

# Chairs report of the Business of the Trust Management Committee of 23 March 2018



Agenda Item No: 12.1

Trust Board Report	
<b>Meeting Date:</b>	30 April 2018
<b>Title:</b>	Chairs report of the Business of the Trust Management Committee of 23 March 2018
<b>Report of:</b>	The Trust Management Committee's role is to oversee and co-ordinate the Trust operations on a Trust-wide basis and 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.
<b>Action Requested:</b>	<b>Receive and note,</b>
<b>For the attention of the Board</b>	
<b>Assure</b>	<ul style="list-style-type: none"> <li>The Report provides assurance regarding the approval of Business Cases and Policies.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The report raises no new or changed risks.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>One Business Case was not approved as it lacked the required assurances. It has been asked that it be represented when these are in place.</li> </ul>
<b>Author + Contact Details:</b>	Tel 01902 694294 Email keith.wilshere1@nhs.net
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>Create a culture of compassion, safety and quality</li> <li>Proactively seek opportunities to develop our services</li> <li>To have an effective and well integrated local health and care system that operates efficiently</li> <li>Attract, retain and develop our staff, and improve employee engagement</li> <li>Maintain financial health – Appropriate investment to patient services</li> <li>Be in the top 25% of all key performance indicators</li> </ol>
<b>Resource Implications:</b>	None.

**Main Discussion/Action Points:**

**Considered and approved the following business cases:**

**18/112: Replacement of the Trust Biopsy Machine to include Template Biopsy Business Case**

It was agreed that the Replacement of the Trust Biopsy Machine to include Template Biopsy Business Case be approved.

**18/113: Introduction of leadless pacemakers – ‘Micra’ Business Case**

It was agreed: that the Introduction of leadless pacemakers – ‘Micra’ Business Case be approved subject to QSIG and Commissioner approval.

**18/114: Purchase of new Alcon NGENUITY 3D Visualisation System Business Case.**

It was agreed: that the Purchase of new Alcon NGENUITY 3D Visualisation System Business Case be approved from Charitable funds.

**18/116: Funding request for Fiasp Business Case**

It was agreed: that the Funding request for Continuous Glucose Monitoring (CGMS) Business Case be approved.

**Approved the following policies;**

**18/126: HR16 Raising Concerns at Work (Freedom to Speak Up) Policy & Procedure**

It was agreed that HR16 Raising Concerns at Work (Freedom to Speak Up) Policy & Procedure be approved.

**18/127: MP05 Antimicrobial Policy**

It was agreed that MP05 Antimicrobial Policy be approved.

**18/128: NEW Prevent Policy**

It was agreed that NEW Prevent Policy be approved.

**18/129: NEW ePMA Policy**

It was agreed that NEW ePMA Policy be approved.

**18/130: Management of Safety Alerts Protocol**

It was agreed that Management of Safety Alerts Protocol be approved.

**18/131: NICE & National Guidance SOP**

It was agreed: that NICE & National Guidance SOP be approved.

**18/132: Clinical Audit SOP**

It was agreed: that Clinical Audit SOP be approved.

**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.

# The Royal Wolverhampton NHS Trust

## TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1pm on Friday 23 March 2018 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

### Present:

Mr I Badger	Divisional Medical Director, D1
Professor J Cotton	Director of Research and Development
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 OBE	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, D3
Ms C Hobbs	Head Nurse, D1
Mr D Loughton	Chief Executive (joined the meeting at
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 M Sharon	Director of Planning and Performance
Professor B Singh	Clinical Director IT
Mr K Stringer	Chief Finance Officer
Dr A K Viswanath	Divisional Medical Director, D2
Ms K.	Deputy Chief Operating Officer, D3

### In Attendance:

Ms H.Troalen	Deputy Chief Financial Officer
Mr K.Wilshere	Company Secretary

### Apologies:

Ms S.Evans	Head of Communications
Dr B McKaig	Associate Medical Director - Appraisal/Revalidation
Dr J Parkes	Vertical Integrated GP
Mr T Powell	Deputy Chief Operating Officer, D2
Ms S Roberts	Divisional Manager, Estates and Facilities
Dr M Sidhu	Clinical Director Vertical Integration

### 18/098: Apologies for absence

Apologies for absence were received from Ms S.Evans, Dr B McKaig, Dr J Parkes, Mr T Powell, Ms S Roberts and Dr M Sidhu.

**18/099: Declarations of Interest**

There were no new or changed declarations of interest given at the meeting.

**18/100: Minutes of the meeting of the Trust Management Committee held on 23 February 2018**

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 23 February 2018 be approved.**

**18/101: Matters arising from the Minutes of the previous meeting**

There were no matters arising from the minutes raised.

**18/102: Action Points List**

**18/052: Review of Terms of Reference of Trust Management Committee**

Action: All Committee members to forward any comments and changes to the Terms of reference to the Company Secretary by 9 March 2018. 9 March 2018. All

This was on the Agenda.

**18/055: Pharmacy Annual Report**

Action: Ms Tennant to provide the Chief Executive with a further briefing on medication errors, efficiency and staffing in relation to use of resources. 23 March 2018 AT

No update received.

**18/063: Outsource Out of hours CT Head Scans Business Case.**

Action: Outsource Out of hours CT Head Scans Business Case to be reviewed and re-presented from C&C. On-going IB

Update to be received in due course in the form of a revised Business Case. The item was considered closed.

**18/077: Report of the Chief Nursing Officer (Comprising: Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas)**

Action: Ms Etches and Mr Duffell to draft a letter for the CEO to local MP's regarding issues relating to the training and availability of the future graduate Nursing Workforce. 23 March 2018 CE & AD

Ms Etches confirmed that she and Mr Duffell would complete this in the next 5 days. On confirmation the item would be considered closed.

**18/103: IG Toolkit Requirements**

Dr Odum introduced the report and recommended the submission for approval for the VI practices and the Trust submission. Prof. Singh asked how the VI compliance compared with GP Practices outside of VI. Dr Odum said it varied practice by practice. He confirmed work had been done with the VI practices to ensure minimum compliance.

Ms Etches asked if Dr Odum was assured about the accuracy of the data provided. He said he was. Ms Etches asked from whom. Dr Odum confirmed the assurances came from the VI Practices and management team.

Ms Etches asked Prof. Singh whether the report was acceptable. Prof. Singh confirmed it was in relation to the requirements for compliance stated.

**It was agreed: that the IG Toolkit Submission be approved for recommendation to all other committee's for approval.**

#### **18/104: Contracts**

Mr Sharon provided an overview on the situation resulting in outline agreement with all contracting parties that were outstanding. He highlighted that the challenge was that they are based on growth assumptions and the Trust needed to confirm its ability to provide the additional activity. He said there was also outline agreement on the Local Authority 0-19 contract for 2 years with reduced income and revised Key Performance Indicators and a revised IT system. Other Local Authority contracts responses are awaited. Prof. Singh asked for clarification of the gap between income and expenditure for the Trust. Mr Sharon detailed additional income items not in the Contract report. Mr Stringer confirmed that contract activity remained key in the financial position.

**It was agreed: that the Update Report be received and noted.**

#### **18/105: Education and Undergraduate Training Teaching Academy**

Dr Odum introduced the report highlights as detailed in the summary and highlighted changes to teaching schedules, positive feedback from the Trainee Medical School monitoring visit, Apprenticeship figures were referred to by Mr Duffell in terms of the Trust taking a more co-ordinated and strategic approach in future with the final version to return to TMC. He added that greater flexibility of the use has been requested.

**It was agreed: that the Education and Undergraduate Training Teaching Academy Update Report be received and noted.**

#### **18/106: Review of Terms of Reference of Trust Management Committee**

Further comments included: addition of the Deputy Medical Director Dr B.McKaig, the 2 DMD's from Division 3 alongside the Deputy COO and Lead Nurse for D3; amendment of the Divisional representation; add Head of Estates and Facilities; remove Medical Workforce Group and Nurse Recruitment Group and Carbon Reduction (as part of Estates Strategy); Deputy Chair to be Deputy CEO; add Clinical Director of Pharmacy to membership.

**It was agreed: that the revised terms of reference for the Trust Management Committee be approved and recommended to the Trust Board for approval.**

#### **18/107: Staff Survey Results**

Mr Duffell introduced the report as provided. He highlighted further work on staff experiencing discrimination, staff motivation at work and staff engagement: Section 4.4. provides a comparison with neighbouring Trusts.

Mr Duffell provided a breakdown of the figures by Division and those areas for Divisional attention and response on pages 30 & 31. He outlined that there will be Actions at Corporate and Divisional levels. It was agreed that the greater level of detail was very useful information. Mr Duffell referred to the externally benchmarked feedback provided.

Ms Etches asked how the information would be used to enhance future recruitment and retention. Mr Duffell said the data outcomes had been shared with staff by email along with action to address the areas of potential concern and to better understand the positive stories and messages that would then be used as part of the future recruitment and promotion. Mr Duffell said that there may be narrative inputs available shortly that could be used for quotations if appropriate.

Ms Palmer asked if the figures could be broken down any further. Mr Duffell said they could not as it might identify individual respondents. He also said the split has to be identified before the results are provided. Mr Duffell asked for any suggested changes in the breakdown for future survey data split requests.

Prof. Singh asked whether there would be a staff reference group for this work. Mr Duffell said this could happen at both Trust and Divisional levels. Prof. Singh gave feedback on his recent experience of asking staff their perceptions of staff communications and feeling 'connected' and that this is a considerable challenge. Mr Duffell said that a variety of wider means were being considered by the Head of Communications including other mechanisms including 'What's App Groups' and other options. Prof. Singh offered a suggestion of higher profile walkabouts from corporate senior staff with clear stories to relate.

**It was agreed: that the Staff Survey Results report be received and noted.**

#### **18/108: Capital Programme – 5 Years**

Mr Stringer introduced the report and highlighted the STP as the route for future capital funding. He referred to the spreadsheet provided for the detailed programme and assumptions including incinerator replacement, Linac purchases assumed as funded nationally and the extension of the Pathology building and the car park planned for the front of the site for additional Pathology staff transfer. There was a discussion regarding the tension between infrastructure investment and clinical services investment in the future initiated by Dr Odum. Ms Nuttall highlighted that there would be future opportunities to have that debate and balance the tensions when the Business Cases for the schemes are available. Mr Stringer recommended it in the knowledge that future investment will get more difficult the further ahead the Trust looks. There followed a discussion of further views regarding the balance and impact of such investment. Ms Etches added that other options have been implemented such as the revision of visiting times to try and alleviate some of the parking pressures on site.

**It was agreed: that the Capital Programme – 5 Years Programme be approved and recommended to the Trust Board for approval.**

#### **18/109: Trust Budget (Income/Expenditure)**

Mr Stringer introduced the recommended budget and the considerable challenge in the acceptance of the Control Total agreed by the Board. He outlined the assumptions and downside in the proposed budget. Mr Stringer outlined the Budget contents and the areas to be defined including those related to the recent pay award and banding criteria and assimilation costs, other identified cost pressures with £25m of CIP assumed and £9.8m gap. Mr Stringer compared these figures to those achieved in the current year, the contracts agreed and the risk relating to achieving the required activity levels and other risks as identified in the Budget.

Ms Nuttall asked about the additional income and the process to identify apportionment of resources and risks relating to capacity, productivity and achievable activity.

**It was agreed: that the Trust Budget (Income/Expenditure) be approved and recommended to the Trust Board for approval.**

### **18/110: Education**

Covered under item 18/105.

### **18/111: Division 1 Quality & Governance Report**

Dr Higgins highlighted the open red risks detailed in the report along with the updates provided with a revision of the risk relating to the impact on children of the risk relating to health visiting and the cardiothoracic clinical fellowship programme support for the additional staffing. Ms Hobbs introduced the overview for Division 1 and Ms Palmer highlighted the matters in the report regarding Maternity services. She said the data from the birth-rate plus review was expected imminently. Ms Etches clarified the incidents reported. Mr Mahmud asked about the reduced activity levels in relation to the cap. Ms Palmer illustrated that was starting to be shown in the figures. Mr Duffell asked about the high c-section rates. Ms Palmer said that the Trust is high in terms of tolerance levels nationally but the lowest of the local Trusts. Ms Etches said further review has been commissioned in relation to the c-section rates.

**It was agreed: that the Division One Report be received and noted.**

### **Division 1 Business Cases**

#### **18/112: Replacement of the Trust Biopsy Machine to include Template Biopsy Business Case**

Mr Badger introduced the Business Case approved at capital group.

**It was agreed: that the Replacement of the Trust Biopsy Machine to include Template Biopsy Business Case be approved.**

#### **18/113: Introduction of leadless pacemakers – ‘Micra’ Business Case.**

Mr Badger introduced the Business Case as part of Capital programme.

**It was agreed: that the Introduction of leadless pacemakers – ‘Micra’ Business Case be approved subject to QSIG and Commissioner approval.**

#### **18/114: Purchase of new Alcon NGENUITY 3D Visualisation System Business Case.**

Mr Badger introduced the Business Case as part of Capital programme.

**It was agreed: that the Purchase of new Alcon NGENUITY 3D Visualisation System Business Case be approved from Charitable funds.**

#### **18/115: Divisional Reports – Division 2**

Ms Morgan introduced the first part of the report as provided including recruitment success related to the new Stroke Unit and actions being taken to address late observations. Dr Viswanath introduced the governance report and update including the recommendation to downgrade the level of risk relating to recruitment. He also highlighted the control measures in place in relation to ED assessment and recommended a reduction in the risk value as a result. Dr Odum asked about the escalation toolkit process. Dr Viswanath explained the live screen system showing flow and blockages with automated feeds of data. He also referred to the new Clinical Director and leads in place. Mr Mahmud commended the work to make the data and flow information available. Ms Etches asked and was given confirmation of the changes post CQC having continued.

**It was agreed: that the Division Two Report be received and noted.**



## **Division 2 Business Cases**

Dr Viswanath introduced the Business Cases.

### **18/116: Funding request for Fiasp Business Case**

**It was agreed: that the Funding request for Fiasp Business Case be approved subject to Commissioner sign-off.**

### **18/117: Funding request for Continuous Glucose Monitoring (CGMS) Business Case**

**It was agreed: that the Funding request for Continuous Glucose Monitoring (CGMS) Business Case be approved.**

### **18/118: Report of Director of Workforce - Executive Summary Workforce Report**

Mr Duffell introduced the report referring to the sign off of the armed forces covenant, the improved recruitment and vacancy positions, the new application and recruitment tracking tool introduction, the successful RCN recruitment event with 21 conditional offers made on the day. He also highlighted the increase in Bank Staff use expected, the further reduction in un-used hours, the visa position in February and March and preparations for the year ahead, the adverse sickness absence analysis, appraisal and mandatory training and the potential impact on the new pay deal and gateway access in future.

Prof. Singh reflected on the positive results and wondered whether there were any other options for approaches regarding the visa position now and in the future. Ms Etches referred to options for future recruitment. Mr Duffell confirmed a report would be provided in the near future.

Mr Loughton joined the meeting.

**It was agreed: that the Executive Summary Workforce Report be received and noted.**

### **18/119: Report of the Chief Operating Officer – Integrated Quality and Performance Report (IQPR)**

Ms Nuttall introduced the report and the context of the wider NHS over the same period. She said February's performance showed the pressures that services had experienced that might impact on complaints in the near future. She highlighted the cancelled operations level and the critical care pressures, the RTT figures continued to show slow improvement, the ED challenges and the increased length of stay and acuity experienced, staff sickness levels increased and that the level of challenge had continued into March.

Ms Etches referred to a dip in FFT rates in February that was being looked into further, the increase in late moves reflecting the pressures and activity levels, the avoidable deaths report and the context of the figures provided, safety thermometer position, pressure injury incidents reductions and falls with harm continued reduction, no *C.difficile* cases and one moderate harm medication related incident. Ms Etches also referred to the continued reduction in safeguarding referrals and investigations. Mr Mahmud asked whether post-investigation and review whether deaths avoidability was revised. Ms Etches said they are not reported unless it is established as fairly certain at the point of reporting. Dr Odum reprised the overview of the process, rationale and context of the reviews.

Mr Duffell referred to the continued reduced vacancy rate for the Trust.

**It was agreed: that the Integrated Quality and Performance Report (IQPR) be received and noted.**

**18/120: Report of the Chief Nursing Officer (Comprising: Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas)**

Ms Etches highlighted the policies and procedures approved, the adverse impact on local nursing degree recruitment and the risks and risk management position.

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

**18/121: Report of the Chief Finance Officer - Finance Report Month 11**

Mr Stringer introduced the report and the position as reported and he thanked colleagues for their efforts and activity during a time of challenge with figures as forecast at month end and he referred to the wider picture and context with commissioners at year end.

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

**18/122: Capital Programme Update – Month 11**

Mr Nahib introduced the report headlines including being in line with planned spend and schemes for the remainder of the year with work in place to try and address the potential year end under spend.

**It was agreed: that the Capital Programme Update be received and noted.**

**18/123: Minutes of the Operational Finance Meeting**

Mr Stringer said they were for noting.

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

**18/124: Report of the Director of Strategic Planning and Performance - Financial Recovery Board – monthly update**

Mr Sharon introduced the report and referred to the year-end position outlined by Mr Stringer in his finance report. He said that the conversion of non-recurrent recurrent CIP was being explored, looking ahead to next year approx. £4m identified to date with options and schemes that were being explored for the remainder. He said that the programme for this year was less well identified than in the current year with a lot of work to do.

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

**18/125: Report of the Director of Integration - Vertical Integration Report**

Mr Mahmud referred to the move to Division 3 with the Deputy COO being in place. He referred to the increased number of additional appointments availability and all markers were travelling in the right direction. He also referred to potential future opportunities and problems in recruitment recently with work in place to identify and address the issues involved. There followed a discussion regarding the improved and speed of recruitment processes. Ms Etches dsaid the work on policy was welcome progress.

Mr Loughton congratulated Mr Mahmud on the recent national presentation on VI in Wolverhampton.

**It was agreed: that the Vertical Integration Report – Primary Care be received and noted.**

## **Policies and Strategies for Approval**

### **18/126: HR16 Raising Concerns at Work (Freedom to Speak Up) Policy & Procedure**

It was agreed: that HR16 Raising Concerns at Work (Freedom to Speak Up) Policy & Procedure be approved.

### **18/127: MP05 Antimicrobial Policy**

It was agreed: that MP05 Antimicrobial Policy be approved.

### **18/128: NEW Prevent Policy**

It was agreed: that NEW Prevent Policy be approved.

### **18/129: NEW ePMA Policy**

It was agreed: that NEW ePMA Policy be approved.

### **18/130: Management of Safety Alerts Protocol**

It was agreed: that Management of Safety Alerts Protocol be approved.

### **18/131: NICE & National Guidance SOP**

It was agreed: that NICE & National Guidance SOP be approved.

### **18/132: Clinical Audit SOP**

It was agreed: that Clinical Audit SOP be approved.

### **18/133: Risk (Standing Item)**

No new or changed risks were identified.

### **18/134: Any Other Business**

Mr Sharon said that on the 11/4/18 the Walsall Stroke service would commence. He congratulated the work to recruit nursing staff to date.

Prof. Singh said that e-prescribing was now live in AMU and had gone very well with the roll out to follow with thanks to the team implementing. It was agreed it had gone well.

Mr Loughton referred to the Staff Survey comparative rating for the Trust that had been shared by Mr Duffell.

Mr Loughton thanked all for their input on the CQC visit.

Mr Loughton reflected on the time and contribution of Ms Etches during her time with the Trust and thanked her for all her efforts over the last 13 years.

### **18/135: Date and Time of next meeting**

The next meeting of the Trust Management Committee will be held on 27 April 2018 at 1.30 p.m. in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital.

The meeting ended at 2.20pm.

### **CQC Feedback**

Ms Etches referred to the process to date:

- On site inspection (4 days)
- NHSI Use of Resources (1 day)
- Well-led (3 days)

Well-led reflections

The teams in each case were different. The well-led included the Trust Relationship Manager. The feedback on the new regime to the CEO and Deputy CEO:

- WMI thanked for their help.
- R&D Focus.
- Fellowship programme.
- Clinical Leads engagement.
- Board visibility.
- Governance processes but.....
- Risk registers housekeeping required.
- RCA tracking, ToR and the wider learning.
- Monitoring of RCA Actions.
- RCA findings wording clarity for lay people along with explanation.
- Staff involvement (statements) in RCA's.
- Risky Business positive.
- NED Training.
- Attract, recruit, retain positive.
- Review of external assurance of SHMI.
- Audit trail of NED challenge.
- WRES publication.
- Internet site governance of publications.
- Safe Hands, VI and understanding.
- Confidentiality of patient boards (not discussed with Caldecott Guardian).

Draft report by end of second week of May 2018 with 10 working days for fact checking and feedback.

Rating methodology requires good on well-led for the rest to be well-led or above. Well-led will be an annual review.

Positive outcome is likely to:

- Boost recruitment.
- Reputational benefit.

Colleagues shared their reflections from the process and interviews with written evidence to follow where appropriate.