

**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/Chief Operating Officer	
<b>Date:</b>	22.07.11	
<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.	<p>The matters highlighted below are not driven directly by the CQC, Monitor, or any Body. They are driven variously by the imperatives to enhance patient experience, patient safety, maximise operational efficiency and effectiveness, improve the services, and safeguard the financial position of the Trust.</p>	
<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>▪ Local and National Cancer Patient Experience Surveys – considered the performance of RWHT in the local and national Surveys of cancer patients, the results of which were positive overall.</li> <li>▪ Midwifery – discussed the rise in activity in Midwifery, and noted local repercussions of closure of units elsewhere in the region.</li> <li>▪ Planning for winter emergencies – noted the proposal to support two wards this winter.</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ Developing stroke services – approved the appointment of further staff in order to move the service towards a seven-day, twenty-four hour service supported by dedicated stroke specialists and noted the aspiration to develop a hyper-acute stroke centre by 2012.</li> <li>▪ Cancer targets 2011/12 – noted the good progress made against all of these targets.</li> <li>▪ Capital programme 2011/12 – noted that it was unlikely that all of this year’s capital allocation would be spent in view of slippage on two major schemes.</li> <li>▪ Sustainable Development Management Plan – in approving this Plan, the meeting noted the significance of the proposed combined heat and power plant, details of which were expected later in the year.</li> </ul>
<p><b>Risks Identified:</b></p> <p><b>Include Risk Grade (categorisation matrix/Datix number)</b></p>	<p>The Management Team has had regard to any risks identified in respect of these matters.</p>

## Minutes of the Meeting of the Trust Management Team

**Date:** Friday 22<sup>nd</sup> July, 2011

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

**Time:** 1.30 p.m.

<b>Present:</b>	Ms. V. Hall	Chief Operating Officer (Chair)
	Mr. G.P. Argent	Divisional Manager, Estates and Facilities
	Mr. I. Badger	Divisional Medical Director – Division 1
	Dr. M. Cooper	Director of Infection Prevention and Control
	Ms. M. Espley	Director of Planning and Contracting
	Ms. C. Etches	Director of Nursing and Midwifery (part)
	Mr. L. Grant	Divisional Manager – Division 1
	Ms. D. Harnin	Director of Human Resources
	Ms. D. Hickman	Acting Head of Midwifery
	Dr. S. Kapadia	Divisional Medical Director – Division 2
	Dr. J. Odum	Medical Director
	Mr. T. Powell	Divisional Manager – Division 2
	Dr. D. Rowlands	Lead Cancer Clinician
	Mr. K. Stringer	Director of Finance and Information
	Ms. Z. Young	Divisional Nurse – Division 2
<b>In attendance:</b>	Ms. M. Gay	Deputy Director of Nursing and Midwifery – Transformation
	Mr. A. Sargent	Governance Officer
<b>Apologies:</b>	Mr. D. Loughton CBE	Chief Executive
	Dr. J. Cotton	Director of Research and Development
	Ms R Baker	Divisional Nurse – Division 1

Minute	Action
<p>11/197 <b><u>MINUTES OF THE MEETING HELD ON FRIDAY 24<sup>th</sup> JUNE, 2011</u></b></p> <p><b>IT WAS AGREED</b> that the Minutes of the Meeting of the Trust Management Team held on Friday 24<sup>th</sup> June, 2011 be approved as a correct record, subject to the amendment of Minute 11/175 so that the final sentence in the preamble to the decision reads as follows:</p> <p style="padding-left: 40px;"><b>Mr. Badger requested that the Policy should require that the prescriber's name is written in block capitals on the drug sheet against their signature: if more than one prescription is made by the same prescriber on the same drug sheet, it is only necessary to print the name once."</b></p>	
<p>11/198 <b><u>MATTER ARISING FROM THE MINUTES – TRUST MEDICINES POLICY (11/175)</u></b></p> <p>Ms. Hall reported that following the previous meeting it had become apparent that the wording of the Policy would require further amendment and it had therefore been withdrawn to allow the suggested changes to be incorporated. The Policy would be brought back to the Trust Management Team in due course.</p>	VH
<p>11/199 <b><u>ACTION SUMMARY</u></b></p> <p>Regarding Minute 11/130, Ms. Hall reported that discussions with the commissioner were ongoing regarding the recruitment of a third Breast Consultant.</p> <p>With regard to Minute 10/244 (Division 2 – Trauma and Orthopaedics Waiting List position), Mr. Grant confirmed that job plans had been realigned to activity and vice versa and that the exercise had now been completed. Ms. Harnin requested that this matter now be treated as closed.</p> <p><b>IT WAS AGREED</b> that the following actions had been discharged and could be removed from the Summary:</p> <ul style="list-style-type: none"> <li>• <b>11/40 Palliative and Supportive Care Strategy</b></li> <li>• <b>10/243 Division 1 – Theatre Expansion</b></li> <li>• <b>10/222 Division 2 – Shared Care Briefing</b></li> <li>• <b>10/73 Division 2 – Extracorporeal Shockwave Therapy</b></li> <li>• <b>10/244 Division 2 – Trauma and Orthopaedics Waiting list</b></li> </ul>	

Minute

Action

**ITEM FROM ACTION SUMMARY**

**11/200 Local and National Cancer Patient Experience Surveys**

Dr. Rowlands presented this report, which explained the performance of RWHT in the local and national Cancer Patient Experience Surveys, and which set out the resultant action plan. It was noted that the results overall were positive, particularly by comparison with services elsewhere. Dr. Rowlands confirmed that the action plan had no important financial implications. Ms. Hall indicated that this work should be taken into account for the general patient survey.

**IT WAS AGREED that the report on the Local and National Cancer Patient Experience Surveys be noted.**

**DIVISIONAL MEDICAL DIRECTORS' REPORTS**

**Division 1**

**11/201 Governance Report**

In response to a question by Mr. Stringer regarding the death of a patient on D5, Mr. Badger explained that patients receiving oxygen from a cylinder would normally be checked at regular intervals. The contents of gas cylinders could be ascertained by reference to a pressure meter on the side of the cylinder. He acknowledged the serious nature of this incident, and confirmed that the RCA was underway, which would require extensive interviews, including with junior medical staff. The outcome of the Coroner's post mortem was awaited.

Regarding the open red risk within the Division (Risk No. 1854), Mr. Badger reported that the development of a process for the reporting of plain X-ray films of chests was underway but that there remained issues to be resolved regarding bone and abdomen X-rays.

**IT WAS AGREED to note this report**

**11/202 Nursing, Midwifery and Quality Report**

Ms. Hall noted that although the position on vacancies was better than ever, the cost of employing bank staff continued to rise and she sought, and was given, assurances that attendance controls were in place within the Division. She requested to be assured (outside the meeting) that the breaches in agreed staffing numbers had not led to any patient harm.

**Minute**

**Action**

In response to questions regarding the rise in activity in Midwifery, Ms. Hickman reported that there was very limited scope to accept out-of-hours referrals from neighbouring hospitals and that there had been recent problems due to a breakdown in communications around referrals from the units at Walsall and Dudley on recent occasions when they had temporarily closed. Ms. Hall noted that the Strategic Health Authority had insisted that no maternity units should close and requested further information from Ms. Hickman on the problems being faced so that these could be raised with the commissioners at the earliest opportunity.

**DH**

**IT WAS AGREED to note this report**

**Division 2**

**11/203** Quality and Safety Report

Dr. Kapadia introduced this report and referred to the new red incident reported within the period under review (on the death of a patient subsequent to the insertion of a chest drain – STEIS ref 2011/12414) and indicated that following his own investigations he was not aware that there was any cause for alarm. He further indicated that the skin biopsy taken from the incorrect patient had been followed up appropriately, there had been no lasting or severe harm to the patient, and consequently had been rated Yellow.

**IT WAS AGREED to note this report.**

**11/204** Nursing Report

In response to a question by Ms. Harnin, Ms. Young reported that the unqualified nurse vacancies had increased primarily due to staff turnover. In response to a further question she confirmed that planning for winter emergencies was underway and that it was proposed to support two wards next winter and that for this purpose it was hoped to recruit nurses when they concluded their studies at the University later in the year, although this might lead to a small number above the establishment going forward after the winter period. Ms. Hall indicated the importance of understanding the numbers in question and being satisfied that the infrastructure would support any additional numbers.

**IT WAS AGREED to note this report**

Minute	Action
<p><b>11/205</b>    <u>Developing Stroke Services</u></p> <p>Dr. Kapadia outlined the salient points of his report, which recommended the appointment of further staff in order to move the service towards a seven-day, twenty-four hour service supported by dedicated stroke specialists.</p> <p>He pointed out that in addition to hitting individual targets within the service, it was important to show that it was available 24/7 in order to attract the best practice tariff. He explained how the appointment of an additional consultant would facilitate the redesign of the service to include, among other things, weekend clinics and ward rounds, and improved length of stay at West Park Rehabilitation Hospital. He pointed out that all of this was linked to the aspiration to develop a hyper-acute stroke centre in 2012.</p> <p>Mr. Powell drew attention to the updated financial business case which was based on best practice tariff funding for the first year only. He outlined the financial assumptions which did not assume that any new business would be attracted although it was expected that the improved service would lead to growth. In response to a question by Ms. Espley, Mr. Powell confirmed that the consultants currently based at West Park would be rota'd across the system. Mr. Stringer indicated that a set of principles around the best practice tariff would be established and he noted that there remained a £50,000 gap in funding for this proposal. Ms. Hall confirmed that the estates and facilities costs identified by Mr. Argent would be carried forward into the new financial schedule and it was noted that this business case would be considered by Contracting and Commissioning Forum next week.</p> <p><b>IT WAS AGREED that the Business Case for the appointment of a fourth Stroke Consultant, together with the associated costs as set out in the Business Case appended to the report, be approved in principle, subject to annual review and subject also to consideration of the business case by the Contracting and Commissioning forum next week, and that if necessary the matter be brought back to the Trust Management Team to consider how to meet any shortfall of funding identified through the Contracting and Commissioning forum.</b></p>	<p>Dr K</p>
<p><b>11/206</b>    <u>Management of Change Report</u></p> <p>Mr. Powell introduced a report on the Management of Change consultation process carried out within Division 2 to achieve a fully integrated clinical management service model by merging the community services within the Division 1 and 2 structures. In response to a question from Ms Espley regarding the timescales for the completion of a service impact assessment the Chair confirmed that this would be reported to the next TCS Integration Committee</p>	

Minute

Action

**IT WAS AGREED that the report on the Management of Change consultation process be noted.**

**11/207 REPORT OF THE CHIEF OPERATING OFFICER**

Performance Report (June 2011) – Acute and Cancer

In response to a question, Dr. Cooper reported that forty-nine of the samples which had tested positive for C.diff during May and June had been tested again using the old method but only 60% of them then appeared to be positive. He said that the Department of Health had stated that national objectives were likely to be re-assessed next year on the understanding that the new testing method would continue to be used.

In respect of the red rated indicator for complaints resolved within twenty-five days, Ms. Gay confirmed that she was looking at both the timescales and the quality of the responses given. Ms. Hall noted the improved performance around short notice cancellation of operations and the 18 week referral to treatment which now appeared to be under control and would hopefully continue to be so during July and August. Ms. Hall drew attention to the 4 hour wait in Accident and Emergency which was now red rated for the first time for many months. She added that the length of stay in hospital had also worsened during the same period with notable increases for pre-operative and elective stays. It was thought that the red rated indicator for reducing delays in transfer of care was linked to this.

Referring to the addendum to the report on delivering cancer targets 2011/12, it was noted that good progress had been made against all of the targets which had been hit since December 2010 and Ms Hall thanked all Divisional Managers for their hard work in achieving the current satisfactory situation.

**IT WAS AGREED that the Performance Report – Acute and Cancer be noted.**

**11/208 Performance Report (June 2011) – Community**

**IT WAS AGREED that the Performance Report on Community Services (June 2011) be noted.**

Minute

Action

**REPORT OF THE DIRECTOR OF FINANCE AND INFORMATION**

**11/209** Financial position at the end of June 2011 (Month 3)

Mr. Stringer reported that at the end of June the Trust's surplus was £2,432,000 which was £459,000 above plan. He added that the overperformance variance month on month for patient income was dropping. He referred to a technical adjustment relating to the movement of reserves.

Expenditure continued to show a net overspend against Division 1 (£865,000) and Division 2 (£635,000) with under-spends against Community, Estates and Corporate. Although this showed a slowing in the pace of the overspend it remained a cause for concern and at the Operational Finance Group, held on the 14<sup>th</sup> July, Divisions had been requested to submit recovery plans giving details of their proposals to bring costs back to budget. Mr. Stringer also highlighted the Cost Improvement Plans, and emphasised the need to remain focused on achieving the targets. Finally, he highlighted the very strong cash position and explained that this related to the capital programme which was a separate agenda item.

**IT WAS AGREED that the report on the Financial Position of the Trust at the end of June 2011 be noted.**

**11/210** Capital Programme 2011/12 – Month 3 progress report

Mr. Stringer highlighted the key points in the month 3 progress report for the 2011/12 Capital Programme. He stated that the actual expenditure position at month 3 was £1,327,075, a movement of £175,048 in the month and against a target of £1,444,109, which represented a value of £117,034 behind plan. He confirmed that the Pathology project would be considered by the Strategic Health Authority on the 26<sup>th</sup> July, and the next day all of the Trusts engaged in the project would be meeting to discuss progress around the partnership arrangements. Ms. Etches referred to a meeting she had attended earlier today which had highlighted the extent to which other trusts were committed to the scheme.

Regarding the Interim Emergency Portal scheme, Mr. Stringer confirmed that officers were working on what could be a larger scheme and which would be reported to the Trust Management Team in due course. He emphasised that it was unlikely that all of the capital programme this year would be spent, due to the fact that £12m was allocated to two major schemes whose timing was in doubt. For this reason the Estate Development function was identifying capital schemes for the next financial year which might be brought forward into this year if necessary.

Minute	Action
<p>Mr. Stringer reported on the recent appointment of Mr. Mike Goodwin as the new Head of Estates Development, who would take up his post on the 22<sup>nd</sup> August.</p>	
<p><b>IT WAS AGREED that the progress report on the Capital Programme 2011/12 be noted.</b></p>	
<p>11/211</p>	<p><u>Sustainable Development Management Plan</u></p>
<p>Mr. Stringer submitted a report on the Sustainable Development Management Plan and mentioned in particular the significance of the proposed combined heat and power plant, for which the technical work had been completed and procurement was underway.</p>	
<p><b>IT WAS AGREED that the Sustainable Development Management Plan be approved.</b></p>	
<p>11/212</p>	<p><u>Delivery of Estates Strategy – Quarter 1 Report 2011/12</u></p>
<p>Mr. Stringer outlined the contents of the Quarter 1 report for the delivery of the Estates Strategy, and highlighted the age profile of the Hospital Estate.</p>	
<p><b>IT WAS AGREED that the first quarterly report for 2011/12 on the implementation of the Trust’s Estates Strategy, including key points of progress since the last report in April, 2011 be noted and endorsed.</b></p>	
<p>11/213</p>	<p><u>Health Records Policy – OP07</u></p>
<p>Mr. Stringer introduced this item. Mr. Badger indicated that the wording of one or two points might usefully be re-examined and it was agreed that this matter be deferred. Ms Hickman requested that the policy be reviewed in the light of the comments from the Policy Committee.</p>	
<p><b>IT WAS AGREED that this policy be deferred to allow the wording to be amended as requested by Mr. Badger, and that it be submitted to a future meeting of the Trust Management Team.</b></p>	
<p><b><u>REPORT OF THE DIRECTOR OF NURSING AND MIDWIFERY</u></b></p>	
<p>11/214</p>	<p><u>Red Incidents, Complaints and Operational Risks for Corporate Areas</u></p>
<p><b>IT WAS AGREED that the report on Red Incidents, Complaints and Operational Risks for Corporate Areas be noted.</b></p>	

CE

Minute	Action
<p><b>11/215</b> <u>Isolation Policy (IP 10)</u></p> <p>Ms. Etches presented a Policy which had been devised to provide guidance for the prevention of cross infection between patients, staff and visitors, and which also identified isolation procedures for a range of infections which could be easily transferred within the environment. She indicated that the effect of the Safe Hands Project upon this Policy would have to be evaluated in due course.</p> <p>Ms. Young pointed out that the title “Ward Manager (Nurse in Charge)” was no longer in use and that this should be changed to Senior Sister/Nurse in Charge. In paragraph 5.1 mention was made of the need to notify the CCDG. It was agreed that this needed to be changed to reflect current terminology.</p> <p><b>IT WAS AGREED that the Isolation Policy be approved, subject to the minor amendments now requested.</b></p>	
<p><b>11/216</b> <u>Hand Hygiene Policy (IP 01)</u></p> <p>Ms. Etches presented the revised Hand Hygiene Policy. She indicated that it would have to be reviewed, in due course, in the light of the impact of the Safe Hands Project.</p> <p><b>IT WAS AGREED that the Hand Hygiene Policy, as now submitted, be approved.</b></p> <p><b><u>REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING</u></b></p>	CE
<p><b>11/217</b> <u>TCS Integration Committee</u></p> <p>Ms. Espley submitted a progress report from the TCS Integration Committee. She emphasised the need for the Benefits Realisation Steering Group to carefully examine the mechanisms for delivering the projects contained in the work programme, and that the whole process needed to be more deeply embedded within the organisation. In particular, Ms. Espley mentioned the need for Group Managers in the Divisions to examine their own individual Integration Plans to drive the process forward, having regard to the financial targets which were linked to this process.</p> <p>Mr. Stringer commented that although it was the stated aim of the Trust to deliver more services within the community, recently proposed developments evidenced by business cases and capital scheme bids often seemed to reflect a continuing emphasis on providing services within the hospital.</p>	

**Minute**

**Action**

It was noted that clinical commissioning groups were beginning to examine care pathways with a view to treating more patients in the community although there was little detail so far available. Ms. Hall underlined the need to continue to aspire to put more into community services with the proviso that divisional teams counted and coded everything in order to recover costs from the commissioners.

**IT WAS AGREED that the matters considered by the first meeting of the TCS Integration Committee, together with the progress of the Benefits Realisation Programme, be noted.**

**11/218** Community PbR Tariff Project

Ms. Espley presented a report which: gave an update on a project to develop a PbR tariff for community services; confirmed that a local project had been established to supplement work being done regionally and nationally; highlighted key work streams for 2011/12; and outlined resource considerations. Ms. Hall indicated that the development of the Black Country PCT Cluster would impact upon these proposals.

**IT WAS AGREED that the report on the Community PbR Tariff Project be noted.**

**11/219** Emergency Preparedness

Ms. Espley presented an update on Emergency Preparedness activities, together with a revised Major Incident Plan and an addendum to the Major Incident Plan in the event of mass casualties/major terrorism incidents.

**IT WAS AGREED to note the activities undertaken for Emergency Preparedness and the outcome of the audit for CBRN, and to approve the revision of the Major Incident Plan and the addendum to the Major Incident Plan, as circulated.**

**ANY OTHER BUSINESS**

**11/220** Organisational Development Sessions in August

Ms. Harnin reported that three OD sessions were planned over the next four weeks and that the 120 top leaders within the Trust would be invited to participate. The sessions would consider the ongoing national changes within the health service, local changes such as the development of PCT Clusters and, possibly, the possible ramifications of the Mid Staffs inquiry.

**Minute**

**Action**

It would also be an opportunity for the new vision, new direction and new focus for how the Trust carries out its business in the next few years to be rolled out to the Trust's most senior leaders.

**11/221 DATE AND TIME OF NEXT MEETING**

It was noted that the next meeting of the Trust Management Team would be held on Friday 23<sup>rd</sup> September, 2011 at 1.30 p.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

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