

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	25.04.14	
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, Monitor, or any other outside body. They 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"> ▪ Considered and approved the business case to increase the staffing establishment within Cardiothoracic theatres to meet national staffing guidelines. This will provide a safe operating environment and ensure delivery of the annual activity plan. ▪ Approved the business case for the procurement of a LIDCO to deliver minimally invasive cardiac output monitoring in critically ill patients in the Integrated Critical Care Unit. This is a safer and more accurate method of measuring cardiac output and provides flexibility because it can be used on both awake and anaesthetised patients. ▪ Following occupation of the new Pathology building and a sustained period of working in the new environment, it became apparent that two key areas of the Department required modification to improve functionality and service delivery. Therefore a business case has been approved to modify the Cellular Pathology specimen reception and Cytopathology sample sorting and processing area (which will now be located in a single laboratory area). ▪ Approved a business case to use Certiluzimab (Cimzia) for alternative indications other than rheumatoid arthritis (including ankylosing spondylitis, axial spondyloarthritis with 	

	<p>or without radiographic evidence, and Psoriatic arthritis that has been unresponsive to previous DMARD therapy). It is thought that approximately 20 patients will be suitable for treatment with Cimzia each year.</p> <ul style="list-style-type: none"> ▪ Approved the business case for the introduction of a one year programme to deliver the Meningitis C vaccination to schoolchildren in years 9 and 10 through a "blitz" campaign within schools to facilitate the highest possible uptake of the vaccination within the shortest time frame possible. Funding for this has been confirmed from NHS England. ▪ Discussed and endorsed the business case to introduce a pathway of care developed by partners in paediatrics to use with children up to the age of 16 who have been sexually assaulted. This will provide approximately 60 medical examinations for sexual assault per year for children in Wolverhampton, Dudley, Sandwell and Walsall. This has been approved by NHS England and the Wolverhampton police service and will facilitate patients being seen close to home and within national timeframes. ▪ Approved the business case for the appointment of a replacement Consultant in Neurology, following the resignation of a member of the Neurology Directorate. This is a like for like replacement. ▪ Considered the annual report on Undergraduate Academy and Teaching at the Trust. Good progress has been made during 2013/14, with reports from two Medical School monitoring visits complimenting the Undergraduate Academy in delivering quality education and a positive experience for medical students. Other notable points included the continued development of the Undergraduate Academy of teachers, development of the quality assurance process linked to education KPI's, and the planning of a tariff-based SIFT budget uplift to specialties to enhance and increase undergraduate teaching. ▪ Received an update on a programme of work being undertaken to reduce patient transfers between wards due to non-clinical reasons, with a particular focus on moves which take place between 11pm and 6am. ▪ Approved the revision of the Sharps Policy (HS03) and a new policy for Invasive Cervical Cancer Disclosure Audit.
<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>

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 25 April 2014 in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton

Present:	Mr D Loughton CBE Mr I Badger Dr M Cooper Dr J Cotton Dr M Cusack Dr L Dowson Ms M Espley Ms C Etches Mr M Goodwin Mr L Grant Dr J Odum Ms G Nuttall Mr T Powell Dr D Rowlands Dr B M Singh Ms Z Young	Chief Executive Divisional Medical Director, D1 Head of Infection Prevention Head of Research and Development Divisional Medical Director, D1 Divisional Medical Director, D2 Director of Planning and Contracting Chief Nursing Officer Head of Estates Development Deputy Chief Operating Officer, D1 Medical Director Chief Operating Officer Deputy COO, Division 2 Lead Cancer Clinician Lead IT Clinician Head Nurse, Division 1
In Attendance:	Mr N Bruce Ms S Ness Dr P Rylance Mr A Sargent	Head of IT (part) Deputy Director of Finance Director, NHS Teaching Academy (part) Trust Board Secretary
Apologies:	Ms R Baker Mr G Argent Ms D Hickman Dr C Higgins Dr S Smith Mr K Stringer	Head Nurse, Division 2 Divisional Manager, Estates and Facils Head of Midwifery Divisional Medical Director, D2 Divisional Medical Director, D2 Chief Financial Officer

14/114: DECLARATIONS OF INTEREST

No interests were declared at this meeting.

14/115: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 21 MARCH 2014.

IT WAS AGREED: that the minutes of the meeting of the Trust Management Committee held on Friday 21 March 2014 be approved as a correct record.

14/116: MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes.

14/117: ACTION POINTS

In response to a question by Mr Loughton, Ms Espley confirmed that she would shortly meet with Dr Singh and Mr Powell to discuss the matters raised at the March meeting (ME).

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

14/118: INFECTION PREVENTION AND CONTROL

Dr Cooper drew out the highlights of his quarterly report, including that there had been no MRSA bacteraemia in quarter four, there had been 39 *C.Difficile* cases during the year against an objective of 39, and a reduction in line related bacteraemia which highlighted the effectiveness of the work of the IV Team. There had also been a significant improvement in the number of MRSA acquisitions.

Ms Etches referred to discussions earlier today at the Infection Prevention and Control Group, regarding hand hygiene. Dr Cooper said that at 93.2% (the highest rate of compliance so far recorded for the Trust) it remained below the target of 95%. Mr Loughton stressed the need to press hard for improvements in the rate of hand hygiene training.

IT WAS AGREED: That the quarterly report on Infection Prevention and Control in the Trust be noted.

14/119: GOVERNANCE REPORT DIVISION 1

Mr Badger introduced this item and highlighted that there had been no new red complaints during the period in question, but that there remained one open red risk which related to staffing issues on Ward A6.

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

14/120: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

Ms Young highlighted the success of recent overseas and local recruitment campaigns with many vacancies in wards and theatres due to be filled over the next few months.

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

14/121: INCREASED STAFFING ESTABLISHMENT WITHIN CARDIOTHORACIC THEATRES TO MEET NATIONAL STAFFING GUIDELINES – BUSINESS CASE

Dr Cusack presented a business case for an increased staffing establishment within the Cardiothoracic operating theatres to provide a safe operating environment and ensure delivery of the annual activity plan. In response to a question from Ms Etches, he indicated that this would be funded from within the Division. Ms Etches asked why this business case had been brought forward in isolation from the next stage of the workforce review. Dr Cusack replied that it had been brought urgently on the grounds of patient safety. Ms Young added that this piece of work had been outstanding for some time and confirmed that there were no other outstanding elements to be addressed within the Division in isolation from the next stage of the workforce review.

IT WAS AGREED: that the business case for increased staffing establishment within Cardiothoracic Theatres to meet national staffing guidelines be approved.

14/122: PROCUREMENT OF A LIDCO SYSTEM TO DELIVER MINIMALLY INVASIVE CARDIAC OUTPUT MONITORING IN CRITICALLY ILL PATIENTS IN ICCU – BUSINESS CASE

Dr Cusack submitted a business case for the procurement of one LIDCO plus monitor and consumables, to ensure a safer and more accurate method of measuring cardiac output, for patients on the Integrated Critical Care Unit. This had been approved by the Capital Review Group in March.

IT WAS AGREED: That the business case for the procurement of a LIDCO system to deliver minimally invasive cardiac output monitoring in critically ill patients in ICCU be approved. (L Grant).

14/123: BUILDING MODIFICATION OF THE CELLULAR PATHOLOGY DEPARTMENT (BUSINESS CASE)

Dr Cusack requested the Committee to approve this business case which was designed to improve functionality and service delivery in the Cellular Pathology specimen reception and Cytopathology sample sorting and processing.

IT WAS AGREED: That the business case for the building modification of the Cellular Pathology Department be approved.

14/124: NURSING AND QUALITY REPORT - DIVISION 2

Mr Powell reported that although the number of qualified vacancies had slightly deteriorated on the previous month's position, recruitment plans were in place with overseas recruitment in hand. The Division had recorded five grade 3 / 4 pressure ulcers during the past month..

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

14/125: GOVERNANCE REPORT - DIVISION 2

Mr Powell summarised the monthly Governance report from Division 2. There had been no new red complaints and no new red risks during March.

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

14/126: CERTILUZIMAB (CIMZIA) FOR ALTERNATIVE INDICATIONS OTHER THAN RHEUMATOID ARTHRITIS – BUSINESS CASE

Mr Powell presented the business case relating to the use of Certiluzimab (Cimzia) for alternative indications other than rheumatoid arthritis.

IT WAS AGREED: That the business case for the use of Certiluzimab (Cimzia) for alternative indications other than rheumatoid arthritis be approved, subject to being supported by the Commissioner (T Powell).

14/127: MENINGITIS C IMMUNISATION – BUSINESS CASE

Dr Powell submitted this report for approval. The business case had been designed to introduce this vaccination in schools for children in years 9 and 10, with a "blitz" campaign in order to achieve a high rate of take-up in a short timeframe. Ms Espley confirmed that NHS England had agreed to fund this work.

IT WAS AGREED: That the business case for Meningitis C immunisation for years 9 and 10 pupils in schools, with a "blitz" campaign, be approved.

14/128: OUT OF HOURS CHILD SEXUAL ASSAULT EXAMINATIONS – BUSINESS CASE TO SUPPORT BLACK COUNTRY SERVICE

Mr Powell introduced this item, which included a business case to develop a pathway of care developed by partners in paediatrics to use with children (up to the age of 16) who have been sexually assaulted. It was anticipated that this would provide approximately 60 medical examinations for sexually assaulted children in Wolverhampton, Dudley, Sandwell and Walsall, per annum.

IT WAS AGREED: That the business case for the provision of out of hours child sexual assault examinations, to support a Black-country wide service, be approved in principle, subject to being supported by the Commissioner (T Powell).

14/129: CONSULTANT IN NEUROLOGY – BUSINESS CASE FOR REPLACEMENT

Mr Powell introduced this report. It requested approval for a like for like replacement of one consultant post, following the resignation of an existing member of staff.

IT WAS AGREED: That the business case for the appointment of a replacement Consultant in Neurology be approved.

14/130: FRIENDS AND FAMILY TEST FOR NHS STAFF

Mr Loughton introduced this report.

IT WAS AGREED: That the report be noted.

14/131: NURSE RECRUITMENT

Ms Young reported that the recent campaign in Greece and Italy had been successful and 33 nurses had been offered positions; a high proportion of these were expected to accept the places and the first cohort should arrive at the Trust by the end of June. They would be shared equally between the two divisions. She indicated that many of them were novice nurses or had undertaken six-month internships, and many currently worked as volunteers or in jobs for which payment was not certain. It was clear that they were working to keep their professional skills and knowledge up to date. In response to a question by Dr Odum, she said that generally they had good English language skills, but that further work was required to assist the 12 reserves. Ms Etches said that the Trust would take a more proactive role by offering them placements and supporting their English skills and clinical skills when they arrived in the city. Ms Young said that the problem was primarily around their accents rather than ability to speak and understand English.

IT WAS AGREED: That the report on Nurse Recruitment be noted.

14/132: SICKNESS ABSENCE PROJECT UPDATE

Mr Loughton highlighted the progress in reducing sickness absence rates in the Trust, adding that the next stage would be to evaluate new approaches.

IT WAS AGREED: That the report be noted.

14/133: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall reported that there had recently been an increase in ambulance conveyances, A and E targets had been achieved, and the 18 weeks target had also been met. The Committee noted that in future the Trust would be measured against the 18 weeks targets by specialty, and that this was likely to become more intensive than for A and E. She anticipated that any additional winter funding would be combined to support A and E and the 18 weeks targets, allocated on a fair shares basis, for which planning should commence now. She added that the 62 day referral target continued to pose a particular challenge in Urology, and consideration was being given to refusing to accept late referrals from other trusts

Ms Etches mentioned the Friends and Family Test which would again this year be a CQUIN target, and that the response rate must be increased to at least 40%. A business case to support the use of mobile phone text messages would shortly be produced in this connection.

Mr Loughton informed the Committee that the Trust was ranked at 153 out of 156 for the measure "patients understand their medication". He expressed disappointment and said that this must be improved significantly by August, and that the starting point must be improved communications, on the part of all staff. Dr Singh suggested that improvement should be facilitated by a work stream whose starting point would be the safe discharge policy.

Mr Loughton again stressed the need to continually make improvements in A and E.

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

14/134: REPORTING ARRANGEMENTS FOR QUALITY AND PERFORMANCE TARGETS

Ms Nuttall presented the proposed reporting arrangements for quality and performance targets for 2014/15.

IT WAS AGREED: That the report be noted, and the proposed reporting arrangements for Quality and Performance metrics during 2014/15 be endorsed.

14/135: FINANCE REPORT FOR M12

Ms Ness reported that at the end of Month 12 the Trust's surplus was £8.465m, and that all of the financial targets for 2013/14 had been achieved. The accounts had been submitted to the Trust's external auditors by the deadline. Mr Loughton congratulated staff on this achievement.

IT WAS AGREED: That the report on the Trust's financial position at the end of M12 be noted.

14/136: DELIVERY OF ESTATES STRATEGY 2008/09-2018/19: Q4 UPDATE

Mr Goodwin presented the quarterly report on the delivery of the Estates Strategy, highlighting in particular the enabling works for the new Emergency Centre, the replacement of the linear accelerators, demolitions, and the completion of the multi-storey car park.

IT WAS AGREED: That the quarterly progress report on delivery of the Estates Strategy be noted.

14/137: CAPITAL PROGRAMME 2013/14 – M12 UPDATE

Mr Goodwin reported that the year-end outturn position at month 12 identified an under spend of £550,914.

IT WAS AGREED: That the progress of the Capital Programme 2013/14 at the end of March 2014 be noted.

14/138: INTEGRATED ELECTRONIC PATIENT RECORD PHASE 3

Mr Bruce summarised the report, which described a business case for the continued development of the integrated electronic patient record, and would enable the delivery of the Health Records CIP for 2014/15.

During a period of questioning and commenting upon the business case, the following points were made:

- Staff savings in year one may not be fully realised if there is inadequate IT equipment to view patient records when and where required;
- The teams had scoped all relevant work areas, including the nurse-led clinics;
- The needs of community workers had been considered and the business case included some money for mobile devices, but it was pointed out that the Trust's policy and practice regarding mobile devices needed to be revisited;
- The Trust was aiming to develop just one database - "integrated enterprise Healthcare solution"

Mr Badger sought assurances that this business case would ensure sufficient hardware to enable paperless working, for example the ability for clinicians to view x-rays on high resolution monitors in clinics without delays. He stressed that there must be sufficient computers, such as in the Appleby Suite, so that surgeons could examine x-rays without waiting to share screens. Mr Bruce confirmed that the Appleby suite was one of the main areas in the matrix and that potential gaps would be discussed with Ruth Horton. He assured the meeting that his team were anxious to include the busiest areas within the review to ensure the provision of sufficient equipment. The specification for high resolution monitors to enable PACX images to be viewed was being obtained from Anthony Leese, and a separate business case for the procurement of such monitors might be required. Mr Badger requested that this matter be brought to divisional management teams as a matter of urgency for the proposals to be further discussed and potential problems identified (NB).

Dr Cusack noted that download times could be slow and asked whether a future business case could address this. Mr Bruce acknowledged that the network required ongoing improvements and that he would like to engage an independent company to review the speed of the network. In the meantime, he assured the meeting that various points of failure were being addressed and that investment in servers was now taking place in order to make the system more robust. In response to Mr Loughton, Mr Bruce confirmed that the upgrade of the servers would not only boost capacity at New Cross but would also help meet demand at Cannock.

IT WAS AGREED: That the business case for phase 3 of the Integrated Electronic Patient Record be approved.

14/139: DOCUMENT MANAGEMENT PROJECT – SAFER HOSPITALS, SAFER WARDS TECHNOLOGY – BUSINESS CASE

Mr Bruce highlighted the key points of this business case, which would deliver integrated e-referrals solution for CCG referrals and Choose and Book, implementation of EDT Transport hub technology, and implementation of effective scanning bureau operation, equipment and processes. In response to a question from Dr Cusack, Mr Bruce confirmed that it was possible to enable a carousel view on an iPhone if desired. Dr Singh pointed out that this was a significant milestone.

IT WAS AGREED: That the business case for the introduction of the Document Management Project – Safer Hospitals, Safer Wards Technology be approved.

14/140: EMERGENCY CENTRE – FULL BUSINESS CASE

Dr Odum summarised the most recent developments regarding the development of the proposed new Emergency Centre, including the approval of the full business case by the CCG and Trust Board in April. It was due to be considered by the Board of the TDA in May and, if approved there, the new facility was scheduled to open in November 2015. Final letters of support from neighbouring CCG's had now been received.

In response to a question from Mr Loughton, Ms Nuttall said that the Royal College had been requested to approve the job description for a new consultant Urologist and that steps were now being taken to make the appointment as soon as possible.

IT WAS AGREED: That the oral update on the progress of the proposed new emergency centre be noted.

14/141: UNDERGRADUATE ACADEMY AND TRAINING

Dr Rylance attended for this item, and outlined the highlights of the Academy's work during the last 12 months. The Committee noted that the reports from two Medical School monitoring visits had complimented the Undergraduate Academy in delivering quality education and a positive experience for medical students, and that action plans were in place to implement recommendations; the continued development of the Undergraduate Academy of teachers was noted; it was intended to expand the simulation unit; with effect from April 2015 a tariff-based SIFT would apply to specialties to enhance and increase undergraduate teaching, with a projected doubling of income over a four-year period; educator training was being undertaken by all undergraduate teachers in line with GMC requirements; and a quality assurance process had been developed, linked to education KPIs.

In response to a question from Mr Loughton, Dr Rylance confirmed that the simulation unit was used by some external organisations, and that the Trust was recognised to be leaders because of its development of this facility. He also confirmed that Directorates would have to bid for SIFT in 2014/15.

IT WAS AGREED: That the annual report on the work of the Undergraduate Academy be noted.

14/142: RESEARCH AND DEVELOPMENT

Dr Cotton presented the progress report on the Trust's research and development activities. In response to questions he agreed to meet with Dr Dowson to discuss the benefits of respiratory research to the Trust. He indicated that some tertiary units would be generating up to 40% of their income through research and this would be reinvested into health services.

Ms Nuttall requested that Dr Cotton give a presentation on the importance of research to a meeting of middle managers in the trust (JC).

IT WAS AGREED: That the report be noted.

14/143: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

IT WAS AGREED: That the report be noted.

14/144: CLINICAL NURSING PRACTICES GROUP – SIX MONTHLY UPDATE

Ms Etches drew out the salient points of this six monthly report on the work of the General Nursing Clinical Practices work group and the Nursing Clinical Practice Ratification Group.

IT WAS AGREED: That the six monthly update from the Clinical Nursing Practices Group be noted.

14/145: REPORT OF THE PROGRESS BEING MADE TO REDUCE INTERWARD TRANSFERS DUE TO NON-CLINICAL REASONS

Ms Etches presented this report on a programme of work being undertaken to reduce patient transfers between wards due to non-clinical reasons after midnight. She also highlighted the steps intended to be taken over the next 12 months to minimise patient transfers and support the process required to demonstrate to commissioners that the Trust is achieving the CQUIN target against patient ward moves.

IT WAS AGREED: That the report be noted.

14/146: CHANGE PROGRAMME BOARD

Ms Espley submitted this report, and pointed out that the Trust had delivered 76% of its CIP target during the year, amounting to just over £16m. Just under 40% of these were recurrent savings, leading to a carry forward of savings into the current financial year resulting in a total required level of CIP for 2014/15 of £28.2 M.

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

14/147: EMERGENCY PREPAREDNESS ANNUAL REPORT 2013/14

Ms Espley presented this item. She reported that all of the statutory requirements for emergency preparedness had been met during the year. Mr Loughton drew attention to the risk of the A and E Department at Stafford Hospital closing down at the same time as a major incident, for example on the M6 motorway, and requested that urgent consideration be given to contingency planning for such an eventuality (ME).

IT WAS AGREED: That the Annual Report on Emergency Preparedness during 2013/14 be noted.

14/148: CONTRACTING AND COMMISSIONING UPDATE

Ms Espley updated the meeting on the recent progress regarding contract sign-off for 2014/15. Certain ongoing concerns regarding specialised services were also noted. Dr Cotton pointed out that TAVI was a procedure which had proved itself to be a lifesaver and that other trusts were increasingly undertaking this. He said that RWT could also carry out many more such procedures but that there was a long waiting list (up to 26 weeks) and that patients were at risk of dying while they waited; this was a very high risk group of patients.

IT WAS AGREED: That the progress update on contracting and commissioning be noted.

14/149: PROPOSED NEW REPORTING STRUCTURE FOR CIP

Ms Espley outlined the proposed new arrangements, from 1 April, for the governance of the Cost Improvement Programme.

IT WAS AGREED: That the arrangements outlined in the report for governance of the Cost Improvement Programme, and the reporting and accountability structure effective from 1 April 2014, be endorsed.

14/150: POLICIES FOR APPROVAL

IT WAS AGREED: That the following policies be approved:

- Invasive Cervical Cancer Disclosure Audit Policy (new)
- HS03 Sharps Policy (amendments)

14/151: RISK - CONSIDERATION OF RISKS TO BE ENTERED ONTO A RISK REGISTER

Mr Loughton referred to the previous discussion about the current waiting times for the TAVI procedure and was informed that it was up to 26 weeks. He requested the Division to consider adding this to the risk Register on the grounds of patient safety, given that a patient could die while awaiting the procedure (MC).

14/152: ANY OTHER BUSINESS

No other business was raised.

14/153: 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 30 May, 2014 at 1.30 p.m. in the Board Room of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

The meeting closed at 3.30pm