

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	20 February 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 investment in a third MRI Scanner to keep up with the number of patients needing MRI scans which is increasing year on year. ▪ Received and supported the business case for NICE Technology Appraisal TAG265 (for the use of Denosumab in Oncology). ▪ Approved the business case for the use of sub cutaneous Tocilizumab in Rheumatology for the treatment of adult patients with rheumatoid arthritis. ▪ Considered and supported the business case for the provision of a day case pleural effusion service. ▪ Approved the business case for the implementation of hybrid pressure care mattresses whereby 650 dynamic mattresses will be purchased for the New Cross and West Park hospital sites. This follows a four month trial of these mattresses, which deliver significant clinical benefits for patients. RWT will be the first acute trust to offer 100% dynamic mattress capability for all patients at these two hospitals. ▪ Approved the revised Trust Cleaning Strategy. ▪ Approved the revised Clinical Audit Strategy. 	

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 20 February 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
Mr I Badger	Divisional Medical Director, D1
Ms R Baker	Head Nurse, Division 2
Dr M Cooper	Head of Infection Prevention
Ms M Espley	Director of Planning and Contracting
Ms G Nuttall	Chief Operating Officer
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 K Stringer	Chief Financial Officer

In Attendance:

Mr A Sargent	Trust Board Secretary
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Apologies:

Prof J Cotton	Head of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Dr C Higgins	Divisional Medical Director, D2
Ms C Etches	Chief Nursing Officer
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
Ms S Roberts	Interim Head of Estates and facilities
Dr B Singh	Lead Clinician, IT

15/37: DECLARATIONS OF INTEREST

No interests were declared at this meeting.

15/38: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 23 JANUARY 2015.

IT WAS AGREED: that the minutes of the meeting of the Trust Management Committee held on Friday 23 January 2015 be approved as a correct record.

15/39: MATTERS ARISING FROM THE MINUTES

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

15/40: ACTION POINTS LIST

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

- 15/5: Email had been circulated as requested by D Loughton.

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

15/41: GOVERNANCE REPORT - DIVISION 1

Mr Badger introduced this item and highlighted that there had been no new red complaints but there were two open red risks for the Division, as well as six open high amber risks which remained under review, and one high amber risk awaiting Divisional approval.

Mr Loughton asked about progress regarding the recall of patients at Cannock. Mr Badger said that this was discussed within the Division on a weekly basis and that appropriate minutes were being kept and a log of actions maintained. He said that approximately 50 patients had been contacted with seven revisions so far; there had not yet been any compensation claims. Dr Odum added that all of these patients had been written to and about half wished to be seen, with clinics being set up at Cannock, and a team from Oswestry available to give support if required. There would be options for any necessary further treatment to be carried out at Oswestry or New Cross Hospital. Mr Loughton stressed the need for a clear audit trail within the divisional governance processes in regard to this matter.

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

15/42: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

Mr Badger presented this report on behalf of Division 1. He highlighted the nursing vacancy figures and midwifery workforce level described in the report. In response to a question by Mr Loughton, Mr Badger acknowledged the need to recruit more midwives in view of the higher birth rate, and commented that the overseas recruitment for nurses had not been matched by successful recruitment of midwives because of the variable practices in other countries. Ms Nuttall said that increasing numbers of women were coming here from Stafford and bookings had increased by around 100 per month.

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

15/43: INVESTMENT IN A THIRD MRI SCANNER

Mr Badger presented the business case for the Investment in a Third MRI Scanner. In response to a question by Mr Loughton, he said that the scanner at Cannock was quite well used. Ms Nuttall explained that further diagnostic opportunities would be available at Cannock in 18 months time and for the time being the Divisions were aware of the availability of scanner capacity there. It was confirmed that a site for this additional scanner had been identified and it would not be provided through the PFI contract. Mr Stringer added that there remained a question over whether it would be funded from revenue or capital resources, and indicated that the latter was the more likely option. He also expressed the view that the requirement for this arose out of junior doctors not following protocols and being overcautious. Mr Badger responded that the demand for MRI scans was likely to remain at this higher level.

IT WAS AGREED: That the business case for the Investment in a Third MRI Scanner be approved.

15/44: 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 29 reported breaches in agreed staffing numbers during January across the Division; there were 60.42 WTE qualified vacancies within the division which was an improving position compared to the previous month; and there had been 62 falls (the lowest number in one month for two years).

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

15/45: 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 8 existing high-level amber risks. There were a total of 27 incidents reported to STEIS during January 2015, of which there were 18 pressure ulcers.

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

15/46: NICE TECHNOLOGY APPRAISAL TAG 265 – RESUBMISSION

Mr Powell submitted the business case for the NICE Technology Appraisal TAG 265 – Resubmission.

IT WAS AGREED: That the business case for the NICE Technology Appraisal TAG 265 – Resubmission be approved.

15/47: USE OF SUB CUTANEOUS TOCILIZUMAB IN RHEUMATOLOGY

Mr Powell introduced the business case for the Use of Sub Cutaneous Tocilizumab in Rheumatology.

IT WAS AGREED: That the business case for the Use of Sub Cutaneous Tocilizumab in Rheumatology be approved.

15/48: BUSINESS CASE FOR THE PROVISION OF A DAY CASE PLEURAL EFFUSION SERVICE

Mr Powell introduced the business case for the provision of a day case Pleural Effusion service.

IT WAS AGREED: That the business case for the provision of a day case Pleural Effusion service be approved, subject to the approval of the commissioner, subject also to the proviso that a revised financial pro-forma will be submitted to TMC in March (TP).

15/49: 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.

15/50: BRIEFING ON THE CURRENT STATUS OF RECRUITMENT, ATTRACTION AND RETENTION

Ms Adimora submitted a briefing on the current status of recruitment attraction and retention.

Mr Loughton requested to be briefed on the overseas nurse from division one who had been suspended (LG/DH)

IT WAS AGREED: That the report be noted.

15/51: HR KEY PERFORMANCE INDICATORS (KPIs)

Ms Adimora presented a report informing the Committee of progress against key HR performance indicators. She said that this report had also been discussed by the Finance and Performance Committee earlier this week, following which the reporting of the HR KPIs might change.

IT WAS AGREED: That the report be noted.

15/52: OH & WELLBEING ACTIVITY - PERIOD: DECEMBER 2014

Ms Adimora submitted a report on Occupational Health and Well Being activity during January 2015. Mr Loughton requested that in future this report break down data regarding stress-related referrals so as to differentiate between work-related stress and stress due to other causes (AA).

IT WAS AGREED: That the report be noted.

15/53: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall reported that there had been increased numbers of cancelled operations during February so far, and red flags against ED performance. It was noted that the Trust would be visited in March by the National Intensive Support Team who would visit every patient, establish why they were in the hospital, and ask what was stopping them from returning home/being discharged. With regard to the 18 week RTT target, she confirmed that this remained under intense scrutiny by the centre, and good progress was being made. However cancer targets remained problematic into February, although a locum consultant had been hired to assist with breast cancer treatment.

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

15/54: CLEANING STRATEGY

Ms Nuttall introduced the revised Cleaning Strategy. She stressed the need to communicate responsibility for implementing this strategy and to hold staff to account for it.

IT WAS AGREED: That the revised Cleaning Strategy be approved.

15/55: FINANCE REPORT FOR M10 (JANUARY 2015)

Mr Stringer reported that at the end of Month 10 the Trust's surplus was £2.93M., which was adverse to the month 10 plan by £2.38M. The TDA had stipulated a five-point action plan and the Trust had introduced controls, as well as putting pressure on CCG's with regard to

returning a proportion of withheld emergency threshold payments. In response to a question by Dr Odum, he said that about 75% of acute trusts were facing a year end deficit.

IT WAS AGREED: That the report on the Trust's financial position at the end of M10 (January 2015) be noted.

15/56: DRAFT 2015/16 CAPITAL PLAN

Mr Stringer reported that this item stood deferred until the March meeting.

IT WAS AGREED: That the report on the draft 2015/16 Capital plan be deferred until March.

15/57: CAPITAL PROGRAMME 2014/15 – M10 (JANUARY 2015) UPDATE

Mr Stringer reported that the actual monthly expenditure position at month 10 was £20,321,321, against a target of £26,644,375. Spend would have to accelerate in the last few weeks of the year.

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

15/58: IMPLEMENTATION OF HYBRID PRESSURE CARE MATTRESSES

Mr Stringer presented the business case for the purchase of dynamic mattresses at the New Cross Hospital and West Park Hospital sites. He proposed that the meeting support option three, namely to purchase 325 mattresses immediately, 325 mattresses on 1 April, and to replace the same numbers on 1 January 2022 and 1 April 2022.

IT WAS AGREED: that 100% dynamic mattress capability at both New Cross and West Park hospital sites be supported and that option three in the business case set out in the report be approved.

15/59: URGENT CARE AND EMERGENCY CENTRE

Dr Odum presented an oral update on the construction of the new Urgent Care and Emergency Centre. He said that the building would soon be weatherproof and that construction was proceeding according to plan. A communication strategy had been devised and there would be an invitation to the public and patients to inspect the new building prior to its formal opening. Dr Odum went on to talk briefly about the new model of working within the new Emergency Centre, the plan to open the AMU on the second floor one week after the ground floor opens, the benefits of bringing forward work valued at £8 million into phase 1 (achieving significant savings on the total scheme cost), the outcome of the primary care tender expected later this year, and ongoing discussions about the co-location of services on the first floor. Referring to the revived discussion about the location of the helipad, it was agreed that Mr Loughton, Dr Odum and Ms Nuttall would look again at the drawings.

IT WAS AGREED: That the report be noted.

15/60: GMC TRAINEE SURVEY

Dr Odum indicated that this item would be deferred until the March meeting.

IT WAS AGREED: That the report on the GMC Trainee Survey be deferred.

15/61: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

The Committee noted this report. In response to questions by Mr Loughton, Ms Nuttall undertook to find out whether all of the staff who had transferred from MSFT were now wearing RWT name and security badges (GN).

IT WAS AGREED: That the report be noted.

15/62: SAFE STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – NOVEMBER AND JANUARY 2015 DATA

The monthly report on the planned versus actual staffing by ward was submitted.

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

15/63: BEREAVEMENT SERVICE UPDATE

This report outlined service improvements to create an integrated approach to end of life and bereavement care, ensuring compliance with the five priorities and improving bereavement care Trust wide. Ms Nuttall highlighted that steady progress was being made with regard to this service. Mr Loughton requested that progress against the action plan be accelerated (CE/LF).

IT WAS AGREED: That the service improvements to the Trust Bereavement Services, as outlined in the report, be endorsed.

15/64: TRANSFORMATION PROGRAMME – MONTHLY UPDATE

Ms Espley submitted this report, and again referred to the challenge which CIP presented to the organisation. She confirmed the Bright Ideas Campaign had been launched and a good initial response had been received. Ms Espley also noted that the 2015/16 CIP plans were being developed and that a report would be presented to the March meeting.

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

15/65: CONTRACTING AND BUSINESS DEVELOPMENT UPDATE

Ms Espley introduced a report updating the Committee on progress relating to contract negotiations with the principal commissioners. Mr Stringer indicated that Monitor had offered trusts two options regarding tariff, and a response was required by 4 March.

IT WAS AGREED: That the report be noted.

15/66: CANNOCK CHASE HOSPITAL INTEGRATION PROGRAMME UPDATE

A report on progress following the acquisition of Cannock Chase Hospital on 1 November was submitted. There was discussion about ongoing concern regarding paediatric services and it was noted that although some resources were available for community paediatric nurses, recruitment was proving challenging and it was confirmed that both service models would have to be run for the time being. Mr Powell confirmed that the original estimate was for 9.6WTE community children's nurses to be required to support the preferred model. However it was now accepted that two pathways would continue to operate for the time being, one for Stafford (having limited access to community services) and one for

Wolverhampton (which featured very short lengths of stay in hospital). It was also noted that discussions regarding haematology were continuing.

IT WAS AGREED: That the report be noted.

15/67: POLICIES FOR APPROVAL

The Committee considered eight policies and one strategy submitted for approval, all of which were being revised and updated.

IT WAS AGREED: That the following policies be approved:

- CP11 Resuscitation
- HS01 Management of Health and Safety
- OP18 – Patients Property
- CP54 Clinical Supervision
- OP60 Being open
- OP10 Risk Management and Patient Safety Reporting Policy
- OP45 Clinical Audit and Effectiveness Policy and Strategy
- HR02 Alcohol and Misuse of Substances Policy

15/68: 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.

15/69: ANY OTHER BUSINESS

The following items of other business were raised:

1 TDA infection prevention visit. Dr Cooper reported on last week's TDA visit in respect of infection prevention. Findings were very disappointing in regard to overall cleanliness of the hospital and an action plan was being drawn up in readiness for a return visit very soon.

2 Cannock Chase Hospital minor injuries unit. Mr Powell confirmed that responsibility for this function was due to be transferred to RWT on 1st March. The financial envelope for 2015/16 would not be sufficient to permit extended opening and therefore the hours would be from 10:30 am until 6 pm. The staff currently employed in the unit appeared to be enthusiastic about transferring to RWT.

15/70: 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 27 March 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 2.57 pm