

## CHAIRMAN'S SUMMARY REPORT

<b>Name of Committee/Group:</b>	Trust Management Committee	
<b>Report From:</b>	Chief Executive	
<b>Date:</b>	23.09.13	
<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
<b>Aims of Committee:</b> Bullet point aims of the reporting committee (from Terms of Reference)	<ul style="list-style-type: none"> <li>▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis</li> <li>▪ 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.</li> </ul>	
<b>Drivers:</b> 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, Monitor, or any other outside body. They are driven variously by the imperatives 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>	
<b>Main Discussion/Action Points:</b> Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ul style="list-style-type: none"> <li>▪ Considered and approved the business case for the procurement of <b>six Hysteroscopic sets</b> in order to develop the ambulatory gynaecology service. It is intended thereby to ensure we retain existing demand, expand the catchment area for the service, and increase the number of procedures undertaken on a day-case basis.</li> <li>▪ Approved the business case for the <b>recruitment of one consultant Interventional Cardiologist</b>. This is in response to increasing demands for the elective and non-elective angioplasty service, and the growth and increasing demand across Cardiology as a whole.</li> <li>▪ Discussed and approved the business case for the development of the <b>Reception Triage Area</b> to support the Surgical Assessment Unit. The existing waiting area is a small seated area situated outside of the unit environment, and does not allow for adequate monitoring of patients who have been assessed and are awaiting results or admission, or those patients who are awaiting triage/assessment. Whilst the installation of CCTV provided a short term solution, this business case provides for a long term arrangement for the benefit of patients.</li> <li>▪ Authorised the purchase of a <b>bladder scanner</b> for the</li> </ul>	

	<p>Durnall Triage Unit (the emergency portal for Oncology patients). This will allow, among other things, the faster diagnosis of a certain group of cancer patients, improve waiting times for patients attending this Unit, as well as improving the experience of patients.</p> <ul style="list-style-type: none"> <li>▪ Discussed and approved the business case for the capital funding for <b>two additional cooling mattresses</b>, to allow increased volumes of babies to be admitted to the Neo-Natal Unit for cooling therapy.</li> <li>▪ Endorsed the Trust wide initiative to reduce harm and improve patient experience associated with <b>long term urinary catheterisation</b>.</li> <li>▪ Approved a new <b>Contracting Communications Policy</b> designed to ensure that contractual communications are managed centrally to deliver consistency of approach, with effective and efficient communications and mitigating potential impacts on the contractual obligations.</li> <li>▪ Received the quarterly update on the work of the <b>Waste Management Executive Group</b>, which gave assurance that waste management activities within the Trust continue to be mainly compliant with the relevant standards, and that adequate measures were being taken to address matters of concern in this regard.</li> </ul>
<p><b>Risks Identified:</b>  <b>Include Risk Grade (categorisation matrix/Datix number)</b></p>	<p>The Trust Management Committee has had regard to any risks identified in respect of these matters. The TMT 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

**Date:** 20 September 2013

**Venue:** Boardroom, Clinical Skills and Corporate Services Centre,  
New Cross Hospital

**Time:** 1.30 p.m.

**Present:**

Mr D Loughton CBE	Chief Executive
Mr G Argent	Divisional Manager, Estates and Facilities
Ms R Baker	Head Nurse – Division 2
Dr M Cooper	Director of Infection Prevention and Control
Dr J Cotton	Director of Research and Development
Dr M Cusack	Divisional Medical Director, Division 1
Dr Lee Dowson	Divisional Medical Director, Division 2
Ms M Espley	Director of Planning and Contracting
Ms C Etches	Chief Nursing Officer
Mr M Goodwin	Head of Estates Development
Mr L Grant	Deputy Chief Operating Officer, Division 1
Ms D Harnin	Director of Human Resources
Ms D Hickman	Head of Midwifery
Dr C Higgins	Divisional Medical Director, Division 2
Mr T Powell	Deputy Chief Operating Officer, Division 2
Dr D Rowlands	Lead Cancer Clinician
Dr S Smith	Divisional Medical Director, Division 2
Mr K Stringer	Chief Financial Officer

**In Attendance:** Mr A Sargent Trust Board Secretary

**Apologies:**

Mr I Badger	Divisional Medical Director, Division 1
Dr J Odum	Medical Director
Ms G Nuttall	Chief Operating Officer
Dr B M Singh	Lead Clinician/IT
Ms Z Young	Head Nurse – Division 1

Minute		Action
13/243	<p><b><u>WELCOME TO NEW MEMBERS</u></b></p> <p>Mr Loughton welcomed Dr Cusack, Dr Dowson, Dr Higgins and Dr Smith, to their first meeting of the Trust Management Committee.</p>	
13/244	<p><b><u>DECLARATIONS OF INTEREST</u></b></p> <p>There were no declarations of interest.</p>	
13/245	<p><b><u>MINUTES</u></b></p> <p><b>IT WAS AGREED: That the minutes of the meeting of the Trust Management Team held on Friday 19 July 2013 be approved as a correct record.</b></p>	
13/246	<p><b><u>MATTERS ARISING</u></b></p> <p>There were no matters arising from the minutes.</p>	
13/247	<p><b><u>ACTION POINTS</u></b></p> <p>During consideration of this item, the following updates were given and the status of certain items amended accordingly:</p> <ul style="list-style-type: none"> <li>- Business case for the provision of a Fibroscan System for chronic liver disease – this had now been approved by the Commissioner, and the matter was closed.</li> <li>- Replacement Consultant Cardiothoracic Surgeon and additional Cardiac activity – this had now been partly approved by the Commissioner, and was deemed to be closed.</li> <li>- Business case for PET CT Scanner – as this matter had now been turned down by the Commissioner, the matter was considered to be closed.</li> <li>- Business case for reorganisation of Catheters Labs and Cardiology Day Ward – this was on the agenda for this meeting, and the matter was considered to be closed.</li> <li>- Provision of a Lead Asthma Respiratory Consultant – it was noted that a decision on this matter was expected by the end of the month and the item should remain open on the Action</li> </ul>	

	<p>Points list.</p> <p>It was also noted that the ICT 5 year Strategy and Integrated Business Plan was scheduled for the October meeting.</p> <p><b>IT WAS AGREED: That the action points list be noted.</b></p>	
13/248	<p><b><u>TERMS OF REFERENCE OF TRUST MANAGEMENT COMMITTEE</u></b></p> <p>Following the July Trust Board, the Sub-Board Committees were being requested to review their terms of reference. It was intended that any anomalies and other matters would be resolved so that the Trust Board in October could finally sign off the terms of reference.</p> <p><b>IT WAS AGREED: that the revised Terms of Reference for the Trust Management Committee be approved.</b></p>	
13/249	<p><b><u>CANCER SERVICES – QUARTERLY REPORT.</u></b></p> <p>Dr Rowlands presented his quarterly report on cancer Services, which included the results of the Cancer peer review self-assessment and Trust internal validation which had been undertaken during July 2013. The report also contained the results of the 2013 National Cancer Patient Experience Survey, published in August 2013, and which indicated that the Royal Wolverhampton NHS Trust was the third most improved Trust in the country in regard to the experience of cancer patients.</p> <p><b>IT WAS AGREED: that the results of the 2013 National Cancer Patient Experience Survey be noted, and that the outcome of the Cancer Peer Review Self-assessment and Trust Internal Validation be endorsed.</b></p>	
13/250	<p><b><u>DIVISION 1 – GOVERNANCE REPORT</u></b></p> <p>Mr Lewis presented the monthly report on governance in Division 1, and referred to the Never Event which had occurred on 13 September in the Gynaecology Department. An investigation was underway. Mr Loughton commented that the organisation was under intense scrutiny due to Never Events.</p> <p><b>IT WAS AGREED: that the Governance Report for Division 1 be noted.</b></p>	
13/251	<p><b><u>DIVISION 1 – NURSING, MIDWIFERY AND QUALITY REPORT</u></b></p> <p>Mr Grant submitted the monthly Nursing, Midwifery and Quality report for Division 1.</p> <p><b>IT WAS AGREED: that the monthly Nursing, Midwifery and</b></p>	

	Quality report for Division 1 be noted.	
13/252	<p><b><u>BUSINESS CASE FOR THE PROCUREMENT OF HYSTEROSCOPIC SETS</u></b></p> <p>Mr Grant presented the business case for the procurement of an additional six hysteroscopes in order to develop the ambulatory gynaecology services, to ensure that existing demand is retained, to expand the catchment area for the service, and to increase the number procedures undertaken as out-patient cases.</p> <p><b>IT WAS AGREED: that the business case for the purchase of an additional six hysteroscopic sets be approved.</b></p>	
13/253	<p><b><u>BUSINESS CASE FOR RECRUITMENT OF CONSULTANT INTERVENTIONAL CARDIOLOGIST</u></b></p> <p>Mr Grant presented the business case for the recruitment of one whole time equivalent Consultant Interventional Cardiologist.</p> <p><b>IT WAS AGREED: that the business case for the recruitment of one whole time equivalent Consultant Interventional Cardiologist be approved.</b></p>	
13/254	<p><b><u>BUSINESS CASE FOR RECEPTION TRIAGE AREA TO SUPPORT SURGICAL ASSESSMENT UNIT</u></b></p> <p>Mr Grant presented the business case for the development of the Reception Area Triage to support the Surgical Assessment Unit (SAU) which was due to open on 30 September. He indicated that this business case referred only to capital costs, and had been approved by the Capital Review Group; it included no staffing costs. Ms Etches asked Mr Goodwin to look into the possibility of expediting the outstanding works in order that the Unit could open on 26 September.</p> <p><b>IT WAS AGREED: that the business case for the Reception Area Triage to support the Surgical Assessment Unit be approved.</b></p>	MG
13/255	<p><b><u>BUSINESS CASE – REORGANISATION OF THE CATHETER LABS AND CARDIOLOGY DAY WARD.</u></b></p> <p>Mr Grant presented the business case for reorganisation of the Catheter Labs and Cardiology Day Ward by extending the opening times of the day ward to establish an ambulatory model of care, increased day case rates, establish pre-operative assessment clinics, and admit IHTs directly to the Day Ward.</p>	

	<b>IT WAS AGREED: that the business case for the reorganisation of the Catheter Labs and Cardiology Day Ward be approved.</b>	
<b>13/256</b>	<p><b><u>DIVISION 2 – NURSING AND QUALITY REPORT</u></b></p> <p>Ms Baker presented the monthly Nursing and Quality report for Division 2, highlighting that of 78 reported patient falls during August, 2 had resulted in harm.</p> <p><b>IT WAS AGREED: that the monthly Nursing and Quality Report for Division 2 be noted.</b></p>	
<b>13/257</b>	<p><b><u>DIVISION 2 – GOVERNANCE REPORT</u></b></p> <p>Ms Baker presented the monthly Governance report for Division 2, and highlighted that one new red risk in the name of Dr Odum had been accepted, regarding non-adherence to Chemotherapy policy and procedures. She also mentioned two new high level amber risks which had been included in the Trust Risk Register. In response to a question by Mr Loughton, Ms Etches said that performance regarding pressure ulcers was good and that the overall trend in both avoidable and unavoidable categories was downwards. Mr Loughton emphasised the need for all risks to be appropriately identified and included on the Trust Risk Register</p> <p><b>IT WAS AGREED: that the monthly Governance report from Division 2 be noted.</b></p>	
<b>13/258</b>	<p><b><u>PURCHASE OF A BLADDER SCANNER FOR DURNALL UNIT</u></b></p> <p>Mr Powell presented the business case for the acquisition of a Bladder Scanner for the Durnall Unit, using a donation from the Snowdrop Foundation. Dr Cooper requested that the Division ensure that this item of equipment would be compatible with others within the unit, in terms of infection prevention arrangements.</p> <p><b>IT WAS AGREED: that the business case for the purchase of a Bladder Scanner for the Durnall Unit be approved.</b></p>	
<b>13/259</b>	<p><b><u>CAPITAL FUNDING OF TWO ADDITIONAL COOLING MATTRESSES</u></b></p> <p>Mr Powell presented the business for capital funding of two additional neo-natal cooling mattresses which would allow increased volumes of babies to be admitted to the Neo-Natal unit for cooling therapy. Mr Loughton said that he had been made aware that babies being admitted to the Unit were coming from other areas and requested that an investigation be undertaken to find out why more babies from the Wolverhampton area were not being treated there.</p>	

	<b>IT WAS AGREED: that the case for capital funding of 2 additional Neo-Natal cooling mattresses be approved.</b>	
<b>13/260</b>	<p><b><u>INTEGRATED QUALITY AND PERFORMANCE REPORT</u></b></p> <p>Mr Powell drew out the main points of the executive summary of the monthly Quality and Performance report. Ms Etches said it would be most desirable for the Trust to have no further <i>C.difficile</i> infections, and that sustained effort was required with regard to anti-microbial prescribing. She said that the TDA had been very interested in this matter and that Monitor was likely to be also. In response to Mr Stringer's question about whether the Trust was meeting its cancer targets, Mr Powell said that he was confident that the 62 day target would be achieved for September. He mentioned that the out of area referrals were divided between Dudley and Mid Staffs, and that 7 out of 10 patients referred from out of area were already over the 62 day target. In response to Mr Loughton, Mr Powell said that he would follow up the date when this matter would be discussed with Mid-Staffs.</p> <p><b>IT WAS AGREED: that the monthly Integrated Quality and Performance report be noted.</b></p>	<b>TP</b>
<b>13/261</b>	<p><b><u>WINTER OPERATIONAL PLAN</u></b></p> <p>Mr Powell presented the details of the Winter Operational Plan submission.</p> <p><b>IT WAS AGREED: that the Winter Operational Plan, as now submitted, be approved.</b></p>	
<b>13/262</b>	<p><b><u>ACCIDENT AND EMERGENCY – UPDATE ON ACTION PLAN</u></b></p> <p>Mr Powell presented an update on the A&amp;E action plan which was part of the overall Wolverhampton Health Economy Action plan, which had been circulated to the Trust Board in August 2013. He added that the Clinical Decision Unit was now fully operational and that in the last few days it had been possible to recruit to the fully funded establishment of A&amp;E consultants. It was also noted that the extensions to the A&amp;E department would be operational from 5 November. Mr Goodwin added that further work was being undertaken in respect of the 18 additional paediatric beds which would come on stream in February 2014. Mr Loughton requested that the possibility of bringing these into use at an earlier date should be explored. There ensued a brief discussion about the paediatric staffing plan for the new build and Ms Harnin requested to see this before it was brought to the Trust Management Committee in October.</p> <p><b>IT WAS AGREED: that the update on the Accident and Emergency Action plan be noted.</b></p>	<b>MG</b> <b>TP/RB</b>

	<p><b><u>WASTE MANAGEMENT</u></b></p>	
13/263	<p>Mr Argent presented the report of the Waste Management Executive Group outlining activities on waste management during the last 3 months. In response to Mr Loughton's question about using off site incineration facilities, Mr Stringer indicated that option appraisals were being considered.</p> <p><b>IT WAS AGREED: That the quarterly report on Waste Management be noted.</b></p>	
	<p><b><u>FINANCE REPORT FOR MONTH 5 (AUGUST 2013)</u></b></p>	
13/264	<p>Mr Stringer presented the monthly finance report highlighting that the target remained to create a surplus of £7M by the end of the year. He drew out the salient points, including that the Trust's surplus was currently £1.66M at the end of August, with an overspend across Divisions 1 and 2 of £461,000 in month. He also referred to the Cost Improvement Plans, with £7.14M having been withdrawn from the annual budgets by the end of August. He particularly emphasised the requirement for the organisation to deliver the £5.1M of the Cost Improvement Programme which was currently rated amber.</p> <p><b>IT WAS AGREED: that the report on the financial position of the Trust at the end of August 2013 be noted.</b></p>	
	<p><b><u>ESTATES DEVELOPMENT – REMOVAL OF OBSOLETE POLICIES</u></b></p>	
13/265	<p><b>IT WAS AGREED: that Estates Policies OP74, OP75 and OP76 be declared obsolete and removed from Trust's Intranet.</b></p>	
	<p><b><u>CAPITAL PROGRAMME 2013/14</u></b></p>	
13/266	<p>Mr Goodwin presented the monthly update on the Capital Programme and indicated that it was currently being reviewed with the intention of presenting proposed revisions to the October cycle of meetings.</p> <p><b>IT WAS AGREED: that the report on the Capital Programme 2013/14 (as at month 5) be noted.</b></p>	
	<p><b><u>REPORT OF THE DIRECTOR OF HUMAN RESOURCES.</u></b></p>	
13/267	<p>Ms Harnin presented an update on the Seasonal Influenza Vaccination Programme and the development of the Trust Medical Staffing Bank. With regard to the former, she reported that the Department of Health was looking for a 75% vaccination rate of</p>	

	<p>frontline staff nationally, and she urged the Divisions to cooperate with this programme. In respect of the Medical Staffing Bank, Mr Loughton emphasised the need for the Divisions to take every step they could to minimise spend on agency doctors.</p> <p>Ms Harnin reported orally that it was now expected that teachers would take strike action during October and that all Wolverhampton schools were expected to be involved. She indicated that, as on a previous occasion, arrangements were being made to establish a crèche facility for Trust employees and that this would shortly be publicised in the usual manner. Mr Loughton said that it would not be desirable for staff to be charged to use this facility.</p> <p><b>IT WAS AGREED: that the update report of the Director of Human Resources be noted.</b></p>	
13/268	<p><b><u>CHAT BACK 2013</u></b></p> <p>Ms Harnin presented a report on the results of Chat Back 2013.</p> <p><b>IT WAS AGREED: that the overview of the key results of Chat Back 2013, together with next steps in terms of the communication and action planning approach, be noted.</b></p>	
13/269	<p><b><u>RED INCIDENTS, COMPLAINTS AND OPERATIONAL RISKS FOR CORPORATE AREAS</u></b></p> <p>Ms Etches submitted this report.</p> <p><b>IT WAS AGREED: that the report on Red Incidents, Complaints and Operational Risks for Corporate Areas be noted.</b></p>	
13/270	<p><b><u>TRUST WIDE ACTION TO REDUCE HARM FROM URINARY CATHETERS.</u></b></p> <p>Ms Etches presented a report which sketched out a Trust wide initiative to reduce harm and improve patient experience associated with long term urinary catheterisation, and sought the support of the Committee for the implementation of the initiative.</p> <p><b>IT WAS AGREED: that the Trust wide action to reduce harm from Urinary Catheters be supported.</b></p>	
13/271	<p><b><u>CONTRACTING COMMUNICATIONS STRATEGY</u></b></p> <p>Ms Espley introduced the Contracting Communications Strategy for approval.</p> <p><b>IT WAS AGREED: that the Contracting Communications Strategy be approved.</b></p>	

	<p><b><u>REPORT OF THE CHANGE PROGRAMME BOARD</u></b></p>	
13/272	<p>Ms Espley submitted the monthly report of the Change Programme Board, and highlighted that although the position had improved slightly at month 5, very significant progress still needed to be made for 2013/14, and a detailed look at plans for 2014/15 would be taking place in the next week.</p> <p><b>IT WAS AGREED: that the update on the Progress of the Change Programme Board be noted.</b></p>	
	<p><b><u>RESEARCH AND DEVELOPMENT</u></b></p>	
13/273	<p>Dr Cotton presented his monthly report on Research and Development, indicating that good progress had been made during the last couple of months and that it was important that it remained a high performing Research and Development Unit. He anticipated that this year's recruitment target would be met without difficulty.</p> <p>Mr Loughton referred to the recent award of the contract for the Trust to be the network R&amp;D Host for the West Midlands. He paid tribute to all those involved in the bid, particularly Ms Espley and Dr Cotton. He pointed out that the existing Trust Research and Development function would remain separate from the host R&amp;D function and that Dr Cotton would remain Clinical Director for the internal R and D team. He outlined some of the staffing arrangements for the host organisation and confirmed that approximately 1300 staff from across the region would be involved.</p> <p><b>IT WAS AGREED: that the monthly update on Research and Development in the Trust be noted.</b></p>	
	<p><b><u>MORTALITY</u></b></p>	
13/274	<p><b>IT WAS AGREED: that the quarterly report on mortality be noted.</b></p>	
	<p><b><u>RISKS</u></b></p>	
13/275	<p>At this point in the meeting, opportunity was given for those present to identify any further risks for inclusion on a risk register. No additional risks were identified.</p>	
	<p><b><u>POLICIES FOR APPROVAL</u></b></p>	
13/276	<p>It was noted that the revised policies for wound management (CP13a) and Innovation Policy (OP22) had not been submitted in time for the meeting and would therefore be included on the agenda for the October Committee.</p>	

	<p><b>IT WAS AGREED: that the following policies be approved.</b></p> <ul style="list-style-type: none"> <li>• <b>Antimicrobial Policy</b></li> <li>• <b>Chaperone Policy</b></li> <li>• <b>Shared Care Policy</b></li> </ul>	
<b>13/277</b>	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p>No other business was raised.</p>	
<b>13/278</b>	<p><b><u>DATE AND TIME OF NEXT MEETING</u></b></p> <p>It was noted that the next meeting was due to be held on Friday 25 October 2013 at 1.30pm in the Board Room of the Clinical Skills and Corporate Services Centre, New Cross Hospital.</p>	

**The meeting closed at 2.30pm**