### CHAIRMAN’S SUMMARY REPORT

<table>
<thead>
<tr>
<th>Name of Committee/Group:</th>
<th>Trust Management Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report From:</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Date:</td>
<td>24 March 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Required by receiving committee/group:</th>
<th>X For Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Decision</td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aims of Committee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis</td>
</tr>
<tr>
<td>▪ 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.</td>
</tr>
</tbody>
</table>

| 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. |

<table>
<thead>
<tr>
<th>Main Discussion/Action Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Considered and approved the following business cases:</td>
</tr>
<tr>
<td>✓ Appointing additional advanced practice physiotherapists to Trauma and Orthopaedics</td>
</tr>
<tr>
<td>✓ Replacement of current inline monitoring in Cardiac Theatres with the non-invasive spectrum monitor</td>
</tr>
<tr>
<td>✓ Upgrading the Sexual Health Service website</td>
</tr>
<tr>
<td>✓ Direct access spirometry in Wolverhampton</td>
</tr>
<tr>
<td>✓ NICE TAG421 Everolimus with Exemestane for treating advanced breast cancer after endocrine therapy</td>
</tr>
<tr>
<td>✓ TAG429 Ibrutinib for previously treated chronic Lymphoytic Leukaemia</td>
</tr>
<tr>
<td>✓ NICE TAG401 Bosutinib for previously treated Chronic Myeloid Leukaemia</td>
</tr>
<tr>
<td>✓ NICE TAG416 Osimertinib for treating certain Non-Small Cell Lung Cancer</td>
</tr>
<tr>
<td>✓ Business Case for drugs for treatment of Hepatitis C</td>
</tr>
<tr>
<td>✓ Gainshare for Biosimilar Switch from Entanercept to Benapali</td>
</tr>
<tr>
<td>▪ Discussed and endorsed the <strong>RWT Flu Campaign Report for 2016/17</strong>.</td>
</tr>
<tr>
<td><strong>Risks Identified:</strong> Include Risk Grade (categorisation matrix/Datix number)</td>
</tr>
</tbody>
</table>
The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.00pm on Friday 24 March 2017 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

Present:

Mr D Loughton
Chief Executive (Chair)

Mr I Badger
Divisional Medical Director, D1

Dr L Dowson
Divisional Medical Director, D2

Ms C Etches
Chief Nursing Officer

Mr L Grant
Deputy Chief Operating Officer, D1

Ms L Holland
Director of Human Resources and Organisational Development

Dr C Higgins
Divisional Medical Director, D1

Dr B McKaig
Associate Medical Director – Appraisal and Revalidation

Dr J Odum
Medical Director

Ms G Nuttall
Chief Operating Officer

Mr T Powell
Deputy Chief Operating Officer, D2

Ms S Roberts
Divisional Manager, Estates and Facilities

Dr M Sidhu
Vertical Integration Directorate

Dr B M Singh
Lead Clinician – IT

Mr K Stringer
Chief Finance Officer

In Attendance:

Ms F Beeken
Maternity Services

Ms D Edwards
D2

Mr S Evans
Deputy Director of Strategic Planning and Performance

Ms E Lengyel
D1

Ms L Monaghan
Estates Development

Mr A Sargent
Trust Board Secretary

Apologies:

Mr I Badger
Divisional Medical Director, D1

Dr M Cooper
Director of Infection Prevention and Control

Professor J Cotton
Director of Research and Development

Mr M Goodwin
Interim Strategic Estates Adviser

Dr S Grumett
Lead Cancer Clinician

Ms C Hobbs
Head Nurse, D1

Mr S Mahmud
Director of Integration

Ms B Morgan
Head Nurse, D2

Ms T Palmer
Head of Midwifery

Mr M Sharon
Director of Planning and Performance
17/82: DECLARATIONS OF INTEREST

No interests were declared at this meeting.

17/83: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 24 FEBRUARY 2017

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

17/84: MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

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

17/85: ACTION POINTS LIST

It was noted that all of the items listed had now been closed down.

17/86: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1

Dr Higgins presented the Governance Report and highlighted two new amber risks awaiting acceptance onto the Trust Risk Register, one concerning the accommodation of level 3 neonatal babies and one in respect of x-ray and CR processing equipment at Cannock Hospital.

IT WAS AGREED: That the Governance Report for division 1 be received and noted.

17/87: NURSING MIDWIFERY AND QUALITY REPORT – DIVISION 1

Dr Higgins introduced the monthly Nursing Midwifery Quality Report for division 1.

IT WAS AGREED: That the Nursing Midwifery and Quality Report for division 1 be received and noted.

17/88: BUSINESS CASE FOR APPOINTING ADDITIONAL ADVANCED PRACTICE PHYSIOTHERAPISTS TO TRAUMA AND ORTHOPAEDICS

IT WAS AGREED: That the business case for the appointment of additional advanced practice therapists to Trauma and Orthopaedics be approved.

17/89: BUSINESS CASE FOR REPLACEMENT OF CURRENT INLINE MONITORING IN CARDIAC THEATRES WITH THE NON-INVASIVE SPECTRUM MONITOR

IT WAS AGREED: That the business case for the replacement of the current inline monitoring in cardiac theatres with the non-invasive spectrum monitor be approved.

17/90: NURSING AND QUALITY REPORT – DIVISION 2

Ms D Edwards introduced the monthly Nursing and Quality Report for division 2, highlighting that the division had an improving picture for recruiting WTE nurses.

IT WAS AGREED: That the Nursing and Quality Report for Division 2 were received and noted.
17/91: GOVERNANCE REPORT – DIVISION 2

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

17/92: SEXUAL HEALTH SERVICE WEBSITE – MEETING THE REQUIREMENTS OF TRANSFORMING SEXUAL HEALTH TENDER

IT WAS AGREED: That the business case for developing a new standalone website to improve patient access, information and engagement with the Sexual Health Service be approved.

17/93: BUSINESS CASE FOR THE PROVISION OF DIRECT ACCESS SPIROMETRY IN WOLVERHAMPTON

IT WAS AGREED: That the business case for the provision of direct access spirometry in Wolverhampton, as set out in the report, be approved subject to also obtaining the approval of the commissioner.

17/94: NICE TAG 421 EVEROLIMUS WITH EXEMESTANE FOR TREATING ADVANCED BREAST CANCER AFTER ENDOCRINE THERAPY

IT WAS AGREED: That the business case for NICE TAG 421 everolimus with exemestane for treating advanced breast cancer after endocrine therapy be approved, subject to obtaining the consent of the commissioner.

17/95: TAG 429 IBRUTINIB FOR PREVIOUSLY TREATED CHRONIC LYMPHOCYTIC LEUKAEMIA AND UNTREATED CHRONIC LYMPHOCYTIC LEUKAEMIA WITH 17PDELETION OR TP53 MUTATION

IT WAS AGREED: That the business case for the introduction of TAG 429 ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17pdeletion or TP53 mutation for the purposes outlined in the report be approved, subject to the consent of the commissioner.

17/96: NICE TAG 401 BOSUTINIB FOR PREVIOUSLY TREATED CHRONIC MYELOID LEUKAEMIA

IT WAS AGREED: That the business case for the use of NICE TAG 401 bosutinib for previously treated chronic myeloid leukaemia be approved, subject to also obtaining the approval of the commissioner.

17/97: NICE TAG 416 OSMERTINIB FOR TREATING LOCALLY ADVANCED OR METASTATIC EGFR T790 M MUTATION POSITIVE NON-SMALL CELL LUNG CANCER

IT WAS AGREED: That the business case for the use of NICE TAG 416 osimertinib be approved, subject to obtaining the consent of the commissioner.

17/98: BUSINESS CASE FOR DRUGS FOR TREATMENT OF HEPATITIS C (TAG’S 363, 364, 365 AND 413)

IT WAS AGREED: That the business case for the use of TAG 363, 364, 365 and 413 that the treatment of Hepatitis C be approved, subject to obtaining the consent of the commissioner.
17/99: BUSINESS CASE FOR GAINSHARE FOR BIOSIMILAR SWITCH FROM ENТАNERCEPT TO BENAPALI

IT WAS AGREED: That the business case for gainshare for biosimilar switch from entanercept to benapali, as detailed in the report, be approved, subject to obtaining the consent of the commissioner.

17/100: EXECUTIVE WORKFORCE REPORT

Ms Holland introduced the monthly Executive Workforce Report and drew out the following highlight:

- Turnover for band 5 nurses was down
- There were now 32 philipino nurses in post
- At the recent RCN job fair, 26 conditional offers had been made
- There had been a slight increase in band 7 nurse turnover
- There had been a downward trend on attendance for the last 3 months
- Lucy Brooks HCA on ward A12 had won an award at the recent NHS Apprentice awards ceremony

IT WAS AGREED: That the monthly update on the delivery of the People Organisation Development Strategy be received and noted.

17/101: RWT FLU CAMPAIGN REPORT 2016/17

IT WAS AGREED: That the report outlining the outcome of the flu campaign for 2016/17 be received and noted.

17/102: A REVISED RECRUITMENT APPROACH FOR APPRENTICES

Ms Holland submitted a report recommending a temporary change to the recruitment strategy for apprenticeships on a short-term basis in order to embed apprenticeships within the organisation and to achieve the quota assigned to the Trust by Health Education England.

IT WAS AGREED: That a managed vacancy panel approach be adopted for the recruitment strategy for apprenticeships, as set out in option one in the report.

17/103: 2016 NATIONAL NHS STAFF SURVEY RESULTS

IT WAS AGREED: That the overview of the 2016 national NHS staff survey results for the Trust, along with the comparison against results from the Trust’s local Chatback Survey 2016 be received and noted.

17/104: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall stated that it was emerging that the prime focus for performance over the next year would be the 95% standard for the Emergency Department. Ms Etches asked the Committee to bare-in-mind that this report was now vehicle used by the Commissioner for CQRM. She also highlighted an on-going focus on safeguarding for both adults and children with a real need for improved performance around training take up.

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

17/105: FINANCIAL POSITION OF THE TRUST AT THE END OF FEBRUARY 2017 (MONTH 11)

Mr Stringer reported that the Trust had further revised its forecast year end position and was forecasting the hit the control total of £7.1m, less the performance element of STF income, resulting in a revised surplus of £5.7m.
He stressed, however, that the resolution of the matter regarding fines had not yet been resolved and this was one of the number of factors which continued to put the forecast year end figure at risk.

**17/106: MINUTES OF THE OPERATIONAL FINANCE GROUP MEETING HELD ON 16 FEBRUARY 2017**

**IT WAS AGREED:** That the minutes of the Operational Finance Group meeting held on 16th February 2017 were received and noted.

**17/107: CAPITAL PROGRAMME 2016/17 – MONTH 11**

**IT WAS AGREED:** That the progress report as at month 11 for the 2016/17 capital programme, showing a total spend in month of £14,038,922, be received and noted.


**IT WAS AGREED:** That the report on the capital programme 2017/18 and the five year capital programme 2017/18 – 2021/22 be received and noted.

**17/109: BUSINESS CASE FOR THE REPLACEMENT OF CARDIAC CATHETER LAB 2**

**IT WAS AGREED:** That the business case for the replacement of cardiac catheter laboratory 2, as set out in the report, be approved.

**17/110: BUSINESS CASE FOR THE REPLACEMENT OF HEATING SUPPLIES TO WMI ACCOMMODATION BLOCKS**

**IT WAS AGREED:** That the business case for the replacement of steam services to the WMI plant room to remove the current risk of failure of heating and hot water to the North-East corner of the site, including the WMI, the corporate services building, the accommodation blocks, and the Chestnuts be approved.

**17/111: ESTATES STRATEGY UPDATE**

The Committee received a report setting out progress made in achieving the objectives defined in the original 2009 Estates Strategy and, building on those successes, explained the current strategy for development over the next five years.

**IT WAS AGREED:** That the update on the Estates Strategy be received and noted.

**17/112: INFORMATION GOVERNANCE TOOLKIT SUBMISSION 2016/17**

**IT WAS AGREED:** That the IG toolkit final scores for March 2017, as set out in paragraph 4 of the report, be approved for submission to the Department of Health.

**17/113: REVALIDATION OF MEDICAL STAFF – QUARTERLY UPDATE**

**IT WAS AGREED:** That the quarterly update on medical staff revalidation be received for assurance.
17/114: EDUCATION AND TRAINING QUARTERLY REPORT

IT WAS AGREED: That the Education and Training Quarterly Report be received for assurance.

17/115: CLINICAL FELLOWSHIP PROGRAMME

Dr Odum introduced a report on the progress and management of the Clinical Fellowship Programme and indicated that overall this was going well and there was now optimism that the Trust could move away from the employment of locum medical staff. Dr Singh outlined the growing links with other countries and indicated that there was particular interest from Nigeria. He added that the Trust would need at some point to consider how to grow its own consultants. With regard to the impact of this on GP’s, Dr Singh said that there would be financial gain in placing doctors from GP practices into the Emergency Department, training them up and so securing the next round of middle grade doctors.

IT WAS AGREED: That the progress report on the Clinical Fellowship Programme be received and noted, and that approval in principal be given to advertising for a further six doctors to join the VI Programme to develop coordination between the Emergency Department and GP practices.

17/116: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

IT WAS AGREED: That the report on red incidents, red complaints and high level risks entered onto Datix during the period ending 14th March 2017 be noted.

17/117: POLICY GROUP EXCEPTIONS – MARCH

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

17/118: SAFER STAFFING

The monthly progress report on safer staffing showed that there had been a slight deterioration in the number of wards falling below the 80% fill rate required. However the average fill rate for RNs had improved slightly.

17/119: FINANCIAL RECOVERY BOARD – MONTHLY UPDATE

Mr Evans presented the monthly progress report on the Financial Recovery Board, saying that the Trust was forecasting to deliver £15.995m of its target of £26.639m for the year. He added that the CIP target for 2017/18 was expected for increase to £26m.

IT WAS AGREED: That the monthly update on the work of the Financial Recovery Board be received and noted.

17/120: CONTRACTING AND COMMISSIONING UPDATE

Mr Evans presented an update on LDP’s with the Trust’s main commissioners and a summary of CQUIN. He pointed out that by the end of Q3 the Trust had achieved 92% of the CQUIN which had been set as this year’s target which was a very good result. In response to a question from Mr Loughton, Mr Evans indicated that CQUIN had limited benefit for patients.

IT WAS AGREED: That the update on contracting and commissioning be received and noted.
17/121: GP VERTICAL INTEGRATION PROGRAMME

Mr Mahmud gave an update on the progress of the Vertical Integration Programme. He indicated that a bid to establish an accountable care organisation for the city would be made by the end of this month.

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

17/122: RISK – STANDING ITEM

There were no risks identified for inclusion on a risk register at this meeting.

17/123: ANY OTHER BUSINESS

No other business was raised at this meeting.

17/124: DATE AND TIME OF NEXT MEETING

It was noted that the next meeting was due to be held at 1.30pm on Friday 21st April 2017 in the Board Room of the Corporate Services Centre, New Cross Hospital.

The meeting closed at 1.50 pm