

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	23.01.15	
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 GP Direct Access Deployment to Cannock Chase CCG practices (excluding Rugeley), following disaggregation of the former Mid Staffs NHS Foundation Trust. ▪ Received a progress report on Occupational Health and Wellbeing activity during December 2014 ▪ Received and supported the business case for the procurement of three Vigilance II Cardiac Output Monitoring systems, which will be used on very sick cardiac patients to ensure a safer and more accurate method of measuring cardiac output, significant reduction in the risk of hospital acquired infection, and provision of prompt attention to patients with low cardiac output, global hypoxia and pulmonary artery hypertension. ▪ Approved the business case for the use of Ipilimumab for previously untreated advanced melanoma. ▪ Considered and supported the business case for electronic prescribing for chemotherapy. ▪ Approved the business case for the use of Enzalutamide for metastatic hormone-relapsed prostate cancer previously treated with a docetaxel-containing regimen. ▪ Approved the business case for the replacement of iView 	

	<p>imaging panel for LA2 Radiotherapy. The panel enables patients undergoing radiotherapy to have their field placement verified before starting radiotherapy and provides quality assurance during the treatment itself.</p>
<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>

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 23 January 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
Prof J Cotton	Head of Research and Development
Dr M Cooper	Head of Infection Prevention
Dr L Dowson	Divisional Medical Director, D2
Dr C Higgins	Divisional Medical Director, D2
Ms C Etches	Chief Nursing Officer
Ms M Espley	Director of Planning and Contracting
Mr M Goodwin	Head of Estates Development
Ms D Hickman	Head of Midwifery and Interim HN D1
Mr S Mahmud	Interim Programme Integration Director
Ms G Nuttall	Chief Operating Officer
Mr T Powell	Deputy COO, Division 2
Ms S Roberts	Interim Head of Estates and facilities
Dr D Rowlands	Lead Cancer Clinician
Dr B Singh	Lead Clinician, IT
Dr S Smith	Divisional Medical Director, D2
Mr K Stringer	Chief Financial Officer

In Attendance:

Ms R Eaves	Deputy Retail Catering Manager
Mr A Sargent	Trust Board Secretary

Apologies:

Dr J Odum	Medical Director
Mr L Grant	Deputy Chief Operating Officer, D1

15/1: DECLARATIONS OF INTEREST

No interests were declared at this meeting.

15/2: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 21 NOVEMBER 2014.

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

15/3: MATTERS ARISING FROM THE MINUTES

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

15/4: ACTION POINTS LIST

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

- 14/... – Ebola: action completed
- 14/340 – covered in the reports to this meeting. In addition, Ms Adimora said that she was investigating a suggestion that an incentive payment be given to any overseas nurse who can introduce another nurse to the trust (and who is subsequently appointed). Mr Loughton reaffirmed his desire to continue to recruit as many nurses as possible.

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

15/5: INFECTION PREVENTION

Dr Cooper introduced his quarterly report on infection prevention and control, which showed that the Trust was failing on the majority of its targets and was likely to be fined. Particular attention was drawn to mandatory training. During the discussion about this item, Dr Dowson said that doctors were responding to disciplinary letters regarding hand hygiene training, but that physicians needed to habitually check their own mandatory training needs before they were out of date. Ms Adimora agreed to check with Louise Nickell about the feasibility of sending reminders from the current system (AA). Dr Singh suggested that as a short-term expedient it would be worth arranging for the hand hygiene trainers to rove round the Trust to pick up non-compliant members of staff before the end of March.

Turning to the wider picture, Ms Etches said that an all user e-mail regarding infection prevention had been sent earlier this month and that staff briefings in the lecture theatre could be arranged if necessary.

Mr Loughton requested Dr Dowson and Dr Singh to draft him an e-mail to circulate highlighting poor practice around antibiotics and Venflon (LD/BS).

15/6: CANCER SERVICES

Dr Rowlands submitted his quarterly report on Cancer Services. Mr Loughton reflected favourably on recent feedback from the Deanery visit about training. The formal report was still awaited.

IT WAS AGREED: That the report be noted.

15/7: GOVERNANCE REPORT - DIVISION 1

Ms Hickman introduced this item and highlighted that there had been no new red complaints but there were two new open red risks for the Division, as well as five open high amber risks which remained under review. Mr Goodwin confirmed that certain work would commence next month to mitigate the risks. In response to Dr Dowson's question about risk 3051, it was pointed out that the new ward had opened in December for decant purposes, and earlier this month as a fully functioning Gastroenterology Ward. Ms Etches expressed concern over the increasing number of confidential leaks within the Trust, a matter which she would be raising with Dr Odum. Ms Nuttall confirmed that the leak now reported was due to human error and that there appeared to be no single area which was responsible for recent leaks, which highlighted the need for a more rigorous approach across the organisation in order to prevent recurrences.

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

15/8: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

Ms Hickman presented this report on behalf of Division 1. She highlighted the nursing vacancy figures and midwifery workforce level described in the report.

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

15/9: GP DIRECT ACCESS DEPLOYMENT TO CANNOCK CCG PRACTICES

Ms Hickman presented the business case for the deployment of GP Direct Access to Cannock CCG practices. This had been approved by the contracts and commissioning Forum.

IT WAS AGREED: That the business case for the deployment of GP Direct Access to Cannock CCG practices be approved (subject to agreed financial savings identified with the Chief Financial Officer).

15/10: PROCUREMENT OF THE VIGILANCE II CARDIAC OUTPUT MONITORING

Ms Hickman introduced the business case for the purchase of three Vigilance II Cardiac Output Monitoring Systems. It was noted that this did not require Commissioner approval. It was also agreed that the revenue costs would be picked up by the Directorate.

IT WAS AGREED: That the business case for the purchase of three Vigilance II Cardiac Output Monitoring Systems be approved.

15/11: 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 41 reported breaches in agreed staffing numbers during December across the Division; there were 133.22 WTE qualified vacancies within the division which was a deteriorating position compared to the previous month; and there had been 100 falls, of which four had resulted in serious harm. The position on Ward A7 appeared to have stabilised and it was hoped that students would shortly be readmitted to work there. Infection prevention remained a significant challenge.

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

15/12: 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 35 incidents reported to STEIS between 1 November and 31 December 2014, of which there were 22 pressure ulcers.

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

15/13: PURCHASE OF VIDEO LARYNGOSCOPE

Mr Powell withdrew the business case for the purchase of a video laryngoscope because it had not yet been considered by the Contracting and Commissioning Forum. In response to a question by Mr Loughton about the risk of not proceeding with this immediately, Dr Higgins confirmed that it could follow process and be brought to the next meeting of this Committee.

IT WAS AGREED: That consideration of the business case for the purchase of a Video Laryngoscope be deferred.

15/14: BUSINESS CASE FOR IMPLEMENTATION OF ELECTRONIC PRESCRIBING FOR CHEMOTHERAPY

Mr Powell introduced the business case for the implementation of electronic prescribing for chemotherapy and requested that it be approved in principle subject to the revenue implications being further considered and approved at the Contracting and Commissioning Forum. In response to a question by Dr Cotton, Dr Singh indicated that there was not yet any Trust wide application for e-prescribing, but this proposed procurement fitted with the Trust's strategy.

IT WAS AGREED: That the business case for the introduction of electronic prescribing for chemotherapy be approved in principle, subject to approval by the Contracting and Commissioning Forum.

15/15: NICE TECHNOLOGY APPRAISAL 319: IPILIMUMAB FOR PREVIOUSLY UNTREATED ADVANCED (UNRESECTABLE OR METASTATIC) MELANOMA

Mr Powell introduced the business case for the use of Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma.

IT WAS AGREED: That the business case for the use of Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma be approved, subject to approval by the Commissioner.

15/16: NICE TECHNOLOGY APPRAISAL 316: ENZALUTAMIDE FOR METASTATIC HORMONE-RELAPESED PROSTATE CANCER PREVIOUSLY TREATED WITH A DOCETAXEL-CONTAINING REGIMEN

Mr Powell indicated that this business case was subject to approval by the Commissioner.

IT WAS AGREED: That the business case for the use of Enzalutamide for metastatic hormone relapsed prostate cancer previously treated with a doxetaxel-containing regimen be approved, subject to approval by the Commissioner.

15/17: BUSINESS CASE FOR THE REPLACEMENT OF IVIEW IMAGING PANEL FOR LA2 RADIOTHERAPY

Mr Powell presented the business case for the replacement of iView imaging panel for LA2 radiotherapy which had been approved by the capital review group.

IT WAS AGREED: That the business case for the replacement of iView imaging panel for LA2 Radiotherapy be approved.

15/18: 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.

15/19: BRIEFING ON THE CURRENT STATUS OF RECRUITMENT, ATTRACTION AND RETENTION

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

IT WAS AGREED: That the report be noted.

15/20: HR KEY PERFORMANCE INDICATORS (KPIs)

Ms Adimora presented a report informing the Committee of progress against key HR performance indicators.

IT WAS AGREED: That the report be noted.

15/21: OH & WELLBEING ACTIVITY - PERIOD: DECEMBER 2014

Ms Adimora submitted a report on Occupational Health and Well Being activity during December 2014.

IT WAS AGREED: That the report be noted.

15/22: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall reported that there had been some improvement in the Emergency Department performance over the last week and the actions which had been put in place regarding bed availability and discharges seemed to be working. However delayed discharges remained an issue and severe recruitment difficulties were affecting social care services in all areas. Dr Singh commended the Hospital Discharge Coordinating Team for their achievements over recent weeks. Dr Dowson thought it would be helpful to have more detailed data about why the Trust was in a better position this week than last regarding the Emergency Department and whether in particular we were now building a sustainable position for the future. It was noted that Cannock would be taking orthopaedic patients from 9 February which would ease the situation. Ms Nuttall reported that performance against the cancer targets and the 18 week RTT were good during December but the breast-cancer two-week wait target had been affected by capacity and staffing issues.

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

15/23: FINANCE REPORT FOR M9 (DECEMBER 2014)

Mr Stringer reported that at the end of Month 9 the Trust's surplus was £2.36M, which was adverse to the month 9 plan by £811,000. The TDA had been made aware that the year-end forecast surplus had been reduced to £2 million and in response had requested the Trust to introduce rigorous cost controls along with a demonstrable recovery plan. In this regard, Mr Stringer said that the Directors would shortly be requested to implement a vacancy freeze (for non-essential posts) for several weeks. Mr Loughton said that this should be implemented with immediate effect and that an appeals mechanism could be put in place to deal with individual cases brought by Directors. He agreed to accompany Mr Stringer to his meeting with the Chief Executives and Finance Directors of the Cannock and Stafford CCG's.

IT WAS AGREED: That the report on the Trust's financial position at the end of M9 (December 2014) be noted.

15/24: CAPITAL PROGRAMME 2014/15 – M9 (DECEMBER 2014) UPDATE

Mr Goodwin reported that the actual monthly expenditure position at month 9 was £21,421,745, against a target of £29,897,300 (which was an under spend of £8,475,555 in month). Mr Loughton announced that the Trust would be taking over the staff car park currently used by Cannock Chase District Council.

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

15/25: DELIVERY OF ESTATES STRATEGY Q3 2014/15

Mr Goodwin summarised the report, which updated the Committee on the implementation of the Trust's Estates Strategy. It was noted that the Estates Strategy would be reviewed and that the review would be led from a clinical service perspective.

IT WAS AGREED: That the progress report on the Delivery of the Estates Strategy Q3 2014/15 be noted.

15/26: URGENT CARE AND EMERGENCY CENTRE

On behalf of Dr Odum, Mr Goodwin presented an oral update on the construction of the new Urgent Care and Emergency Centre. He said that the internal partitions and electrical works were underway, adding that the decision had now been taken to transfer the AMU when the facility opened in November 2015.

IT WAS AGREED: That the report be noted.

15/27: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

Ms Etches submitted this report. She highlighted the new red risk (3947) relating to CRN research nurse workload and vacancies. Dr Dowson understood that the generic nurses travelled from site to site and were frustrated by the lack of agreement regarding travel expenses and car parking issues. Mr Loughton asked that this be followed up with Kate Middlemiss (CE).

IT WAS AGREED: That the report be noted.

15/28: SAFE STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – NOVEMBER AND DECEMBER 2014 DATA

The monthly report on the planned versus actual staffing by ward was submitted. It represented a slightly deteriorating position for December, but also mentioned that the TDA had reviewed safe staffing in November and had given positive feedback with no follow-up actions and no significant learning points. Ms Etches indicated that the second skill mix review was now underway and would be reported to the Trust Board in February or March. She also mentioned the exercise around contact hours which required the manual collation of data which was very time-consuming, and said that she would be raising her concerns with the TDA in the near future. From March every Trust would be RAG rated in respect of five aspects of safe staffing data. In response to a question by Mr Loughton, she confirmed that the recently recruited overseas nurses were settling well. For future cohorts, Mr Loughton suggested that they should be informed that accommodation other than the university halls of residence might be available. Ms Adimora said that this had not been the

case with the first cohort because their arrival coincided with the influx of new university students.

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

15/29: TRANSFORMATION PROGRAMME – MONTHLY UPDATE

Ms Espley submitted this report, and again referred to the challenge which CIP presented to the organisation.

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

15/30: EMERGENCY PREPAREDNESS QUARTER 3 2014/15

Ms Espley presented the quarterly report on emergency preparedness. She confirmed that the main risk regarding the industrial action on 29 January related to portering services.

IT WAS AGREED: That the quarterly report on emergency preparedness be noted.

15/31: CONTRACTING AND COMMISSIONING UPDATE

Ms Espley introduced updating the committee on progress relating to contract management with core commissioners, including an update on contract negotiations for 2015/16. Ms Espley also provided an oral update on the current new business activity and tender submissions.

IT WAS AGREED: That the report be noted.

(Note: Mr Stringer left the meeting at this point)

15/32: INTEGRATION PROGRAMME UPDATE

Mr Mahmud reported on progress following the acquisition of Cannock Chase Hospital on 1 November.

IT WAS AGREED: That the report be noted.

15/33: POLICIES FOR APPROVAL

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

IT WAS AGREED: That the following policies be approved:

- MP03 – Medicines Reconciliation
- Prevention and Treatment of Venous thromboembolism (CP58)
- CP26 Blood Transfusion Policy
- HS07 Management of Safety Alerts

- Policy and procedure for the prevention and management of adult and paediatric falls within inpatient settings. (CP42)
- OP31 Legal Services Policy
- CP05 Transfer of patients between ward departments, specialist units and other hospitals
- IP05 Linen Policy
- IP04 Transportation of Clean and Contaminated Instruments, Equipment and Specimen Policy
- Prevention, Control and Management of Clostridium difficile IP06
- HR47: Social Media (Personal Use) Policy

15/34: 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.

15/35: ANY OTHER BUSINESS

There was no other business.

15/36: 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 20 February 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 3.02 pm