

Chairs report of the Business of the Trust Management Committee of 27 April 2018

Three wavy lines in blue, green, and pink/magenta colors that sweep across the bottom of the page.

Agenda Item No: 12.1

Trust Board Report

Meeting Date:	4 June 2018
Title:	Chairs report of the Business of the Trust Management Committee of 27 April 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">
Author + Contact Details:	Tel 01902 694294 Email keith.wilshire1@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:

18/149: Additional staffing for neonates to meet BAPM Standards Business Case

It was agreed that the additional staffing for neonates to meet BAPM Standards Business Case be approved.

18/151: Ribociclib (TAG 496) Business Case

It was agreed that the Ribociclib (TAG 496) Business Case be approved.

18/152: Paclitaxel (TAG 476) as Albumin-Bound Nanoparticles with Gemcitabine for Untreated Metastatic Pancreatic Cancer Business Case

It was agreed that the Paclitaxel (TAG 476) as Albumin-Bound Nanoparticles with Gemcitabine for Untreated Metastatic Pancreatic Cancer Business Case be approved.

18/153: Nivolumab (TAG 490) Business Case

It was agreed that the Nivolumab (TAG 490) Business Case be approved.

18/154: Rituximab - Switch to a Biosimilar Product Business Case

It was agreed that the Rituximab - Switch to a Biosimilar Product Business Case be approved.

18/155: Provision of Pleurx* Drain Procedure at Home Business Case

It was agreed that the Pleurx* Drain Procedure at Home Business Case be approved.

18/156: Adalimumab, Etanercept, Infliximab, Certolizumab Pegol, Golimumab, Tocilizumab and Abatacept for Rheumatoid Arthritis not previously treated With DMARDs or after conventional DMARDs only have failed (TAG 375) Business Case

It was agreed that the Adalimumab, Etanercept, Infliximab, Certolizumab Pegol, Golimumab, Tocilizumab and Abatacept for Rheumatoid Arthritis not previously treated With DMARDs or after conventional DMARDs only have failed (TAG 375) Business Case be approved.

18/157: Tofacitinib (TAG 480) for moderate to severe Rheumatoid Arthritis Business Case

It was agreed that the Tofacitinib (TAG 480) for moderate to severe Rheumatoid Arthritis Business Case be approved.

18/158: Sarilumab (TAG 485) for moderate to severe Rheumatoid Arthritis Business Case

It was agreed that the Sarilumab (TAG 485) for moderate to severe Rheumatoid Arthritis Business Case be approved.

18/159: Outsource Out of Hours CT Head Scans Business Case

It was agreed that the Outsource Out of Hours CT Head Scans Business Case be approved.

Approved the following policies;

18/173: CP06 Consent Policy

It was agreed that the CP06 Consent Policy be approved.

18/174: CP17 Identification & Management of Patients at risk of Under Nutrition Policy

It was agreed that the CP17 Identification & Management of Patients at risk of Under Nutrition Policy be approved.

18/175: HS01 Management of Health & Safety Policy

It was agreed that the HS01 Management of Health & Safety Policy be approved.

18/176: OP86 Medical Gas Pipeline Systems Policy

It was agreed that the OP86 Medical Gas Pipeline Systems Policy be approved.

**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 1pm on Friday 27 April 2018 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Mr I Badger	Divisional Medical Director, D1
Prof. A-M Cannaby	Chief Nursing Officer
Prof. 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
Mr S Fenner	Divisional Medical Director, D1
Mr L Grant	Deputy Chief Operating Officer, D1
Ms D.Hickman	Deputy Chief Nurse
Dr C Higgins	Divisional Medical Director, D3
Ms C Hobbs	Head Nurse, D1
Mr D Loughton	Chief Executive
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
Ms S Roberts	Divisional Manager, Estates and Facilities
Mr M Sharon	Director of Planning and Performance
Dr M Sidhu	Divisional Medical Director, D3
Prof. B Singh	Clinical Director IT
Mr K Stringer	Chief Finance Officer
Dr A K Viswanath	Divisional Medical Director, D2
Ms K.Shaw	Deputy Chief Operating Officer, D3

In Attendance:

Mr J Denley	Director of Public Health, City of Wolverhampton Council
Ms S.Evans	Head of Communications
Ms I Monaghan (for Mr W.Nabih)	Team Manager – Strategic Capital Planning
Ms H.Troalen	Deputy Chief Financial Officer
Mr K.Wilshere	Company Secretary

Observers:

Professor Asuquo	Provost - University of Calabar
Dr Agan	Chief Medical Director - University of Calabar Teaching Hospital

Apologies:

Dr S Grumett	Lead Cancer Clinician
Dr B McKaig	Associate Medical Director - Appraisal/Revalidation
Mr S Mahmud	Director of Integration
Mr W Nabih	Head of Estates Developments
Dr J Parkes	Vertical Integrated GP
Dr C Higgins	Divisional Medical Director, D3

18/136: Apologies for absence

Apologies for absence were received from Dr Grumett, Dr McKaig, Dr Parkes, Mr Nabih, Dr Higgins, Mr Mahmud.

In attendance - Mr J Denley, Director of Public Health, City of Wolverhampton Council and Prof. Asuquo and Dr Agan from Calabar, Nigeria.

Mr Loughton welcomed the visitors and new Division Three appointees.

18/137: Minutes of the meeting of the Trust Management Committee held on 23 March 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 23 March 2018 be approved.

18/138: Declarations of Interest

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

18/139: Matters arising from the Minutes of the previous meeting

There were no matters arising from the minutes raised.

18/140: Action Points List

18/055: Pharmacy Annual Report

It was agreed: that this action, now reported as completed, be closed.

18/141: Property Management Update

Mr Stringer introduced the report.

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

Quarterly Reports

18/142: Learning from Deaths (Mortality)

Dr Odum introduced the report. He referred to the report and the slight increase in the expected death rate and SHMI with comparisons with the rest of the country. He referred to the work underway to reduce the number of FCE's in total (as only the first 2 FCE's are counted in the SHMI) from the end of March 2018 and the consequential benefits to the coding team (40% reduction to date) and the new clerking pro-forma introduction now in place to ensure the relevant information is collected. Dr Odum then referred to the work the Coders continue to undertake with departmental teams e.g. regarding pneumonia validation by Respiratory Consultants to ensure the coding accuracy and other work to ensure coding accuracy and optimization.

Dr Odum highlighted that the deaths over winter were higher than previously but with no national picture to date for comparison at the time. Dr Odum then referred to the work on Learning from Deaths and the stages of review that now take place with feedback to Clinical Directorates for their consideration.

He then referred to the potential Medical Examiner role and consideration of this within the Trust with colleagues in the Trust ahead of the requirement in 2019. He outlined the potential benefits of this role in the process and contact with relatives as well as the initial Mortality review stage with the potential to escalate if any issues were identified and liaison with the Coroner and feedback into the Trust of learning from deaths.

Dr Odum said a Job Description draft was in preparation for the Trust and a potentially positive development. He also highlighted that Dr Viswanath has now taken over the Chair of the Trust Mortality Review Group with Dr Odum Chairing the oversight group.

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

18/143: Tenders

Mr Sharon introduced the report and highlighted the tenders recently won (Cytology), the APMS Walsall process and the outcome of the University of Wolverhampton Occupational Health tender that the Trust did not win the Student element. He said the submission for the Staff element would take place in the following week.

Mr Loughton asked about the fit with the location of the GP Practice on campus. Mr Duffell outlined the team delivering the presentation.

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

Annual Reports

18/144: Trust Annual Business Plan

Mr Sharon introduced the update report to the Plan covering two-years of contract in the prescribed format and content. He outlined the main changes and the main risk relating to the contract value in line with national activity planning assumptions that would challenge some areas the Trust's capacity to deliver these levels of activity – challenges specifically in General Surgery, Gynecology and Urology with Theatre and Bed Capacity. Ms Nuttall confirmed these areas and the additional capacity being scoped. Mr Sharon referred to this in the light of the Trust financial position.

Ms Nuttall added that further conversations and work is required to add to the indicative work already commenced regarding the demand, capacity and impact. She said that the initial feedback showed the main challenge related to the capacity relating to elective activity. MS Nuttall agreed with this as the primary risk.

6 Monthly Reports

18/145: RWT Research and Development Report

Prof. Cotton introduced the report and highlighted the recruitment figures for the Calendar year across a wider range and number of trials than previously. He said that the time to commencement in trials remains an issue alongside the ongoing financial reductions against performance indicators and he said a major re-structuring will take place over the next 12 months with a resulting reduction in capacity in the short-term. He reviewed the areas of challenge including back office functions and Nursing research support and said that ahead the focus would be likely to be on those who have the strongest research recruitment track records.

Dr Sidhu asked about Primary care research. Prof. Cotton said that a request for strategic research development funding had been turned down but that it remained an area for significant development work. Dr Sidhu said that there were a number of pathway changes that could be focused on whilst the practices are being prepared to be research-ready.

Prof. Cannaby asked what type of contracts the research nursing staff were on. Prof. Cotton said that almost all were now on permanent contracts. There was discussion as to whether any further fixed-term contracts were needed or whether all future staff could be substantively recruited and used flexibly between trials and other work. Dr Odum reflected on the financially challenged situation with the targets across the CLRN against the realistic potential for recruitment, he also highlighted a reduction in income potential from industry studies and the consequential impact. He agreed the re-structuring was therefore necessary.

Dr Odum added the improved cross-section of studies was to be applauded.

It was agreed: that the RWT Research and Development Update Report be received and noted.

18/146: Director of Infection Prevention and Control Report

Ms Whatley introduced the report and successes reported in the year end position. She alluded to the significant achievement in relation to *C.Difficile* numbers (27/35) and factors that contributed to this. MRSA bacteraemia and MSSA bacteraemia, also came in under target and DR HABS in line with the internal ambition.

She said that cautions for the year ahead included MRSA Bacteremia and colonization is kept under control through screening at admission. Ms Whatley referred to the Gram Negative Bacteremia targets include hospital and community cases in the year ahead. She went on to refer to the cases of CPE, over 70% of which had been identified through screening on admission, that Norovirus had not been a major issue in year but that Flu had been across the health economy.

Ms Whatley said that the Trust had supported Flu screening and community care home prophylaxis campaigns with a significant impact on the local community. She went on to highlight that there had been a Trust de-brief and resulting action plan for this financial year.

Mr Loughton said the performance was notable and congratulated all concerned.

It was agreed: that the Director of Infection Prevention and Control Update Report be received and noted.

Discussion item

18/147: Public Health

Dr Denley introduced himself and the information he had provided. He outlined the financial position and outcomes situation he inherited and he went on to outline the changes in direction resulting in changes in focus from lifestyle choices to life chances. He also referred to his increased emphasis on working in partnership and he referred to the joint post recently established and the co-operative intelligence unit being formed. He referred to stop smoking changes in emphasis such as enabling vaping as an alternative to tobacco use.

Mr Loughton referred to the current position regarding achieving a smoke-free site and the risks and issues for staff in challenging smokers. He referred to the option of making vaping materials available as an alternative and confirmed that this was being explored. Dr Odum referred to the revised draft site Smoking Policy in the light of the national advice. Mr Loughton referred to it as a potentially more progressive approach and the work at other Hospitals has been drawn upon.

Dr Odum reflected on the change in emphasis from Public health and he highlighted that the Trust approach was being reviewed to ensure consistency in the future. Mr Loughton referred to the need to ensure this is also the case in Primary Care including the inclusion potentially of a wider range of staff. Ms Evans referred to work nearby along these lines. Dr Sidhu referred to work already undertaken to date with GP's.

It was agreed: that the Public Health approach and direction be received and noted.

Monthly Reports

18/148: Division 1

The Report was introduced by Mr Badger. He highlighted that there were no new red risks opened in the period covered. The Nursing Report was introduced by Ms Hobbs who referred to the work on the review in ICCU, Infection prevention incidents and the current vacancy position. Ms Palmer introduced the Midwifery Report and highlighted the ongoing reduction in bookings and the completion of the workforce review with initial information currently being clarified.

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

18/149: Additional staffing for neonates to meet BAPM Standards Business Case

Mr Badger introduced the Business Case. Mr Loughton sought assurance that the Division would be in the position to recruit to the identified posts.

It was agreed: that the additional staffing for neonates to meet BAPM Standards Business Case be approved.

18/150: Division 2

Ms Morgan introduced the Nursing Report and referred to the recent successful recruitment programme of UK recruits. Mr Loughton asked what contact is in place to ensure a high conversion rate. Ms Morgan said that dedicated frequent continued contact is in place until they are part of the Trust staff. Mr Duffell confirmed this. Ms Evans confirmed that packs of further information are also being produced and sent out to potential staff. Ms Morgan explained the recruitment process being pursued and the Trust Unqualified Bank use.

Dr Dowson introduced the Governance Report. He highlighted that there were no new red complaints in the period reported on and that the two red risks remain. He referred to the appointment of the new clinical directors and clinical leads.

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

18/151: Ribociclib (TAG 496) Business Case

Dr Viswanath introduced this and the rest of the Division 2 Business Cases.

It was agreed: that the Ribociclib (TAG 496) Business Case be approved.

18/152: Paclitaxel (TAG 476) as Albumin-Bound Nanoparticles with Gemcitabine for Untreated Metastatic Pancreatic Cancer Business Case

It was agreed: that the Paclitaxel (TAG 476) as Albumin-Bound Nanoparticles with Gemcitabine for Untreated Metastatic Pancreatic Cancer Business Case be approved.

18/153: Nivolumab (TAG 490) Business Case

It was agreed: that the Nivolumab (TAG 490) Business Case be approved.

18/154: Rituximab - Switch to a Biosimilar Product Business Case

It was agreed: that the Rituximab - Switch to a Biosimilar Product Business Case be approved.

18/155: Provision of Pleurx* Drain Procedure at Home Business Case

It was agreed: that the Pleurx* Drain Procedure at Home Business Case be approved.

18/156: Adalimumab, Etanercept, Infliximab, Certolizumab Pegol, Golimumab, Tocilizumab and Abatacept for Rheumatoid Arthritis not previously treated With DMARDs or after conventional DMARDs only have failed (TAG 375) Business Case

It was agreed: that the Adalimumab, Etanercept, Infliximab, Certolizumab Pegol, Golimumab, Tocilizumab and Abatacept for Rheumatoid Arthritis not previously treated With DMARDs or after conventional DMARDs only have failed (TAG 375) Business Case be approved.

18/157: Tofacitinib (TAG 480) for moderate to severe Rheumatoid Arthritis Business Case

It was agreed: that the Tofacitinib (TAG 480) for moderate to severe Rheumatoid Arthritis Business Case be approved.

18/158: Sarilumab (TAG 485) for moderate to severe Rheumatoid Arthritis Business Case

It was agreed: that the Sarilumab (TAG 485) for moderate to severe Rheumatoid Arthritis Business Case be approved.

Division 3 Business Cases

18/159: Outsource Out of Hours CT Head Scans Business Case

Ms Shaw introduced the Business Case presented.

It was agreed: that the Outsource Out of Hours CT Head Scans Business Case be approved.

18/160: Digital Transformation 0-19 HCP Business Case

Mr Stringer confirmed that this Business Case was still in preparation and would be presented in due course. He asked for Director approval to proceed be confirmed due to the timescales involved.

It was agreed: that responsibility to give initial approval to proceed be delegated to Mr Stringer and Mr Sharon ahead of the presentation of the Business Case to the next TMC.

Executive Director Reports

18/161: Executive Summary Workforce Report

Mr Duffell introduced the revised report format and highlighted the improvements referred to in the report. He also highlighted the relationship between future appraisal and pay progression work to be done.

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

18/162: Integrated Quality and Performance Report

Ms Nuttall introduced the report. She referred to the performance elements including standards benchmarking on RTT and A&E nationally. Mr Loughton reflection on the volume of throughput as high when compared locally and nationally. Ms Nuttall also referred to the ongoing situation regarding the Cancer performance on pages 6 and 31 with the recovery plan in place and the size of the challenge involved. She said the recovery plan has been shared with the CCG and harm reviews will be undertaken with those waiting in excess of 104 days. Mr Loughton reflected on the need to ensure the appropriateness of such reviews in relation to the patient's condition and treatment and the spotlight on this from the centre.

Prof. Cannaby referred to the FFT rates in ED requiring more work, late observations work already in place, the CCG animation regarding late patient moves, the improvements in acquired pressure injury rates and the increase in falls with harm, the positive picture regarding *C.Difficile* rates and the changes proposed to future Safeguarding information reporting and the requirement to provide the CCG with further assurance regarding Neonatal services.

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

18/163: Integrated Quality and Performance Report Review

Ms Nuttal introduced the review report and changes for future reports to be noted.

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

18/164: Report of the Chief Nursing Officer

Prof. Cannaby introduced the report and reflected on the need for work on the status of Policies that had been red for some time and the support to improve the Governance processes.

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

18/165: Trust Financial Position Month 12

Mr Stringer introduced the report referring to the declared year end surplus and revised position of a £4.3m surplus. He provided a commentary of this position in relation to the position of other local organisations. Dr Odum clarified the position in relation to the use of the surplus. Mr Loughton thanked all for their efforts in achieving this position and reflected on the wider financial position in the Black Country and nationally. He also referred to the current Government position and recent announcements regarding future funding requirements and the potential future pressures for increased delivery and the requirement for new and innovative models of delivery.

It was agreed: that the Trust Financial Position Month 12 be noted.

18/166: Capital Programme Update – Month 12

Mr Stringer introduced the report and reflected on the scale of the work undertaken in the final quarter. He asked for efforts to attempt to improve earlier Business Case approval to space out the capital programme impact. Mr Loughton referred to exploring options to access capital in other ways in relation to PFI schemes. He went on to refer to the work initiated to provide additional car parking capacity and the intervening restrictions that will be required whilst this is being built.

It was agreed: that the Capital Programme Update – Month 12 be noted.

18/167: Minutes of the Operational Finance Meeting

Mr Stringer introduced the report for noting.

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

18/168: Financial Recovery Board – monthly update

Mr Sharon introduced the report and highlighted the year end position. Mr Loughton thanked all for their efforts and contributions. Mr Sharon referred to the recurrent position and the plan structure for 2018-2019 to include Division 3 and the schemes included in the work programme. He also confirmed the recruitment of a lead for the service re-design team from September 2018.

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

18/169: Equality Diversity and Inclusion Steering Group Terms of Reference

Mr Sharon introduced the revised Terms of Reference and emphasised the importance of wider staff understanding of cultural difference and diversity of their colleagues and patients. He went on to refer to the difference between compliance with requirements for staff and patients whereas the focus of the Group was on the hearts and minds of the Trust to shift the understanding and thinking across the organisation. Prof. Cannaby asked about whether there was Non-executive representation. Mr Sharon said he would discuss this further with Prof. Cannaby if required.

There followed a discussion regarding the appropriate level and input from a non-executive on a group at this level. Mr Loughton asked about the option of changing the membership of the Group to better reflect the diversity of the organisation and community. Mr Sharon said this forms part of the shift to drawing from a wider circle of interested and passionate members with those in positions to move projects forward. Dr Odum asked how the passionate view of diversity would be communicated and people engaged with. Mr Sharon said there is a revised training package, input to Induction and further communication planned. He said he is a continuing journey and that he is looking to engage with others who are equally passionate about this.

Mr Loughton reflected on the potential for this to be an attraction for future staff. Ms Hickman referred to work done in other organisations to move the position forward and the scale of work for the Trust when our current position was compared to the best of others. Ms Morgan added a recent reflection from a Matron regarding their workforce team's emerging diversity and the benefits of this. Mr Badger suggested the Group may be too large in membership. Mr Sharon said he would look at this.

It was agreed: that the Equality Diversity and Inclusion Steering Group Terms of Reference be approved.

18/170: Contracting and Commissioning Update

Mr Sharon set out the paper as presented and the position for the second year of the two year contracts. He said that risk share agreements are being pursued with commissioners and he referred to the imminent conclusion of the 0-19 service with the local authority and the third year of the sexual health service. He finally referred to the review being undertaken of all service level agreements (SLA's) and our contractors in relation to the GDPR requirements.

Dr Denley referred to potential future partnership arrangements between the local authority and the Trust.

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

18/171: Vertical Integration Report

Dr Sidhu introduced the report. Mr Loughton referred to the due diligence being underway with a further practice and the work to achieve a single practice contract. He also referred to the need to influence future workforce training direction. Ms Shaw added the work underway already looking at service re-design. Mr Loughton also reflected on the potential for sharing patient information.

It was agreed: that the Vertical Integration Report be noted.

Corporate Business Case

18/172: Introduction of Degree Apprenticeships to ensure pipeline of future nursing workforce Business Case

Ms Nuttall said it was agreed at C&C with a review at the end of the first year as it is a cost pressure. Prof. Cannaby added her thanks for the support for this scheme and she added feedback from undergraduate nursing regarding the requirement for placements had led to further information being sought. She also referred to the wider nursing workforce context in the near future in terms of known turnover. Dr Odum asked whether there was a cap. Prof. Cannaby said there is no longer a cap but there is no longer the bursary route for those who need to work and learn. She highlighted developing plans in relation to student placements volume and variety including as a potential recruitment element. Dr Odum supported the approach. Prof. Cannaby also referred to using the Fellowship approach across a wider range of professional groups.

It was agreed: that the Introduction of Degree Apprenticeships to ensure pipeline of future nursing workforce Business Case be approved subject to review after the initial 12 months.

Policies and Strategies

18/173: CP06 Consent Policy

It was agreed: that the CP06 Consent Policy be approved.

18/174: CP17 Identification & Management of Patients at risk of Under Nutrition Policy

It was agreed: that the CP17 Identification & Management of Patients at risk of Under Nutrition Policy be approved.

18/175: HS01 Management of Health & Safety Policy

It was agreed: that the HS01 Management of Health & Safety Policy be approved.

18/176: OP86 Medical Gas Pipeline Systems Policy

It was agreed: that the OP86 Medical Gas Pipeline Systems Policy be approved.

18/177: OP13 Information Governance Overarching Policy

This Policy was deferred to the next meeting.

18/178: Any new or changed risks identified

Ms Nuttall noted that the emerging risks in relation to contracts and capacity currently sat on the Board Assurance Framework as a potential risk and that this might need to change once the nature and size of the risk had been scoped.

18/179: CQC Initial Feedback and Insight Report

Prof. Cannaby introduced the paper provided outlining the initial feedback from the recent inspection. She referred to the initial plan to address the issues raised in the feedback along with issues contained in the full report. She asked that thoughts and initial discussions be started. Ms Hickman added that service specific information had or was already being acted upon. Mr Loughton recommended reading the Dudley CQC Report. Ms Hickman reflected on information from Dudley about the inspection process as they had experienced it. Ms Morgan referred to a recent Dudley recruitment drive that may impact on the Trust.

It was agreed: that the CQC Initial Feedback and Insight Report be noted for discussion and action.

18/180: Any other business

Ms Nuttall confirmed the circulation of the new Divisional structure as being imminent. Mr Loughton and Dr Odum welcomed this. Dr Odum noted that the RSCG review would be in the middle of May 2018.

18/181 Next meeting

The next meeting of the Trust Management Committee will be held on 25 May 2018 at 1.30 p.m. in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital.