

## 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.*

<b>Name of Committee/Group:</b>	Trust Management Team	
<b>Report From:</b>	Chief Executive	
<b>Date:</b>	26.10.12	
<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
<b>Aims of Committee:</b> Bullet point aims of the reporting committee (from Terms of Reference)	<ul style="list-style-type: none"> <li>▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis</li> <li>▪ 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.</li> </ul>	
<b>Drivers:</b> 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.	
<b>Main Discussion/Action Points:</b> Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ul style="list-style-type: none"> <li>▪ Considered the Annual <b>Fire Safety Plan</b>, which provides a detailed set of actions to ensure fire safety compliance within the Trust's healthcare buildings. .</li> <li>▪ Supported the business case for the <b>purchase of disposable laryngoscope handles and blades</b>. This will enable proper decontamination of the equipment between each patient use, thereby reducing the risk of cross infection.</li> <li>▪ Approved the business case for the appointment of a <b>consultant cardiothoracic anaesthetist</b>, following the resignation of the current post holder.</li> <li>▪ Received a progress report on the <b>implementation of the vision for Emergency Services</b>, which gave clear evidence of delivery against many key objectives, and reaffirmed the commitment of the group to deliver the A and E Clinical Quality targets, provide quality care through senior clinical decision making 24 hours a day, and strive to improve patient experience year on year.</li> </ul>	
<b>Risks Identified:</b> Include Risk Grade (categorisation matrix/Datix number)	The Management Team has had regard to any risks identified in respect of these matters.	

## Minutes of the Meeting of the Trust Management Team

<b>Date:</b>	Friday 26 October 2012	
<b>Venue:</b>	Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital	
<b>Time:</b>	1.30 p.m.	
<b>Present:</b>	Mr. D. Loughton CBE Dr. J. Cotton Ms. M. Espley Ms. C. Etches OBE Ms. D. Harnin Dr. S. Kapadia Dr. J. Odum Ms. G. Nuttall Ms. S. Roberts Facilities Dr. D. Rowlands Ms. Z. Young	Chief Executive (Chair) Director of Research and Development Director of Planning and Contracting Chief Nursing Officer Director of Human Resources Divisional Medical Director, Division 2 Medical Director Chief Operating Officer Acting Divisional Manager, Estates and Lead Cancer Clinician Head Nurse – Division 1
<b>In Attendance:</b>	Ms. S. Ness Mr. A. Sargent	Deputy Director of Finance Trust Board Secretary
<b>Apologies:</b>	Mr. I. Badger Ms. R. Baker Dr. M. Cooper Mr. M. Goodwin Mr. L. Grant Ms. D. Hickman Dr. B.M. Singh Mr. K. Stringer	Divisional Medical Director, Division 1 Head Nurse – Division 2 Director of Infection Prevention & Control Head of Estates Development Deputy Chief Operating Officer, Division 1 Head of Midwifery Lead - IT Chief Financial Officer

Minute		Action
	<b><u>WELCOME</u></b>	
12/275	Mr. Loughton welcomed Sandra Roberts, Acting Divisional Manager, Estates and Facilities to her first meeting of the Trust Management Team.	
12/276	<b><u>DECLARATION OF INTERESTS</u></b>  There were no declarations of interest.	
12/277	<b><u>MINUTES OF THE MEETING HELD ON FRIDAY 21 SEPTEMBER 2012</u></b>  IT WAS AGREED: that the Minutes of the meeting of the Trust Management Team held on Friday 21 September 2012 be approved as a correct record.	

Minute		Action
12/278	<p><b><u>MATTERS ARISING FROM THE MINUTES</u></b></p> <p>There were no matters arising from the Minutes of the previous meeting.</p>	
12/279	<p><b><u>ACTION SUMMARY</u></b></p> <p>The following updates were received:</p> <ul style="list-style-type: none"> <li>• <u>12/259 Winter Pressure – resources required</u>  <p>Ms. Espley reported that she had submitted to the WCCG a list of schemes which could justify being awarded non-recurring funding, including additional social care support for this Trust during the winter period. Mr. Loughton enquired about the proposals by the Local Authority Social Services Department for Christmas cover. Ms. Nuttall indicated that these were now to hand.</p> </li> <li>• <u>12/217 Acute Oncology Service Business Case – Commissioner response</u>  <p>Ms. Espley reported that the response of the Commissioner was expected by the end of the month.</p> </li> <li>• <u>12/153 NHSLA General Standards Progress</u>  <p>Ms. Etches reported that Delegated Consent was now being progressed within the organisation in accordance with the approved Policy. With regard to DNAR, there had been another round of audit and there were now wider issues being raised (nationally) around the End of Life Pathway which would be examined by the Trust's End of Life Pathway Group.</p> </li> <li>• <u>12/160 Workforce Review of Nursing and Midwifery – Stage 1</u>  <p>Ms. Etches reported that the WCCG had not approved the Business Case for Stage 1 of the Workforce Review of Nursing and Midwifery. Ms. Etches and Ms. Espley would respond to the CCG.</p> </li> </ul> <p><b>IT WAS AGREED: that the Action Summary be noted.</b></p> <p><b><u>QUARTERLY REPORT</u></b></p>	<p>ME/CE</p>
12/280	<p><b><u>Research and Development Directorate</u></b></p> <p>Dr. Cotton presented his quarterly update on the overall activity of Research and Development within the Trust.</p>	

**Minute**

**Action**

He highlighted overall performance and mentioned in particular that a study approved by the NIHR for portfolio adoption, led by Dr. Basu and Dr. Lodwick, would add 3,000 accruals to the overall accrual performance for 2012/13. He highlighted issues in respect of research competency and capacity, and the sub-optimal accommodation currently available for use by the Directorate. In particular, he said that it was intended to develop a defined clinical research area within R & D in due course.

Mr. Loughton said that he planned to raise the profile of Research and Development at Board level.

**IT WAS AGREED: that the quarterly report on Research and Development be noted.**

**DIVISIONAL MEDICAL DIRECTORS' REPORTS**

**Division 1**

**12/281** Governance Report

Ms. Young presented the monthly Governance report for Division 1. She highlighted that there were no new red complaints and no new/open red and amber high risks for the period under review.

**IT WAS AGREED: that the Governance Report for the Surgical Division be noted.**

**12/282** Nursing, Midwifery and Quality Report

Ms. Young drew out the salient points of the monthly Nursing, Midwifery and Quality Report for the Surgical Division. She commented that the number of falls on Ward D5 in September appeared to have been due to the high dependency of the patients together with the case mix. She reported that there had now been twelve births on the MLU, and that the shortage of midwives was being managed in-house.

**IT WAS AGREED: that the monthly Nursing, Midwifery and Quality Report from the Surgical Division be noted.**

**12/283** Process to Decontaminate Laryngoscope Handles – Business Case

A report was submitted which recommended approval of the Business Case to purchase disposable laryngoscope handles and blades in order to decontaminate equipment appropriately between each patient use and thereby avoid cross infection. Ms. Espley said that this had been considered at the Contracting and Commissioning Group. Ms. Ness indicated that this would not be funded by the Commissioners but that some money had already been identified at the Trust's budget setting process.

Minute		Action
	<p><b>IT WAS AGREED: that the Business Case for the purchase of Disposable Laryngoscope Handles and Blades be approved.</b></p>	
12/284	<p><u>Recruitment of Consultant Cardiothoracic Anaesthetist – Business Case</u></p> <p>Ms. Young presented the Business Case for the recruitment of a Consultant Cardiothoracic Anaesthetist in Division 1. Mr. Loughton suggested that consideration be given to the recruitment of a second Consultant Cardiothoracic Anaesthetist in view of the level of Directorate expenditure on cross cover. He undertook to speak to Ms. Nuttall about this after the meeting.</p> <p><b>IT WAS AGREED: that the Business Case for the recruitment of a Consultant Cardiothoracic Anaesthetist, following the resignation of the current post holder, be approved.</b></p> <p><b><u>Division 2</u></b></p>	DL/GN
12/285	<p><u>Governance Report</u></p> <p>Dr. Kapadia presented the monthly Governance Report from the Emergency, Medical and Community Services Division (Division 2). He said that the two open red risks related to the health visiting service and radiotherapy staffing (the latter reflecting a national shortage).</p> <p><b>IT WAS AGREED: that the Governance Report for the Emergency, Medical and Community Services Division be noted.</b></p>	
12/286	<p><u>Nursing and Quality Report</u></p> <p>Dr. Kapadia drew out the highlights of the monthly Nursing and Quality Report for Division 2. He drew attention to the changes in ward specialism allocation and location, which would take effect from early December.</p> <p><b>IT WAS AGREED: that the monthly Nursing and Quality Report for the Emergency, Medical and Community Services Division be noted.</b></p>	
12/287	<p><u>Vision for Emergency Services – Progress Report</u></p> <p>Dr. Kapadia drew out the main points of the progress report on the implementation of the Vision for Emergency Services.</p>	

**Minute**

**Action**

Among other things, Dr. Kapadia highlighted the decision of the WCCG to serve notice on WUCTAS which was expected to have an adverse impact on the number of inappropriate referrals to A and E. Mention was made also of the efforts being made to repeat the GP co-location pilot, in order to obtain more data about the benefits of having a GP presence within the Department. Ms. Etches commended the Division on work around complaints, and noted that there remained some concerns around patient discharge. She clarified that there were 3.5 wte Band 5 nursing vacancies which had arisen due to internal promotions, and it would be necessary to go through the formal recruitment process to appoint replacements.

**IT WAS AGREED: that the progress report on the Implementation of the Vision for Emergency Services be noted.**

**REPORT OF THE CHIEF OPERATING OFFICER**

**12/288**

Performance Report

Ms. Nuttall presented the monthly Operational Performance report and highlighted the deterioration in performance around reducing delays in transfer of care (mainly in Division 2), the deterioration against elective and non-elective length of stay (the reasons for which were still being investigated), smoking quitters (efforts were being made to develop imaginative methods of raising uptake), and the on-going challenge presented by the A & E targets. She also indicated that in the self-certification returns for September 2012 the Trust was no longer green but was amber/red.

In response to questions, Ms. Nuttall confirmed that the mixed sex accommodation breach had occurred in the ITU, and the lengths of stay were based on spells. She added that most of the increases in length of stay had occurred in the Surgical Division.

Ms. Espley drew attention to the performance against the indicator for the percentage of GPs who received correspondence within twenty-four hours of patient discharge. She said that a contract query notice had been served on the Trust by the Commissioners and this would require the preparation of a remedial action plan within the next few days. It was possible that financial penalties could be applied against the Trust in respect of this under-performance and had a potential impact for the Trust's Provider Management Return for the next quarter.

**IT WAS AGREED: that the monthly Performance Report be noted.**

Minute  
12/289

Fire Safety Report

Ms. Roberts presented the Fire Safety Report, which explained how compliance within health care buildings owned by the Trust would be achieved through a detailed action plan, including the establishment of a new Fire Safety Committee.

Dr. Kapadia asked whether this work would include attention being given to the ease of access for fire engines onto the hospital site given that at certain times of the day the access roads were very congested. Mr. Loughton referred to the way other hospital trusts had dealt with this, for example by staggering visiting times. Ms. Etches responded that best practice within the Trust had involved standardisation and that any changes to visiting times would have to take into account the standardisation of practices such as patient meal times. Dr. Kapadia asked whether it would be possible to create two lanes on the estate road to help ease the congestion, in particular by the bus stop on the east of the site. It was agreed that this suggestion be referred to the Head of Estates Development.

**IT WAS AGREED: that the Fire Safety Report and the associated action plan be noted.**

**REPORT OF THE CHIEF FINANCIAL OFFICER**

12/290

Financial Position of the Trust at the end of Month 6 (September 2012)

Ms. Ness reported a slight improvement in Month 6 against the planned surplus position, although the underlying issues which had given rise to concern in previous months remained. The income position had slightly improved, but the expenditure position had deteriorated in month. She confirmed that recovery plans were in place. She also indicated that the Change Programme Board was due to meet on the 30 October and was expected to give renewed impetus to improving the CIP position.

Ms. Etches sought assurance about the confidence of the finance team in respect of the recovery plans. Ms. Ness said that the totals had been agreed, but work continued around the detail of how the plans would be delivered. These were currently rated amber on the Divisional risk registers.

**IT WAS AGREED: that the report on the Financial Position at the end of September 2012 be noted.**

12/291

Capital Programme 2012/13 – Month 6 progress report

Ms. Ness introduced the monthly update on progress against the Capital Programme 2012/13.

Action

MG

**Minute**

**Action**

She indicated that the year-end position as at Month 6 identified an under commitment of £928,312 which was mainly related to the re-profiling of the Combined Heat and Power Plant scheme. She confirmed that the Capital Review Group had considered options for achieving the agreed Capital Resource Limit by year end, and additional bids for capital schemes were not yet required.

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

**12/292**

Delivery of the Estates Strategy 2009/10 – 2018/19 – Quarter 2 progress report

Ms. Ness guided the meeting through the main points of the quarter 2 report on the Delivery of the Estates Strategy.

Ms. Etches asked whether plans were in place to ensure the smooth introduction of the Wayfinding Strategy in December. Mr. Loughton reminded those present that letters being issued for appointments were now anticipating the changed arrangements within the Hospital, and he said that there remained concern over the possibility of wrong descriptions of locations being given in these letters. It was confirmed that there were plans in place for staff to be on hand in the early days of the change-over to assist visitors to the Hospital to find their way around.

Mr. Loughton requested that Mike Goodwin and Chris Wanley attend an early meeting of the Executive Directors to give an update on planning for the change-over.

**KS**

**IT WAS AGREED: that the quarter two report on the Delivery of the Estates Strategy be noted.**

**12/293**

**REPORT OF THE DIRECTOR OF HUMAN RESOURCES**

ChatBack 2012 – Results and Next Steps

Ms. Harnin submitted her report on ChatBack 2012, and expressed disappointment over the significant number of results which, compared to last year, showed a decline in performance. The external provider had suggested there was a link between these results and the introduction of car park charges for staff. She pointed out that although some departments still appeared to be red rated, they had made significant inroads into their baselines and should be commended, citing in particular Medical Physics. She added that the results for a number of departments had declined more significantly, and should therefore be the focus of attention during the coming months.

Dr. Odum questioned whether there was evidence that car park charges had played such a significant role in the results of this round of ChatBack.

**Minute**

**Action**

Mr. Loughton suggested that the results might reflect a number of factors such as staff car park charges, the state of the economy and the general lack of a “feel good factor”. Ms. Roberts said that informal feedback from the Porters suggested that they had reflected in their ChatBack responses their attitude towards the staff car park charges and the revised sickness absence policy. She added that this was based upon the remarks of approximately one third of the porters. Mr. Loughton requested that work be carried out prior to ChatBack 2013 to restructure the questions and as far as possible remove the possibility of overly subjective “feel good factor” elements being reflected in the results.

**IT WAS AGREED: that the results and next steps in respect of ChatBack 2012 be noted.**

**12/294**

Equal Pay Claims

Ms. Harnin provided an update on the progression of Equal Pay Claims lodged against the Trust, and it was noted that the number of claims outstanding had been reduced to fifteen and that it was anticipated that the claims could be resolved without going to Tribunal hearings.

**IT WAS AGREED: that the progress report on the Equal Pay Claims lodged against the Trust be noted.**

**12/295**

Organisational Development/Leadership and Management Strategy and Education and Training Strategy – Implementation progress

**IT WAS AGREED: that the quarterly update on the Implementation of the Organisation Development/Leadership and Management Strategy and Education and Training Strategy be noted.**

**REPORT OF THE CHIEF NURSING OFFICER**

**12/296**

Red Incidents, Complaints and High Level Operational Risks for Corporate Areas

Ms. Etches submitted the monthly report on Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas.

**IT WAS AGREED: that the report be noted.**

**Minute**

**Action**

**12/297**

NHSLA General Standards Progress Update

Ms. Etches presented the monthly report on progress relating to NHSLA General Standards formal assessment in November, 2012, and submitted a supplementary report which detailed changes and amendments made to NHSLA related Trust Policies following policy review meetings, NHSLA Assessor pre-assessment visits, and an external independent review. She reported orally that the Assessor had advised the Trust that there was a high risk of not achieving Level 3, but that if the pace was maintained Level 2 would be achievable in November, and Level 3 could be the target for April 2013. She reminded the meeting that one of the biggest risks remained the live health record audit and that it was essential that long standing good practice, such as using black ink and writing legibly, was consistently practiced across the Trust. She added that none of this was new and should already be taking place, and urged that every effort be made to ensure that this risk was mitigated by consistent good practice. She indicated that policy leads in the Departments had done a very good job so far.

Dr. Odum referred to the presentation given to Senior Managers on the 25 October when a very clear message had been delivered. He acknowledged that the Governance Team had been working hard on the General Standards assessment, and stressed that it was up to the rest of the organisation to deliver by following the policies which had been agreed corporately and that every effort must be made to achieve Level 2 in November and Level 3 in April, notwithstanding the other pressures being placed upon the organisation over the Winter period.

**IT WAS AGREED: that the progress update on the NHSLA General Standards formal assessment in November 2012 be noted, and that the following amended Policies be approved:**

- CP06 Consent Policy
- CP26 Blood Transfusion
- CP42 Policy and Procedure for the Prevention of Patient Falls
- CP58 Prevention and Treatment of Venous Thromboembolism
- HS01 Management of Health and Safety
- HS03 Sharps Management
- HS11 Management of Medical Devices/Medical Device Training
- MP01 Prescription Storage and Administration of Drugs Policy
- OP01 Development and Control of Trust Policies
- OP10 Risk Management Reporting
- OP31 Legal Services
- OP46 Development of Patient/Carer Information

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**Action**

- OP45 Clinical Audit and Effectiveness
- OP56 Review and Implementation of NICE Guidance
- OP60 Being Open
- OP61 Implementation and Review of National Confidential Enquiries
- OP64 Management of External Visits, Inspections and Accreditations
- Integrated Governance Strategy

**12/298**

Nursing, Midwifery and Health Visiting Programme 2012/14

Ms. Etches submitted an update on progress being made to meet the standards of the Nursing, Midwifery and Health Visiting Programme 2012/14.

**IT WAS AGREED: that the update on the work being undertaken by the Nursing and Quality Directorate on the Nursing, Midwifery and Health Visiting Programme 2012/14 be noted.**

REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING

**12/299**

Emergency Planning Update – Quarter 2

Ms. Espley drew out the salient points in her quarterly report on Emergency Planning, and presented the revised Major Incident Plan for approval.

**IT WAS AGREED: that the Quarter 2 update on Emergency Planning be noted, and that the revised Major Incident Plan be approved.**

**12/300**

Contracting and Commissioning 2012/13

Ms. Espley guided the meeting through the quarterly report on Contracting and Commissioning, and indicated that the LDP process for 2013/14 would begin in November, and that David Butterworth, Head of Commissioning and Contracting was retiring on the 31 October. She said that a new Head of Contracting would take up his post on 3 December and arrangements for the interim period were in place. She reported orally that contract query notices had been received from the WCCG in respect of e-discharge and over-performance, and that the latter required significant staff time to analyse the Trust's data and present sufficient evidence to obtain payment for activity undertaken by the Trust.

**IT WAS AGREED: that the report on Contracting and Commissioning 2012/13 be noted.**

**Minute**

**Action**

**12/301**

Report of the Change Programme Board

In presenting the monthly report of the Change Programme Board, Ms. Espley emphasised that the shortfall position had increased in month and the situation at Month 6 continued to give concern. The position remained significantly off target and a number of non-recurring schemes were being prepared to mitigate the in-year gap. The pressure remained to make up lost ground in future years. The recovery plans were to be presented to the next Change Programme Board and these would be robustly challenged to seek assurance that the necessary savings would be generated. This would be the subject of further discussion at the Change Programme Board next week.

**IT WAS AGREED: that the report of the Change Programme Board for September 2012 be noted.**

REPORT OF THE MEDICAL DIRECTOR

**12/302**

Mortality Report

Dr. Odum presented a summary of the year-end HSMR and SHMI mortality position which included the latest available performance data and set out how the Trust had used elevated HSMR as a quality improvement tool. He highlighted in particular that the weekend HSMR based on day of admission had fallen from 138 in 2010/11 to 109 in 2011/12, which was a significant improvement although there remained work to be done to improve the figure still further. The likely SHMI value for 2011/12 was likely to be 102, which would mean that this Trust ranked third lowest among West Midlands Acute Trusts.

Dr. Odum briefly outlined the future plans for mortality surveillance including reviewing and reforming the Mortality Review Committee to make it more clinically focussed.

**IT WAS AGREED: that the summary of the year-end HSMR and SHMI mortality position be noted.**

**12/303**

POLICIES FOR APPROVAL

Ms. Etches emphasised that it should be understood that, in approving policies, the Trust Management Team was signifying its active support for them and its intention to implement them across the organisation.

**IT WAS AGREED: that the following Policies be approved:**

- **OP29 Non-urgent Transfer of Patients**
- **OP69 Overseas Visitors**

Minute

Action

- Management of Pleural Disease Policy
- CP51 Point of Care Testing
- OP82 Prevention of Cancelled Operations
  
- CP42 Falls Prevention Policy
- OP68 Volunteer Policy
- IP07 Viral Haemorrhagic Fever Policy
- IP19 Blood and Body Fluids Spillage Management
- IP10 Isolation Policy
- HR17 Implementation of the Working Time Regulations Policy
- HR25 Expenses Policy

**ANY OTHER BUSINESS**

12/304

Consideration of Risks

Ms. Etches requested that in future the following be included on TMT Agenda as a standing item:

- Consideration of risks to be entered onto a risk register

12/305

Interpretation Services – Policy

Ms. Etches reported that due to significant overspending on the budget for interpreting services, the current Policy was under review and would be the subject of a report to a future meeting. She indicated that the revised Policy would stipulate that face-to-face interpretation services would be used by exception and would be centrally controlled. A number of current practices would be ceased, such as retaining interpreters on site for long periods of time in case a need arose for their services.

During the ensuing discussion, questions were raised about the Trust's legal obligation to provide interpreting services, and clarity was sought about any policy directions given by the Department of Health on this matter. Mr. Loughton requested that Ms. Etches meet with Dr. Odum, Dr. Kapadia and Mr. Badger to discuss matters further prior to the report coming back to the Trust Management Team.

CE

12/306

Mid-Staffordshire NHS Foundation Trust

Mr. Loughton reported that Monitor had appointed a firm of consultants to examine the financial and clinical viability of Mid-Staffordshire NHS Foundation Trust. A number of meetings had now been scheduled at which representatives of this Trust were expected to be in attendance along with representatives of the University Hospital of North Staffordshire. He understood that the intention was for recommendations to be formulated by the end of March 2013, and that a decision on any proposed reconfiguration of services would be made at a very high level in Government.

**Minute**

**Action**

**12/307**

Application for Foundation Trust Status

Mr. Loughton updated the Trust Management Team on the recent decision by Monitor to defer the Trust's application.

**12/308**

CQC – Unannounced Visit

Mr. Loughton reported that the unannounced CQC visit was expected imminently and would involve a team of up to seven people spending two days in the Trust looking at outcomes 4 (WHO Checklist) and 16 (Never Events) along with three others which would be notified at the time of the team's arrival. He stressed the need for this inspection to go well.

**All**

**12/309**

Date and time of next meeting

It was noted that the next meeting of the Trust Management Team will be held on Friday 23 November, 2012 at 1.30 p.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

**The meeting closed at 3.45 p.m.**