

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	29 May 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, 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 for the use of Gammplex drug treatment. Gammplex is used to strengthen the body's natural defence system to lower the risk of infection in persons with a weakened immune system. It is used to treat a certain type of muscle weakness problem (multifocal motor neuropathy), and may also be used to prevent certain blood vessel disorders in patients with Kawasaki Syndrome. ▪ Received the annual Trust Fire Safety report, which confirmed compliance with the statutory requirements, and outlined actions proposed or underway to further strengthen fire safety measures across the Trust. ▪ Approved the business case for investment into research and development to release consultant time for research, leading in the longer term to greater income flowing into the Trust, some of which will be earmarked as contributions to CIP, and some as contributions to Divisions. 	
Risks Identified: Include Risk Grade (categorisation matrix/Datix number)	<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</p>	

	consideration for inclusion on a risk register.
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The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 29 May 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
Ms R Baker	Head Nurse, Division 2
Dr M Cooper	Head of Infection Prevention
Prof J Cotton	Head of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Ms M Espley	Director of Planning and Contracting
Ms C Etches	Chief Nursing Officer (part)
Mr M Goodwin	Head of Estates Development
Mr L Grant	Deputy Chief Operating Officer, D1
Ms D Hickman	Head of Midwifery and Interim HN D1
Mr S Mahmud	Interim Programme Integration Director
Dr J Odum	Medical Director (part)
Ms G Nuttall	Chief Operating Officer
Mr T Powell	Deputy COO, Division 2
Ms S Roberts	Acting Divisional Manager, Estates and Facilities
Dr S Smith	Divisional Medical Director, D2

In Attendance:

Ms E Williams	Deputy Director of Finance
Mr A Sargent	Trust Board Secretary

Apologies:

Mr I Badger	Divisional Medical Director, D1
Dr C Higgins	Divisional Medical Director, D2
Dr D Rowlands	Lead Cancer Clinician
Mr K Stringer	Chief Financial Officer
Dr B S Singh	Lead IT Clinician

15/141: DECLARATIONS OF INTEREST

No interests were declared at this meeting.

15/142: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 24 APRIL 2015.

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

15/143: MATTERS ARISING FROM THE MINUTES

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

15/144 ACTION POINTS LIST

Following discussion, it was agreed that the following item could be closed:

- 15/27: CRN Research Nurse workload and vacancies

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

15/145: GOVERNANCE REPORT - DIVISION 1

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

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

15/146: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

Ms Hickman presented this report on behalf of Division 1. She referred to the recent closure of six beds on Ward A5. In response to questions from Mr Loughton, Mr Grant confirmed that this area was safe and that the closure of these beds had had a disproportionate beneficial effect on staff in that area.

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

15/147: NURSING AND QUALITY REPORT - DIVISION 2

Ms Baker summarised the monthly nursing and quality report from Division 2. It was noted that there had been 32 reported breaches in agreed staffing numbers during April across the Division; there were 64.62 WTE qualified vacancies within the Division which appeared to be a deteriorating position compared to the previous month, but which actually reflected more accurate reporting for the month under review. In response to a question from Mr Loughton, she indicated that the vacancies represented less than 1% of the total nurse workforce and that the turnover of nursing staff for the division was around 8%, had remained stable for some time, and was similar to that found in other comparable trusts.

Ms Etches noted the ongoing problem with confidential leaks across the organisation and asked whether the divisions were now confident the better processes were in place. Mr Grant confirmed that posters alerting staff to the issues would be in place in the next week in key locations. It was thought that the chief cause of these leaks was individual poor practice. Dr Dowson said that a change in culture was required so that staff ceased to carry around with them pieces of paper containing patient identifiable data. He suggested that it would be helpful for the deanery to send out guidance to junior doctors (JO).

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

15/148: GOVERNANCE REPORT - DIVISION 2

Ms Baker presented the monthly governance report from Division 2. She indicated that there were no new red complaints opened during the period, and there were 5 existing high-level amber risks.

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

15/149: BUSINESS CASE FOR GAMMAPLEX DRUG TREATMENT

Mr Powell submitted the business case to support the use of Gammaplex drug treatment.

IT WAS AGREED: That the business case to support the use of Gammaplex be approved, subject to approval by the Commissioner.

15/150: EXECUTIVE SUMMARY 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 tabled three slides highlighting the response rates and key areas from the most recent Chatback exercise, which demonstrated some very positive improvements in a number of key areas.

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

15/151: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall reported that there continued to be concern over the 62 day cancer treatment target. Although not all of the delays could be attributed to late tertiary referrals, the TDA had now formally raised this matter with Monitor in respect of certain local foundation trusts. She also mentioned ongoing delays with social care assessments. Dr Dowson said that he questioned the tendency to refer automatically certain categories of patients for social care assessments, some of which turned out to be inappropriate, and he expressed the view that the earlier involvement of social workers might avoid inappropriate referrals and consequent delays in discharges. Mr Loughton said that this needed to be raised at his next meeting with the Council's Director of Social Services. Ms Nuttall emphasised the need to target the wards found to be the source of the majority of these inappropriate referrals.

Ms Etches reported that although more complaints were being reopened, the overall number received had fallen during April. There had been a significant effort in both divisions to improve the Friends and Family Test response rate and as a result we were above target in inpatient and outpatient areas. The Committee noted that the Trust was currently an outlier regarding pressure ulcers picked up via the safety thermometer: was this reflective of the length of stay with some of the older patients? There had been a slight increase in the number of falls. A case of MRSA in February was deemed unavoidable. She raised concern about the increased number of cases of C.difficile, which would be discussed by the Executive Directors on 3 June with Deputy Chief Operating Officers and Acting Divisional Manager – Estates and Facilities in attendance. A change of cleaning agent was under consideration. Dr Dowson said that a recently recruited consultant from Colchester was keen to introduce to the Trust the work undertaken elsewhere on anti microbial prescribing; it was suggested he be invited to join the Microbial Group in the trust. Mr Loughton maintained that nothing less than HPV of entire wards would be sufficient. He was also led to understand that some individuals were still not complying with the "bare below elbows" policy and requested the Clinical Directors to be vigilant about this.

Dr Odum reminded the Committee of the very debilitating nature of C.difficile, which had a detrimental impact on patient and family alike, and stressed the importance of doing everything possible to eradicate this infection from the Trust. Mr Loughton again appealed for a big drive to increase the uptake of hand hygiene training.

Ms Etches drew attention to the slight increase in C-sections this month, which had not been matched by a fall in the number of third-degree tears. Ms Hickman confirmed that each case was reviewed in order to identify learning; she was not aware of any difference in the

numbers of tears between the MLU and obstetric lead wards. In response to a question she confirmed that the numbers of births had increased by approximately 72 per month. Ms Nuttall suggested it would be helpful for future report to include a rate against third-degree tears.

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

15/152: INTEGRATED QUALITY AND PERFORMANCE REPORT - REVIEW

Ms Nuttall submitted this report for approval.

IT WAS AGREED: That the proposals for revised quality and performance reporting in 2015/16, as outlined in the report, be approved.

15/153: FIRE SAFETY ANNUAL REPORT

Ms Nuttall introduced the annual Trust Fire Safety Report.

IT WAS AGREED: That the annual report of Fire Safety for 2014 be approved

15/154: FINANCE REPORT FOR M1 (APRIL 2015)

Ms Williams reported that at the end of Month 1 the Trust's deficit was £1.84M, which was favourable to the month 1 plan by £7000.

IT WAS AGREED: That the report on the Trust's financial position at the end of M1 (April 2015) be noted.

15/155: CAPITAL PROGRAMME 2015/16 – M1 UPDATE

Mr Goodwin reported that the total spend for the Trust as at month 1 stood at £2,476,722 for the New Cross site, and £797,483 for the Cannock Chase Hospital site.

IT WAS AGREED: That the M1 update report on the Capital programme 2015/16 be approved.

15/156: URGENT CARE AND EMERGENCY CENTRE

Dr Odum presented an oral update on the construction of the new Urgent Care and Emergency Centre, which remained on course to open in November 2015. He reported that the first meeting of the combined project group had taken place in the last week and good progress was being made. He pointed out that activity figures were already ahead of projections in the business case for day one of the new facility and that this would have implications for additional staff requirements. Activity and staffing requirements were therefore under review. Mr Loughton advised that recruitment should continue.

Dr Odum indicated that the urgent care component of the new facility was in the tender process and that all bidders would visit the site in the next few days to examine the state of the new building.

IT WAS AGREED: That the report be noted.

15/157: A NEW STRUCTURE TO ENHANCE RESEARCH DELIVERY

Professor Cotton presented the business case for a new structure to enhance research delivery. It was noted that the proposals had been considered by the Contracting and Commissioning Panel and were accepted in principle by both divisions. It was understood that this represented an investment to enable research to be undertaken, which in turn would attract income some of which could contribute to future CIP. Ms Adimora underlined the importance of proceeding with this, having regard to the size and scope of the organisation and the need to attract qualified and competent staff for future research.

IT WAS AGREED: That the business case for a new structure to enhance research at the Trust, as now presented, be approved, subject to final agreement of the finance proforma between M Espley and E Williams.

15/158: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

The Committee noted this report which included two new operational high-level risks and nine existing high-level risks. Ms Etches clarified that the new amber rated risk regarding fire safety at West Park hospital had yet to be approved by the division. Mr Goodwin suggested that if the description of the risk was correct it should be graded red not amber; he added that this had not yet been considered by the Fire Safety Committee.

IT WAS AGREED: That the report be noted.

15/159: SAFE STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – APRIL 2015 DATA

The monthly report on the planned versus actual staffing by ward was submitted. Ms Etches said that it represented a deteriorating position. She stressed that no operational safety issues had been identified. Dr Odum noted that the ratio of qualified to unqualified staff could lead to questions being raised about patient safety. In response, Ms Etches pointed out that the staffing levels on each ward were assessed on a day by day basis having regard to patient safety, and that if necessary staff were moved between wards as required. The Committee noted that the report contained average monthly figures, and that a skill mix review was due to be reported in June. Dr Dowson asked how the figures related to incidents on wards. Ms Etches said that the staffing levels did not appear to relate to SUIs but that sometimes they appeared to impinge upon falls, late observations and pressure ulcers.

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

15/160: TRANSFORMATION PROGRAMME – MONTHLY UPDATE

The Committee noted this report. Ms Espley confirmed that at a meeting next week further consideration would be given to how the projected CIP shortfall could be met and how income schemes will be managed.

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

15/161: CONTRACTING AND BUSINESS DEVELOPMENT UPDATE

Ms Espley reported orally to update the Committee on progress relating to contract negotiations with the principal commissioners, highlighting that all of the contracts had now been signed.

IT WAS AGREED: That the report be noted.

15/162: 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.

15/163: POLICIES FOR APPROVAL

The Committee considered six policies submitted for approval, five of which were being revised and updated. Ms Adimora said that she would speak to Mr Badger about the wording of a small section of the revised Consent policy. Dr Odum paid tribute to the hard work which had resulted in the revised Consent policy being submitted today.

IT WAS AGREED: That the following policies be approved:

- CP06 Consent
- OP62 Breaking Bad News
- CP59 Restraint of Adults and Children Receiving Care Within the trust
- OP106 Safeguarding Case Supervision Policy
- CP53 Safeguarding Adults
- HS22 Asbestos
- CP43 Visiting

15/164: 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.

15/165: ANY OTHER BUSINESS

The following item of business was raised:

CQC Inspection: Mr Loughton indicated that excellent preparation had been made for the forthcoming inspection and expressed appreciation in particular for the work done by Lynn Fieldhouse in this regard. He outlined the nature of some of the preliminary discussions which were taking place with the CQC, and then provided the names of some of the inspection team.

15/166: 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 June 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 3.05 pm