The Royal Wolverhampton
NHS Trust

Chairs report of the Business of the Trust Management Committee of 27 July 2018
1 October 2018

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	21 September 2018
Title:	Chairs report of the Business of the Trust Management Committee of 27 July 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	• The Report provides assurance regarding the approval of Business Cases and Policies.
Advise	• The report raises no new or changed risks.
Alert	•
Author + Contact Details:	Tel 01902 694294 Email keith.wilshere1@nhs.net
Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	None.

Main Discussion/Action Points:

Considered and approved the following business cases:

18/269: CPE Screening Business Case

It was agreed that the CPE Screening Business Case be approved.

18/270: Impella Heart Pump Business Case

It was agreed that the Impella Heart Pump Business Case be approved subject to agreement by Specialist Commissioners.

18/271: Procurement of Nitrogen Evaporator Business Case

It was agreed: that the Procurement of Nitrogen Evaporator Business Case be approved.

18/273: NICE TAG 495 Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2 negative, locally advanced or metastatic breast cancer

It was agreed that the NICE TAG 495 Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2 negative, locally advanced or metastatic breast cancer Business Case be approved.

18/274: NICE TAG 487 Venetoclax for treating chronic lymphocytic leukaemia

It was agreed that the NICE TAG 487 Venetoclax for treating chronic lymphocytic leukaemia Business Case be approved.

18/275: NICE TAG 491 Ibrutinib for treating Waldenstrom's macroglobulinaemia
It was agreed that the NICE TAG 491 Ibrutinib for treating Waldenstrom's macroglobulinaemia Business Case be approved.

18/276: NICE TAG 492 Atezolizumab for untreated locally advanced or metastatic urothelial cancer when Cisplatin is unsuitable.
It was agreed that the NICE TAG 492 Atezolizumab for untreated locally advanced or metastatic urothelial cancer when Cisplatin is unsuitable Business Case be approved.

18/277: NICE TAG 458 Trastuzumab emtansine for treating HER2 positive advanced breast cancer after Trastuzumab and a taxane
It was agreed that the NICE TAG 458 Trastuzumab emtansine for treating HER2 positive advanced breast cancer after Trastuzumab and a taxane Business Case be approved

18/278: New Product Request: Rotigotine Transdermal Patches Business Case
It was agreed that the New Product Request Rotigotine Transdermal Patches Business Case be approved.

18/279: Replacement 3rd and 4th linear accelerator (linacs) including bunker refurbishment and all associated costs Business Case
It was agreed that Replacement 3rd and 4th linear accelerator (linacs) including bunker refurbishment capital Business Case be approved.

18/281: Additional funding for completion of Chemocare e-prescribing system implementation Business Case
It was agreed that the Additional funding for completion of Chemocare e-prescribing system implementation Business Case be approved subject to confirmation of the changes agreed.

18/282: Delivery of Local and National CQUINS schemes 2018/19 relating to Medicines Business Case
It was agreed that the Delivery of Local and National CQUINS schemes 2018/19 relating to Medicines Business Case be approved.

18/283: Rheumatology Nursing Advice Line Business Case
It was agreed that the Rheumatology Nursing Advice Line Business Case be approved.

18/295: Medical e-Job Planning Business Case
It was agreed that Medical e-Job Planning Business Case be approved.

18/296: Clinical Fellowship for Nursing Business Case
It was agreed that Clinical Fellowship for Nursing Business Case be approved.

18/297: RWT Staff Flu Campaign 2018/19 Business Case
It was agreed that RWT Staff Flu Campaign 2018/19 Business Case be approved.

18/298: Winscribe Pan-Trust Deployment Business Case
It was agreed that Winscribe Pan-Trust Deployment Business Case be approved.

18/299: Electronic Observations Renewal and Expansion Business Case
It was agreed that Electronic Observations Renewal and Expansion Business Case be approved.

18/300: Replacement of Defibrillators Business Case
It was agreed that Replacement of Defibrillators Business Case be approved.

Approved the following policies;

18/302: OP104 Business Continuity Management Policy
It was agreed that the OP104 Business Continuity Management Policy be approved.

18/303: OP106 Safeguarding Children Supervision Policy
It was agreed that the OP106 Safeguarding Children Supervision Policy be approved.

18/304: CP56 Procedural Sedation Policy
It was agreed that the CP56 Procedural Sedation Policy be approved.

18/305: CP05 Transfer Policy
It was agreed that the CP05 Transfer 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 July 2018 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Mr I Badger	Divisional Medical Director, D1
Ms N Ballard	Head of Nursing – Division (D)3
Prof. A-M Cannaby	Chief Nursing Officer (Part)
Dr L Dowson	Divisional Medical Director, D2
Mr A Duffell	Director of Workforce
Ms C Etches	Deputy Chief Executive (Part)
Mr L Grant	Deputy Chief Operating Officer, D1
Dr C Higgins	Divisional Medical Director, D3
Ms C Hobbs	Head of Nursing, D1
Dr J Macve	Director of Infection, Prevention and Control (DIPC)
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
Ms S Roberts	Divisional Manager, Estates and Facilities
Mr M Sharon	Director of Planning and Performance
Ms K Shaw	Deputy Chief Operating Officer, D3
Dr M Sidhu	Divisional Medical Director, D3
Prof B Singh	Clinical Director IT
Mr K Stringer (Chair)	Chief Finance Officer/Deputy Chief Executive
Ms A Tennant	Clinical Director Pharmacy

In Attendance:

Ms M Arthur	Head of Governance & Legal Services
Ms D Hickman	Deputy Chief Nurse
Ms S.Evans	Head of Communications
Mr K. Wilshere	Company Secretary

Apologies:

Prof. J Cotton	Director of Research and Development
Dr S Fenner	Divisional Medical Director, D1
Dr S Grumett	Lead Cancer Clinician
Mr D Loughton	Chief Executive
Mr S Mahmud	Director of Integration
Dr J Odum	Medical Director
Ms T Palmer	Head of Midwifery
Dr J Parkes	Vertical Integrated GP
Mr T Powell	Deputy Chief Operating Officer, D2
Ms V Whatley	Head of Clinical Support including IP
Dr A K Viswanath	Divisional Medical Director, D2

18/257: Apologies for absence

Apologies for absence were received from those listed above.

18/258: Declarations of Interest
There were no new or changed declarations of interest given at the meeting.

18/259: Minutes of the meeting of the Trust Management Committee held on 22 June 2018
There were amendments to the minutes as follows:

Page 6 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~~ known 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.

Page 8 18/255: Any Other Business – Paragraph 3
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 SHMI which was a ratio of observed deaths to expected deaths was currently high for the Trust. ~~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.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on 22 June 2018 be approved with the amendments agreed.

18/260: Matters arising from the Minutes of the previous meeting
There were no matters arising from the minutes raised.

18/261: Action Points List

Friday 27 April 2018 18/179: CQC Initial Feedback and Insight Report
Action: For discussion and action. 22 June 2018 All
Draft report has been received from CQC and circulated to directorates for factual accuracy. The Trust response has been submitted to the CQC and the final report will be published on 27 June 2018. **It was agreed to consider this action closed.**

Friday 22 June 2018 18/228: Staff Story for Trust Board
Action: Mr Duffell to take the proposal to the Board. 27 July 2018 AD
Taken to Board. **It was agreed to consider this action closed.**

18/262: Learning from Deaths (Mortality)
Dr McKaig introduced the report. He highlighted the circulated report and referred to the actions already underway regarding compliance with policy, the adverts for the Medical Examiner roles having been placed, the work in improving coding accuracy, and work with the CCG to ensure that pathways supporting palliation in the community and primary care was strengthened, enhancing patient experience, and ensuring patient and family requests/expectations of "place of death" were respected and achieved.

He referred to possible issues with the acuity of patients being admitted and the work underway in specific areas - Pneumonia; Chronic Bronchitis, Acute Kidney Injury/ Fluid & Electrolyte Disorders; Cerebral Vascular Disease (Stroke); Sepsis.

Dr Dowson asked when the changes would feed through in the numbers. Dr McKaig said it takes around 6 months. Dr Dowson referred to the reduction of conveyance from Nursing Homes elsewhere and the work to be done in the improved use of Hospices. Dr Sidhu said that VI practices are already involved in this work to identify the patients, their preferences and the pathways to follow. Ms Hickman said the Wolverhampton Mortality Reduction Group (WMORAG) was now City-wide and was looking at engagement across the City services with the Terms of Reference in process of being agreed. Prof. Singh asked that plans and ambitions be communicated to the IT team in terms of them understanding the delivery and support needs.

Ms Nuttall asked when the Medical Examiners would be in post. Ms Hickman said the interviews would be in the second week of August 2018. Mr Stringer said that Dr Odum had presented the Action Plan at the Senior Managers Briefing and he asked that the plan be brought back to TMC for updates on completions.

It was agreed: that the Learning from Deaths (Mortality) Report be received and noted.

18/263: Contracting Report

Mr Sharon introduced the report and highlighted the work continuing with Wolverhampton CCG on a risk gain sharing agreement to lock in income.

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

18/264: Tenders Report

Mr Sharon introduced the report and highlighted the impending Cytology Services tender. Dr Sidhu asked about the feedback for the failed APMS tender. Mr Sharon said it had been received and would be used to inform future similar tenders.

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

18/265: Midwifery Service Report

Ms Hickman introduced the report on Ms Palmer's behalf and highlighted the current ratios, the outcome from the Birth-rate plus work and other work underway.

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

18/266: Revalidation Steering Group Report

Dr McKaig introduced the report. He confirmed that the Trust declaration and compliance level was as required.

It was agreed: that the Revalidation Steering Group Report be received and noted.

18/267: Infection Prevention Report

Dr J Macve introduced the report and highlighted the successes and challenges noted in the report on page 2 including winning the "One Together" Silver award for setting up surgical site surveillance service, winning The South Staffordshire Medical Foundation Award for Clinical Audit for work done on device related hospital acquired bacteraemia, the commendation from Public Health England for flu incident management in care homes, the reported improvement in compliance with CPE screening, the two publications achieved including one in an international peer reviewed journal.

She also highlighted the reduction in device-related bacteraemia, the lowest since this data has been collected from 09/10, that Clostridium difficile infection national objective was met with 28 cases falling 7 below the upper target, the reduction in E. Coli bacteraemia cases, the Central line and long line infection rate of 0.148 being a reduction on last year's figure of 0.1654 and 10 times lower than the Matching Michigan project expected, that the IV Team had inserted over 4,200 long lines since the service established in 2012 the reduction in the most serious wound infection associated with surgical procedures and the achievement of 2017-18 Antimicrobial Stewardship CQUIN and majority of 2017-2018 Antimicrobial Prescribing CQUIN.

She went on to say that the challenges ahead were the rise in new MRSA acquisition (colonisation rather than infection), the rise in MRSA bacteraemia with lessons learned and disseminated from the 2 cases, the rising numbers of CPE identified through screening and enabling prompt isolation, the achievement environmental standards compliance in an increasingly busy environment and the high community influenza numbers in winter 17/18 and the low staff vaccine uptake.

Dr Macve also referred to the new national ambition relating to reduce Gram negative bacteraemia by 50% by March 2021. She said that the aimed for reduction presented a different challenge to MRSA bacteraemia as these organisms were carried normally in the gut by everyone and therefore a patient could not be 'decolonised' in the same way as for MRSA. She said that a city-wide strategy targeting specific areas may lead to reductions such as improved urinary catheter usage, other continence management and messages to care homes around improved hydration. She confirmed that the Trust was targeting the use and duration of urinary catheters ensuring that all are appropriate and removed at the earliest opportunity.

Mr Stringer asked whether the cleanliness was at an appropriate level to support the reduction in *C.Difficile.* Dr Macve said that increased cleaning had been re-introduced to the Emergency Department partly in response to a recently increase in cases. Ms Hickman and Dr Macve referred to the recent figures for *C.Diff.* and MRSA.

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

18/268: Division 1 Quality & Governance Report, Nursing Report, Business Cases

Mr Badger introduced the Governance part of the report and referred to the two new amber risks on page 12 of the Report, 2 STEIS Never Events and changes to the on-call arrangements to non-residential in Orthopaedics at Cannock.

Ms Hobbs highlighted the avoidable pressure injury in the report and the booking position in Midwifery as having not reduced as much as was expected due to an increase in Wolverhampton bookings.

Ms Nuttall and Mr Grant confirmed that a meeting had been arranged with Ms Palmer to examine the situation.

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

Division 1 Business Case

18/269: CPE Screening Business Case

Mr Badger introduced the Business Case. Mr Sharon confirmed it had been agreed by the Commissioning Group with a change that had been made to the case presented.

It was agreed: that the CPE Screening Business Case be approved.

18/270: Impella Heart Pump Business Case
Mr Badger introduced the Business Case and briefly outlined the clinical benefits of wider use. Mr Sharon confirmed it had been agreed subject to that from Specialist Commissioners.

It was agreed: that the Impella Heart Pump Business Case be approved subject to agreement by Specialist Commissioners.

18/271: Procurement of Nitrogen Evaporator Business Case
Mr Badger introduced the Business Case.

It was agreed: that the Procurement of Nitrogen Evaporator Business Case be approved.

18/272: Division 2 Quality & Governance Report
Ms Morgan introduced the report and gave the position regarding recent recruitment, zero falls and no late observations for the third consecutive month. Dr Dowson referred to the governance report and improvement in key recruitment areas relating to a Divisional Risk. He referred to the work underway in the Emergency Department to further improve work flows and efficiency including input from an external company. He said that Risk 1714 had been partly addressed by a local community discharge event with the potential for further learning and improvement once the data had been received and analysed.

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

Division 2 Business Cases

18/273: NICE TAG 495 Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2 negative, locally advanced or metastatic breast cancer

It was agreed: that the NICE TAG 495 Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2 negative, locally advanced or metastatic breast cancer Business Case be approved.

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It was agreed: that the NICE TAG 487 Venetoclax for treating chronic lymphocytic leukaemia Business Case be approved.

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It was agreed: that the NICE TAG 458 Trastuzumab emtansine for treating HER2 positive advanced breast cancer after Trastuzumab and a taxane Business Case be approved

18/278: New Product Request: Rotigotine Transdermal Patches Business Case
Dr Dowson introduced the Business Case and the clinical benefits of the product.

It was agreed: that the New Product Request: Rotigotine Transdermal Patches Business Case be approved.

18/279: Replacement 3rd and 4th linear accelerator (linacs) including bunker refurbishment and all associated costs Business Case
Mr Stringer said that the Capital had been agreed in principle to be confirmed at Trust Board but he asked for more detailed information and work regarding the agreement of the revenue side of the Business case. He confirmed the agreement of the capital and asked that the Commissioning Group consider and agree the revenue aspects.

It was agreed: that Replacement 3rd and 4th linear accelerator (linacs) including bunker refurbishment capital Business Case be approved.

18/280: Division 3 Quality & Governance Report
Dr Higgins introduced the report and highlighted the position regarding staffing numbers and vacancies with the largest gap in the Health Visitors group. Ms Ballard added the potential availability of staff and the Division's work to recruit where possible. Ms Nuttall commended this work. Dr Higgins gave the governance report summary. Mr Stringer asked about Risk 4696 and recent work he was aware of from Stoke. He agreed to share this outside the meeting.

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

Division 3 Business Cases

18/281: Additional funding for completion of Chemocare e-prescribing system implementation Business Case
Ms Tennant introduced the Business case as part of meeting the requirements of a CQUIN scheme. Mr Sharon asked about the additional Band 5 post. Ms Shaw said she thought the required changes had been made.

It was agreed: that the Additional funding for completion of Chemocare e-prescribing system implementation Business Case be approved subject to confirmation of the changes agreed.

18/282: Delivery of Local and National CQUINS schemes 2018/19 relating to Medicines Business Case
Ms Tennant introduced the Business case as part of meeting the requirements of a CQUIN scheme. She outlined the changes now required to fulfil the scheme and the best practice elements. Prof. Singh asked for further contact regarding the electronic recording of the data in this case to ensure recording and data flows were in place.

It was agreed: that the Delivery of Local and National CQUINS schemes 2018/19 relating to Medicines Business Case be approved.

18/283: Rheumatology Nursing Advice Line Business Case

Dr Sidhu introduced the Business Case and outlined the role and function of the Advice Line and the benefits to patients.

It was agreed: that the Rheumatology Nursing Advice Line Business Case be approved.

18/284: Executive Workforce Summary Report

Mr Duffell introduced the report and added the positive recruitment events recently held. He outlined the Pay Award information currently available and the possible dissonance between staff expectations and the actual award and that this might have resulted in staff disappointment. He added that the initial costing work indicated a short-fall between the funding and the implementation of the award. Mr Stringer added that the Trust had implemented the national agreement and that RWT did not have any control over the application of the award. He said that the Trust would try to help staff understand their award impact and understand this may result in staff being unhappy with the outturn. Mr Duffell thanked all staff for their efforts for NHS 70 and he thanked and congratulated the Communications Team. Mr Stringer asked if there was follow-up planned from the success of NHS 70. Mr Duffell said that work was underway regarding possible long-service awards in future.

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

18/285: Integrated Quality and Performance Report

Ms Nuttall introduced the report and highlighted 2 key areas relating to Emergency Department performance including an increase in Ambulance conveyances. She said that there were significant challenges in other Emergency Departments in the area with consequential impacts on the RWT Emergency Department particularly potentially a further increase in Ambulance conveyances. She asked for further suggestions for winter planning with a paper to follow in September 2018.

Ms Hickman introduced the quality report and highlighted the position regarding Serious Incident report conclusion and closure dates and the position regarding VTE assessments and recording. She added the position regarding Mortality reviews and the addition of qualitative information and that more are sought to undertake the training to do the reviews to help tackle the backlog.

Ms Nuttall said that the VTE had a number of proposals to potentially improve the assessment and recording are being considered. Dr Dowson highlighted the data recording and system issues involved. Mr Badger said the focus was on recording rather than the quality of assessment and asked for a review of it as a meaningful activity.

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

18/286: Cancer Intensive Support Team Report and Action Plan

Ms Nuttall referred to the Cancer performance figures and she recapped the challenges inherent in changing this. She said the Intensive Support Team have provided their diagnostic and proposed changes including a comprehensive review of all pathways against the national best practice plus work on diagnostics. Ms Nuttall also referred to the ongoing meeting with NHSI regarding the Cancer performance position.

It was agreed: that the Cancer Intensive Support Team Report and Action Plan be received and noted.

18/287: Winter Preparation 2018
Ms Nuttall spoke about the Winter Preparation to date and she said that planning was underway for a possible contingency including opening of additional beds and the recruitment of staff ahead of time. Dr Dowson said the work and trigger points were being considered alongside a suite of other options from NHSI including reducing length of stay and improving investigations turn-around time where possible. He added encouraging signs from partner agencies across a number of local authorities.

Mr Badger asked about the extra capacity should it be required sooner. Ms Nuttall said although the planning was underway it was probably not possible immediately. Dr Dowson said that the winter decline started previously from the start of the school holidays. Mr Badger said he was concerned about the elective work and Cancer targets impact. Dr Dowson said this happens each year with work constantly being considered to improve flow and discharges. There followed a discussion of the staffing position and capacity looking to the near future.

Dr Higgins asked about winter planning for Children's services. Ms Nuttall said that input from all areas had already been sought and asked for any further suggestions to be put forward.

It was agreed: that the Winter Preparation 2018 Report be received and noted.

18/288: Report of the Chief Nursing Officer
Ms Hickman introduced the report and noted that Prof. Magi Sque had retired and that the post was out to recruit to. Ms Hickman mentioned the opportunity to review and revise the Policy pathway in the future.

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

18/289: Terms of Reference (ToR) Senior Nurse Leadership Forum

It was agreed: that the (ToR) Senior Nurse Leadership Forum be received and noted.

18/290: SI Themes Report and Actions
Ms Arthur introduced the report and the work undertaken to identify the main themes and issues relating to three overall areas – Diagnosis, Information Governance and Never Events on page 3 of the report.

She then highlighted the breakdown of the issues and themes under each heading as per table 2, page 4 of the report. She said that common threads related to local 'policy' creation, use and compliance plus Human Factors relating to gaps in consistency and compliance that may have structural or system issues behind them.

Ms Arthur reiterated previously identified common issues, the assurances available in relation to Serious Incident investigation and the tracking and closure of actions with gaps relating to assuring the impact of the actions agreed. She referred to page 6 recommended actions particularly relating to local 'policy' governance and the Human Factors improvement capability required.

She added that safety alerts relating to Never Events are being reviewed in terms of application as potential preventative measures and to identify any gaps. She added that further work was planned to follow-up on a selection of actions taken to assess the impact or otherwise.

Ms Arthur emphasised the focus on local 'policy' improvement and the capacity in the Trust relating to Human Factors issues.

It was agreed: that the SI Themes Report and Actions be received and noted.

18/291: Trust Financial Position Month 3
Mr Stringer introduced the report and highlighted the plan position, activity and income plus one-off elements released. He said that activity remained a focus and works relating to continued temporary staff spend. Mr Stringer added the pay award analysis is showing a shortfall of approx. £300-500k relating to vacancies and the base point increases from the award and that if all posts filled the impact would be greater and the gap larger.

It was agreed: that the Trust Financial Position Month 3 Report be received and noted.

18/292: Capital Programme Month 3
Mr Nabih introduced the report.

It was agreed: that the Capital Programme Month 3 Report be received and noted.

18/293: Operational Finance Group Minutes

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

18/294: Financial Recovery Board – monthly update
Mr Sharon introduced the report and highlighted the slow progress given those elements already assumed or included and the degree of difficulty. He said a recent visit to Taunton would be reported upon in due course with a call for any other ideas. Mr Sharon said further work was underway regarding the pay bill. He also referred to the response to the Operating Plan from NHSI with Cost Improvement subject to further scrutiny.

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

18/295: Medical e-Job Planning Business Case
Mr Duffell introduced the Business case and the potential benefits of the system proposed. Dr McKaig agreed on the requirements and benefits. There followed a discussion of medical staff included and the future benefits. Prof. Singh asked whether there were any further IT related costs. Mr Duffell said they were included in the Business Case presented.

It was agreed: that Medical e-Job Planning Business Case be approved.

18/296: Clinical Fellowship for Nursing Business Case
Ms Hickman introduced the Business Case and the potential benefits for recruitment and retention of staff particularly related to a different avenue for overseas recruitment. She highlighted that dependent on the outcome of this approach; any other overseas nursing recruitment would then be reviewed should it prove successful. Prof. Cannaby added the potential benefits highlighted by the existing programme.

It was agreed: that Clinical Fellowship for Nursing Business Case be approved.

18/297: RWT Staff Flu Campaign 2018/19 Business Case
Ms Hickman introduced the Business Case to meet the requirements of the campaign from a safety perspective. Ms Tennant highlighted the high local rate in nursing and care homes in 2017-2018. Ms Tennant outlined the range of activity proposed in the Business Case and improved data capture alongside a concentrated communicated campaign. Ms Etches said that Wolverhampton staff rates were very low compared to other nearby organisations and that understanding their approach would be useful alongside sickness rates correlation between vaccination rates and sickness/absence. Dr Dowson said it might be interesting to also compare with death from flu rates. Mr Duffell said that in other Trusts senior clinical leadership overt involvement helped recruit other staff. Mr Stringer said that the Trust Board would be recording key messages for the Communication campaign.

It was agreed: that RWT Staff Flu Campaign 2018/19 Business Case be approved.

18/298: Winscribe Pan-Trust Deployment Business Case
Mr Stringer introduced the Business Case and highlighted the potential importance and benefit as part of the development of the Trust's electronic systems. Prof. Singh added that the Trust would benefit from this solution for the electronic flow and management of documents. Mr Badger asked how many weren't using it and his view that some individuals sat outside it. Prof. Singh said he would follow this and any other issues up in due course.

It was agreed: that Winscribe Pan-Trust Deployment Business Case be approved.

18/299: Electronic Observations Renewal and Expansion Business Case
Prof. Singh introduced the Business Case that builds on the existing system used and with greater integration with other systems. Mr Sharon said the Business Case was approved subject to the confirmation of the Band 6 post status. Prof. Cannaby asked for confirmation of the Sepsis implementation from September 2018 to December 2018. Prof. Singh confirmed this.

It was agreed: that Electronic Observations Renewal and Expansion Business Case be approved.

18/300: Replacement of Defibrillators Business Case
Mr Stringer introduced the Business Case and the context of Philips exiting the market and the requirement for the Trust to replace the devices and this was consistent with those used in the Ambulance service. Mr Stringer asked for assurance that the training was in place following a discussion as to the extent of the replacement programme and the synergy of re-training and future training inclusion. Mr Stringer confirmed he would seek more information and assurance regarding the synergy between the roll-out and training including the change from current training status.

Action: Mr Stringer would seek more information and assurance regarding the synergy between the roll-out and training to ensure safe use of the new product.

Dr Sidhu asked for assurance of the involvement of Vertically Integrated GP practices in the replacement and training schemes.

Action: Mr Stringer would seek more information and assurance of the involvement of Vertically Integrated GP practices in the replacement and training schemes.

It was agreed: that Replacement of Defibrillators Business Case be approved.

Post-meeting note: *Robert Millard provided the following in response to Mr Stringer's enquiry -*

"Q *Has the Resuscitation Group been involved in the procurement/decision making for the new equipment?*

Answer: *Yes thoroughly involved.*

Q *How quick will the roll out/training be as we switch to the new equipment?*

Q *In relation to above how different is the current equipment to the proposed new equipment in terms of use and is there any risk of there being both pieces of equipment in use for a short period and clinicians not being familiar at a particular point?|*

Answer from Jenny Cartwright *- Operational Services Manager, Clinical Engineering & Co-Chair Medical Devices Group*

The team are currently arranging a meeting with Zoll, expected in the next couple of weeks, to commence the organisation of a detailed training plan. Although servicing of the existing fleet expires in December of this year, the team have written a robust risk assessment attached, which offers assurance for management in the interim and beyond this date if required.

Zoll have led with extensive training plan management in other Trusts with comparable numbers and scope. They have a team of trainers to support roll out and Clinical Skills and Resuscitation team are confident that there is sufficient time to comprehensively explore and work a training plan around the needs of the individual areas. A robust training plan will be agreed by all relevant parties before commencement. Roll out of a training plan is likely to extend to 8 weeks or more.

In line with our own Trust policy HS11, the expectation will be that a minimum of 75% training compliance will be met before introduction of the devices in any one area. Implementation has the potential to see a period of time when there will be a mix of both devices in the Trust. Priority training of the Cardiac Arrest Team, Critical Care Outreach and Out of Hours Nurse practitioners will offer the assurance of safety during the period of transition, coupled with a similarity and intuitive operation between the devices newly procured and the existing fleet.

I hope this has adequately responded to the questions raised and offers the assurance that TMC require however, please do not hesitate to contact me if you have any further questions."

<u>18/301: Integrated Care System Update (ICS)</u>

Mr Stringer introduced the report and highlighted the aims and collaboration across Primary Care. He said it described the areas of development and the time-line. He said that governance and information use was being worked on and he said the 4 health economy areas being looked at in terms of future integrated care. Ms Shaw said the Trust and others sometimes have duplicating pathways and that the requirement for integrated work must include those currently delivering those services and pathways.

Prof. Singh highlighted the potential risk of governance control for the Trust and to ensure that the Trust retains and uses its own control mechanisms for safe use of data irrespective of other organisations. Ms Etches asked whether such a risk was articulated on the Trust Risk Register. Prof. Singh recommended that Ms Edwards would reflect the totality of the risk he was describing with the support of Ms Shaw. Mr Sharon reiterated that it related to an internal co-ordination, co-operation and agreement as well as a co-ordination with external agencies.

Action: That Prof. Singh and Ms Shaw articulate the risk described with Ms Edwards and provide assurance that the risk either is reflected in a current risk on the Risk register or that a new Risk is placed on the Risk Register.

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

Policies and Strategies for Approval

18/302: OP104 Business Continuity Management Policy

It was agreed: that the OP104 Business Continuity Management Policy be approved.

18/303: OP106 Safeguarding Children Supervision Policy

It was agreed: that the OP106 Safeguarding Children Supervision Policy be approved.

18/304: CP56 Procedural Sedation Policy

It was agreed: that the CP56 Procedural Sedation Policy be approved.

18/305: CP05 Transfer Policy

It was agreed: that the CP05 Transfer Policy be approved.

18/306: CQC Action Plan

Ms Etches referred to the previously circulated proposed Action Plan template for services to add Actions against the recommendations. She said that the visit to Cannock had now taken place and that the VI Practice feedback and the Cannock feedback and report were awaited. Ms Etches said any further recommendations would be added to the existing outline plan. She emphasised the need to integrate the 'stretch' elements as the aspiration to further quality improvement.

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

18/307: Risk (Standing Item)

The Risk relating to data governance in the wider integrated care system will be considered and added by Prof. Singh.

18/308: Any Other Business -

The Company Secretary agreed to implement an absolute cut-off for papers in future of the afternoon of the Monday of the week of the meeting with an aimed for deadline of the Friday prior.

18/309: Date and Time of next meeting

The next meeting of the Trust Management Committee will be held on Friday 21 September 2018 at 1.30 p.m. in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital.

The meeting ended at 3.30pm.