

Trust Management Committee November 2017 Chair's Report

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Agenda Item No: 12.1

CHAIRMAN'S SUMMARY REPORT

Name of Committee:	Trust Management Committee	
Report From:	Chief Executive	
Date:	27 November 2017	
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:	<p>Considered and approved the following business cases:</p> <p>17/346: Business Case – Recruitment of Consultant Urological Surgeon</p> <p>17/347: Business Case – Purchase of main theatre Anaesthetic Machines, induction room Anaesthetic machines and recovery monitors</p> <p>17/348: Business Case – NICE TA 460 Adalimumab and Dexamethasone</p> <p>17/350: Business Case - Etelcalcetide for Treating Secondary Hyperparathyroidism (NICE TA448)</p> <p>17/351: Business Case - Stribild for the Treatment Of HIV-1 Infection in Adults</p> <p>17/352: Business Case – Brivaracetam</p> <p>17/355: Garage Business Case</p> <p>17/364: Business case approval – Replacement of Boiler House LV Electrical Infrastructure</p> <p>Approved the following policies;</p> <p>17/366: OP41 Induction & Mandatory Training Policy</p>	

	<p>17/367: HS03 Sharps Policy</p> <p>17/368: Engagement of Bank or Agency Nurses/Healthcare Support Workers SOP</p> <p>17/369: IP08 Infection Prevention Operational Policy</p> <p>17/370: NEW Health & Wellbeing Policy</p> <p>17/370: CP51 Point of Care Testing Policy</p>
<p>Risks Identified: Include Risk Grade (categorisation matrix/Datix number)</p>	<p>The Trust Management Committee has had regard to any risks identified in respect of these matters. The TMC also has a standing item on every agenda, at which point anybody present may raise any matter which is deemed to be worthy of consideration for inclusion on a risk register. Mortality was identified at this meeting as a matter which merited inclusion on a risk register.</p>

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 24th November 2017 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Mr I Badger	Divisional Medical Director, D1
Ms V.Whatley (for Dr M Cooper)	Director of Infection Prevention and Control
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 D.Hickman	Deputy Chief Nurse
Dr C Higgins	Divisional Medical Director, D1
Ms C Hobbs	Head Nurse, D1
Mr D Loughton	Chief Executive
Mr S Mahmud	Director of Integration
Ms B Morgan	Head Nurse – Division 2
Mr W Nabih	Head of Estates Developments
Ms G Nuttall	Chief Operating Officer
Dr J Odum	Medical Director
Ms T Palmer	Head of Midwifery
Mr T Powell	Deputy Chief Operating Officer, D2
Mr K Stringer	Chief Finance Officer
Dr A K Viswanath	Divisional Medical Director, D2

In Attendance:

Ms S.Evans	Head of Communications
Mr S.Evans	Deputy Director of Strategic Planning & Performance
Ms A.Tennant	Clinical Director of Pharmacy
Mr K.Wilshere	Interim Trust Board Secretary

Apologies:

Professor J Cotton	Director of Research and Development
Mr S. Mahmud	Director of Integration
Dr B McKaig	Associate Medical Director - Appraisal/Revalidation
Dr J Parkes	Vertical Integrated GP
Ms S Roberts	Divisional Manager, Estates and Facilities
Mr M Sharon	Director of Planning and Performance
Dr M Sidhu	Clinical Director Vertical Integration
Professor B Singh	Clinical Director IT

17/336: Apologies for absence

Apologies for absence were received from Professor J Cotton, Mr S. Mahmud, Dr B McKaig, Dr J Parkes, Ms S Roberts, Mr M Sharon, Dr M Sidhu and Professor B Singh.

17/337: Declarations of Interest

There were no new or changed declarations of interest given.

17/338: Minutes of the meeting of the Trust Management Committee held on 27 October 2017

There were no changes to the minutes other than those already submitted.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on 27 October 2017 be approved.

17/339: Matters arising from the Minutes of the previous meeting

There were no matters arising from the minutes raised.

17/340: Action Points List

27 October 2017, 17/308 Report of Director of Workforce: Ms Locke to confirm the figures and any reasons for the differences.

It was agreed: that the Action Points from 27 October 2017 be noted as complete and closed.

17/341: Quarterly Reports

There were no quarterly reports submitted this month. The Information Management and Technology Report is deferred to the January 2018 Trust Management Committee.

17/342: Winter Planning Pressures

Ms Nuttall introduced the item and provided a presentation of the key points and issues. She referred to high level items. Ms Nuttall clarified the bed capacity options and preferences with use to date. She went on to outline other options that present significant staffing challenges. The Ambulatory and Frailty unit is under construction with phase 1 opening pre-Christmas but with recruitment challenges. This is part of the admission prevent model being applied. Routine elective surgery will be suspended for the first week of January 2018.

Community Services will have reduced staffing levels over weekends and the bank holidays only. There is an option for additional step-down with prior CCG agreement. Social care staffing reduced over the holiday periods only. Ms Nuttall outlined the changes in delayed transfers of care responses recently and the ongoing issue with patients awaiting DTOC placements. She also referred to the implementation of the discharge to assess process. Dr Dowson referred to the potential opportunity for patients to be discharged to have their assessment made.

Ms Nuttall also highlighted that some Primary Care services will be open on the bank holidays. She went on the refer to an issue with Vocare staffing and ability to cope with volume – currently around 90% for a service required to be running at around 95-100%. She said this has a resulting impact on the RWT Emergency Department and reflects on the health economy reported figures. Mr Loughton said he would talk with Helen Hibbs regarding Vocare performance.

Ms Nuttall referred to the current level of take up of the seasonal flu jab by Trust staff at around 40%. The Trust has had some confirmed cases along with a rise in Norovirus cases. Ms Whately said a further push is required – some areas are as high as 68%. Mr Loughton asked for an email to all departments giving their comparative rates with a message to improve the rates in all areas. He asked why take up remains poor. Mr Powell said that a number of myths persist amongst staff regarding the vaccination. Mr Duffell said that a roving Nurse is available to provide jabs wherever required.

Ms Nuttall went on the describe the level and frequency of winter reporting currently in place and required by the centre including daily 'sit-reps', weekly escalation levels across organisations, reporting requirements and deadlines, exception reports on ED performance with a focus on 12 hour breaches and Ambulance handovers.

Ms Nuttall emphasised the need for all patients in ED and the wards to have clearly documented plans in place. She said that discharges can take place over weekends to nursing homes , ensuring due notice is given and transport is booked well in time with an option to use an escalation option if WMAS vehicles are not available. She also said specialities responses to ED need to be constructive and timely with an ongoing focus on the need for teamwork and to pull together.

Mr Loughton emphasised the importance and size of the challenge relating to winter pressures. He went on to refer to other potential options to improve flow where possible such as progress chasers in ED. He also said that services need to increase the level of discharges over weekends again to increase flow. Dr Dowson referred to an increase within some Wards of weekend discharges. He highlighted those areas and said that where transport, pharmacy, community support and therapies present challenges in some areas. Mr Loughton said that such input can be put in place alongside local authority support.

Mr Loughton asked for work to be completed to examine the data, identify the barriers and have a plan to address areas of issue. Dr Odum said that most things take longer over the weekends some of which we can control and improve but others areas are beyond RWT control. Ms Nuttall said that planning will take place on additional services availability over weekends and that discharges are anticipated and booked in time. Mr Loughton referred to a Chief Executives meeting focussed on this issue on Monday 27 November 2017 and the importance of anticipating and tackling barriers to discharge and flow.

Mr Loughton also referred to the need to focus on clinical need and clinical safety in prioritising patient care and attending to the 12 hour waiting time. Ms Etches referred to the pressure and resulting fatigue in ED services. Mr Loughton re-iterated his concerns for the staff involved. Ms Etches said that the teamwork and leadership comments are key. Dr Dowson referred to pressures elsewhere in the surrounding areas. Dr Odum said the fatigue issue has been identified elsewhere. He said the focus should be on small incremental increases and improvements including supporting each other and between services.

Mr Loughton identified the pressures on the system irrespective of the winter situation. Dr Odum also asked for an emphasis on Infection Prevention practice standards to ensure the ongoing availability of resources. Dr Dowson asked whether the planned reduction in non-urgent elective operations in the first week of January 2018 would potentially release any clinicians to augment other areas if required such as in ED. Mr Badger said that other activity would need to continue with all other activities. Mr Loughton asked that staffing resource be looked at for other areas of need during that week such as general surgery and that agreement on this be reached between Dr Odum, Mr Badger, Dr Dowson and Ms Nuttall. Dr Dowson also asked the Chief Executive to undertake supportive visits to the ED to show his support for the clinical team over the winter period. Mr Loughton confirmed that he would.

It was agreed: that the Winter Planning Pressures information be received and noted.

17/343: Patient Experience Annual Report

Ms Etches introduced the report and highlighted the increase in complaints numbers whilst the proportion remains the same. She also referred to work underway regarding improving discharge planning. Cases reviewed by the Ombudsman are reducing and the number upheld has also reduced. She also referred to Family and Friends Test outcome and emphasised the importance placed on this feedback. She went on to highlighted the high level of recommendation on NHS Choices and changes to the Datix reporting system, changes to the phone system and re-design of the Patient Experience Team.

It was agreed: that the Patient Experience Annual Report be received and noted.

17/344: Freedom to Speak Up Guardian Annual Report

Mr Duffell introduced the report. He highlighted the main themes previously noted in previous reports.

It was agreed: that the Freedom to Speak Up Guardian Annual Report be received and noted.

17/345: Division 1 -

Dr Higgins introduced the Governance report. She highlighted that there were no red complaints and one red risk, no new risks and a further Never Event had occurred with the investigation in progress. She said there had been a fire evacuation test in Nucleus Theatres and suggested that maternity might be the next area for this.

Ms Hobbs introduced the Nursing Report and highlighted a further reduction in vacancies, sustained improvement in late observations, one fall with harm deemed unavoidable, no same sex breaches and a reduction in staffing breaches. She referred to an increase in pressure injuries in October and confirmed that work is underway to gather more information and understanding as to why this had occurred.

Ms Palmer introduced the Midwifery report highlighting the number of bookings. She referred to there not yet having been any impact from the letter and cap on numbers – it is expected that this will do so in due course. She highlighted the potential impact from Shrewsbury and Telford Hospitals (SaTH). Mr Loughton said that recruitment can continue even if for more junior or inexperienced staff and including the wider staff team requirements. Ms Palmer said there were also pressures on the physical environment that will be looked at. Dr Higgins highlighted the knock-on pressure created in Paediatric services and plans to recruit and provide appropriate space.

Mr Loughton asked what else was being done to recruit or reduce turnover. Ms Hobbs highlighted initiatives to date. Mr Loughton proposed consideration of a tie in with the Birmingham Children's Hospital that might make it more attractive to newly qualified and junior members of staff.

It was agreed: that the Divisional Report – Division 1 be received and noted.

17/346: Business Case – Recruitment of Consultant Urological Surgeon

Mr Badger introduced the Business Case.

It was agreed: that the business case for Business Case – Recruitment of Consultant Urological Surgeon be approved.

17/347: Business Case – Purchase of main theatre Anaesthetic Machines, induction room Anaesthetic machines and recovery monitors.

Mr Loughton asked that this be approved and considered to be brought forward depending on the financial requirements. Mr Stringer confirmed that the delivery date will be appropriate.

It was agreed: that the business case for Purchase of main theatre Anaesthetic Machines, induction room Anaesthetic machines and recovery monitors be approved.

17/348: Business Case – NICE TA 460 Adalimumab and Dexamethasone

Mr Badger introduced the Business Case.

It was agreed: that the business case for NICE TA 460 Adalimumab and Dexamethasone be approved (subject to Commissioner confirmation).

17/349: Divisional report – Division 2

Ms Morgan introduced the report and highlighted the breaches in staffing numbers referred to in the report, the current vacancy level, turnover in October and recent recruitment initiatives. She said that the event on the 18 November went well with staff recruited from surrounding areas and newly qualified staff. Mr Loughton congratulated the staff for the continued achievements.

Dr Dowson introduced the Governance Report and highlighted that there were no red complaints and that the Division currently has 2 red risks with no new red risks in the month. He also highlighted new live data systems about to commence. The lack of flow Sundays to Tuesdays impact has been significant. He also said there had been an increase in serious incidents co-incident with reduced flow and increased pressure in the system. Dr Dowson said that human factors work with the Ambulance service to look at aspects of the handover process and system was about to commence. Dr Odum supported this work with Mark Docherty from WMAS.

It was agreed: that the Divisional Report – Division 2 be received and noted.

17/350: Business Case - Etelcalcetide for Treating Secondary Hyperparathyroidism (NICE TA448)

Dr Viswanath introduced the Business Cases as outlined.

It was agreed: that the business case for Etelcalcetide for Treating Secondary Hyperparathyroidism (NICE TA448) be approved.

17/351: Business Case - Stribild for the Treatment Of HIV-1 Infection in Adults

It was agreed: that the business case for Stribild for the Treatment Of HIV-1 Infection in Adults be approved.

17/352: Business Case - Brivaracetam

It was agreed: that the business case for Brivaracetam be approved.

17/353: Report of Director of Workforce

Mr Duffell introduced the report. He said that the National Staff Survey responses currently stands at 37% for the Trust. He asked that staff be encouraged and supported to complete. He said the Every Voice Matters event went well, progress with the Armed Forces staff as a potential employer of staff leaving the services. He said sickness absence rates are now being compared with model hospital information and consideration of revising the target to an achievable realistic figure. Mr Duffell also highlighted recent recruitment events success and Bank Staff recruitment underway.

Mr Duffell said that recruitment to General Surgery had not been successful and Mr Badger highlighted the reasons for this. Mr Duffell said that turnover continues to reduce. Dr Viswanath asked any reason why absence rates low in Primary Care. Mr Duffell said it was small number of staff involved. Mr Loughton said that there are also cultural differences and contract differences for staff in Primary Care. Mr Duffell said that the work from Primary Care in Human resources is increasing.

It was agreed: that the Report of Director of Workforce be received and noted.

17/354: Report of the Chief Operating Officer – Integrated Quality and Performance Report (IQPR)

Ms Nuttall introduced the report and referred to page 30 Cancer Performance figures and the impact of the increase in patients. Mr Loughton asked for a briefing on the situation.

Mr Loughton asked for an update on the progress from City and Sandwell Cancer services changes. Dr Grumett gave a summary of the process, impact to date and the issues as yet unresolved. Ms Nuttall said there was to be a meeting regarding Gynaecology service issues, process and timing. Mr Duffell asked whether it was clear what the knock on workload would be. Ms Nuttall said it wasn't. Dr Odum said he continues to be concerned by the situation. Mr Loughton said that the situation had been appallingly handled by the specialist commissioners concerned.

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

17/355: Garage Business Case

Ms Nuttall introduced the Business Case for the transfer of garage services.

It was agreed: that the business case for the transfer of Garage Services be approved.

Mr Loughton said that the interviews are on the 12th December 2017 for the new Director of Nursing.

17/356: Report of the Chief Nursing Officer

Ms Hickman introduced the report as provided.

It was agreed: that the Report of the Chief Nursing Officer be received and noted.

17/357: Report of the Chief Finance Officer

Mr Stringer gave a summary overview of the budget statement and potential impact. He said that it was new money both revenue and capital (routed through STP's). Pay cap release funding only relates to Agenda for Change contracts and only in relation to productivity increases. Mr Duffell said it would be June or July 2018 before any pay situation would be clarified. Mr Loughton asked for briefing on how Nursing Productivity is defined. Mr Duffell said he thought it would be marginal and revisions to terms and conditions. Mr Stinger said that productivity is up from research done.

Mr Stringer summarised the month end financial position as finely balanced. He referred to improved activity in Divisions and lower levels of agency use and cost bringing the Trust within the agency control total. He went on to look at cost improvement and the likelihood of achieving the control total at the end of Q3 and the possible impact should that not be met at year end.

It was agreed: that the Report of the Chief Finance Officer be received and noted.

17/358: Capital Programme Update Month 7 October 2017

Mr Nabih introduced the report highlighting slightly behind plan.

It was agreed: that the Capital Programme Update Month 7 October 2017 be received and noted.

17/359: Minutes of the Operational Finance Meeting 19 October 2017

It was agreed: that the Minutes of the Operational Finance Meeting 19 October 2017 be received and noted.

17/360: Property Management update

Mr Nabih introduced the report for information.

It was agreed: that the Property Management Report be received and noted.

17/361: Financial Recovery Board Update

Mr Evans introduced the report and highlighted the Cost Improvement Position and underlying position. He highlighted the likely year end position and shortfall predicted. He also highlighted the progress with the Clinical Excellence Programme and the work commissioned from Deloitte and the work of the Theatres Group. Dr Odum asked about how the Surgeons are viewing the work. Mr Grant said it is being monitored on a regular basis.

It was agreed: that the Financial Recovery Board Update be received and noted.

17/362: Draft Trust Strategy

Mr Evans introduced the Draft Trust Strategy and highlighted the changes proposed to the Vision and one of the Strategic Objectives using the word Communities instead of patients, and health care system instead of services. He emphasised that activities have all been aligned with the Vision and Objectives.

It was agreed: that the Draft Trust Strategy be approved and recommended for approval confirmation at Trust Board.

17/363: Black Country Pathology Final Business Case

Mr Evans introduced this as the current version and added that staff briefings have taken place and is pending the Board meetings of the Trust's involved. Mr Loughton asked for a press release follow the Trust Board outcome.

It was agreed: that the current draft Black Country Pathology Final Business Case be received and noted and recommended for approval confirmation at Trust Board.

17/364: Business case approval – Replacement of Boiler House LV Electrical Infrastructure

Ms Nuttall introduced the Business Case as in the programme or works.

It was agreed: that the Business case approval – Replacement of Boiler House LV Electrical Infrastructure be approved.

17/365: Report of the Director of Integration – Vertical Integration Update Report

Mr Loughton referred to a recent visit to a prospective practice in Staffordshire. There followed a discussion regarding single handed practices and recent practices that have joined the Trust. Mr Evans also highlighted an impending eight practice tender in Walsall. There followed a discussion of potential bidders and competition for the tender.

It was agreed: that the report of the Director of Integration – Vertical Integration Update Report be received and noted.

17/366: OP41 Induction & Mandatory Training Policy

It was agreed: that the OP41 Induction & Mandatory Training Policy be approved.

17/367: HS03 Sharps Policy

It was agreed: that the HS03 Sharps Policy be approved.

17/368: Engagement of Bank or Agency Nurses/Healthcare Support Workers SOP

It was agreed: that the Engagement of Bank or Agency Nurses/Healthcare Support Workers SOP be approved.

17/369: IP08 Infection Prevention Operational Policy

It was agreed: that the IP08 Infection Prevention Operational Policy be approved.

17/370: NEW Health & Wellbeing Policy

It was agreed: that the Health & Wellbeing Policy be approved.

17/370: CP51 Point of Care Testing Policy

It was agreed: that the CP51 Point of Care Testing Policy be approved.

17/371: CP36 Chaperone SOP

This was not received and any decision was therefore deferred.

17/372: MP08 Use of Free of Charge Drugs New Policy

This was not received and any decision was therefore deferred.

17/373: Risk (Standing Item)

The risks identified as per Divisional reports. Ms Nuttall confirmed that the Trust Risk Register entry will be revised to reflect the emerging situation in Cancer Care in City and Sandwell.

Action: Ms Nuttall to revise the appropriate Trust Risk register entry.

17/374: Any Other Business

There was no other business raised.

The meeting ended at 2.45pm when the CQC Meeting commenced.

17/375: CQC Preparation

Ms Hickman introduced the CQC preparation position anticipated for quarter 4 of 2017/2018. She referred to the QSAG report provided highlighting the key issues as:

- Fundamental standards information to include Vertical Integration information
- Changes to Core service definitions for those areas that might be visited and specific evidence for each revised area.

The Report provides an overview of the self-assessment by core service submitted in the PIR. Ms Hickman emphasised the need to be balanced about making the ratings judgements. – are they accurate, balanced and followed-through/learnt from alongside improvements already achieved.

Mr Loughton also emphasised the need to maximise the achievement and innovation to date as well as actions for further gains. Ms Tennant said that staff sometimes need to be reminded of how innovative they already are being. Mr Badger and Mr Loughton spoke of previous experiences regarding practice issues during the previous reviews.

Internal Audit are currently testing the information flow, quality and consistency to be shared at the December CQC Core Group meeting (tbc).

Ms Hickman gave a presentation of learning from recent reports and other Trust's journey's and she referred to Bristol who have gone from requires improvement to outstanding. Focus was on:

- Detail in the previous report regarding consistency.
- Key staff engagement and messages, being proud of services, introducing themselves.
- Testing of risk processes to break cycles of risks and incidents e.g. Never Events with consequential impacts.
- Staff familiarity with CQC language.
- Senior staff visibility and conversations.
- Whole Trust approach and messages – 'in it together'.
- Use of 'Happy App' as a barometer.
- Use of infographics to put across key messages in a simple, clear way.
- Videos of staff talking about an inclusive culture.
- Focus groups rated issues from local determination and control to corporate team.
- Evidence matching what is said.
- Focus on quality and safety from ward to Board over and above metrics, external reviews et al.
- Recognition of the gaps and improvements required and being pursued – related to current Actions.

Mr Loughton confirmed that the Trust Primary care GP services will be regarded a single service.

There followed a discussion about how to promote inclusion, engagement and appetite. Dr Odum said there is a need to talk up and out as well as acknowledging issues and actions. Dr Higgins said that communications and social media can aid the positive messages and current innovations.

There was discussion of executives taking a lead in identified areas to support staff in feeling confident to speak out about what is good and what is changing across whole staff teams from support and ancillary staff, clinical staff and all involved. Mr Duffell emphasised maximising every gain, marginal or otherwise. Ms Tennant offered a 'blow your own trumpet' type initiative including external and internal validation. Mr Badger suggested senior staff helping to model speaking to 'officials' in a confident and informed way. Mr Loughton said it is a recognition also of the day to day reality good and sometimes not so good. Dr Odum agreed for the need for balance and a focus on the right things such as patient safety and clinical priority.

How are the senior team going to engage with staff as identified to ensure connection with a clear message and leaders supporting and facilitating that message. Ms Hickman said there is a template for focus groups used in Bristol. Ms Etches added experience from Burton Hospitals about the pride and loyalty of the staff to work at the Hospital and as part of the community. Mr

Duffell added the experience of a continuing cycle of focus groups as a matter of course going forward.

Actions:

- Local leadership engagement.
- Communications – infographics – brief, clear messages to be shared.
- Focus groups – structure and support.
- What the CQC will look for, how will you explain your service/part/good/improvements.
- Align Directors/Leaders to support and have the conversation with staff in identified service areas (outside of line management).
- Testing of Risk system and process.
- 360 degree overall plan of the above.

It was agreed: that the CQC Steering Group will meet in December on a date to be confirmed.

17/376: Date and Time of next meeting

The next CQC meeting is Friday 15 December 2017 following PSCIG.

The next TMC meeting is Friday 26 January 2018.

The meeting ended at 3.15pm.