

Chair's Summary Report of the Trust Management Committee held on 26 January 2018

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Agenda Item No: 12.1

CHAIRMAN'S SUMMARY REPORT

Name of Committee:	Trust Management Committee	
Report From:	Chief Executive	
Date:	26 February 2018	
Action Required by receiving committee/group:	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
Aims of Committee:	<ul style="list-style-type: none"> ▪ 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:	<p>Considered and approved the following business cases:</p> <p>18/013: Thoracic Surgery Service Business Case It was agreed: that the Thoracic Surgery Service Business Case for be approved.</p> <p>18/014: Testing of Influenza A/B and RSV by PCR at RWT Business Case. It was agreed: that the testing of Influenza A/B and RSV by PCR at RWT Business Case be approved.</p> <p>18/016: Reconfiguration of Renal Home Therapies Business Case Baricitinib (TAG 466) It was agreed: that the business case for Reconfiguration of Renal Home Therapies Business Case Baricitinib (TAG 466) be approved.</p> <p>18/017: Cabozantinib for previously treated advanced renal cell carcinoma. (TAG 463) It was agreed: that the business case for Cabozantinib for previously treated advanced renal cell carcinoma. (TAG 463) be approved.</p> <p>18/018: Ixekizumab for treating Moderate to Severe Plaque Psoriasis (TAG 442) It was agreed: that the business case for Ixekizumab for treating Moderate to Severe Plaque Psoriasis (TAG 442) be approved.</p>	

18/019: Adalimumab, Etanercept and Ustekinumab For Treating Plaque Psoriasis In Children And Young People (TAG 455)

It was agreed: that the business case for Adalimumab, Etanercept and Ustekinumab For Treating Plaque Psoriasis In Children And Young People (TAG 455) be approved.

18/020: Nivolumab for Treatment of Relapsed Classical Hodgkin's Lymphoma (TAG 462)

It was agreed: that the business case for Nivolumab for Treatment of Relapsed Classical Hodgkin's Lymphoma (TAG 462) be approved.

18/021: Obinutuzumab with Bendamustine for treating follicular lymphoma refractory to Rituximab. (TAG 472)

It was agreed: that the business case for Obinutuzumab with Bendamustine for treating follicular lymphoma refractory to Rituximab. (TAG 472) be approved.

18/022: New Antimicrobial Business Cases (5 antimicrobials)

It was agreed: that the business case for New Antimicrobial Business Cases (5 antimicrobials) be approved.

18/023: Funding request for Roflumilast.

It was agreed: that the business case for the funding for Roflumilast be approved.

18/030: Incinerator Business Case

It was agreed: that the Incinerator Business Case recommended to Trust Board to be approved.

18/031: Roads and Pathways Business Case

It was agreed: that the Roads and Pathways Business Case be approved.

18/032: Pond Lane Renal Plant Business Case

It was agreed: that the Pond Lane Renal Plant Business Case be approved.

18/033: Centralised Resourcing Service

It was agreed: that the Centralised Resourcing Service business case be approved.

Approved the following policies;

18/036: HR20 Procedure for Maintaining Professional Registration

It was agreed: that Policy HR20 Procedure for Maintaining Professional Registration be approved.

18/037: CP63 Management of Self-harm on hospital

	<p>presentation of young people up to 18th birthday It was agreed: that Policy CP63 Management of Self-harm on hospital presentation of young people up to 18th birthday be approved.</p> <p>18/038: NEW All Age Learning Disability Strategy It was agreed: that the All Age Learning Disability Strategy be approved.</p> <p>18/039: CP50 Management of Risks associated with Pathology & Radiology Clinical & Diagnostic Screening Test Policy It was agreed: that CP50 Management of Risks associated with Pathology & Radiology Clinical & Diagnostic Screening Test Policy be approved.</p> <p>18/040: OP31 Legal Services Policy It was agreed: that OP31 Legal Services Policy be approved.</p> <p>18/041: HS10 Waste Management Policy It was agreed: that HS10 Waste Management Policy be approved.</p> <p>18/042: OP01 Policy Revisions It was agreed: that OP01 Policy Revisions be approved.</p> <p>Post-meeting Note: 18/046: Huddle Board SOP The Huddle Board SOP was submitted in time for the meeting and was included in the Chief Nurses Report of Policies et al approved by the Policy Group for approval confirmation by the TMC. Retrospective confirmation approval is therefore sought at the February 2018 TMC.</p>
<p>Risks Identified: 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 26 January 2018 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Mr I Badger	Divisional Medical Director, D1
Professor J Cotton	Director of Research and Development
Ms V.Whatley (for Dr M Cooper)	Director of Infection Prevention and Control
Dr L Dowson	Divisional Medical Director, D2
Mr A Duffell	Director of Workforce
Ms C Etches	Chief Nursing Officer
Mr L Grant	Deputy Chief Operating Officer, D1
Dr S Grumett	Lead Cancer Clinician
Ms D.Hickman	Deputy Chief Nurse
Dr C Higgins	Divisional Medical Director, D1
Ms C Hobbs	Head Nurse, D1
Mr D Loughton	Chief Executive (joined the meeting at
Mr S Mahmud	Director of Integration
Ms J Winfield (for Ms B Morgan)	Head Nurse – Division 2
Mr W Nabih	Head of Estates Developments
Ms G Nuttall	Chief Operating Officer
Dr J Odum	Medical Director
Ms T Palmer	Head of Midwifery
Dr J Parkes	Vertical Integrated GP
Ms S Roberts	Divisional Manager, Estates and Facilities
Mr M Sharon	Director of Planning and Performance
Professor B Singh	Clinical Director IT
Mr K Stringer	Chief Finance Officer
Dr A K Viswanath	Divisional Medical Director, D2

In Attendance:

Mr N Bruce	Head of IT
Ms S.Evans	Head of Communications
Leanne Walford	Practice Education Facilitator shadowing Cheryl Etches.
Mr K.Wilshere	Interim Trust Board Secretary

Apologies:

Dr B McKaig	Associate Medical Director - Appraisal/Revalidation
Ms B Morgan	Head Nurse – Division 2
Mr T Powell	Deputy Chief Operating Officer, D2
Dr M Sidhu	Clinical Director Vertical Integration

18/001: Apologies for absence

Apologies for absence were received from Dr B McKaig, Mr T Powell and Dr M Sidhu. Mr Loughton and Mr Mahmud joined the meeting.

18/002: Declarations of Interest

There were no new or changed declarations of interest given.

18/003: Minutes of the meeting of the Trust Management Committee held on 24 November 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 24 November 2017 be approved.

18/004: Matters arising from the Minutes of the previous meeting

There were no matters arising from the minutes raised.

18/005: Action Points List

24 November 2017 – **17/374**: Risk (Standing Item) – Ms Nuttall confirmed that the Trust Risk Register entry will be revised to reflect the emerging situation in Cancer Care in City and Sandwell. **Action:** Ms Nuttall to revise the appropriate Trust Risk Register entry. Friday 23 February 2018 Ms Nuttall confirmed this Action remained outstanding and would be addressed.

Mr Loughton and Mr Mahmud entered the meeting.

Quarterly/6 Monthly Reports

18/006: Information Management and Technology Update

Mr Bruce introduced the report provided. He highlighted the following; Digital Maturity Assessment high score for 2017 (top in STP) with low score on Medicines Management currently being addressed, award to improve and deploy further NHS free wi-fi across estate this financial year, ICE go live, switchboard switchover successfully completed, aiming for March Go-live of EPMA, managed print roll-out continues (300+ of 800+ devices), Windows 10 due diligence being undertaken with logistical and cost challenges, cybersecurity statistics (32k + attacks stopped at Firewall since May 2017) typical for NHS Trusts on the national NHS mailing system, investment in IT Security Team continues with national accreditation and availability of tools.

Mr Badger observed that ICE was in his view still under development. Mr Grant said clinicians would be canvassed for their views on it. There followed a discussion regarding the speed of the system compared to the current system and the relative benefits or issues with it. Mr Badger also raised the need for re-direction of results in some cases. Ms Nuttall said she had also picked up some feedback and endorsed Mr Grant's action to gather views for benefits realisation and issues to be resolved. Mr Bruce said that the issues could relate to a number of aspects. Ms Etches asked what the timescale was for the feedback. Mr Grant asked for views on this, Following discussion with input from Mr Dowson regarding configuration, Mr Badger, Dr Odum and Prof. Cotton and given that TD Web continues to be available it was agreed that the timescale for gathering views before the next TMC.

Action: Mr Grant to confirm the completion of gathering views on ICE and resulting further actions.

It was agreed: that the Information Management and Technology Update Report be received and noted.

18/007: Mortality Update

Dr Odum introduced the report and the presentation of the information at the local Health Overview and Scrutiny Committee earlier in the week. Dr Odum felt the lay members had understood the statistical situation described in the report. The SHMi remains elevated. The focus is on the work to bring this down detailed in page 7 of the report in respect of medical admissions changes and the recording/coding of secondary diagnoses in medicine and the palliative care coding including the impact of the SWAN project.

Quarterly discussions with regulators continue meanwhile and remains a focus for them. Dr Odum said that whilst the work done is accepted there remains a focus on the qualitative mitigations identified and actions in place to continue and be completed. The finalised Pneumonia Pathway audit by Ernst Young picture of compliance is quite positive with the results to MRG with a synopsis of the results in the paper. Dr Odum also referred to the Learning from Deaths – publishing avoidable deaths index requirement. He clarified that the publication of these as a league table was not what it was designed or intended for as per the recent letter to NHSI from the Royal College of Physicians. Now publication is only required of individual organisations without benchmarking against other organisations.

Prof. Cotton asked whether the work of the Mayo Clinic in the US regarding Mortality and Raw Outcome Data examination may be useful to review to focus on three things in each Directorate to tackle/improve in relation to Mortality/Outcomes. Dr Odum said anything that contributes to quality improvement is welcome but how do you best implement and use it. He referred to recent work by Ernst and Young regarding pathway compliance and variance analysis with the potential resulting learning and improvement.

Mr Loughton thanked Dr Odum for his work with the Overview and Scrutiny Committee and the clarity with which the local representatives understood the work underway. He referred to the data analogy of it being regarded as a 'smoke alarm' which prompts looking for whether there is a 'fire'. He also referred to potential parallels with previous inquiries nationally and the need for data to be handled carefully and well-understood.

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

18/008: Contracting

Mr Sharon introduced the report and highlighted the following: the current contracting round would be low-key given it is mid-contract. The planning and contracting guidance was not yet available including any processes relating to potential investment resources. Changes to the national contracts are available and have been notified out to those impacted along with the attempt to get all commissioners to work to the same protocols and limit variance in service re-design across different commissioners. The revised Local Authority 0-19 Contract was not yet available. Mr Sharon said that he expected the draft specification for Psychological Services to be available at the next TMC and that all specialities potentially involved or impacted should have had opportunity to feed in. He asked that anyone involved but not approached contact him or Laura Morris.

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

18/009: Tenders

Mr Sharon introduced the report including the University of Wolverhampton Occupational Health bid tendered recently. He said that there is a delay in the APMS Tender for Walsall with an expected extended closure date. Mr Loughton illustrated how this fits with the RWT approach to Vertical Integration.

Ms Etches asked about the IPS contract referred to in the report and whether there was likely to be a change in provider in the current financial year. Mr Sharon said he did not think they would and a further extension was likely.

Mr Loughton asked what the competitive situation was regarding the UoW Occ Health tender. Mr Duffell clarified it is a contract the Trust currently provides that has been re-tendered.

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

18/010: Emergency Planning Group

Ms Nuttall introduced the report and the lessons learned from the recent snowfall pre-Christmas along with the requirement for the Major Incident/Mass Casualty and Surge Plans for Urgent Care to be reviewed and confirmed. On call Managers and Directors e-learning is now live, available and required to be completed by all involved. Ms Nuttall said that the Trust submission regarding assessment against core CQC standards went well with the Trust confirmed as fully compliant.

It was agreed: that the Emergency Planning Group Update Report be received and noted.

Annual Reports

None this month

Discussion item

18/011: The Future Workforce Model

Mr Duffell introduced the item and gave a brief presentation summarising the current situation following a number of conversations with other senior leaders.

He summarised this in relation to recent headlines in the media regarding staffing shortfalls and recruitment & retention issues, those staff able to retire in the next 5 years and workforce maturity figures.

He also referred to a number of reports produced by a variety of consultants, think-tanks and other organisations in addition to NHS England (draft Workforce Strategy out to consultation) and Secretary of State's responses, all saying similar things in terms of a shortfall in key clinical professions availability and recruitment.

The Nuffield Report focussed on the potential for new or changed roles as one approach. Mr Duffell summarised a number of organisations responses in terms of new or varied roles. He asked whether the Trust should have a more planned and co-ordinated approach to the establishment and development of these as a number exist, others don't.

Mr Duffell asked how such new or revised roles fit with the new or revised service models and that there may be some disconnect between service models and new roles. He went on to illustrate how this might provide an emerging Future Workforce Model.

He highlighted the key questions to be responded to as: 1. Which roles does the Trust want, 2. Where to use best them, 3. How to train them (including lead times) and 4. How they are resourced. If this is based on examination of supporting the service models then it gives a potential plan and way forward.

Mr Duffell also asked how this might be best done and co-ordinated organisationally and asked a number of questions regarding how the required data and intelligence is best gathered and analysed.

He asked the Committee how this is best achieved – which roles make the most difference, support of service models and pathway to achieve. There followed discussion across a number of issues including the changing nature of medical training and physician associates, opportunities and the need to review and re-design Consultant roles, the requirement for revised models of delivery to describe and provide for this, the requirement to re-design and transition.

Mr Loughton asked whether there were a number of roles to focus on. Ms Etches added her view regarding designing a role to fill a gap rather than pro-actively designing a role to meet a service model need. She added the need to be clear to patients regarding the nature of who can and does what related to best ability and outcomes. She asked that the Trust ceases to create any further new roles until the work being described was underway.

Mr Duffell said he would gather a group across professions and Divisions to commence this, probably reporting to the Workforce and Organisational Development Committee (WODC) and providing updates to future Trust Management Committee meetings. Mr Loughton endorsed this approach.

Dr Odum asked that the work considers the input and aspects of trainees input. Mr Loughton added his recent contact with local MP's, the Home Office and Secretary of State's office in respect of refused Visa's for staff recruited from abroad being unable to progress.

It was agreed: that the Future Workforce Model presentation be received and noted, and that the work agreed be commenced and that progress be reported on to WODC and TMC.

18/012: Divisional Reports - Division 1

Dr Higgins introduced the Division Governance Report highlighted the two red risks in the Report, an update on the progress with Human Factors training in relation to Never Events. Dr Odum clarified the extent of the clinical team's involvement with this and the intention to roll-out. Ms Palmer confirmed that there will be initial observational and interview work followed by training and review of known Never Events. Ms Nuttall asked what the implication would be for cancelling clinical work. Mr Grant confirmed the planning is underway to plan this.

Ms Higgins highlighted the positive nursing metrics in the report, the request for an external review into the prevalence of still births and the progress of the work on tracheostomies. Ms Etches asked whether there was a timescales for the stillbirths review. Ms Palmer, Dr Higgins and Dr Odum replied that the Terms of Reference have only very recently been agreed and provided to the Royal College. Ms Etches highlighted that the CCG at the CQRM are interested on the back of PPH.

Ms Palmer introduced the Midwifery part of the report highlighting the main summary items. She said that there has been a recent reduction in bookings this month in relation to the cap. She confirmed that numbers would continually be reviewed by the service to ensure it does not result in under-activity. Ms Palmer also confirmed agreement for a service review with Birth-rate plus results expected at the end of March 2018. One level 3 baby to neo-natal unit and four still births. A review of the 34 still births this year so far has revealed that numbers are high, NPSA grades low. Last year the still birth rate for the Trust was low comparatively and not necessarily comparable.

Ms Hobbs introduced the Nursing elements of the report including the 2 MRSA Root Cause Analysis reviews, with the MRSA bacteraemia deemed avoidable. She said there is a positive picture with no late red observations, a continued reduction in falls with harm overall with one recent avoidable case as detailed. Dr Odum asked for clarification of the avoidable case. Ms Hobbs provided this.

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

Division 1 Business Cases

18/013: Thoracic Surgery Service Business Case

Mr Badger introduced this in the light of new parameters required and the need to develop the service to maintain the ability with the investment in the Business Case. Prof. Cotton supported the case in the light of potential knock-on impact on other specialities should it have not been supported.

It was agreed: that the Thoracic Surgery Service Business Case for be approved.

18/014: Testing of Influenza A/B and RSV by PCR at RWT Business Case.

Mr Badger introduced the case for the service. There was a general discussion regarding the number of tests and response times. The service will be subject to future review in relation to service requirements and agreed as an improvement.

It was agreed: that the testing of Influenza A/B and RSV by PCR at RWT Business Case be approved.

18/015: Divisional Reports – Division 2

Ms Winfield introduced the nursing elements of the report. She highlighted the continuing reduction in falls with harm. Dr Dowson gave the Governance report including an update on Risk 4472 Waiting Times in ED – performance dipped up to and through Xmas mirrored by bed occupancy. He highlighted work to increase triage capacity and provide throughput information to staff. Ambulatory care centre has opened in a staged manner with CDU as part of it. He also referred to a review event of work regarding discharge improvement with identified areas for improvement with capacity issues to be addressed and in terms of completion of discharge information and recording. Regarding Risk 4459 relating to staff shortages – 2 new ED Consultants have been recently appointed leaving 2 gaps but an improving position.

Mr Loughton said the staff had done an amazing job given the pressure in the system.

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

Division 2 Business Cases

18/016: Reconfiguration of Renal Home Therapies Business Case Baricitinib (TAG 466)

It was agreed: that the business case for Reconfiguration of Renal Home Therapies Business Case Baricitinib (TAG 466) be approved.

18/017: Cabozantinib for previously treated advanced renal cell carcinoma. (TAG 463)

It was agreed: that the business case for Cabozantinib for previously treated advanced renal cell carcinoma. (TAG 463) be approved.

18/018: Ixekizumab for treating Moderate to Severe Plaque Psoriasis (TAG 442)

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18/022: New Antimicrobial Business Cases (5 antimicrobials)

It was agreed: that the business case for New Antimicrobial Business Cases (5 antimicrobials) be approved.

18/023: Funding request for Roflumilast.

It was agreed: that the business case for the funding for Roflumilast be approved.

18/024: Report of Director of Workforce - Executive Summary Workforce Report

Mr Duffell introduced the report highlighting the ex-army workforce recruitment agreement, unused hours and roster approval rates improvements, behind schedule on Apprenticeships with a co-ordinated approach being put in place imminently, sponsorship license issue re-iteration, new metrics inclusion at different report levels.

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

18/025: Report of the Chief Operating Officer – Integrated Quality and Performance Report (IQPR)

Ms Nuttall introduced the performance elements of the report referring to page 7 – failed cancelled operations standard impact in December with expected improvement in January, increasing Ambulance conveyances known. Dr Dowson said that this may impact on the SHMI figures in reflecting increased acuity and flu expected to be a national spike. Ms Nuttall spoke about the capacity level in the mortuary being close to full with contingencies in place if required. Mr Loughton re-iterated that the Trust is doing the right thing for patients. Ms Nuttall also referred to page 32 Cancer performance fell in December with a significant spike in referrals with no clear or known explanation locally to date. Work is underway in a number of areas. Dr Grumett spoke further about the work to change how the team works and improve pathways and with the need to better match diagnostic capacity and issues with patient choice and diagnostics availability on different sites. He has asked GP's to explain to patients that the service may be at either site and travel support can be provided if needed so as not to discourage patients from taking up their appointments.

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

18/026: Report of the Chief Nursing Officer (Comprising: Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas)

Ms Etches highlighted elements including improved complaints response performance, improved pressure injury and fall rates continuing to reduce with the resulting improvement in the Safety Thermometer. She also referred to a discussion with external bodies regarding late moves and the impact on patients and the most recent Friends and Family data with some proposed tweaks in the data presentation. The Trust has also been recently fined for late submission of RCA reports to the CCG and Ms Etches asked for all to help reduce this.

Ms Etches referred to 3 new red risks including one from November 2017 due to processing issues. She also referred to the work underway to align Vertical Integration policies to reduce any consequent risks relating to differential policies. She asked for local policies to be checked and confirmed as in date learning from the previous CQC visit where a number were out of date. Ms Etches gave an update on the current Nurse Associate programme numbers, recruitment and challenges and the national picture regarding Nurse undergraduate recruitment, not reflected locally, and the knock on supervision capacity issues of higher student numbers.

Ms Etches emphasised the need to ensure Policies that have been delayed be processed and up to date.

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

18/027: Report of the Chief Finance Officer - Finance Report Month 9

Mr Stringer introduced the report and highlighted the following: page 4 Month 9 position summary and meeting the STF requirements; year-end position declaration regarding not meeting control total and discussion with the centre with the predicted year-end position; CIP achievements to date; financial risks in the remainder of the financial year including the debt position with the CCG.

Mr Grant confirmed the work to check any potential impact of cancellations on the financial position. Mr Stringer confirmed that most providers, particularly acute, are in deficit, and most CCG's are expecting surpluses except for Staffordshire CCG's.

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

18/028: Capital Programme Update – Month 9

Mr Nahib introduced the report headlines including Ambulatory Care Phase Two ahead of contract completion and some slight delays on the completion of the Stroke facilities. Ms Nuttall confirmed the date of planned opening in April. Mr Nahib confirmed the size of the final quarter spend is on target.

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

18/029: Minutes of the Operational Finance Meeting

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

Corporate Business Cases

18/030: Incinerator Business Case

Mr Loughton, Mr Stringer and Mr Nahib discussed ongoing exchanges regarding potential revisions to the size of the proposed scheme.

It was agreed: that the Incinerator Business Case recommended to Trust Board to be approved.

18/031: Roads and Pathways Business Case

It was agreed: that the Roads and Pathways Business Case be approved.

18/032: Pond Lane Renal Plant Business Case

It was agreed: that the Pond Lane Renal Plant Business Case be approved.

18/033: Centralised Resourcing Service

It was agreed: that the Centralised Resourcing Service business case be approved.

18/034: Report of the Director of Strategic Planning and Performance - Financial Recovery Board – monthly update

Mr Sharon introduced the report and reflected the significant size of the Cost Improvements achieved to date - £7m recurrent and £11m non-recurrent – with congratulations to all involved. The Clinical Excellence work has commenced in a number of areas and initiation work for next years' programme is underway.

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

18/035: Report of the Director of Integration - Vertical Integration Report

Mr Mahmud introduced the report including Staffordshire Practice coming on board in February 2018. The Walsall APMS contract tender continues although delayed and the internal Governance harmonisation work e.g. Policies harmonisation has been well received by colleagues in Primary Care. Mr Loughton asked that at a future meeting the information shared with GP Practices is shared in summary to raise awareness of the extent and type of information achieved. It was asked that the work of Vijay Klaire be recognised as outstanding in terms of improving the range, type and speed of information provided to practices, along with the support of Prof. Singh and Alex Bird. Prof. Singh also confirmed the positive difference of adding the information to the Hospital Patient record. Mr Loughton confirmed the acquisition of community services of GP practices in Staffordshire agreed with the CCG.

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

Policies and Strategies for Approval

18/036: HR20 Procedure for Maintaining Professional Registration

It was agreed: that Policy HR20 Procedure for Maintaining Professional Registration be approved.

18/037: CP63 Management of Self-harm on hospital presentation of young people up to 18th birthday

It was agreed: that Policy CP63 Management of Self-harm on hospital presentation of young people up to 18th birthday be approved.

18/038: NEW All Age Learning Disability Strategy

It was agreed: that the All Age Learning Disability Strategy be approved.

18/039: CP50 Management of Risks associated with Pathology & Radiology Clinical & Diagnostic Screening Test Policy

Mr Badger asked that the changes in this policy be communicated to all relevant staff to all clinical directors.

It was agreed: that CP50 Management of Risks associated with Pathology & Radiology Clinical & Diagnostic Screening Test Policy be approved.

18/040: OP31 Legal Services Policy

It was agreed: that OP31 Legal Services Policy be approved.

18/041: HS10 Waste Management Policy

It was agreed: that HS10 Waste Management Policy be approved.

18/042: OP01 Policy Revisions

It was agreed: that OP01 Policy Revisions be approved.

18/043: Risk (Standing Item)

No additional or new Risks were identified other than those already highlighted in the respective report.

18/044: Any Other Business

There was no other business raised.

18/045: Date and Time of next meeting

The next meeting of the Trust Management Committee will be held on 23 February 2018 at 1.30 p.m. in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital.

The meeting ended at 3pm.

Post-meeting Note:

18/046: Huddle Board SOP

The Huddle Board SOP was submitted in time for the meeting and was included in the Chief Nurses Report of Policies et al approved by the Policy Group for approval confirmation by the TMC. Retrospective confirmation approval is therefore sought at the February 2018 TMC.