

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	25 September 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 a presentation by Chris Parker on the work and aspirations of the West Midlands Academic Health Science Network. ▪ Considered and approved the business case for the implementation of NICE TAG-239 – Eltrombopag. It is recommended as an option for treating adults with chronic immune (idiopathic) thrombocytopenic purpura. ▪ Approved a business case for the implementation of Samatuline (Lanreotide) for the treatment of symptoms associated with neuroendocrine tumours (NET). ▪ Received an annual report on the progress of the Trust's Health and Well Being Strategy. ▪ Discussed the results of the 2015 Patient-Led Assessments of the Care Environment. The results were generally good, and West Park hospital scored over the national average in all five categories. ▪ Received the first quarterly update on the operation of the Divisional Accountability Agreements. (This was the subject of a presentation at the Board Development Session on 12 October) ▪ Approved the business case for the expansion of the Intravenous Resource Team, to enable 7 day working to 	

	cope with the increasing number of patient referrals and opportunities to discharge more patients on Outpatient Parenteral Antimicrobial Therapy (OPAT).
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 25 September 2015 in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton

Present:

Mr D Loughton CBE	Chief Executive (Chair)
Ms A Adimora	Director of Human Resources and OD
Mr I Badger	Divisional Medical Director, D1
Dr M Cooper	Head of Infection Prevention
Prof J Cotton	Head of Research and Development
Ms C Etches	Chief Nursing Officer (part)
Mr L Grant	Deputy Chief Operating Officer, D1
Dr C Higgins	Divisional Medical Director, D1
Ms C Hobbs	Head Nurse, D1
Mr S Mahmud	Interim Programme Integration Director
Ms G Nuttall	Chief Operating Officer
Ms T Palmer	Head of Midwifery
Ms S Roberts	Acting Divisional Manager, Estates and Facilities
Dr B S Singh	Lead IT Clinician
Mr K Stringer	Chief Financial Officer

In Attendance:

Ms H Boyce	Division 2
Ms P Boyle	WM LCRN
Ms L Holland	Interim DHR (designate)
Ms J McKiernan	Division 2
Chris Parker CBE	West Midlands ASHN
Mr A Sargent	Trust Board Secretary

Apologies:

Ms R Baker	Head Nurse, Division 2
Dr L Dowson	Divisional Medical Director, D2
Ms M Espley	Director of Planning and Contracting
Mr M Goodwin	Head of Estates Development
Dr J Odum	Medical Director
Mr T Powell	Deputy COO, Division 2
Dr D Rowlands	Lead Cancer Clinician
Dr S Smith	Divisional Medical Director, D2

Mr Loughton welcomed Linda Holland who would be the Interim Director of Human Resources with effect from 5 October.

DECLARATIONS OF INTEREST

No interests were declared at this meeting.

15/237: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 24 JULY 2015.

IT WAS AGREED: that the minutes of the meeting of the Trust Management Committee held on Friday 24 July 2015 be approved as a correct record.

15/238: MATTERS ARISING FROM THE MINUTES

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

15/239: ACTION POINTS LIST

It was noted that the update report on IEPR would be presented to the next meeting. Following assurances that the timescale for the completion of the Women's Unit Drainage Works have been reviewed, and discussions held with the Chair of the Charitable Funds Committee about the scope for using Trust Funds to contribute more to the capital programme, it was agreed that both of these items could be closed down.

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

15/240: WEST MIDLANDS ACADEMIC HEALTH SCIENCE NETWORK (AHSN)

Introducing this item, Chris Parker, from the Network, indicated that England was the first country in the world to have comprehensive AHSN coverage. He outlined the core objectives of the West Midlands academic health science network, explained its operating methods, and presented its clinical and system priorities.

During discussion he confirmed that all AHSNs needed to work more closely with commissioners and aspired to be pivotal to developing healthier regions by supporting other West Midlands government agencies and the wider public.

Mr Loughton acknowledged that the West Midlands AHSN would have an important role in the future. The government recently announced that in future funding for the research would not be ring fenced but would instead be treated as "capital". In response to a question from Professor Cotton, Mr Parker said that the core team was eight strong, but that the strength of the approach lay in its extensive networking capacity and the large numbers of individuals supporting various network initiatives.

IT WAS AGREED: That the report on the West Midlands Academic Health Science Network be noted.

15/241: GOVERNANCE REPORT - DIVISION 1

Dr Higgins introduced this item and highlighted that there had been no new red complaints and no open red risks for the Division, but there were 11 open high amber risks which remained under review.

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

15/242: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

C Hobbs presented this report on behalf of Division 1. She drew attention to the numbers of staff commencing maternity leave on ICCU. Ms Palmer indicated that sickness absence was running at 6.8% in midwifery and maternity services, and was being actively managed.

Ms Nuttall asked why the C-section rate had increased in month to 29.1%. It was suggested that this increase coincided with the changeover of junior doctors, who could be more risk

averse in their early weeks with the Trust. Ms Nuttall pointed out that there was an on-call system which they could use when they required support, and the Trust had increased the hours for consultant cover in that service. Ms Palmer said that this appeared to reflect the national picture, and there had been no impact on admission rates to neonatology. However, the situation was being monitored.

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

15/243: NURSING AND QUALITY REPORT - DIVISION 2

Ms Boyce summarised the monthly nursing and quality report from Division 2. It was noted that there had been 27 reported breaches in agreed staffing numbers during June across the Division; there were 79.22 WTE qualified vacancies within the Division. Of particular concern this month was the number of infections, particularly the increased incidence of C.difficile.

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

15/244: GOVERNANCE REPORT - DIVISION 2

Ms Boyce presented the monthly governance report from Division 2. She indicated that there were no new red complaints opened during the period, and there were 7 existing high-level amber risks.

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

15/245: BUSINESS CASE FOR IMPLEMENTATION OF NICE TAG239 - ELTROMBOPAG

Ms McKiernan submitted the business case for the implementation of NICE TAG-239 Eltrombopag.

IT WAS AGREED: That the business case for the implementation of NICE TAG-239 Eltrombopag be approved, subject to it being also approved by the WCCG.

15/246: BUSINESS CASE FOR IMPLEMENTATION OF SAMATULINE (LANREOTIDE)

Ms McKiernan presented the business case for the implementation of Samatuline (Lanreotide) for the treatment of symptoms associated with neuroendocrine tumours (NET).

IT WAS AGREED: That the business case for the implementation of Samatuline (Lanreotide) for the treatment of symptoms associated with neuroendocrine tumours (NET) be approved, subject to it also being approved by the WCCG.

15/247: 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 Adimora indicated that all of the 50 offers waiting to be accepted were with UK nurses. Further overseas recruitment would commence in Athens and Spain in the next few days.

Ms Etches referred to difficulties being experienced by number of trusts who had offered posts to Filipino nurses who were waiting for visas to be issued. Mr Loughton said it was important to be ready to recruit nurses from the Philippines as soon as the government agreed to start issuing visas to people from there.

Ms Adimora emphasised the need to encourage staff to complete the NHS staff survey; an all user e-mail would be circulated along with an e-mail to heads of service requesting them to be proactive in encouraging staff to participate.

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

15/248: HEALTH AND WELL BEING STRATEGY – ANNUAL UPDATE

Ms Adimora summarised the contents of this annual report.

It was noted that the Director of Human Resources would be responsible for this winter's flu immunisation programme.

IT WAS AGREED: That the report be noted.

15/249: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall reported that since mid-September admission rates had gone up, and were regularly hitting 20 – 22%. The report by PWC on delayed transfers of care had been received and the main issue for the Trust was consistency around discharge planning. Discussions were underway with the CCG and the local authority on how to implement the required changes identified by PWC. Mr Loughton commented that there would be significant pressure from the centre to open additional winter ward capacity, and he requested that the reasons for not doing so be set out clearly and in detail so that he could inform the TDA accordingly in the near future (GN/CE/JO/KS).

Professor Cotton expressed concern over the lack of staffing resources in certain areas and the resultant dip in the quality of care. Ms Nuttall said that staffing had been reviewed in 2013/14 and in particular extra staff had been put into the cardiac day ward following an increase in the establishment there. Prof Cotton went on to remark on the impact on income and activity in cardiology and said that the Trust would gain considerably by setting aside a small area specifically for cardiology patients being moved to the angioplasty suite. Mr Loughton asked for the reasons for the delay in moving patients to the angioplasty suite be reviewed (GN/LG/JC).

Dr Singh suggested that junior doctors be invited to work overtime to assist in dealing with backlogs and to increase activity. Mr Loughton said he would accompany Dr Singh to an early meeting of the Junior Doctors' Forum to broach the idea with them (DL/BS).

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

15/250: PLACE

Ms Roberts submitted the details of this year's PLACE assessments, in which 53% of areas across the three sites scored above the national target. West Park hospital had scored above the national average in all five categories. The actions arising from the inspections were appended to the report for information.

IT WAS AGREED: That the results of this year's Patient-led Assessments of the Care Environment (PLACE) be noted.

15/251: DIVISIONAL ACCOUNTABILITY AGREEMENT

Ms Nuttall introduced the progress update report on the Divisional Accountability Agreement.

IT WAS AGREED: That the report be noted.

15/252: FINANCE REPORT FOR M5 (AUGUST 2015)

Mr Stringer reported that at the end of Month 5 the Trust's deficit was £7,245,000, which was surplus to the month 5 plan by £522,000. Income for M5 stood at £206M, below plan by £6.7M.

He referred to the significant financial difficulties across the provider side nationally. The intention to increase activity here in order to bring in more income would be challenging for the organisation.

Responding to a question by Mr Loughton, Ms Nuttall confirmed that patients were responding to the text messaging system and that eventually there was likely to be a reduction in DNA rates.

IT WAS AGREED: That the report on the Trust's financial position at the end of M5 (August 2015) be noted.

15/253: CAPITAL PROGRAMME 2015/16 – M5 UPDATE

Mr Stringer reported that the total spend for the Trust as at month 5 stood at £11,949,371M, against a predicted spend of £14,963,934 (New Cross), and £6,660,232 (against a predicted spend of £9,290,000) for Cannock.

IT WAS AGREED: That the M5 update report on the capital programme 2015/16 be approved.

15/254: URGENT CARE AND EMERGENCY CENTRE

Ms McKiernan presented an oral update on the construction of the new Urgent Care and Emergency Centre, which remained on course to open in November 2015. Much work was taking place around preparing for the move into the new facility. It was expected that the building would be handed over in around three week's time. The bridge linking the new building with the Heart and Lung Centre was expected to be installed on 3 October.

Mr Loughton confirmed that the Trust had not won the urgent care tender.

IT WAS AGREED: That the report be noted.

15/255: R and D – QUARTERLY PERFORMANCE REPORT

Professor Cotton presented the quarterly report on R and D at the Trust. He said that the progress during the period under review had been good and that the Trust had hit its target for the first time in the last two years, and was doing well financially. All areas were undertaking research but a small number of areas such as paediatrics continued to find it a struggle.

Professor Cotton repeated concerns about the environment in which patients were accommodated and where research nurses worked. Mr Loughton agreed to visit this part of the hospital with Professor Cotton (DL/JC).

It was noted that Sally Davies would open the Rheumatology Unit at Cannock Chase Hospital.

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

15/256: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

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

IT WAS AGREED: That the report be noted.

15/257: SAFE STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – JULY AND AUGUST 2015 DATA

The monthly report on the planned versus actual staffing by ward was submitted. Ms Etches said that overall for August there had been a deteriorating position on the wards and staffing continued to be a problem for the Trust. It would be discussed in depth at the matrons' away event next week.

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

15/258: BUSINESS CASE FOR THE EXPANSION OF THE IV RESOURCE TEAM

Ms Etches presented this business case. It had been approved by the Contracting and Commissioning Panel, although it was difficult to demonstrate how this service saved money for the Trust.

IT WAS AGREED: That the business case for the expansion of the IV Resource Team be approved in principle, and that Mr Stringer and Ms Etches be authorised to finally sign the business case off when they are satisfied that all necessary approvals are in place (KS/CE).

15/259: TRANSFORMATION PROGRAMME – MONTHLY UPDATE

The Committee noted this report.

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

15/260: CANNOCK CHASE HOSPITAL INTEGRATION PROGRAMME UPDATE

A report on progress following the acquisition of Cannock Chase Hospital on 1 November was submitted.

IT WAS AGREED: That the report be noted.

15/261: POLICIES FOR APPROVAL

The Committee considered 11 policies submitted for approval, all of which were being revised and updated. It was requested that policy OP70 (Private Patients) be withdrawn.

IT WAS AGREED: That the following policies be approved:

OP69 Overseas Visitors

OP10 Risk Management and Patient Safety Reporting

IP20 Urinary Catheter Policy

OP92 Clinical Coding

OP91 Data Quality Policy

IP19 Blood and Body Fluid Spillage Management Policy

Mortality Review Policy (note: approved subject to clarification with Dr Odum of the constitution of the multidisciplinary review teams – **IB/JO**)

HR07 Inclement Weather Policy

HR05 Equality of Opportunity

IP 09 Glove Policy

15/262: RISK - CONSIDERATION OF RISKS TO BE ENTERED ONTO A RISK REGISTER

The Infection Prevention and Control Group had identified Cardiac Machines as an item to be added to the Trust Risk Register (**M Cooper/Jo Colgan**).

15/263: ANY OTHER BUSINESS – CQC REPORT

Ms Etches reported that an appeal had been lodged to the CQC against various ratings in the recent hospital inspection report.

15/264: 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 23 October 2015 at 1.30 p.m. in the Board Room of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

The meeting closed at 3.25 pm