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:	22.03.13
Action Required by receiving committee/group:	X For Information □ Decision □ Other
Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	▪ 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.	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.
Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	▪ Considered and approved the business case for the provision of **standardised Trust-wide difficult intubation trolleys.** ▪ Approved the business case for the **appointment of a Consultant Cardiothoracic Anaesthetist**, to replace one who has resigned from the Trust. ▪ Considered and approved the business case for **replacement TRAM modules and Solar Patient Monitors** for the Heart and Lung Centre. ▪ Discussed and approved a proposal to transfer the **GP Prescribing Support Team** from the PCT to this Trust, following national guidance that they should be located with an organisation registered with the CQC.
Risks Identified: **Include Risk Grade (categorisation matrix/Datix number)**	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.

THE ROYAL WOLVERHAMPTON NHS TRUST

TRUST MANAGEMENT TEAM

Date:	**Friday 22 March 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
	Mr. I. Badger	Divisional Medical Director, Division 1
	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
	Mr. L. Grant	Deputy Chief Operating Officer, Division 1
	Dr. S. Kapadia	Divisional Medical Director, Division 2
	Ms. G Nuttall	Chief Operating Officer
	Dr. J. Odum	Medical Director
	Dr. D. Singh	Lead Clinician IT
	Mr. K. Stringer	Chief Financial Officer
	Ms. Z. Young	Head Nurse, Division 1
In Attendance:	Ms. C. Hall	Deputy Chief Nursing Officer
	Ms. D. Pugh	Deputy Director of HR
	Mr. A. Sargent	Secretary to the Trust Board
Apologies:	Ms. R Baker	Head Nurse, Division 2
	Ms. C. Etches	Chief Nursing Officer
	Mr. M. Goodwin	Head of Estates Development
	Ms. D. Harnin	Director of Human Resources
	Ms. D. Hickman	Head of Midwifery
	Mr. T. Powell	Dep. Chief Operating Officer Division 2
	Dr. D. Rowlands	Lead Cancer Clinician

13/70 DECLARATIONS OF INTEREST

There were no declarations of interest.

13/71 MINUTES

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

13/72 MATTERS ARISING

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

13/73 ACTION SUMMARY

The Action Summary was submitted. With regard to minute 13/28, Ms Pugh reported that plans were in place for a staged process of bringing the new intake of junior doctors into the Trust for induction training prior to taking up their duties.

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

13/74 THE INTEGRATED ELECTRONIC PATIENT MEDICAL RECORD

Dr B M Singh introduced a progress update on the development of the Integrated Electronic Patient Medical Record. He drew out the salient points, highlighting the need to move within two years from the current state of record keeping to an excellent electronic record. He acknowledged the anxieties which were abroad, but underlined the stages proposed and the checks and balances which would be established before the organisation would progress from one stage to the next. He reminded the meeting that the Executive Directors had agreed to this transition two years ago, and that the aim now was to have a completely electronic paper record by 2016. Dr Cotton mentioned the need for external monitoring organisations to have access to case notes, and Dr Singh confirmed that dialogue with Research and Development was on-going in regard to this concern.

IT WAS AGREED:

(a) That the current patient risk described in the report be noted; and
(b) That the detailed recommendations set out in the body of the report be approved.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

DIVISION 1

13/75 GOVERNANCE REPORT

Mr Badger introduced the Governance report for Division 1. Dr Cotton raised a concern over risk 3072 (use of 'elective' beds to cope with pressures of increased emergency activity), and mentioned the effect on the T and O and Cardiothoracic directorates. Mr Loughton expressed gratitude to staff in both directorates for their forbearance under pressure, and alluded to proposals recently discussed with the Commissioners around opening up new capacity for medical patients.

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

13/76 NURSING, MIDWIFERY AND QUALITY REPORT

Ms Young drew attention, in particular, to the significant pressures reported during the month under review in ICCU and both orthopaedic wards. She added that the Midwifery report had been held over until April.

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

13/77 BUSINESS CASE FOR CONSULTANT CARDIOTHORACIC ANAESTHETIST

Mr Loughton repeated his concern that Divisions should act quickly to work through the process for replacing consultants who were retiring, so as to avoid any need to pay other consultants to cross cover, or hire in locums.

IT WAS AGREED: that the business case for the appointment of a replacement Consultant Cardiothoracic Anaesthetist be approved.

13/78 BUSINESS CASE FOR THE INTRODUCTION OF STANDARDISED TRUST-WIDE DIFFICULT INTUBATION TROLLEYS

Mr Badger outlined the financial implications of the business case, and the Trust-wide benefits of proceeding with this initiative. Mr Stringer confirmed that it had been supported by the Contracts and Commissioning Panel.

IT WAS AGREED: that the business case for the introduction of standardised Difficult Intubation Trolleys be approved.

DIVISION 2

13/79 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.

13/80 GOVERNANCE REPORT

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

13/81 PROPOSAL TO TRANSFER THE GP PRESCRIBING SUPPORT TEAM TO RWT

Ms Espley indicated that after TCS this Team had remained with the PCT, but recent national guidance indicated that they should be located with an organisation registered with the CQC. Ms Wilding added that her team had addressed a number of concerns around how this Team might be accommodated within the Trust. In response to Dr Singh, who adopted a negative view of this Trust taking responsibility for this function, Mr Loughton said that the proposed move could be beneficial for the organisation. Ms Espley said that a service specification needed to be agreed with GPs in similar fashion to those already in place for ICT and Estates functions.

IT WAS AGREED: that the proposal to transfer the Prescribing Support Team from the PCT to this organisation be approved, and that the GP prescribing support service be delivered by the team under an SLA with the WCCG.

13/82 PERFORMANCE REPORT

Ms Nuttall outlined the main points of her report. She confirmed that the Specialist Nurse – Learning Difficulties had now been appointed. The situation in Accident and Emergency had continued to be

very challenging, with an 8% growth in ambulance conveyances since last October, and the first two weeks of March being the busiest period ever recorded for the Department. She described particularly difficult periods during the previous 24 hours, and referred to the launch of the 111 service on 19 March which had been marked by a shortage of staff within that service and consequently extreme difficulty being faced by the public and other NHS organisations as a result. It was expected to lead to an increase in the number of ambulance conveyances to acute hospitals. Ms Nuttall also mentioned the pressures faced by ambulance crews across the region, and said that some had threatened to move off after 30 minutes with or without appropriate clinical handover. Mr Loughton explained that they had their own targets and the consequences of not responding rapidly to incidents, such as road traffic accidents, could be extremely serious. Dr Odum said that his Medical Director colleagues across the region were growing very concerned about the mounting pressures within the system. Mr Loughton referred to a proposal to undertake the urgent installation of 12 new cubicles in A and E as a short term measure to relieve pressure, pending the hoped-for development of a new Emergency Portal.

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

13/83 URGENT ITEM: MID STAFFORDSHIRE

Following on from the Performance report, Mr Loughton gave an update on recent discussions with the NHSTDA regarding the plans for the maintenance of services at Mid Staffs, and the provision of clinically safe services there in the medium to long term. He contended that the three-year plan drawn up by Ernst and Young was not workable, partly because staff would act sooner to safeguard their futures, potentially leaving the Trust short of staff, and associated patient safety and clinical quality issues. For that reason, he said, it was incumbent upon this organisation to be proactive and to consider how it might prepare for an influx of patients from Mid Staffs, before they arrived here by default. He mentioned a possible role for the Cannock Hospital, namely to cater for some elective surgery from Wolverhampton. The Administrator for Mid Staffordshire was due to commence work in the next few days, and to report to Monitor within 45 days.

13/84 BUSINESS CASE FOR REPLACEMENT TRAM MODULES AND SOLAR PATIENT MONITORS FOR THE HEART AND LUNG CENTRE

Mr Stringer presented this business case for approval.

IT WAS AGREED: that the business case for replacement TRAM Modules and Solar Patient Monitors for the Heart and Lung Centre be approved.

13/85 FINANCIAL POSITION OF THE TRUST – FEBRUARY 2013

Mr Stringer introduced the report on the Trust's financial position at February 2013. He said that the surplus was £7,926,000 which was £2,675,000 above plan and it was anticipated that the overall year end surplus would be £0.5M higher than originally expected. He drew attention to an overall over performance on income of £1,101,000, most of which was in non-patient contract areas. The Division 1 position had deteriorated by £702,000, whereas Division 2 had improved by £550,000. He indicated that overall the expenditure position had stabilised in the last few months. Of great concern, however, was the CIP position, with the addition of £6.5M recurring savings moving into 2013/14.

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

13/86 CAPITAL PROGRAMME 2012/13

Mr Stringer reported that he expected the 2012/13 capital programme to be delivered within the agreed CRL target.

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

13/87 CAPITAL PROGRAMME 2013/14 – 2017/18

Mr Stringer guided the meeting through the proposed capital programme for the next five years. It reflected the LTFM which had been submitted earlier in the year, with an estimated £19M of expenditure in each year, subject to the delivery of agreed surpluses through the cost Improvement Programme to top up funding from depreciation. There was an over commitment of £700,000 for 2013/14. Mr Stringer made mention in particular of increased investment of approximately £1M in IT, for two schemes; the one to reconfigure and relocate community servers and infrastructure from Coniston house, and the other to replace the Maternity IT system.

IT WAS AGREED: that the five year capital programme be approved.

13/88 NEW EMERGENCY CENTRE

Mr Stringer introduced a progress report on the new Emergency Centre, ahead of the Outline Business Case which was due to be submitted to the May meeting. He said that the footprint of the proposed development would be about twice the size of the new Pathology Building and would take about 18 months to build. Dr Odum went on to say that it would cost an estimated £27.4M, and there were on-going discussions about a number of its features, including the location of the helipad, the number of paediatric versus medical beds in the second phase, the location of the main entrance (vis a vis the tug ways), and the nature of the primary care presence in the facility. Dr Odum also told the meeting that this proposal was linked to the City's Urgent Care Strategy, which encompassed the role and modus operandi of primary care, particularly with regard to limiting emergency attendances at hospital. The two walk-in centres were under review as part of this exercise, because questions were being raised about how much of their work was primary care. He stressed that any significant change, such as closing a walk in centre, would require public consultation. Dr Singh urged that these discussions and proposals be used as a catalyst to re-engineer junior doctors' rotas and reskill the nursing workforce to cover duties formerly done by the junior doctors.

IT WAS AGREED: that the progress report on the New Emergency Centre be noted.

13/89 WASTE MANAGEMENT

Mr Argent submitted a report from the Waste Management Executive Group, and summarised it by confirming that the Trust was, in the main, compliant with Healthcare Technical Memorandum – Safe Disposal of Healthcare Waste (HTM0701) guidelines and all legal requirements for waste disposal, and indicated that he considered that the Trust would pass an Environment Agency inspection; albeit with a number of recommendations on matters which are currently being addressed.

IT WAS AGREED: that the report be noted.

13/90 TCS – PROPERTY TRANSFERS

Mr Stringer submitted a progress update on the TCS property transfers.

IT WAS AGREED: that the report be noted.

13/91 2012 NATIONAL NHS STAFF SURVEY RESULTS

Ms Pugh presented an overview of the 2012 National NHS Staff Survey results for the Trust. Mr Loughton said that the results were quite good, but that greater weight was placed on the local ChatBack staff survey.

IT WAS AGREED: that the report be noted.

13/92 IMPLICATIONS OF THE NATIONAL PROPOSALS ON CHANGES TO THE AGENDA FOR CHANGE AGREEMENT FOR RWT

In presenting this item, Ms Pugh confirmed that no local policy changes were required.

IT WAS AGREED: that the report be noted.

13/93 RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS

Ms Hall submitted this report.

IT WAS AGREED: that the report be noted.

13/94 NHSLA GENERAL STANDARDS – BASELINE POSITION

Ms Hall 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.

13/95 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 £9.8M of savings to be identified in the CIP for 2013/14. Mr Stringer added that there were still a few schemes to be considered and that it was critical that ideas were progressed into actual savings. A report would be submitted to the Trust Board on 25 March for discussion.

IT WAS AGREED: that the report be noted.

13/96 LDP UPDATE 2013/14

Ms Espley summarised the report on the LDP discussions with the Trust's main commissioners. This Trust was one of the few which were in a position to sign heads of terms by the deadline. Some concerns remained around specialised services. The Chief Executive congratulated those involved for the progress made.

IT WAS AGREED: that the report on the progress around LDP discussions for 2013/14 be noted.

13/97 RESEARCH AND DEVELOPMENT REPORT

Dr Cotton presented his monthly report, which he said represented good progress since the February meeting.

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

13/98 INFORMATION GOVERNANCE TOOLKIT SUBMISSION 2012/13

Dr Odum reported that as of today there was 93.9% IG training compliance.

IT WAS AGREED:

(a) That the IG Toolkit scores detailed in the report be noted, but with respect to the IG training compliance, the annual submission on the standards to the DoH be that achieved by 28th March 2013 as it was anticipated this would be at the 95% rate required for level 2 submission;
(b) That the IG Assurance statement be accepted.

(At this point in the meeting Mr Loughton left and Dr Odum took the chair)

13/99 RISKS

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

13/100 POLICIES FOR APPROVAL

IT WAS AGREED: that the following policies be approved:

- CP11 Resuscitation Policy
- CP61 Prevention and management of the Deteriorating Patient (new)
- IP04 Transportation of Clean and Contaminated Instruments, Equipment and Specimens

13/101 DATE AND TIME OF NEXT MEETING

It was noted that the next meeting was due to be held on Friday 19 April at 1.30pm in the Board Room, Clinical Skills and Corporate Services Centre.