

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	22 July 2016	
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.	The matters highlighted below 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.	
Main Discussion/Action Points:	<ul style="list-style-type: none"> ▪ Received and approved the business case for the staffing of the 14-cot Transitional Care Ward. This will involve a phased approach to recruiting nursing staff and opening the cots/beds to accommodate current demand thereby releasing capacity within the maternity and neonatal units. ▪ Considered and approved the business case for the introduction of the Tribal EIS System, which is a system used by local authority and RWT health visitors to input and manage critical information about the education, safeguarding and care of children in Wolverhampton. ▪ Approved the business case for resources to handle the balance of obstetric activity from Walsall Healthcare Trust. The business case includes revenue costs (staffing) and capital costs. ▪ Received and approved the business case for the replacement of the existing oil circuit breakers with new vacuum units, replacement of the existing transformer with a transformer recovered from Cannock Chase Hospital, and the replacement of the associated high voltage and low voltage cabling to the switchgear. ▪ Endorsed the business case for the replacement of seven existing anaesthetic machines and monitors which are more than 10 years old. 	

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.
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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 22 July 2016 in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

Present:

Ms C Etches	Chief Nursing Officer (Chair)
Dr M Cooper	Director of Infection Prevention and Control
Prof J Cotton	Director of Research and Development
Mr M Goodwin	Head of Estates Development
Ms C Hobbs	Head Nurse, D1
Mr S Mahmud	Integration Director
Ms B Morgan	Interim Head Nurse, D2
Ms G Nuttall	Chief Operating Officer
Ms T Palmer	Head of Midwifery
Mr T Powell	Deputy COO, Division 2
Mr M Sharon	Director of Strategic Planning and Performance
Dr M Sidhu	Clinical Director, Vertical Integration
Dr BM Singh	Lead Clinician - IT
Dr S Smith	Divisional Medical Director, D2
Mr K Stringer	Chief Financial Officer

In Attendance:

Mr N Bruce	Head of IT
Miss C Hitchcock	Genomics Ambassador (part)
Ms C Griffiths	Deputy Director of HR
Dr D Mulherin	Clinical Fellowship Programme Lead (pt)
Mr A Sargent	Trust Board Secretary

Apologies:

Mr I Badger	Divisional Medical Director, D1
Dr L Dowson	Divisional Medical Director, D2
Mr L Grant	Deputy Chief Operating Officer, D1
Dr S Grummett	Lead Cancer Clinician
Ms L Holland	Interim Director of HR
Dr C Higgins	Divisional Medical Director, D1
Mr D Loughton CBE	Chief Executive
Dr J Odum	Medical Director
Dr J Parkes	Clinical Director – Vertical Integration
Ms S Roberts	Acting Divisional Manager, Estates and Facilities

16/212: DECLARATIONS OF INTEREST

No interests were declared at this meeting.

16/213: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 24 JUNE 2016.

IT WAS AGREED: That the minutes of the meeting of the Trust Management Committee held on Friday 24 June 2016 be approved as a correct record.

16/214: MATTERS ARISING FROM THE MINUTES

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

16/215: ACTION POINTS LIST

With regard to 16/47, Mr Powell confirmed that the action relating to the business case for the expansion of the Therapy Services Rehabilitation Team had now been progressed and the matter could be closed.

IT WAS AGREED: That the Actions Points List be noted.

16/216: CLINICAL FELLOWSHIP PROGRAMME

Dr Diarmuid Mulherin attended to present the business case for the appointment of a Programme Manager and Programme Administrator to assist the development of the Clinical Fellowship Programme. He indicated that thirty five clinical fellows had now been appointed, with a target of fifty for year 1. The RCP had expressed an interest in assisting the Trust to attract overseas doctors to the Programme. He stressed that this work was integrally linked to curtailing Trust spend on agency doctors and every effort was being made to realise the savings which needed to be made. He drew attention to the business case and mentioned recent discussions about the appropriate banding for the post. Mr Sharon confirmed that the Contracting and Commissioning Forum had considered the proposal for a project manager but had not agreed the banding for the post. Ms Nuttall said that the Trust had already expressed commitment for the Programme, even before the business case had been formally submitted, and expected that the banding could be established by discussions outside the meeting between Human Resources, Dr Odum and Ms L Nickell. Dr Mulherin informed the meeting that the Trust needed to carry out an amount of work to process the Fellows already recruited and that with them starting in August this work must be expedited. Dr Singh thought that the Programme Manager role would involve providing strategic management for the Programme which would eventually comprise 100 doctors.

IT WAS AGREED: That the business case for a Programme Manager and Programme Administrator to support the Clinical Fellowship Programme be approved in principle, subject to the banding for the Programme Manager post being determined through discussions between Dr Odum, Ms L Nickell, and the Interim Director of Human Resources (JO/LH).

16/217: 100,000 GENOMES PROJECT – 3 MONTHLY UPDATE

Ms C Hitchcock attended the meeting and presented the quarterly update on the 100,000 Genomes Project. She indicated that a second recruitment training day had taken place on 21 July and additional Trust staff had expressed a willingness to support the Project. She added that she hoped to secure funding for a band 2 post to provide some administrative assistance going forward. Dr Sidhu said that information about the Project should be shared amongst general practices in the city.

IT WAS AGREED: That the quarterly update on the 100,000 Genomes Project be noted.

16/218: INFECTION PREVENTION

Dr Cooper presented the quarterly update on Infection Prevention in the Trust, which stated that in quarter 1 there had been 13 *C.difficile* cases, 9 RWT – attributable MSSA bacteraemia, and compliance for mandatory on hand hygiene and infection prevention training not quite at the target of 95%. Overall, performance against *C.difficile* remained far from satisfactory, although it was better than at the same time in 2015. Ms Etches thanked all members of staff who had supported the recent Infection Prevention sessions which had been well attended by Trust staff.

IT WAS AGREED: That the Quarterly Update on Infection Prevention at the Trust be noted.

16/219: NURSING, MIDWIFERY AND QUALITY REPORT – DIVISION 1

Ms Hobbs introduced the Nursing, Midwifery and Quality Report for Division 1, highlighting 70.4 WTE qualified nurse vacancies, 26 falls (a slight increase over May), 59 staffing breaches (a slight increase over May), and no STEIS reportable or high level amber incidents reported in June. Ms Palmer added that the midwifery birth ratio remained at 1:30, and that booking activity remained high primarily due to increased booking activities from designated GPs in the Walsall area. Dr Sidhu asked whether the Trust would provide training for nurses who worked in general practice. Ms Etches replied that the training needs of nurses working in general practice had been scoped so that appropriate training could be provided.

IT WAS AGREED: That the Nursing, Midwifery and Quality Report for Division 1 be noted.

16/220: GOVERNANCE REPORT – DIVISION 1

Ms Hobbs presented the Governance Report for Division 1, which showed that there was 1 open red risk and 13 open high amber risks.

IT WAS AGREED: That the Governance Report for Division 1 be noted.

16/221: BUSINESS CASE FOR STAFF FOR THE TRANSITIONAL CARE WARD

Ms Palmer presented the business case for funding to support the opening and on-going development of the Transitional Care Ward which would aim to prevent unnecessary separation of mother and baby and reduce admissions to the neonatal unit. The business case proposed a phased approach to the recruitment of nursing staff and opening of the 14 cot purpose built Transitional Care Ward to accommodate current demand, and to immediately release capacity within the maternity and neonatal units, whilst ensuring safe staffing levels continue to be delivered with the Transitional Care Ward. Mr Sharon confirmed that the business case had been approved by the Contracting and Commissioning Forum.

IT WAS AGREED: That the business case for additional staff resources to support the opening and on-going development of the Transitional Care Ward be approved.

16/222: IMPLEMENTATION OF THE TRIBAL EIS SYSTEM BUSINESS CASE

Ms Hobbs submitted on behalf of Division 1 the business case for implementing the Tribal EIS system, which would be used by health visitors in the community, and which was

currently used in the local authority, and would allow greater access to appropriate information by health visitors and the local authority Strengthening Families workers. Mr Sharon confirmed that this business case had been approved by the Contracting and Commissioning Forum.

IT WAS AGREED: That the business case for the implementation of the Tribal EIS system be approved.

16/223: BALANCE OF OBSTETRIC ACTIVITY FROM WALSALL HEALTHCARE TRUST – BUSINESS CASE

Ms Palmer presented the business case for additional resources to support the 500 additional births which would be accommodated from Walsall Health Care NHS Trust. She added that it was anticipated that the Trust would be delivering in excess of 5,000 babies per annum and therefore a review of the designated consultant hours would be required along with a subsequent business case. Mr Goodwin indicated that the business case had been considered by the Capital Review Group and that the capital resources would have to be made available by the Directorate changing the programming of other capital schemes.

IT WAS AGREED: That the business case for additional funding to support the balance of Obstetric activity coming from Walsall Health Care Trust be approved.

16/224: NURSING AND QUALITY REPORT – DIVISION 2

Ms Morgan introduced the Nursing and Quality Report for Division 2, which showed 29 reported breaches in nurse staffing numbers during June, 94.85 WTE qualified vacancies within the Division, 91 Falls and 0 non-clinically justified breaches in the Same Sex Policy.

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

16/225: GOVERNANCE REPORT – DIVISION 2

Ms Morgan introduced the Governance Report for Division 2, showing 2 red risks and 5 existing high open risks on the Trust Risk Register. Ms Etches congratulated the Division on the reduced number of recorded incidents of pressure injury.

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

16/226: EXECUTIVE SUMMARY HR REPORT

Ms Griffiths drew out the highlights of the monthly Executive Monthly HR Report which highlighted current work around recruitment. She circulated the summary of the responses to Chat Back 2016, and in response to a comment by Mr Sharon indicated that the response rate of 16.6% was slightly higher than in 2015. Ms Etches indicated that the CQC placed emphasis on staff surveys and expected them to be correlated with patient surveys. Dr Sidhu asked whether this feedback was linked to the appraisal process. Ms Etches said that other ways of engaging staff continued to be considered, adding that the “Meet the Executive” sessions appeared to be well received, albeit by a very low number of staff. Mr Stringer expressed disappointment over the responses to question 2 (Recommending the organisation to friends and family as a place to work) and 7 (Communication between senior management and staff).

IT WAS AGREED: That the monthly update on the Executive HR Summary, together with the results of Chat Back 2016 be noted.

16/227: APPRENTICESHIP LEVY

Ms Griffiths introduced a briefing paper on the Apprenticeship Levy, setting out required actions and next steps to comply with the measure which would come in to force on 6 April 2017 and would require all large employers, such as RWT, to contribute to a new apprenticeship levy.

IT WAS AGREED: That the briefing paper on the Apprenticeship Levy, together with the required actions and next steps set out in the report, be noted.

16/228: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall reported that there had been improvement in the number of cancelled operations for non-medical reasons. Referral to treatment times (incomplete performance) saw a slight improvement in June, but the target was still recovering from the effect of the industrial action in April and also the inclusion of the Orthodontic waiting issue. She said that the 4 hour Emergency Department target had recovered slightly in June but the data clearly showed an increase in the number of ambulance conveyances in to the Trust over the last 2 year period, the reasons for which were being ascertained. From August the report would include activity undertaken by Vocare. The meeting noted continued challenge around cancer waiting times. Ms Nuttall also highlighted performance around delayed transfers of cares, which had improved slightly in June, but remained overall at a high level principally due to the complexity of problems with which patients had to contend.

Ms Etches reported on the quality aspects of the report, highlighting 4 cases where the timescale for a response had been breached without consent, and a reduction in the total number of pressure ulcer incidents. She mentioned the intention to revise the part of the report regarding medication. She also called the Committee's attention to the significant increase in adult safeguarding referrals in June.

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

16/229: EMERGENCY PREPAREDNESS QUARTER 1 REPORT

Ms Nuttall submitted the Emergency Preparedness Quarter 1 Report which included plan reviews and updates, information on recent training and exercises, the EPRR Core Standards, emergency preparedness good practice, live incidents, and partnership working. She highlighted in particular the IT system failure on 10 May which impacted on a variety of systems and areas across the Trust and which lead to the Business Continuity Plans being brought in to operation and successfully implemented.

IT WAS AGREED: That the Emergency Preparedness Quarter 1 Report be noted.

16/230: FINANCIAL POSITION – MONTH 3 (JUNE 2016)

Mr Stinger introduced his report by referring to the recent publication of "Strengthening Financial Performance 2016/17", which set out the high expectations from the centre and provided the criteria by which "financial failure" would be judged. He said that some Trusts had already been put into special measures on these grounds. Mr Stringer added that the STPs would have to be signed off by December 2016, and that it appeared that fundamental changes were now underway across the health system and local health economies. Mr Goodwin added that capital controls were being introduced in quarter 2.

In response to a question by Professor Singh, Mr Sharon said that the Trust was primarily involved with the Black Country STP, although it also had an interest in the Staffordshire STP.

Turning to the detail of the report, Mr Stringer highlighted that at month 3 the Trust an in-month surplus of £1.246m (after the inclusion of £2.65m STF income), which was an adverse variance of £1.084m against the plan in-month. The meeting noted that at month 3 a total of £1.7m had been removed from budgets under the Cost Improvement Programme, representing 6.08% of the total target. It was clear, therefore, that the cost improvement plans were now falling far behind the targets set at the beginning of the year.

IT WAS AGREED: That the report on the financial position at the end of June 2016 be noted.

16/231: CAPITAL PROGRAMME 2016/17 – MONTH 3 UPDATE

Mr Goodwin submitted the month 3 update on the Capital Programme 2016/17. He drew out the fact that business cases valued at £11.1m had been approved so far, and that it was important that further business cases be submitted for approval to the Capital Review Group and Trust Management Committee as soon as possible.

IT WAS AGREED: That the month 3 update on the Capital Programme 2016/17 be noted.

16/232: MINUTES OF THE OPERATIONAL FINANCE MEETING HELD ON 16 JUNE 2016

IT WAS AGREED: That the minutes of the Operational Finance meeting held on 16 June 2016 be noted.

16/233: REPLACEMENT OF ENERGY CENTRE HV CIRCUIT BREAKERS AND SWITCHGEAR – BUSINESS CASE

Mr Goodwin submitted a business case for the replacement of the existing oil circuit breakers with new vacuum units, replacement of the existing transformer with a transformer recovered from Cannock Chase Hospital, and the replacement of the associated high voltage and low voltage cabling to the transformer.

IT WAS AGREED: That the business case for the replacement of Energy Centre HV Circuit Breakers and Switchgear be approved.

16/234: REPLACEMENT OF SEVEN ANAESTHETIC MACHINES – BUSINESS CASE

Mr Goodwin presented the business case for the replacement of seven of the existing anaesthetic machines and monitors which were currently more than 10 years old.

IT WAS AGREED: That the business case for the replacement of seven of the existing anaesthetic machines and monitors be approved.

16/235: e-PRESCRIBING BUSINESS CASE

Mr N Bruce summarised the salient points of the business case for the implementation of an electronic prescribing and medicines administration (ePMA) system. It was intended to adopt a phased approach across the Trust, and this represented the expansion of a system already used by Pharmacy. Although the system required considerable revenue expenditure, it was deemed to be of strategic importance to introduce this system. The

meeting noted that e-prescribing was part of the digital strategy identified by the Black Country STP.

Mr Powell said that Division 2 remained to be convinced about some the Pharmacist costs identified in the business case and requested that these be further discussed at a Division 2 Management Team meeting. Mr Stringer commented that the actual benefits would be difficult to quantify but every effort must be made to measure them.

IT WAS AGREED: That the business case for the implementation of the electronic prescribing and medicines administration system be approved, subject to division 2 being satisfied regarding certain Pharmacy costs identified in the business case (TP/NB).

16/236: PROGRAMME MANAGEMENT REVIEW

Mr Stringer circulated a series of slides which outlined the significant challenge facing the Trust in delivering CIP Savings and Transformation, and which also explained the reasons for investing in the Programme Management Office. Mr Sharon emphasised the need to make changes to the way the Trust currently worked in regard to Programme Management. He said that it was intended during September to hold a number of ideas development workshops and he encouraged all those who would receive invitations to make every effort to participate.

IT WAS AGREED: That the initial observations regarding the Programme Management Review be noted, and that the recommendations set out regarding the next steps be endorsed.

16/237: REVALIDATION OF MEDICAL STAFF – ANNUAL REPORT

IT WAS AGREED: That the Annual Report on the Revalidation of Medical Staff be approved and received for assurance.

16/238: RESEARCH AND DEVELOPMENT – QUARTERLY UPDATE

Professor Cotton introduced this report and guided the meeting through the Executive Summary. The report highlighted a number of achievements during the period under review, but Professor Cotton stressed the need for Research and Development to consolidate and increase revenue in the months ahead, particularly given the significant reduction in funding from the CRN Network. In response to a question from Mr Mahmud, Professor Cotton outlined some of the ways in which the outcome of the EU Referendum might impact upon research organisations although he stressed that the position was highly speculative and unclear at present.

Ms Etches indicated that she had requested Professor M Sque to prepare a report on non-medical_research and in particular how non-medical research could be more deeply embedded within the organisation and how a greater clarity of vision for it could be developed. Professor Singh commented that all of this linked with the new Clinical Fellowship Programme, because the incoming doctors would require project work and it might be possible for them to undertake work which could be registered whereby they undertook special projects in currently untapped areas for research.

IT WAS AGREED: That the Quarterly Report on Research and Development in the Trust be received for assurance.

16/239: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS

Mr Stringer noted the age of some of the risks included within this report, and Ms Etches stressed the need for all present to commit time over the next week or two to review risks for which they were responsible.

IT WAS AGREED: That the report on Red Incidents, Red Complaints and High Level Operational Risks be noted.

16/240: POLICY GROUP – EXCEPTION REPORT

IT WAS AGREED: That the exception report on the meeting of the Policy Group in July 2016 be noted.

16/241: SAFER STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – JUNE 2016 DATA

IT WAS AGREED: That the report on Safer Staffing exceptions for June 2016 be noted.

16/242: PROFESSIONAL UPDATE

Ms Etches highlighted that over 40 members of staff had applied for sponsorship on to graduate health programmes, comprising a mixture of trained staff seeking dual qualification, and untrained staff seeking qualification. She also highlighted that the Trust in June had reported nationally on care hours per patient day (CHPPD) and had attended a feedback session on 22 June with other Trusts who had undertaken the pilot of the CHPPD metric.

IT WAS AGREED: That the report on Professional Issues be noted.

16/243: STP UPDATE

Mr Sharon presented an update and overview on the June submissions of the Black Country and Staffordshire STPs, and set out the key implications for this Trust. There appeared at present to be no significant direct threat to the existing clinical services provided by the Trust, but it would be required to sign up to the STP by December 2016 and the final detail of that, and its implications, remained to be seen.

IT WAS AGREED: That the update on the STP be noted.

16/244: TRUST EFFICIENCY PROGRAMME GROUP – MONTHLY PROGRESS REPORT

Mr Sharon presented the monthly progress report on the work of the Trust Efficiency Programme Group, and pointed out that this gave a more detailed view than previous reports had done.

IT WAS AGREED: That the monthly progress report on the work of the Trust Efficiency Programme Group be received for assurance.

16/245: CURRENT TENDERS AND PROGRESS

Mr Sharon introduced this report which provided the progress on tenders during the first quarter of 2016/17.

IT WAS AGREED: That the quarterly update on Current Tenders and Progress be received for assurance.

16/246: CONTRACTING AND BUSINESS INTELLIGENCE UPDATE

Mr Sharon submitted the 3 monthly update on contract negotiations for 2016/17.

IT WAS AGREED: That the update on Contract Negotiations be received for assurance.

16/247: GP VERTICAL INTEGRATION PROGRAMME

Mr Mahmud introduced a report setting out progress on the Vertical Integration Programme since it went live on 1 June 2016, and also described the proposal to undertake work to move the Trust towards becoming an Accountable Care Organisation (ACO).

With regard to the Vertical Integration Programme, he mentioned that further practices were approaching the Trust expressing an interest to participate, and discussions were on-going. With regard to the journey to become an Accountable Care Organisation, the report set out the key characteristics of such an organisation, and the issues which would need to be explored.

IT WAS AGREED: That the report on the progress of the Vertical Integration Programme since it went live on 1 June be received for assurance, and that the proposal to develop an ACO business case be endorsed.

16/248: POLICIES FOR APPROVAL

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

HS05 Ionising Radiation Safety Policy
HS06 Laser, UV and Optical Radiation Protection Policy
OP52 – Patient Identification Policy

16/249: RISK – STANDING ITEM

No new risks were identified at the meeting for inclusion on to a risk register.

16/250: ANY OTHER BUSINESS – GOVERNANCE REVIEW

Ms Etches reported that Deloitte had been appointed as assessors for an external review of governance at the Trust against the Well-Lead Framework from Board To Ward. It was likely that an assessor from the firm would attend the September meeting of this Committee.

Ms Etches also reported that there had still been no feedback from the CQC in response to the appeal lodged following the review of the Trust in 2015.

16/251: 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 23 September 2016 at 1:30 pm in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital

The meeting closed at 3.40 pm