

CHAIRMAN'S SUMMARY REPORT

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| Name of Committee/Group: | Trust Management Team | |
| Report From: | Chief Executive | |
| Date: | 21.06.13 | |
| 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"> ▪ Considered and approved the business case for the appointment of an additional consultant surgeon for Ophthalmology with a special interest in corneal surgery. ▪ Approved the business case for the conversion of a funded locum consultant post in Trauma and Orthopaedics into a substantive post. ▪ Discussed and approved the business case for the appointment of temporary staff to deliver medication related CQUINS in Pharmacy, with a total value of over £3M. ▪ Authorised the appointment of a Respiratory consultant, in place of one who has secured a position outside the Trust. ▪ Received an update on Patient Led Assessment of the Care Environment (PLACE), which replaces the former PEAT Scores with effect from 1 April 2013. PLACE covers broadly the same areas as PEAT, will be assessed annually, and the results will be reported publicly. The key feature of PLACE is that at least 50% of the assessment team must be patients. | |
| Risks Identified: Include Risk Grade (categorisation) | <p>The Management Team has had regard to any risks identified in respect of these matters. The TMT also has a standing item on</p> | |

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| matrix/Datix number) | 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. |
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The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT TEAM

Date: Friday 21 June 2013

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

Time: 1.30 p.m.

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| Present: | Mr D Loughton CBE | Chief Executive (Chair) |
| | Mr G Argent | Divisional Manager, Estates and Facilities |
| | Ms R Baker | Head Nurse, Division 2 |
| | Dr M Cooper | Director of Infection Prevention and control |
| | Dr J Cotton | Director of Research and Development |
| | Ms M Espley | Director of Planning and Contracting |
| | Mr M Goodwin | Head of Estates Development |
| | Ms D Harnin | Director of Human Resources |
| | Ms D Hickman | Head of Midwifery |
| | Dr J Odum | Medical Director |
| | Ms G Nuttall | Chief Operating Officer |
| | Dr D Rowlands | Lead Cancer Clinician |
| | Mr K Stringer | Chief Financial Officer |
| | Ms Z Young | Head Nurse, Division 1 |

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| In Attendance: | Ms C Hall | Deputy Chief Nursing Officer |
| | Ms E Williams | Deputy Director of Finance |
| | Mr A Sargent | Trust Board Secretary |

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| Apologies: | Mr I Badger | Divisional Medical Director – Division 1 |
| | Ms C Etches | Chief Nursing Officer |
| | Mr L Grant | Deputy Chief Operating Officer – Division 1 |
| | Dr S Kapadia | Divisional Medical Director – Division 2 |
| | Mr T Powell | Deputy Chief Operating Officer – Division 2 |
| | Dr B M Singh | Clinical Director of IT |

| Minute | | Action |
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| 13/171 | <p><u>DECLARATIONS OF INTEREST</u></p> <p>There were no declarations of interest.</p> | |
| 13/172 | <p><u>MINUTES</u></p> <p>IT WAS AGREED: That the minutes of the meeting of the Trust Management Team held on Friday 17 May 2013 be approved as a correct record.</p> | |

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| 13/173 | <p><u>MATTERS ARISING</u></p> <p>There were no matters arising from the minutes of the May meeting.</p> | |
| 13/174 | <p><u>ACTION POINTS</u></p> <p>It was noted that the items relating to the Provision of Snacks for Patients, the Extension of the Wet Age-related Macular Degeneration Services and National Cancer Patient Experience Survey (focus group) had been closed. Ms Young indicated that the Divisional Governance reports now included the dates when amber risks had been added to the Risk Register, and therefore this matter also could now be closed. With regard to the business case for the provision of a Fibroscan System for chronic liver disease, Ms Espley confirmed that this matter still awaited the approval of the Commissioners.</p> <p>IT WAS AGREED: that the action points list be noted.</p> | |
| 13/175 | <p><u>CANCER SERVICES – QUARTERLY REPORT.</u></p> <p>Dr Rowlands submitted his quarterly Cancer Services report which included an update on progress against the action plan for the National Cancer Patient Experience Survey 2011/12, data reporting, and cancer peer review. The small number of people who had joined the focus group was noted. Mr Loughton expressed concern that given the limited progress against the action plan following the 2011/12 survey, the results may not be much improved in the survey which would take place in August/September this year. Ms Baker indicated that the majority of clinicians were believed to have had their advanced communication skills training, and Mr Loughton thought that their appraisals should reflect feedback in respect of both communication skills generally and the outcomes of the National Cancer Patient Experience Survey for 2012/13. Ms Young commented that the newly installed lead cancer nurse was taking a proactive approach and had secured wider engagement in respect of this action plan.</p> <p>IT WAS AGREED: that the quarterly report on Cancer Services be noted.</p> | |
| 13/176 | <p><u>DIVISION 1 GOVERNANCE REPORT</u></p> <p>Ms Young presented the Division 1 Governance report which contained details of new Serious Untoward Incidents and STEIS reportable incidents, together with new red complaints and new</p> | |

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| | <p>and on-going red and high amber risks for May 2013. There were no new red complaints and no new red open risks within the Division during the period.</p> <p>IT WAS AGREED: that the Governance Report for Division 1 be noted.</p> | |
| 13/177 | <p><u>DIVISION 1 – MATERNITY REPORT</u></p> <p>Ms Hickman introduced the monthly update on Maternity services. Ms Harnin asked whether the Trust was doing enough to train up sufficient numbers of band 6 Midwives. In response, Ms Hickman said that Midwives employed by the Trust could progress from Band 5 to Band 6 when they had met the criteria for such an uplift, but the issue was how the Trust could gain band 6 Midwives with a certain depth of knowledge and experience. Mr Loughton referred to the publication in July of the report of the Trust Special Administrator to Monitor, which could affect the position regarding the number of applicants for jobs after that date.</p> <p>IT WAS AGREED: that the monthly report on Maternity Services be noted.</p> | |
| 13/178 | <p><u>NURSING AND QUALITY REPORT</u></p> <p>Ms Young presented the monthly Nursing and Quality report, stating that the number of reported breaches in agreed staffing numbers during May had decreased from 59 to 20, with 5 being graded amber with no harm reported in association with them. Following a successful recruitment drive the number of RN vacancies had reduced although there remained some vacancies within ICCU and Trauma/Orthopaedic wards. She referred also to the partial approval at Contracting and Commissioning Forum for an increase in nurse staffing levels, subject to a dependency review exercise being repeated.</p> <p>IT WAS AGREED: that the monthly Nursing and Quality report for Division 1 be noted.</p> | |
| 13/179 | <p><u>ADDITIONAL CONSULTANT SURGEON FOR OPHTHALMOLOGY</u></p> <p>Ms Young submitted the business case for the recruitment of an additional Consultant Surgeon for Ophthalmology.</p> <p>IT WAS AGREED: That the business case for the appointment of one additional Consultant Surgeon for Ophthalmology, with special interest in Corneal Surgery, be approved.</p> | |
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| 13/180 | <p><u>TRAUMA AND ORTHOPAEDIC LOCUM CONSULTANT POST – CONVERSION INTO A SUBSTANTIVE POST.</u></p> <p>Ms Young presented the business case for the conversion of a funded locum Consultant post in Trauma and Orthopaedic into a substantive post.</p> <p>IT WAS AGREED: that the business case for the conversion of a funded locum Consultant post in Trauma and Orthopaedic into a substantive post be approved.</p> | |
| 13/181 | <p><u>NURSING AND QUALITY REPORT - DIVISION 2</u></p> <p>Ms Baker presented the monthly Nursing and Quality report for Division 2, highlighting 40 reported breaches in agreed staffing numbers during May across the Division, 11 of which had been graded amber because they resulted in delayed patient treatment/observation. She also drew attention to the 62 WTE qualified vacancies within the Division (an increase of 15 WTE since April) and the 13 <i>C.difficile</i> cases.</p> <p>IT WAS AGREED: that the Nursing and Quality report for Division 2 be noted.</p> | |
| 13/182 | <p><u>GOVERNANCE REPORT – DIVISION 2</u></p> <p>Ms Baker submitted the monthly Governance Report for Division 2, which contained no new red complaints, no red risks and five high amber risks.</p> <p>IT WAS AGREED: That the Governance report for Division 2 be noted.</p> | |
| 13/183 | <p><u>BUSINESS CASE FOR PHARMACY STAFF TO DELIVER MEDICATION RELATED CQUINs FOR 2013-14</u></p> <p>Ms Baker outlined the business case for the appointment of temporary staff to deliver medication related CQUINs. In response to a question by Mr Loughton, Ms Baker acknowledged that Pharmacy had not yet achieved its CIP target for 2013/14. Ms Nuttall referred to a forthcoming review of Pharmacy.</p> <p>IT WAS AGREED: That the business case for the appointment of temporary pharmacy staff to deliver medication related CQUINs for 2013/14 be approved.</p> | |
| 13/184 | <p><u>PROVISION OF A REPLACEMENT RESPIRATORY CONSULTANT</u></p> <p>Ms Baker outlined the salient points of a business case for the</p> | |

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| | <p>recruitment of a replacement Respiratory Consultant to replace one who had recently resigned.</p> <p>IT WAS AGREED: That the business case for the replacement of Respiratory Consultant be approved.</p> | |
| 13/185 | <p><u>INTEGRATED QUALITY AND PERFORMANCE REPORT</u></p> <p>Ms Nuttall guided the meeting through the monthly Quality and Performance report, highlighting the improved RWT score for Patient and Carer Voice, the improved percentage for Harm Free Care during May, and the improvement in the percentage of late observations during May. She reported that the Trust would incur fines amounting to £52,500 for under performance across all areas during May, although the fines which had been expected for failing to meet ambulance handover targets would not after all be implemented across the local health economy for April and May. In response to a question, Ms Hall confirmed that the number of falls with harm had reduced during May. Mr Stringer noted the fines which had been incurred following a couple of very challenging months, and asked for confirmation that plans were in hand to restore the Trust's performance. Ms Nuttall replied that the Trust expected further fines in July and August for Referral to Treatment Time performance, although lately there had been better performance around ambulance turnaround times. She also said that further improvements must be made by clinical teams in respect of e-discharge. Ms Baker said the e-discharge performance was improving day by day and that managers were now speaking to individual members of staff whose performance in this regard was giving rise to particular concerns.</p> <p>IT WAS AGREED: That the monthly Integrated Quality and Performance report be noted.</p> | |
| 13/186 | <p><u>PLACE</u></p> <p>Mr Argent presented a report which explained the changes to the assessment process of the care environment, confirming that assessments would continue to be undertaken annually and results would be reported publicly.</p> <p>IT WAS AGREED: That the report on PLACE (Patient Lead Assessment of the Care Environment) be noted.</p> | |
| 13/187 | <p><u>FINANCIAL POSITION AT THE END OF MAY 2013 (MONTH 2)</u></p> <p>Ms Williams presented the monthly financial report, which indicated that at the end of May the Trust's surplus was £1.063m which was £152,000 below plan. It was noted that the overall income position was £63.9m, which was above plan by £0.1m and that contract patient care income was underperforming by</p> | |

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| | <p>£499,000, which included emergency threshold deductions at a revised rate yet to be formally agreed by the Commissioners. The overall expenditure position showed an overspend of £162,000 in month. Regarding the discussions with the commissioner about the emergency threshold deductions, she indicated that these were expected to be concluded by the end of July. Mr Stringer expressed optimism about the outcome of these discussions. Mr Loughton suggested that he should accompany Mr Stringer to meet WCCCG representatives to emphasise the need for this matter to be settled in a way which was helpful to this organisation. Mr Loughton also requested to meet Ms Nuttall, Mr Powell and Ms Baker to discuss the Division 2 situation regarding CIP. Mr Stringer went on to mention that the NTDA was monitoring this Trust's performance in respect of A&E and CIP, and pointed out that this only served to emphasise the need to make more rapid progress in respect of these two matters.</p> <p>IT WAS AGREED: That the monthly financial report be noted.</p> | DL/TP/GN/RB |
| 13/188 | <p><u>CAPITAL PROGRAMME 2013/14 - MONTH 2 PROGRESS REPORT</u></p> <p>Mr Goodwin presented the month 2 Capital Programme Progress report and indicated that the month 2 outturn projection equated to an over commitment of £2,547,286.</p> <p>IT WAS AGREED: that the month 2 progress report on Capital Programme 2013/14 be noted.</p> | |
| 13/189 | <p><u>LOCAL ANTI-FRAUD, BRIBERY AND CORRUPTION POLICY</u></p> <p>Ms Williams presented the draft Local Anti-Fraud Bribery and Corruption Policy for approval. She confirmed it had been endorsed by Audit Committee on 6 June.</p> <p>IT WAS AGREED: that the Local Anti-Fraud Bribery and Corruption Policy, as now submitted, be approved.</p> | |
| 13/190 | <p><u>RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS</u></p> <p>IT WAS AGREED: that the report on red Incidents, red complaints and high level operational risks for corporate areas be noted.</p> | |
| 13/191 | <p><u>NHSLA GENERAL STANDARDS – BASELINE POSITION</u></p> <p>Ms Hall presented the monthly report on the baseline position in relation to work planned towards NHSLA general standards level 3. In response to challenges by the Chief Executive, Ms Hall pointed out that the number of reds had reduced since the</p> | |

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| | <p>previous report, and Dr Odum expressed confidence that progress was being made.</p> <p>IT WAS AGREED: that the report on the NHSLA General Standards Position be noted.</p> | |
| 13/192 | <p><u>SURGICAL SITE INFECTION SURVEILLANCE - CONTINUATION OF FUNDING FOR ONE MONTH</u></p> <p>Ms Hall submitted a business case for the continuation of funding for the Surgical Site Infection Surveillance team for one month, at a total staff cost of £5,271, pending reconsideration at Trust Management Team in July.</p> <p>IT WAS AGREED: that funding be provided to enable the Surgical Site Infection Surveillance Team to continue for one month</p> | |
| 13/193 | <p><u>NURSE LED INTRAVENOUS ACCESS AND RESOURCE TEAM – UPDATED FINANCIAL INFORMATION</u></p> <p>Ms Hall submitted a report on the first full 6 months of the IVRT/OPAT Service and associated business case. Ms Baker expressed reservations over the possible expansion of this team at present. Dr Cooper indicated that the case presented did not fully reflect the benefits of the Team. Ms Williams said that the report was due to be considered at the Patient Productivity Group in the near future. Ms Nuttall said that she could not support the expansion of this team unless the benefits were more clearly spelt out.</p> <p>IT WAS AGREED: that the consideration of this report be deferred.</p> | |
| 13/194 | <p><u>INFECTION PREVENTION ANNUAL REPORT</u></p> <p>Dr Cooper presented the Infection Prevention Annual Report, which would be considered by the Trust Board on the 22 July.</p> <p>IT WAS AGREED: that the Infection Prevention Annual Report 2012/13 be approved.</p> | |
| 13/195 | <p><u>CHANGE PROGRAMME BOARD</u></p> <p>Ms Espley submitted the monthly report of the Change Programme Board, and highlighted that as at month 2 a total of £4.01M had been removed from budgets, which represented 19% of the annual amount but also represented an underachievement against the month 2 plan. She pointed out that the monthly phasing of the plan had been adjusted so that 48% of the target was now phased to take place in the final 6 months of the financial</p> | |

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| | <p>year.</p> <p>IT WAS AGREED: that the update on the progress of the Change Programme for month 2 be noted.</p> | |
| 13/196 | <p><u>MORTALITY</u></p> <p>Dr Odum presented the quarterly report on Mortality, which highlighted RWT's HSMR and HSMI, and provided a commentary on Clinical Coding and Relative Risk. Mr Stringer noted that 12 weeks sampling had revealed that only approximately half of the records contained the completed co-morbidity form, and he asked whether the actual co-morbidity capture rate within the Trust was currently known. The Chief Executive requested that the Chief financial Officer and Medical Director devise an action plan to improve the capture of co-morbidity data.</p> <p>IT WAS AGREED that the quarterly report on mortality rates in the Trust be noted.</p> | KS/JO |
| 13/197 | <p><u>RISKS</u></p> <p>At this point in the meeting, opportunity was given for those present to identify any risks for inclusion on a risk register, and no additional risks were so identified.</p> | |
| 13/198 | <p><u>POLICIES FOR APPROVAL</u></p> <p>IT WAS AGREED: that the following policies be approved without amendment.</p> <ul style="list-style-type: none"> • CP52 - Intrathecal Chemotherapy Policy • • IP05 - Linen Policy • • OP31 - Legal Services • • OP73 - Undertaking Equality Analysis Policy | |
| 13/199 | <p><u>ANY OTHER BUSINESS</u></p> <p>No other business was raised.</p> | |
| 13/200 | <p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>It was noted that the next meeting was due to be held on Friday 19 July 2013 at 1.30pm in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.</p> | |

The meeting closed at 3.53pm.