

# CHAIRMAN'S SUMMARY REPORT

## 27 October 2017

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Agenda Item No: 12.1

## CHAIRMAN'S SUMMARY REPORT

<b>Name of Committee:</b>	Trust Management Committee	
<b>Report From:</b>	Chief Executive	
<b>Date:</b>	27 November 2017	
<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
<b>Aims of Committee:</b>	<ul style="list-style-type: none"> <li>▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis</li> <li>▪ 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.</li> </ul>	
<b>Drivers:</b> 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.	
<b>Main Discussion/Action Points:</b>	<p><b>Considered and approved the following business cases:</b></p> <p>17/294: Business Case - Replacement of Patient Administration System in Orthotics</p> <p>17/295: Business Case - Bladder Scanner Cardiothoracic Services (funded from charitable funds)</p> <p>17/296: Business Case - New product request – Decapeptyl SR</p> <p>17/298: Business Case - TA 456 Drugs for Treatment of Crohn's Disease</p> <p>17/299: Business Case - TA 397 Belimumab for Active Auto-Antibody-Positive SLE (Adults)</p> <p>17/300: Business Case - TA 445 Certolizumab Pegol and Secukinumab for Treating Active Psoriatic Arthritis after Inadequate Response to Dmards, (Used With TA 199)</p> <p>17/301: Business Case - TA 383 TNF-Alpha Inhibitors for Ankylosing Spondylitis and Non-Radiographic Axial Spondyloarthritis</p> <p>17/302: Business Case - TA 402 Pemetrexed Maintenance Treatment for Non Squamous Non-Small Cell Lung Cancer after Pemetrexed and Cisplatin</p> <p>17/303: Business Case - TA 446 Brentuximab Vedotin for Treating CD30- Positive Hodgkin's Lymphoma</p>	

	<p>17/304: Business Case - TA 450 Blinatumomab for Previously Treated Philadelphia – Chromosome Negative Acute Lymphoblastic Leukaemia</p> <p>17/305: Business Case - TA 451 Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia</p> <p>17/306: Business Case - TA 457 Carfilzomib in Combination with Dexamethasone, Recommended as an option for Treating Multiple Myeloma in Adults.</p> <p>17/307: Business Case - Expansion of Endoscopy Services at Cannock and Wolverhampton Mr Powell introduced this slightly revised Business Case.</p> <p>17/317: Walsall Stroke Final Business Case</p> <p>17/318: Black Country Pathology Final Business Case It was agreed that the current draft Black Country Pathology Final Business Case be received and noted.</p> <p>17/319: Tilt over turn over device for Independent Living Service</p> <p>17/320: Chiller Replacement Business Case</p> <p>17/322: Refurbishment of PAU Business Case</p> <p><b>Approved the following policies;</b> 17/325: HR28 Supporting Doctors to Provide Safer Healthcare Policy and Procedure (nee Doctors Disciplinary Policy) Policy</p> <p>17/329: Vertical Integration Governance Strategy</p>
<p><b>Risks Identified:</b> Include Risk Grade (categorisation matrix/Datix number)</p>	<p>The Trust Management Committee has had regard to any risks identified in respect of these matters. The TMC also has a standing item on every agenda, at which point anybody present may raise any matter which is deemed to be worthy of consideration for inclusion on a risk register. Mortality was identified at this meeting as a matter which merited inclusion on a risk register.</p>

# The Royal Wolverhampton NHS Trust

## TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 27th October 2017 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

### Present:

Mr I Badger	Divisional Medical Director, D1
Dr M Cooper	Director of Infection Prevention and Control
Ms C Etches	Chief Nursing Officer
Dr C Higgins	Divisional Medical Director, D1
Mr D Loughton	Chief Executive
Mr S Mahmud	Director of Integration
Dr B McKaig	Associate Medical Director - Appraisal/Revalidation
Ms B Morgan	Head Nurse – Division 2
Ms G Nuttall	Chief Operating Officer
Dr J Odum	Medical Director
Ms T Palmer	Head of Midwifery
Mr T Powell	Deputy Chief Operating Officer, D2
Mr M Sharon	Director of Planning and Performance
Dr M Sidhu	Clinical Director Vertical Integration

### In Attendance:

Mr J Botfield (for Ms C Hobbs)	Matron Critical Care Services
Ms M Hickman-Smith (shadowing Ms B Morgan)	Practice Development Nurse
Ms D Locke (for Mr Duffell)	Head of Workforce
Ms G Nightingale (for Mr K Wilshere)	PA Chief Executive and Chief Nurse
Ms A Rogers (for Mr K Wilshere)	Administrative Apprentice
Ms H Troalen (for Mr Stringer)	Deputy Chief Financial Officer

### Apologies:

Professor J Cotton	Director of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Mr A Duffell	Director of Workforce
Mr L Grant	Deputy Chief Operating Officer, D1
Dr S Grumett	Lead Cancer Clinician
Ms C Hobbs	Head Nurse, D1
Mr W Nabih	Head of Estates Developments
Dr J Parkes	Vertical Integrated GP
Ms S Roberts	Divisional Manager, Estates and Facilities
Professor B Singh	Clinical Director IT
Mr K Stringer	Chief Finance Officer
Dr A K Viswanath	Divisional Medical Director, D2
Mr K Wilshere	Interim Trust Board Secretary

### **17/279: Apologies for absence**

Apologies for absence were received from Professor J Cotton, Dr Lee Dowson, Alan Duffell (Daniela Locke deputising), Lewis Grant, Dr Simon Grumett, Clair Hobbs (Jake Botfield deputising), Will Nabih, Dr Julian Parkes, Sandra Roberts, Professor B Singh, Kevin Stringer (Helen Troalen deputising), Dr A K Viswanath and Keith Wilshere (Gayle Nightingale and Amie Rogers deputising).

#### **17/280: External Review of Incident**

Mr Loughton referred to a recent incident of an infant death where there was a transfer of care. He confirmed that he has commissioned an external inquiry.

#### **17/281: Declarations of Interest**

There were no new or changed declarations of interest given.

#### **17/282: Minutes of the meeting of the Trust Management Committee held on 22 September 2017**

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

**It was agreed: that the Minutes of the meeting of the Trust Management Committee held on 22 September 2017 be approved.**

#### **17/283: Matters arising from the Minutes of the previous meeting**

There were no matters arising from the minutes raised.

#### **17/284: Action Points List**

22 September 2017, 17/248 Mr Sharon to provide future updates on the meeting with BCP regarding the process of the Division II governance report in relation to the provision, availability or otherwise of psychology input and psychological services.

22 September 2017, 17/265 Integrated Quality and Performance Report (IQPR): Mr Loughton tasked Dr Cooper, Mr Sharon and Ms Etches with producing an outline business case for the Black Country.

Both actions were dealt with together. Mr Sharon said that a single business case is being prepared – the draft is expected by the end of November. He said that it would not be subject to a tender process.

**It was agreed: that the Action Points from 22 September be noted as complete and closed.**

#### **17/285: Quarterly Reports**

There were no quarterly reports submitted this month.

#### **17/286: Infection Prev. and Control Report**

Dr Cooper introduced the infection prevention and control report. He highlighted that the Trust was within the national targets for *Clostridium difficile*. The Trust is one case over the expected total. Mr Loughton observed that the position continues to improve year on year. Dr Cooper referred to device-related hospital acquired bacteraemia (DRHABs) on page 14, most being catheter related. He also referred to updates on previous incidents in the report.

**It was agreed: that the Infection Prev. and Control Report be received and noted.**

#### **17/287: Cancer Services (Verbal Update)**

Ms Nuttall provided a verbal update report highlighting on the briefing of the clinical directors regarding the transfer on new referrals from Sandwell and West Birmingham. The Trust expects to receive approx. 30% of the referrals. She said that recent referrals were not focussed on the expected areas. A Business Case is being prepared on the potential implications.

Mr Loughton emphasised the need to initiate recruitment to key staff positions immediately. Ms Nuttall confirmed this is going ahead. She referred to further updates in due course.

Ms Nuttall also referred to the transfer of 30% of Gynae Oncology work from the beginning of April 2018 and not earlier as initially expected. A proposal is being prepared for specialist commissioners including potential impact on Surgery and Urology.

Mr Loughton asked for clarification regarding referrals received to date and that he would have further conversation with the lead specialist commissioner nationally.

Dr Odum clarified that the Trust's response is to support the patients potentially and actually impacted by the changes in service delivery. The RWT clinicians will do what they can to deliver the best and safest service under the circumstances.

Dr Odum said that the situation relating to the transfer of oncology activity from SWBH was not of the Trust's making, and that the Trust's clinicians are prepared to do what they can to support the patients in this situation. However, given the current difficulties being experienced there is a danger of and potential for some patients to get "lost" in the system with the changes to and hand-off from and between services. There is therefore potential for delays in treatment leading to patient harm. There is acknowledgement of the potential positive impact of the additional activity to the Trust in the longer term but that services will need to have additional people and resources in place to deal with the activity. In the short term the clinical teams will manage the transfers as best they can but this will not completely mitigate the situation the Trust finds itself in in the short term.

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

**17/288: Revalidation Steering Group**

Dr Odum introduced the summary report of the revalidation process. He highlighted that there were 3 Doctors who have been written to, of whom 2 have so far responded positively. Ms Etches asked if this was as expected. Dr Odum said that it was not unexpected and that the letters from the GMC appear to have motivated most of those who had not engaged previously. He also referred to the response to the national audit where the Trust has rated very well.

**It was agreed: that the Revalidation Steering Group Update be received and noted.**

**17/289: Contracting Update**

Mr Sharon introduced the report. He referred to issues relating to negotiations from Commissioners despite the current two year contract in place.

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

**17/290: Current Tenders Update**

Mr Sharon introduced the report – four tenders won, none lost. He expects the out-turn of the Medicines Management Team in due course.

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

**17/291: Education**

Dr Odum introduced the report. He highlighted that improvements are being implemented from feedback from trainees. There is also an update from the Clinical Fellowships reports.

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

**17/292: Annual Reports**

There were no Annual Reports submitted this month.

**17/293: Divisional Report – Division 1**

Dr Higgins introduced the Governance report. There is an additional red risk and one accepted for the Trust Risk Register. There was a positive report on the inspection visit to Theatres.

The Nursing Report was introduced by Mr Botfield and included a reduction in vacancies (48 from 71 wte). No falls with harm have been reported. Mr Loughton said this was a very good position. Ms Etches praised the work undertaken by the Divisions.

Ms Palmer introduced the report on Midwifery services - activity exceeds contracted activity with discussions ongoing and a letter has gone to other providers. Ms Etches asked when the CQC Report was published referring to patient choice in maternity. Its publication in September appeared to coincide with an increase in activity. Mr Loughton referred to further potential impact from impending CQC report on Walsall Services. Ration is 1:32 (Amber) at present but as number of births increase this will have a further impact.

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

**17/294: Business Case - Replacement of Patient Administration System in Orthotics**

**It was agreed: that the business case for Replacement of Patient Administration System in Orthotics be approved.**

**17/295: Business Case - Bladder Scanner Cardiothoracic Services (funded from charitable funds)**

**It was agreed: that the business case for Bladder Scanner Cardiothoracic Services (funded from charitable funds) be approved.**

**17/296: Business Case - New product request – Decapeptyl SR**

**It was agreed: that the business case for Decapeptyl SR be approved.**

**17/297: Divisional report – Division 2**

Ms Morgan introduced the report and highlighted the improvement in Nursing staffing numbers. She referred to a targeted recruitment campaign for Stroke and Haematology. She also referred to a slight increase in falls with harm and late observations figures. The Division has no new red complaints and two red risks relating to recruitment and patient waits for first assessment in ED.

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

**17/298: Business Case - TA 456 Drugs for Treatment of Crohn's Disease**

**It was agreed: that the business case for TA 456 Drugs for Treatment of Crohn's Disease be approved.**

**17/299: Business Case - TA 397 Belimumab for Active Auto-Antibody-Positive SLE (Adults)**

**It was agreed: that the business case for TA 397 Belimumab for Active Auto-Antibody-Positive SLE (Adults) be approved.**

**17/300: Business Case - TA 445 Certolizumab Pegol and Secukinumab for Treating Active Psoriatic Arthritis after Inadequate Response to Dmards, (Used With TA 199)**

**It was agreed: that the business case for TA 445 Certolizumab Pegol and Secukinumab for Treating Active Psoriatic Arthritis after Inadequate Response to Dmards, (Used With TA 199) be approved.**

**17/301: Business Case - TA 383 TNF-Alpha Inhibitors for Ankylosing Spondylitis and Non-Radiographic Axial Spondyloarthritis**

**It was agreed: that the business case for TA 383 TNF-Alpha Inhibitors for Ankylosing Spondylitis and Non-Radiographic Axial Spondyloarthritis be approved.**

**17/302: Business Case - TA 402 Pemetrexed Maintenance Treatment for Non Squamous Non-Small Cell Lung Cancer after Pemetrexed and Cisplatin**

It was agreed: that the business case for TA 402 Pemetrexed Maintenance Treatment for Non Squamous Non-Small Cell Lung Cancer after Pemetrexed and Cisplatin be approved.

**17/303: Business Case - TA 446 Brentuximab Vedotin for Treating CD30- Positive Hodgkin's Lymphoma**

It was agreed: that the business case for TA 446 Brentuximab Vedotin for Treating CD30- Positive Hodgkin's Lymphoma be approved.

**17/304: Business Case - TA 450 Blinatumomab for Previously Treated Philadelphia – Chromosome Negative Acute Lymphoblastic Leukaemia**

It was agreed: that the business case for TA 450 Blinatumomab for Previously Treated Philadelphia – Chromosome Negative Acute Lymphoblastic Leukaemia be approved.

**17/305: Business Case - TA 451 Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia**

It was agreed: that the business case for TA 451 Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia be approved.

**17/306: Business Case - TA 457 Carfilzomib in Combination with Dexamethasone, Recommended as an option for Treating Multiple Myeloma in Adults.**

It was agreed: that the business case for TA 457 Carfilzomib in Combination with Dexamethasone, Recommended as an option for Treating Multiple Myeloma in Adults be approved.

**17/307: Business Case - Expansion of Endoscopy Services at Cannock and Wolverhampton**

Mr Powell introduced this slightly revised Business Case.

It was agreed: that the business case for Expansion of Endoscopy Services at Cannock and Wolverhampton be approved.

**17/308: Report of Director of Workforce**

Ms Locke introduced the report. She said that the National Staff Survey responses currently stands at 31% for the Trust. Mr Loughton asked for confirmation that reminders have been sent. Ms Locke confirmed this. She also referred to a letter from NHSI regarding Bank and Agency Staff regarding STP collaborative bank development operational from the start of the new financial year April 2018, lead by Mr Duffell. Turnover has reduced from 13.5% to 11% with a target of 10.5%.

Ms Etches asked about the Workforce figures relating to page 9 of the report and whether the figures tally with those reported by the Divisions. Ms Locke said there may be a timing issue with reporting. Ms Etches asked for clarification of the reasons for the differences.

**Action:** Ms Locke to confirm the figures and any reasons for the differences.

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

**17/309: Division 3 Proposal**

Ms Nuttall introduced the proposal reiterating the reasons and rationale for the proposal including replicating the other Divisional structures and streamlining of back office functions. She highlighted that the recruitment process are ready to commence.



Ms Etches asked for clarification regarding integration of DATIX incident reporting system. Ms Nuttall said it was included.

Mr Loughton asked whether the implementation could be brought forward. Ms Nuttall said this might prove difficult but the process should commence forthwith.

**It was agreed: that the proposed Division Three be approved and put to the Trust Board for agreement.**

**17/310: Report of the Chief Operating Officer – Integrated Quality and Performance Report (IQPR)**

Ms Nuttall introduced the report. She highlighted improvements in cancelled operations, referral to treatment revised trajectory, ED performance deteriorations due to 1<sup>st</sup> assessment issues and bed capacity challenges that continue. Page 30 revised cancer trajectory submitted with potential impact from elsewhere already discussed.

Ms Etches added on late observations improvement continues, late patient moves triangulated with admissions and breaches through ED. She said that the Data does not currently capture the number of times a patient is moved and how many might be 'late'. In addition, Pressure injuries continue to improve particularly avoidable with a focus on grade 2. Cardiac arrests and outcomes data being investigated as it may be out of kilter with some of the national figures. This is being investigated as to whether it is a definition and data issue or something else. Dr Odum agreed this needed to be looked at to understand whether the comparisons are valid.

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

**17/311: Report of the Chief Nursing Officer**

Ms Etches asked for renewed focus on Policy completion. She also referred to the Nursing bi-annual skill mix review report. Page 4 gives the highlights with a cost-neutral revision in Band 5's, 4's and 2's. She also highlighted the draft consultation for the proficiencies for the Nurse Associate role.

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

**17/312: Report of the Chief Finance Officer**

Ms Troalen introduced the report highlighting that the Trust has hit it's NHSI Plan deficit although the Trust is behind plan on internal targets. Challenges remain regarding CIP in the rest of the year.

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

**17/313: Capital Programme Update Month 6 September 2017**

Ms Troalen introduced the report highlighting slightly behind plan.

**It was agreed: that the Capital Programme Update Month 6 September 2017 be received and noted.**

**17/314: Minutes of the Operational Finance Meeting September 2017**

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

**17/315: Property Management Report**

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

**17/316: Financial Recovery Board Update**

Mr Sharon introduced the report and highlighted the Cost Improvement Position and underlying position. He confirmed that work has started on Theatres activity ahead of the national work now underway.

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

**17/317: Walsall Stroke Final Business Case**

Mr Powell introduced the Business Case and corrected two things – financial schedule subject to further revision but does not include recruitment and training costs circa an additional £40k within budget against slippage elsewhere. Agreement in place with Commissioners. Ms Etches asked whether CNS was in or out. Mr Powell clarified that it was in but without an additional cost.

**It was agreed: that the Walsall Stroke Final Business Case be approved.**

Mr Sharon confirmed that the Trust awaits response regarding the potential Capital Funding from external sources.

Mr Loughton asked about potential transfer of staff. Mr Powell confirmed work underway and that Walsall have now confirmed their view that TUPE will apply. There appears to be some enthusiasm from current staff to move over.

**17/318: Black Country Pathology Final Business Case**

Mr Sharon introduced this as the current version and added that further revisions and changes are likely. Further work regarding finance, clinical issues and costings. He provided a view on the position of the other Trusts involved and that it is not yet in a position for final approval.

**It was agreed: that the current draft Black Country Pathology Final Business Case be received and noted.**

**17/319: Tilt over turn over device for Independent Living Service**

**It was agreed: that the Tilt over turn over device for Independent Living Service be approved.**

**17/320: Chiller Replacement Business Case**

**It was agreed: that the Chiller Replacement Business Case be approved.**

**17/322: Refurbishment of PAU Business Case**

**It was agreed: that the Refurbishment of PAU Business Case be approved.**

**17/323: Report of the Director of Integration – Vertical Integration Update Report**

Mr Mahmud briefly introduced the report. Mr Loughton noted that Prof Stephen Field had recently visited in relation to the bid for becoming an Accountable Care System and the funding requirement for a transitional team and funding.

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

**17/324: NEW Health & Wellbeing Policy**

This was not received and any decision was therefore deferred.

**17/325: HR28 Supporting Doctors to Provide Safer Healthcare Policy and Procedure (nee Doctors Disciplinary Policy) Policy**

It was agreed: that the HR28 Supporting Doctors to Provide Safer Healthcare Policy and Procedure (nee Doctors Disciplinary Policy) Policy be approved.

**17/326: HR20 Procedure for Maintaining Professional Registration**

This was not received and any decision was therefore deferred.

**17/327: MP08 Use of Free of Charge Drugs New Policy**

This was not received and any decision was therefore deferred.

**17/328: CP36 Chaperone SOP**

This was not received and any decision was therefore deferred.

**17/329: Vertical Integration Governance Strategy**

It was agreed: that the Vertical Integration Governance Strategy be approved.

**17/330: CP51 Point of Care Testing Policy - deferred**

This Policy was deferred.

**17/331: Risk (Standing Item)**

The risks identified as per Divisional reports.

**17/332: Any Other Business**

Mr Loughton said that he had been in discussion NHSI and NHSE regarding the potential take-over of services at Walsall Hospital and these continue.

There was no other business raised.

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

**17/333: CQC Preparation**

Ms Etches introduced the CQC preparation position anticipated for quarter 4 of 2017/2018. The TMC is defined as the Senior Steering Group for the Trust. She highlighted the remaining actions from the previous preparation work:

- Recruitment and staffing.
- Management of Controlled Drugs.

Ms Etches also highlighted the use of Key lines of inquiry and the PIR returns and the insight reports the CQC publish reflected in a Standing Agenda and Terms of Reference.

Membership - Inclusion of GP Practices/ proto Division 3.

- Innovation lead co-ordination and input re Practice Innovation (e.g. 10 Innovations per Divisional) – improvement methodology included.
- Attendance vs members - depending on findings and requirements and Quoracy.

Ms Etches highlighted the following areas for future focus:

- PIR Sign-off concerns – Special measures,
- Never Events and learning/human factors,
- Mortality data,
- increasing still Birth-rate,
- SUI Action completion,
- Policy review,
- Appraisal rates in VI & recording.
- Trust Strategy
- Number of patient moves per patient.

Ms Etches said there may be potential material issues with NHSI, National In-patient Survey & Staff Survey. She said that in terms of the messages to staff, it is not the time to be modest – a time to be proud and tell about the good work we do. She added that work is ongoing in respect of the awareness of stake-holders views and inputs to CQC and awareness of CQC meetings availability.

Ms Etches referred to the need to ensure all staff awareness, from Porter and N.A.'s through to senior staff, of strengths, achievements and areas being addressed. She added that information would be gathered and shared regarding these using, for example, Newsletters. These will be looked at with previous areas of strength and weakness.

Ms Etches emphasised the need for an approach based on a steady pace over time towards the next inspection.

**It was agreed: that the Terms of Reference and Outline Agenda for the CQC Steering Group be approved with amendments as discussed and agreed.**

**17/334: Date and Time of next meeting**

The next meeting is Friday 24 November 2017.

The meeting ended at 3.15pm.

DRAFT