

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	24.10.14	
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 for remunerating the full unfunded cost pressures in Head and Neck, in recognition of new emerging cost pressures due to changes in complexity, particularly within the oncology element of the service. ▪ Endorsed the business case for the introduction of Nurse Injectors at Wolverhampton Eye Infirmary. This appears to offer an effective way forward to keep pace with rising demand for the administration of Lucentis, relieving capacity pressures in clinics and offering improved patient experience. ▪ Approved the business case for the replacement of the Angiography Suite (Catheter Lab 3). This is part of a programme of replacing the Catheter Labs (Catheter Lab 1 was replaced during the summer). ▪ Received and supported the business case for the implementation of Renal Clinical Assessment Service (CAS) in order to streamline the process for referring patients to the service from GP practices. This system will facilitate GPs electronically sending referrals to a renal consultant, and these would then be reviewed in dedicated PA sessions. Patients who require an out-patient appointment will then be booked into a clinic. Those who may require alternative 	

	<p>management will have the referral and information returned to the GP concerned. The project has been developed by the Joint Outpatients Pathway Project.</p> <ul style="list-style-type: none"> ▪ Approved a business case for the provision of patient hoists for Renal and Diabetes. The purchase of these additional hoists will reduce the need to share equipment across wards and reduce the sources of cross-infection. ▪ Discussed and endorsed the business case for the appointment of a clinical nurse specialist for paediatric epilepsy. ▪ Received the quarterly report on Waste Management, which confirmed that waste management activities within the Trust continue to be, in the main, compliant with relevant guidelines, that a programme of waste audits is underway (with any issues identified being formally addressed with the departments concerned), and that the Trust's Waste Management Policy is being implemented at Cannock Chase Hospital. ▪ Noted the quarterly report from the Nursing Clinical Practices Group. ▪ Received the results of the National Cancer Patient Experience Survey 2014. The survey showed that RWT was in the top 20% of Trusts for 13 of the questions, and showed statistically significant improvement from the previous survey in another 6 questions. However, the survey results placed RWT in the bottom 20% of Trusts for 4 questions, and a statistically significant decline in another 5 questions. Action plans to bring about the required improvements in the service are being prepared. ▪ Discussed the quarterly report of the Director of Infection Prevention and Control, which highlighted several areas of concern during quarter 2. These included 11 <i>C.difficile</i> cases (external objective for the period – 9), 9 RWT-attributable MSSA bacteraemia (target – 4.5), and compliance with mandatory training on hand hygiene and infection control at 92.6% (the lowest level of compliance since May 2013). ▪ Noted the quarterly report on Emergency Preparedness, which described the Trust's activities in planning, training and live events, partnership working, Prevent, and in regard to Mid Staffs and Cannock Hospital, to demonstrate compliance with statutory requirements.
<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 24 October 2014 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
Dr L Dowson	Divisional Medical Director, D2
Mr M Goodwin	Head of Estates Development
Ms D Hickman	Head of Midwifery and Interim HN D1
Dr C Higgins	Divisional Medical Director, D2
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 B Singh	Lead Clinician, IT
Dr S Smith	Divisional Medical Director, D2
Mr K Stringer	Chief Financial Officer

In Attendance:

Kerry Anelli	Matron, Surgery, Urology and Vascular
Ms S Roberts	Head of Hotel Services
Mr A Sargent	Trust Board Secretary
Mr S Evans	Head of Performance
Ms J McKiernan	Project Manager UECC

Apologies:

Mr G Argent	Head of Estates and Facilities
Prof J Cotton	Head of Research and Development
Ms M Espley	Director of Planning and Contracting
Ms C Etches	Chief Nurse
Mr L Grant	Deputy Chief Operating Officer, D1
Mr S Mahmud	Interim Programme Integration Director
Ms D Pugh	Acting Head of HR
Mr N Bruce	Head of IT

14/290: DECLARATIONS OF INTEREST

No interests were declared at this meeting.

14/291: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 26 SEPTEMBER 2014.

IT WAS AGREED: that the minutes of the meeting of the Trust Management Committee held on Friday 26 September 2014 be approved as a correct record.

14/292: MATTERS ARISING FROM THE MINUTES

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

14/293: ACTION POINTS LIST

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

- 14/226 – safety checklist outside theatres – Mr Badger reported that following discussions, some practices had been changed in relation to the use of the WHO checklist, and this matter could now be closed.
- 14/260 - Cancer services annual patient survey – Dr Rowlands confirmed that a report on this survey had been included on today's agenda.

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

14/294: INFECTION PREVENTION QUARTERLY REPORT

Dr Cooper presented the quarterly report on Infection Prevention, which informed the meeting that performance had deteriorated during the period under review, with 11 *C.difficile* cases, 9 RWT-attributable MSSA bacteraemia against a target of 4.5 for quarter two, and compliance with mandatory training on hand hygiene and infection prevention at 92.6% (the lowest level of compliance since May 2013).

Mr Loughton requested Dr Cooper to review the recently issued poster regarding Ebola, which he thought underplayed the severity of the issue (MC).

Mr Stringer asked whether the infection prevention targets in respect of Cannock Chase Hospital from 1 November had now been determined. Dr Cooper confirmed that the MSFT targets in place at Cannock currently would lapse on 31 October, and new targets had been agreed effective from 1 November.

Dr Dowson asked whether there had been any recent cases of norovirus. Dr Cooper confirmed that there had been some cases in the hospital during the summer, and more recently cases had been found within the community.

Dr Odum noted that there had been deterioration on performance regarding infection prevention and control on several fronts, and that as the Trust moved into the winter period greater care must be taken. Hand hygiene training would again be discussed at the next meeting of the Infection Prevention and Control Group. Regarding DRHAB rates, Dr Dowson indicated that the treatment of sepsis had changed and a different approach was now being taken in Accident and Emergency.

Mr Badger urged that staff who were not up-to-date with mandatory hand hygiene training should not be treated leniently.

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

14/295: THE INTEGRATED ELECTRONIC PATIENT RECORD

Dr Singh presented the quarterly report on the progress of the integrated electronic patient record, and highlighted that there had been generally excellent progress with scanning, except in those areas with outstanding business issues to be resolved. Progress in the

surgical directorate remained slow. An external audit into the stability of the network had identified a number of issues, and mitigating actions which would be implemented.

IT WAS AGREED: That the report be noted.

14/296: GOVERNANCE REPORT - DIVISION 1

Mr Badger introduced this item and highlighted that there had been no new red complaints opened in this period, there were no open red risks and there were five open high amber risks. He also mentioned a never event which had occurred at Cannock Chase Hospital in the last week which appeared to be due to no consent form being in use for day case procedures, and certain communication problems.

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

14/297: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

Ms Hickman presented this report on behalf of Division 1. She highlighted the overseas recruitment in mid-October in Milan and Athens (out of which 43 job offers had been made) with a further visit planned during January 2015,. She pointed out, however, that the influx of junior and new staff brought its own challenges to the organisation. She also mentioned that the birth-rate plus ratio remained static at 1:33.6, with activity continuing to rise.

Mr Loughton suggested that before the next overseas recruitment took place the perception of those overseas nurses (in regard to the Trust) who had accepted positions and commenced work with the Trust should be captured and shared with potential new employees overseas (CE/LF/DP).

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

14/298: HEAD AND NECK COST PRESSURES

Mr Badger presented the business case for the remuneration of full historical unfunded cost pressures.

IT WAS AGREED: That the business case to deal with long-standing issues about the funding for the Head and Neck Directorate be approved.

14/299: INTRODUCTION OF NURSE INJECTORS AT WEI

Mr Badger introduced the business case for the introduction of nurse injectors at WEI to enhance the service to patients, relieve some of the capacity pressures in clinics and offer an improved patient experience.

IT WAS AGREED: That the business case for the introduction of nurse injectors at WEI be approved.

14/300: REPLACEMENT OF ANGIOGRAPHY SUITE (CATH LAB 3)

Mr Badger requested the Committee to support the business case for the replacement of Catheter Lab 3.

IT WAS AGREED: That the business case for the replacement of the Angiography Suite (Catheter Lab 3) be approved.

14/301: NURSING AND QUALITY REPORT - DIVISION 2

Ms Baker summarised the monthly nursing and quality report from Division 2. In response to Mr Loughton's question about delays in registering overseas recruits with the NMC, Ms Baker said that a letter had been sent following the previous meeting and she would follow this up when Ms Etches returned to the Trust (CE/RB).

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

14/302: 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 10 existing high-level amber risks.

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

14/303: BUSINESS CASE FOR THE IMPLEMENTATION OF RENAL CAS

Mr Powell submitted a business case for the introduction of Renal CAS.

IT WAS AGREED: That the business case for the introduction of Renal CAS be approved, subject to the approval of the commissioner.

14/304: PROVISION OF PATIENT HOISTS FOR RENAL AND DIABETES

Mr Powell introduced the business case for the provision of patient hoists for renal and diabetes, the minor revenue consequences of which would be funded by the specialties concerned.

IT WAS AGREED: That the business case for the provision of patient hoists for renal and diabetes be approved.

14/305: APPOINTMENT OF CLINICAL NURSE SPECIALIST FOR PAEDIATRIC EPILEPSY

Mr Powell presented the business case for the appointment of a clinical nurse specialist for paediatric epilepsy. He indicated that he expected there to be sufficient additional activity to break even on this development.

IT WAS AGREED: That the business case for the appointment of a clinical nurse specialist for paediatric epilepsy be approved, subject to the approval of the Commissioner.

14/306: SECOND FLOOR FIT OUT OF URGENT AND EMERGENCY CARE CENTRE

Mr Powell submitted the business case for the second floor fit out of the Urgent and Emergency Care Centre. Mr Loughton challenged the revenue element of the business case on the grounds that he could see no justification for increased staffing levels, and requested that this be reconsidered by the Division concerned. Ms Baker indicated that there were few vacancies on the AMU, and therefore there was unlikely to be any difficulty in recruiting to any additional vacancies if the small increase in nurse staffing was eventually approved.

IT WAS AGREED: That the business case for the second floor fit out of the Urgent and Emergency Care Centre be approved, with the exception of the revenue costs which should be reviewed by the Chief Operating Officer and Division 2 (GN/TP).

14/307: NURSE RECRUITMENT

The Committee noted the update on the actions being taken at a national and international level to recruit nurses and midwives to the vacant posts in the Trust.

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

14/308: CHATBACK 2014 – RESULTS AND NEXT STEPS

This report was submitted for information.

IT WAS AGREED: That the report on the results and next steps in relation to Chatback 2014 be noted.

14/309: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall reported the following performance issues during September:

- A and E continued to be challenged by the level of demand
- the number of cancelled operations was a legacy from the norovirus outbreak during the summer
- ambulances continued to be diverted from Stafford

In response to a question by Mr Loughton, Ms Nuttall said that efforts were being made to recruit someone at consultant level who could work overnight, beginning in December.

Mr Evans said that external validation of data relating to the 62 day traditional cancer target had confirmed the Trust's compliance for September. Mr Loughton indicated that Monitor was applying pressure to foundation trusts to accept cancer patients referred back.

Dr Dowson asked why there had been so many cancellations in gynaecology and orthopaedics. Ms Nuttall said that orthopaedics had been affected by the outbreak of Norovirus, and that gynaecology had suffered bed pressures.

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

14/310: WASTE MANAGEMENT GROUP

Ms Roberts presented the quarterly report on the work on Waste Management in the Trust.

IT WAS AGREED: that the quarterly report on Waste Management in the Trust be noted.

14/311: WINTER PLANNING

Ms Nuttall tabled a list of winter planning schemes for 2014/15. The CCG had received an allocation of £3.4m of which approximately £2.1m would come to the Trust, although not all of this was "new money".

IT WAS AGREED: that the schemes proposed to assist with winter pressures be noted.

14/312: CANCER PATIENT EXPERIENCE SURVEY RESULTS 2014

Dr Rowlands presented this report, which had been requested at the September meeting. It was pointed out that the survey had been carried out before the impact of increased staff on wards had been manifested.

IT WAS AGREED: That the report on the outcome of the cancer patient experience survey 2014 be noted.

14/313: FINANCE REPORT FOR M6 (SEPTEMBER 2014)

Mr Stringer reported that at the end of Month 6 the Trust's deficit was £720k, which was adverse to plan by £1803k. Cash balances remained strong, but mainly due to hosted R and D monies not all being spent as not all of the contracts had yet been signed. The overall income position was above plan by £881k. He referred to discussions on the financial year outturn position at this week's meeting of the Finance and Performance Committee where the best case scenario appeared to be adverse to the annual plan by £2.5m. Mr Powell commented on the challenges faced by the Divisions. There was a brief discussion about the impact of the emergency threshold payments, and the level of demand management within the health economy.

IT WAS AGREED: That the report on the Trust's financial position at the end of M6 (September 2014) be noted.

14/314: CAPITAL PROGRAMME 2014/15 – M6 (SEPTEMBER 2014) UPDATE

Mr Goodwin reported that the actual monthly expenditure position at month 6 was 10,986,105, against a target of £11,775,427 (which was an under spend of £789,322 in month).

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

14/315: DELIVERY OF ESTATES STRATEGY 2009/10 – 2018/19, QUARTER 2

Mr Goodwin summarised the report, which was for information.

IT WAS AGREED: That the progress report on the delivery of the Estates Strategy, quarter 2 2014/15, be noted.

14/316: MID STAFFORDSHIRE FOUNDATION TRUST

Mr Stringer highlighted from the report the ongoing work regarding the Transfer Agreement, the TDA Quality Assurance Process, the disaggregation of MSFT services (handover and readiness), the transaction timeline and the transfer of activity from RWT to Cannock Chase Hospital.

IT WAS AGREED: That the progress report on Mid Staffordshire Foundation Trust be noted.

14/317: REVALIDATION OF MEDICAL STAFF – QUARTERLY UPDATE

Dr Odum submitted the quarterly update on the revalidation of medical staff. The medical appraisal compliance rate at 30 September was 92.6%, which was an improvement over the position at the end of August. It was noted that on 1 November 31 doctors would transfer to the Trust from MSFT.

IT WAS AGREED: That the report be noted.

14/318: RESEARCH AND DEVELOPMENT

In the absence of Professor Cotton, Dr Odum drew attention to the main points in this report, which described slow recruitment. Attention was also drawn to the substandard accommodation in the R and D clinical area and the desirability of introducing a number of more complex trials. Mr Powell requested that an appropriate time commitment for research be included within consultant job plans in order that research and development did not have a negative impact on the clinical work and performance of departments. Dr Dowson said it was essential to support the chief investigators if the numbers of patients on trials was to increase. It was agreed that Dr Odum and Professor Cotton should issue an e-mail to medical staff in order to raise the profile and to urge greater participation in research and development (JO/JC).

IT WAS AGREED: That the report be noted.

14/319: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

Mr Loughton submitted this report on behalf of Ms Etches. In response to a question Ms Hickman concerned that the matter which had recently come to light regarding an orthopaedic surgeon had been logged at Stafford; Dr Odum confirmed that the work of a particular consultant was being reviewed. Mr Loughton stressed that RWT should gain an understanding of the issues at Cannock within the first three months after the transfer.

IT WAS AGREED: That the report be noted.

14/320: NURSING MIDWIFERY AND HEALTH VISITING PROGRAMME 2012/2014

This report was presented for information only.

IT WAS AGREED: That the quarterly report on the nursing midwifery and health visiting programme be noted.

14/321: CLINICAL NURSING PRACTICES GROUP

On behalf of Ms Etches, Mr Loughton drew out the salient points of this report.

IT WAS AGREED: That the quarterly report on the clinical nursing practices group be noted.

14/322: SAFE STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – SEPTEMBER 2014 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.

14/323: TRANSFORMATION PROGRAMME – MONTHLY UPDATE

Mr Evans submitted this report, and again referred to the significant challenge which CIP presented to the organisation. He also pointed out that Programme D had now been formally closed down.

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

14/324: EMERGENCY PREPAREDNESS QUARTER 2 UPDATE

Mr Evans presented this quarterly report.

IT WAS AGREED: That the report be noted.

14/325: CONTRACTING AND COMMISSIONING UPDATE

Mr Evans drew out the salient points of a report which provided an update on progress related to contract management and the ongoing management of tenders and business development opportunities.

IT WAS AGREED: That the report be noted.

14/326: POLICIES FOR APPROVAL

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

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

- OP15 Pest Control
- OP56 review and implementation of NICE Guidance
- OP61 management of external agency visits, inspections, act accreditations and external recommendations
- additional procedure to CP05: unscheduled transfer of the sick person from Cannock Chase hospital to another hospital
- HS10: Waste Management
- OP12 – IT security
- OP13 – Information Governance
- HR15 – Prevention of Harassment and Bullying

14/327: 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.

14/328: ANY OTHER BUSINESS – END OF LIFE CQUIN

Mr Stringer requested the Committee to approve in principle the acquisition of software valued at £15,000, which would support the end of life care CQUIN, which was worth £340,000.

IT WAS AGREED: That software to the value of £15,000 be purchased in connection with the end of life CQUIN.

14/329: 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 21 November, 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 3.05 pm