

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.

Name of Committee/Group:	Trust Management Team	
Report From:	Chief Executive	
Date:	25.05.12	
Action Required by receiving committee/group:	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	<ul style="list-style-type: none"> ▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis ▪ 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. 	
Drivers: 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>	
Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ul style="list-style-type: none"> ▪ Noted the national reconfiguration of services for teenagers and young adults with cancer (TYAC): agreed upon the desirability of securing the current TYAC service in order to safeguard the Paediatric Oncology Service. ▪ Received a progress report on the development of an integrated electronic patient record, with outpatient departments already undergoing trials, and trials in inpatient areas planned shortly. ▪ Discussed and approved the business case for additional pharmacy staff to deliver six medication related CQUINs for 2012/13. ▪ Approved the Annual Security report for 2012/13, and noted the decreasing number of violent and aggressive incidents since the previous year ▪ Approved the business case for the first stage of the Nursing and Midwifery Review (Inpatient Settings) 	

Risks Identified: Include Risk Grade (categorisation matrix/Datix number)	The Management Team has had regard to any risks identified in respect of these matters.

Minutes of the Meeting of the Trust Management Team

Date: 25 May, 2012

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

Time: 1.30 p.m.

Present:

Mr. D. Loughton CBE	Chief Executive (part)
Mr G Argent	Divisional Manager, Estates and Facilities
Ms. R. Baker	Divisional Nurse, Division 2
Dr. M. Cooper	Director of Infection Prevention & Control
Ms. C. Etches	Chief Nursing Officer
Mr. M. Goodwin	Head of Estates Development
Mr. L. Grant	Deputy Chief Operating Officer, Division 1
Ms. V. Hall (Chair)	Chief Operating Officer
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
Dr. D. Rowlands	Lead Cancer Clinician
Dr. B.M. Singh	Clinical Director of IT
Mr. K. Stringer	Chief Financial Officer (part)
Ms. Z. Young	Divisional Nurse, Division 1

In Attendance:

Ms. T. Athwal	Risk and Governance (part)
Mr. S. Evans	Head of Performance
Mr. A. Sargent	Trust Board Secretary

Apologies:

Mr. I. Badger	Divisional Medical Director, Division 1
Ms. M. Espley	Director of Planning and Contracting
Dr. J. Cotton	Director of Research and Development
Mr. M. Ogden-Meade	Interim Chief Operating Officer

Minute		Action
12/133	<u>DECLARATION OF INTERESTS</u> There were no declarations of interest.	
12/134	<u>MINUTES OF THE MEETING HELD ON FRIDAY 20 APRIL 2012</u> IT WAS AGREED: that the Minutes of the meeting of the Trust Management Team held on Friday 20 April, 2012, be approved as a correct record.	

Minute		Action
12/135	<p><u>MATTERS ARISING FROM THE MINUTES</u></p> <p>Pursuant to the discussion in Minute 12/110 regarding Never Events, Ms. Hall inquired about the extent to which the WHO Checklist was now in use across the Trust. Dr. Odum undertook to review the timescale for this.</p>	
12/136	<p><u>ACTION SUMMARY</u></p> <p>In respect of Item 12/17 (Vision for A & E Services), it was confirmed that this matter had now been considered at the Urgent Care Strategy Board, and that the action had been discharged.</p> <p>Ms. Etches said that work was on-going in respect of the wording of the Policy regarding Never Events, and that this should be left as an open action for the time being.</p> <p>Similarly, Mr. Grant indicated that Item 12/112 (Toxin EIA test) would remain an open item for the time being.</p> <p>Mr. Evans reported that the Business Case for the extension of the Wet Age Related Macular Degeneration Services was due to be discussed at the Commissioning Meeting and written agreement was awaited. He further reported that as funding had been agreed for the replacement of a Consultant Cardiologist, this action could be closed.</p> <p>IT WAS AGREED: that the Action Summary be noted.</p> <p><u>QUARTERLY REPORTS</u></p>	CE
12/137	<p><u>Cancer Services</u></p> <p>Dr. Rowlands presented his Quarterly Report on Cancer Services, including data reporting, Cancer Peer Review, cancer waiting times trends, Cancer Network reconfiguration, services for young people with cancer, and projects with Macmillan. He drew attention to the Cancer Outcomes and Services Dataset. The collection of the information required could be onerous but the Trust might attract a financial penalty if it failed to collect it. Currently, Dr. Rowlands indicated that the Trust could obtain approximately 60% of the data from 60% of patients, which was probably better than other organisations were achieving. Concern was expressed about the possibility of financial sanctions and Dr. Rowlands was requested to report back to the TMT in six months on the implementation plan for the collection of data for the Cancer Outcomes and Services Dataset. Ms. Hall also requested that the Chief Executive and herself be informed as soon as the publication date for the Cancer Peer Review was known.</p>	DR

Minute

Action

There was a discussion around the national reconfiguration of services for Teenagers and Young Adults with Cancer and the view was expressed and shared that it would be prudent to secure the Trust's Teenager and Young Adults with Cancer Service in order to avoid adverse effects on the paediatric oncology service.

It was noted that although a particular long serving paediatrician was expected to retire in 2013, Dr. Odum expressed confidence that the Trust should be able to continue to provide the service in question.

Dr. Rowlands indicated that there continued to be a drive to see first referral patients within seven days.

In response to a question, Dr. Rowlands confirmed that the funding for an Assistant Manager for the MacMillan Information Centre was in place for an eighteen month period and this was a one off, time limited commitment by the charity.

IT WAS AGREED: that the Quarterly Report on Cancer Services be noted.

12/138

Report of the Integrated Electronic Patient Record Committee

Dr. Singh presented a report which provided information on progress towards establishing the building blocks for a high level electronic patient record. He confirmed that much work had been taking place with a view to all Trust out-patient department services being (paper) note less by April 2013, and a pilot for in-patient services would commence in the next few months.

Dr. Kapadia asked about the disposal or re-use of downgraded PCs, and whether there would be genuine feedback and listening to comments about the move from paper to electronic patient records given that there had already been a number of complaints about problems which had arisen. He also enquired about laboratory tests and expressed the concern that results must be actually fed back and not merely left on a computer file. In response, Dr. Singh confirmed that pc's would be disposed of securely, including the destruction of hard drives under certain conditions. With regard to pathology reports, he acknowledged that the delivery process required careful consideration and that more work was required on this. He added that to achieve noteless out-patient department working, the services and clinicians in them would have to change their ways of working.

Dr. Odum said that the requirements of the NHSLA as well as clinicians expectations must be borne in mind throughout the process. In response to a question by Dr. Rowlands, Dr. Singh said that the traditional handwritten notes could take up to seven days to appear on file which was unacceptable when a patient might have involvement with more than one hospital department, each of which needed to be able to see quickly the most up to date notes made after each appointment.

Minute		Action
	<p>IT WAS AGREED: that the progress report on the development of the Integrated Electronic Patient Record be noted.</p> <p><u>DIVISIONAL MEDICAL DIRECTORS' REPORTS</u></p> <p><u>Division 1</u></p>	
12/139	<p><u>Surgical Division Governance Report</u></p> <p>Mr. Grant presented the monthly Governance Report from Division 1. Ms. Etches enquired whether there was anything to share in terms of learning about the Never Event in the Maternity Department following the forty-eight hour RCA. Ms. Young indicated that this had been raised at the Senior Nurse Manager's meeting last week.</p> <p>IT WAS AGREED: that the Governance Report for the Surgical Division be noted.</p>	
12/140	<p><u>Nursing, Midwifery and Quality Report</u></p> <p>During consideration of this item, the TMT noted the considerable strengthening on the Trauma and Orthopaedic wards, the improved appraisal rates, the improvement in performance on complaints and the consistently high quality of care delivered. With regard to the Never Event, Ms. Hickman confirmed that Trust representatives had met with the Commissioners to review the outcome from their unannounced visit.</p> <p>IT WAS AGREED: that the Nursing, Midwifery and Quality Report for Division 1 be noted.</p> <p><u>Division 2</u></p>	
12/141	<p><u>Nursing and Quality Report</u></p> <p>Ms. Baker presented the monthly Nursing and Quality Report for Division 2. She highlighted the plan to improve the rate of appraisals, the number of vacancies across different services, and the number of pressure ulcers. She indicated that awareness around pressure ulcers was spreading throughout the Divisions. Dr. Odum emphasised the current high focus on appraisals across the organisation and the recent interest shown by the SHA on the number of consultants' appraisals.</p> <p>IT WAS AGREED: that the Nursing and Quality Report be noted.</p>	
12/142	<p><u>Governance Report</u></p> <p>Dr. Kapadia presented the monthly Governance Report for Division 2. Ms. Etches added that STEIS data was now being circulated routinely to raise the profile of pressure ulcers.</p>	

Minute

Action

Dr. Kapadia suggested that this approach may be counterproductive if people who did not need to know were being sent the information.

Dr. Cooper and Dr. Rowlands indicated that they were glad to receive such information although it did not directly affect their daily activities. Dr. Odum indicated that senior clinicians must know what is going on within the organisation, both to raise awareness and to promote discussion.

IT WAS AGREED: that the Governance Report for Division 2 be noted.

12/143 Business Case – Pharmacy CQUIN

Dr. Kapadia submitted a Business Case for six medication related CQUINS for 2012/13, representing £2.8m of the £5m related to the Acute Trust's CQUINS. In response to a question he confirmed that this had been considered by the Contracting and Commissioning Committee.

IT WAS AGREED: that the Business Case for the Pharmacy CQUIN, as set out in the report, be approved.

REPORT OF THE CHIEF OPERATING OFFICER

12/144 Performance Report – Annual Review of the Performance Monitoring Framework

Ms. Hall outlined her report which recommended a number of changes to the monthly and quarterly Performance Reports to Trust Management Team and Trust Board.

IT WAS AGREED: that the proposed changes to the format for performance monitoring reports for 2012/13, as detailed in the report, be approved.

12/145 Performance Report – National Regulatory and Local Performance Indicators

Ms. Hall guided the meeting through the monthly update on performance against national and local performance indicators. Referring to the A & E unplanned re-attendance rate, Mr. Powell informed the meeting that there were approximately one dozen very regular attenders at A & E and there was one patient, for example, who had made thirty-eight calls to 999 during a weekend in order to get taken to hospital. He said that a case conference approach was being developed in a bid to create plans to reduce unnecessary hospital attendances by the individuals in question. It was noted that a number of these individuals were often vulnerable. Dr. Odum asked whether they could be removed entirely from the data relating to this KPI. Mr. Evans advised that this was not possible.

Minute

Action

Ms. Hall then guided the meeting through the exception reports. She drew attention in particular to the improving performance against the A & E Time to Initial Assessment, in respect of which the redesign of the A & E Department had been helpful.

She asked the meeting to note the new indicator in respect of e-Discharge and said that further improvement against this was expected. She highlighted the need to ensure staff used e-Discharge consistently and sustainably. She also highlighted the reducing spend on temporary staffing, progress in respect of the Information Governance Toolkit, and the need to improve performance on induction.

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

12/146 Trust Annual Plan 2011/12 – Quarter 4 progress update

Ms. Hall presented the report on the Quarter 4 assessment against the business outcomes contained within the Trust's Annual Plan for 2011/12.

IT WAS AGREED: that the Quarterly Report on the Trust's Annual Plan be noted.

12/147 Annual Security Report 2011/12

Mr. Argent drew out the salient points of the Annual Security Report for the year ended 31 March 2012. He highlighted in particular the details of arrests and prosecutions during 2011/12, the refresh of the Security Policy in February this year, and the reducing number of physical assaults against staff.

Dr. Kapadia asked whether the organisation retained any memory of individuals who had been violent or aggressive towards staff in case of future admissions to the Hospital. Mr. Argent indicated that the Patient Records Office had the facility to flag individuals who, for example, presented at the Hospital repeatedly drunk. Ms. Hall said that the refurbishment of A & E had taken place after advice had been obtained on how the physical environment could be altered to reduce the risk of violence and assaults.

IT WAS AGREED: that the Annual Security Report for 2011/12 be approved.

REPORT OF THE DIRECTOR OF HUMAN RESOURCES

12/148 2011 National CQC Staff Survey Results

Ms. Harnin presented an overview of the 2011 National CQC Staff Survey Results for the Trust. She confirmed that, in addition, there had been ChatBack exercises in individual departments to look into particular matters, such as recruitment or sickness absence.

Minute		Action
	<p>IT WAS AGREED: that the report on the 2011 National CQC Staff Survey Results be noted.</p>	
12/149	<p><u>HR Strategy Implementation action plan – progress review April 2012</u></p> <p>Ms. Harnin submitted a progress review on the HR Strategy Implementation Action Plan.</p> <p>IT WAS AGREED: that the progress review on the HR Strategy Implementation Action Plan be noted.</p>	
12/150	<p><u>Health and Well Being Project Update</u></p> <p>Ms. Harnin drew out the salient points of her report on the Health and Well Being Project (management of sickness absence). She highlighted how the situation had improved where the pilot “call back” system had been introduced, and indicated that this would be rolled out into another nine areas over the next few weeks. Ms. Hall requested that all performance reports be checked to ensure that the Trust was now monitoring against a KPI of 3.74% per annum of sickness absence.</p> <p>IT WAS AGREED: that the update on the Health and Well Being Project (management of sickness absence) be noted.</p>	SE
12/151	<p><u>Review and update of HR05 – Equality of Opportunity Policy</u></p> <p>Ms. Harnin submitted, for approval, a revised Policy.</p> <p>IT WAS AGREED: that the revised Equality of Opportunity Policy (HR05) be approved.</p>	
	<p><u>REPORTS OF THE CHIEF NURSING OFFICER</u></p>	
12/152	<p><u>Red Incidents, Complaints and Operational Risks for Corporate Areas</u></p> <p>IT WAS AGREED: that the report on Red Incidents, Complaints and Operational Risks for Corporate Areas be noted.</p>	
12/153	<p><u>NHSLA General Standards progress update</u></p> <p>Ms. Etches submitted a progress report on the NHSLA General Standards formal assessment in November 2012. Taj Athwal, Governance Standards Lead, then presented a PowerPoint presentation setting out actions required and gaps still to be addressed. With regard to Level 3 audits, it was noted that delegated consent had been on the list of deferred actions for a number of years and Dr. Odum was requested to give further consideration to how this might be progressed, outside the meeting.</p>	JO

Minute

Action

Ms. Etches noted that DNAR was another matter which had been unresolved for a period of time and it was suggested that both DNAR and delegated consent needed to be reviewed at an early Directors' meeting.

It was emphasised that CNST must be delivered by the members of the TMT and that the role of the Governance Team was to support them through the process.

IT WAS AGREED: that the progress update on NHSLA General Standards be noted.

12/154 Pressure Ulcer Policy (CP13)

Ms. Hall noted that the covering report had not been properly completed for this item.

IT WAS AGREED: that the Policy CP13 – Pressure Ulcer Management and Prevention for Adults, as now submitted, be approved.

12/155 Protected Meal Times Policy

IT WAS AGREED: that the Protected Meal Times Policy be approved.

12/156 Patient Identification Policy

IT WAS AGREED: that the updated Patient Identification Policy be approved.

(Mr. Loughton and Mr. Stringer joined the meeting at this point)

12/157 Breaking Bad News Policy (OP62)

IT WAS AGREED: that the Breaking Bad News Policy OP62 be approved.

12/158 MP03 Medicines Reconciliation Policy

IT WAS AGREED: that the Medicines Reconciliation Policy (MP03) be approved.

12/159 Equality Objectives

Ms. Etches submitted a report on the development and publication of Equality Objectives. It was suggested that the names of the "leads" identified in the implementation plan needed to be reviewed and that the objectives should be submitted to the Trust Board with that proviso.

Minute		Action
12/160	<p>IT WAS AGREED: that the Equality Objectives set out in the report be approved, with the proviso that the lead identified on the Implementation Plan be reviewed.</p>	
12/161	<p><u>Workforce Review of Nursing and Midwifery – Stage 1 – inpatient settings</u></p> <p>Ms. Etches submitted a Business Case for the in-patient settings as part of the workforce review of Nursing and Midwifery. It was noted that this had not yet been considered by the Contract and Commissioning Committee but would be reviewed by the Modernisation Board next week. Ms Hall requested that TMT be kept informed of the commissioner’s position in regard to this development.</p> <p>IT WAS AGREED: that the Business Case for the first stage of the workforce review of Nursing and Midwifery (inpatient settings), as set out in the report, be approved.</p>	CE
12/162	<p><u>REPORT OF THE CHIEF FINANCIAL OFFICER</u></p> <p><u>Financial Position of the Trust at the end of April 2012 (Month 1)</u></p> <p>Mr. Stringer presented his Finance Report for April 2012, and highlighted that the Trust’s surplus was £376,000 above plan, and expenditure on pay and non-pay and miscellaneous income were roughly where they should be, all of which demonstrated good control so far during the year. He referred to detailed discussions with Monitor about how the Trust was phasing its CIP, and Mr. Evans commented upon the need to review the current position and stressed that actions were being taken in an attempt to deliver 70% of the CIP programme by September 2012.</p> <p>IT WAS AGREED: that the Financial Report for April 2012, be noted.</p>	
12/163	<p><u>Capital Programme 2012/13 – Month 1 progress report</u></p> <p>Mr. Goodwin presented the Capital Programme progress report for April 2012, and highlighted that the Month 1 outturn projection equated to a potential over-commitment of £349,680, and that actual expenditure at Month 1 was £1,085,723. He also mentioned the high risk projects valued at £2.49m and confirmed that work had begun to develop a number of schemes which had been originally scheduled for 2013/14, as a fall-back position.</p> <p>IT WAS AGREED: that the Capital Programme report for April, 2012 be noted.</p>	
12/164	<p><u>Delivery of the Estates Strategy 2009/10 - 2018/19 – Quarter 4 report 2011/12</u></p> <p>Mr. Goodwin guided the meeting through his report on the Quarter 4 progress on delivery of the Estates Strategy.</p>	

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IT WAS AGREED: that the fourth Quarterly Report for 2011/12 on the implementation of the Trust's Estate Strategy, be noted.

12/165

Way Finding Strategy

Mr. Goodwin submitted his report on the Way Finding Strategy and went on to give a PowerPoint presentation highlighting the main drivers for the Strategy and details of consultation and implementation. There was widespread support for the proposals in principle, but concerns were raised about the manner of engaging with the public, the realignment of IT systems, and in particular the amendment of letters sent to patients and others so as to ensure accurate instructions were sent regarding the place at which patients should attend, and the need to ensure that everything was in place before final sign-off. Mr. Goodwin indicated that IT risks were identified in the project risk register and he assured the meeting that there was no intention of implementing the proposals until all of the concerns raised had been addressed. The Chief Executive requested a meeting with Dr. Singh, Mr. Wanley, Mr. Goodwin, Mr. Stringer, Ms. Hall and Ms. Etches to review and iron out potential difficulties with the implementation of this Strategy. Mr Loughton suggested that it would be appropriate to submit this matter to the Health Scrutiny Committee.

IT WAS AGREED: that the Way Finding Strategy as now submitted be approved in principle subject to high level review of the implementation plan.

12/166

Patient Access Policy

Mr. Stringer submitted for approval the revised Patient Access Policy.

IT WAS AGREED: that the Patient Access Policy be approved.

12/167

Private Patients' Policy – OP70

Mr. Stringer submitted a Policy for approval.

IT WAS AGREED: that the Private Patients' Policy be approved.

REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING

12/168

Palliative Care Funding Pilots

Mr. Evans submitted a report giving an overview of the DoH Palliative Care Pilots along with the progress made following the Trust's successful bid to become a national pilot site.

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Action

He confirmed that this involved collaboration with other NHS partners as well as independent providers such as Severn Hospice, Compton Hospices and Athol Nursing Homes.

Mr. Powell said that this would have an impact on Division 2 and that the process of gathering information would be resource intensive. Dr. Singh asked whether there had been any discussion around the clinical IT pathway as there was a need for an integrated IT approach relating to this pilot. Mr. Evans acknowledged that the Project Manager would address the issues now raised.

There was also a discussion about the Chair of the Board of Governors at Compton Hospice who was also a part-time Trust employee and the involvement of an RWHT Non-Executive Director on the same Board. Mr. Evans was requested to follow up the issues raised about potential conflicts of interest.

SE

IT WAS AGREED: that the report on progress with the Palliative Care Funding Pilots, be noted.

12/168

Report of the Change Programme Board

Mr. Evans drew out the main points of a report on the work of the Change Programme Board. Ms. Hall suggested that there would be benefits in bringing together in some way all of the elements of risk which related to the Cost Improvement Programme so that they could be viewed at a glance.

IT WAS AGREED: that the progress report on the Change Programme Board be noted.

REPORT OF THE MEDICAL DIRECTOR

12/169

Revalidation of Medical Practitioners

Dr. Odum presented a progress report on the Revalidation of Medical Practitioners. He confirmed that the self-assessment document had been submitted to the SHA as “compliant” last week, and that the Trust was on track to deliver revalidation modernisation by the end of the year. He added that the GMC had visited the Trust last week to examine progress made, and the GMC representatives had expressed the view that this Trust was ahead of many others in the process. It would therefore encourage them to visit RWHT to learn from the progress made here. Mr. Loughton congratulated those involved.

IT WAS AGREED: that the progress report on the Revalidation of Medical Practitioners be noted.

Minute

Action

12/170

ANY OTHER BUSINESS

Mr. Loughton and Mr. Stringer reported on their meeting this afternoon on the development of the Pathology Hub jointly with Walsall, Shrewsbury and Telford, and the Robert Jones and Agnes Hunt Foundation Trust.

12/171

DATE, TIME AND VENUE OF THE NEXT MEETING

It was noted that the next meeting of the Trust Management Team was due to be held on Friday 22 June, 2012 at 1.30pm in the Board Room of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

The meeting closed at 4.00 p.m.
