

# Chairs report of the Business of the Trust Management Committee of 25 May 2018

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Agenda Item No: 12.1

## Trust Board Report

<b>Meeting Date:</b>	25 June 2018
<b>Title:</b>	Chairs report of the Business of the Trust Management Committee of 25 May 2018
<b>Report of:</b>	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.
<b>Action Requested:</b>	<b>Receive and note,</b>
<b>For the attention of the Board</b>	
<b>Assure</b>	<ul style="list-style-type: none"> <li>The Report provides assurance regarding the approval of Business Cases and Policies.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The report raises no new or changed risks.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Author + Contact Details:</b>	Tel 01902 694294 Email keith.wilshere1@nhs.net
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>Create a culture of compassion, safety and quality</li> <li>Proactively seek opportunities to develop our services</li> <li>To have an effective and well integrated local health and care system that operates efficiently</li> <li>Attract, retain and develop our staff, and improve employee engagement</li> <li>Maintain financial health – Appropriate investment to patient services</li> <li>Be in the top 25% of all key performance indicators</li> </ol>
<b>Resource Implications:</b>	None.

### **Main Discussion/Action Points:**

#### **Considered and approved the following business cases:**

##### **18/194: Ortho Geriatrician Consultant**

**It was agreed: that the Ortho Geriatrician Consultant Business Case be approved.**

##### **18/195: Expansion of T & O Services**

**It was agreed: that the Expansion of T & O Services Business Case be approved.**

##### **18/197: Dimethyl Fumarate (TAG 475)**

**It was agreed: that the Dimethyl Fumarate (TAG 475) Business Case be approved.**

##### **18/198: Lenvatinib (TAG 498)**

**It was agreed: that the Lenvatinib (TAG 498) Business Case be approved.**

##### **18/199: Ibrutinib (TAG 502)**

**It was agreed: that the Ibrutinib (TAG 502) Business Case be approved.**

##### **18/200: Mepolizumab (TAG 431)**

**It was agreed: that the Mepolizumab (TAG 431) Business Case be approved.**

**18/201: Development of Chronic Migraine Service**

It was agreed: that the Development of Chronic Migraine Service Business Case be approved subject to Commissioner agreement.

**18/203: Co-location of Services**

It was agreed: that the Co-location of Services Business Case be approved.

**18/204: Digital Transformation of the 0-19 Healthy Child Programme**

It was agreed: that the Digital Transformation of the 0-19 Healthy Child Programme Business Case be approved.

**18/205: Tapering of Biologic Therapies in Rheumatoid Arthritis**

It was agreed: that the Tapering of Biologic Therapies in Rheumatoid Arthritis Business Case be approved subject to Commissioner agreement.

**Approved the following policies:**

**18/214: Education & Training Strategy**

It was agreed: that the Education & Training Strategy be approved.

**18/215: CP62 Organ Donation Policy**

Mr Wilshere highlighted a change in the age range for donations those under 18 (not up to 16). Dr Higgins confirmed this has been re-phrased with the author.

It was agreed: that CP62 Organ Donation Policy be approved subject to this revision.

**18/216: HR29 On Call Arrangements Policy**

It was agreed: that HR29 On Call Arrangements Policy be approved.

**18/217: HR30 Agenda for Change Policy**

It was agreed: that HR30 Agenda for Change 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 25 May 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
Ms C Etches	Deputy Chief Executive
Dr S Fenner	Divisional Medical Director, D1
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, D3
Mr D Loughton	Chief Executive
Mr S Mahmud	Director of Integration
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
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
Ms A.Tennant	Clinical Director Pharmacy
Dr A K Viswanath	Divisional Medical Director, D2

### In Attendance:

Ms S.Evans	Head of Communications
Ms C.Griffiths	Deputy Director of Workforce (for Mr Duffell)
Matron E Lengyel	Division 1 Nursing for Clair Hobbs
Dr Macve	Deputising Director of Infection, Prevention and Control (DIPC)
Ms H.Troalen	Deputy Chief Financial Officer
Mr K.Wilshere	Company Secretary

### Apologies:

Mr A Duffell	Director of Workforce
Ms C Hobbs	Head Nurse, D1
Dr B McKaig	Deputy Medical Director
Dr J Parkes	Vertical Integrated GP
Ms K.Shaw	Deputy Chief Operating Officer, D3
Mr K Stringer	Chief Finance Officer/Deputy Chief Executive

### **18/182: Apologies for absence**

Apologies for absence were received from Dr McKaig, Dr Parkes, Ms K.Shaw, Mr A.Duffell (Catherine Griffiths in attendance), Ms C.Hobbs (Matron E.Lengyel in attendance).

**18/183: Minutes of the meeting of the Trust Management Committee held on 27 April 2018**

There were no changes to the minutes.

**It was agreed: that the Minutes of the meeting of the Trust Management Committee held on 27 April 2018 be approved.**

**18/184: Declarations of Interest**

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

**18/185: Matters arising from the Minutes of the previous meeting**

There were no matters arising from the minutes raised.

**18/186: Action Points List**

**From Friday 27 April 2018 18/179: CQC Report & Action Plan**

**Action: For discussion and action. 25 May 2018**

Mr Loughton clarified that as the draft CQC report has not yet been received this item would be carried over to the next meeting. He thanked staff involved in responding to the further information requests.

**18/187: Nursing & Midwifery Workforce - Establishment & Skill-mix**

Prof Cannaby introduced the report based on the process of acuity and dependency scoring now known as the 'Sheffield Model'. She explained that the data is triangulated with further peer information and a confirm and challenge exercise with proposals as part of the Business Planning process. Prof Cannaby highlighted recent investments made in Paediatrics and Neonates, and areas for the next round of work including rehabilitation, SEU and Gynaecology overflow expansion areas.

Dr Dowson asked why Maternity leave was excluded. Prof Cannaby explained why most Trusts exclude Maternity leave from such calculations as a risk area. Dr Dowson asked if this then could give a false view. Prof Cannaby said it could and that some services include a pool of additional staff to cover for Maternity leave.

**It was agreed: that the Nursing & Midwifery Workforce - Establishment & Skill-mix Update Report be received and noted.**

**18/188: Freedom to speak up Guardian Annual Report**

Mr Wilshere highlighted that the report was provided for information.

**It was agreed: that the Freedom to speak up Guardian Annual Report be received and noted.**

**18/189: Clinical Fellowship Programme**

Prof. Singh introduced the report highlighting a number of key points – that it is an outcome of a joint venture with the University, its inception and initial recent development to 2 years into the programme. He confirmed its focus on the clinical quality and safety agenda and he said that it has been viewed by all who have seen it a success. He referred to the development of it as an 'Out of programme Training programme' with next steps to secure its wider future and support regionally and nationally.

He went on to refer to the development of the 'senior Fellowship' part of the programme. He said that recruitment to date has been a success with the figures in the report. He emphasised that this has reversed the recruitment shortfall trend. He thanked the recruitment staff involved in making and keeping in contact with potential recruits. He went on to say that those exiting the programme

are going on to substantive appointments. He highlighted that there have been no complaints or incidents related to Fellows in contrast to other staff previously engaged alongside their active engagement in service improvement. Prof Singh referred to the financial information in the report showing the total cost with a reduction over time in agency staffing spend and areas are targeted on the basis of historical use of agency and temporary staff.

Prof Singh highlighted the Critical Care figures and progress in the report including recruitment of 13 of 17 to date. He said this showed how the services, fellowship and recruitment staff have and can act together to support the programme. Mr Grant agreed with Prof Singh's points and contrasted this with specialties not yet using the programme. Dr Fenner added that the additional staff makes sense as a whole.

Prof Singh went on to refer to the potential for other service areas and the potential benefits that could be derived from this work. He said the report should provide assurance of the cost and benefits of the programme and outline the potential further benefits of the Trust acting as the Deanery for its own Doctors programme and the case being considered for further investment such as locally appointed Doctors to feed into the Senior Fellowship.

Prof Singh explained the difference between a 'traditional' undergraduate based University run Medical School versus the approach taken here as a school within a University, including expansion to initiating local recruits into a direct entry undergraduate programme route at the University of Birmingham Medical School or to other health profession training programmes.

Prof Cannaby said the programme could also support Nursing and Allied Healthcare Professionals (AHP) staff to further aid recruitment and retention. Prof Singh said it was designed to be accessible and useful to the wider health professions progression and he agreed this would be a positive development. Dr Odum supported this approach and the positive approaches with colleagues across the world. Prof Singh confirmed the widening partnerships including with Nigeria, Cape Province (South Africa) and Oman international partnerships who value the programme and opportunity. He added that letters of partnership agreement have been exchanged.

Mr Loughton said this was a very important issue and he congratulated Prof Singh and his team in the achievements to date and the prospect of the developments planned with a potential to help address the known and emerging workforce recruitment situation. He also pointed out the support in turn for maintaining contract income due to the strong staffing situation.

Mr Loughton also highlighted interest from other national bodies and figures and he added this programme could add benefits to Primary care and General practice. He added the need to try and expand the partnerships with other local acute NHS Trusts to expand the potential number and variety of placements. He said there was a risk reputationally if those partners were not able to maintain the positive approach to date in RWT.

Prof Singh promoted the local focus of the programme and the 'out of programme' nature of the opportunity. He thanked the Trust for the initial and ongoing support for the development of the programme. Dr Fenner asked how the expected increase over time in new Doctors. Prof Singh said this provided the opportunity for continuity.

**It was agreed: that the Clinical Fellowship Programme Update Report be received and noted.**

#### **18/190: Emergency Preparedness, Resilience and Response (EPRR) Annual Report**

Ms. Nuttall introduced the report for information. She confirmed the Trust remains active in its ongoing preparations.

**It was agreed: that the Emergency Preparedness, Resilience and Response (EPRR) Annual Report be received and noted.**

### **18/191: Fire Safety Annual Report**

Ms. Roberts introduced the report and confirmed that the mitigations in place post-Grenfell would remain in place until further information is available from central government, the public inquiry and NHSI.

**It was agreed: that the Fire Safety Annual Report be received and noted.**

### **18/192: Staff Survey Action Plans**

Ms. Griffiths introduced the report as a draft, subject to Divisional and Corporate Action Plan completion and confirmation. She highlighted the good results and clear actions such as regarding Appraisals. She confirmed that TMC was being asked to support the approach outlined and the need to assure the delivery of the Action Plans. Ms. Griffiths referred to potential areas for action over the coming 12 months and explained the final version of the plan is being prepared for the Trust Board at the end of June. She confirmed to Mr Loughton the further analysis was now available regarding the breakdown of aspects of the data in Primary Care. Dr Sidhu confirmed recent developments that would have a positive impact on staff in Primary Care. Ms. Griffiths also confirmed the intended use of periodic surveys of staff between the national surveys.

**It was agreed: that the Staff Survey Action Plans Report be received and noted.**

### **18/193: Division 1 Quality & Governance Report**

Dr Fenner introduced the report highlighting that there were no new red complaints and the known open red risks with progress on both. He reviewed progress on the Amber Risks including the recent commencement of the Human Factors training in Theatres, refurbishment of Theatre 5 to allow for the refurbishment of the others and increase overall capacity for a variety of work including some emergency work.

Ms. Lengyel introduced the Nursing aspects in the report including recent new start staff. Dr Higgins confirmed the requirement to revise a risk in the light of recent Locum recruitment.

Ms. Palmer introduced the Midwifery part of the report including the skill mix review out-turn.

Dr Macve asked that the reported MSSA Bacteraemia case be reviewed as she was unsure as to whether it was a previously reported case.

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

## **Division 1 Business Cases**

### **18/194: Ortho Geriatrician Consultant**

**It was agreed: that the Ortho Geriatrician Consultant Business Case be approved.**

### **18/195: Expansion of T & O Services**

**It was agreed: that the Expansion of T & O Services Business Case be approved.**

### **18/196: Division 2 Quality & Governance Report**

Ms. Morgan introduced the report highlighting the current staffing situation and recent recruitment offers and the recent improved situation since April regarding there being no late observations recorded.

Dr Dowson introduced the Governance aspects of the report and he referred to a recent meeting with Vocare and the CCG regarding Risk 4472, revisions to Governance Structures awaited and the risk regarding potential Safeguarding identification and reporting.

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

## **Division 2 Business Cases**

### **18/197: Dimethyl Fumarate (TAG 475)**

**It was agreed: that the Dimethyl Fumarate (TAG 475) Business Case be approved.**

### **18/198: Lenvatinib (TAG 498)**

**It was agreed: that the Lenvatinib (TAG 498) Business Case be approved.**

### **18/199: Ibrutinib (TAG 502)**

**It was agreed: that the Ibrutinib (TAG 502) Business Case be approved.**

### **18/200: Mepolizumab (TAG 431)**

**It was agreed: that the Mepolizumab (TAG 431) Business Case be approved.**

### **18/201: Development of Chronic Migraine Service**

**It was agreed: that the Development of Chronic Migraine Service Business Case be approved subject to Commissioner agreement.**

### **18/202: Division 3 Quality & Governance Report**

Dr Higgins introduced the report including the Nursing Staffing situation with positive recruitment in Paediatric Services and planned future recruitment activity alongside the agreed future staffing levels. Dr Sidhu added the Nursing Staffing situation changes in Primary Care. Prof Cannaby asked to be briefed on the situation and changes outside the meeting.

Dr Higgins highlighted the risks most relating to Radiology and the Cannock Hospital Capital equipment in programme alongside recruitment planned for Radiology in the near future.

**It was agreed: that the Division 3 Report be received and noted.**

## **Division 3 Business Cases**

### **18/203: Co-location of Services**

Mr Sharon confirmed the potential scope to include community estate rationalization following co-location.

**It was agreed: that the Co-location of Services Business Case be approved.**

### **18/204: Digital Transformation of the 0-19 Healthy Child Programme**

**It was agreed: that the Digital Transformation of the 0-19 Healthy Child Programme Business Case be approved.**

### **18/205: Tapering of Biologic Therapies in Rheumatoid Arthritis**

**It was agreed: that the Tapering of Biologic Therapies in Rheumatoid Arthritis Business Case be approved subject to Commissioner agreement.**

### **18/206: Executive Workforce Summary Report**

Ms Griffiths introduced the Workforce report and highlighted the red indicators regarding sickness absence and recruitment confirming the revised focus on sickness, including a revised Trust target.

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

### **18/207: Integrated Quality and Performance Report**

Ms Nuttall introduced the report referring to the deteriorating Cancer situation, the review with NHSe and NHSI and their monitoring of the delivery of the action plan alongside the invitation of the Intensive Support Team to support the work in place. She also highlighted the first inclusion of the Division 3 information. Mr Mahmud asked how the meeting had gone. Ms Nuttall reflected on the discussion and that it went as well as it could. Mr Loughton confirmed this. Dr Odum confirmed the focus on the 62 day Cancer target nationally and the inclusion of issues to be resolved through the Cancer alliance process and variation across and between sites and organisations.

Prof Cannaby highlighted the Infection Control situation with national increases in Norovirus and C.Difficile. She highlighted areas for improvement including Safeguarding Training rates, VTE process measurement changes and Radiation incidents increase relating to wrong site requests.

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

### **18/208: Report of the Chief Nursing Officer**

Prof Cannaby introduced the report with focus on recruitment and retention with a new Strategy to follow later in the year. She added that the Trust had very recently won the Bernadette Nursing Award. She congratulated the achievements to date of Corporate colleagues in reducing the number of outstanding Policies and Procedures and asked that this level be maintained.

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

### **18/209: Trust Financial Position Month 1**

Ms Troalen introduced the report and highlighted the month 1 situation and financial risks requiring further work especially regarding Cost Improvement delivery. Dr Odum asked why there was a projected deficit in Month 1. Ms Troalen said it was because it is our lowest income month and low CIP contribution.

**It was agreed: that the Trust Financial Position Month 1 Report be received and noted.**

### **18/210: Minutes Operational Finance Group**

**It was agreed: that the Minutes Operational Finance Group be received and noted.**

### **18/211: Financial Recovery Board – monthly update**

Mr Sharon introduced the report and the size of the CIP challenge this year alongside the additional demand activity required to meet contracts plus the assumed level of vacancy factor with less benefit as a non-recurrent saving with the phasing toward the end of the year. He said the Clinical Engagement in the Improvement Programme is positive but without significant impact to date.

**It was agreed: that the Financial Recovery Board – monthly update Report be received and noted.**

### **18/212: Psychology Discussion Paper**

Mr Sharon introduced the paper highlighting the complexities involved in scoping the potential for a centralized contract arrangement. He asked for confirmation that all services that needed to contribute had done so. He said there was agreement in principle with Black Country Partnership as the potential provider of mental health services. He said that the approach in adult services and Paediatric Services may need to be different alongside the differentiation of mainstream service need from dedicated RWT need. He said that further detail was awaited and he asked for confirmation of the proposed lead provider arrangement, confirmation of a lead Directorate for negotiations and further work in defining the Business Case in Paediatrics.

Prof Singh asked whether the proposal included service re-design so as to avoid a 'more of the same' response. Mr Sharon confirmed that the proposal included changes and revisions to the service model and delivery including the provision of service re-design such as training for RWT staff in identification and initial response and sign-posting.

**It was agreed: that the proposed approach be approved.**

**18/213: Integrated Care System Report (ICS)**

Mr Mahmud outlined the changed report outlining the way ahead for the development of ICS. He asked for feedback on the paper. Dr Sidhu added that where discussions take place that RWT specialist services ensure the appropriate inclusion of Primary Care to promote the wider approach and make-up of the Trust. Mr Loughton reflected on recent potential changes to the CCG structures.

**It was agreed: that the Integrated Care System Report (ICS) be received and noted.**

**Policies and Strategies for Approval**

**18/214: Education & Training Strategy**

**It was agreed: that the Education & Training Strategy be approved.**

**18/215: CP62 Organ Donation Policy**

Mr Wilshire highlighted a change in the age range for donations those under 18 (not up to 16). Dr Higgins confirmed this has been re-phrased with the author.

**It was agreed: that CP62 Organ Donation Policy be approved subject to this revision.**

**18/216: HR29 On Call Arrangements Policy**

**It was agreed: that HR29 On Call Arrangements Policy be approved.**

**18/217: HR30 Agenda for Change Policy**

**It was agreed: that HR30 Agenda for Change Policy be approved.**

**18/218: Risk (Standing Item)**

No new or changed risks were identified during the meeting other than those contained in the Reports provided.

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

**18/219: Any Other Business**

Mr Loughton gave a brief update on a potential estates changes involving a current bidding process.

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

**18/220: Date and Time of next meeting**

**The next meeting of the Trust Management Committee will be held on Friday 22 June 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.**