CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	27 January 2017	
Action Required by receiving committee/group:	X For Information □ Decision □ Other	
Aims of Committee:	▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis ▪ To direct and influence the Trust service strategies and other key service improvement strategies which impact on these, in accordance with the Trust overall vision, values and business strategy.	
Drivers: Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.	The matters highlighted below are driven by the need and desire to enhance patient experience, ensure patient safety, maximise operational efficiency and effectiveness, improve the quality of services, and safeguard the financial position of the Trust.	
Main Discussion/Action Points:	▪ Considered and approved a proposal to disband the current Patient Experience Forum and instead to develop a **Council of Members** whose remit would be to: provide a patient and carer perspective on Trust patient related strategies, policies and initiatives; understand performance monitoring data regarding patient safety, quality and experience issues to enable critical challenge; establish a view on the Trust's compliance with the CQC's five quality domains and responsibilities; review the effectiveness of the patient experience and engagement strategy; advise the Trust on how to improve patient experience; and provide the views of membership in specific matters requiring engagement. ▪ Received and approved the business cases for the following capital schemes: Mechanical ventilation upgrade at Cannock Chase Hospital; replacement of 34 DASH monitors in Heart and Lung; replacement of 900 PCs and laptops; structural fire compartmentalisation works and upgrade of fire alarm system in Deansley Centre; Theatre 6 refurbishment; reconfiguration of Wards A12 and A14; Women's unit drainage improvements; and reconfiguration of level 3 at Cannock Hospital. ▪ Received and discussed a presentation on **Pathology Service**s, including the potential for further development of them in this Trust and across the region.	

	▪ Approved the business case for prescribing **Entresto** for use in an inpatient and outpatient setting to treat patients with symptomatic chronic heart failure with a reduced ejection fraction. ▪ Approved the business case for the new product request for medicines used for patients whose disease has responded inadequately to other disease-modifying anti-rheumatic drugs (**Abatacept, Adalimumab, Etanercept and Tocilizumab**). ▪ Approved the business case for the implementation of **NICE TAG 409** where patients can receive Aflibercept injections for the condition of Macular Odema (branch retinal occlusion). ▪ Considered and approved the business case for **NICE clinical guideline 181** – Lipid modification cardio vascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardio vascular disease. ▪ Supported the business case for funding for **Alirocumab and Evolcumab** as options for treating primary hypercholesteroliemia or mixed hyperlipidemia. ▪ Approved the business case to prescribe **TAG 391 – Cabazitaxel** for hormone relapsed metastatic prostate cancer treated with Docetaxel. ▪ Approved the business case for **TA 400 Nivolumab** in combination with Ipilimumab for treating advanced melanoma.
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 1.30pm on Friday 27 January 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 M Cooper	Director of Infection Prevention and Control
Prof J Cotton	Director of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Ms C Etches	Chief Nursing Officer
Mr M Goodwin	Interim Strategic Estates Adviser
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
Mr S Mahmud	Director of Integration
Dr B McKaig	Associate Medical Director – Appraisal and Revalidation
Ms B Morgan	Head Nurse, D2
Dr J Odum	Medical Director
Ms G Nuttall	Chief Operating Officer
Ms T Palmer	Head of Midwifery
Dr J Parkes	Clinical Director – GP Integration
Mr T Powell	Deputy Chief Operating Officer, D2
Ms S Roberts	Divisional Manager, Estates and Facilities
Mr M Sharon	Director of Strategic Planning and Performance
Dr S Smith	Divisional Medical Director, D2
Mr K Stringer	Chief Financial Officer

In Attendance:

G Danks	Head of Pathology (part)
C Hitchcock	Genomics Ambassador (part)
Ms K Feist	Division 2 (observer)
Dr H Jones	Consultant Microbiologist
Ms D Marson	Division 1
Mr A Oliver	Division 2 (observer)
Mr A Sargent	Trust Board Secretary

Apologies:

Ms C Hobbs	Head Nurse, D1

17/1: DECLARATIONS OF INTEREST

No interests were declared at this meeting.

17/2: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 25 NOVEMBER 2016.

IT WAS AGREED: That the minutes of the Trust Management Committee meeting held on Friday 25 November 2016 be approved as a correct record.

17/3: MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

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

17/4: ACTION POINTS LIST

With regard to appraisal rates in Division 1, Mr Lewis indicated that he anticipated being able to report to the February meeting that appraisal rates had significantly recovered.

With regard to mortality, Mr Loughton asked Dr Odum to comment on the reported deterioration at this Trust, and its ranking as third worst in the UK. Dr Odum acknowledged that SMHI and HMSR were both climbing and the matter was being discussed with NHS Improvement as well as in the Trust's internal mortality fora. However, as there was no evidence of avoidable or preventable deaths in the organisation Dr Odum believed that the issue centred around the quality of data. He confirmed that the SHMI was available on the NHS Choices website and that the data had been updated in the last week.

IT WAS AGREED: That the Action Points List be noted.

17/5: PATHOLOGY SERVICES

Mr G Danks and Dr H Jones attended for this item. They gave a slide presentation on the current capacity of the Pathology Service in the Trust, explained its contribution to the Trust's CIP target, and its recent growth. The presentation mentioned the Keele benchmarking data and the meeting noted that there could be potential further savings by looking at management pathways for cellulitis, DVT and AKI. Mr Danks also outlined the Department's internal plans for the year ahead. Other slides covered external plans for 2017, the current state of pathology provision across the Black Country, the extent and range of pathology services provided in neighbouring Trusts, and the recent discussions in conjunction with the STP for the Black Country.

There ensued a discussion about the potential for further development of the service, in conjunction with developments across the Black Country, and Mr Danks answered questions about the capacity available within other organisations, their staffing issues, and their perceptions around centralising aspects of the service. He emphasised that going forward the optimal model was a single hub model, for operational efficiency and to release maximum savings.

IT WAS AGREED: That the presentation on the current provision, and potential for further development of Pathology Services in this Trust and across the Black Country be noted.

17/6: INFECTION PREVENTION

Dr Cooper presented his quarterly report on Infection Prevention which highlighted that there had been no RWT-attributable MRSA bacteraemia in Quarter 3, but that the Trust had recorded 9 *C.difficile* cases in Quarter 3 which counted against the external objective of 35 for the year. There had also been 9 RWT-attributable MSSA bacteraemia against the target of 6 for Quarter 3, compliance with mandatory training on hand hygiene and infection prevention at the end of Quarter 3 was 95.7%, and the organisation was fully compliant with the Health and Social Care Act 2008. Mr Cooper highlighted concern around one patient who had been on the Critical Care Unit and was found to be colonised with a pan-resistant strain of KPC in August 2016. With regard to The Gem Centre, at a meeting this week the landlord had accepted in principle the need for an independent authorising engineer, given that this was a healthcare building.

IT WAS AGREED: That the quarterly report on Infection Prevention at the Trust be noted.

17/7: 100,000 Genomes Project

Ms C Hitchcock, Genomics Ambassador, presented this report, which outlined the actions being taken to provide additional staffing resources to support the project, and confirmed that there was positive engagement with staff at the Trusts so far involved. Dr Odum said that the whole process was being run and embedded well at this Trust, with good engagement across directorates.

IT WAS AGREED: That the quarterly update on the 100,000 Genomes Project be received and noted.

17/8: GOVERNANCE REPORT – DIVISION 1

Dr Higgins presented the Governance Report for Division 1, and highlighted in particular the risk 4596 around patients with acute cholecystitis not having surgery within 1 week. With regard to the inadequacy of IG mandatory training, Dr Odum confirmed that a review of mandatory training was underway. In response to a question by Ms Etches, Mr Lewis indicated that work on Theatre 6 was underway and there was an on-going programme for the refurbishment of other theatres over future years.

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

17/9: NURSING, MIDWIFERY AND QUALITY REPORT, DIVISION 1

Matron Marson presented the Nursing, Midwifery and Quality Report for Division 1. It was noted that the increased number of unqualified vacancies within the Division correlated to the appointment of 19 HCAs to the role of Trainee Nursing Associates. The Committee noted that the level of midwifery activity over recent months was being sustained, and that the midwifery to birth ratio continued to be between 1:30 and 1:31. It was also noted that the C-Section rate had slightly reduced in month, and that so far this year there had been 968 deliveries on the MLU.

17/10: BUSINESS CASE TO IMPLEMENT NICE TAG 409 - AFLIBERCEPT SOLUTION FOR INJECTION FOR PATIENTS WITH MACULAR OEDEMA

Mr Badger presented the business case for the implementation of NICE TAG 409 where patients can receive Aflibercept injections for the condition of Macular Odema (branch retinal occlusion).

IT WAS AGREED: That the business case for the use of Aflibercept solution for injection as an option for treating visual impairment caused by Macular Oedema secondary to branch retinal vein occlusion (as outlined in NICE technology appraisal guidance 409) be approved.

17/11: BUSINESS CASE FOR NICE TAG 388 – ENTRESTO

Mr Badger introduced the business case for prescribing Entresto for use in an inpatient and outpatient setting to treat patients with symptomatic chronic heart failure with a reduced ejection fraction.

IT WAS AGREED: That the business case for NICE TAG 388 Entresto (Sacubitril Valsartan) for patients with heart failure be approved.

17/12: NEW PRODUCT REQUEST BUSINESS CASE: ABATACEPT, ADALIMUMAB, ETANERCEPT AND TOCILIZUMAB

Mr Badger introduced the business case for new product request for medicines used for patients whose disease has responded inadequately to other disease-modifying anti-rheumatic drugs.

IT WAS AGREED: That the business case to use Abatacept, Adalimumab, Etanercept and Tocilizumab as options for treating patients whose disease has responded inadequately to other disease-modifying anti-rheumatic drugs be approved.

17/13: BUSINESS CASE FOR THE USE OF NICE CLINICAL GUIDELINE 181 – LIPID MODIFICATION: CARDIO VASCULAR RISK ASSESSMENT AND THE MOFICATION OF BLOOD LIPIDS FOR THE PRIMARY AND SECONDARY PROVENTION OF CARDIO VASCULAR DISEASE

Mr Badger presented the business case for NICE clinical guideline 181 – Lipid modification cardio vascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardio vascular disease.

IT WAS AGREED: That the business case for NICE Clinical Guideline 181 (Lipid modification) be approved.

17/14: NURSING AND QUALITY REPORT – DIVISION 2

Ms Morgan presented the Nursing and Quality Report for Division 2, highlighting that there were 57.6 WTE qualified nurse vacancies, and 16.54 WTE HCA vacancies in the Division.

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

17/15: GOVERNANCE REPORT – DIVISION 2

Ms Morgan introduced the Governance Report for Division 2, highlighting that there were 2 red risks, both relating to staffing within the Division.

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

17/16: FUNDING FOR ALIROCUMAB AND EVOLCUMAB

Dr Smith introduced the business case for funding for Alirocumab and Evolcumab as options for treating primary hypercholesteroliemia or mixed hyperlipidemia.

IT WAS AGREED: That the business case for funding the use of Alirocumab and Evolcumab be approved.

17/17: BUSINESS CASE FOR TAG 391 – CABAZITAXEL FOR HORMONE RELAPSED METASTATIC PROSTATE CANCER TREATED WITH DOCETAXEL

Dr Smith presented the business case to prescribe TAG 391 – Cabazitaxel for hormone relapsed metastatic prostate cancer treated with Docetaxel.

IT WAS AGREED: That the business case for TAG 391 (Cabazitaxel) be approved.

17/18: TA 400 NIVOLUMAB IN COMBINATION WITH IPILIMUMAB FOR TREATING ADVANCED MELANOMA

Dr Smith presented a business case to fund the use of TA 400 Nivolumab.

IT WAS AGREED: That the business case for TA 400 Nivolumab in combination with Ipilimumab for treating advanced melanoma be approved, subject to obtaining agreement from the Commissioner.

17/19: EXECUTIVE WORKFORCE REPORT

Ms Holland submitted her monthly Executive Workforce Report, and added that 72% of staff had now received the flu inoculation, the campaign for which would continue until 31 March. She also mentioned that for the first time the notes of the recent Workforce Assurance Group had been appended to the report.

IT WAS AGREED: That the Executive Workforce Report be received and noted.

17/20: APPRENTICESHIPS

It was noted that this item would be deferred until the February meeting.

17/21: FREEDOM TO SPEAK UP: THE ROLE OF THE GUARDIAN – FIRST 90 DAYS

Ms Holland introduced a report giving an outline of the work of the Freedom to Speak Up Guardian since November 2016, including a detailed action plan.

IT WAS AGREED: That the progress report on the work of the Freedom to Speak Up Guardian, including the detailed action plan, be received and noted.

17/22: INTEGRATED QUALITY AND PERFORMANCE REPORT

Ms Nuttall highlighted that the Trust had failed the diagnostics standard for November and December, and probably for January as well, due to cancelled and reduced capacity available for MRI and CT sessions. Work had been going on throughout January to ensure additional capacity was provided. She again highlighted the delayed transfers of care, in respect of which the now familiar challenge had been exacerbated by the redesign of the HARP and CICT teams leading to increased delays in assessments. On a more positive note, the meeting noted the good performance regarding cancelled operations.

Regarding quality matters, Ms Etches expressed appreciation to the Divisions in view of the Trust complaint response rate having reached an all-time high (93%). On the other hand, although the number of falls was dropping overall, there was a proportionally higher percentage of falls with harm being recorded.

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

17/23: FINANCIAL POSITION OF THE TRUST AT THE END OF DECEMBER 2016 (MONTH 9)

Mr Stringer reported that during the last week the Trust had had to declare to NHS Improvement its anticipated year end position which in our case was approximately £9.7M deficit. The Trust Board would be debating this matter at its meeting on Monday 30 January. Turning to the report which had been circulated prior to the meeting, Mr Stringer indicated that in month 9 the Trust's financial performance was a deficit of £1.7m (adverse to plan by £0.97m). The cash balance at the end of December was significantly higher than projected mainly due to the underspend on the capital programme.

IT WAS AGREED: That the report on the financial position of the Trust at the end of December 2016 (month 9) be received and noted.

17/24: CAPITAL PROGRAMME 2016/17 – MONTH 9

Mr Goodwin introduced his monthly update on the Capital Programme and confirmed that the CRL was on course to be delivered by 31 March. In response to a question from the Chief Executive, Mr Goodwin mentioned the slight risk around the non-delivery of high value equipment (such as a Linear accelerator), but added that the Trust had received the necessary assurances from manufacturers regarding timely delivery of items on order.

IT WAS AGREED: That the month 9 update on the Capital Programme 2016/17 be noted.

17/25: RECONFIGURATION OF LEVEL 3 – CANNOCK CHASE HOSPITAL – BUSINESS CASE

Mr Goodwin drew out the salient points of a business case for the reconfiguration of level 3 at Cannock Chase Hospital.

Mr Stringer drew the attention of the Committee to the fact that careful consideration should be given to entering into capital expenditure commitments given the significant financial pressures facing the Trust at this time. The Chief Executive responded that although the Committee could deal with the business cases in the usual way, each one would need to be reviewed by the Chief Financial Officer and himself in the next few days in the light of the deteriorating financial position of the Trust (DL/KS). The decisions in respect of this and all the following business cases were therefore made in the light of these comments.

IT WAS AGREED: That the business case for the reconfiguration of level 3 at Cannock Chase Hospital be approved.

17/26: REPLACEMENT OF 34 DASH MONITORS IN HEART AND LUNG – BUSINESS CASE

Mr Goodwin presented a business case for the replacement of 34 DASH monitors in Heart and Lung.

IT WAS AGREED: That the business cash for the replacement of 34 DASH monitors in the Heart and Lung Centre be approved.

17/27: BUSINESS CASE FOR PC AND LAPTOP REPLACEMENT PROGRAMME

Mr Goodwin introduced this business case.

IT WAS AGREED: That the business case for a programme of replacing up to 900 PCs and 64 laptops which are currently greater than 5 years old, including the associated resource to the roll out of these machines across acute and community services, be approved.

17/28: BUSINESS CASE FOR STRUCTURAL FIRE COMPARTMENTALISATION WORKS AND UPGRADE OF FIRE ALARM SYSTEM IN DEANSLEY CENTRE

Mr Goodwin presented a business case to undertake works identified in recent fire surveys and provide bespoke evacuation equipment within the Deansley Centre building, capable of supporting a "progressive horizontal evacuation" strategy, protecting evacuation routes, and safeguarding life safety.

IT WAS AGREED: That the business case to undertake structural fire compartmentalisation works and the upgrade of fire alarm system in the Deansley Centre be approved.

17/29: THEATRE 6 REFURBISHMENT – BUSINESS CASE

Mr Goodwin submitted a business case for the refurbishment of Theatre 6.

IT WAS AGREED: That the business case for the refurbishment of Theatre 6 be approved.

17/30: BUSINESS CASE FOR THE RECONFIGURATION OF WARDS A12 AND A14

Mr Goodwin drew out the main points of a business case to reconfigure wards A12 and A14, addressing backlog maintenance issues as well as improving the overall condition and provision of facilities in the ward area including the joint reception, en-suite facilities to some of the bays, and separate staff changing facilities.

IT WAS AGREED: That the business case for the reconfiguration of wards A12 and A14 be approved.

17/31: BUSINESS CASE FOR WOMENS UNIT DRAINAGE IMPROVEMENTS

Mr Goodwin explained that the business case under consideration was part of the programme (phase 2) to replace the existing cast iron drainage system in the internal core area between the south and west wing of the building as well as half of the west wing, and in doing so to eliminate the infection prevention and health and safety problems caused by the on-going drainage issues and the associated disruption of clinical and non-clinical work in the Women's' Unit.

IT WAS AGREED: That the business case for Women's Unit drainage improvements (phase 2) be approved.

17/32: MINUTES OF THE OPERATIONAL FINANCE GROUP MEETINGS HELD ON 21 NOVEMBER AND 15 DECEMBER 2016

IT WAS AGREED: That the Minutes of the Operational Finance Group meeting held on 21 November and 15 December 2016 be received and noted.

17/33: BUSINESS CASE FOR THE MECHANICAL VENTILATION UPGRADE AT CANNOCK CHASE HOSPITAL

In response to questions regarding this business case, Mr Goodwin explained that part of this project had been brought forward from the following financial year in order to spread the cost between the 2 years.

IT WAS AGREED: That the business case for the installation of a new handling unit and the refurbishment and extension of the ventilation system to include the recovery ward, pre-op assessment unit and day-case unit at Cannock Chase Hospital be approved.

17/34: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS

IT WAS AGREED: That the report on Red Incidents, Red Complaints and High Level Risks entered onto Datix during the period ending 19 January 2017 be noted.

17/35: POLICY GROUP

Ms Etches again highlighted a very large number of policies rated red on the Directors' Policy report, and urged all present to review policies under their jurisdiction so that reviews were brought forward as soon as possible.

IT WAS AGREED: That the update of the work on the Policy Group during December and January be noted.

17/36: SAFER STAFFING

IT WAS AGREED: That the monthly update on Safer Staffing be received and noted.

17/37: PROFESSIONAL ISSUES

Ms Etches highlighted that 16 candidates from the Philippines were expected by the end of February, subject to the NMC pipeline. The report also highlighted the recruitment of 19 trainee Nursing Associates.

IT WAS AGREED: That the progress report on Professional Issues be received and noted.

17/38: COUNCIL OF MEMBERS

Ms Etches submitted a report requesting approval to develop a Council of Members and to disband the current Patient Experience Forum. Members of the Committee broadly supported the proposals provided that members of a new Council of Members acted objectively and did not pursue particular personal or family concerns and issues. Ms Etches acknowledged the existence of existing patient groups attached to specialties and confirmed

that members of those groups might be eligible to join the Council of Members but not as representatives of patients attached to particular specialties.

IT WAS AGREED: That the proposal to disband the current Patient Experience Forum and instead to develop a Council of Members as outlined in the report, with the terms of reference at appendix 1, be approved.

17/39: FINANCIAL RECOVERY BOARD – MONTHLY UPDATE

Mr Sharon guided the Board through his monthly update on the work of the Financial Recovery Board. He confirmed that work was underway on a number of PIDs which were due to be considered in February and there was a strong drive to identify recurrent savings for 2017/18. Arising from the earlier discussion about Pathology, Dr Odum suggested that the Keele benchmarking data needed to be carefully studied in order to understand what underpinned it. He acknowledged that potentially there was considerable scope for identifying savings around clinical reconfigurations. However, until now it appeared that clinicians had largely been excluded from the STP process which had not been conducive to discussion of clinical reconfiguration. It was agreed that Dr Odum and Ms Nuttall should investigate further the assumptions underlying the Keele benchmarking work (JO/GN).

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

17/40: CONTRACTING AND COMMISSIONING UPDATE

Mr Sharon submitted a report which gave details of current contracting issues and all Commissioning Intentions shared with the Trust.

IT WAS AGREED: That the update LDPs with the Trust's main commissioners be received and noted.

17/41: CURRENT TENDERS AND PROGRESS UPDATE

Mr Sharon introduced a report which updated the meeting on the on-going management of tenders and business opportunities for Quarter 3, along with a forward look for 2017/18. The report also described progress in connection with 0-19 tender, confirmed that the Transforming Cancer Care tender was now being pursued again, and that following an unsuccessful tender, the MSK Service was being demobilised.

Ms Nuttall asked about the level of confidence that the new MSK service provider would be in a position to implement their changes on 1 April. Mr Sharon indicated that there would be discussions with the new provider of this service to explore the relationship that they would have with the Trust. There were pressing issues about bookings being made after 31 March and the apparent freedom of GPs to continue to refer to RWT in accordance with the tender documentation. Dr Parkes indicated that GPs had so far had no information about the change of service provider in respect of MSK and others present indicated that the CCG had heard nothing either. Mr Sharon was requested to speak to the new service provider urgently about TUPE, timescales for transfer of work and the communication arrangements with the GPs and the CCG.

In response to a question by the Chief Executive, Mr Sharon then briefly explained the difference between tier 1 and tier 2 specialist commissioning and the role of RWT in this. It was noted that there was a possibility that RWT would assume the lead provider role for the services being commissioned across the Black Country with eventually a regional board and Governance structure.

IT WAS AGREED: That the update on Current Tenders and Progress be received and noted.

17/42: CLINICAL FELLOWSHIP PROGRAMME

Dr Odum guided the meeting through a report on the process and management of the Clinical Fellowship Programme. Dr Dowson indicated that the Fellows so far recruited appeared to be of a good quality and well trained medically. They were finding the 20% speciality sessions to be attractive and he said that the Trust must assist them through their "paces" exams. Mr Loughton said that he was keen to institute the equivalent of Deanery visits covering the Clinical Fellows, and he emphasised the importance of ensuring that their experiences with the Trust were highly favourable, so that the reputation of the Trust was maintained and it continued to be perceived as an attractive place in which they could work and study. In response to a question, Mr Mahmud indicated that consideration was being given to how to extend the Programme to include GPs.

IT WAS AGREED: That the report on the progress of the Clinical Fellowship Programme be received and noted.

17/43: GP VERTICAL INTEGRATION PROGRAMME

Mr Mahmud presented the monthly update on the GP Vertical Integration Programme.

Mr Goodwin requested the circulation of a note showing Vertical Integration within the organisational structure, along with contact names and numbers (SM).

Dr Parkes said that there had been a presentation to GPs in the city this week about the programme, and that further interest had been shown by GPs present. Mr Loughton suggested that the HSMC should be requested to evaluate all 3 GP practice models currently operative in the city, and that the progress of the Trust's own Vertical Integration Programme after 6 months should be written up.

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

17/44: POLICIES AND STRATEGIES FOR APPROVAL

IT WAS AGREED: That the following Policies and Strategy be approved:

- OP103 Electronic Rostering Policy
- CP61 Management of the Deteriorating Patient
- HR16 Raising Concerns at Work Policy
- Enhanced Care Policy
- HR13 Supporting and Managing Staff Attendance at Work Policy
- HR21 Staff Working Across Organisational Boundaries Policy
- HR24 Secondment Policy
- The Nursing Recruitment and Retention Strategy 2016/20
- IP21 Control and Management of CJD
- OP07 Health Records Policy

17/45: RISK – STANDING ITEM

No new risks were identified at the meeting for inclusion onto a risk register.

17/46: ANY OTHER BUSINESS

No other business was raised at this meeting.

17/47: DATE AND TIME OF NEXT MEETING

It was noted that the next meeting was due to be held at 1:30 pm on Friday 24 February 2017 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital.

The meeting closed at 3.35 pm