

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Team	
Report From:	Chief Executive	
Date:	19.04.13	
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 relocation of the main Pharmacy Dispensary and Stores into the building vacated by Histopathology. This will bring pharmacy together from four parts of the site, into a facility better suited to efficient stock management and workflows, and more accessible to patients with a disability. ▪ Approved the business case for the replacement of the Maternity IT system. A new maternity IT system is critical to the delivery of the maternity service for many reasons, in particular because the current maternity IT system: does not support delivery of the new maternity PbR pathway tariff; cannot supply mandatory data for the Regional Antenatal Screening Programme; cannot supply any data about our community ante-natal or postal service; cannot interface with other systems such as the clinical web portal; is no longer supported by the supplier; cannot supply information for the National Maternity Dataset which is mandatory from June 2013; will no longer be able to produce NHS numbers for babies from 1 June; and is too old to upgrade. ▪ Discussed the Infection Prevention quarterly report, the highlights of which included: confirmation that there had been no MRSA bacteraemias in Q4, with the objective of zero for 	

	<p>2012/13 being breached by a single case in September 2012; the Trust being within its <i>C. Difficile</i> objective in Q4 and finishing within this for the year; new record low numbers of RWT-attributable MSSA bacteraemias and MRSA acquisitions for 2012/13; the DRHABs target for the year not met; and work is on-going to improve compliance with mandatory training on hand hygiene and infection prevention.</p> <ul style="list-style-type: none"> ▪ Noted with satisfaction that the Maternity Service had been successful in achieving CNST level 2 following assessment on 26/27 March. The overall score was 46/50, and attention is now being directed to the planning of Level 3 assessment and timescales..
<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 19 April 2013

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

Time: 1.30 p.m.

Present:	Mr. D. Loughton CBE	Chief Executive (Chair)
	Mr. G. Argent	Divisional Manager, Estates and Facils
	Dr. J. Cotton	Director of Research and Development
	Dr. M. Cooper	Director of Infection Prevention and Control
	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. Hickman	Head of Midwifery
	Dr. S. Kapadia	Divisional Medical Director, Division 2
	Ms. G Nuttall	Chief Operating Officer
	Dr. J. Odum	Medical Director
	Mr. T. Powell	Dep. Chief Operating Officer Division 2
	Dr. D. Rowlands	Lead Cancer Clinician (part)
	Mr. K. Stringer	Chief Financial Officer
	Ms. Z. Young	Head Nurse, Division 1
In Attendance:	Ms. L. Nickell	Head of Training
	Mr. A. Sargent	Secretary to the Trust Board
Apologies:	Ms. R Baker	Head Nurse, Division 2
	Mr. I. Badger	Divisional Medical Director, Division 1
	Ms. D. Harnin	Director of Human Resources

13/102 DECLARATIONS OF INTEREST

There were no declarations of interest.

13/103 MINUTES

IT WAS AGREED: that the minutes of the meeting of the Trust Management Team held on Friday 22 March 2013 be approved as a correct record.

13/104 MATTERS ARISING

There were no matters arising from the minutes of the previous meeting.

13/105 ACTION SUMMARY

The Action Summary was submitted. With regard to minute 13/12, Ms Nuttall gave an assurance that the business case for the replacement Consultant Paediatrician had gone through the appropriate process. With reference to 13/47, Ms Espley reported that the intentions of the Commissioner towards the provision of a Fibrosan System had not yet been clarified. Mr Goodwin indicated that an external firm had been appointed to assist with preparing proposals for the further development of the women's unit (13/328). Finally, in respect of 12/113 (Extension of the wet age-related macular degeneration services) Ms Espley reported that in-year approval had been given for 2013/14, but the formal peer review had been stood down and instead an overview of ophthalmic services was to take place, with involvement of the Trust's clinicians.

IT WAS AGREED: that the Action Points list be noted.

13/106 ANNUAL REPORT: UNDERGRADUATE TRAINING AND TEACHING ACADEMY

Dr P Rylance introduced an update on current issues in Undergraduate Education and the Service Increment For Teaching (SIFT) Budget. Dr Kapadia queried the intention to introduce additional teaching commitments immediately whilst the associated increases in SIFT allocations to specialties would be phased in over a period of up to 2 years. He expected difficulty in adjusting consultants' PAs unless the money was in place. Dr Odum said that the report set out the broad intentions but that details about how to implement these were not yet available, and that these would be the subject of a further report.

IT WAS AGREED: That the development of Undergraduate Training and the realignment of the SIFT budget to match changes in curriculum and student numbers, be approved and that a further report on the implementation of this be brought to TMT in due course (PR/JO)

13/107 INFECTION PREVENTION AND CONTROL

Dr Cooper presented his quarterly report.

IT WAS AGREED: That the quarterly report on Infection Prevention and Control be noted.

13/108 CANCER SERVICES QUARTERLY REPORT

Dr Rowlands submitted his quarterly report on Cancer Services. Mr Loughton expressed concern that the focus groups for patients who had participated in last year's cancer patient experience survey had not yet started to meet, and requested that this be expedited (DR).

IT WAS AGREED: That the quarterly report on Cancer Services be noted.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

DIVISION 1

13/109 GOVERNANCE REPORT

Ms Young introduced the Governance report for Division 1, and highlighted the Never Event (2013/9329) which related to surgery carried out in 2010. She confirmed that the patient had

undergone a consultation and had agreed for the drain to be removed next week. Mr Loughton asked that Ms Young arrange for someone from the Division to speak with him as soon as possible about the possibility of compensating this patient (ZY/DL).

IT WAS AGREED: that the Governance report for Division 1 be noted.

13/110 NURSING, MIDWIFERY AND QUALITY REPORT

Presenting the monthly Nursing, Midwifery and Quality report from Division 1, Ms Young mentioned the increased number of breaches in agreed staffing numbers during March, one breach in delivering same-sex accommodation, and the relocation of Ward A10 to Ward A23.

Ms Hickman summarised the monthly report on Maternity, and the Chief Executive congratulated the Service on achieving Level 2 following the recent CNST assessment. Ms Hickman indicated that the service was already noticing some movement from Stafford, and reported that a significant number of the recently shortlisted midwives were currently employed there. There ensued a discussion about the capacity to cope with additional work from Mid Staffordshire. Mr Loughton emphasised that the Trust must aim to provide 24/7 consultant cover in Obstetrics, Paediatrics, and Accident and Emergency. In response to Dr Kapadia who indicated that consultants in Paediatrics were not convinced that the service required longer than 18 hours cover, he indicated that this must apply to all of the three named specialties initially, even if it had to be reviewed after implementation. Dr Odum said that he believed that it was right to offer the level of service which 24/7 working would allow, and referred to certain Royal College recommendations which also supported this aspiration. In response to Dr Cotton, Mr Loughton asked for more information about the concerns raised by junior doctors about how a full shift system might adversely affect them (JC).

IT WAS AGREED: that the Nursing, Midwifery and Quality report for Division 1 be noted.

13/111 BUSINESS CASE FOR PURCHASE OF SIM-MOM BIRTHING SOLUTIONS

Ms Hickman submitted a business case for the purchase of a Sim-Mom for Maternity Services, using Charitable Funds.

IT WAS AGREED: that the business case for the purchase of Sim-Mom Birthing Solutions, using Charitable Funds, be approved.

13/112 BUSINESS CASE FOR THE REPLACEMENT OF THE MATERNITY IT SYSTEM AND DELIVERY OF NEW PBR TARIFF

Ms Hickman outlined this business case. Mr Goodwin pointed out that, due to revised phasing, this scheme would cost approximately £650,000 this year, whereas the original bid was for £350,000 this year and the remainder in the following year.

IT WAS AGREED: that the business case for the replacement of the Maternity IT system and Delivery of the new PBR tariff be approved.

DIVISION 2

13/113 NURSING AND QUALITY REPORT

Dr Kapadia submitted the Nursing and Quality report for Division 2.

IT WAS AGREED: that the Nursing and Quality report for Division 2 be noted.

13/114 GOVERNANCE REPORT

Dr Kapadia reported that there were no new red complaints, and no red risks on the Division.

Mr Goodwin said that the Directorate had now agreed to defer indefinitely the presentation of the business case for a 5th Linac.

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

13/115 RELOCATION OF THE MAIN PHARMACY DISPENSARY AND STORES – BUSINESS CASE

Dr Kapadia submitted this business case for approval. Mr Loughton questioned the estimated capital cost outlined for the preferred option, which to his mind seemed rather high. Mr Goodwin said that he would provide details outside the meeting (MG).

IT WAS AGREED: that the business case for the relocation of the main Pharmacy Dispensary and stores to the building vacated by Histopathology be approved.

13/116 PERFORMANCE REPORT

Ms Nuttall outlined the main points of her report. She referred to the on-going struggle to meet the A and E targets, a situation common to most acute trusts, two thirds of which had not achieved the 95% target during 2012/13. She said that ambulance conveyances were still increasing by 8% (national rate of growth – 2%), and that under the national contract a fine would be imposed by commissioners when ambulance to hospital handover took longer than 30 minutes, which in a number of cases it had done. Mr Loughton added that staff remained under great pressure, and commented that there were signs that the Government was beginning to accept that the widespread and growing pressures on acute trusts were due not to the ineptitude of hospital managers but to more fundamental systemic problems within the NHS and local health economies. In response to Ms Young, Ms Nuttall said that the new 111 service was in place and there had been national concern about its operation so far, although no evidence that it had directly contributed to this Trust's problems. Answering Mr Loughton's question about contingency plans, Mr Powell said that when demand required, excess patients could be housed temporarily in the Review Clinic.

IT WAS AGREED: that the monthly performance report be noted.

13/117 PROPOSED REPORTING ARRANGEMENTS FOR QUALITY AND PERFORMANCE TARGETS

Following on from the Performance report, Ms Nuttall presented the proposed revised performance and quality reporting arrangements for 2013/14.

IT WAS AGREED: that the revised performance and quality reporting arrangements for 2013/14 be endorsed.

13/118 FINANCIAL POSITION OF THE TRUST – MARCH 2013

Mr Stringer introduced the report on the Trust's financial position at March 2013. He again highlighted concern over the CIP position, with the need to carry over £6.5M recurring savings into

2013/14. He expressed his gratitude for the hard work and support of the operational teams during the year. Dr Kapadia suggested that staff needed to be made aware how the financial surplus generated during the year was being used. Mr Loughton asked that an all-user email be sent to inform staff that the new surpluses had contributed to the new Pathology building (KS).

IT WAS AGREED: that the report on the financial position at March 2013 be noted.

13/119 CAPITAL PROGRAMME MONTH 12 2012/13

Mr Goodwin reported that the 2012/13 capital programme had been delivered within the agreed CRL target; there was likely to be a £246,396 underspend at year end.

IT WAS AGREED: that the report on the progress of the capital programme at March 2013 be noted.

13/120 DELIVERY OF ESTATES STRATEGY 2009/10 – 2018/19: QUARTER 4 PROGRESS REPORT 2012/13

Mr Goodwin presented the quarterly report on the delivery of the Estates Strategy.

IT WAS AGREED: that the quarterly report on the Estates Strategy be noted.

13/121 ORGANISATIONAL DEVELOPMENT/LEADERSHIP AND MANAGEMENT STRATEGY AND EDUCATION AND TRAINING STRATEGY – IMPLEMENTATION PROGRESS

Ms Nickell presented this report. Ms Etches indicated that when the External Review of Quality Governance had been received, Ms Harnin would consider how any organisational development issues which it raised for the Trust should be fed back into the Strategy.

IT WAS AGREED: that the report be noted.

13/122 EDUCATION AND TRAINING COMMITTEE UPDATE

In presenting this item, Ms Nickell highlighted the intention to develop an academy approach to all parts of the Trust's education and training in future.

IT WAS AGREED: that the report be noted.

13/123 RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

Ms Etches submitted this report.

IT WAS AGREED: that the report be noted.

13/124 NHSLA GENERAL STANDARDS – BASELINE POSITION

Ms Etches summarised this report.

IT WAS AGREED: that the contents of the progress report on work taking place to achieve level 3 in September 2013 be noted.

13/125 NHSLA POLICIES – SUMMARY REPORT UPDATE

IT WAS AGREED:

That the minor changes to the following policies be approved:

OP08 Complaints Policy
OP01 Development and Control of Trust Policy and Procedural documents
OP26 Security Policy
OP31 Legal Services Policy
CP04 Discharge Policy
CP05 Transfer Policy
HS01 Management of Health and safety

13/126 NURSING, MIDWIFERY AND HEALTH VISITING PROGRAMME 2012-2014: QUARTER 4 2012/13

Ms Etches mentioned the six “C’s” campaign which was primarily for nursing staff, but would bring advantages if introduced from ward to board.

IT WAS AGREED: That the quarterly report on the Nursing, Midwifery and Health visiting Programme be noted.

13/127 TRUST GOVERNANCE COMMITTEES UPDATE

IT WAS AGREED: that the quarterly report on the work of the Trust Governance Committees be noted.

13/128 ANNUAL REVIEW OF INTEGRATED GOVERNANCE STRATEGY

IT WAS AGREED: that the report be noted.

13/129 EMERGENCY PREPAREDNESS ANNUAL REPORT 2012/13

Ms Espley drew out the salient points from this Annual report. Ms Young said that there were implications for staff every time the FFP3 masks were changed. Dr Cooper acknowledged the concern, but explained that the masks had changed because of a product failure and then due to a supplier failure.

IT WAS AGREED: that the annual report on Emergency Preparedness be noted, and that the key priorities for 2013/14 be approved.

13/130 CHANGE PROGRAMME BOARD

Ms Espley drew out the salient points of the monthly report of the Change Programme Board. It was noted that there remained approximately £6.0M of savings to be identified in the CIP for 2013/14. Further deadlines had been set for the submission of CIP project initiation documents (PIDS), and all

were asked to ensure these were returned to the Programme Management Office (PMO) within the required timescale.

IT WAS AGREED: that the report be noted.

13/131 RESEARCH AND DEVELOPMENT REPORT

Dr Cotton presented this report, and said that 2012/13 had been the most successful year so far for R and D in the Trust. He looked forward to a big jump in performance over the next 2-3 years.

IT WAS AGREED: that the report on Research and Development in the Trust be noted.

13/132 RISKS

No new risks were identified at this point in the meeting.

13/133 POLICIES FOR APPROVAL

Ms Etches outlined the national policy background in respect of CP55 (CJD), and summarised the discussions within the organisation which had culminated in the Chief Executive authorising an amendment to ensure that the national guidance is reflected in the local policy. Dr Kapadia, noting the very low risk, commented that compliance with JAG guidelines for endoscopy should suffice. Dr Cooper confirmed that there was no national database of persons who had been notified that they were at increased risk of CJD or vCJD for public health purposes. He said that the greatest concern was around persons donating organs for transplant while CJD was incubating; the risk was very small however.

IT WAS AGREED: that the following policies be approved:

- OP53 Missing Patients Policy
- CP55 CJD Policy
- HR27 Consultant Medical Staff Study and Professional Leave Policy
- HS03 Sharps Policy

13/134 DATE AND TIME OF NEXT MEETING

It was noted that the next meeting was due to be held on Friday 17 May at 1.30pm in the Board Room, Clinical Skills and Corporate Services Centre.

The meeting ended at 3.15pm.