

Chairs report of the Business of the Trust Management Committee 30 July 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:	27 July 2018
Title:	Chairs report of the Business of the Trust Management Committee of 22 June 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:

18/230: NICE TAG 486 – Aflibercept for treating Choroidal Neovascularisation

It was agreed: that the NICE TAG 486 – Aflibercept for treating Choroidal Neovascularisation Business Case be approved.

18/232: NICE TAG 500 – Ceritinib for Untreated ALK-Positive Non-Small Cell Lung Cancer

It was agreed: that the NICE TAG 500 – Ceritinib for Untreated ALK-Positive Non-Small Cell Lung Cancer Business Case be approved.

18/233: NICE TAG 505 Ixazomide with lenalidomide and Dexamethasone for Treating Relapsed or Refractory Multiple Myeloma.

It was agreed: that the NICE TAG 505 Ixazomide with lenalidomide and Dexamethasone for Treating Relapsed or Refractory Multiple Myeloma Business Case be approved.

18/235: Extension of current NICE Pathway for Biologics in Rheumatoid Arthritis (RA) in Wolverhampton

It was agreed: that the Extension of current NICE Pathway for Biologics in Rheumatoid Arthritis (RA) in Wolverhampton Business Case be approved.

18/236: Golimumab for Treating Non-Radiographic Axial Spondyloarthritis

It was agreed: that the Golimumab for Treating Non-Radiographic Axial Spondyloarthritis Business Case be approved.

Approved the following policies:

18/245: CP54 Clinical Supervision (Nurses and AHPs)

It was agreed: that the CP 54 Clinical Supervision (Nurses and AHPs) Policy be approved.

18/246: Charitable Responsible Gaming – New Policy

It was agreed: that new policy for Charitable Responsible Gaming be approved.

18/247: MP03 Medicines Reconciliation Policy

It was agreed: that MP03 Medicines Reconciliation Policy be approved.

18/248: OP10 Risk Management & Patient Safety Reporting Policy

It was agreed: that OP10 Risk Management & Patient Safety Reporting Policy be approved.

18/249: Risk Management Assurance Strategy

It was agreed: that Risk Management Assurance Strategy be approved.

18/250: OP60 Being Open Policy

It was agreed: that OP60 Being Open Policy be approved.

18/251: IP01 Hand Hygiene Policy

It was agreed: that IP01 Hand Hygiene Policy be approved.

18/252: HR08 Recruitment, Retention & Retirement Policy

It was agreed: that HR08 Recruitment, Retention & Retirement 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 22 June 2018
in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital,
Wolverhampton.

Present:

Ms N Ballard	Head of Nursing – Division (D)3
Prof. A-M Cannaby	Chief Nursing Officer
Mr A Duffell	Director of Workforce
Ms C Etches	Deputy Chief Executive
Dr S Grumett	Lead Cancer Clinician
Dr C Higgins	Divisional Medical Director, D3
Dr Joanna Macve	Director of Infection, Prevention and Control (DIPC)
Mr S Mahmud	Director of Integration
Dr B McKaig	Deputy Medical Director
Ms B Morgan	Head of Nursing – Division (D)2
Mr W Nabih	Head of Estates Developments
Ms G Nuttall	Chief Operating Officer
Mr T Powell	Deputy Chief Operating Officer, D2
Ms S Roberts	Divisional Manager, Estates and Facilities
Mr M Sharon	Director of Planning and Performance
Ms K Shaw	Deputy Chief Operating Officer, D3
Mr K Stringer (Chair)	Chief Finance Officer/Deputy Chief Executive
Ms A.Tennant	Clinical Director Pharmacy

In Attendance:

Ms M Arthur	Head of Governance and Legal Services
Ms S.Evans	Head of Communications
Ms K.Maskell	Support Secretary

Apologies:

Mr I Badger	Divisional Medical Director, D1
Prof. J Cotton	Director of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Dr S Fenner	Divisional Medical Director, D1
Mr L Grant	Deputy Chief Operating Officer, D1
Ms C Hobbs	Head of Nursing, D1
Mr D Loughton	Chief Executive
Dr J Odum	Medical Director
Ms T Palmer	Head of Midwifery
Dr J Parkes	Vertical Integrated GP
Dr M Sidhu	Divisional Medical Director, D3
Prof B Singh	Clinical Director IT
Dr A K Viswanath	Divisional Medical Director, D2

18/221: Apologies for absence

Apologies for absence were received from Mr I Badger, Prof J Cotton, Dr L Dowson, Dr S Fenner, Mr L Grant, Ms C Hobbs, Mr D Loughton, Dr J Odum, Ms T Palmer, Dr J Parkes, Dr M Sidhu, Prof B Singh, Dr A Viswanath.

18/222: Minutes of the meeting of the Trust Management Committee held on 25 May 2018

There were no amendments to the minutes.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on 25 May 2018 be approved.

18/223: Declarations of Interest

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

18/224: Matters arising from the Minutes of the previous meeting

There were no matters arising from the minutes raised.

18/225: Action Points List

**From Friday 27 April 2018 18/179: CQC Report & Action Plan
Action: For discussion and action. 25 May 2018**

Mr Stringer informed that the draft report had been received. The draft report was circulated to directorates for factual accuracy and the Trust response to the CQC has been submitted. The final report will be published on 27 June 2018.

18/226: Property Management Update

Mr Nabih introduced the report for information and summarised as pressure on space at New Cross with an options appraisal to follow. Mr Stringer said that the Trust had been unsuccessful in its attempt to acquire the Carillion building, with Wrekin House possibly being brought back into use for back office use (as for clinical use would be prohibitive in terms of cost). He will be looking at the costs to see if this is viable.

Mr Sharon informed that the Trust had to put in capital bids at short notice (2 weeks) to the Black Country STP – in competition with other Black Country providers. He said that the Trust has put forward four bids – Primary Care Hubs (now with CCG), Out-patients, West Park and Cancer Centre. He briefly outlined each scheme and he thanked the teams involved for putting together the bids at short notice.

Mr Nabih said that the situation with the Eye Infirmary was not covered in the report and continues to develop including further interest from developers. He outlined the need to ensure that the interest is genuine and whilst the Trust wants to dispose of the property it needs to ensure it is sold at a fair price. Ms Etches clarified that there were no new or further risks identified in addition to those already registered. Mr Nabih confirmed this and that the report contained a number of potential future issues that may, in time, become risks at which time they will be assessed and registered as risks.

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

18/227: Health and Safety Annual Report

Ms Arthur introduced the report and informed the meeting that there has been a 13.8% reduction in the number of Health and Safety incidents reported when comparing 2017-2018 to 2016-2017. She said there had been a significant reduction in the number of personal injury claims received compared to previous years. She contextualised this with the increase in staffing numbers over the same period.

Ms Arthur referred to the reduction in the number of sharps incidents reported, however the top 2 incidents for 2017 were Splash (34) and Suture Needles (25). She also referred to an increase in slips, trips and falls RIDDOR incidents.

Ms Arthur went on to refer to the situation regarding training stats. with improvement in Division 1 and Division 2 as per the report. She went on to refer to the position regarding Health & Safety training and that there were no overdue safety alerts at the point in time of the report.

Ms Arthur referred to current staffing issues and challenges regarding a lack of a First Aid trainer. She then referred to work to identify further improvements and developments in Health and Safety input and support in services with evaluating support systems for future audits.

She also referred to developments in estates waste management and that the HSE are prioritising staff stress for the next year. Mr Duffell asked how the first aid training was currently undertaken. She said that it is currently undertaken by outside trainers. Dr McKaig asked whether there may be internal ability and options. Ms Etches said this had moved in and out of the Trust's provision over the years and suggested a review of the position, costs, resources and options – internal against external – with the option of taking a case to Contract and Commissioning. Prof. Cannaby asked about the reference to issues relating to GP Practices. Ms Arthur said this referred to the process, confirmed as underway by Ms Shaw, to transfer GP practices to operate under Trust Policy and procedure.

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

18/228: Staff Story for Trust Board

Mr Duffell introduced the discussion item. He said that he thought it would be positive to give staff a chance to talk about what it is like to work in the Trust and for the Non-Executive Directors and Directors to hear directly from staff (as they do from the Patient Story).

There followed a discussion and it was resolved to identify staff from Director walk-rounds with offered support prior and post the experience. Ms Etches gave some further suggestions as to how to ensure as wider coverage as possible. Mr Duffell said he would look at the options and clarify the process for identification.

Action: Mr Duffell confirmed that he would take the proposal to the Board and he thanked the members of TMC for their support for the initiative.

It was agreed: that the Staff Story for Trust Board be noted.

18/229: Division 1 Quality & Governance Report, Nursing Report, Business Cases

A representative from Division 1 was unavailable to attend today's meeting to present the report.

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

Division 1 Business Case

18/230: NICE TAG 486 – Aflibercept for treating Choroidal Neovascularisation

It was agreed: that the NICE TAG 486 – Aflibercept for treating Choroidal Neovascularisation Business Case be approved.

18/231: Division 2 Quality & Governance Report

Ms Morgan introduced the Nursing Report for Division 2 and highlighted the position regarding staff appointments and vacancies including 41.55 WTE HCA vacancies as a result of the recent skill mix review and will continue to work to enhance recruitment.

Ms Morgan said that there had been a reduction in the number of falls however there were 3 falls with serious harm, 1 of which has been referred to the Coroner.

Ms Morgan highlighted the NHS Windrush Award to Matron Doreen Black who had attended a reception at 10 Downing Street.

Ms Morgan referred to red risks relating to recruitment and the initiatives being actively pursued. She went on to refer to Red Risk 4472 regarding patients waiting over 2 hours for assessment in cubicles in the Emergency Department and waiting over 15 minutes for triage. A meeting has been arranged with VoCare to look at how this may be improved through pathways. Mr Stringer asked Ms Nuttall if Stoke taking over Stafford VoCare re manpower issues, would affect services here. Ms Nuttall said VoCare continue to have staffing issues locally.

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

Division 2 Business Cases

18/232: NICE TAG 500 – Ceritinib for Untreated ALK-Positive Non-Small Cell Lung Cancer

It was agreed: that the NICE TAG 500 – Ceritinib for Untreated ALK-Positive Non-Small Cell Lung Cancer Business Case be approved.

18/233: NICE TAG 505 Ixazomide with lenalidomide and Dexamethasone for Treating Relapsed or Refractory Multiple Myeloma.

It was agreed: that the NICE TAG 505 Ixazomide with lenalidomide and Dexamethasone for Treating Relapsed or Refractory Multiple Myeloma Business Case be approved.

18/234: Division 3 Quality & Governance Report

Dr Higgins welcomed Nicky Ballard as Head of Nursing to the Trust and Division 3. She introduced the Nursing Report for Division 3 and informed TMC that there is a recruitment open day planned for 23 June 2018 within Children's Services, both Community and Acute. Twenty candidates have been shortlisted.

Dr Higgins said there were no falls during May 2018, an improvement on previous months. There were also no late observations. She highlighted the appointment of two further Radiologists.

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

Division 3 Business Cases

18/235: Extension of current NICE Pathway for Biologics in Rheumatoid Arthritis (RA) in Wolverhampton

It was agreed: that the Extension of current NICE Pathway for Biologics in Rheumatoid Arthritis (RA) in Wolverhampton Business Case be approved.

18/236: Golimumab for Treating Non-Radiographic Axial Spondyloarthritis

It was agreed: that the Golimumab for Treating Non-Radiographic Axial Spondyloarthritis Business Case be approved.

18/237: Executive Workforce Summary Report

Mr. Duffell introduced the workforce summary report and referred to the continued reduction in sickness absence. He referred to national lifting of the visa cap had been announced. He referred to a dip in mandatory training compliance (target is 95% and current performance is 85.9%) He reported that a review of mandatory training and format is to be undertaken. There followed discussions regarding the length of the Health and Safety Training. Ms. Tennant said this has already been fed back to the training team that the Health and Safety training module may be too long at 85 slides. Ms. Etches referred to the need to ensure that all training is realistic and achievable including the content and pass-rate; this will be addressed in the review Mr. Duffell referred to.

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

18/238: Integrated Quality and Performance Report

Ms. Nuttall introduced the Integrated Quality and Performance Report and referred to the Cancer pathways and analysis across all of the Cancer metrics including Mortality. She said that there is work underway on pathways and flow plus demand and capacity including increased referrals due to changes in other services.

Ms. Nuttall said that the CCG are supportive of the work and focus. Dr. Grummet added his views relating to process and capacity and diagnostic speed and flow. He referred to the support from the NHSI support team alongside review and revisions to previous systems. He confirmed the level of external scrutiny and the potential impact on patients including the new Harm reviews for those waiting for more than 104 days for definitive treatment.

Ms. Nuttall said that the external reports refer to known issues including processes, demand and capacity, and training/education issues.

Ms. Nuttall went on to refer to future Winter planning from the centre with a focus on reducing length of stay (including those defined as stranded and super stranded) with local targets, targets also being set for frailty pathways, End of Life care and reducing deaths in hospitals, zero tolerance of minor breaches in Emergency department, and real-time bed management systems being in place. She emphasised the need to plan to ensure the continuation of elective programme alongside dealing with the Winter situation and impact.

Ms. Nuttall confirmed that initial work has commenced with a paper to the next TMC.

Prof. Cannaby highlighted the positive impact continued on late observations. She said that the CCG are looking at the issues regarding late moves and the need to change the approach in future. She said all of the infection prevention indicators are spiking upwards with infection prevention campaigns and additional cleansing underway in specified areas. She also referred to the increase in radiation and radiotherapy incidents and near misses relating to issues in the requesting of films and the training for non-clinical and clinical staff. Dr McKaig said that some of the issues and near misses were not of the type he would have expected.

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

18/239: Report of the Chief Nursing Officer

Prof. Cannaby introduced the Chief Nursing Officer Report and referred to the ongoing recruitment campaigns and the student nurse placement increase to focus on the conversion rates. She went on to refer to a proposal to extend the Clinical Fellowship programme for Nurses.

Prof. Cannaby then referred to 3 Never Events reported in the month with a further one this week regarding a retained item in theatres.

Mr Stringer asked if the findings will be brought back to this meeting regarding the Never Events and future learning. Prof. Cannaby said that at the time the issues were being investigated with learning to follow and with indicative issues relating to education, team dynamics, staff not feeling able to speak up amongst other possible reasons. She said that the staff involved are keen for change.

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

18/240: Trust Financial Position Month 2

Mr Stringer introduced the Finance Report for Month 2 and said that the income for May was good with questions regarding pay spend being addressed. Month 2 showed RWT as being £200k off plan. CIP delivery requires improvement.

Mr Duffell said that there was no clarity on the funding for the national pay award. Mr Stringer responded that this is going to be added to the Trust Risk Register (TRR).

It was agreed: that the Trust Financial Position Month 2 Report be received and noted.

18/241: Capital Programme Month 2

Mr Nabih introduced the Capital Programme Report for Month 2 and referred to the internal programme standards that will be reported on in future. Mr Stringer explained that this referred to making best use of available capital as schemes are subject to variation.

It was agreed: that the Capital Programme Month 2 Report be received and noted.

18/242: Operational Finance Group Minutes

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

18/243: Financial Recovery Board – monthly update

Mr. Sharon introduced the Financial Recovery Board report and the cost improvement position to date £14.2m therefore there is a significant shortfall. He said that further work may follow on e-solutions.

Mr. Sharon also referred to the (previously appointed) Head of Service Redesign Team had now decided not to join the Trust. Mr. Sharon said that the current contractor may be extended whilst work is undertaken to re-advertise and re-appoint.

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

18/244: Integrated Care System Update (ICS)

Mr Mahmud introduced the report and referred to the formal approval from 1 July 2018 for Coalway Road Practice is almost complete. He added that the Trust had decided not to appeal the unsuccessful Walsall APMS in bid. He went on to highlight the CQC inspections of 4 VI practices which were underway.

It was agreed: that the Integrated Care System Update (ICS) be noted.

Policies and Strategies for Approval

18/245: CP54 Clinical Supervision (Nurses and AHPs)

It was agreed: that the CP 54 Clinical Supervision (Nurses and AHPs) Policy be approved.

18/246: Charitable Responsible Gaming – New Policy

It was agreed: that new policy for Charitable Responsible Gaming be approved.

18/247: MP03 Medicines Reconciliation Policy

It was agreed: that MP03 Medicines Reconciliation Policy be approved.

18/248: OP10 Risk Management & Patient Safety Reporting Policy

It was agreed: that OP10 Risk Management & Patient Safety Reporting Policy be approved.

18/249: Risk Management Assurance Strategy

It was agreed: that Risk Management Assurance Strategy be approved.

18/250: OP60 Being Open Policy

It was agreed: that OP60 Being Open Policy be approved.

18/251: IP01 Hand Hygiene Policy

It was agreed: that IP01 Hand Hygiene Policy be approved.

18/252: HR08 Recruitment, Retention & Retirement Policy

It was agreed: that HR08 Recruitment, Retention & Retirement Policy be approved.

18/253: Risk (Standing Item)

Mr. Stringer confirmed that there were no new or changed risks identified during the meeting other than those contained in the reports provided.

18/254: CQC Action Plan

Ms. Etches introduced the current position and expected publication of the CQC Report on 27th June 2018. Ms. Etches went on to refer to the drafted CQC Action plan for Directors to confirm assurance and future actions.

Ms. Etches referred to the focus needing to be transformational and based on moving from good to great instead of transactional change.

Ms. Etches also referred to the need for local good to great action plans for all areas focusing on 'great' as the norm. She said this includes the addition of 'stretch' actions and aims in some areas.

She asked that all areas commence their local formulation of 'good to great' plans alongside follow up of the completed actions for assurance and those outstanding for completion. It is anticipated that a Trust Continuous Quality Improvement strategy and plan would be the main vehicle for this transformational change.

It was suggested that TMC be the oversight group of the action plan rather a separate 'CQC Steering Group'.

Mr. Duffell said that he would be bringing a report to executive directors meeting next week following the transformation workshops which had taken place.

Mr. Sharon referred to looking at 'What do you need to get the basics right?' Ms. Etches referred to a 'must do' booklet/handbook as a prompt of basic things that need to be done – she will canvass the views of others on this.

Dr. McKaig expressed some concern about handbooks as sometimes handed out but not used and he wondered about the opportunity to use the NHSI CQI Tools and GIRFT underpinning local programmes. There followed discussion regarding how to achieve the best CQI approaches and culture change to engrain great as the norm, the dangers of a purely transactional focus and creating appetite for better as the day to day position, staff inputs and suggestions (and whether the Trust structures, processes and systems support or hinder/prevent the use/implementation – and the enabling of this through a change of culture, living and communicating the values and behaviours.

There followed further debate about the pathway to initiating and supporting culture change and enablement of great.

Ms. Etches said there had to be a transactional plan to address some issues in the report with the wider culture change requiring attention to make any change sustainable and demonstrated by improvements in key indicators. Dr. McKaig said the wider change should always be the stretch aspiration. Ms. Etches said that the draft would be discussed with Directors and confirmed in due course by the time the full report is published on or around the 27th June 2018.

It was agreed: that the CQC Action Plan Update be received and noted.

18/255: Any Other Business -

Dr. McKaig introduced the continuing concerns regarding Mortality as ongoing external scrutiny. He referred to work on the Learning from Deaths, adherence to mortality policy and procedure, internal and external scrutiny in mortality relating to Cancer and Never Events plus CQC alerts regarding Stroke and Pneumonia amongst others. Ms. Etches referred to the potential impact of any further CQC review. Dr. McKaig said the issues are not new but not improving. Prof. Cannaby referred to the impact on reputation for the organisation and therefore the top concern for the Trust Board.

Ms. Nuttall referred changes to coding that had a statistical impact with impact taking time to work through in terms of a statistical impact plus SJRs becoming more reliable and robust to provide better evidence. Prof. Cannaby said that the plan going ahead was unclear in terms of what the Trust is going to do and by when with the evidence of completion and impact.

Ms. Etches asked about the APY review (ongoing) and the emerging themes – Prof. Cannaby and Ms. Nuttall said the resource required needed to be re-visited. Mr Stringer referred to the Trust mortality numbers haven't changed significantly, however the number of people dying in this organisation is unexpected compared with statistical expectations. There followed discussion as to whether there were changes that could or should be made to impact on deaths. Prof. Cannaby said the focus needed to be at pace so as to be able to articulate what is or has been done, by when and with what impact, as reflected by the action plan being written by Dr. Odum, along with the resource to enable and support this. Ms. Nuttall said this should be referred to at the next Board and a review of the Board Assurance Risks.

Prof. Cannaby also referred to the Gosport report summary and gap analysis underway.

Mr. Duffell referred to the 5th July NHS 70 birthday events with senior leaders out and about on the day Ms Evans outlined the requirements and timetables – it was noted that this was also the same day the CQC visit to VI Practices.

Mr. Sharon referred to agreement to revise the Divisions performance review process including the appropriate level of view for the next round of the DPR process. He also referred to references in the Black Country STP of 'Vulnerable/fragile services' and that the Trust is identifying any services that may come under such a definition as a starting point e.g. workforce or activity levels. A template will be circulated for completion.

18/256: Date and Time of next meeting

The next meeting of the Trust Management Committee will be held on Friday 27 July 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.

DRAFT