

## CHAIRMAN'S SUMMARY REPORT

<b>Name of Committee/Group:</b>	Trust Management Committee	
<b>Report From:</b>	Chief Executive	
<b>Date:</b>	28 October 2016	
<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.	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.	
<b>Main Discussion/Action Points:</b>	<ul style="list-style-type: none"> <li>▪ Received and approved the business case for the <b>implementation of urethral lift procedure</b> in the Urology Directorate.</li> <li>▪ Approved the business case for <b>the provision of out of hours interventional radiology service.</b></li> <li>▪ Approved the business case for the <b>appointment of an additional consultant in neonates.</b></li> <li>▪ Approved the business case for <b>the refurbishment of mortuary fridges at RWT.</b></li> <li>▪ Received and approved the <b>Annual Equalities report.</b></li> </ul>	
<b>Risks Identified:</b> 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  
28 October 2016 in the Boardroom, Corporate Services Centre, Building 12, New  
Cross Hospital, Wolverhampton**

### **Present:**

Mr D Loughton	Chief Executive (Chair)
Mr I Badger	Divisional Medical Director, D1
Dr M Cooper	Director of Infection Prevention and Control
Ms C Etches	Chief Nursing Officer
Mr M Goodwin	Head of Estates Development
Dr S Grumett	Lead Cancer Clinician (part)
Ms L Holland	Director of Human Resources and Organisational Development
Ms B Morgan	Interim Head Nurse, D2
Dr J Odum	Medical Director
Ms G Nuttall	Chief Operating Officer
Ms T Palmer	Head of Midwifery
Mr T Powell	Deputy COO, D2
Ms S Roberts	Acting Divisional Manager, Estates and Facilities
Mr M Sharon	Director of Strategic Planning and Performance
Dr S Smith	Divisional Medical Director, D2

### **In Attendance:**

Ms C Bell	Management Trainee – D2
Miss C Hitchcock	100,000 Genomes Project (part)
Matron E Lengyel	D1
Ms S Ness	Deputy Director of Finance
Mr A Sargent	Trust Board Secretary

### **Apologies:**

Prof J Cotton	Director of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Mr L Grant	Deputy Chief Operating Officer, D1
Ms C Hobbs	Head Nurse, D1
Dr C Higgins	Divisional Medical Director, D1
Mr S Mahmud	Director of Integration
Dr J Parkes	Clinical Director, Vertical Integration
Dr M Sidhu	Clinical Director, Vertical Integration
Dr BM Singh	Lead Clinician - IT
Mr K Stringer	Chief Financial Officer

### **16/295: DECLARATIONS OF INTEREST**

No interests were declared at this meeting.

### **16/296: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 23 SEPTEMBER 2016.**

**IT WAS AGREED:** That the minutes of the Trust Management Committee meeting held on Friday 23 September 2016 be approved as a correct record.

### **16/297: MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING**

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

### **16/298: ACTION POINTS LIST**

It was noted that both of the items listed on the Action Points report had been closed down.

### **16/299: INFECTION PREVENTION**

Dr Cooper presented the quarterly update on Infection Prevention at the Trust, which showed that the organisation was currently above target on a number of measures, and this included *C.difficile* cases for which there appeared to be an improvement over performance during the corresponding period last year. He was also pleased to report that compliance with mandatory training on hand hygiene and infection prevention at the end of Q2 was the highest ever recorded. The Committee noted that consideration was being given to promoting more vigorously the availability of the IV Team/OPAT when there was less pressure on inpatient beds. Dr Cooper also mentioned the recent excellent infection prevention study day held at the Molineux.

**IT WAS AGREED:** That the quarterly update on Infection Prevention be received and noted.

### **16/300: 100,000 GENOMES PROJECT**

Miss C Hitchcock, Genomics Ambassador, attended for this item, and presented the quarterly update on the development of this project. She reported that the West Midlands GMC and NHS England desired Wolverhampton to become a flagship Trust in regard to this project, and that if this went ahead it was likely that they would fund the two posts to assist with recruiting and generally managing the day to day work of the project. She mentioned that she was writing an opinion piece for the Nursing Times on the importance of the involvement of nursing staff in genomics, and said that various meetings with patient groups were being established so that they could talk about their experience. Mr Loughton requested that an approach be made to the City Council for this topic to feature on a future agenda of the Health Scrutiny Panel. In response to a question from Dr Odum regarding the ambassador role in Walsall, Miss Hitchcock said that there had so far been positive feedback from nurses at Walsall NHS Healthcare, and that efforts were now being made to secure full support of the consultant body in the cancer department.

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

### **16/301: RESEARCH AND DEVELOPMENT**

Dr Odum presented the quarterly update on Research and Development performance from April 2016 until the end of September 2016, during which 1,076 participants had been

recruited into research studies, with recruitment of participants into Portfolio studies meeting 95% of the pro-rata target.

**IT WAS AGREED:** That the report of the Research and Development in the Trust be received and noted.

#### **16/302: GOVERNANCE REPORT DIVISION 1**

Mr Badger introduced the Governance report for Division 1 which included two open red risks. He also referred to three matters which had been identified for escalation following the Division 1 Governance meeting on 12 October. The concern regarding the Theatres Block included ingress of sewerage into the theatres. Mr Goodwin confirmed that this would be rectified during the refurbishment of Wards A12 and A14 in the next few weeks, and that the defective lights were on order. He added that there was a rolling programme of theatre refurbishments and that the refurbishment of Theatre 6 was within the Capital Programme this year. Mr Badger also referred to the Internal Quality reviews, for which there appeared to be no formal process for appeal against the findings. Ms Etches acknowledged that the system of reviews was not without flaw, but challenged the need for a formal appeal process when there were opportunities in other arenas to raise concerns arising from the reviews. She suggested that it remained important to triangulate the outcomes of reviews with information available elsewhere on the areas in question. Dr Odum suggested that the best option might be to refer concerns back to QSAG in the first instance.

**IT WAS AGREED:** That the Governance Report for Division 1 be received and noted

#### **16/303: NURSING MIDWIFERY AND QUALITY REPORT – DIVISION 1**

Matron Lengyel informed the meeting that during September there were 77.42WTE qualified nurse vacancies (pending new starters of 28.62WTE), 44 staffing breaches (a reduction from the previous month) and no shifts when the staffing numbers were red.

Ms Palmer outlined the midwifery report and confirmed that midwives had been recruited from neighbouring Trusts as well as a number trained and recruited from within the Trust. In response to questions she confirmed that the projected activity numbers were based on the 20 week scan, and confirmed that even with the June figure (527) the department should be able to cope because not all capacity was currently being used to the full. She indicated that the early neonatal death had occurred in the community.

In response to questions, Matron Lengyel said that the reducing appraisal rate was spread across the directorate. Ms Etches requested that the next report provide a breakdown of the appraisal rate by staff group (CH).

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

#### **16/304: IMPLEMENTATION OF PROSTATIC URETHRAL LIFT PROCEDURE**

Mr Badger presented the business case for the implementation of the prostatic urethral lift procedure in the Urology directorate.

**IT WAS AGREED:** That the business case for the implementation of the prostatic urethral lift procedure in the Urology directorate be approved, subject to obtaining the support of the commissioner.

### **16/305: PROVISION OF OUT OF HOURS INTERVENTIONAL RADIOLOGY SERVICE**

Mr Badger presented the business case for the provision of an out of hours Interventional Radiology Service.

**IT WAS AGREED:** That the business case for the provision of an out of hours Interventional Radiology Service be approved.

### **16/306: BUSINESS CASE FOR THE APPOINTMENT OF A 4<sup>TH</sup> GYNAECOLOGY ONCOLOGIST**

Mr Badger presented the business case for the appointment of a 4<sup>th</sup> Gynaecology Oncologist.

**IT WAS AGREED:** That the business case for the appointment of a 4<sup>th</sup> Gynaecology Oncologist be approved.

### **16/307: BUSINESS CASE FOR ADDITIONAL CONSULTANT IN NEONATES**

Mr Badger introduced the business case for the appointment of an additional consultant for Neonates, in the Paediatrics Directorate.

**IT WAS AGREED:** That the business case for the appointment of an additional Neonatal Consultant, in the Paediatrics Directorate be approved.

### **16/308: BUSINESS CASE FOR THE REFURBISHMENT OF MORTUARY FRIDGES AT RWT**

Mr Badger presented the business case for the refurbishment of mortuary fridges at the New Cross site.

**IT WAS AGREED:** That the business case for the refurbishment of mortuary fridges at the Trust be approved.

### **16/309: NURSING AND QUALITY REPORT – DIVISION 2**

Ms Morgan introduced the monthly Nursing and Quality report for Division 2, saying that there were 99.35WTE qualified vacancies within the division. There had been 2 MRSA acquisitions, 2 incidents of *C.difficile* and 4 incidents of DRHABS. There had been zero reported non-clinically justified breaches in the Same Sex Policy.

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

### **16/310: GOVERNANCE REPORT – DIVISION 2**

Ms Morgan presented the Division 2 Governance report for September 2016 which contained two red risks. In response to a question about 4472 (patients waiting for longer than 2 hours for assessment in cubicles in ED) she indicated that the increased numbers which had been expected to transfer to the Urgent Care Centre had not yet materialised.

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

### **16/311: PROVISION OF A REPLACEMENT ULTRASOUND MACHINE**

Mr Powell withdrew this item because it was below the financial value which required approval from this Committee.

### **16/312: PROVISION OF A REPLACEMENT ARGON AND DIATHERMIES**

Mr Powell indicated that this item was withdrawn because it was below the financial value which required approval from this Committee.

### **16/313: EXECUTIVE SUMMARY HR REPORT**

In presenting this report, Ms Holland highlighted the on-going review of the Sickness Policy, the positive outcome of the introduction of the Fair Blame Process, and the progress in vaccinating staff against influenza. With regard to the last item, she said that the revised definition of "frontline staff" had reduced the number in the headcount eligible for the vaccination to around 6,000, and that it would be necessary to get 75% of these staff vaccinated in order to trigger the CQUIN target and payment. The profile of this campaign would be raised in November.

**IT WAS AGREED:** That the monthly Executive Summary HR Report be received and noted.

### **16/314: EQUALITIES ANNUAL REPORT**

**IT WAS AGREED:** That the Annual Equalities Report be approved and published on the Trust intranet.

### **16/315: INTEGRATED QUALITY AND PERFORMANCE REPORT – SEPTEMBER 2016**

Ms Nuttall reported a welcome decline in the rate of cancelled operations, and also an improved picture within Orthodontic referral to treatment time, but unfortunately the overall RTT was deteriorating. The report indicated an improving position in the Emergency Department which was now in the top 20 nationally, and she stressed that the momentum must be maintained. Performance against the cancer targets revealed a possible failure of the 31 day sub-surgery, 62 day to first treatment and 62 day screening for the month of September and performance for October looked similar. She reminded the Committee that the 62 day targets were the subject of sustained national focus. She also highlighted the situation with delayed transfers of care, and reminded the meeting that this would be increasingly significant as the Trust entered the winter period.

Mr Loughton reported that the A & E Department at a nearby Trust was about to close during the night and it had been suggested to him that this Trust, because it has ten A & E consultants on its establishment, might consider "loaning" two of them in order to help that Trust's Emergency Department remain open. He requested comments on this suggestion. There ensued a thorough discussion. Members of the Committee envisaged that by acceding to the request it was likely that existing rotas could be destabilised and the ability to offer an all-night service here disrupted, there would be an impact on morale and on the on-going feasibility of the Trust's position as early implementer of 7 day services. It was also pointed out that this Trust is a trauma centre with tertiary referral services and it was important not to place these in jeopardy by diminishing the number of consultants available. The point was made that only 5 of the existing consultants were substantive and that it would be unwise to interfere with the existing balance between substantive and locum medical staff. The meeting unanimously expressed concern over the proposal and suggested that it

would be safer for activity displaced from the hospital in question to be transferred here if necessary.

Referring to the quality aspect of the report, Ms Etches urged caution around the FFT response rates reported, given queries about the accuracy of the data being collected. She highlighted the lack of significant improvement in the rate of late observations and the need for more focus around the duty of candour. Ms Etches also noted the reduction in adult safeguarding referrals, and indicated that the staff would be reminded to be vigilant in this regard. Mention was also made of level 3 safeguarding (children) training for which there would be a drive to exceed the existing 80% level. Finally, Ms Etches referred to the mortality data which was not current and would be removed from future reports. Ms Nuttall suggested that it was important for mortality data to be published by the Trust. Dr Odum commented that the information shared at MORAG was different to that included in the monthly Quality and Performance report because it had been validated. Ms Nuttall said that from an accountability point of view the information should continue to be available for discussion at the Trust Board and also published. It was agreed that there would be a further discussion about this outside the meeting (JO).

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

#### **16/316: EMERGENCY PREPAREDNESS QUARTER 2 REPORT**

Ms Nuttall presented the report setting out emergency preparedness activities undertaken during Quarter 2, including planning reviews, delivery of the EPRR core standards requirements, and the response to live incidents.

**IT WAS AGREED:** That the update of the Emergency Preparedness activities for Quarter 2 be received and noted.

#### **16/317: WINTER PLANNING**

Prior to the meeting, Ms Nuttall had circulated the letter from NHS Improvement and NHS England, dated 21 October, on preparation for winter 2016/17. She indicated that as part of the Trust's planning a decision had been taken to suspend routine elective inpatient operations at New Cross Hospital from Christmas until 9 January. Responding to a question from Mr Loughton, she confirmed that the clinical directors would prepare a list of clinically urgent cases to receive treatment should pressures allow, and that this would include, for example, the most urgent cancer cases.

**IT WAS AGREED:** That the oral update on winter planning be received and noted.

#### **16/318: FINANCE REPORT – MONTH 6 (SEPTEMBER 2016)**

Ms Ness introduced the monthly report on the financial position of the Trust, and highlighted in particular that, with the year to date position, cash had been reduced to around £3m during the past week, but this should improve with the STP contribution for quarter 2 being chased. She confirmed, in response to a comment by Mr Powell, that the outstanding SLA issues with other NHS Bodies had moved positively forward, with the exception of one Trust where NHS Improvement had been requested, last year, to assist in obtaining long overdue debt settlements. D Loughton offered to assist in resolution of this matter. Additionally it was noted that this Trust had withheld payment to those Trusts for the services they had provided, until they settled their debts with this Trust.

**IT WAS AGREED:** That the report on the financial position of the Trust at the end of September 2016 be received and noted.

#### **16/319: DEANSLEY RADIOTHERAPY SUB-STATION – BUSINESS CASE**

Mr Goodwin introduced the business case for the replacement and increase in capacity of the existing transformers and upgrade of the switchgear for the Deansley radiotherapy sub-station.

**IT WAS AGREED:** That the business case for the replacement of the radiotherapy HV transformers and additional LB switchgear for the Deansley radiotherapy sub-station be approved.

#### **16/320: PURCHASE OF LINEAR ACCELERATORS 1 & 2 – BUSINESS CASE**

Mr Goodwin introduced the business case for the purchase of linear accelerators 1 & 2, confirming that the construction of the bunker was almost complete and the first LINAC was now on-site. Commissioning would take place between now and April and the first patient was expected to receive treatment from the new LINAC in May 2017. This would be followed by the decommissioning of LINAC 4 and that by October 2017 the second new LINAC would be received. Dr Grumett confirmed that the same number of patients as now would be seen, and that staffing was not an issue.

Ms Nuttall noted that there had been an announcement this week from the centre of more money for LINACS nationally. Mr Loughton indicated that this was not new money. Ms Ness said that it was likely that the government was opening up a leasing facility, however, she had followed up with the NHSI Capital Team to establish whether there was any cash funding available, stating that the Trust would wish to submit a bid against any such funds. Ms Etches asked whether there would be any additional training required to operate the new LINAC facility. Dr Grumett said that staff would receive training during the commissioning phase so that the delivery of services to patients was not disrupted.

**IT WAS AGREED:** That the business case for the purchase of linear accelerators 1 & 2 be approved.

#### **16/321: CAPITAL PROGRAMME REVIEW 2016/17**

Introducing this report, Mr Goodwin said that due to insufficient income, and due also to the refusal (to date) of NHS Improvement to allow the Trust to use its own retained earnings, it was now necessary to defer a number of schemes into the next financial year.

**IT WAS AGREED:** That the current position regarding NHS Improvement's approvals of the funding of the CRL and Capital Programme be noted, that the projects listed in Appendix A valued at £4.156m be deferred into the Capital Programme 2017/18, and that the anticipated impact of this action on the Capital Programme 2017/18, and 5 year plan, be noted.

#### **16/322: CAPITAL PROGRAMME 2016/17 – MONTH 6 UPDATE**

**IT WAS AGREED:** That the month 6 update on the Capital Programme 2016/17 be received and noted.



**16/323: MINUTES OF THE MEETING OF THE OPERATIONAL FINANCE GROUP HELD ON 14 SEPTEMBER 2016**

**IT WAS AGREED:** That the minutes of the meeting of the Operational Finance Group held on 14 September 2016 be received and noted.

**16/324: REVALIDATION OF MEDICAL STAFF**

Dr Odum highlighted that at 30 September the Trust's medical appraisal compliance rate was 95.4%.

**IT WAS AGREED:** That the quarterly update on the revalidation of medical staff be received and noted.

**16/325: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS**

Ms Etches pointed out that a number of the risks on the report had been static for a considerable period of time, and she requested that every department re-examine those which were assigned to them with a view to moving them forwards. With regard to 1160 (dated from 2006), Dr Grumett said that the new LINAC would mitigate against this risk.

**IT WAS AGREED:** That the report on red incidents, red complaints and high level risks entered onto Datix during the period ending 16 October 2016 be noted.

**16/326: POLICY GROUP**

**IT WAS AGREED:** That the update on the work of the Policy Group during September be noted.

**16/327: SAFER STAFFING**

Ms Etches drew attention to Appendix 3 to the report, which included data on the care hours per patient day, all of which needed to be costed out. She said that there were questions about how Safe Hands could be used to refine the data on this metric. With regard to nurse recruitment, she said that nurses recruited through the campaign in the Philippines continued to come on stream only very slowly, having regard to the 40% failure rate on OSCI. Finally, Ms Etches indicated that the Trust had been awarded pilot site status for the nursing associate role which would go live in January 2017.

**IT WAS AGREED:** That the monthly update on Safer Staffing be received and noted.

**16/328: PROFESSIONAL ISSUES**

**IT WAS AGREED:** That the progress update on Professional Issues be received and noted.

**16/329: TRUST EFFICIENCY PROGRAMME GROUP MONTHLY PROGRESS REPORT**

Mr Sharon reported that the Trust was considerably off target for CIP savings with a significant shortfall still to be met. However, he referred positively to the redesign workshops held in October which had been well attended, and the outcomes from which would be considered by the Executive Directors on 31 October following which feedback would be given to those staff who had attended and made suggestions.

**IT WAS AGREED:** That the monthly progress report on the work of the Trust Efficiency Programme Group be received and noted.

### **16/330: CONTRACTING AND COMMISSIONING UPDATE**

Mr Sharon submitted an update on progress on contract management with the core commissioners, and outlined the process to be followed in contract negotiations for 2017/19. He emphasised that all contracts must be signed by 23 December which represented a very challenging timescale. It was anticipated that the CCG would make an initial offer by 4 November, to which the Trust must respond within one week.

**IT WAS AGREED:** That the progress update on LDPs with the Trust's main commissioners be received and noted.

### **16/331: GP VERTICAL INTEGRATION PROGRAMME**

In the absence of Mr Mahmud, Mr Loughton introduced the report which summarised progress on the Vertical Integration Programme since it went live on 1 June. He indicated that a further practice was likely to join the Trust on 1 December. It would by then have no GPs, and a very poor building from which to operate. Mr Loughton went on to say that the situation of the practice in question highlighted the generally poor standard of buildings used by a number of GP practices around the city and suggested a need to be proactive in developing purpose built facilities for a number of these practices. Mr Loughton went on to describe discussions recently held with the city council about the use of the former eye infirmary site, and given that an imminent sale was now unlikely he raised the possibility of developing the site into an integrated primary care hub, with up to date facilities and services. During a wide ranging discussion of this suggestion, members of the Committee suggested the following additional items which might be included in the proposal:

- Procedure room
- Sexual Health (reception)
- Audiology
- Dietetics
- Phlebotomy
- Ultrasound
- Physiotherapy
- Occupational Therapy
- Chronic Pain Clinic
- Community Dermatology
- Oncology Day Cases
- Line Care (OPAT team)
- Respiratory Outreach Clinics
- Diabetes Outreach Clinics
- Community Midwifery
- School Nurses
- Third sector (to be defined)

**IT WAS AGREED:** That the update on the GP Vertical Integration Programme be received and noted, and that the proposals regarding a possible primary care hub in the city be endorsed in principle for further exploration.

### **16/332: POLICIES FOR APPROVAL**

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

- OP26 Security Policy
- CP42a (Prevention of Falls) and CP42b (Management of a Patient Fall)

CP65 Safe Management of Sharps, Swabs, Instruments, Needles and Other  
Accountable Items in Theatre  
OP100 Use of Safety Checklists  
MP02 Unlicensed Medicines

**16/333: RISK- STANDING ITEM**

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

**16/334: ANY OTHER BUSINESS**

Ms Etches reported that the external review of the governance of the Trust, carried out by Deloitte, was likely to be received before the next meeting of this Committee. The conclusions and recommendations were good and reflected well on the Trust.

**16/335: DATE AND TIME OF NEXT MEETING**

It was noted that the next meeting was due to be held at 1:30 pm on Friday 25 November in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital.

**The meeting closed at 3.15 pm**