

## CHAIRMAN'S SUMMARY REPORT

<b>Name of Committee/Group:</b>	Trust Management Committee	
<b>Report From:</b>	Chief Executive	
<b>Date:</b>	24 April 2015	
<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>	<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 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>	
<b>Main Discussion/Action Points:</b>	<ul style="list-style-type: none"> <li>▪ Considered and approved the business case for the use of <b>Mylotarg for the treatment of Acute Myeloid Leukaemia (AML)</b> in clinical trial. AML is the most common acute leukaemia in adults, and although there have been steady improvements in survival in younger adults with this condition; the prognosis for the majority of older adults is poor. The trial of Mylotarg is primarily designed for patients over the age of 60.</li> <li>▪ Received the six monthly report from the <b>Waste management Group</b> and received assurance that waste management activities within the Trust continue to be in the main compliant with relevant Guidelines and legal requirements. Audits and visits are being undertaken as necessary, areas for development are being identified and dealt with, and the post of Waste Manager has been filled and a dedicated Waste and recycling Team established.</li> <li>▪ Received the six monthly report of the <b>Nursing Clinical Practices Group</b>. The Royal Marsden Manual of Nursing Clinical Procedures was re-launched in March on all Trust sites, in a more user friendly and easier to navigate format online.</li> <li>▪ Noted the quarterly report on <b>Cancer Services</b>, which</li> </ul>	

	<p>confirmed that there is to be an external visit to review the haematology service in June. It was also reported that the national cancer patient experience survey, which has been run annually over the last three years, has not happened this year. If it does not run again by this autumn, cancer teams and services plan to run their own exercises to obtain patient feedback (as they used to do in the past).</p>
<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 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>

# The Royal Wolverhampton NHS Trust

## TRUST MANAGEMENT COMMITTEE

**Minutes of the meeting of the Trust Management Committee held at 2.00pm on Friday 24 April 2015 in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton**

**Present:**

Mr D Loughton CBE	Chief Executive (Chair)
Mr I Badger	Divisional Medical Director, D1
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
Dr C Higgins	Divisional Medical Director, D2
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 D Rowlands	Lead Cancer Clinician
Dr S Smith	Divisional Medical Director, D2
Mr K Stringer	Chief Financial Officer

**In Attendance:**

Mr A Sargent	Trust Board Secretary
--------------	-----------------------

**Apologies:**

Ms A Adimora	Director of Human Resources
Mr S Mahmud	Interim Programme Integration Director

**15/110: DECLARATIONS OF INTEREST**

No interests were declared at this meeting.

**15/111: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 27 MARCH 2015.**

**IT WAS AGREED:** that the minutes of the meeting of the Trust Management Committee held on Friday 27 March 2015 be approved as a correct record.

**15/112: MATTERS ARISING FROM THE MINUTES**

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

### **15/113: ACTION POINTS LIST**

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

- 15/5: Action completed
- 15/48: Action completed
- 15/52: action completed
- 15/61: action completed

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

### **15/114: INFECTION PREVENTION**

Dr Cooper introduced this item by mentioning the number of C.difficile cases during Q4, and the failure to meet the external objective which rendered the Trust liable to a fine of £130,000. The position might have been better had the Trust used the national definition for "unavoidable" cases of this infection. Responding to Dr Dowson's question about the nature of the problems identified on Ward C 19, Dr Cooper confirmed that this related primarily to basic levels of cleanliness. It was noted that this Ward was an outlier on infection generally but that steps had been taken to improve the position. Dr Cooper added that the rate of compliance with mandatory training by medical and dental staff had improved during the last month.

**IT WAS AGREED:** That the quarterly report on Infection Prevention be noted.

### **15/115: CANCER SERVICES**

Dr Rowlands presented his quarterly report on Cancer Services, highlighting the forthcoming external peer review. There was a discussion about the problems currently being experienced with delays in radiology, and CT scans in particular. Most teams had suffered from longer than normal turnaround times for scanning, and Mr Badger indicated that this was a national problem caused by a shortage of radiologists relative to the need. Ms Nuttall confirmed that she was meeting staff weekly to review all cancer pathways; breast referrals had gone up but had now stabilised. Mr Loughton asked whether any of the cancer scans could be contracted out. Mr Badger responded that the problem with this would be quality control; they needed to be done to a very high standard and reported to the MDT.

**IT WAS AGREED:** That the report be noted.

### **15/116: GOVERNANCE REPORT - DIVISION 1**

Mr Badger introduced this item and highlighted that there had been no new red complaints and no open red risks for the Division, but there were seven open high amber risks which remained under review. He mentioned that a new national never events list had recently been issued.

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

### **15/117: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1**

Ms Hickman presented this report on behalf of Division 1. She referred to the open day on 25 April for nurse recruitment and confirmed that a decision on whether to move to a 1:28 ratio for midwives would be taken later in the year in the light of activity levels. Replying to

Mr Loughton she said that the number of bookings coming through from Stafford was going according to plan.

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

#### **15/118: 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 31 reported breaches in agreed staffing numbers during February across the Division; there were 46.11 WTE qualified vacancies within the Division which was an improving position compared to the previous month. In response to questions she confirmed that there would be further overseas recruitment in May and June. Mr Loughton suggested that, as a source of recruits, Europe might soon be exhausted and that consideration should be given to returning to Asia, and in particular the Philippines, from where a number of good staff had previously come. He emphasised the need to maintain momentum in terms of recruiting nurses.

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

#### **15/119: 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 7 existing high-level amber risks.

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

#### **15/120: FUNDING TO SUPPORT THE USE OF MYLOTARG FOR THE TREATMENT OF AML IN CLINICAL TRIAL – TRIAL NAME AML 18**

Mr Powell submitted the business case to support the use of Mylotarg for the treatment of AML in clinical trial.

**IT WAS AGREED:** That the business case to support the use of Mylotarg for the treatment of AML in clinical trial be approved, subject to approval by the Commissioner.

#### **15/121: 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.

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

#### **15/122: INTEGRATED QUALITY AND PERFORMANCE REPORT**

Ms Nuttall reported that there had been continued pressure in the Emergency Department and challenges in meeting the RTT and Cancer targets. She referred to the visit of the Emergency Care Intensive Support Team, whose report on the visit had recently been received. This had generally been very positive. Mr Loughton picked up one of the points made in the report of this visit and suggested that a mindset should be developed that as soon as possible after treatment patients should return home. Dr Dowson said that this approach was already being taken in some areas of the hospital. Ms Nuttall referred also to a two-day visit this week by the WNQRS Team focusing on intermediate care. Although this had touched upon delays relating to social care, the team had also stressed that the Trust

should consider whether its systems and procedures were unhelpfully complex pattern with unnecessary duplication.

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

#### **15/123: WASTE MANAGEMENT GROUP – SIX MONTHLY UPDATE**

Ms Nuttall submitted this report for information and assurance.

**IT WAS AGREED:** That the six monthly update on the Waste Management Group be noted.

#### **15/124: INCOME AND EXPENDITURE PLAN 2015/16**

Mr Stringer submitted the Income and Expenditure Plan for 2015/16, as recently approved by the Trust Board. He emphasised that this year the Trust had approved a "deficit budget" and that in order to recover the position by the year end exceptional care over the control of expenditure would be required. Mr Loughton said that the Trust would have to trade its way out of the deficit. Mr Stringer updated the meeting on the outcome of recent mediation with the WCCG, which had resulted in £2M being reinstated for seven day services and £700,000 recurring funding reinstated for the dementia ward. The disputed expenditure in relation to the Better Care Fund had been withdrawn from the table during the mediation process, but the £2 million to cover CQC staffing levels had not been won back.

**IT WAS AGREED:** That the report be noted.

#### **15/125: FINANCE REPORT FOR M12 (MARCH 2015)**

Mr Stringer reported that at the end of Month 12 the Trust's surplus was £3.22M, which was adverse to the month 12 plan by £1.50M. .

**IT WAS AGREED:** That the report on the Trust's financial position at the end of M12 (March 2015) be noted.

#### **15/126: FIVE YEAR CAPITAL PROGRAMME 2015/16-2019/20**

Mr Goodwin reported that the implications of the budget set for the year included the need to fund £10.792 million from working capital, which would be repaid over the following three years. Mr Loughton noted that there had been a number of power outages in the Heart & Lung Centre and indicated that there may need to be an allocation in the Plan to resolve these issues.

**IT WAS AGREED:** That the report on the Capital programme 2015/16-2019/20 be approved.

#### **15/127: CAPITAL PROGRAMME 2014/15 – M12 (MARCH 2015) UPDATE**

Mr Goodwin reported that the actual monthly expenditure position at month 12 was an underspend of £49,734.

**IT WAS AGREED:** That the progress of the Capital Programme 2014/15 at the end of March 2015 be noted.

#### **15/128: URGENT CARE AND EMERGENCY CENTRE**

Dr Odum presented an oral update on the construction of the new Urgent Care and Emergency Centre, which remains on course to open in November 2015

**IT WAS AGREED:** That the report be noted.

#### **15/129: REVALIDATION OF MEDICAL STAFF**

Dr Odum presented the quarterly report on revalidation of medical staff. The Trust appraisal rate now stood at 97.8% which was very satisfying.

**IT WAS AGREED:** That the quarterly progress report on revalidation of medical staff be noted.

#### **15/130: 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 risk 4111 would be amended to an amber risk. Dr Dowson asked about risk 2433 and the regular flooding of the Respiratory Centre. Ms Baker confirmed that this was recorded separately (from 2433) in the directorate risk register.

**IT WAS AGREED:** That the report be noted.

#### **15/131: SAFE STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – MARCH 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.

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

#### **15/132: NURSING CLINICAL PRACTICES GROUP**

This six monthly report outlined the work of the Trust Nursing Clinical Practices Group.

**IT WAS AGREED:** That the six monthly report on the Nursing Clinical Practices Group be noted.

#### **15/133: TRANSFORMATION PROGRAMME – MONTHLY UPDATE**

The Committee noted this report.

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

#### **15/134: EMERGENCY PREPAREDNESS ANNUAL REPORT**

Ms Espley submitted the EPRR Annual Report for 2014/15. The report reflected another busy year of activity, during which all statutory requirements had been fulfilled, and following the NHS (England) review of this function a judgement of "substantial compliance" had been given. Among the priorities for work during 2015/16, was further work on business continuity plans.

**IT WAS AGREED:** That the EPRR Annual Report for 2014/15 be received for assurance.

### **15/135: CONTRACTING AND BUSINESS DEVELOPMENT UPDATE**

Ms Espley introduced a report updating the Committee on progress relating to contract negotiations with the principal commissioners. She updated the report by indicating that it was hoped that the contract for specialised services would be signed in the next week.

**IT WAS AGREED:** That the report be noted.

### **15/136: CANNOCK CHASE HOSPITAL INTEGRATION PROGRAMME UPDATE**

A report on progress following the acquisition of Cannock Chase Hospital on 1 November was submitted. Mr Loughton mentioned the areas of the hospital which were leased to other users, and expressed the expectation that a way would be found to ensure that they complied with the cleaning regime operative in the rest of the hospital. Mr Goodwin confirmed that he was aware of this issue and the areas in question had been identified. He said that there was further work required to clarify accountability structures for one or two particular areas used by other organisations.

**IT WAS AGREED:** That the report be noted.

### **15/137: POLICIES FOR APPROVAL**

The Committee considered three policies submitted for approval, one of which was being revised and updated. With regard to the VIP policy, a question was raised about the proposed level within the hierarchy at which approval for a VIP visit would be required; was it appropriate in every case to seek agreement from the Trust Chief Executive and Chair? Ms Espley agreed to look into this after the meeting.

**IT WAS AGREED:** That the following policies be approved:

- VIP/Celebrity Visitors to the Trust (new) - subject to a review of the level within the hierarchy at which agreement must be sought for a VIP visit (ME).
- Business Continuity Management Policy (new)
- HR14 Work Experience

### **15/138: 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.

### **15/139: ANY OTHER BUSINESS**

The following items of business were raised:

1 Mr Loughton indicated that the CQC rating for the Trust might move from 5 to 6 and said that it was vital that all staff approached the inspection with a high degree of confidence in their work and in the organisation as a whole.

2 Ms Etches referred to the launch of the new bereavement model today, based originally on work in Salford, featuring more personalised care.

**15/140: 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 29 May 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 3.40 pm**