CHAIRMAN'S SUMMARY REPORT		
Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	23 June 2017	
Action Required by receiving committee/group:	X For Information ☐ Decision ☐ Other	
Aims of Committee:	▪ 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:	▪ Considered and approved the following business cases: ✓ Photochemical corneal collagen cross-linkage using riboflavin and ultraviolet A for keratoconus and keratectasia (IPG466) (referred to as TAG466 in the minutes) ✓ Surgical Loan AF Ablation. ✓ Consultant Paediatrician with a special interest in Emergency Medicine. ✓ TAG 417 Nivolumab for previously treated advanced renal cell carcinoma. ✓ TAG424 Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer. Approved the following policies; ✓ New Domestic Abuse Policy ✓ OP 101 Children and young people did not attend/failed to be brought/no access at home Policy ✓ IP03 Prevention and control of MRSA, VR E and other antibiotics Policy ✓ New Conflicts Of Interest Policy Consideration of risks to be entered onto a risk register ✓ Risks identified were confirmed as; the two risks Risk 4161 and Risk 4113 in the Division I report, ✓ the verbal report into fire safety checks on the Trust Estate.	

DRAFT

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. Mortality was identified at this meeting as a matter which merited inclusion on a risk register.

DRAFT

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 23 June 2017 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Name	Role
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
Ms C Etches	Chief Nursing Officer
Mr L Grant	Deputy Chief Operating Officer, D1
Dr S Grumett	Lead Cancer Clinician
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)
Dr B McKaig	Associate Medical Director – Appraisal and Revalidation
Ms B Morgan	Head Nurse, D2
J Odum	Medical Director
Dr J Parkes	
Mr T Powell	Deputy Chief Operating Officer, D2
Mr M Sharon	Director of Planning and Performance
Prof Balder Singh	
Mr K Stringer	Chief Finance Officer

In Attendance:

Name	Role
Mr K Wilshere	Interim Trust Board Secretary
Mr M Goodwin	Estates Consultant
Ms V.Whately	Infection Prevention Head of Nursing
Ms L Nickell	Head of Education & Training

Apologies:

Name	Role
Mr S Mahmud	Director of Integration
Ms G Nuttall	Chief Operating Officer
Ms T Palmer	Head of Midwifery
Ms S Roberts	Divisional Manager, Estates and Facilities

DRAFT

17/185: Apologies for absence
Apologies for absence were received from Mr S Mahmud, Ms G Nuttall, Ms T Palmer, Ms S Roberts.

17/186: Declarations of Interest
There were no new or additional declarations of interest.

17/187: Minutes of the meeting of the Trust Management Committee held on 19 May 2017
There was one correction – Ms L.Holland had been included in the attendee's in error – this entry is to be removed from the minutes.

It was agreed: That the minutes of the Trust Management Committee meeting held on Friday 19 May 2017 be approved as a correct record with the correction agreed.

17/188: Matters arising from the Minutes of the previous meeting
Mr Loughton confirmed that he is to be the Black Country STP lead for Cancer Services.

17/189: ACTION POINTS LIST
It was confirmed that the action points 17/163 and 17/181 were complete.

It was agreed: that the Action Points 17/163 and 17/181 be noted as complete and closed.

17/190: Infection Prevention Annual Report
Ms Whately introduced the annual infection prevention report 2016/2017. She highlighted that the targets for both MRSA and *C.difficile* have been met and that improvements are already in place 2017/2018. She also highlighted variations within the figures contained within the report including a reduction in surgery site infection and a slight increase in the number of MSSA bacteraemia.

Ms Whately highlighted that the infection prevention team are expecting a new national objective relating to *E.coli*. She also referred to increased work in the community including support to general practices and care homes particularly in respect of Norovirus and flu.

Dr Dowson acknowledged the extent of the work referred to and highlighted the potential impact on patient flow if bed bays have to be closed to deal with outbreaks as patients would not be able to be moved from the emergency department is currently. He also highlighted the potential need for any future Estates planning to include future requirements for increased side rooms relating to infection-control measures and requirements.

Ms Whately confirmed that infection prevention specialists are involved in development work including the risk assessment of proposed new or changed premises. She referred to the strategic review of the future impact of infection prevention requirements on the estate as well as the need to identify and agree clinical processes for decision-making regarding which patients require such measures. She concluded that the prevention work is aimed at reducing the need for such measures.

Dr Odum confirmed that there is no national guidance regarding CPE and that Ms Etches and he have asked for this work to take place. He also referred to the management, use and closure of side rooms and agreed that there is the need to reduce variability infection-control practice across the directorates. He also referred to the current filming of junior doctors for a series of programs on BBC three which continues to highlight infection prevention issues and practice failures.

Mr Loughton asked whether the Trust required a "task force" in the Trust to provide further leadership and action regarding CPE. Ms Whately highlighted that there is a national steer emerging and that at present the Trust Infection Prevention and Control Group should be sufficient. Dr Odum agreed and highlighted it may be a good idea to include a GP given the increased work in primary care and the community.

DRAFT

Ms Whately reiterated that once an infection is in an area then the current active internal control approach is the most effective. Mr Loughton highlighted the considerable achievements in the reduction of MRSA over the last three years. He also referred to the often changing predictions regarding infection rates by Public Health England. He confirmed that at present in his view side rooms offer the best option for isolating infection.

Mr Goodwin highlighted current discussions regarding the stroke unit development and identified that the inclusion of additional side rooms would reduce the overall capacity available. Mr Sharon asked about practice in care homes and GP practices if infection prevention practice is poor. Ms Whately said that current practice in care homes can be improved and this would help the Trust in turn in admitting fewer people with infections or discharging them back to care situations where they may contract infections. She confirmed the infection prevention team currently have a contract to train, monitor and support community facilities and practice. She also highlighted the need for greater consistency and cooperation between acute care organisations locally as there have been instances where patients transferred from other providers have arrived with issues. Mr Sharon asked whether the Trust might be able to influence this in future. Mr Loughton confirmed that historically this has been welcomed and drawn on.

It was agreed: that the infection prevention annual report 2016/2017 be received and noted.

<u>17/191: Schwartz round update</u>

Ms Nickell introduced the information updating the committee about the progress of the Schwartz rounds introduced and developed by the Trust. She highlighted that to date there have been nine Schwartz rounds with 318 in attendance. She gave a brief overview of the structure and purpose of the rounds including examples of resulting reflective practice following involvement in around which has resulted in a member of staff receiving recognition for changing practice. She highlighted the current licensing arrangements and requirements for further development and sustainability. This includes maintaining an engaged representative group of those potentially involved and the training of further facilitators. She also highlighted the potential for greater involvement of nonclinical and support staff and making the rounds available at other sites. She highlighted in the report the feedback from staff attending that 96% would recommend involvement to their colleagues.

Mr Duffell said he felt the rounds provided a great learning opportunity for the Trust. Ms Nickell further highlighted that consultant engagement has been positive as has input from senior clinicians and medical students. Dr Odum asked how topics were identified, the degree of personal or professional interest and the potential for future development. Ms Nickell said that in the main most issues identified came back to common themes regarding coping with day-to-day issues and pressures. She also highlighted the need to support those presenting as this can often be difficult. Dr Dowson agreed that the support and team focus had proved positive. Ms Nickell also identified potential useful learning that has already resulted in changes being made to day-to-day practice.

It was agreed: that the update on the progression and development of Schwartz rounds be received and noted.

<u>17/192: Annual Fire Safety Report 2016/2017</u>

Mr Loughton highlighted that the events at Grenfell Tower in London and another recent incident in Stoke meant that even greater focus would be on the safety and liability of public organisations regarding their buildings particularly those recently refurbished or upgraded. He confirmed locally that any maintenance regarding fire barriers is being prioritised. He said it is likely that there will be further repercussions to follow.

Mr Goodwin confirmed that any fire door wedged open is a potential issue and that it is inappropriate to take risks by altering the potential fire load in buildings. Mr Loughton highlighted that in the Stoke case the fire had been set deliberately. He highlighted the need to guard against deliberate fire setting as well as the increased security regarding potential future acts of terrorism on hospital sites as all public areas are potential targets. He also reiterated the need to ensure all staff are trained to the necessary level and that compliance with this is a requirement of all staff. He reminded the meeting of the need to attend to the fire chain of command and that all staff be reminded to be and remain vigilant.

It was agreed: that the annual Fire safety report 2016/2017 be received and noted.

17/193: Discussion of Research and Development at RWT

Prof Cotton introduced the discussion point with a brief presentation highlighting issues between senior leaders and the application of research. He asked what kind of Trust the senior leaders want the organisation to be and how is that achieved including the part played by research and development. He asked whether the Trust currently acts on the stated intention to link clinical innovation, development and improvement with involvement in and out turns from its research programme. He highlighted that within the Trust those individuals driving best practice and improving standards were often inextricably linked to research involvement, activity and awareness.

He also highlighted figure as relating to research active services which show a linkage between high research activity and improved survival rates for patients. He referred to the value added locally and nationally economically from research investment in participating organisations and commercial organisations they deal with. He reminded the committee that the payment system is based on the number of patients recruited to each study and he highlighted that there is a direct impact on future funding from past recruitment.

He highlighted recent changes that have meant the Trust has been recruiting a greater variety of patients to studies with relatively small recruitments. He said that overall RWT does well with recruitment if compared to other similar organisations but that he and the research staff feel that the Trust could recruit higher numbers.

He highlighted a number of issues regarding the use of the reduced funding received and its relation to operational priorities. He referred to a funding model a great need in 2014/2015 where agreements and staff involvement based on this agreement have recently been subject to change and in some parts of the organisation have been referred to as unaffordable. He also highlighted that local higher education offers further potential for collaboration and investment. However, if the agreed investment is not maintained then it puts such potential future work in doubt as the research support infrastructure is required to maintain and increase recruitment rates.

In the ensuing discussion it was highlighted that there is clear potential benefit from involvement in research studies and that the number of active areas in the Trust could be expanded. It was also identified that vertical integration and primary care offer further opportunities for broadening both the range of studies and the number of recruitments. Also highlighted were additional benefits regarding teaching and training and future research engagement. There was debate regarding any changes in views or approach relating to the previous agreement regarding research investment. It was agreed that the status quo would be maintained and that if the formula previously agreed required review then it should be done by and involving the principal parties first.

Mr Loughton asked Dr Odum and Ms Nuttall to look at this with him outside the meeting. He reiterated his view that involvement and investment in research is investment in future improvements. He also highlighted the need for the senior team's in research and operations to work together for future success. Dr Odum agreed and highlighted the need to continue to improve and develop based on recent gains in research involvement and positive clinical impact.

DRAFT

17/194: Division 1 Governance Report Nursing and Quality Report Midwifery Report NICE Guidelines
Dr Higgins introduced the report. She highlighted two risks identified in the report for consideration for the Trust Risk Register. Mr Badger referred to risks regarding theatres sewage and the dangers of equipment blocking pipework. Mr Goodwin agreed that foreign bodies had contributed to previous closure and leaks.

Mr Duffell asked whether the mandatory training figures for December 2016 were correct as the numbers seemed lower than expected. It was confirmed that there may be an issue with the accuracy of these figures and they would be checked.

It was agreed: That Risk 4161 and Risk 4113 be placed on the Trust Risk Register.

It was agreed: That the Business Case for TAG 466 be approved.

It was agreed: That the Business Case for Surgical Loan AF Ablation be approved.

It was agreed: That the Business Case for the Consultant Paediatrician with a special interest in Emergency Medicine be approved.

It was agreed: That the Report for Division 1 be received and noted.

17/195: Division 2 Governance Report Nursing and Quality Report
Ms Morgan introduced the Division II report and highlighted that the report included a reduction in falls and an improvement in performance regarding late patient observations. Mr Loughton and Ms Etches both congratulated the division on these improvements. Dr Dowson highlighted that there was still further areas for improvement including a spike in Serious Untoward Incidents in the Emergency Department that is currently being investigated and will be reported on more fully in due course.

It was agreed: That the Business Case for TAG 417 be approved.

It was agreed: That the Business Case for TAG 424 be approved.

It was agreed: That the Governance Nursing and Quality Report for Division 2 be received and noted.

17/196: Workforce Summary Report
Mr Duffell introduced the workforce summary report including information on the chat back initiative. Mr Duffell referred to a recent meeting with NHSI regarding staff retention. He also referred to the high spend on medical agency staff in Division I. He highlighted the figures relating to key absence areas and the developing stability indicator. He also referred to an increase in nursing vacancies but that there was also a higher number in the recruitment process. He reiterated that staff turnover is a higher cost than staff retention. Mr Loughton pointed to recent email bulletins and staff magazine articles and invited any suggestions as to how staff engagement might be further improved.

Dr Odum gave a brief overview of a recent meeting he had attended at the Royal College of physicians regarding progress with the recommendations from the Carter report. The two main aspects of the report are one – procurement improvement and two – getting it right first time. He pointed out that RWT is a high performer in respect of quality and efficiency and that this has been recognised and referred to by both Simon Stevens and the vertical integration lead Minister Philip Dunn who has also spoken positively about the RWT tele-tracking system. He highlighted that there are a high number of sub-speciality projects underway nationally particularly looking at variations in practice, best practice, collection and use of data for analysis, quality improvement cycles driving efficiency from "getting it right first time". He highlighted the need for RWT to keep abreast of the work of these groups and to embrace these and future initiatives.

Mr Loughton referred to the positive work undertaken regarding vertical integration and the development of an accountable care system or organisation. He also highlighted the need to look at variation and whether it was necessary or not. He also highlighted the need to ensure staff involvement in such work and the relationship between staff engagement, improvements in care and efficiency and the views expressed in the staff survey. He referred to examples of systematic staff engagement focused on quality and improvement in children's experience of hospital undertaken at Birmingham Children's Hospital. Staff engagement and talking to the children about what would improve their experience has resulted in a number of innovations including accessible helplines and staff support.

There followed a discussion about what might further engage staff and improve patient experience. Ms Etches suggested that staff are asked what would further improve their position and that the Trust may be able to respond to aspects of this including links with, for example, locally based businesses. Prof Singh said that a positive move might be a list of key projects to be led by each directorate linked and supported across the Trust. Mr Loughton referred to an impending meeting with divisional leads to review the situation regarding messages given to staff about pay, engagement, quality improvement, staff experience and patient experience. Mr Duffell agreed there needs to be a wider package describing staff engagement. Mr Loughton said he found the potential and prospect exciting.

It was agreed: That the Workforce Report be received and noted.

<u>17/197: Integrated Quality and Performance Report</u>

Mr Powell introduced the performance report and referred the committee to the information provided particularly on page 26 relating to the achievement of the six-week diagnostic rates. Ms Etches introduced the quality report referring to the information provided therein. She reiterated the CPE point made earlier in the meeting, an increase in late moves that is subject to further review, an apparent increase in radiation-related incidents that is being reviewed in the light of reporting processes and near misses. She asked that directorates and departments prioritise ensuring all staff are up-to-date with the required safeguarding training.

It was agreed: That the Integrated Quality and Performance Report be received and noted.

<u>17/198: Finance report for M2</u>

Mr Stringer introduced the finance report for month two of the financial year 2017/2018.

It was agreed: That the statement of the financial position at Month 1 of the Financial year 2017/2018 be received and noted.

<u>17/199: Minutes of operational finance Group meeting</u>

It was agreed: that the minutes of the Operational Finance Group meeting 11 May 2017 be received and noted.

DRAFT

17/200: Capital Programme 2016/17 – M2 update

Mr Goodwin introduced the capital programme report and said that the current capital programme is on target and all intended new projects were underway.

It was agreed: That the progress report as at month 2 for the 2017/18 capital programme be received and noted.

17/201: Report of the Chief Nursing Officer Red incidents, red complaints and high level operational risks for corporate areas

Ms Etches introduced the Chief nursing Officers report highlighting issues relating to nurse training numbers including the number of nurse apprentices.

It was agreed: that the Chief Nursing Officer's report be received and noted.

17/202: Financial Recovery Board – monthly progress report

Mr Sharon introduced the detailed report and actions required referring to the gap between the currently identified cost improvement programme and the total saving required by the Trust's financial plan.

It was agreed: that the financial recovery board monthly progress report at month two of the financial year 2017/2018 be received and noted.

17/203: Operational Plan 2017/2019

Mr Sharon introduced the plan based on the NHSI template. Mr Loughton asked for a brief summary version.

It was agreed: that the operational plan 2017/2019 be received and noted.

17/204: Business Case – minimising the financial impact of the apprenticeship levy through recruitment strategy and workforce planning

Mr Duffell presented the business case. Following a brief discussion the business case was approved.

It was agreed: that the Business Case – minimising the financial impact of the apprenticeship levy through recruitment strategy and workforce planning be approved.

17/205: GP Vertical Integration

Mr Loughton led a brief discussion regarding the recently won APMS contract, increased primary care support and progress towards an accountable care organisation and responses from the LMC chair.

It was agreed: that the update report on GP vertical integration be received and noted.

17/206: New Domestic Abuse Policy

It was agreed: that the New Domestic Abuse Policy be approved.

17/207: OP 101 Children and young people did not attend/failed to be brought/no access at home Policy

It was agreed: that the OP 101 Children and young people did not attend/failed to be brought/no access at home Policy be approved.

17/208: IP03 Prevention and control of MRSA, VR E and other antibiotics Policy

It was agreed: that the IP03 Prevention and control of MRSA, VR E and other antibiotics Policy be approved.

DRAFT

17/209: New Conflicts Of Interest Policy
The policy was approved subject to the completion and insertion of the missing highlighted information and an attendant implementation plan.

It was agreed: that the New Conflicts Of Interest Policy be approved subject to the completion of minor details and presentation of an implementation plan.

17/210: Consideration of risks to be entered onto a risk register
Risks identified were confirmed as; the two risks confirmed in the Division I report, the verbal report into fire safety checks on the Trust Estate.

It was agreed: That Risk 4161 and Risk 4113 be placed on the Trust Risk Register.

17/211: Any Other Business
Mr Loughton highlighted that this was Mr Goodwin's last Management Committee Meeting. He thanked Mr Goodwin for all his hard work and efforts and wished him good luck in his future endeavours.

It was agreed: that thanks to Mr Goodwin be given and noted.

17/212: Date and Time of next meeting
The next meeting of the Trust Management Committee will be held on Friday 28 July 2017 at 1.30 p.m. in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital.

The meeting closed at 4pm.

DRAFT