

Chairs report of the Business of the Trust Management Committee of 23 February 2018

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Agenda Item No: 12.1

Trust Board Report	
Meeting Date:	26 March 2018
Title:	Chairs report of the Business of the Trust Management Committee of 23 February 2018
Report of:	The Trust Management Committee's role is to oversee and co-ordinate the Trust operations on a Trust-wide basis and 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.
Action Requested:	Receive and note,
For the attention of the Board	
Assure	<ul style="list-style-type: none"> The Report provides assurance regarding the approval of Business Cases and Policies.
Advise	<ul style="list-style-type: none"> The report raises no new or changed risks.
Alert	<ul style="list-style-type: none"> One Business Case was not approved as it lacked the required assurances. It has been asked that it be represented when these are in place.
Author + Contact Details:	Tel 01902 694294 Email keith.wilshere1@nhs.net
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> Create a culture of compassion, safety and quality Proactively seek opportunities to develop our services To have an effective and well integrated local health and care system that operates efficiently Attract, retain and develop our staff, and improve employee engagement Maintain financial health – Appropriate investment to patient services Be in the top 25% of all key performance indicators
Resource Implications:	None.

Main Discussion/Action Points:

Considered and approved the following business cases:

18/057: Replacement Microscope for routine blood Morphology Business Case

It was agreed: that the Replacement Microscope for routine blood Morphology Business Case be approved.

18/058: Expansion of Urology Out-patient Services at Cannock Chase Hospital – Flexible Cystoscopies Business Case.

It was agreed: that the Expansion of Urology Out-patient Services at Cannock Chase Hospital – Flexible Cystoscopies Business Case be approved.

18/059: Additional Bladder Scanner Business Case.

It was agreed: that the Additional Bladder Scanner Business Case be approved.

18/060: Replacement of chemical based x-ray processors with digital x-ray developers Business Case.

It was agreed: that the Replacement of chemical based x-ray processors with digital x-ray developers Business Case be approved.

18/061: Acquisition of a replacement automated Tissue Embedding System for the Cellular Pathology Department – Histopathology Laboratory Business Case.

It was agreed: that the Acquisition of a replacement automated Tissue Embedding System for the Cellular Pathology Department – Histopathology Laboratory Business Case be approved.

18/062: Replacement of Auto refractor Business Case.

It was agreed: that the Replacement of Auto refractor Business Case be approved.

One Business Case was not approved and will be represented:

18/063: Outsource Out of hours CT Head Scans Business Case.

18/065: NICE TAG 478 Brentuximab Vedotin For Treating Relapsed Or Refractory Systemic Anaplastic Large Cell Lymphoma Business Case

It was agreed: that the NICE TAG 478 Brentuximab Vedotin For Treating Relapsed Or Refractory Systemic Anaplastic Large Cell Lymphoma Business Case be approved.

18/066: NICE TAG 473 Cetuximab For Treating Recurrent Or Metastatic Squamous Cell Carcinoma Of The Head And Neck Business Case

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18/067: NICE TAG 474 Sorafenib For Treating Hepatocellular Carcinoma Business Case

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18/068: MMG Application For The Use Of Akynzeo Business Case

It was agreed: that the MMG Application For The Use Of Akynzeo Business Case be approved.

18/069: Use Of Evotaz For The Treatment Of HIV-1 Infection In Adults Business Case

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18/073: Cobicistat: Use of Cobicistat as a booster in treatment for HIV positive adults Business Case

It was agreed: that the Cobicistat: Use of Cobicistat as a booster in treatment for HIV positive adults Business Case be approved.

18/074: Business Case for Personalised Care and Support Planning CQUIN Business Case

It was agreed: that the Business Case for Personalised Care and Support Planning CQUIN Business Case be approved.

Approved the following policies:

18/083: OP67 Patient Escort Policy & OP57 Oxygen Policy amendment

It was agreed: that OP67 Patient Escort Policy & OP57 Oxygen Policy amendment be approved.

18/084: IP04 Transportation of Specimens Policy

It was agreed: that IP04 Transportation of Specimens Policy be approved.

18/085: IP05 Linen Policy (renamed Laundry Management Policy)

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18/086: IP06 Prevention, Control & Management of *C.difficile* Policy

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18/087: MP08 NEW Use of Free Drugs Policy

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18/088: HR06 Dispute Resolution in the Workplace Policy (including Dignity and Respect at Work) Policy

It was agreed: that HR06 Dispute Resolution in the Workplace Policy (including Dignity and Respect at Work) be approved.

18/089: HS11 Management of Medical Devices Policy

It was agreed: that HS11 Management of Medical Devices Policy be approved.

18/090: OP89 Certification of Death Policy

It was agreed: that OP89 Certification of Death Policy be approved.

18/091: Visiting Charter SOP (Previously CP43)

It was agreed: that Visiting Charter SOP (Previously CP43) be approved.

18/092: Management of External Visits SOP

It was agreed: that Management of External Visits SOP be approved.

18/093: Chaperone SOP

It was agreed: that Chaperone SOP be approved.

18/094: Huddleboard SOP

It was agreed: that Huddleboard SOP be approved subject to the clarification raised.

**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 23 February 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
Ms D.Hickman	Deputy Chief Nurse
Mr D Loughton	Chief Executive (joined the meeting at
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
Mr T Powell	Deputy Chief Operating Officer, D2
Mr M Sharon	Director of Planning and Performance
Professor B Singh	Clinical Director IT
Dr A K Viswanath	Divisional Medical Director, D2

In Attendance:

Ms T.Black (for Clair Hobbs)	Matron
Ann-Marie Cannaby	Chief Nursing Officer designate - April 2018
Ms S.Evans	Head of Communications
Ms A.Tennant	Clinical Director Pharmacy
Ms H.Troalen (for Mr Stringer)	Deputy Chief Financial Officer
Mr J.Vanes (Observing)	Trust Chair
Mr K.Wilshere	Company Secretary

Apologies:

Ms V.Whatley (for Dr M Cooper)	Director of Infection Prevention and Control
Mr L Grant	Deputy Chief Operating Officer, D1
Dr S Grumett	Lead Cancer Clinician
Dr C Higgins	Divisional Medical Director, D1
Ms C Hobbs	Head Nurse, D1
Dr B McKaig	Associate Medical Director - Appraisal/Revalidation
Mr S Mahmud	Director of Integration
Dr J Parkes	Vertical Integrated GP
Ms S Roberts	Divisional Manager, Estates and Facilities
Dr M Sidhu	Clinical Director Vertical Integration
Mr K Stringer	Chief Finance Officer

18/047: Apologies for absence

Apologies for absence were received from Mr L Grant, Dr S Grumett, Dr C Higgins, Ms C Hobbs, Dr B McKaig, Mr S Mahmud, Ms B Morgan, Dr J Parkes, Ms S Roberts, Dr M Sidhu, Mr K Stringer, Ms V.Whatley.

18/048: Declarations of Interest

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

18/049: Minutes of the meeting of the Trust Management Committee held on 23 January 2018

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.

18/050: Matters arising from the Minutes of the previous meeting

There were no matters arising from the minutes raised.

18/051: 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 had been completed. The Action was therefore agreed as closed.

26 January 2018 - **18/006**: Information Management and Technology Update

Action: Mr Grant to confirm the completion of gathering views on ICE and resulting further actions. Friday 23 February 2018

It was confirmed by Ms Nuttall that Mr Grant had commenced the process of gaining views on this matter. The Action was therefore agreed as closed.

18/052: Review of Terms of Reference of Trust Management Committee

Mr Wilshere introduced the review and highlighted that the current terms of reference were circulated with the papers with initial revisions included. He asked that any further changes be forwarded to him by Friday 9 March 2018. The revised version will be presented for final review and approval at the Trust Management Committee 23 March 2018. Ms Etches asked when the review due date was. Mr Wilshere said that currently it states March 2018 and the 23 March would be in the month. Mr Sharon asked whether the meeting purpose had changed. Mr Wilshere said they were as previously approved. Mr Sharon said he would forward suggested changes to this.

Action: All Committee members to forward any comments and changes to the Terms of reference to the Company Secretary by 9 March 2018.

18/053: Capital Programme – 5 Years re-fresh

Mr Nabih introduced the paper and outlined it was the first draft with the programme for 18/19 including a number of assumptions as outlined with further impacts beyond 18/19 identified as far as known. Mr Loughton asked whether the records had left Wrekin House. Ms Nuttall confirmed this was the case. Mr Sharon said he could not find any reference to West Park. Ms Nuttall asked for clarification as to in what way it would be included. Mr Loughton asked for it to be included along with a Primary Care Hub, Broad Street and work on New Cross regarding two wards. Ms Etches also highlighted issues relating to de-contamination changes not currently in the programme. Mr Nahib confirmed he would talk to Di Preston regarding the potential impact and possible inclusion of this. Ms Nuttall referred to the need for inclusion in the wider de-contamination plan. Mr Loughton said it also depends on possible national funding positions. Mr Nahib also said he has deferred any possible income from the sale of the eye infirmary site. Mr Loughton confirmed he would discuss the position with Mr Stringer regarding the valuation of this site.

It was agreed: that the Capital Programme – 5 Years re-fresh be approved subject to the items for clarification and inclusion raised.

18/054: Property Management Update Report

Mr Nahib introduced the report for noting.

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

18/055: Pharmacy Annual Report

Ms Tennant introduced the report including updates on progress of the hospital pharmacy transformation plan, coverage of all safety and governance processes, feedback on the efficiency of the department and she referred to the provided infographic illustrating the extent of the workload and work undertaken with a focus on supporting front line practice. Ms Tennant illustrated that there was further work that could be done regarding early intervention, education and training front line staff that may contribute further to safety and reducing errors but that as yet the resource and capacity to undertake this has not been identified and that options were being explored.

Ms Tennant and Mr Loughton referred to the recent announcement and support from the Secretary of State. Ms Etches asked whether there was any staffing guidance for Pharmacy departments. Ms Tennant said there was no national guidance but the department has used a locally validation West Midlands tool which illustrate a gap of approximately 20 Pharmacists at present. She went on to refer to how technician roles are differently utilised to mitigate some of the impact of the shortfall on the Wards. Mr Loughton asked for a further briefing from Ms Tennant.

Action: Ms Tennant to provide the Chief Executive with a further briefing on medication errors, efficiency and staffing in relation to use of resources.

It was agreed: that the Pharmacy Annual Report be received and noted.

18/056: Division 1 Quality & Governance Report

Mr Badger introduced the governance report and highlighted the downgrading of a risk. He went on to refer to the Never Events and the support being planned through perioperative practice interventions through training for front line staff and the development of future leaders within theatres and that this work is to commence in the near future. He also referred to issues with staffing in the neonatal unit relating to a shortage of cots and nurses to attend them.

Mr Loughton asked about the staffing position in Neonatal Nursing. Mr Palmer confirmed the current shortfall of 20 nursing staff. Mr Loughton asked if any had been recruited recently and what was being planned to recruit. Ms Palmer said that staff recruited tend to move on quickly from this area and organisation. Mr Loughton asked whether it was known why staff moved on quickly. He asked Mr Duffell and Ms Palmer to progress recruitment in this area. Ms Etches referred to a recent per review of the area and highlighted that work is underway with the unit supported by a clear Action Plan and that work is underway to commence the recruitment process.

Dr Dowson commented on risk 4903 regarding meeting the specialised commissioning threshold for Lung Cancer. Data from the cancer database suggested that even with additional lung cancer referrals from Walsall, the total number of cases would still fall well below the stated requirement of 150 per year. Mr Badger confirmed that reliable data was being sought. Prof Cotton said that the Trust might struggle to recruit sufficient numbers and the need to be more acquisitive to meet the requirements to be a centre.

Ms Nuttall said that a Business case has been approved to increase the staffing numbers to meet the criteria. She also referred to issues with data from specialist commissioners and that although there may be a shortfall, options were being explored along with accurate data.

Ms Black introduced the Nursing part of the report and highlighted the current vacancies, one infection prevention incident, the improvement in infection prevention mandatory training levels, one fall with serious harm deemed unavoidable, one grade three pressure injury as yet undetermined, and work to address declining quality indicators in SEU being commenced.

Ms Palmer introduced the Midwifery part of the report and highlighted the situation since the announcement of the cap in numbers and that current predicted data shows a stabilising situation. She also referred to new staff recently started and the move to a ratio of 1:31 from 1:32 as reported in the IQPR.

Mr Loughton asked where the staff had been attracted from. Ms Palmer said they had come from a number of areas including Birmingham, Walsall, Dudley and Worcester amongst others. Mr Loughton asked whether the removal of the Dudley cap would have an impact. Ms Palmer confirmed that Dudley had recent added further capacity to their service.

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

Division 1 Business Cases

18/057: Replacement Microscope for routine blood Morphology Business Case

Mr Badger introduced the Business Case approved at capital group.

It was agreed: that the Replacement Microscope for routine blood Morphology Business Case be approved.

18/058: Expansion of Urology Out-patient Services at Cannock Chase Hospital – Flexible Cystoscopies Business Case.

Mr Badger introduced the Business Case as part of Capital programme.

It was agreed: that the Expansion of Urology Out-patient Services at Cannock Chase Hospital – Flexible Cystoscopies Business Case be approved.

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18/062: Replacement of Auto refractor Business Case.

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It was agreed: that the Replacement of Auto refractor Business Case be approved.

18/063: Outsource Out of hours CT Head Scans Business Case.

Mr Badger introduced the Business case. Mr Sharon said the Business Case was not represented at the Contract and Commissioning Group (C&C) and he confirmed the requirement for the function from the clinical senate. Dr Dowson asked about Radiology on-call arrangements. Ms Nuttall referred to other organisations outsourcing on-call functions. It was confirmed that the Business Case would need to be fully considered by C&C and be re-presented to a future Trust Management Committee.

Action: Outsource Out of hours CT Head Scans Business Case to be reviewed and re-presented from C&C.

It was agreed: that the Outsource Out of hours CT Head Scans Business Case not be approved at this time and be re-considered in due course when recommended by the Contracting and Commissioning Group.

18/064: Divisional Reports – Division 2

Ms Morgan introduced the nursing elements of the report including positive recruitment to the new Stroke service. Mr Powell confirmed that there was a contingency plan available should it be required. Dr Dowson said there was more concern regarding a potential shortfall in Medical recruitment. There followed a discussion regarding the impact of campaigns and recruitment events including the extensive use of social media. Ms Etches highlighted the current position as being the lowest number of vacancies in the Division since it's formation and a considerable achievement. Ms Morgan also highlighted the reported safety items as per the report and highlighted further work and actions on late observations.

Mr Loughton whether there was a contingency regarding medical recruitment. Mr Powell said that a Consultant who was going to transfer from Walsall has now elected to remain in Walsall. Prof. Singh referred to further work pending on the development of the Clinical Fellowships that may impact positively on this and associated areas in the future that may help make posts more attractive.

Dr Dowson gave the governance report. Ms Etches asked about the red risk regarding staffing. Dr Dowson said it would be reviewed and likely downgraded as part of the scheduled governance review of the Divisional Risk Register.

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

Division 2 Business Cases

Dr Viswanath introduced the Business Cases. Mr Vanes left the meeting. Mr Sharon confirmed all the Business cases had been considered at Contracting and Commissioning including the CQUIN scheme.

18/065: NICE TAG 478 Brentuximab Vedotin For Treating Relapsed Or Refractory Systemic Anaplastic Large Cell Lymphoma Business Case

It was agreed: that the NICE TAG 478 Brentuximab Vedotin For Treating Relapsed Or Refractory Systemic Anaplastic Large Cell Lymphoma Business Case be approved.

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18/074: Business Case for Personalised Care and Support Planning CQUIN Business Case

It was agreed: that the Business Case for Personalised Care and Support Planning CQUIN Business Case be approved.

18/075: Report of Director of Workforce - Executive Summary Workforce Report

Mr Duffell introduced the report highlighting the Employee Voice Networks commencement, WRES reviews data and the cultural ambassador programme, the reduction in Nurse vacancies, e-Rostering progress, certificate of sponsorship position for recruits from overseas in Section 2.3 with a further four gained. There followed a discussion regarding the position and support from local MP's and options for future anticipated recruitment and 'over' recruitment to hedge against other organisations front-loading their recruitment to the start of the financial year and the ongoing interpersonal contact with recruits currently waiting.

Mr Powell referred to the need to revised the figures on page 7 and 8 where figures from Divisions 1 and 2 were misaligned.

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

Post meeting note from Sarah Allan, Senior HR Manager – Resourcing. The figures on pages 7 and 8 of the report should have read as follows:

Division 1

Recruitment in progress for the following posts:

- Consultant in Paediatrics Acute
- Locum Consultant in Paediatrics – Community & Audio
- Consultant in Radiology
- Consultant Cellular Pathology
- Consultant Urological
- LAS ST3 General Surgery Breast
- LAS CT1/2 General Surgery Vascular
- LAS ENT CT1/2

Division Two

Recruitment in progress for the following posts:

- Consultant Gastroenterology
- Consultant in Haematology x 2
- Specialty Doctor Oncology

18/076: 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 deterioration in planned operations including due to staff sickness continuing to February figures with critical care being full with greater acuity of patients. Ms Nuttall and Ms Etches clarified that planned staff absence (annual leave et al) was within accepted parameters. She also referred to page 27 and the Emergency Department (ED) performance reduction along with all similar services nationally and in the Midlands, and the consequential impact on ambulance delays in handover with greater acuity and increased length of stay when admitted. Dr Dowson said that flow into and out from the Department has been impacted upon with further work to be done to understand what else might be done. Ms Nuttall also noted the deterioration in Cancer Care figures for January and she alluded to the work already being undertaken by Dr Grummett to review meetings, setting treatment dates, work with radiology capacity within the required timeframe and the impact of the end of year break.

Mr Loughton asked about the primary care breast work promotion nationally and the consequential increase in referrals seen. Ms Nuttall referred to a national campaign amongst BME in primary care regarding this area and a near future campaign on breast cancer in over 75 women and a near future campaign on bowel cancer to follow.

Mr Loughton asked what the admission rate was from ambulance conveyances. Dr Dowson said previously it has been 40-45% with an overall rate of 16-17% through ED with a re-attendance rate similar to other ED's nationally. Mr Duffell asked about page 45 comment regarding interpretation of the figures included. Ms Nuttall confirmed this would be re-phrased.

Ms Etches highlighted elements including Friends and Family (FFT) recommendation rates tend to be slightly lower than the national average, late observations have an action plan being put in place, late moves position has improved and Dr Dowson said there are more earlier discharges at present. Ms Etches then referred to pressure injuries with a spike in avoidable occurrences with some areas of success being looked into for useful practice lessons to be shared with some external confirmation.

Ms Etches also referred to the spike in cardiac arrests in January. Prof Cotton confirmed this experience. Ms Etches confirmed the information will be reviewed in due course as part of the scheduled mortality reviews. Dr Dowson asked whether the ED FFT figures included walk-in centres. Ms Etches confirmed inclusion in the ED figures but not the overall FFT figures. Mr Sharon asked about Medication Incidents and assurance regarding the quality of the data. Ms Tennant confirmed the data reporting rates and accuracy is work in progress and that the message of reporting all incidents is focussed on learning but that the current rate still represents under-reporting. She went on to highlight the need to feed back to staff reporting and staff in general key trends and themes information, lessons and learning.

Ms Tennant said many incidents relate to the basic education and training of staff and patients in relation to medicines and medicines instructions. She confirmed that PSIG co-ordinate and monitor the data. Ms Etches concurred with the view that there was under-reporting and inconsistency across areas. Ms Tennant added her experience regarding the Trust being a training organisation and therefore each new cohort tend to repeat the same mistakes year on year. She said that the introduction of EPMA will stop some of the basic errors but may introduce new or changed risks. Mr Loughton asked how the Trust reporting rates compared to other organisations. Ms Tennant said RWT is in the upper half in terms of numbers reported. Mr Loughton shared his view that the focus stays on learning from such reporting. Ms Tennant also highlighted the number of issues in Primary Care. Mr Sharon asked whether the RWT figures included vertically integrated primary care practices. Ms Tennant said that these are starting to appear in the figures but they use direct reporting to NRLS at present. Mr Loughton and Ms Tennant agreed on the need to keep the figures for the Primary Care reporting distinct from other services.

Prof Singh asked how the information is fed back to the medical staff and junior doctors involved. Ms Tennant outlined that feedback is given to the education supervisor and the individual Doctor. Dr Dowson referred to a video relating to the use of 'Greatix' reporting on positive practice – learning from excellence. Ms Etches said that the Trust was looking at using the Greatix approach.

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

18/077: Report of the Chief Nursing Officer (Comprising: Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas)

Ms Etches highlighted the revised approach to flexible visiting operation is forward for approval. She referred to the next cohort of TNA's of 14 are starting. Ms Etches said there has now also been an impact on Nurse recruitment at the University – 45 out of approximately over 100 have been offered to date. She also confirmed that all the overseas recruits are now in place. Ms Etches asked about revising the report to focus on Red Risks and Policies overdue. She reminded Directors of the good governance requirement to undertake due process with Policy reviews and revisions.

Mr Loughton asked whether it was clear why the impact on recruitment to Nursing university numbers seemed to have been delayed. Ms Etches said that previously Wolverhampton has always previously spread over application across health sciences degree's whereas now the alternative training route are more established with income whilst learning. There was discussion regarding the relative age profiles locally and nationally. Ms Etches said it links to the conversation recently regarding the future workforce roles and definitions.

Mr Duffell said issues have been raised at national level. Mr Loughton asked for a letter to be drafted to local MP's regarding this issue.

Action: Ms Etches and Mr Duffell to draft a letter for the CEO to local MP's regarding issues relating to the training and availability of the future graduate Nursing Workforce.

Prof Singh asked whether this was a predictable part of the shift to a graduate Nursing Workforce to increase to a wider skill mix. Ms Etches said she did not think this was related to any planned shift in skill mix. She added that the other routes such as Nursing Apprenticeships also present a significant cost pressure for the organisation.

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

18/078: Report of the Chief Finance Officer - Finance Report Month 10

Ms Troalen introduced the report and highlighted a concern nationally regarding income to Trust in January 2018 from cancelled activity and that this had not had an impact on RWT to the same extent as some other organisations. She provided a summary of the financial performance in month and to date highlighted the known risks for the forecast and the relative position to the control total and predicted year end position.

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

18/079: Capital Programme Update – Month 10

Mr Nahib introduced the report headlines including being in line with planned spend and schemes for the remainder of the year currently on schedule.

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

18/080: Minutes of the Operational Finance Meeting

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

18/081: 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 and the significant achievement of this. He said the NHSI Use of resources review with Carter metrics, GIRFT initiative and Model Hospital metrics demonstrate the extent of the Trust's work on efficiency and improvement.

Mr Sharon highlighted that the initial cost improvement aim for 2018-2019 was circa £20-25m. He said that to date full year effects of 17/18 schemes provides approx. £3m with further schemes being sought.

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

18/082: Report of the Director of Integration - Vertical Integration Report

Mr Loughton referred to the successful exploitation of some of the intellectual property the Trust has from the work undertaken by the Trust.

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

Policies and Strategies for Approval

18/083: OP67 Patient Escort Policy & OP57 Oxygen Policy amendment

It was agreed: that OP67 Patient Escort Policy & OP57 Oxygen Policy amendment be approved.

18/084: IP04 Transportation of Specimens Policy

It was agreed: that IP04 Transportation of Specimens Policy be approved.

18/085: IP05 Linen Policy (renamed Laundry Management Policy)

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18/086: IP06 Prevention, Control & Management of C.difficile Policy

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18/087: MP08 NEW Use of Free Drugs Policy

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18/088: HR06 Dispute Resolution in the Workplace Policy (including Dignity and Respect at Work) Policy

It was agreed: that HR06 Dispute Resolution in the Workplace Policy (including Dignity and Respect at Work) be approved.

18/089: HS11 Management of Medical Devices Policy

Mr Badger alerted all staff to the requirement regarding restricting access for commercial representatives. Ms Tennant asked whether this could be extended to Pharmaceutical representatives. Medical staff present were supportive of this and that any approaches are done through an agreed process for specific products, issues or relationships in advance.

It was agreed: that HS11 Management of Medical Devices Policy be approved.

18/090: OP89 Certification of Death Policy

It was agreed: that OP89 Certification of Death Policy be approved.

18/091: Visiting Charter SOP (Previously CP43)

It was agreed: that Visiting Charter SOP (Previously CP43) be approved.

18/092: Management of External Visits SOP

It was agreed: that Management of External Visits SOP be approved.

18/093: Chaperone SOP

Mr Badger said there had been some issues now clarified by GMC Guidance and MDU with the required documentation. He recommended clinical staff be made aware.

It was agreed: that Chaperone SOP be approved.

18/094: Huddleboard SOP

Dr Dowson asked clarification be included regarding Section 2 and D2A. Ms Nuttall agreed.

It was agreed: that Huddleboard SOP be approved subject to the clarification raised.

18/095: Risk (Standing Item)

Ms Etches highlighted the risk regarding Nurse training and future recruitment. Mr Duffell said this could be added to an existing risk regarding future workforce availability.

18/096: Any Other Business

There was no other business raised.

18/097: Date and Time of next meeting

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

The meeting ended at 2.20pm.