

## Minutes of the Meeting of the Trust Management Team

**Date:** 25<sup>th</sup> November 2011

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

**Time:** 1.30 p.m.

**Present:**

Mr. D. Loughton CBE (Chair)	Chief Executive Officer
Mr. G.P. Argent	Divisional Manager, Estates and Facilities
Mr. I. Badger	Divisional Medical Director – Division 1
Ms. R. Baker	Divisional Nurse – Division 2
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
Ms. V. Hall	Chief Operating Officer
Ms. D. Harnin	Director of Human Resources
Dr. J. Odum	Medical Director
Mr. T. Powell	Deputy Chief Operating Officer – Division 2
Dr. D. Rowlands	Lead Cancer Clinician
Dr. B.M. Singh	Director – IT
Mr. K. Stringer	Chief Financial Officer

**In Attendance:** Mr. A. Sargent Governance Officer

**Apologies:**

Dr. J. Cotton	Director of Research and 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. Z. Young	Divisional Nurse – Division 1

Minute		Action
11/297	<b><u>DECLARATION OF INTERESTS</u></b>  There were no declarations of interest.	
11/298	<b><u>MINUTES OF THE MEETING HELD ON FRIDAY 21<sup>st</sup> OCTOBER, 2011</u></b>  <b>IT WAS AGREED:</b> that the Minutes of the meeting of the Trust Management Team held on Friday 21 <sup>st</sup> October 2011 be approved as a correct record.	

Minute	<b><u>MATTERS ARISING FROM THE MINUTES</u></b>	Action
11/299	<p><u>Industrial Unrest and Industrial Action (11/277)</u></p> <p>It was noted that a crèche facility had been organised for Wednesday 30<sup>th</sup> November, 2011 and that all fifty places had now been taken up by Trust staff with responsibility for young children. Mr. Loughton added that following a recent national announcement, he was prepared to allow office based staff to bring their children to work provided there was no patient contact.</p>	
11/300	<p><b><u>ACTION SUMMARY</u></b></p> <p><b>IT WAS AGREED: that the following action had been discharged and could be removed from the Summary:</b></p> <ul style="list-style-type: none"> <li>• Trust's Medicine Policy</li> </ul>	
	<p><b><u>DIVISIONAL MEDICAL DIRECTORS' REPORTS</u></b></p>	
	<p><b><u>Division 1</u></b></p>	
11/301	<p><u>Governance Report</u></p> <p>Mr. Badger presented this report, and confirmed that an RCA was underway for the first red incident (patient admitted to A &amp; E with NSTEMI). The RCA in respect of the second reported red incident had now been concluded. It confirmed that there had been no post mortem and it appeared that the prescribed treatment had not been administered in the first two days of this patient's stay in the hospital, which was under further investigation. However, from the evidence available it appeared that the conduct of the clinical staff involved in the incident had been satisfactory.</p> <p><b>IT WAS AGREED: that the Governance Report of Division 1 be noted.</b></p>	
11/302	<p><u>Nursing, Midwifery and Quality Report</u></p> <p>Ms. Hall questioned the statement that the Division had reported no breaches in the same sex accommodation policy. She noted that in the previous agenda item (Governance report), a same sex accommodation breach had been described. Mr. Badger undertook to look into this apparent discrepancy.</p> <p><b>IT WAS AGREED: that the Nursing, Midwifery and Quality Report of Division 1 be noted.</b></p>	IB

**Minute**  
**11/303**

Expansion of the Wet Age Related Macular Degeneration (AMD) Treatment Service

Mr. Badger introduced a report which set out a Business Case for Expansion of the Wet Age Related Macular Degeneration Treatment Service, in response to increasing activity levels. Mr. Stringer queried the relationship between the expected growth within the service and the financial modelling, and also asked whether the Commissioners supported the additional estimated income contribution of £3.2m towards this development. Ms. Easley indicated that it had been referred to the Commissioners but there had been no formal response to date. Ms. Hall requested further clarification about which model had been used for costing these proposals.

**IT WAS AGREED: that consideration of this Business Case be deferred pending a response from the Commissioners**

**Action**

**IB**

**11/304**

Chronic Pain Management Programme

Mr. Badger summarised the main points of his report.

**IT WAS AGREED: that the Business Case for the implementation of a Patient Centred Chronic Pain Management Programme, as set out in the report, be approved in principle, subject to the Business Case being approved by the PCT.**

Division 2

**11/305**

Governance Report

Ms. Baker outlined the salient points of the Governance Report for Division 2.

**IT WAS AGREED: that the Governance Report for Division 2 be noted.**

**11/306**

Business Case for splitting the Middle Grade Rota in Paediatrics and Neonates

Mr. Powell presented this report, and in response to a question indicated that the proposals would be funded with a contribution from some additional income this year and that it would be necessary to identify an appropriate funding stream as part of the budget making process for future years

**IT WAS AGREED: that the Business Case for Splitting the Middle Grade Rota in Paediatrics and Neonates, as detailed in the report, be approved.**

**Minute**

**Action**

**11/307**

Medical and Nursing Workforce Review being undertaken in A & E

Mr. Powell drew out the main issues contained in his report and emphasised that at this stage support in principle was being sought for the proposed model for changing the A & E workforce. He described the various measures in place to deal with immediate pressures in the Department, and the measures proposed for dealing with the additional pressures anticipated during the night time closure of the Mid-Staffordshire Hospital A & E Department. It was noted that, for the long term, it would be important to persuade all staff involved of the merits of the proposed changes to the A & E workforce.

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

**11/308**

Industrial Action Planning

Mr. Powell reported that the current position was that there would be some elective surgery on the 30<sup>th</sup> November and a reduced out-patient service. The situation in Radiology was still under review but overall it was thought that the Trust was well placed to maintain essential services during the “day of action”. Ms. Harnin referred to particular challenges in certain parts of the hospital but underlined that the Staff Side had agreed with management upon minimum staffing levels required in most areas. She explained the arrangements for the two picket lines and confirmed that these would be situated on Trust property and Security would therefore be on hand to assist in matters relating to access and egress to/from the site. The meeting discussed the arrangements in place for staff who did not abide by the collective agreement between the Trust and the Staff Side in respect of exemptions.

**IT WAS AGREED: that the report on Industrial Action planning be noted.**

**11/309**

Italian Visit (Neurophysiologist post)

Mr. Powell presented a report which explained the steps being taken to recruit two Neurologists from Italy to work in Neurophysiology posts at this Trust.

**IT WAS AGREED: that the report on the steps being taken to recruit to the vacant Neurophysiologist posts be noted.**

**11/310**

Nursing and Quality Report

Ms. Baker summarised the key points in the monthly Nursing and Quality Report for Division 2, and highlighted in particular the number of qualified vacancies within the Division (much better than this time last year), and the number of falls within the Division during October.

Minute		Action
	<p><b>IT WAS AGREED: that the Nursing and Quality Report for Division 2 be noted.</b></p> <p><b><u>REPORT OF THE CHIEF OPERATING OFFICER</u></b></p>	
11/311	<p><u>Performance Report</u></p> <p>Ms. Hall presented the monthly Performance Report, and indicated that overall there had been little significant change since the previous meeting. In respect of complaints resolved within twenty-five days, it was noted that a new complaint process was under preparation. With regard to elective length of stay, Ms. Hall confirmed that the length of stay for elective surgery was still decreasing but remained off target.</p> <p><b>IT WAS AGREED: that the monthly report on Performance be noted.</b></p>	
11/312	<p><u>Trust Annual Plan 2011/12 – Performance Manager</u></p> <p><b>IT WAS AGREED: that the Quarter 2 assessment against the business outcomes contained within the Trust’s Annual Plan for 2011/12 be noted.</b></p> <p><b><u>REPORT OF THE CHIEF FINANCIAL OFFICER</u></b></p>	
11/313	<p><u>Financial Position of the Trust at the end of October (Month 7)</u></p> <p>Mr. Stringer presented the monthly report on the Trust’s financial position (at the end of October 2011) and highlighted that there had been an £800,000 reduction in income in-month for Division 1. The expenditure position had improved (before CIP) by £659,000, and Mr. Stringer informed the meeting that he was cautiously optimistic that the agreed recovery plans were beginning to make a difference so that, provided Divisions continued to keep a tight grip on costs, the forecast year end position would be achieved. Mr. Stringer again highlighted the Cost Improvement Plans and the need to invest more effort into the schemes which carried higher risk.</p> <p>During discussion about the continuing negotiations with the Primary Care Trust to release further resources, it was agreed that a meeting would be arranged between the MD of the PCT together with Mr. Loughton, Mr. Stringer and Ms. Hall to try to resolve the current difficulties.</p> <p>In response to questions, Mr. Powell indicated that there were about a dozen patients who persistently re-attended the hospital A &amp; E department and Mr. Loughton emphasised the need for this to be raised specifically in reports to the Commissioners.</p>	KS/VH

Minute

Action

Mr. Loughton also referred to the percentage of patients who exited the A & E department before being seen for treatment and suggested that this scenario would assume a higher profile nationally in the future.

**IT WAS AGREED: that the financial position at the end of Month 7 (October 2011), as set out in the report, be noted.**

11/314

Capital Programme 2011/12 – Month 7 progress report

Mr. Goodwin presented the monthly update on the Capital Programme 2011/12 and confirmed that pressure would continue to be applied to those sections and teams which had not yet written their business cases, or having obtained approval to business cases, had not yet started to spend the money available.

Mr. Loughton raised questions about a wooden fence between the Diabetes Centre and the main corridor and about closed off car parking spaces outside the Poplars. He asked Mr. Goodwin to look into these matters.

MG

**IT WAS AGREED: that the Month 7 progress report on the Capital Programme 2011/12 be noted.**

11/315

Patient Level Costing and Information System (PLCIS) – Outline Business Case

When he introduced his report, Mr. Stringer pointed out that this was one of only a small number of Trusts without a PLCIS and that it was expected that all FTs would employ such a system. There would be very clear benefits across the Trust from introducing such a system. However, Mr. Stringer emphasised that it was critical to its success for clinicians to be fully engaged. Dr. Odum indicated that SLR presentations last year had stimulated clinicians and CDs who had responded well to the opportunities and challenges which this had suggested. Mr. Loughton indicated that he would be willing to chair the Steering Group for this development within the Trust.

**IT WAS AGREED: that the Outline Business Case for supplier selection for Patient Level Costing be approved on the basis that the Trust will implement Option 5, with the completion of supplier selection anticipated by January, 2012.**

11/316

Delivery of Estates Strategy progress report – Quarter 2

Mr. Goodwin presented the second quarterly report for 2011/12 on the implementation of the Trust's Estates Strategy. He said that the work on Pharmacy Accommodation would take place only after completion of the current scheme for the Pathology Laboratory.

Minute		Action
	<p>He also highlighted the Carbon Reduction target and reminded the meeting that in the near future the Trust would bear a financial penalty for each tonne of carbon emitted.</p> <p>Mr. Stringer said that the Estates Strategy was now very different to that which had been approved by the Trust nine months ago and that this meeting might wish to rethink the Strategy having regard to recent developments, such as the transfer of estate from the PCT.</p> <p><b>IT WAS AGREED: that the second quarterly report on the implementation of the Estates Strategy be noted.</b></p> <p><b><u>REPORT OF THE DIRECTOR OF HUMAN RESOURCES</u></b></p>	
11/317	<p><u>Industrial Unrest and the possibility of Industrial Action</u></p> <p><b>IT WAS AGREED: that this report be noted.</b></p>	KS/MG
11/318	<p><u>Organisational Stress Management</u></p> <p>Ms. Harnin outlined a report on the review of the Organisational Stress Risk Assessment which had been conducted, drawing on the 2010 staff survey results, sickness absence data and key staff survey results mapped to HSE indicators. In response to a question by Dr. Odum, she said that stress was unhealthy when an individual determined that it had started to affect their functionality in other parts of their lives. The subjective nature of this problem was acknowledged.</p> <p><b>IT WAS AGREED: that the report on Organisational Stress Risk Assessment be noted.</b></p> <p><b><u>REPORT OF THE CHIEF NURSING OFFICER</u></b></p>	
11/319	<p><u>Red Incidents, Complaints and Operational Risks for Corporate Areas</u></p> <p><b>IT WAS AGREED: that the monthly report on Red Incidents, Complaints and Operational Risks for Corporate Areas be noted.</b></p> <p><b><u>REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING</u></b></p>	
11/320	<p><u>Commissioning Arrangements and LDP Process for 2012/13</u></p> <p>Ms. Espley presented a report which contained detailed information on the future commissioning arrangements and their potential impact on LDP negotiations for 2012/13.</p>	

**Minute**

**Action**

She confirmed that the CCGs would lead on the LDP process this year and that Dr. H. Hibbs of the Wolverhampton Clinical Commissioning Group would chair the Contracting Forum, with appropriate support from staff from the PCT and the Black Country Cluster.

She indicated that Harry Ward was no longer involved with commissioning for the PCT and that Richard Young would be commencing duties as Head of Commissioning with Wolverhampton City PCT from 28 November.

She added that from the 1<sup>st</sup> April, 2012 CCGs would operate in shadow form and that it was expected that the configuration of CCGs across the Black Country would be clarified very soon.

Ms. Espley also referred to the transfer of Public Health to the Local Authority in shadow form from 1<sup>st</sup> January, 2012, one consequence of which would be that Local Authorities would then receive the funding for services currently commissioned through public health, such as health trainers. This would then leave a relatively small number of specialised health services to be commissioned on a national or regional basis.

In response to questions by Ms. Hall, Ms. Espley confirmed that for 2012/13 Wolverhampton City PCT would retain a host commissioning role but there would be representatives from Staffordshire and other Commissioners at the LDP meetings. She confirmed that she was working to create links and to engage with CCGs across the West Midlands.

**IT WAS AGREED: that the report on Commissioning Arrangements and the LDP Process for 2012/13 be noted.**

**11/321**

Proposed Establishment of a Programme Management Office

Ms. Espley highlighted the salient points of her report setting out proposals to establish a Programme Management Office to cover the TCS and CIP Programmes. In response to a question, she confirmed that this would involve the recruitment of a full-time Programme Support Officer but that this would be achieved from within existing resources. Dr. Singh suggested that it would be helpful for colleagues to be kept informed of how such initiatives benefited the organisation as a whole.

**IT WAS AGREED: that the proposals set out in the report to establish a Programme Management Office be approved.**

**11/322**

POLICY UPDATES FOR APPROVAL

**IT WAS AGREED: that the following Policy updates be approved:-**



**Minute**

**Action**

- OP1 Review of Policy and Process for the Development and Control of Trust Policies
- OP60 Being Open
- CP42 Prevention of Patient Falls
- CP04 Discharge Policy
- HS01 Management of Health and Safety
- OP31 Legal Services Policy
- CP11 Resuscitation Policy
- OP10 Review of Policy and process for Risk Management and Patient Safety Reporting
- OP64 Policy for the Implementation and Review of National Guidance and National Confidential Enquiries/Inquiries
- HS03 Sharps Safety Policy
- HR20 Maintaining Professional Registration Policy
- HR04 Engagement of Temporary Workers
- HR26 Employment Checks
- HR41 Stress Management
- CP06 Overarching Consent Policy
- OP45 Clinical Audit and Effectiveness
- Death Certification Policy (new)
- Wolverhampton Over-arching Information Sharing Protocol
- Freedom of Information (new)
- MP01 Medicines Policy
- IP15Pest Control Policy
- Prevention of Pulmonary Embolism Policy

**ANY OTHER BUSINESS**

**11/323**      Mid Staffordshire Hospital – Closure of A & E Department

Mr. Loughton emphasised that this Trust had not been involved in making the recent decision to close the Accident and Emergency Department at Mid-Stafford Hospital during the night.

**11/324**      Mortality

Mr. Loughton reminded the meeting that Dr. Foster would publish Mortality data during this weekend. Wolverhampton had undertaken much work in this regard and was expected to come out as 92 rebased.

**11/325**      Proposed Dates and Times of Trust Management Team meetings 2012/13

**IT WAS AGREED: that the Trust Management Team meet at 1.30 p.m. on the following dates during 2012:-**

**Minute**

**Action**

- 20<sup>th</sup> January
- 24<sup>th</sup> February
- 23<sup>rd</sup> March
- 20<sup>th</sup> April
- 25<sup>th</sup> May
- 22<sup>nd</sup> June
- 20<sup>th</sup> July
- 17<sup>th</sup> August (provisional)
- 21<sup>st</sup> September
- 26<sup>th</sup> October
- 23<sup>rd</sup> November

**2013**

- 25<sup>th</sup> January
- 22<sup>nd</sup> February
- 22<sup>nd</sup> March

**DATE, TIME AND VENUE OF NEXT MEETING**

**11/326**

It was noted that the next meeting of the Trust Management Team would be held on Friday 20<sup>th</sup> January 2012 at 1.30 p.m. in the Clinical Skills and Corporate Services Centre, New Cross Hospital.

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