

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:	22.02.13	
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 a Fibroscan system for the diagnosis and management of acute liver patients. The general background is that Liver Disease is becoming a significantly more common and fatal problem, and is now the 5th largest cause of death in the UK with an average age of death being 59 years. Reversing this trend is a key priority in the NHS Outcomes Framework. Locally, the mortality rate across Wolverhampton is twice the national average for (alcohol related) liver death. However it is possible to intervene with effective treatments and surveillance programmes which reduce mortality. Until recently, diagnosis was by liver biopsy, which involves a long process. This business case is for an alternative means of diagnosing acute liver patients. This is Fibroscan, a form of ultrasonography based upon Vibration Controlled Transient Elastography (VCTE) which is a highly accurate and non-invasive diagnostic test, and which can be performed in clinic by a gastroenterologist. Currently patients have to be referred to UHB for this service. ▪ Approved the business case for the appointment of a Consultant Neurologist, to replace one who has resigned 	

	<p>from the Trust.</p> <ul style="list-style-type: none"> ▪ Approved the business case for the appointment to the post of Consultant in Rehabilitation Medicine, which has become vacant due to retirement. ▪ Considered and approved the business case for the installation of Uninterrupted Power Supply (UPS) equipment to the Catheter Suites in the Heart and Lung Centre. It was confirmed that this work has the support of clinical staff. ▪ Received and discussed the results of the GMC Trainee Survey 2012. The analysis of the survey has been circulated to all consultants in each specialty, and any issues highlighted are being worked through. Progress is monitored by the Clinical Tutor. The overall outcome was deemed to be satisfactory.
<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>

TRUST MANAGEMENT TEAM

Date:	Friday 22 February 2013	
Venue:	Boardroom, Corporate Services Centre, New Cross Hospital	
Time:	1.30 p.m.	
Present:	Mr. D. Loughton CBE Ms. R. Baker Dr. M. Cooper Ms. C. Etches OBE Mr. M. Goodwin Dr. S. Kapadia Ms. G. Nuttall Dr. J. Odum Mr. T. Powell Dr. D. Rowlands Ms. Z. Young	Chief Executive (Chair) Head Nurse, Division 2 Director of Infection Prevention and Control Chief Nursing Officer Head of Estates Development Divisional Medical Director, Division 2 Chief Operating Officer Medical Director Deputy Chief Operating Officer, Division 2 Lead Cancer Clinician Head Nurse, Division 1
In attendance:	Ms. S. Ness Mr. A. Sargent Ms. D. Wilding Mrs. Y. Hague	Deputy Director of Finance Secretary to the Trust Board Deputy Director of Human Resources R and D Directorate Manager
Apologies:	Mr. G. Argent Mr. I. Badger Dr. J. Cotton Ms. M. Espley Mr. L. Grant Ms. D. Harnin Ms. D. Hickman Dr. B.M. Singh Mr. K. Stringer	Divisional Manager, Estates and Facilities Divisional Medical Director, Division 1 Director of Research and Development Director of Planning and Contracting Deputy Chief Operating Officer, Division 1 Director of Human Resources Head of Midwifery Lead Clinician IT Chief Financial Officer

Minute		Action
13/38	<p><u>DECLARATIONS OF INTEREST</u></p> <p>There were no declarations of interest.</p>	
13/39	<p><u>MINUTES OF THE MEETING OF THE TRUST MANAGEMENT TEAM HELD ON FRIDAY 25 JANUARY 2013</u></p> <p>IT WAS AGREED: that the Minutes of the meeting of the Trust Management Team held on Friday 25 January 2013 be approved as a correct record.</p>	

Minute**Action****13/40****MATTERS ARISING FROM THE MINUTES**

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

13/41**ACTION SUMMARY**

The following update was received:

- 13/28: Women's Unit Feasibility Study into the possibility of increasing capacity

Mr. Goodwin indicated that he had prepared the initial scoping paper setting out implications for the accommodation if capacity were to be increased as previously suggested.

13/42**QUARTERLY REPORT****Research and Development**

Mrs. Y. Hague attended on behalf of Dr. Cotton to present the quarterly report on Research and Development within the Trust. She guided the meeting through the salient points of her report, including the current R & D position, which was that there were currently over four thousand patients in four hundred and sixty-five clinical trials, with confirmation today that Dr. McDuff had been informed that one of his studies was now going through for consideration for inclusion onto the NIHR research portfolio. She also drew attention to the key performance indicators within Research and Development, and highlighted the significant progress in the turnaround of new trials. She informed the Management Team that by March all old studies presently in the old system prior to the revision set in September would no longer be present and therefore there would be a significant difference in the mean average timelines reported for approving trials. This would be reflected in the March CLRN report; however it was confirmed that the February CLRN report would not show a positive mean average due to the old studies with large waiting times being included in it.

Mrs. Hague confirmed that the Trust recruitment target for 2012/13 was 3000 accruals, for which one study would assist in meeting this target by the end of the year. Responding to Mr. Loughton's question about the reason why the study had not recruited well to date and reasons for delays, Mrs. Hague commented that there were a number of delays which had periodically been overcome and that there would be an expectation that recruiting eight hundred additional patients in March was achievable. Mrs. Hague indicated that one delay which had been overcome related to an analyser. Mr. Loughton indicated that this must be overcome and the recruitment target achieved. He went on to request that a group of staff be assembled to develop an action plan on how to raise Wolverhampton's performance in R & D to match that of the best performers nationally, and also to address the way in which R & D was publicised.

Minute**Action**

Dr. Odum indicated that the need to integrate R & D into the directorate structure was now seen as vital.

IT WAS AGREED: that the quarterly update on Research and Development be noted, and that for the time being reports on research and development be submitted every month.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

Division 1

13/43

Governance Report

Ms. Young presented the monthly Governance Report for Division 1 and commented that the Quality Meetings had helped raise the profile of quality and safety among nurses. Ms. Etches added that these meetings highlighted not only quality and safety issues but also other issues within the healthcare system, one of which was currently the needs of mental health patients who found themselves in New Cross Hospital. Mr. Loughton stressed the need to maintain pressure on the CCG to improve its contract with the Black Country Partnership Mental Health Foundation Trust.

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

13/44

Nursing, Midwifery and Quality Report – Surgical Division

Ms. Young presented the monthly Nursing, Midwifery and Quality Report for Division 1, and highlighted that changes to ward bed numbers planned over the next two months would potentially release staff to fill vacancies elsewhere within the Division. Of the falls reported during the period under review, none had led to patients sustaining any serious injuries.

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

13/45

Maternity CNST Update

The Maternity CNST update was submitted. Mr. Loughton asked about the current midwifery deficit of 10.47 WTE midwives based on 2012 activity, and about how this compared against other Trusts, and how it was expressed as a percentage of the total midwife establishment within this organisation.

IT WAS AGREED: that the Maternity CNST update be noted.

DH

Minute	<u>Division 2</u>	Action
13/46	<u>Nursing and Quality Report</u>	
	<p>Ms. Baker presented the monthly Nursing and Quality Report for Division 2, highlighting twenty reported breaches in agreed staffing numbers during December, and said that none of the ninety patient falls within the Division during January had resulted in serious harm to patients.</p>	
	<p>IT WAS AGREED: that the monthly Nursing and Quality Report for Division 2 be noted.</p>	
13/47	<u>Provision of a Fibroscan System</u>	
	<p>Dr. Kapadia presented the business case for the acquisition of a Fibroscan System for the diagnosis and management of acute liver patients within the Trust. Ms. Nuttall confirmed that this had been considered by the Contract and Commissioning Panel, but the Commissioner was unwilling to support the purchase of this equipment until clarification of various points had been obtained through further discussions with representatives of the Trust. Mr. Loughton requested that the Medical Director, Chief Nursing Officer, and Chief Operating Officer in future meet on a monthly basis with representatives of the CCG with a list of outstanding matters to be resolved. Ms. Nuttall requested that this suggestion be discussed by Executive Directors within the Trust, particularly having regard to the response of the Commissioner in respect of the Fibroscan System.</p>	GN
	<p>IT WAS AGREED: that approval in principle be given to the acquisition of a Fibroscan System for the diagnosis and management of acute liver patients, subject to obtaining final approval from the Wolverhampton Clinical Commissioning Group.</p>	TP
13/48	<u>Replacement of a Consultant Neurologist post</u>	
	<p>Dr. Kapadia presented a report recommending the replacement of a Consultant Neurologist following the departure of the current incumbent. Ms. Ness asked whether this had been approved by the Contract and Commissioning Panel.</p>	
	<p>IT WAS AGREED: that the business case for the replacement of a Consultant Neurologist be approved.</p>	
13/49	<u>Replacement Consultant in Rehabilitation Medicine (Walsall)</u>	
	<p>Dr. Kapadia summarised the business case for the replacement of a Consultant in Rehabilitation Medicine following the retirement of the previous post holder. Mr. Loughton noted that in such cases six months' notice was required and enquired why the process for replacing this post holder was only now taking place given that retirement had been in November 2012 and presumably temporary staff were being used to cover the work. He expressed dissatisfaction with this state of affairs.</p>	

Minute		Action
	<p>IT WAS AGREED: that the business case for the appointment of a Consultant in Rehabilitation Medicine following the retirement of the previous incumbent be approved.</p>	
13/50	<p><u>Governance Report</u></p> <p>It was noted that during the period under review there had been no new red complaints, and there was only one red risk open in the Divisional Risk Register and the Board Assurance Framework (relating to the Health Visiting service).</p> <p>IT WAS AGREED: that the monthly report on Governance within Division 2 be noted.</p> <p><u>REPORT OF THE CHIEF OPERATING OFFICER</u></p>	
13/51	<p><u>Performance Report</u></p> <p>Ms. Nuttall introduced the monthly report on Operational Performance. She pointed out that the governance rating was amber/red and that there were more reds than were desirable. Ms. Baker reported that the interviews to recruit to the post of Specialist Nurse – Learning Difficulties had not been fruitful, and that further interviews would take place in the next few days. With regard to the target for the thirty-one day wait for second or subsequent treatment, capacity issues for robotic surgery were a factor in the performance reported.</p> <p>Ms. Nuttall referred again to the significant challenge faced by the Accident and Emergency Department during January. She indicated that from 1 April 2013 Trusts would be fined £200 for every ambulance which had to wait over thirty minutes for patients to be transferred into the care of the hospital, and that for waits of longer than one hour the fine would increase to £1000. She added that this would apply only to conveyances to the Accident and Emergency Department, and not MAU, Heart & Lung or SAU. She had calculated that based on performance for ten months of the current year a total fine of approximately £700,000 would have been imposed on the Trust if these penalties had been in force. The money raised this way would not be received by the CCG. She also referred to the launch of the NHS 111 service in March, which was expected to lead to an increase of between eighteen and twenty percent of ambulance conveyances to acute hospitals. She requested that this be discussed at the next meeting of the Executive Directors.</p>	GN
	<p>IT WAS AGREED: that the monthly report on Operational Performance be noted.</p>	
13/52	<p><u>Trust's Strategic Goals update 2012/13 – Performance Manager (Quarter 3)</u></p> <p>Ms. Nuttall presented the Quarterly Report on assessment against the business outcomes contained within the Trust's Strategic Goals for 2012/13.</p>	

Minute**Action**

She highlighted the two red risks, namely in respect of agency expenditure for all grades of medical staff, and annual evaluation of Trust Board performance.

IT WAS AGREED: that the Quarterly Report on progress against the Trust's Strategic Goals be noted.

REPORT OF THE CHIEF FINANCIAL OFFICER

13/53

Financial Position of the Trust at the end of Month 10 (January 2013)

Ms. Ness presented the Financial Position at the end of January 2013, and highlighted that the Trust's surplus was £7,557,000, which was £1,489,000 above plan. The overall position was an over performance on income of £600,000, but most of this was in non-patient contract areas; the position in Division 1 had deteriorated by £873,000, and in Division 2 by £40,000. She added that the Trust was attempting to persuade Commissioners to recognise the pressure faced in recent months, in order to recover some of the emergency threshold monies. Wolverhampton had now agreed this course of action, and negotiations with Walsall were well advanced, but South East Staffordshire and Seisdon CCG had not yet acceded to the Trust's request. She went on to talk about Cost Improvement Plans, and mentioned that in January a total of £11,009,000 had been withdrawn from the annual budgets, representing 72% of the total annual target. She also confirmed that the cash balance stood at £18,357,000. She said that the Trust was attempting to obtain some cash from the Commissioners on account, in relation to areas under dispute.

Mr. Loughton requested that terms such as "impairment" be explained in layman's terms in reports.

IT WAS AGREED: that the report on the Financial Position at the end of January 2013 be noted.

13/54

Capital Programme 2012/13 – Month 10 progress report

Mr. Goodwin submitted the monthly report on the Capital Programme and indicated that the Month 10 position showed a projected outturn of £23,053,760, which was £228,850 above the revised capital budget. He also mentioned a number of projects which were currently amber or red risk in terms of delivery potential in 2012/13, and confirmed that projects had been identified for delivery in year in order to fill the gap. Mr. Goodwin also mentioned that between 1 and 4 March the door from the Pathology building into the corridor adjacent to the Deanesly Centre would be constructed, and that corridor would be out of use until that work had been completed.

IT WAS AGREED: that the monthly report on the Capital Programme 2012/13 be noted.

Minute**Action****13/55** Transforming Community Services – Property Transfers

Mr. Goodwin summarised the arrangements for the proposed transfer of properties from the PCT to this organisation with effect from 1 April 2013, and mentioned the physical condition surveys, staffing resources, financial arrangements and legal implications of the transfers.

IT WAS AGREED: that the progress report on the transfer of properties from the PCT to this organisation with effect from 1 April 2013 be noted.

13/56 Business Case to install Uninterrupted Power Supply (UPS) equipment for the Catheter Suite, Heart and Lung Centre

A business case to install uninterrupted power supply equipment for the Catheter Suite in the Heart and Lung Centre was submitted. Ms. Etches noted that the business case pro-forma had not been completed insofar as key signatures were missing. Ms. Ness noted that the same comment applied to other business cases submitted to today's meeting. Mr. Goodwin acknowledged that this needed to be addressed. He indicated that the business case had been approved by the Capital Review Group. The sum of up to £300k was contained in the capital programme, and Mr. Goodwin said this scheme was likely to be followed by a number of others for areas within the hospital which currently had poor UPS equipment. This matter was currently on the Estates and Facilities Risk Register.

Mr. Loughton enquired whether the views of clinicians had been ascertained regarding the likely impact of the failure of the UPS leading to a lack of power for fifteen or twenty seconds. Dr. Odum said that fifteen seconds could be significant if lights went out during an operation when, for example, a patient was bleeding. He added that if surgeons thought that there could be a significant delay in power returning following disruption of supply they were likely to be very nervous about going ahead with operations.

IT WAS AGREED: that the business case to install Uninterrupted Power Supply Equipment (UPS) for the Catheter Suite in the Heart and Lung Centre be approved.

REPORT OF THE DIRECTOR OF HUMAN RESOURCES**13/57** HR Strategy Action Plan – progress review

Ms. Wilding introduced the progress report on the HR Strategy Action Plan and indicated that the next step was to develop actions to cover the next twelve months.

Ms. Etches enquired about the organisation's commitment to use Workforce Tool.

Minute**Action**

It was noted that work had been taking place within the organisation, including the involvement of Ms. Ness on an SHA group looking at data. Ms. Ness said she thought that the Workforce Tool was complex and of limited use. Given that expressions of interest needed to be submitted today, it was agreed that Ms. Espley and Mr. Stringer would prepare and submit a response to the TDA by Monday 25 February.

13/58HR01 Leave Policy

IT WAS AGREED: that the revisions to HR01 Leave Policy be approved.

REPORT OF THE CHIEF NURSING OFFICER**13/59**Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas

In presenting this report, Ms. Etches asked where in the high level risks the uninterrupted power supply equipment at the Catheter Suite might be found. Mr. Goodwin undertook to follow this up with Mr. Argent.

IT WAS AGREED: that the monthly report on Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas be noted.

13/60NHSLA General Standards – Baseline Position

Ms. Etches submitted the monthly report updating the meeting on the position in relation to work planned towards NHSLA General Standards Level 3.

IT WAS AGREED: that the report be noted.

13/61Interim report regarding the Trial of Provision of Snacks for Patients

Ms. Etches presented an interim update regarding the trial of the provision of snacks to patients. In response to questions by the Chief Executive, Ms. Etches confirmed that the recommendation of the CQC was to provide all in-patients with the choice of two snacks per day. So far take-up had not been as high as expected, which was the reason for recommending an extension of the trial for a further two months.

IT WAS AGREED: that the trial of provision of snacks to patients be extended for a further two months in order to fully embed the service and confirm costs, and that a progress report be brought to the Trust Management Team at the end of that period.

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REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING**13/62** Change Programme Board

On behalf of Ms. Espley, Ms. Nuttall presented the monthly report on the progress of the Change Programme Board, and the Trust Management Team noted that the cumulative position as at the end of January showed an under achievement of £2,733,000 for the Trust as a whole. She added that all of the schemes proposed for 2013/14 had to undergo the quality impact assessment process prior to submission to Trust Board in March.

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

13/63 Stroke Services Review

Ms. Nuttall presented this item on behalf of Ms. Espley, and pointed out that it was not yet clear who at the regional level would be making the decisions regarding hyper-acute stroke units after 1 April 2013. Dr. Odum confirmed that meetings with Walsall regarding collaboration were continuing. Mr. Loughton emphasised the need to ensure that Wolverhampton's representation in such meetings was not restricted to stroke clinicians, and there must also be representatives with an awareness of all the background issues at stake.

Ms. Nuttall said that feedback on the bid was expected by the 27 February.

IT WAS AGREED: that the progress report on the Stroke Services Review be noted.

REPORT OF THE MEDICAL DIRECTOR**13/64** Mortality Report

Dr. Odum presented his quarterly report on Mortality. He said that the year to date SHMI was 98.4, rebased at 104 and the observed death rate was 3.6. He said that the organisation needed to refocus on mortality, and that this would include more effort on achieving accurate clinical coding.

IT WAS AGREED: that the Mortality Report be noted.

13/65 GMC Trainee Survey

Dr. Odum presented the results of the 2012 GMC Trainee Survey which had been analysed and the analysis had been circulated to all consultants in each specialty and any issues highlighted were being worked through. Progress was monitored by the Clinical Tutor and the overall outcome of the survey was deemed to be satisfactory.

Minute**Action**

IT WAS AGREED: that the report on the outcome of the 2012 GMC Trainee Survey be noted.

13/66**Revalidation of Medical Staff**

Dr. Odum presented his Quarterly progress update on the revalidation of medical staff. It was noted that Trust appraisal compliance at the 31 January 2013 was seventy-five percent, with an action plan in place, and that ninety-two percent of the Trust's medical appraisers had attended revalidation top-up training. It remained for a Lead Appraiser to be appointed.

IT WAS AGREED: that the report describing the progress of the Trust towards the management of medical appraisal and revalidation be noted.

13/67**RISKS**

No additional risks were identified at this meeting.

13/68**ANY OTHER BUSINESS**

No other business was raised.

13/69**DATE AND TIME OF NEXT MEETING**

It was noted that the next meeting of the Trust Management Team was due to be held on Friday 22 March 2013 at 1.30 p.m. in the Board Room of the Corporate Services Centre, New Cross Hospital.

The meeting closed at: 3.10pm