

Approved Minutes of the Trust Management Committee of 22 February 2019 1 April 2019

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Agenda Item No: 12.8

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 22 February 2019 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Mr I Badger	Divisional Medical Director, D1
Ms N Ballard	Head of Nursing – Division D3
Prof. J Cotton	Director of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Mr A Duffell	Director of Workforce
Mr D Loughton (Chair)	Chief Executive
Ms B Morgan	Head of Nursing – Division D2
Mr S Mahmud	Director of Integration
Ms G Nuttall	Chief Operating Officer
Dr J Odum	Medical Director
Mr M Sharon	Director of Strategy, Planning and Performance
Dr M Sidhu	Divisional Medical Director, D3

In Attendance:

Ms R Baker	Associate Chief Nurse
Ms T Black	Matron
Mr N Bruce	Associate Chief Technology Officer
Mr N Griffiths	Teletracking
Ms L Monaghan	Head of Capital Planning
Mr A Race	Head of Human Resources
Mr P Richards	Teletracking
Ms D Sutton	Teletracking
Ms H Troalen	Deputy Chief Finance Officer
Mr K Wilshere	Company Secretary

Apologies:

Prof. A-M Cannaby	Chief Nursing Officer
Ms C Etches	Deputy Chief Executive
Ms S.Evans	Head of Communications
Dr S Fenner	Divisional Medical Director, D1
Mr L Grant	Deputy Chief Operating Officer, D1
Dr S Grumett	Lead Cancer Clinician
Dr C Higgins	Divisional Medical Director, D3
Ms C Hobbs	Head of Nursing, D1
Dr J Macve	Director of Infection, Prevention and Control (DIPC)
Mr W Nabih	Head of Estates Developments
Dr B McKaig	Deputy Medical Director
Ms T Palmer	Head of Midwifery
Dr J Parkes	Vertical Integrated GP
Mr T Powell	Deputy Chief Operating Officer, D2
Ms S Roberts	Divisional Manager, Estates and Facilities
Ms K Shaw	Deputy Chief Operating Officer, D3
Prof B Singh	Clinical Director IT
Mr K Stringer	Chief Finance Officer/Deputy Chief Executive
Dr A K Viswanath	Divisional Medical Director, D2
Dr K Warren	Consultant in Public Health
Ms V Whatley	Deputy Chief Nursing Officer

Standing Items

18/509: Apologies for absence

Apologies for absence were received from those listed.

18/510: Declarations of Interest

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

18/511: Minutes of the meeting of the Trust Management Committee held on 25 January 2019

There were no amendments to the minutes.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on 25 January 2019 be approved.

18/512: Matters arising from the Minutes of the previous meeting

There were no matters arising raised.

18/513: Action Points List

None of the Action Points were due to be report on at the meeting.

Date of meeting	Item/Action	By When
Friday 25 January 2019	<u>18/467: Topic A - Transition from Children's to Adult Services</u> That the completed Strategy be presented for endorsement to Trust Board for approval.	22 March 2019
Friday 25 January 2019	<u>18/467: Topic A - Transition from Children's to Adult Services</u> An Action Plan for the implementation of the Strategic approach be provided to TMC lead by Ms Shaw in 2-3 months	26 April 2019
Friday 25 January 2019	<u>18/485: Learning from Deaths (Mortality)</u> Dr Odum or Prof. Cannaby to make contact with Sepsis UK to discuss their potential support for the local Sepsis work.	22 March 2019

Main Body of Meeting – Discussion Items

18/514: Topic A - Teletracking

Mr Loughton introduced the team from Teletracking. He reiterated the RWT innovation approach to future improvement particularly GP access to information and data for VI Practices.

Mr Richards reflected on the history and current position regarding the Trust and Teletracking relating to Command Centre development, GP and community access.

He said that the Trust was running the country's longest serving Command Centre with the learning to date from that. He covered the impact of the use of data from the system and links to parts of the GIRFT programme. He also referred to work in Chester that the RWT operational model exhibits improved resilience over and above other Trusts. He referred to the work that had commenced on workforce productivity with Methods Analytics and the potential impact on future performance.

He went on to outline the potential developments for the use of the Command Centre model. He acknowledged recent issues in the relationship between the company and the Trust and he said that the Company looked towards positive future joint working.

Ms Sutton spoke about the potential impact on performance elements from the examination of a variety of data tracked sources such as bed turn-around times and ED performance. Mr Loughton asked whether there could be an agreement between the Trusts using Teletracking to share data. Mr Richards said that they would facilitate such an agreement.

He said that in this case, the analysis of idle bed time could have a significant positive impact. Mr Loughton said he wanted to look at how Ambulance turn-around time might be improved using data and analysis. Ms Nuttall agreed. Dr Dowson said it had become an important metric. Mr Loughton spoke about previous discussions regarding integrated the Command Centre with West Midlands Ambulance Service control.

Ms Sutton clarified the data presented on the delay between a bed becoming free and available i.e. cleansed, changed et al. Dr Dowson said it might be worth looking at but that there were many other barriers to moving patients from ED were things such as particularly doing so after 8pm at night related to staff availability and reduced capacity and where flow improvement relies on the complexities of handovers, portering and responsiveness into the evening.

Mr Griffiths spoke further about the future of Command Centre development looking across wider areas such as across an STP for example, or across sites within a Trust, or both where possible. Mr Richards spoke about the work in the US at the Carillion Clinics as an example. He said Teletracking would invest in a partnership to develop this with the Trust. He highlighted where in the US there had been integration across ambulance, hospital and community placement resources.

He also referred to the benefits realised in terms of wider patient flow and some of the tools that might contribute to this such as community access portal for primary care being able to feed directly into the Command Centre through a single point and electronically to and from GP's with a single point of access. He said the degree of access and sight could be configured to different practices. He said the Countess of Chester have used the Single Point of Access aspects with selected practices as a trial.

Mr Mahmud asked what was going well with this project. Ms Sutton said it was speed of response and going directly to the most appropriate place for treatment. She explained the single point of access from GP referrals to Nurses in the Command centre.

Mr Loughton asked Mr Sharon, Dr Sidhu, Ms Nuttall and Mr Mahmud to arrange to visit and review the operation at the Countess of Chester. Dr Sidhu agreed there was potential for the benefits of both GP's and ED's and these issues would need to be worked through.

Action: Ms Nuttall to coordinate group to visit and view Command Centre at Chester.

Ms Nuttall said there was a single point of access option locally and that a group would visit Chester.

Mr Richards went on to illustrate the system's abilities to show available capacity and flow across the wider system including community and other provider's availability. There followed a discussion regarding the present route through Social Workers and other agencies to access community care home placements. Dr Dowson said it would provide a potential single system view. Ms Nuttall agreed it was worth looking into further. Dr Dowson asked how the independent bed capacity was entered on to the system – Mr Richards said there was a variety of routes and means. Dr Dowson said the competitive market element would need to be factored into any such system given the scarcity of placements. Prof. Cotton agreed the marketplace element had an influence. Mr Griffiths said there was potential further learning to be drawn from further analysis of the data.

Mr Richards summarised the discussion and potential developments as:

- Enhanced current arrangements
- Enhanced Command Centre – single point and tracking placements in wider community.
- Further patient flow and data capability analysis.
- Options for Co-location of Command Centre.
- Replicability in other providers.

Mr Loughton asked for a CEO Meeting of the involved organisations to formulate a shared plan with different lead organisations on various developments with the developments then shared.

Action: Mr Loughton to meet with other NHS Trust CEO's and Teletracking.

It was agreed: that the presentation and potential developments of Teletracking be received and noted.

Mr Griffiths, Mr Richards and Ms Sutton left the meeting.

Mr Loughton asked that the potential offer from Teletracking be clarified by the Directors and others involved. Dr Dowson outlined a number of potential development areas. Mr Loughton said that working with and across the Trust's involved the developments should be determined by the organisations involved. There followed a discussion of the various potential options and tie in with other systems.

Items to Note - Monthly Reports

18/515: Integrated Quality and Performance Report

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

18/516: Division 1 Quality, Governance & Nursing Report

It was agreed: that the Division 1 Quality, Governance & Nursing Report be received and noted.

18/517: Division 2 Quality, Governance & Nursing Report

It was agreed: that the Division 2 Quality, Governance & Nursing Report be received and noted.

18/518: Division 3 Quality, Governance & Nursing Report

It was agreed: that the Division 3 Quality, Governance & Nursing Report be received and noted.

18/519: Executive Workforce Summary Report

Mr Duffell introduced the report and the highlights summarised therein including the separation of the Black Country Pathology Service workforce data. He confirmed the current Staff Survey did not include the transferred Pathology staff as the due date for inclusion pre-dated the staff transfers. Mr Loughton asked whether there had been any movement on differentiations in the Model Hospital staffing and income data to take account of the 'hosted' services of Black Country Pathology and National Institute for Health Research. Mr Sharon said it had not to date.

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

18/520: Chief Nurses Report & Nursing Dashboard & Progress on Nursing Strategy

It was agreed: that the Chief Nursing Officer (CNO) Nursing Report be received and noted.

18/521: CNO Governance Report including Trust Risk Register (TRR)

It was agreed: that the CNO Governance Report be received and noted.

18/522: Finance Position Report

Ms Troalen introduced the report and highlighted that the Month 10 position forecast for year-end had improved but not quite to the extent expected by NHSI.

It was agreed: that the Finance Position Report be received and noted.

18/523: Capital Programme Update

Ms Monaghan introduced the report and highlighted the spend to the end of January with a considerable amount to use the remainder in year. She said that Pathology had commenced along with many other schemes on site including the replacement of the Heart and Lung cladding, the entrance to the Multi-storey Car Park. Mr Loughton said that their remained a focus on increasing car parking capacity alongside improving the availability of CT scanners, MRI scanners, Radio Pharmacy and an Aseptic suite alongside the Heart and Lung Centre to improve capacity and the quality of patient care and experience.

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

18/524: Operational Finance Group Minutes

Ms Troalen noted that pay in January went above £32m a month and continued to increase despite the work and focus on reducing the temporary, bank and agency spend. She confirmed this remained a focus for further work.

It was agreed: that the Operational Finance Group Minutes be received and noted.

18/525: Financial Recovery Board – monthly update

Mr Loughton said the focus also needed to include learning from others including the GIRFT programme.

It was agreed: that the Financial Recovery Board – monthly update Report be received and noted.

18/526: Integrated Care System Report

Mr Mahmud introduced the report and highlighted that there had been progress in the clinical groups with data provided and that the CCG and other partners had an aspiration towards a single care record with a number of options for solutions that had been explored. Mr Loughton said that the launch event had gone well that he spoke at. Mr Loughton also confirmed the new Trust Chair from April 2019.

It was agreed: that the Integrated Care System Report be received and noted.

Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual)

18/527: Review of Terms of Reference of TMC

Mr Wilshere asked for all TMC attendee's to review the ToR and forward any comments, changes, revisions et al to him by 12 March 2019. He confirmed that a revised ToR would be agenda'd for approval at the next TMC.

Action: All to review ToR and provide feedback to Company Secretary by 12 March 2019.

It was agreed: that the Review of Terms of Reference of TMC be received and noted.

18/528: Capital Programme – 5 years

Ms Monaghan introduced the draft report and asked for any feedback to Mr Nabih or herself.

Action: All to review and provide feedback to Mr Nabih or Ms Monaghan.

It was agreed: that the draft Capital Programme – 5 years be received and noted.

18/529: CQC Insight Report/Action Plan

It was agreed: that the CQC Insight Report/Action Plan be received and noted.

18/530: 7 Day Services report

Dr Odum introduced the report and highlighted that of the four priority standards with the Trust compliant on three to date. He reported that work was underway to address the areas of non-compliance and some variability in compliance across services. He said the focus was particularly on the daily reviews with the issues summarised in the report provided. He also highlighted the importance of handover, a revised handover Policy and the need to ensure compliance with this. He also spoke about Mental Health liaison with CCG investment in Hub-based staff support into medical facilities was being developed. He said that assessment was now a self-assessment in each Trust with compliance assurance to the Trust Board with confirmation to NHSI unlike the previous NHSI submissions.

It was agreed: that the 7 Day Services report be received and noted.

Business Cases - Division 1

18/531: Microscope for GEM Centre ENT – Paediatrics clinic

It was agreed: that the Microscope for GEM Centre ENT – Paediatrics clinic Business Case be approved.

18/532: Cardiology Consultant – Partner with SaTH and Walsall

Ms Nuttall confirmed the recommended approval, subject to Commissioner approval now confirmed by Ms Nuttall as received.

It was agreed: that the Cardiology Consultant – Partner with SaTH and Walsall Business Case be approved.

18/533: Cardiology consultants – Increase in overall numbers

Ms Nuttall confirmed the recommended approval, subject to a review of the Administrative element. Ms Nuttall confirmed the Hybrid Theatre element was not approved and was not detailed in the Business Case.

It was agreed: that the Cardiology consultants – Increase in overall numbers Business Case be approved.

Business Cases - Division 2

18/534: Funding Request for Sofusbir and Glecaprevir

Ms Nuttall confirmed the recommended approval of all the Division 2 Business Cases, subject to Specialist Commissioner approval.

It was agreed: that the Funding Request for Sofusbir and Glecaprevir Business Case be approved subject to Specialist Commissioner approval.

18/535: Funding Request for Trelegy and Trimbow

It was agreed: that the Funding Request For Trelegy and Trimbow Business Case be approved subject to Specialist Commissioner approval.

18/536: TA544 Dabrafenib With Trametinib For Adjuvant Treatment Of Resected BRAF V600 Mutation-Positive Melanoma

It was agreed: that the TA544 Dabrafenib With Trametinib For Adjuvant Treatment Of Resected BRAF V600 Mutation-Positive Melanoma Business Case be approved subject to Specialist Commissioner approval.

18/537: TA541 Inotuzumab Ozogamicin For Treating Relapsed Or Refractory BCell Acute Lymphoblastic Leukaemia

It was agreed: that the TA541 Inotuzumab Ozogamicin For Treating Relapsed Or Refractory BCell Acute Lymphoblastic Leukaemia Business Case be approved subject to Specialist Commissioner approval.

Business Cases - Division 3

18/538: TA521 - Guselkumab for treating moderate to severe plaque psoriasis

Ms Nuttall confirmed the recommended approval of all the Division 3 Business Cases, subject to Specialist Commissioner approval.

It was agreed: that the TA521 - Guselkumab for treating moderate to severe plaque psoriasis Business Case be approved subject to Specialist Commissioner approval.

18/539: TA537 –Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs

It was agreed: that the TA537 –Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs Business Case be approved subject to Specialist Commissioner approval.

18/540: TA543 – Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs

It was agreed: that the TA543 – Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs Business Case be approved subject to Specialist Commissioner approval.

Corporate Business Cases – none this month

Outline/proposals for change – none this month

Policies

18/541: IP11 Infection prevention patients affected by UK parasites Policy

It was agreed: that the IP11 Infection prevention patients affected by UK parasites Policy be approved.

18/542: IP13 Outbreak of communicable infection Policy

It was agreed: that the IP13 Outbreak of communicable infection Policy be approved.

18/543: Cold Chain Policy

It was agreed: that the Cold Chain Policy be approved.

18/544: OP96 Prevention and management of pressure ulcers Policy

It was agreed: that the OP96 Prevention and management of pressure ulcers Policy be approved.

18/545: Strategies Status – summary document

Mr Wilshere outlined the report – the review of existing Strategies, established links to the Trust Strategic Objectives

It was agreed: that the Strategies Status – summary document be approved to go forward to the Trust Board for final approval.

18/546: Policies Status – summary document

Mr Wilshere outlined the report – the review of existing Policies and the re-presenting through the re-designed Intranet.

It was agreed: that the Policies Status – summary document be approved.

18/547: Mortality Strategy

Dr Odum recommended the Strategy be endorsed.

It was agreed: that the Mortality Strategy be approved to go forward to the Trust Board for final approval.

18/548: Any new Risks or changed risks as a result of the meeting

There were no new or changed risks noted from the business of the meeting.

18/549: AOB

a) Dr Dowson highlighted that ED attendances underwent a step change upwards in November and has remained at the higher level since – average 120 to 150 a day. He said the reason was as yet unclear with Ambulance attendances steady. He said the over 75's are attending at double the rate of the rest of the population (12-15% increase year on year) and this is borne out elsewhere. He said that geography/location from would also be reviewed in due course. Mr Loughton related his previous experience of patient drift in relation to poor publicity re services adjacent. Dr Dowson also highlighted the work underway on 'intelligent conveyancing' being looked at by WMAS and the further issues it would create with outliers and exit block. Ms Nuttall said that condition specific conveyancing was also being considered. Mr Loughton asked for an update when available from Ms Nuttall.

b) Mr Mahmud confirmed the agreement had been concluded with Medopad with year 1 - 4 clinical cohorts developing App for implementation. He thanks Prof Cotton for his help in concluding the position. He said there will be a Project manager and team with information to go out to the staff in the near future. Prof Cotton said he was an exciting prospect.

c) Dr Odum confirmed the appointment of Dr Morgan to the Division 1 Medical Director.

- d) Ms Nuttall highlighted the continuing issues in cancer services increased referrals and lack of capacity to impact upon timescales, assessment and treatment. Mr Loughton asked whether the increased referrals were all local to RWT. Ms Nuttall said they were and the increase was 500+ referrals to the service with the capacity for 350. She said some patients were electing to go to Burton because of the RWT waiting times. Mr Badger highlighted the specialist recruitment issues related to substantively appointed Breast Radiologists. Mr Duffell said that recruitment options were being explored with the service.
- e) Ms Morgan confirmed the appointment of Kelly Crutchley as a Matron in Emergency Medicine.
- f) Mr Duffell gave a brief overview of the emerging picture from the embargoed Staff Survey Results. He outlined the main trends and confirmed that further information and detail was to follow. He said the national league table was expected to be published soon after the results were released.
- g) Mr Bruce gave a brief update on the work underway to update the IT Strategy and the emerging innovations structure for the Trust.
- h) Prof. Cotton said that an agreement with the University of Wolverhampton regarding the employment of researchers through the University was pending.
- i) Mr Sharon said the Health Science Network had agreed a link role at an STP level to create links between the HSN and STP Trusts hosted by RWT.
- j) Mr Loughton highlighted the RWT approach to the next Vascular Network meeting. Dr Odum agreed. There followed a discussion of the preferred outcome.

18/550: Date and Time of next meeting

The next meeting of the Trust Management Committee will be held on 22 March 2019 at 1.30 p.m. in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital

The meeting ended at 4.05pm