

## CHAIRMAN'S SUMMARY REPORT

*This summary sheet is for completion by the Chair of any committee/group to accompany the minutes required by a trust level committee.*

<b>Name of Committee/Group:</b>	Trust Management Team	
<b>Report From:</b>	Chief Executive/Chief Operating Officer	
<b>Date:</b>	20.04.12	
<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
<b>Aims of Committee:</b> Bullet point aims of the reporting committee (from Terms of Reference)	<ul style="list-style-type: none"> <li>▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis</li> <li>▪ 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.</li> </ul>	
<b>Drivers:</b> Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.	<p>The matters highlighted below are not driven directly by the CQC, Monitor, or any other outside body. They are driven variously by the imperatives to enhance patient experience, ensure patient safety, maximise operational efficiency and effectiveness, improve the quality of services, and safeguard the financial position of the Trust.</p>	
<b>Main Discussion/Action Points:</b> Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ul style="list-style-type: none"> <li>▪ Considered and approved the business case for the extension of <b>Wet Age Related Macular Degeneration Treatment Services</b></li> <li>▪ Supported the business case for the investment of more resources to add the <b>Toxin EIA test</b> to the algorithm for <i>Clostridium.difficile</i> testing</li> <li>▪ Approved the business case for the use of Dexamethasone Intravitreal Implant (Ozurdex) to treat <b>macular oedema</b></li> <li>▪ Approved the business case for the introduction of <b>Macular Assessment Clinics</b> for the Diabetic Retinopathy</li> <li>▪ Discussed and approved the Project Initiation Document (PID) for the establishment of a substantive <b>Surgical Site Infection Team</b>, incorporating Chloraprep for surgical skin preparation</li> <li>▪ Approved the PID for a nurse-led <b>Intravenous Access Resource Team</b></li> <li>▪ Approved the terms of reference and membership of the newly established <b>Modernisation Programme Board</b> which will oversee the QIPP and Investment plan.</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ Received and discussed a presentation on developments and current issues in respect of the <b>Undergraduate Academy Structure and Developments</b>.</li> </ul>
<p><b>Risks Identified:</b></p> <p><b>Include Risk Grade (categorisation matrix/Datix number)</b></p>	<p>The Management Team has had regard to any risks identified in respect of these matters.</p>

Minutes of the Meeting of the Trust Management Team

**Date:** 20 April, 2012

**Venue:** Boardroom, Clinical Skills and Corporate Services  
Centre, New Cross Hospital

**Time:** 1.30 p.m.

<b>Present:</b>	Mr. D. Loughton CBE (Chair)	Chief Executive
	Mr. I. Badger	Divisional Medical Director, Division 1
	Ms. R. Baker	Divisional Nurse, Division 2
	Dr. M. Cooper	Director of Infection Prevention & Control
	Dr. J. Cotton	Director of Research and Development
	Ms. M. Espley	Director of Planning and Contracting
	Ms. C. Etches	Chief Nursing Officer
	Mr. M. Goodwin	Head of Estates Development
	Mr. L. Grant	Deputy Chief Operating Officer, Division 1
	Ms. D. Harnin	Director of Human Resources
	Ms. D. Hickman	Head of Midwifery
	Dr. S. Kapadia	Divisional Medical Director, Division 2
	Dr. J. Odum	Medical Director
	Mr. T. Powell	Deputy Chief Operating Officer, Division 2
	Mr. K. Stringer	Chief Financial Officer
<b>In Attendance:</b>	Dr. P. Rylance	Head of Academy (part)
	Mr. A. Sargent	Trust Board Secretary
<b>Apologies:</b>	Mr. G.P. Argent	Divisional Manager, Estates and Facilities
	Ms. V. Hall	Chief Operating Officer
	Dr. D. Rowlands	Lead Cancer Clinician

Minute		Action
12/104	<b><u>DECLARATION OF INTERESTS</u></b>  There were no declarations of interest.	
12/105	<b><u>MINUTES OF THE MEETING HELD ON FRIDAY 23 MARCH 2012</u></b>  <b>IT WAS AGREED:</b> that the Minutes of the Meeting of the Trust Management Team held on Friday 23 March, 2012 be approved as a correct record.	
12/106	<b><u>MATTERS ARISING FROM THE MINUTES</u></b>  It was noted that the Business Case for the replacement of a Consultant Cardiologist (12/77) was due to be considered by Commissioners on 25 April.	

It was further noted that a report on the Business Case for the extension to the Trust's Admission Lounge (12/78) was due to be considered by the Trust Board on 23 April.

A report on the Wet Age Related Macular Degeneration was due to be considered by the Board, also on 23 April.

With reference to the Business Case for Seven Day Working (12/81), Mr. Stringer indicated that this had been reported to the Modernisation Programme Board (including PCT and CCG representatives) where the need for this development had been acknowledged.

With reference to Minute 12/86 (piped oxygen to every ward), Mr. Goodwin confirmed that this matter was being progressed.

**12/107**      **ACTION SUMMARY**

**It was agreed that the following matters could be closed:**

- **Wet age related Macular Degeneration (11/303)**
- **Business Case for the extension of the Trust's Admission Lounge (12/78)**
- **Business Case for Seven Day Working (12/81)**
- **Piped Oxygen to every ward in New Cross Hospital (12/86)**

**12/108**      **PRESENTATION**

**Undergraduate Training and Teaching Academy Structure**

Dr. Rylance attended the meeting to present a report on developments and current issues in Undergraduate Education. He explained that approximately 1,000 students from the University of Birmingham Medical School came through New Cross Hospital every year to receive high quality training and clinical experience, and that one of the objectives of the Undergraduate Education at the Trust was to attract the best medical students back to Wolverhampton as FY1 doctors and subsequent training grades, with the consequent provision of quality medical care in Wolverhampton, and enhancement of the reputation of this Trust. He referred to on-line feedback from medical students, which was consistently towards the upper level of ranking compared with other Teaching Trusts, although poor national survey feedback and ranking of the Birmingham Medical School by established medical students, compared with other medical schools, had been disappointing. It was thought that this related more to organisational aspects of the Medical School rather than the quality of teaching provided.

Dr. Rylance outlined a number of areas for development, including course structure, protected teaching time, and SIFT budget, and outlined a number of initiatives designed to deal with some of the current issues.

Dr. Rylance referred to the simulation ward which had been jointly funded with charitable funds, and invited any members of the Trust Management Team who had not already done so, to arrange to visit it. He went on to show a short DVD film of medical students who had chosen to make a charity DVD at New Cross Hospital in preference to using any of the other local hospitals where they had had placements. He suggested that this indicated a level of goodwill and commitment to the Trust, which in turn reflected on the quality of education which was being delivered here.

The Chief Executive commended the progress now reported and said that staff at the Trust should be proud that medical students wished to train and work here. He added that it may be necessary to consider how to publicise this Trust for training purposes further afield beyond Birmingham.

In response to a question, Dr. Rylance said that he was attempting to establish whether there would actually be a reduction of £200,000 out of a total SIFT budget of £1.8m, as this would be a significant reduction. There ensued a discussion around the importance of using the simulation facilities to develop multi-disciplinary team working.

**IT WAS AGREED: that the report on developments and current issues in Undergraduate Education, be noted.**

12/109

**QUARTERLY REPORTS**

Infection Prevention and Control 2011/12

Dr. Cooper presented his report on Infection Prevention performance data for the year 2011/12. The report said that the Trust's external targets for 2011/12 were:

MRSA bacteraemia – 1, and *C.difficile* – 57.

There had been no MRSA bacteraemia during the year and 88 cases of *C.difficile* using the relevant definition of attribution. Although the Trust had missed its internal target for MSSA bacteraemia, it had recorded the lowest number of cases since the data started being collected. The Trust was within the internal target for DRHABs and had the lowest number of MRSA acquisitions since data collection had begun, despite the addition of West Park Hospital to the figures for the first time during the year. The Trust had missed its target for *C.difficile* using its internal definition of attribution of cases, but this was undoubtedly due to the change to a more sensitive detection method at the end of 2010/11.

**Action**

Dr. Odum enquired how much lower it might be possible to bring the level of MSSA bacteraemia infection. Dr. Cooper replied that most of the decrease in MSSA had been through a reduction in RWHT-attributable cases and most of those were associated with lines.

A few of the patients who had contracted MSSA had chronic wounds.

Dr. Cooper indicated that it was intended to eliminate all line related DRHABs. However, he went on to say that too many blood cultures were being taken by non-phlebotomists. Mr. Badger said the biggest problem was getting phlebotomists to attend A & E or other wards. Dr. Cooper said that the procedure should be that they would be bleeped to attend a ward and should respond within ten minutes or say why this would not be possible. Dr. Kapadia said that four phlebotomists covered out of hours duties and that the current working practices of phlebotomists, especially out of hours, needed review. Ms. Etches requested evidence and statistics for these statements, for example the number of blood cultures taken out of hours and the number of incidences when delays had led to non-phlebotomists taking blood cultures.

Dr. Cooper went on to say that there had been good progress around MRSA acquisitions in the community and that the improved rate of screening, improved clinical practice and improved hygiene all seemed to be contributing to this. Mr. Loughton queried the continued inclusion of data in respect of ESBL which appeared to be outside the control of the Trust.

**IT WAS AGREED:**

- a) that the Quarterly Report on Infection Prevention and Control for 2011/12 be noted;
- b) that Mr. G. Danks be requested to look into the comments made in respect of delays in getting phlebotomists to attend wards to take blood cultures and to report back to the Chief Executive and the Chief Nursing Officer as soon as possible;
- c) that the continued inclusion of information in respect of ESBL in this Quarterly report be reviewed with a presumption that it will be removed from future reports.

GD/DL/CE

MC

**DIVISIONAL MEDICAL DIRECTORS' REPORTS**

**Division 1**

12/110

**Governance Report**

Mr. Badger presented the monthly report on new serious untoward incidents and STEIS reportable incidents, together with new red complaints and new/on-going red risks. He provided further information about the two new Never Events reported. He indicated that the surgeon involved in the retained guide wire event had undergone training and would be able to undertake the procedure in question only under supervision until demonstrably competent to undertake it alone.

The training given in this case included instruction in the definition of a "Never Event".

The second never event, namely the extraction of the incorrect tooth, involved an experienced dentist who had been able to re-insert the tooth with a short time-lag and there was a good prospect of the tooth taking root again. A rapid RCA had been carried out in this case.

Mr. Loughton asked whether the Trust yet had the proper culture embedded throughout, and asked whether every area was reporting Never Events in a timely manner. He went on to say that Never Events should be used as an opportunity where necessary to change cultures. Ms. Etches said that Never Events were deemed to be largely avoidable if correct systems and processes were followed and were linked back to having a safety culture and keeping proper checks at the correct times. Mr. Badger said it was important to encourage people to admit when things went wrong but also to punish individuals who behaved as mavericks. Dr. Odum reported that he had found from his meetings with surgeons and anaesthetists that they acknowledged that most Never Events had been avoidable. Individuals involved had usually accepted responsibility and had also subsequently obtained a higher level of understanding of how the organisation and the SHA viewed Never Events and the expectation that they should not occur, and that when they occurred there were very serious consequences potentially for patients as well as for the Trust. Mr. Badger emphasised the need to disseminate information about Never Events across all directorates. The Chief Executive asked whether it would be possible to develop an all users Never Event update sheet in order to share details after each event, and Mr. Badger and Ms. Etches undertook to look into starting this process. Mr. Loughton asked whether the more isolated parts of the Hospital and Trust were aware that they too should comply with the guidance on Never Events. Ms. Etches said that through the divisional structure there were effective communications to every department, and in addition the WHO Checklist had an action plan which included making all areas of the Trust aware.

IB/CE

		Action
	<p>Dr. Odum referred to the need, in his opinion, to determine the level of sanctions only when each Never Event had been fully investigated. Ms. Etches said that careful thought also needed to be given to sanctions for those who failed to report a Never Event. She suggested that there may be a need to differentiate between those individuals who kept quiet because they were collaborating with the guilty party and others who felt bullied or intimidated to keep quiet. It was agreed that clarification on this point was required.</p> <p><b>IT WAS AGREED:</b></p> <p>a) that the Governance Report from Division 1 be noted;</p> <p>b) that the Chief Nursing Officer investigate the wording of the Policy in respect of reporting Never Events and the sanctions for not reporting them, in order to clarify and communicate the current situation.</p>	CE
12/111	<p><u>Nursing, Midwifery and Quality Report – Surgical Division</u></p> <p><b>IT WAS AGREED: that the Nursing, Midwifery and Quality Report from the Surgical Division be noted.</b></p>	
12/112	<p><u>Addition of Toxin EIA test to the algorithm for <i>C.difficile</i> testing</u></p> <p>In response to a question, Ms. Espley indicated that this funding request had not yet been considered by the Contract and Commissioning Committee. The Chief Executive emphasised that to secure funding for this test, the Division would need to indicate that there would be discernible, beneficial results in a matter of months.</p> <p><b>IT WAS AGREED: that the request for funding for the Addition of Toxin EIA test to the algorithm for <i>C.difficile</i> testing, be deferred.</b></p>	IB
12/113	<p><u>Extension of the Wet Age Related Macular Degeneration Treatment Services</u></p> <p>Ms. Espley said that it was necessary to obtain the written agreement of the Commissioner in respect of this Business Case.</p> <p><b>IT WAS AGREED: that the consideration of this Business Case be deferred pending the receipt of the written agreement of the Commissioner.</b></p>	IB
12/114	<p><u>Dexamethasone Intravitreal Implant (Ozurdex)</u></p> <p>Mr. Badger presented a report requesting funding for the use of Ozurdex to treat macular oedema following all sub-types of retinal vein occlusion.</p>	



**IT WAS AGREED: that funding be approved for the use of Ozurdex to treat macular oedema following all sub-types of retinal vein occlusion.**

**12/115** Introduction of Macular Assessment Clinics for the Diabetic Retinopathy

Mr. Badger submitted a Business Case for the introduction of macular assessment clinics for the Diabetic Retinopathy.

**IT WAS AGREED: that the Business Case for funding to introduce Macular Assessment Clinics for the Diabetic Retinopathy be approved.**

**Division 2**

**12/116** Nursing and Quality Report

Dr. Kapadia presented the monthly Nursing and Quality Report for Division 2. Ms. Etches expressed concern about the 60% appraisal rate across the Division. Dr. Odum indicated that revalidation would give impetus to improving this rate.

**IT WAS AGREED: that the monthly Nursing and Quality Report from Division 2 be noted.**

**12/117** Governance Report

In response to a question from Mr. Loughton, Ms. Etches indicated that a project to tackle the incidence of HAPU in the Community could proceed only if funding could be secured for a Tissue Viability Team. Mr. Loughton referred to a recent communication from Sir Neil McKay and said that he would discuss this further with Ms. Etches outside the meeting.

**IT WAS AGREED: that the monthly Governance Report from Division 2 be noted.**

**REPORT OF THE CHIEF OPERATING OFFICER**

**12/118** Performance Report

Mr. Powell highlighted the main points of the monthly Performance Report and the annual position for 2011/12. He referred to a significant increase in activity in the A & E Department during March. He drew attention to the number of short notice cancellation of operations (4 in March) which represented 0.54% of total activity, and mentioned that the number of red-rated indicators had fallen from 10 to 6. He also said that the Trust had hit the elective length of stay target for the first time in March.

Mr. Loughton commended the overall performance during 2011/12 and expressed appreciation for work done to meet targets, particularly having regard to the change in the rules which affected Quarter 4. He indicated that many other Trusts had failed to meet their targets for A & E. He also informed the meeting that the Francis Report was not now expected to be published until October and that the Government's response would therefore follow sometime in the Spring of 2013.

**IT WAS AGREED: that the monthly Performance Report, be noted.**

**REPORT OF THE CHIEF FINANCIAL OFFICER**

**12/119** Financial Position of the Trust at the end of Month 12 (March 2012)

Mr. Stringer drew out the main points in the Finance Report for Month 12 (March 2012) and reported that at the end of March the Trust's surplus was £8,507,000, which was £1,470,000 above plan. He indicated that the overall income position was an over performance of £473,000, and that the expenditure position showed a net overspend. He said that the Trust had achieved 95% of its CIP target for the year, 85.3% of which represented recurring savings. He outlined the cash position at the beginning of March and emphasised that there would be very rigorous monitoring during the first quarter of the new financial year, and a strong push to make early progress on the CIP schemes identified.

**IT WAS AGREED: that the Finance Report for Month 12 (March 2012), be noted.**

**12/120** Capital Programme 2011/12 – Month 12 progress report

Mr. Goodwin summarised his progress report for the Capital Programme 2011/12, as at Month 12 (March 2012). The meeting noted that the yearend position equated to an underspend of £338,087 against a capital resource limit (CRL) of £19,582,775.

**IT WAS AGREED: that the Month 12 progress report on the Capital Programme 2011/12 be noted.**

**12/121** Capital Programme 2012/13 – 2016/17

Mr. Goodwin introduced the revised five year Capital Programme. He drew attention to three projects which had not yet been included in the Programme and indicated that there would be a further review of this Programme following completion of the Estates Strategy Review.

**IT WAS AGREED: that the five year Capital Programme 2012/13 – 2016/17 be approved.**

**REPORT OF THE DIRECTOR OF HUMAN RESOURCES**

**12/122** Work Experience update

Ms. Harnin presented a report outlining progress in providing work experience, and providing an update on recent developments. She confirmed that work experience was typically for a period of six weeks. She agreed to publish details of internships, and undertook to formalise the work currently done by Darren Young.

**IT WAS AGREED: that the proposals for the development of Work Experience within the Trust, as set out in the report, be approved.**

**REPORT OF THE CHIEF NURSING OFFICER**

**12/123** Red Incidents, Complaints and Operational Risks for Corporate Areas

Ms. Etches indicated that all Never Events were reported to the monthly Trust Board meeting in public session.

**IT WAS AGREED: that the report on Red Incidents, Complaints and Operational Risks for Corporate areas, be noted.**

**12/124** Trust Governance Committees update

Ms. Etches drew out the salient points of her report on the Trust Governance Committees. She stressed the benefits of achieving Level 3 for NHSLA Standard Compliance, not only in terms of financial savings but also for the way it would reflect upon this Trust's attitude to risk and safety.

Mr. Loughton stressed the importance of all Divisions supporting the drive to obtain Level 3 in CNST. This would heighten the reputation of the Trust in respect of clinical safety, has had been the case recently with other hospital trusts. Dr. Odum emphasised that this must be seen not merely as a project run and managed by the Governance Team, but to be owned by every part of the Trust.

**IT WAS AGREED: that the progress report from the Trust Governance Committees be noted.**

**12/125** Project Initiation Document for Substantive Surgical Site Infection Team incorporating ChloroPrep for surgical skin preparation

Ms. Etches presented a project initiation document (PID) proposing the establishment of a Surgical Site Surveillance Team. This had not been submitted to the Contract and Commissioning Committee because it was a PID and not a Business Case.

She acknowledged that this was not a straightforward spend and save scheme, although it was hoped that the significant annual expenditure would lead to even more significant annual savings. However, data collection was an essential part of this project, particularly to establish the baseline. Dr. Cooper spoke strongly in support of this proposal.

**IT WAS AGREED: that the Project Initiation Document for the establishment of a substantive Surgical Site Infection Team incorporating ChloroPrep for Surgical Skin Preparation, be approved.**

**12/126** Project Initiation Document for Nurse Led Intravenous Access Resource Team

Ms. Etches submitted a Project Initiation Document (PID) for a nurse-led Intravenous Access Resource Team.

**IT WAS AGREED: that the Project Initiation Document for the establishment of a Nurse Led Intravenous Access Resource Team be approved.**

**REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING**

**12/127** Annual Report for Emergency Preparedness 2011/12

Ms. Espley presented the Annual Report for Emergency Preparedness. She indicated that Internal Audit would review business continuity issues during the year.

**IT WAS AGREED: that the Annual Report for Emergency Preparedness 2011/12 be received.**

**At this juncture Mr. Loughton left the meeting and Dr. Odum assumed the Chair.**

**12/128** LDP and Contracts 2012/13

Ms. Espley presented a progress report on the Clinical Services Contracts for 2012/13. There had been a positive outcome to the contracting round for 2012/13. However, she indicated that it was likely that there would be more challenge than previously in respect of the contracts, and that the Clinical Commissioning Groups (CCG) would be holding the Trust to account regarding performance against the contract. In response to a question from Dr Odum, Ms. Espley confirmed that a number of targets could carry a financial penalty, although the commissioner had confirmed that they intended to continue to request the Trust to produce remedial action plans and to demonstrate improved performance prior to any financial penalties being sought. It was noted that 2.5% of contract income would be realised via CQUINs.

Mr. Stringer enquired about the recalibration of the target for Smoking Quitters. Ms. Espley indicated that this had not yet taken place. She had established that the current target was set in 2010 when, following extensive national campaigns, there had been very good performance against the target. The StHA were requiring commissioners to maintain this target level at the 2010 position. Discussions with the Commissioner were on-going to try to adjust the target or to agree an investment plan to support the delivery. The target for Quarter 1 would be phased to account for this.

Mr. Stringer also enquired about progress with the service evaluation report on dementia. Ms. Etches indicated that the first draft of the report would be reviewed in the next week or so.

In response to a question regarding emergency readmissions, Ms. Espley undertook to speak with the Commissioners in order to seek to reach agreement on implementing National Guidance/Best Practice.

Ms. Espley undertook to confirm to Ms. Etches outside the meeting the pre-set target for complaints which was set on a national basis. Ms. Espley also responded to a question in respect of the reduction of falls and confirmed that the target related to falls with serious injury, and had been almost achieved during 2011/12.

**IT WAS AGREED: that the overview report on Clinical Services Contracts 2012/13 be noted.**

12/129

Modernisation Programme Board

Ms. Espley presented a report which recommended the establishment of a Modernisation Programme Board, together with its Terms of Reference, in order to oversee the delivery of QUIPP and to agree the corresponding investment plan, provide strategic oversight to monitor the delivery of the programme and to report on the achievement of the agreed outcomes. She indicated that GPs had requested additional clinical representation on the new Board.

**IT WAS AGREED: that the proposal for the establishment of a Modernisation Programme Board, together with its Terms of Reference, as set out in the report, be approved.**

**REPORT OF THE MEDICAL DIRECTOR**

12/130

Mortality Report – 2011/12

Dr. Odum presented a summary of the year-end HSMR and SHMI mortality position, including the latest available performance data. The report also set out how the Trust had used elevated HSMR as a quality improvement tool.

Dr. Cotton commented that all of the heart attack patients were brought to Wolverhampton and therefore this Hospital recorded more deaths than some neighbouring Trusts from heart attacks. Dr. Odum said that some of the heart attack patients had been on medical wards.

**(Ms. Etches and Mr. Stringer left the meeting at this point)**

Dr. Odum drew attention to the on-going work within the Trust in respect of mortality and to the elevated HSMR in some areas of the Trust (mainly in medicine). He indicated that this Trust was leading in mortality across the West Midlands and that there was now a far better understanding here of issues around HSMR compared to the position twelve months ago. He undertook to circulate the report to relevant clinicians in the Divisions.

**IT WAS AGREED: that the report summarising the year-end HSMR and SHMI mortality position be noted.**

**12/131 ANY OTHER BUSINESS**

No other business was raised.

**12/132 DATE, TIME AND VENUE OF NEXT MEETING**

It was noted that the next meeting of the Trust Management Team was due to be held on Friday 25 May, 2012 at 1.30 p.m. in the Board Room of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

**The meeting closed at 4.10 p.m.**

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