

## CHAIRMAN'S SUMMARY REPORT

<b>Name of Committee/Group:</b>	Trust Management Committee	
<b>Report From:</b>	Chief Executive	
<b>Date:</b>	21 April 2017	
<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>▪ Considered and approved the following business cases:             <ul style="list-style-type: none"> <li>✓ replacement of the theatres IT system</li> <li>✓ extension of the use of e-prescribing business case to ensure the delivery of the full system subject to agreement by the Contracting and Commissioning Forum</li> <li>✓ Stroke Data Capture</li> <li>✓ NICE TAG 419 – Apremilast for treating moderate to severe plaque Psoriasis</li> <li>✓ NICE TAG 423 Eribulin –for treating locally advanced or Metastatic Breast Cancer after 2 or more Chemotherapy regimens</li> </ul> </li> <li>▪ Approved the following policies;             <ul style="list-style-type: none"> <li>✓ CP53 Policy for the prevention of patients at risk of absconding and procedure for the management of those who abscond or are found to be missing,</li> <li>✓ CP06 Consent,</li> <li>✓ MP06 Shared Care Agreements,</li> <li>✓ OP39 Patient Access,</li> <li>✓ OP10 Review of Risk Management and Patient Safety reporting policy and The Risk Management Assurance strategy</li> </ul> </li> <li>▪ Agreed that;             <ul style="list-style-type: none"> <li>✓ Risks 4665 and 4286 be placed on the Trust Risk Register.</li> <li>✓ That the scoping and preparation in respect of the anticipated increase in Maternity activity be progressed as outlined.</li> </ul> </li> </ul>	

<b>Risks Identified:</b> <b>Include Risk Grade</b> <b>(categorisation matrix/Datix</b> <b>number)</b>	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. Mortality was identified at this meeting as a matter which merited 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 21<sup>st</sup> April 2017 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

### Present:

Mr I Badger	Divisional Medical Director, D1
Dr M Cooper	Director of Infection Prevention and Control
Professor J Cotton	Director of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Mr A Duffell	Director of Workforce
Mr L Grant	Deputy Chief Operating Officer, D1
Ms C Hobbs	Head Nurse, D1
Dr C Higgins	Divisional Medical Director, D1
Ms L Holland	Director of Human Resources and Organisational Development
Mr D Loughton	Chief Executive (Chair)
Ms B Morgan	Head Nurse, D2
Dr J Odum	Medical Director
Ms G Nuttall	Chief Operating Officer
Ms T Palmer	Head of Midwifery
Dr J Parkes	
Mr T Powell	Deputy Chief Operating Officer, D2
Ms S Roberts	Divisional Manager, Estates and Facilities
Mr M Sharon	Director of Planning and Performance

### In Attendance:

Prof Rylance	Medical Training
Ms H. Troalen	Deputy Director of Finance
Mr K Wilshere	Interim Trust Board Secretary

### Observing:

Mr M Goodwin	Estates Consultant
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### Apologies:

Ms C Etches	Chief Nursing Officer
Dr S Grumett	Lead Cancer Clinician
Dr B McKaig	Associate Medical Director – Appraisal and Revalidation
Mr S Mahmud	Director of Integration
Prof Balder Singh	
Mr K Stringer	Chief Finance Officer

### **17/125: DECLARATIONS OF INTEREST**

No further or changed interests were declared at this meeting.

### **17/126: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 24 MARCH 2017.**

**IT WAS AGREED:** That the minutes of the Trust Management Committee meeting held on Friday 24 March 2017 be approved as a correct record.

### **17/127: MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING**

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

### **17/128: ACTION POINTS LIST**

The Action Item from 24 March 2017, due by May 2017 – progress was noted.

**IT WAS AGREED:** That in light of the progress reported that this item be closed.

### **17/129: CLINICAL DIRECTOR TRUST MANAGEMENT REPORT – RESEARCH & DEVELOPMENT QUARTERLY PERFORMANCE UPDATE**

Prof. Cotton introduced the summary report. Highlights included

- Achieving over the target for recruitment to trials.
- Breadth of studies the Trust is involved in recruiting to.
- Achievements despite reducing support funding.
- Contribution to Trust Cost Improvement Programme.
- Additional income streams achieved.

He went on to highlight issues to tackle in the year ahead regarding:

- Timescales to achieving recruitment targets in some trials.
- Improve by reducing time to 1<sup>st</sup> recruit in some studies.

The report includes a breakdown of recruitment by division and highlights the variations therein. The Trust makes a positive contribution over and above our targets to the research portfolio in the West Midlands. Prof Cotton highlighted that 2017-2018 would present further challenges including further reductions in central support funding.

There was discussion regarding how this Trust compares favourably with other similar organisation. It was highlighted that further consideration be given to;

- Academic appointments in further specialities.
- Offering flexible permanent contracts to research Nurse Staff to work in clinical areas if research work not available.
- Options for the future use of Clinical Trials Support Staff as part of clinical staff available in areas where they have been appropriately trained to operate as part of study support activity.
- Maintaining the improved balance in the portfolio of studies.

It was confirmed that the complaint and potential litigation risk referred to an issue from two years ago and that the risk of litigation was low. The Research Team were congratulated on the achievements summarised in the report.

**IT WAS AGREED:** That the Research Report be received and noted.

## **17/130 INFECTION PREVENTION Q4 REPORT 2016-2017**

Dr Cooper and presented the summary report and highlighted those areas where targets have been achieved and areas of improvement. He raised the Committee's awareness that the definition for the *E. coli* target is still awaited from NHS England.

There was discussion in respect of the breakdown of Hospital and non-Hospital acquired infection rates and incidents. Dr Odum clarified the areas for focus. Dr Cooper pointed out the target set includes infections acquired in the community and thereby requires a cross health community approach. He also highlighted that the approach to MRSA and *Clostridium difficile* is by the nature of the infections, different from *E. coli*.

**IT WAS AGREED:** That the Infection Prevention Report be received and noted.

## **17/131: GOVERNANCE, NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1**

Dr Higgins and Ms Hobbs presented the Governance, Nursing, Midwifery and Quality Report. They confirmed the recommendation for acceptance of Amber Risks 4665 and 4286 on to the Trust Risk Register.

**IT WAS AGREED:** That Risk 4665 and 4286 be placed on the Trust Risk Register.

Other areas highlighted included:

- Reduction in nursing vacancies in some areas, slight rises in others with on-going review and analysis of staff turnover reasons.
- Reduction in vacancies for unqualified clinical staff.
- Sustained reduction in number of falls incidents over 4 months due to the continued focus on falls prevention.

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

## **17/132: MIDWIFERY REPORT – DIVISION 1**

Ms Palmer introduced the information in the report regarding Midwifery, highlighting a rise in the local birth rate compared to that previously predicted. This equates to a potential further 700 births over the 5,000 previously predicted.

There was discussion regarding the plans to be able to physically accommodate the extra mother and babies, and in respect of the ability to staff the additional capacity. It was highlighted by the Chair that there is likely to be an additional further influx from adjoining areas and that the plans should address up to 400 additional births over and above the 5,700. The Division confirmed they were already starting to see additional expectant mothers in line with this.

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

## **17/133: OUTLINE BUSINESS CASE - DIVISION 1 – REPLACEMENT OF THE THEATRES IT SYSTEM**

**IT WAS AGREED:** That the business case for the replacement of the theatres IT system is approved.

### **17/134: GOVERNANCE, NURSING AND QUALITY REPORT – DIVISION 2**

Dr Dowson introduced the monthly Governance, Nursing and Quality Report for Division 2. Highlights included the known risks in the Emergency Department.

**IT WAS AGREED:** That the Governance Report for Division 2 were received and noted.

### **17/135: NURSING AND QUALITY REPORT – DIVISION 2**

Ms Morgan introduced the monthly Governance, Nursing and Quality Report for Division 2. Highlighted areas included:

- A rise in Nursing Assistant vacancies due to staff being transferred into the Nursing Associate training and roles. Attempts have been made to recruit to these posts but suitable replacements have not been forthcoming. The next cohort of newly qualified nurses will be available in May when further recruitment will be undertaken.
- A month to month rise in falls incidents against a background of declining falls over recent months.
- Non same sex breaches reported.

The closure of C17 Ward was discussed in terms of the potential future use of the physical space such as stroke care.

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

### **17/136: BUSINESS CASE – e-PRESCRIBING**

A business case for the extension of the use of e-prescribing business case to ensure the delivery of the full system.

**IT WAS AGREED:** That the business case is approved subject to agreement by the Contracting and Commissioning Forum.

### **17/137: BUSINESS CASE – STROKE DATA CAPTURE**

The business case for Stroke Data Capture was considered.

**IT WAS AGREED:** That the business case for Stroke Data Capture is approved.

### **17/138: NICE TAG 419**

The case for the availability of TAG 419 – Apremilast for treating moderate to severe plaque Psoriasis was considered.

**IT WAS AGREED:** That the case is approved.

### **17/139: NICE TAG 423 ERIBULIN**

The case for the availability of 423 Eribulin –for treating locally advanced or Metastatic Breast Cancer after 2 or more Chemotherapy regimens was considered.

**IT WAS AGREED:** That the case for TAG 423 Eribulin is approved.

### **17/140: EXECUTIVE WORKFORCE REPORT**

Mr Duffell introduced the monthly Executive Workforce Report highlighting the following aspects:

- The arrival of v10 of e-rostering.
- A review of the report content with revised inclusions to follow.

There was a brief update and discussion of the position regarding the recruitment of nursing staff from the Philippines.

**IT WAS AGREED:** That the Workforce Report be received and noted.

### **17/139: INTEGRATED QUALITY AND PERFORMANCE REPORT**

Ms Nuttall introduced the report, highlighting several aspects;

- A reduction in the number of cancelled operations.
- An update on the progress of work regarding 18 week waits and diagnostics RTT (page 28 of the report)(currently Red) that is expected to go Green by the end of quarter 2.
- The gradual improvement in performance in the Emergency Department (page 29).
- Changes to the Cancer standards (page 33) and the challenges this presents.

There was a discussion regarding a number of points in the report including aspects of Ambulance turn-round and the associated fines structure, the inconsistencies in the VTE assessment requirements between CQUIN targets and NICE requirements that mean that the audit figures may not provide the assurance required. Dr Odum explained that this is a complex area and gave assurance that any VTE related incidents are thoroughly investigated.

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

### **17/140: FORMAT AND CONTENT OF THE INTEGRATED QUALITY REPORTS DURING 2017/18**

Ms Nuttall introduced the report proposing changes to the reporting format and content after review. She highlighted that some definitions are still awaited regarding Patient Experience and Outcomes criteria.

**IT WAS AGREED:** That the proposed changes to the Integrated Quality and Performance Report be accepted and implemented.

### **17/141: EMERGENCY PREPAREDNESS RESPONSE AND RESILIENCE (EPRR) ANNUAL REPORT 2016-17**

Ms Nuttall introduced the annual report.

**IT WAS AGREED:** That the Emergency Preparedness Response and Resilience (EPRR) Annual Report 2016-17 be received and noted.

### **17/142: FINANCIAL POSITION OF THE TRUST AT THE END OF MARCH 2017 (MONTH 11)**

Ms Troalen introduced the report. She outlined the main figures in the report regarding the underlying operating financial position and the additional funding resulting in the recently revised surplus figure. She indicated that this position may change still further as STF funding was not yet finalised. There would be a further briefing note subject to review by Audit.

The effort and achievement of this position was recognised. There was a discussion regarding the future focus of the organisation and messages from the Management Team that are to be clarified and agreed. This is likely to focus more on transformation of services with the necessary investment requiring continued action on costs.

**IT WAS AGREED:** That the statement of the financial position was received and noted.

#### **17/143: CAPITAL PROGRAMME 2016/17 – MONTH 12**

Mr Goodwin introduced the report. It was noted that the Capital Programme had been delivered £198k under budget

**IT WAS AGREED:** That the progress report as at month 12 for the 2016/17 capital programme be received and noted.

#### **17/144: MINUTES OF THE OPERATIONAL FINANCE GROUP MEETING ON 16 MARCH 2017**

**IT WAS AGREED:** That the minutes be received and noted.

#### **17/145: UNDERGRADUATE TRAINING AND TEACHING ACADEMY**

Professor Rylance joined the meeting and introduced the report. Prof. Rylance was congratulated by the meeting on his Professorship. Prof. Rylance highlighted that;

- The report reflected an encouraging year with positive feedback from the trainees.
- Positive feedback on the involvement of Consultant staff in teaching.
- The view from trainees that the Trust is a welcoming and friendly place to work.
- A positive impact by the recently recruited administrative team.
- Commendation by the review monitoring body nationally when they visited.
- 70% overall satisfaction across all modules with some variation due to service pressures and availability. This is being addressed as part of the relevant Job Planning processes.
- An expansion of the Clinical teaching fellows has been positively received.
- The improvement in the standard and availability of the simulation unit, staffing and facilities for trainees including the Common Room.
- The development of the education facilities at Cannock.

The report was positively received and the staff team involved congratulated. Prof Rylance confirmed that the academic team are developing their plan to continue with the development beyond the required national standards.

**IT WAS AGREED:** That the report be received and noted.

#### **17/146: CHIEF NURSING OFFICER OPERATIONAL REPORT - RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS**

Ms Hobbs introduced the report. The main areas comprise;

- No new red incidents.
- No new red formal complaints.
- Policies presented as approved by the Policy Group.
- Staffing fill rate and action undertaken to address this.

**IT WAS AGREED:** That the report on red incidents, red complaints and high level risks entered onto Datix during the period ending 10<sup>th</sup> April 2017 be noted.



### **17/147: POLICY GROUP**

**IT WAS AGREED:** That the progress update on the work of the Policy Group and the Policies approved during April be noted.

### **17/148: REPORT OF THE CLINICAL PRACTICES GROUP**

**IT WAS AGREED:** That the report be noted.

### **17/149: SAFER STAFFING**

**IT WAS AGREED:** That the update report be noted.

### **17/150: PROFESSIONAL UPDATE**

**IT WAS AGREED:** That the report be noted.

### **17/151: TRUST EFFICIENCY PROGRAMME GROUP – MONTHLY UPDATE**

Mr Sharon introduced the report. He outlined the achievements to date in the Cost Improvement Programme (CIP) and the pattern of delivery being similar to previous years. He outlined that further work continues to identify progress with current schemes and to develop further schemes to address the £27m CIP challenge in 2017-2018.

It was confirmed that the Trust declined to participate in the FIP2 programme and has instead asked Deloitte to provide further proposals relating to, for example, the Safe Hands data potential.

**IT WAS AGREED:** That the report be received and noted.

### **17/152: TENDERS AND BUSINESS DEVELOPMENT**

Mr Sharon introduced the report. He confirmed that;

- The Local Authority 0-19 tender process had been abandoned. The local authority are in negotiations with the Trust regarding a new contract. As yet it is unclear as to why the process was abandoned.
- The Transforming Cancer Services process has also been ended due to areas of issue including one relating to VAT and uncertainty regarding phase 2 progression. This means that business as usual will continue. Mr Sharon said it was unclear as to whether there would be any impact on the End of Life Care tender process.

**IT WAS AGREED:** That the report on tenders and business development be received and noted.

### **17/153: GP VERTICAL INTEGRATION PROGRAMME**

**IT WAS AGREED:** That the progress report on the Vertical Integration Programme be received and noted.

### **17/154: RWT ACCOUNTABLE CARE ORGANISATION**

Mr Loughton introduced the report and gave an update on the progress of the Vertical Integration Programme.

**IT WAS AGREED:** That the progress report on the Vertical Integration Programme be received and noted.

## **17/155: POLICIES AND STRATEGIES FOR APPROVAL**

The following Policies were considered for approval:

- CP53 Policy for the prevention of patients at risk of absconding and procedure for the management of those who abscond or are found to be missing
- CP06 Consent
- MP06 Shared Care Agreements
- OP39 Patient Access
- OP10 Review of Risk Management and Patient Safety reporting policy and The Risk Management Assurance strategy

**IT WAS AGREED:** That the policies;

CP53 Policy for the prevention of patients at risk of absconding and procedure for the management of those who abscond or are found to be missing,  
CP06 Consent,  
MP06 Shared Care Agreements,  
OP39 Patient Access,  
OP10 Review of Risk Management and Patient Safety reporting policy and The Risk Management Assurance strategy;  
be approved.

## **17/156: CONSIDERATION OF RISKS TO BE ENTERED ON TO THE TRUST RISK REGISTER**

As per minute 17/131;

**IT WAS AGREED:** Those Risks 4665 and 4286 be placed on the Trust Risk Register.

**IT WAS AGREED:** That the scoping and preparation in respect of the anticipated increase in Maternity activity be progressed as outlined.

## **17/157: ANY OTHER BUSINESS**

No other business was raised at this meeting.

## **17/158: DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Management Committee will be held on Friday 19 May 2017 at 1.30 p.m. in the Board Room, Corporate Services Centre, New Cross Hospital.

**The meeting closed at 3.10 pm**