

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Team	
Report From:	Chief Executive	
Date:	17.05.13	
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 provision of office accommodation for the new Integrated Health and Social Care Team, using the recently vacated former Haematology Building. The establishment of an integrated team has been trialled in a small number of wards and has already demonstrated a clear desire from ward and medical staff for a single, coherent team to handle the discharge process and, where necessary, the social care elements of a patient's stay and departure. It is expected that co-location and integration of the teams under a single management structure will bring significant advantages over time. ▪ Approved the business case for the continuation of the nurse-led intravenous access and resource team, including Outpatient Parenteral Antimicrobial Therapy (OPAT) Service. The full service came into operation in October 2012 and has improved patient safety and has reduced length of stay and improved bed productivity. Increasing the service to a seven day service to enable higher uptake of OPAT and promotion of line insertion, will cost an estimated £289,602, but it is expected that this will be offset by savings. 	

	<ul style="list-style-type: none"> ▪ Discussed the Fire Safety Annual Report, which summarised the management and delivery of fire safety to the Trust during 2012. Of particular note is the fact that no Enforcement Notices have been issued to the Trust during the year. The number of fires was very small, and in every case prompt action contained the fire and limited the damage. The report concluded that during 2012 the Trust had significantly improved its fire safety provision in relation to current legislative requirements. ▪ Discussed the Security Annual Report from the Trust's Local Security Management Specialist. The report covers a review of security, work around deterrence and prevention (protection of assets and people), the detection of incidents and sanctions applied, and the work plan for the year ahead. Overall, good progress was reported. ▪ Noted the benefits of introducing snacks for patients on up to two occasions per day, to boost nutrition and reduce the gap between evening meal and breakfast. Patients who were surveyed thought highly of the scheme. It was agreed to continue this service for the remainder of 2013/14, using Trust Funds, at an estimated cost of up to £38,500.
<p>Risks Identified: Include Risk Grade (categorisation matrix/Datix number)</p>	<p>The Management Team has had regard to any risks identified in respect of these matters. The TMT 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.</p>

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT TEAM

Date: Friday 17 May 2013

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

Time: 1.30 p.m.

Present:

Ms C Etches	Chief Nursing Officer (Chair)
Mr. G. Argent	Divisional Manager, Estates and Facilities
Mr. I. Badger	Divisional Medical Director, Division 1
Ms. R Baker	Head Nurse, Division 2
Dr. M. Cooper	Director of Infection Prevention and Control
Ms. M Espley	Director of Planning and Contracting
Mr. L. Grant	Deputy Chief Operating Officer, Division 1
Ms. D. Harnin	Director of Human Resources
Dr J Odum	Medical Director
Ms. G Nuttall	Chief Operating Officer
Mr T Powell	Deputy Chief Operating Officer, Division 2
Mr. K. Stringer	Chief Financial Officer
Ms Z Young	Head Nurse, Division 1

In Attendance:

Mr. M Cantor	Catering Project Manager (part)
Ms. Y Hague	R & D Directorate Manager (pt)
Mr. A. Sargent	Trust Board Secretary

Apologies:

Dr. J. Cotton	Director of Research and Development
Mr M Goodwin	Head of Estates Development
Ms D Hickman	Head of Midwifery
Dr. S Kapadia	Divisional Medical Director, Division 2
Mr D Loughton	Chief Executive
Dr D Rowlands	Lead Cancer Clinician

Minute		Action
13/135	<p><u>DECLARATIONS OF INTEREST</u></p> <p>There were no declarations of interest.</p>	
13/136	<p><u>MINUTES</u></p> <p>IT WAS AGREED: that the minutes of the meeting of the Trust Management Team held on Friday 19 April 2013 be approved as a correct record.</p>	
13/137	<p><u>MATTERS ARISING</u></p> <p>The following matters arose from the minutes of the April meeting:</p>	

	<p>1. Cancer Services Quarterly report (13/108). Mr Sargent reported, on behalf of Dr Rowlands, that three focus groups were due to meet during the week commencing 20 May.</p> <p>2. Financial position of the Trust in March 2013 (13/118) It was noted that the all-user email had been sent to inform staff about the use of surpluses generated during the financial year 2012/13.</p>	
13/138	<p><u>ACTION POINTS</u></p> <p>During discussion of the Action Points, the following matters were noted:</p> <ul style="list-style-type: none"> • Business case for the Fibroscan System – Ms Espley reported that the commissioner was expected to review all outstanding business cases now that the contracts had been signed. • Extension of the wet age-related macular degeneration services – it was agreed that this item should be closed because funding had been approved for the next twelve months and the outstanding proposals would be addressed during the contract process at some point during the year. • Report on implementation of plans to realign the SIFT budget – Dr Odum indicated that this report was likely to be submitted to TMT in June. <p>IT WAS AGREED: that the Action Points list be noted.</p>	JO
13/139	<p><u>DIVISION 1 GOVERNANCE REPORT</u></p> <p>Mr Badger highlighted that the Divisional Governance meeting had been postponed to 29 May and therefore there were no changes to the risk register from that which was reported to the April meeting. Ms Etches requested that in future both Divisions state in their monthly Governance Reports the dates when amber risks were added to their risk registers.</p> <p>Ms Nuttall asked whether the inclusion of never events as a corporate level risk needed to be reviewed. Mr Badger said that he would prefer to keep them on the risk register to maintain the higher profile through divisional governance meetings for the time being.</p> <p>IT WAS AGREED: that the monthly Governance Report be noted.</p>	IB/SK

13/140	<p><u>DIVISION 1 NURSING REPORT</u></p> <p>Ms Young reported that there had been one breach in delivering same sex accommodation during April.</p> <p>IT WAS AGREED: that the monthly Nursing Report from Division 1 be noted.</p>	
13/141	<p><u>MIDWIFERY REPORT</u></p> <p>Ms Young presented the monthly Midwifery report and highlighted the shortage of midwives on current activity. Ms Etches noted the comment in the report that children’s safeguarding continued to impact on midwifery staffing time, but questioned why work in respect of safeguarding was not seen as a routine part of midwifery care. Ms Young suggested that the concern related to a particularly demanding incident during the period in question.</p> <p>IT WAS AGREED: that the monthly Midwifery report be noted.</p>	
13/142	<p><u>NURSING AND QUALITY REPORT – DIVISION 2</u></p> <p>Ms Baker presented the monthly Nursing and Quality report from Division 2. She highlighted that there were 63 wte qualified vacancies currently within the Division, which was an increase of 20 wte posts since April, and which included the 15.9 wte posts required to provide supervisory status for inpatient Senior Sisters. In response to a question by Ms Etches, Ms Baker indicated that these were additional posts.</p> <p>IT WAS AGREED: that the Nursing and Quality report from Division 2 be noted.</p>	
13/143	<p><u>GOVERNANCE REPORT – DIVISION 2</u></p> <p>Ms Baker presented the monthly Governance Report for Division 2, highlighting that there were 10 new high amber risks on the Divisional/Directorate risk registers, and 22 STEIS reportable incidents, of which 18 were pressure ulcers, during April.</p> <p>IT WAS AGREED: that the Governance Report for Division 2 be noted.</p>	
13/144	<p><u>BUSINESS CASE FOR THE PROVISION FOR AN OFFICE SPACE FOR THE NEW INTEGRATED HEALTH AND SOCIAL CARE TEAM</u></p> <p>Mr Powell presented the business case for capital funding for the creation of a single office space for the new Integrated Health and Social Care team, to be located in the recently vacated Haematology area. He confirmed that this had been approved by</p>	

	<p>the Capital Review Group, and involved a slight increase in revenue funding, amounting to £1700, for Hotel Services. Mr Stringer questioned whether the increased revenue costs for hotel services could be absorbed by the Division, and not be part of the business case. He also intimated that the Chief Executive had questioned the projected cost of the proposed scheme.</p> <p>Ms Nuttall emphasised the need to press on with this scheme, adding that it would be helpful for a progress report on the work of the pilot integrated team to be taken to the Change Programme Board.</p> <p>Mr Argent indicated that the new venue for the integrated team had a slightly larger floor area, which was the reason for the increased cost of hotel services.</p> <p>IT WAS AGREED: That the business case for the provision of an office for the new Integrated Health and Social Care Team be approved, subject to the removal of the additional £1700 for hotel services (to be absorbed by the Division).</p>	<p>TP</p> <p>TP</p>
<p>13/145</p>	<p><u>BUSINESS CASE FOR THE EXPANSION OF MAJORS CAPACITY AND DEVELOPMENT OF A CLINICAL DECISION UNIT - EMERGENCY DEPARTMENT</u></p> <p>Mr Powell presented a business case setting out the capital and revenue implications for the provision of a Clinical Decision Unit, and an expansion to the provision of majors cubicles in the current Emergency Department at New Cross Hospital. By way of background, he explained that pressure on the service continued to increase and that for example there had on recent occasions been up to 20 people had been waiting on trolleys in the corridor awaiting access to the A & E department. The current business case proposed an investment of £1.9M of capital for a 2 storey extension, assuming little growth in activity, in order to cope with current demand, pending the development of a new A&E Portal. He added that the details remained under discussion and that, for example, it had been possible to reduce the estimated costs by £86,000 in year 1 and £162,000 in year 2, and that he would work with the Chief Operating Officer to absorb the Estates and Facilities costs for the two storeys, instead of including them within the business case. In response to a question by Ms Young, Ms Baker confirmed that the hostesses would work flexibly across the floor of the Department.</p> <p>Mr Stringer indicated that the scheme was not in the current Capital Programme, but was included in the bid for additional resources to cope with increased demand relating to patients coming from Staffordshire. If additional resources were not forthcoming in this way, the Capital Programme would have to be reviewed. He also informed the meeting that the revenue effect was not included within the Business Plan for 2013/14 but that there would be on-going discussions with the commissioner around Emergency Threshold monies being reinvested. Ms Nuttall confirmed that negotiations were not yet concluded with</p>	<p>TP</p>

	<p>the CCG for the income relating to this development, and she also pointed out that there was significant national debate which might lead to certain changes being made.</p> <p>Mr Badger asked whether the proposal would be sufficient to cope with additional footfall from Staffordshire. Mr Powell said that the business case allowed for some additional activity. Dr Odum referred to the recent submission to the Trust Special Administrator (TSA) which provided for a relatively small increased level of demand from Mid Staffordshire. He pointed out also that any increase in capacity in the Emergency Department must be accompanied by capacity and discharge measures throughout the Hospital. Ms Etches asked whether the business plan allowed for adequate numbers of staff, and noted that the business case explicitly provided for the use of agency staff. Mr Powell said that this was likely to be the position when the service began, but that it was the intention to reduce the agency cost by April 2014.</p> <p>Ms Espley confirmed that this business case was due to be considered at the Contracting and Commissioning Panel next week.</p> <p>IT WAS AGREED: that the business case for the expansion of majors capacity and the development of a Clinical Decision Unit in the Emergency Department be approved.</p>	
13/146	<p><u>INTEGRATED QUALITY AND PERFORMANCE REPORT</u></p> <p>Ms Nuttall introduced the monthly Integrated Quality and Performance Report, the first in the new format. She pointed out that the A and E Department stood out in terms of both performance and challenge, with the Trust having experienced a higher increase in cancelled operations during April, and also during that month the highest ever attendance during one day at A and E. She referred to the endorsement by the NTDA of the recovery plan. The NTDA would monitor its delivery. She added that the Trust was not compliant against the learning disabilities target although a member of staff was now in place, which meant the RAG rating had been fixed at 1 (rather than 1.5).</p> <p>Ms Etches drew attention to the increased number of complaints, and the reduced number of re-opened complaints during the period under review. She pointed out that the response time was slightly disappointing. She also drew attention to the Friends and Family test, which had reached 80% in April (an increase over March). She said that harm free care and inpatient falls remained challenging, and said that new VTEs remained high due to the complexity and co-morbidities of patients going through the hospital. She said that performance against C.difficile was going in the right direction, and the number of radiation incidents was related to the Trust reacting swiftly to national guidance on reporting. She also mentioned a significant increase in C-section rates which had an impact on patient experience. Mr Badger</p>	

	<p>referred to the cancellation of elective surgery in orthopaedics and general surgery, which was affecting the 92% RTT target and bringing a financial cost for the Trust to bear. He asked what strategy was in place to ameliorate the cost in those two specialties, where there was now a huge backlog of patients. He emphasised that the Trust must stop cancelling elective admissions. In response Mr Grant said that this was likely to play out over the next 4-5 months. The medical outliers had dropped significantly in the last fortnight. He also pointed out that the orthopaedic wards faced particular pressures from the number of trauma patients aged over 60 which had an impact on length of stay. Approximately 60% of the trauma take was over 60 years old. Ms Nuttall referred to longer term plans, such as the expansion of the Appleby suite. Mr Grant mentioned that there had recently been 87 emergency surgical patients in 4 days which was a very large number to absorb into the hospital. Mr Stringer noted that the figures for HSMR suggested that there had been more deaths than expected, but Ms Nuttall said that the opposite was the case. Ms Young said that the mixed sex accommodation breaches information should be verified, because she was under the impression that there had been 4 breaches during April. Ms Nuttall undertook to check that detail.</p> <p>IT WAS AGREED: that the monthly Quality and Performance report be noted.</p>	GN
13/147	<p><u>TRUST STRATEGIC GOALS UPDATE 2012/13 – PERFORMANCE MONITOR</u></p> <p>Ms Nuttall submitted the quarterly assessment against the business outcomes contained within the Trust’s strategic goals covering quarter 4, 2012/13.</p> <p>Ms Etches questioned whether the report in its current format led to any changes within the organisation, and in particular in the performance or behaviour of members of the Team.</p> <p>Ms Nuttall indicated that this would be the subject of further discussion by the Board when the strategic objectives in the Integrated Business Plan were reviewed.</p> <p>IT WAS AGREED: that the report on performance against the Trust’s strategic goals for quarter 4, 2012/2013 be noted.</p>	GN/ME
13/148	<p><u>ANNUAL SECURITY REPORT</u></p> <p>Mr Argent submitted the Annual Security report compiled by the Local Security Management Specialist. Ms Baker noted that the report did not mention restraint issues, although there had recently been two significant incidents in Maternity. Mr Argent undertook to raise this at the Security Committee with a view to including this matter for completeness. Mr Stringer indicated that the Trust had a plan for security in Maternity. In response to a</p>	GA

	<p>question by Ms Etches, Mr Grant undertook to find out whether security in Maternity was on the Trust risk register.</p> <p>IT WAS AGREED:</p> <ul style="list-style-type: none"> • that the progress in relation to security across the Trust during 2012/13 be noted • that it be noted that future capital funding will be required to maintain the effectiveness of security CCTV systems across the site • That it be noted that the status of the business case relating to infant security will need to be re-appraised • That the Annual Security report 2012/13 be noted • That the Annual Security Work plan 2013/14 be approved. 	LG
13/149	<p><u>ANNUAL REPORT OF FIRE SAFETY</u></p> <p>Mr Argent presented the annual report of fire safety which was a mandatory report covering the calendar year 2012. He highlighted that there had been no improvement notices received during the year, and that an incident involving the major ingress of smoke into the Maternity Department had produced many learning points, which would be considered at the next meeting of the Fire Safety Committee, and built into an integrated action plan.</p> <p>IT WAS AGREED: That the report of Fire Safety for 2012 be endorsed for signature by the Chief Executive.</p>	
13/150	<p><u>FINANCIAL POSITION OF THE TRUST AT THE END OF MONTH 1 (APRIL 2013)</u></p> <p>Mr Stringer presented his monthly report on the financial position of the Trust (for April 2013). He highlighted that at the end of April the Trust's surplus was £601,000, which was approximately £211,000 below plan. He emphasised the significant issue facing the Trust in meeting the Cost Improvement Programme target for 2013/14, and in particular the additional £6m of savings carried over from the previous financial year. Ms Nuttall said that from an operational prospective there was much concern over delivery of the £6m CIP gap, and even over delivering on the savings schemes already identified for this year. She said that a clear message needed to be sent out throughout the organisation to encourage staff to identify more CIP schemes in order to bridge the remaining gap. Dr Odum supported these sentiments, saying that the Executive Directors intended to achieve the savings required this year.</p>	

	<p>IT WAS AGREED: That the report on the financial position of the Trust at the end of April 2013 be noted.</p>	
13/151	<p><u>CAPITAL PROGRAMME 2013/14 – MONTH 1 UPDATE</u></p> <p>Mr Stringer reported that the monthly capital expenditure position at month 1 was £657,902, against a target of £796,346, representing an underspend of £138,444 in the month.</p> <p>IT WAS AGREED: That the report on the Capital Programme 2013/14 (as at month 1) be noted.</p>	
13/152	<p><u>NEW INTEGRATED PATHOLOGY PROJECT</u></p> <p>Mr Stringer submitted a report on the predicted out-turn value for the new Integrated Pathology Project. He reminded the meeting that the combined effect of the delay in gaining approval of the former Strategic Health Authority, together with the service charges subsequently accrued, had resulted in an additional cost of £689,000 for the scheme, with a revised out-turn Business Case value of £16.132m.</p> <p>Ms Espley reported that the integration of Cytology Services would commence on site from 1 June. She expressed gratitude for the support given by divisions and corporate services towards reaching this conclusion.</p> <p>IT WAS AGREED: that the report on the outturn position for the new Integrated Pathology Project be noted.</p>	
13/153	<p><u>MULTI-STOREY CAR PARK DEVELOPMENT</u></p> <p>Mr Stringer drew out the salient points of the report on the business case for a multi-storey car park designed to provide parking capacity on two levels for a minimum of 200 cars.</p> <p>Ms Young enquired about the security of staff using the car park late at night. Mr Argent indicated that there would be extra lighting, and CCTV cameras would be installed. Mr Stringer undertook to arrange for these concerns to be considered further outside the meeting.</p> <p>IT WAS AGREED: that the business case for the construction of a two storey multi-storey car park at New Cross Hospital, at a total estimated cost of £3m, be approved.</p>	KS
13/154	<p><u>HRO6 GRIEVANCE POLICY</u></p> <p>Ms Harnin presented a report which recommended that the Grievance Policy be amended.</p>	

	IT WAS AGREED: that the revised Grievance Policy (HR06) be approved.	
13/155	<p><u>THE ENTERPRISE AND REGULATORY REFORM ACT</u></p> <p>Ms Harnin highlighted the changes which would come into force from June, arising out of the Enterprise and Regulatory Reform Act.</p> <p>IT WAS AGREED: that the update on the Enterprise and Regulatory Reform Act be noted.</p>	
13/156	<p><u>RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS.</u></p> <p>Ms Etches presented the monthly report covering all new red incidents, all new red complaints, and any high level operational red risks entered onto Datix for the period from 10 April to 8 May 2013. She drew attention to a number of amber risks which had been in the system for a number of years apparently without any action being taken, and requested all members of Trust Management Team to review the length of time risks for which they were responsible had been in the system, and to consider whether it was appropriate for them to continue to be there.</p> <p>IT WAS AGREED: that the report on red incidents, red complaints and high level operational risks for corporate areas be noted.</p>	ALL
13/157	<p><u>NHSLA GENERAL STANDARDS – BASELINE POSITION</u></p> <p>Ms Etches introduced the monthly report on the position in relation to work planned towards attaining NHSLA General Standards level 3 in September 2013. The report demonstrated that the compliance rates across the Trust were still generally low and an improvement was required. She highlighted in particular the fact that some directorates were still not completing their health records audits, and requested Divisions to apply pressure to ensure that these were undertaken and completed as soon as possible. On a positive note, Ms Etches said that the pre-assessment visit had provided some good overarching feedback, but the concern remained that much progress had yet to be made and she requested those present to take this message back to their departments and Divisions.</p> <p>IT WAS AGREED: that the monthly report on NHSLA General Standards – Baseline Position be noted.</p>	ALL
13/158	<p><u>TRIAL PROVISION OF SNACKS FOR PATIENTS – FINAL REPORT</u></p> <p>Mr Cantor presented an update regarding the evaluation of the</p>	

	<p>trial provision of snacks to patients during recent months. He said that during this period there had been a 17% reduction in oral supplements. He also said that the cost of Fortisip was expected to increase in the near future. Finally, he said that there was no money in the budgets for the continuation of the provision of snacks for patients and that it might be necessary to fund the service using charitable funds.</p> <p>During the discussion of this item, Ms Young said that the provision of snacks had been well received on the wards and that it was seen as an important part of providing nutrition during the period between evening meal and breakfast. There was general support at the meeting for the scheme to continue.</p> <p>IT WAS AGREED: that patients continue to be provided with snacks on up to two occasions per day for the remainder of the financial year, and that the estimated cost of up to £38,500 be provided from Trust Funds, and that the scheme be re-evaluated towards the end of 2013/14.</p>	M Cantor
13/159	<p><u>NURSE LED INTRAVENOUS ACCESS AND RESOURCE TEAM – PROGRESS REPORT AND BUSINESS CASE</u></p> <p>Ms Etches drew out the salient points of her report, which contained the business case for continuing the Nurse led Intravenous Access and Resource Team, including the Outpatient Parenteral Antimicrobial Therapy Service (OPAD). Dr Cooper said that this development brought significant qualitative benefits for patients, and Mr Badger also strongly endorsed the system which he said was of great benefit clinically. Mr Grant questioned the savings identified within the report, and Mr Powell also said that he did not recognise the level of savings which were claimed to have been generated, particularly in respect of bed savings. Ms Etches agreed to have the costs and estimated savings reviewed outside the meeting.</p> <p>IT WAS AGREED: that the business case to continue to fund a Nurse Led Intravenous Access Resource Team (including Outpatient Parenteral Antimicrobial Therapy Service) be approved for a further 12 months, subject to the estimated savings being re-examined outside the meeting.</p>	CE
13/160	<p><u>UPDATE TO TERMS OF REFERENCE FOR INFECTION PREVENTION AND CONTROL COMMITTEE (IPCC)</u></p> <p>Ms Etches submitted for approval the revised terms of reference for the Infection Prevention and Control Committee.</p> <p>IT WAS AGREED: that the revised terms of reference for the Infection Prevention and Control Committee be approved.</p>	
13/161	<p><u>REVIEW OF QUALITY GOVERNANCE AT RWT</u></p> <p>Ms Etches and Ms Harnin jointly gave a Power Point presentation</p>	

	<p>on the findings of the recent review of governance at the Trust by PricewaterhouseCoopers. They summarised the recommendations in the report, and indicated that work would begin immediately, in order to implement the recommendations as soon as possible having regard to the timetable for the next Foundation Trust application to Monitor.</p> <p>IT WAS AGREED: that the presentation on the review of governance at Royal Wolverhampton NHS Trust by PricewaterhouseCoopers be noted.</p>	
13/162	<p><u>MID STAFFORSHIRE NHS FOUNDATION TRUST PUBLIC ENQUIRY REPORT – TRUST POSITION PAPER</u></p> <p>Ms Etches presented a report which gave an overview of the recommendations in the most recent Robert Francis report in so far as they applied to this Trust, together with the position on the Trust's future actions in relation to the Report.</p> <p>IT WAS AGREED: that the Trust position paper on the recommendations arising from the Mid Staffordshire NHS Foundation Trust public enquiry report be noted.</p>	
13/163	<p><u>CHANGE PROGRAMME BOARD</u></p> <p>Ms Espley presented the monthly report of the Change Programme Board providing an overall financial position, a review of the progress of schemes during April, and an assessment of the quality impact of the Programme. She said that the Finance Team would review the phasing of all schemes, given that 65% of the CIP was phased for delivery during the last 6 months of the financial year, which potentially placed the organisation at risk.</p> <p>IT WAS AGREED: that the monthly report of the Change Programme Board be noted.</p>	
13/164	<p><u>CONTRACTING AND COMMISSIONING UPDATE</u></p> <p>Ms Espley drew out the main points of the report on Contracting and Commissioning, and it was noted that contracts had been signed on 2 May for the current financial year following the most complex contracting round so far experienced. She highlighted the detail given in respect of CQUIN, which would be more robustly performance managed during the year through the Operational Finance Committee and the Contracting and Commissioning Committee, and quarterly updates to TMT. In response to a question by Mr Stringer, she said that there was some risk around specialised services although it was anticipated that more significant problems might be encountered during the next contracting round.</p> <p>IT WAS AGREED: that the update report on Contracting and Commissioning be noted.</p>	

13/165	<p><u>REVALIDATION OF MEDICAL STAFF</u></p> <p>Dr Odum presented the quarterly report on the revalidation of medical staff, which confirmed the Trust's Responsible Officer had been revalidated by the GMC, the first wave of recommendations had been made for doctors in quarter 1 of the Revalidation Cycle, the Organisational Readiness Self-assessment (ORSA) document for 2012/13 had been submitted to the Revalidation Support team, and medical appraisal compliance at the end of April 2013 was 85.9%. The report also confirmed that a job description had been devised for the role of Associate Medical Director for revalidation and professional issues. Dr Odum added that a report to Trust Board on 20 May also provided information about how the Trust Board might assure itself that revalidation was embedded into the governance structure of the Trust, and how the Board might use revalidation to help drive quality across the organisation. Dr Odum concluded that so far revalidation was working quite well, and that it was intended to appoint the lead appraiser in June 2013. Ms Etches said that at a recent meeting of the Clinical Quality Review Meeting (CQRM) there had been some concern about information given regarding the Doctor appraisal rate. Dr Odum said that assurances could have been given to that meeting in regard to Doctor appraisals in this Trust.</p> <p>IT WAS AGREED: that the quarterly update on revalidation of medical staff be noted.</p>	
13/166	<p><u>RESEARCH AND DEVELOPMENT DIRECTORATE REPORT</u></p> <p>Ms Hague presented the monthly report on Research and Development, and said that significant progress was expected during the forthcoming 12 months, and that it was now likely that all studies would be approved within 10 days or less, which was a significant step forward compared to the position 12 months ago.</p> <p>IT WAS AGREED: that the monthly update on Research and Development be noted.</p>	
13/167	<p><u>RISKS</u></p> <p>No additional risks were identified for inclusion on a risk register.</p>	
13/168	<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"> • Children's did not attend/no access policy. • The use of safety checklists for patients undergoing surgical and interventional procedures. • HS26 – Trust Fire policy. • HS32 – Smoke Free policy • HS13 Latex Policy 	

13/169	<p><u>ANY OTHER BUSINESS</u></p> <p>No other business was raised.</p>	
13/170	<p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>It was pointed out that due to a high number of apologies having been received, the June meeting was to be stood down. However, a number of those present expressed concern that there would be key business to be dealt with, including a number of business cases, and that this could not wait until the July meeting.</p> <p>IT WAS AGREED: that members of the Trust Management Team be canvased to establish whether a meeting held on the 21 June would be quorate, and if it would be, that the meeting proceed as originally scheduled on that day.</p>	ADS

The meeting closed at 3.55pm.