing autosomal dominant polycystic kidney disease. ▪ Considered and approved the business case for the use of TA370- Bortezomib as an option for previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable. ▪ Approved the annual Fire Safety report for the Trust which explained the management of fire risks, structural fire protection, fire response management, and training. I have signed the Annual Statement of Fire Safety for 2015/16. ▪ Received and discussed the update on the Safe Hands Programme. This set out the project milestones during the last year, the benefits achieved so far, and the next steps. 	
Risks Identified: Include Risk Grade (categorisation matrix/Datix number)	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.	

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 20 May 2016 in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

Present:

Ms C Etches	Chief Nursing Officer (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
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	Integration Director
Ms B Morgan	Acting Head Nurse, D2
Ms G Nuttall	Chief Operating Officer
Ms T Palmer	Head of Midwifery
Mr T Powell	Deputy COO, Division 2
Ms S Roberts	Acting Divisional Manager, Estates and Facilities
Prof B M Singh	Lead IT Clinician
Mr K Stringer	Chief Financial Officer

In Attendance:

Mr A Sargent	Trust Board Secretary
Ms R Baker	Head of Nursing Workforce (part)
Matron J Botfield	D1
Dr D Mulherin	Clinical Tutor, RWT (part)
Ms L Nickell	Head of Education (part)
Dr P Rylance	Director, NHS Teaching Academy (part)

Apologies:

Dr S Grummett	Lead Cancer Clinician
Ms C Hobbs	Head Nurse, D1
Mr D Loughton CBE	Chief Executive
Dr J Odum	Medical Director
Mr M Sharon	Director of Strategic Planning and Performance
Dr S Smith	Divisional Medical Director, D2

DECLARATIONS OF INTEREST

No interests were declared at this meeting.

16/137: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 22 APRIL 2016.

IT WAS AGREED: that the minutes of the meeting of the Trust Management Committee held on Thursday 22 April 2016 be approved as a correct record.

16/138: MATTERS ARISING FROM THE MINUTES

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

16/139: ACTION POINTS LIST

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

16/140: INTEGRATED ELECTRONIC PATIENT RECORD

Professor Singh presented his quarterly report on IEPR and highlighted that a full electronic patient record had been achieved for all specialties across the trust, except for those previously identified as being out of scope (namely paediatrics, ophthalmology and obstetrics). He explained that Orthopaedics was still red rated on its progress primarily because of the Radiology requesting form being used. The matter was being addressed. He referred also to the project to pilot paper light working in inpatient areas, which could eventually be integrated into e-prescribing. A further report was due in the autumn, and it was intended to complete the IEPR project by 2017/18.

Dr Higgins commented on continuing difficulties posed when a child attended an adult services setting in which the child's notes were not available. Professor Singh acknowledged that this still required a solution. Dr Dowson said that on the whole the IEPR was working well in the ED, and Dr Cotton said the same of the experience in Cardiology, although he wished there was a better process in place to deal quickly with glitches when they occurred.

IT WAS AGREED: That the progress now reported on the Integrated Electronic Patient Record be noted.

16/141: 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 eight open high amber risks and a further four open risks awaiting acceptance onto the Divisional Risk Register. Ms Palmer drew attention to the three STEIS reportable incidents in Maternity Services. It was also noted that the action plan arising from the HSE Radiology visit was due to be completed in the next week.

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

16/142: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

Ms Morgan presented this report on behalf of Division 1. She guided the meeting through the information provided on nursing workforce, quality and safety, and mandatory training in the Division. In response to Ms Etches comments about a deteriorating position on mandatory training against all three domains, Ms Palmer confirmed that this had been raised with the matrons. Answering another point, about the midwifery-birth ratio, Ms Palmer said that a local level of 1:30 seemed appropriate at present, following review, and would be the basis for monitoring performance at RWT.

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

16/143: 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 26 reported breaches in agreed staffing numbers during April across the Division, and 84.32 WTE qualified vacancies.

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

16/144: 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 were two red risks (relating to staffing), and there were three existing high-level amber risks.

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

16/145: BUSINESS CASE – NICE TECHNOLOGY APPRAISAL TA358 – TOLVAPTAN

Dr Dowson submitted the business case for the NICE Technology Appraisal TA377 – TOLVAPTAN for treating patients with chronic kidney disease at stage 2 or 3 at the start of treatment where there is evidence of rapidly progressing autosomal dominant polycystic kidney disease.

IT WAS AGREED: That the business case for the NICE Technology Appraisal TA358 – TOLVAPTAN be approved.

16/146: BUSINESS CASE FOR NICE TECHNOLOGY APPRAISAL – BORTEZOMIB

Dr Dowson introduced the business case for the NICE Technology Appraisal – Bortezomid as an option for previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable.

IT WAS AGREED: That the business case for the NICE Technology Appraisal – Bortezamib be approved.

16/147: 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 reported orally that the dispute over the junior doctor contract had been resolved and a steering group had been established to introduce the new contract here. Following an assessment the Trust's Workplace Wellbeing Strategy had been accredited and the assessor's feedback had been very positive. She also told the meeting that Schwarz rounds would begin in September, with facilitators being trained this week.

When invited to comment about the views of junior doctors on the new contract, the doctors on the Committee had mixed opinions. Some thought it would be supported, but others sensed that disappointment and resentment continued to dominate the thoughts of many junior doctors. Professor Singh was under the impression from informal contacts that some medical specialties here were still not fully subscribed (with junior doctors) for August, which was a concern.

Dr Dowson asked whether the sickness figures in the report were a mean. Ms Holland confirmed that they were the mean. She added that it was important to know which staff persistently took odd days off work, and which staff were away for a continuous long period.

Ms Nuttall wanted to know when the junior doctor fill rate for specialties could be seen. Dr Dowson said that it was a work in progress and the gaps were starting to become apparent. Mr Badger warned that moving people to work more weekends would have an impact on weekday rotas.

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

16/148: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall highlighted the following performance elements from the report for April:

- RTT: failed to meet the 18 week target in April, due to four days of industrial action and reduced activity in consequence – discussions were on-going with the CCG regarding fines
- Delayed transfers of care – our performance had dipped in April
- Cancer services: it was possible that for April the 31 day and 62 day to first treatment and 62 day screening targets would not be achieved. More positive news was that of a group of over 30 patients who by January had been waiting for over 100 days, the number still waiting had reduced to single figures.
- Emergency Dept: the Trust failed to achieve both Type 1 and the All Types target for the month. There was also a slight deterioration in ambulance handover times during April.

With regard to the quality issues outlined in the report, Ms Etches highlighted the following:

- Complaints: a decrease in the numbers received during the month
- FFT: a slight deterioration in FFT response rates for both ED and the inpatient areas, however there had also been a significant rise in recommendations for ED and the inpatient areas. Ms Etches reported that NHS Improvement had challenged the Trust over how it consistently used FFT feedback to improve local services.
- Pressure ulcers: new documentation was due to be launched at the end of May. A Tissue Viability Strategy was being developed further.
- Late Observations: this was a new metric in the report; although not aware of a link between late observations and the patient deteriorating unnecessarily, this was being kept under close scrutiny in RCAs.

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

16/149: FIRE SAFETY ANNUAL REPORT 2015/16

Ms Nuttall presented this report. Ms Etches commented favourably on the significant progress being made with Fire Safety and Health and Safety in the organisation.

IT WAS AGREED: That the Fire Safety Annual Report 2015/16 be received for assurance and approved.

16/150: CONTENT OF MONTHLY INTEGRATED PERFORMANCE AND QUALITY REPORT

Ms Nuttall submitted a report which set out the proposed metrics to be included in the monthly Integrated Quality and Performance report during 2016/17.

IT WAS AGREED: That the proposed metrics to be included in the monthly Integrated Quality and Performance report be endorsed.

16/151: SAFE HANDS PROGRAMME UPDATE

Ms Baker introduced a report which gave an update on the progress of the Safe Hands Programme. She outlined the milestones completed, the benefits so far realised, and the next steps to be taken.

IT WAS AGREED: That the progress report on the Safe Hands Programme be noted.

16/152: FINANCE REPORT FOR M1 (APRIL 2016)

By way of context to the report, Mr Stringer said that there was concern from the centre over the national financial outturn figures yet to be disclosed after the present process of auditing trusts' accounts.

Mr Stringer reported that at the end of Month 1 the Trust's position was a deficit of £1,960,000, a favourable balance of £113,000 against the plan in month. Income for the month was below plan; whilst there had been a net overspend of £287,000. At Month 1 a total of £838,000 had been removed from budgets, representing just 3.27% of the CIP total for the year. He said going forward greater regard should be had to the STP and how our performance feeds into the 5 year plan.

IT WAS AGREED: That the report on the Trust's financial position at the end of M1 (April 2016) be noted.

16/153: CAPITAL PROGRAMME 2016/17 – M1 UPDATE

Mr Goodwin reported orally that the total spend for the Trust as at month 1 stood at £240,000, which reflected the very late approval of the Capital Programme for this year.

IT WAS AGREED: That the M1 update report on the capital programme 2016/17 be noted.

16/154: EDUCATION AND TRAINING – QUARTERLY UPDATE

Ms Nickell attended for this item and introduced her quarterly report on Education and Training. A number of points were discussed. Dr Singh noted the risk identified in regard to trainee pharmacy errors, which he believed e-prescribing would eliminate. Difficulties in getting new starters through Trust Induction were considered: it was a particular problem for those who did not start on the 1st of the month. Ms Nickell explained that although a short induction was available to ensure that certain matters were covered, this was no substitute for attending the full induction. Ms Etches asked about risks associated with high risk specialist devices used in operational areas, and the competence of staff using this equipment. Mr Badger indicated that information on who had received the relevant training was fed back to the relevant clinical directors.

IT WAS AGREED: That the report on Education and Training in the Trust be noted.

16/155: RESEARCH AND DEVELOPMENT

Dr Cotton presented the annual summary of the work of the Trust's Research and Development Department. He reported a very successful year with over twice the number of patients recruited onto clinical trials compared with the previous year.

IT WAS AGREED: That the report be noted.

16/156: UNDERGRADUATE TRAINING AND TEACHING ACADEMY

Dr Rylance presented the annual report on Undergraduate Training and Teaching Academy, which demonstrated another year of good progress, and very positive feedback to the Medical School from students. He told the Committee that the number of Clinical Teaching Fellows had doubled and the number of SIM Ward sessions was increasing. In response to a question from Mr Powell, Dr Rylance said that discussions needed to be held with departments about the redistribution of funds for teaching. Some departments were over-funded and in future the money needed to be matched with actual teaching capacity and activity.

IT WAS AGREED: That the annual report on the Undergraduate Training and Teaching Academy be noted.

16/157: RWT CLINICAL FELLOWSHIP PROGRAMME

Dr Mulherin submitted a report on the development of the programme and guided the meeting through the salient points in the report. During discussion, Mr Stringer acknowledged the reasons for the development of the programme but was concerned about the lack of financial detail at this stage, and he asked if there was a risk of recruiting people who would not have a clear role. Dr Mulherin said that the latter was a low risk, and that failure to recruit was the bigger risk we face. He said that even if the Trust did find itself with "surplus" staff, it was probable that the organisation would be able to put them to productive use. Ms Etches thought that the upper number of 80 quoted in the report seemed rather high. Dr Mulherin said that this was akin to the numbers currently on establishment, but currently they had various job titles. He acknowledged that it was taking longer than expected to align the proposals with existing HR and financial databases. Dr Rylance said that the 2016 influx of training grades was just now being appointed and the expected gaps would be known in about one month from now. Dr Dowson commented that he discussed with senior colleagues the high spend on locums every week, and thought the proposals would be a good step towards reducing locum costs. Ms Nuttall asked for details of the gaps identified when training grades had been appointed to be reported back to TMC (JO).

In response to a question from Professor Cotton, Dr Mulherin said that the novel offer should be seen as attractive in that it would offer another career path for doctors. Mr Badger thought that the link with the University would prove to be a major factor in commending the Programme to doctors, along with the experience of the doctors already working for RWT.

IT WAS AGREED: That the progress update on the RWT Clinical Fellowship Programme be noted, and that approval in principle be given to continuing with the development of the programme, subject to a further report to the June meeting on the financial implications (JO).

OPERATIONAL REPORT OF THE CHIEF NURSING OFFICER

16/158: HEALTH AND SAFETY REPORT 2015/16

Ms Etches introduced the Annual Health and Safety Report for 2015/16, which gave an account of another year of steady progress in the organisation's management of health and safety matters.

IT WAS AGREED: That the Health and Safety Report for 2015/16 be noted.

16/159: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

The Committee noted this report, which included three new operational high-level risks and eight existing high-level risks.

IT WAS AGREED: That the report be noted.

16/160: SAFE STAFFING EXCEPTIONS: PLANNED VERSUS ACTUAL STAFFING BY WARD – APRIL 2016 DATA

The monthly report on the planned versus actual staffing by ward was submitted. It represented a slight improvement in the fill rate compared to previous months, and figures for registered nurses on night shifts were more positive.

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

16/161: POLICY GROUP EXCEPTIONS – MAY 2016

The Committee considered an exception report from the recent meeting of the Policy Group. Ms Etches highlighted the need for policies past their review date to be dealt with expeditiously. The Group was considering whether any of the existing policies could be downgraded to the level of procedures.

IT WAS AGREED: That the exception report on the May meeting of the Policy Group be noted.

16/162: PROFESSIONAL ISSUES UPDATE

Ms Etches submitted this report for information only.

IT WAS AGREED: That the report be noted.

16/163: TRUST EFFICIENCY PROGRAMME GROUP REPORT

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

16/164: VERTICAL INTEGRATION BUSINESS CASE UPDATE

Mr Mahmud reported that the pilot Vertical Integration programme was due to go live on 1 June. Mr Stringer explained the financial background to the transaction, for which a due diligence exercise had demonstrated that all three practices were financially sound. He described how the GP practices currently operated, and also highlighted an estimated £40,000 deficit which was likely to be made up. In response to Mr Goodwin, Mr Mahmud indicated that the GP practices would not be incorporated into the divisional structures for the time being, but would be kept separate until the successfulness of the pilot had been evaluated.

IT WAS AGREED: That the report be endorsed and presented to Trust Board on 23 May for approval.

16/165: POLICIES FOR APPROVAL

Policy IP21 (CJD) was deferred until the June meeting.

IT WAS AGREED: That the following policies be approved:

- CP06 Consent
- HR19 Capability
- IP12 Standard Precautions
- OP14 Catering
- HR10 Managing Allegations of behaviour

16/166: RISK - CONSIDERATION OF RISKS TO BE ENTERED ONTO A RISK REGISTER

No new risks which were identified at this meeting.

16/167: ANY OTHER BUSINESS

Mr Stringer invited observations on the recently published Verita report into allegations made by and against Sandra Haynes-Kirkbright. No observations were made, except that Ms Etches indicated NHS Improvement's intention to commission a review of governance in the Trust.

16/168: 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 24 June 2016 at 1.30 p.m. in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital.

The meeting closed at 3.35 pm