The Royal Wolverhampton Hospitals NHS
NHS Trust

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/Chief Operating Officer	
Date:	23.09.11	
Action Required by receiving committee/group:	X For Information □ Decision □ Other	

Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis ▪ To direct and influence the Trust service strategies and other key service improvement strategies which impact on these, in accordance with the Trust overall vision, values and business strategy.
Drivers: Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.	The matters highlighted below are not driven directly by the CQC, Monitor, or any other outside body. They are driven variously by the imperatives to enhance patient experience, ensure patient safety, maximise operational efficiency and effectiveness, improve the quality of services, and safeguard the financial position of the Trust.
Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	▪ Considered and approved the business case for a **Simulated Clinical Environment Training Suite** at RWHT ▪ Received and discussed a report on **post-discharge management of patients** within the General Surgery and Urology Directorates, noting that the extended trial period for post-discharge information for patients appeared to have led to a reduction in readmissions and an increase in ward attenders ▪ Approved the proposals for resourcing additional beds to cope with **winter pressures 2011/12**, and noted the need for very tight cost controls to be exercised to minimise costs where possible

	▪ Discussed and supported proposals for moving toward more **senior clinical input** into wards on the Surgical Division at **weekends**, to meet patients' needs and to optimise outcomes ▪ **Seasonal Flu Plan Winter 2011/12** – noted arrangements for providing vaccines to staff of the Trust ▪ Approved the business case for **First Aid Training Provision** at RWHT.
Risks Identified: **Include Risk Grade (categorisation matrix/Datix number)**	The Management Team has had regard to any risks identified in respect of these matters.

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Minutes of the Meeting of the Trust Management Team

Date: **Friday 23rd September, 2011**

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

Time: **1.30 p.m.**

Present:	Mr. D. Loughton CBE	Chief Executive (Chair)
	Mr. G.P. Argent	Divisional Manager, Estates and Facilities
	Mr. I. Badger	Divisional Medical Director – Division 1
	Dr. J. Cotton	Director of Research and Development
	Mr. M. Goodwin	Head of Estates Development
	Ms. V. Hall	Chief Operating Officer
	Ms. D. Harnin	Director of Human Resources
	Ms. D. Hickman	Acting Head of Midwifery
	Dr. S. Kapadia	Divisional Medical Director – Division 2
	Mr. T. Powell	Divisional Manager – Division 2
	Dr. D. Rowlands	Lead Cancer Clinician
	Mr. K. Stringer	Chief Financial Officer

In attendance:	Ms. D. Edwards	Interim Divisional Nurse – Division 2
	Ms. M. Gay	Deputy Chief Nurse – Transformation and Workforce
	Ms. L. Nickell	Head of Education and Training
	Mr. C. Wanley	Divisional Manager – ICT Shared Services and Health Records
	Mr. A. Sargent	Governance Officer

Apologies:	Ms. R. Baker	Divisional Nurse – Division 1
	Dr. M. Cooper	Director of Infection Prevention and Control
	Ms. M. Espley	Director of Planning and Contracting
	Ms. C. Etches	Chief Nursing Officer
	Mr. L. Grant	Divisional Manager – Division 1
	Dr. J. Odum	Medical Director
	Dr. B.M. Singh	Lead for IT

Minute		Action
11/222	**DECLARATIONS OF INTEREST** **There were no declarations of interest**	
11/223	**MINUTES OF THE MEETING HELD ON FRIDAY 22nd JULY, 2011** **IT WAS AGREED: that the Minutes of the meeting of the Trust Management Team held on Friday 22nd July, 2011 be approved as a correct record.**	
11/224	**MATTER ARISING FROM THE MINUTES OF THE MEETING HELD ON FRIDAY 22nd JULY, 2011** **HEALTH RECORDS POLICY (OP07) – 11/213** Mr. C. Wanley summarised the key amendments made to this Policy, as requested by the Trust Management Team at the previous meeting. **IT WAS AGREED: that the revised Health Records Policy (OP07) be approved.**	
11/225	**ACTION SUMMARY** **IT WAS AGREED: that the following actions had been discharged and could be removed from the Summary:** • **11/126 – Cancer Outcomes Strategy – monitoring of mortality and performance** • **11/130 – Recruitment of Third Breast Consultant** • **11/165 – Post Discharge Management of Patients** • **11/213 – Health Records Policy OP07**	
11/226	**DEVELOPMENT OF A SIMULATED CLINICAL ENVIRONMENT TRAINING SUITE AT RWHT** Ms. Nickell drew out the main points from the report. In response to questions she said that Option 9 had been selected over the less expensive Option 10 because of the significant costs associated with the implementation of the latter, and the non-financial consideration of reconfiguring offices to fit in to the space in the vicinity of the library balcony which would prove to be a sub-optimal outcome.	

Minute		Action
	She indicated that although funding opportunities from SIFT would not be achievable during this year, it was hoped that the MPET review would enable revenue costs to be realised through SIFT in future. She emphasised that this was not an initiative designed to generate revenue, although eventually it was anticipated that revenue would be brought into the Trust through selling places on training courses and through conferences. She informed the Committee that the building work was expected to commence in January, 2012 with revenue costs coming on-stream from April, 2012.	
	In response to further questions, she confirmed that the University of Wolverhampton already had a large simulation unit and that RWHT had trained certain University staff to use it. The Chairman suggested that discussions be held with the University to ascertain whether there could be some partnership arrangement to achieve economies of working between the two organisations. Ms. Harnin pointed out that the development proposed would merely bring the Trust into line with similar organisations in the region.	**Dr. BMc/LN**
	IT WAS AGREED: that the Business Case appended to the report for the funding of the development of a Simulated Clinical Environment Training Suite at RWHT be approved on the basis that it will be funded non-recurrently for twelve months during which time the impact of SIFT and marketing opportunities will be scoped. It was also agreed that the thanks of the meeting be placed on record to Dr. McKaig for his work in bringing the project to this stage.	
11/227	**CANCER SERVICES QUARTERLY REPORT**	
	Dr. Rowlands presented his quarterly report on Cancer Services. He referred to the Peer Review report covering the Greater Midlands Cancer Network for 2010/11 and the West Midlands Breast Screening QA to Dudley and Wolverhampton Breast Screening Service in February 2011, which according to the Burns Report should be submitted to the Trust Board, along with his report on Cellular Pathology. The report on Cellular Pathology indicated that RWHT was currently complying better than most neighbouring Trusts in most major areas.	
	Dr. Rowlands went on to talk about the various cancer awareness campaigns which had commenced this month and would probably lead to increased demand for diagnostic tests and treatments. These had been discussed with Teams in the hospital and contingency plans were under review, although the effect of such campaigns was largely unknown at this stage. He mentioned also that as outcomes for cancer were predicted to improve in general, Commissioners had mentioned the possibility of clawing back reduced treatment costs resulting from enhanced recovery processes.	

Minute		Action

IT WAS AGREED: that the Cancer Peer Review internal validation reports be approved for publishing on the national database

11/228 **INFECTION PREVENTION ANNUAL REPORT – 2010/11**

Ms. Gay highlighted the key features of the Annual Report on Infection Prevention and Control for 2010/11 for both the acute and the community sectors. The Chairman congratulated all concerned on the achievements by staff in Community Services, although he noted that more effort was needed in respect of C.difficile. Ms. Gay confirmed that representatives of the Strategic Health Authority had been invited to attend the Trust later this month for an analysis of what further actions could be taken in this regard.

IT WAS AGREED: that the Infection Prevention Annual Report – 2010/11 for both the acute and community sectors, be noted.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

Division 1

11/229 Governance Report

Mr. Badger presented the monthly Governance Report for Division 1 and in response to a question from Mr. Loughton indicated that the current investigation into the "Never Event – Retained Swab" would establish whether the WHO Checklist had been carried out at the start and conclusion of the operation which had given rise to the amber incident with the retained swab. Mr. Loughton emphasised that in the wake of the Mid Staffs Inquiry there was a growing expectation that organisations would adopt the correct procedures and ensure they were carried out in every case.

IT WAS AGREED: that the report be noted.

11/230 Nursing, Midwifery and Quality Report

Ms. Hickman referred to the increase in births across the region with 5,000 being recorded, and this hospital bearing the largest increase of any hospital in the region. In response to questions, she confirmed that the proposals for a Midwifery Led Unit should be submitted to the Trust Board in October and if approved, work would commence almost immediately with a view to completion before the end of the financial year.

In response to questions she said she thought that the reason for women migrating from Stafford to this hospital was due in part to recent adverse press coverage, and also to changes in their neo-natal arrangements.

Minute		Action
	Mr. Loughton requested an early meeting with the Director of Finance and Ms. Hickman to explore the possibility of expediting work with regard to the Midwifery Led Unit within this hospital.	**DL/KS/DH**
	IT WAS AGREED: that the Nursing, Midwifery and Quality report be noted.	
11/231	Post Discharge Management of Patients within General Surgery and Urology – progress report	
	Mr. Badger reported for information that the extended trial period for post-discharge information for patients appeared to have led to a reduction in re-admissions and an increase in ward attenders. Patients appeared to be satisfied with the arrangements, which would now be rolled out to General Surgery and Urology. In response to a question from Ms. Hall, Mr. Powell acknowledged that further consideration needed to be given to the replication of this procedure within the Medical Division.	**TP**
	IT WAS AGREED: that the formal implementation of the Post-Discharge Management Arrangements for Patients be rolled out in both the General Surgery and the Urology Directorates.	
	Division 2	
11/232	Governance Update Report	
	Dr. Kapadia outlined his monthly Governance Report for the Medical Division. Mr. Stringer referred to the open red risk within the Renal Directorate and pointed out that there would be increasing pressure to secure best practice tariff monies going forward in order to maximise income. Mr. Badger mentioned the significant numbers of people who were unable to be dialysed with a line instead of a fistula, in some cases due to refusal to have a fistula, and in other cases because they were not surgically fit. Ms. Hall suggested that these factors should be explained in writing to the Commissioners as a matter of urgency.	
	IT WAS AGREED: that the report be noted.	
11/233	Monthly Nursing Report – Division 2	
	Ms. Edwards summarised the main points of the report and drew attention to the on-going recruitment process for the winter wards, with twenty-four vacancies now filled.	
	IT WAS AGREED: that the report be note	

Minute		Action
11/234	Trauma Unit Status Mr. Powell updated the Committee on the Trust's application to become a Trauma Unit. Mr. Loughton emphasised the need to assemble an action plan, and implement it far sooner than June 2012, if possible by the beginning of the New Year. **IT WAS AGREED: that the submission for this Trust to be considered as a Trauma Unit be supported and that the Teams be encouraged to make the necessary care pathway changes as required by the Trauma Project Board.**	
11/235	Appointment of Clinical Directors The Committee noted the appointment of Clinical Director posts for Children's Services and Emergency Services. **IT WAS AGREED: that the report be noted.**	
11/236	Preparations for Winter 2011/12 Mr. Powell drew attention to the financial implications of this report. He pointed out that it was originally hoped that following TCS only one additional ward would be required to cope with winter pressures, but this had been reconsidered in the light of the constant additional pressure throughout the financial year so far, with additional beds open for much of the time and admissions overall having increased by more than 150 per month together with a more complex case mix. It was therefore proposed that Ward D7 would be opened as a lower dependency unit from October to March and that additional beds would be available on Ward D21 from December to the end of April subject to very strict criteria being applied to the use of those beds. He acknowledged that costs were projected to be higher this year than last. He pointed out that all the medical staff had been costed at locum rates although Dr. Kapadia was currently interviewing for medics and hoped to be in a position to appoint NHS staff. The Chief Financial Officer noted that the additional £670,000 required for this initiative would undoubtedly have an impact by the year end and that the proposed winter capacity arrangements must be introduced in tandem with very strict controls over finances in order that only the most necessary expenditure was undertaken. Ms. Hall confirmed that she had rigorously reviewed the costs and staffing proposals and had satisfied herself that they were appropriate for safety and skill mix and undertook to work with Mr. Powell to carefully manage the arrangements throughout the winter period.	

Minute		Action
	IT WAS AGREED: that the report on the proposals for the Winter Plan 2011/12 be noted and that the Business Case set out in the report be approved in principle, subject to tight cost controls being put in place to minimise the costs where possible through Ms Hall and Mr Powell, and subject also to Mr Stringer raising some detailed questions outside of the meeting on the estates component of the plan and agreeing what would be funded into the year-end forecast.	
11/237	Weekend Working Dr. Kapadia indicated that evidence showed that the mortality for emergency medical patients was 10% higher if admitted over a weekend instead of on a week day, and the RCP recommended senior clinical input into clinical areas at weekends. The Committee noted, however, that it would be difficult to demonstrate this from this Hospital alone because the number of patients was too small to establish the pattern. In view of this, Dr. Kapadia suggested that all clinical areas should be subject to a consultant led ward round, and pointed out that ward rounds at the weekend could improve discharges and reduce lengths of stay. One option would be to move to working as "consultant of the week" prior to weekend ward rounds, or to developing a robust handover to facilitate discharge. The Physicians were in agreement with the need for consultant input. However, Dr. Kapadia pointed out that this was likely to cost up to £240,000 for Division 2 in all areas, based on 0.5 PAs per week assuming all four physicians in a team on a twenty-eight bedded ward (6 hours over the weekend). He gave some detailed analysis around this figure and the potential for reorganising the delivery of acute medical care, and concluded with recommendations for all clinical areas to be subject to a consultant led ward round at the weekend with the associated appointments of an acute physician, a respiratory physician and a diabetes physician, all by 2012/13 to enable 24/7 cover. He also recommended the reduction in the renal contribution to the acute medical take. There ensued an extensive discussion around the principle of moving towards comprehensive 24/7 cover to meet patient's needs and optimise outcomes. Mr. Loughton recognised this as an opportunity to re-engineer services across the entire hospital. Ms. Hall requested that whilst a wider view needed to be taken, Dr. Kapadia should be encouraged to proceed to increase the presence of consultants on the wards as now suggested as he had already obtained some buy-in from colleagues for these principles. She further requested that the initial costings around medical manpower should be brought to the Directors' meeting for further discussion around phasing and expenditure. If approved in principle, a project team could then be established to carry the work forward on a Trust-wide basis. Mr. Badger pointed out that many consultants already came into the hospital at weekends but were frustrated because discharges could not take place on Sundays, for example, because of transport, pharmacy or social work issues.	

Minute		Action
	Mr. Loughton again underlined the importance of commencing wide ranging discussions within the Trust with a view to developing seven day working in order to enhance the services provided.	
	IT WAS AGREED: that the proposals now outlined by Dr. Kapadia be referred to the Directors meeting for consideration of phasing and costings, and that a project team then be established to consider how the matter can be progressed across the Trust; and that Dr. Kapadia be encouraged to develop his proposals for Division 2 further.	**Dr.K**
11/238	Stroke Outcomes	
	Mr. Powell updated the Committee on the current position regarding the performance of Stroke Services and the outcome of the integration of the service following TCS. The Committee noted that there were improvements against all of the indicators and Mr. Loughton congratulated the Service on these achievements. Ms. Hall indicated that 7 day working in this Service would commence on Saturday 24th September, 2011. She also highlighted that this report was an example of the benefits of the TCS agenda whereby this organisation could now influence the length of stay at West Park Hospital and the flow of patients into the community.	
	IT WAS AGREED: that the report be noted.	
	REPORT OF THE CHIEF OPERATING OFFICER	
11/239	Performance Report	
	Ms. Hall highlighted a number of issues contained within the report. In response to a question, Ms. Gay confirmed that Commissioners had requested the Trust to state where it would be on the trajectory if it was still using the old test for C.difficile. With regard to the timescales for responding to complaints, Ms. Hall confirmed that Ms. Etches would be reporting on a new approach to complaints in due course.	
	With regard to the indicator "time to initial assessment", Mr. Powell confirmed that a number of actions were taking place in respect of this target. He referred to gaps in the rotas during the summer months when very junior doctors had been rotating and there had been reliance upon a temporary work force in August with overseas doctors being recruited.	**CE**
	It was anticipated that recruitment to the four consultant vacancies would be completed by January, 2012. He said that there had been a significant improvement on the number of 4 hour breaches due to bed capacity, although the last three months had been very challenging in this regard.	

Minute		Action

He further reported that proposals would shortly be considered within the Division on reorganisation of the nursing workforce. Finally, he expressed his regret that this Trust had slipped to being seventh best for performance against this indicator across the region. Dr. Kapadia added that more attention should be paid to the "back end of the hospital".

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

11/240 Decontamination of Medical Devices Policy (HS12)

Ms. Hall introduced a report on the review of the Decontamination of Medical Devices Policy (HS12).

IT WAS AGREED: that the Decontamination of Medical Devices Policy (HS12) be approved.

11/241 Trust Annual Plan 2011/12- Quarter 1 Update

Ms. Hall introduced this report on the Trust Annual Plan.

IT WAS AGREED: that the quarterly progress report be noted.

REPORT OF THE CHIEF FINANCIAL OFFICER

11/242 Financial Position of the Trust at the end of August 2011 (Month 5)

Mr. Stringer presented his report on the financial position of the Trust at the end of August, 2011. He pointed out that patient income had reduced, and this was due to the way it had been profiled. Expenditure had increased, before account was taken of CIP, by £436,000 and work was continuing to forecast the likely year end outturn. He added that good progress was being made on the Cost Improvement Plans although it may be timely now to look at tackling some of the more difficult schemes. He also referred to the strong cash position of the Trust which was due to slippage in capital spend. Mention was made of the risk of losing any underspends from the capital programme, and it was noted that there might be opportunities to invest in medical equipment.

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

11/243 Capital Programme 2011/12

Mr. Goodwin reported on progress with the 2011/12 Capital Programme, and reiterated the risk of an underspend of the order of £3m.

Minute		Action
	He confirmed that every effort was being made to bring projects forward from 2012/13 to minimise any underspend. Mr Loughton stressed the importance of attempting to bring the new Pathology Laboratory into use by the end of 2012 so as to be in a strong position to take on a volume of work from providers by April 2013. **IT WAS AGREED: that the report be noted**	
11/244	Two Year Capital Programme 2011/12 – 2012/13 Mr. Goodwin presented a report updating the Trust Management Team on the current position with the Capital Programme 2011/12 and the resultant impact on the Programme for 2012/13. He confirmed that the two biggest shifts were around the CHP project and delays with the Pathology Laboratory. The Team noted that new medical equipment worth approximately £2.2m would be acquired for the Trust over the next seven months. Ms. Hall enquired whether it would be possible to bring forward the Vascular Ward Reconfiguration (estimated cost £500,000) into this year. Mr. Loughton requested that further details be prepared, with costings and timescales with a clear understanding of the risks for the Trust if designation is not forthcoming. **IT WAS AGREED: that the report be noted.**	**MG**
11/245	Transforming Community Services – Future Ownership and Management of PCT Estates Mr. Goodwin submitted a report which summarised the guidance from the Department of Health relating to the transfer of PCT property used for the provision of community services. He indicated that the list of properties appended to the report was under review by the Strategic Health Authority, which was expected to respond to the Primary Care Trust in the next month. Mr. Argent confirmed that a recent meeting between the parties had approved a project infrastructure and had signed-off the project initiation documents. **IT WAS AGREED: that the report be noted.**	

Minute		Action
	REPORT OF THE DIRECTOR OF HUMAN RESOURCES	
11/246	Seasonal Flu Plan Winter 2011/12 Ms. Harnin introduced a report on the planned approach to the protection of staff against seasonal influenza and confirmed in response to questions that the Trust would have access to all the vaccines it would require and that the priority groups were listed in the report, although she would confirm to Ms. Hall that all other occupational groups, including community based staff, would also be covered by the plan. **IT WAS AGREED: that the Seasonal Flu Plan for Winter 2011/12 be approved.**	**DH**
11/247	Prevention of Harassment and Bullying Policy (HR15) Ms. Harnin presented a report on the revision of the Prevention of Harassment and Bullying Policy (HR15), which now covered community based staff. **IT WAS AGREED: that the revisions to the Prevention of Harassment and Bullying Policy (HR15) be approved.**	
11/248	HR Strategy Progress Review Ms. Harnin submitted a report which informed the Team of progress around the implementation plan for the HR Strategy. In response to a question from Mr. Loughton, she confirmed that a meeting was taking place shortly with Dr. Odum, Dr. Kapadia and Mr. Badger to secure clinical engagement around the development of a doctors training programme similar to that used at UHB. **IT WAS AGREED: that the report be noted.**	**DH**
11/249	Recruitment Update Ms. Harnin submitted a report giving assurance about recruitment for the core establishment and also for the resourcing of winter pressures. She sounded a note of caution, however, in view of the potential impact of any impending outbreaks of Norovirus, winter flu and the like, and also potential disruption linked to industrial action. With regard to the latter, she confirmed that managers were being briefed on trade union activities nationally and reminded of the potential impact on contingency plans locally. **IT WAS AGREED: that the report be noted.**	

Minute		Action
	REPORT OF THE CHIEF NURSING OFFICER	
11/250	Red Incidents, Complaints and Operational Risks for Corporate Areas **IT WAS AGREED: that this report be noted.**	
11/251	Equality Delivery System – briefing paper Ms. Gay introduced this report, which would be presented to the Trust Board soon. **IT WAS AGREED: that this report be noted.**	
11/252	Safeguarding Vulnerable Adults in Hospital and Community (CP53) Ms. Gay highlighted the main points of this report. **IT WAS AGREED: that the report be noted and that the revisions to the Safeguarding Vulnerable Adults in Hospital and Community (CP53) be approved.**	
11/253	Patient Safety Annual Report 2010/11 Ms. Hall noted that a number of the tables in the report had no legend explaining the significance of the colours used. **IT WAS AGREED: that the report be noted.**	
11/254	Business Case for First Aid Training Provision at RWHT Ms. Gay summarised the recommended option for the provision of first aid training within the Trust. In response to a question by Mr. Stringer, Ms. Gay undertook to find out whether the PCT held a First Aid Licence which could be transferred to this Trust. **IT WAS AGREED: that the Trust apply to become a Health and Safety Executive Licenced Centre to deliver first aid training in house at an estimated cost of £10,000, in order to provide initial and refresher first aid training.**	**MG**
11/255	Workforce Review of Nursing and Midwifery Ms. Gay requested the Team to approve the model and process for the review of the Nursing and Midwifery Workforce.	

Minute		Action
	IT WAS AGREED: that the model and process for the Review of the Nursing and Midwifery Workforce, as appended to the report, be approved.	
	REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING	
11/256	TCS Integration Committee Mr. Loughton requested that further consideration be given to the name of the Steering Group so that the essence of what the group was trying to achieve was clear to everybody. **IT WAS AGREED: that the report be noted.**	
11/257	Compliance Framework This item was withdrawn prior to the meeting.	**ME/MG**
	RESEARCH AND DEVELOPMENT	
11/258	Update on Research and Innovation Activity Dr. Cotton presented a report on recent research and innovation activity. He said that overall good progress was being made and that every effort was being made to promote research and development having regard to the financial and reputational gain to the organisation. The Chief Operating Officer and Chief Financial Officer undertook to review with Dr Cotton the time being taken to get projects approved within the Trust. **IT WAS AGREED: that the report be noted.**	**VH/KS/JC**
11/259	**DATE AND TIME OF NEXT MEETING** It was noted that the next meeting of the Trust Management Team would be held on Friday 21st October, 2011 at 1.30 p.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.	

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