

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT TEAM

Date: Friday 25 January 2013

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. Argent	Divisional Manager, Estates and Facils
Mr. I. Badger	Divisional Medical Director, Division 1
Ms. R Baker	Head Nurse, Division 2
Dr. M. Cooper	Director of Infection Prevention and Control
Ms. C. Etches OBE	Chief Nursing Officer
Mr. M. Goodwin	Head of Estates Development
Mr. L. Grant	Deputy Chief Operating Officer, Division 1
Ms. D. Harnin	Director of Human Resources
Ms. D. Hickman	Head of Midwifery
Ms. G Nuttall	Chief Operating Officer
Dr. D. Rowlands (part)	Lead Cancer Clinician
Mr. K. Stringer	Chief Financial Officer

In Attendance:

Mr. S. Evans	Head of Performance
Ms. D. Preston	Head of Emergency Planning
Mr. A. Sargent	Secretary to the Trust Board

Apologies:

Dr. J. Cotton	Director of Research and Development
Ms. M. Espley	Director of Planning and Contracting
Dr. S. Kapadia	Divisional Medical Director, Division 2
Dr. J. Odum	Medical Director
Dr. D. Singh	Lead Clinician IT

Minute		Action
13/1	<u>DECLARATIONS OF INTEREST</u> There were no declarations of interest.	
13/2	<u>MINUTES OF THE MEETING OF THE TRUST MANAGEMENT TEAM HELD ON FRIDAY 23 NOVEMBER 2012</u> IT WAS AGREED: that the Minutes of the meeting of the Trust Management Team held on Friday 23 November 2012 be approved as a correct record.	
13/3	<u>MATTER ARISING FROM THE MINUTES – RESEARCH AND DEVELOPMENT (12/324)</u>	

	Mr Loughton reported that the Trust had arranged a further day long presentation about its Research and Development (R and D) projects, which had been well received. He encouraged Team members to be aware of the Trust's R and D activities.	Action
13/4	<p><u>ACTION SUMMARY</u></p> <p>The following updates were received:</p> <ul style="list-style-type: none"> • <u>12/328: Women's Unit – Feasibility Study into the possibility of increasing capacity</u> <p>Ms. Hickman confirmed that a meeting was due to take place shortly to examine the options. Mr. Loughton requested the opportunity to walk around the Unit with Mr. Badger and Ms. Hickman at an early date. He referred to the impending publication of the Robert Francis report into the Mid Staffordshire NHS Foundation Trust which was expected to give impetus to the repositioning of this organisation to respond to increased demand for certain services.</p> <ul style="list-style-type: none"> • <u>12/318: Pressure in the Accident and Emergency Department – week long audit</u> <p>Ms. Nuttall confirmed that the audit had taken place and the results would be fed back to the Wolverhampton CCG. She added that weekly activity was now submitted to the CCG and this indicated the referrals from individual practices across the City. The in depth analysis of the information was a matter for the CCG. Mr. Evans added that the EAPC practices were now known to create a disproportionate number of referrals and this reflected the particular needs of the areas which they served.</p> <ul style="list-style-type: none"> • <u>12/334: Provision of snacks for patients</u> <p>Ms. Etches confirmed that the evaluation of the trial scheme to provide snacks for patients would be reported to the next meeting.</p> <ul style="list-style-type: none"> • <u>12/217: Acute Oncology Service Business Case</u> <p>Dr. Rowlands confirmed that the Commissioner was expected to discuss the revised Business Case later this month.</p>	CE
13/5	<p><u>QUARTERLY REPORTS</u></p> <p><u>Infection Prevention and Control</u></p> <p>Dr. Cooper presented his quarterly report on infection prevention data for Quarter 3 2012/13 and highlighted that:</p>	

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13/6	<ul style="list-style-type: none"> • MRSA objective of zero for 2012/13 had been breached by a single case in November; • At the end of month 9 the Trust remained within its <i>c.difficile</i> objective for 2012/13; • Performance against the internal targets was disappointing so far for the year (although MSSA was virtually on target); • New projects to further reduce HCAIs were underway; • Compliance with mandatory training on hand hygiene and infection prevention was the highest ever achieved by the Trust, although the impetus needed to be maintained; • Compliance with the Health and Social Care Act 2008 remained good, with 100% compliance in 8 of the 10 criteria; • There was disappointment over the number of DRHABs, which had been discussed at today's meeting of the Infection Prevention and Control Committee, and an action plan was in place and being monitored. <p>Mr. Loughton confirmed that the Infection Prevention and Control Committee had today discussed possible methods of increasing take-up of the Antimicrobial Prescriber Training, and had also considered the need to improve the rate of decontamination of shower heads. Mr. Evans indicated that negotiations were ongoing in respect of targets for Healthcare Acquired Infections for 2013/14, and that it now looked likely that there would be a target of zero MRSA bacteraemia (as for 2012/13), and a target of no more than 39 incidents of <i>c.difficile</i>. Mr. Loughton expressed confidence that the Trust would be able to achieve these targets.</p> <p>IT WAS AGREED: that the Quarterly Report on Infection Prevention and Control be noted.</p> <p><u>Cancer Services Report</u></p> <p>Dr. Rowlands presented his quarterly report on Cancer Services. He outlined progress in respect of data reporting and the Cancer Peer Review and highlighted the results of the National Cancer Patient Experience 2011/12. Dr. Rowlands also highlighted the progress against the high level action plan in respect of the Survey. In response to Mr. Loughton's question about how the Trust compared with others in the National survey, Dr. Rowlands said that this Trust was in the bottom 20% of Trusts for 13 (a quarter) of the survey questions. Mr. Loughton requested that the outcome of the Survey be discussed with Mr Badger and Dr. Kapadia, and that further thought be given to certain points being reflected in doctor revalidation and appraisal. Mr. Loughton also</p>	

	<p>asked whether thought could be given to identifying patients who had been surveyed with a view to bringing together, say, twenty to have a facilitated discussion about their responses to the Survey and for the account of the session to be circulated among relevant staff within the Trust in order to inform their understanding of patient experience and learn lessons for service improvement going forward. Ms. Etches said that the Patient Experience lead could be requested to arrange an external facilitator and take this suggestion forward.</p> <p>IT WAS AGREED: that the Quarterly Report on Cancer Services be noted.</p>	Action
<p>13/7</p> <p>13/8</p> <p>13/9</p>	<p><u>DIVISIONAL MEDICAL DIRECTORS' REPORTS</u></p> <p><u>Division 1</u></p> <p><u>Governance Report</u></p> <p>Mr. Badger presented the monthly Governance Report for Division 1. Responding to Ms. Etches' question about whether revised systems and processes in respect of RCAs were helping to manage the RCAs, Mr. Badger said that they were helping although there were issues around RCAs being done by clinicians who had received very little training and he thought that there was a need for a smaller number of trained RCA investigators. Ms. Etches acknowledged that this matter had been discussed at the Quality and Safety Committee this week, and that she would shortly be discussing the matter further with the Medical Director.</p> <p>IT WAS AGREED: that the Governance Report for the Surgical Division be noted.</p> <p><u>Maternity CNST</u></p> <p>Ms. Hickman submitted a progress report on Maternity CNST.</p> <p>IT WAS AGREED: that the report on progress against the individual criteria for Maternity CNST be noted.</p> <p><u>Nursing, Midwifery and Quality Report</u></p> <p>Mr. Badger introduced the monthly report on Nursing, Midwifery and Quality in Division 1. In response to Mr. Loughton's question about the increasing trend in reporting breaches in agreed staffing numbers in trauma and orthopaedic wards, Mr. Badger referred to work which was underway to strengthen nursing leadership and develop nursing teams on those wards, and confirmed that there were signs of improvements in both attitude and performance there. Ms. Etches indicated that the CQC had identified issues around night-time cover, and that an extra HCA had now been put in for night shifts.</p> <p>IT WAS AGREED: that the monthly report from Division 1 on Nursing, Midwifery and Quality be noted.</p>	

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13/10	<p><u>Division 2</u></p> <p><u>Nursing and Quality Report – Emergency Medical and Community Services Division</u></p> <p>Ms. Baker presented the monthly Nursing and Quality Report for Division 2. She indicated that the trend for staffing breaches and vacancies had been reversed just this week.</p> <p>IT WAS AGREED: that the Nursing and Quality Report for Division 2 be noted.</p>	
13/11	<p><u>Improving Outcomes for Children and Young People with Diabetes Mellitus through delivery of Best Practice</u></p> <p>Ms. Baker submitted the Business Case for the provision of additional staff, blood tests and IT development to improve outcomes for children and young people with diabetes mellitus. This followed the introduction of a mandatory best practice tariff for a year of out-patient paediatric diabetes care. The report indicated that income for 2013 would be dependent upon evidence of compliance with all best practice criteria. The Department of Health had introduced this enhanced tariff in order to try to align the outcomes for paediatric diabetes in the UK with those of similar countries in the EU, which tended to be better.</p> <p>IT WAS AGREED: that the Business Case for additional resource requirements to deliver and evidence best practice in Paediatric Diabetes be approved.</p>	
13/12	<p><u>Replacement Consultant Paediatrician with an interest in Oncology and Haematology</u></p> <p>Ms. Baker presented the Business Case for the replacement of a Paediatric Consultant following the retirement of the current post holder in April 2013. She said that this had been approved by the Contracts and Commissioning Panel. It was pointed out that the post had been advertised and interviews appeared to have taken place before the Business Case had been approved, and Ms. Baker was requested to look into the process which had been followed. Ms. Harnin confirmed that Human Resources did carry out checks to ensure that Business Cases had been approved and that finance was available before consultant appointments proceed.</p> <p>IT WAS AGREED: that the Business Case for the replacement of a Consultant Paediatrician with an interest in Oncology and Haematology be approved.</p>	RB
13/13	<p><u>Governance Report</u></p> <p>Ms. Baker presented the monthly Governance Report for Division 2. With regard to high amber risk number 2837 (Linac replacement and expansion programme), Mr. Stringer pointed out</p>	

	<p>that the replacement of the Linac was provided within the five year capital programme at an estimated cost of £15m, but that the expansion of Linac had not yet been approved by the Commissioner.</p> <p>IT WAS AGREED: that the monthly Governance Report from Division 2 be noted.</p> <p>(Note: at this point in the meeting Ms. Nuttall arrived)</p>	Action
13/14	<p><u>REPORT OF THE CHIEF OPERATING OFFICER</u></p> <p><u>Performance Report</u></p> <p>Ms. Nuttall outlined the salient points of the monthly report on operational performance against national and local performance indicators. Responding to a question about the red flag on the Foundation Trust Monitor Compliance Framework, Ms. Nuttall indicated that the appointment of the Specialist Nurse – Learning Disabilities, had not so far been successful. Ms. Etches told the meeting that the possibility of a secondment had been considered but that this appeared to be unlikely, and other options were now being considered.</p> <p>Ms. Nuttall highlighted the information provided regarding Accident and Emergency, indicating that the target of seeing 95% of all patients within four hours had not been achieved in December and the intense pressure upon the service had continued into early January, although there had been some improvement during the last week or so. The pressure in A & E had had an impact on elective surgery, theatre utilisation and placed pressure on beds, all of which had led to financial issues for the Trust. Mr. Loughton expressed his appreciation for the way staff had dealt with the intense pressure. He stressed that it was now vital to concentrate on changing the system so as to avoid any repetition of this pressure during 2013/14, and that the WCCG would have to play their part in this. He noted that 80% of ambulances were back on the road in less than four hours. Quality of care had improved this week given the reduction in pressure, and he commended the matrons for their work.</p> <p>Ms. Nuttall expressed appreciation for the achievements of the Quality Review meeting which was now being held by the matrons. She also said that the Medical Director had met with the Acute Physicians last week to emphasise some of the quality issues and the impact upon elective work, and had enlisted their support for doing whatever they could to ease the pressures at times of such heightened demand for services. Mr. Loughton indicated that consultant job plans might usefully be amended to anticipate the particular pressures which had been experienced in recent weeks. Mr. Loughton went on to refer to the way a number of care homes were well supported by Primary Care but there were a number who were not and this was an issue that needed to be tackled, in order to reduce the number of inappropriate visits to A and E.</p>	

	<p>Ms. Nuttall referred to the quarterly CQUIN update and highlighted the financial risk which stemmed from the prudent predictions relating to year end positions. She confirmed that mitigating steps were continually being taken in respect of the risk. Mr. Evans confirmed that the quarter three position had now been submitted and that a meeting with the CCG would be held very soon. Mr. Stringer noted that there had been some difficulty in gathering the information relating to CQUIN and indicated that this would be raised at the next meeting of the Operational Finance group. Mr. Evans pointed out that the CQUIN counted for £8m for the organisation and it was essential to systematise the collection of the relevant data.</p> <p>IT WAS AGREED: that the monthly report on Operational Performance be noted.</p>	Action
<p>13/15</p>	<p><u>REPORT OF THE CHIEF FINANCIAL OFFICER</u></p> <p><u>Financial position of the Trust at the end of Month 9 (December 2012)</u></p> <p>Mr. Stringer presented the monthly report on Finance, highlighting that the overall position was an over performance on income of £360,000, but that most of this was in non-patient areas, and the Division 1 position had deteriorated by £846,000 and the Division 2 position had deteriorated by £154,000. The expenditure position showed an overall improvement of £188,000 in month, although Division 1 had deteriorated by £28,000 and Division 2 by £234,000. The position had stabilised somewhat, especially in Division 1. He confirmed that as of December 2012 £10,487,000 had been withdrawn from annual budgets representing 68% of the total for the year, and it was hoped that by the year end £12.5m would be withdrawn from budgets through the Cost Improvement Programme. However, that would require over £5m of recurring savings to be carried forward into 2013/14 and all projects for that financial year were now under review, along with proposals for a transformation programme and support for its delivery.</p> <p>Turning to the main areas of risk, Mr. Stringer indicated that the Trust was in dispute with the South East Staffordshire and Seisdon Peninsula CCG over a requested increase in emergency threshold payments in view of the additional activity from that area.</p> <p>IT WAS AGREED: that the report on the Financial Position of the Trust at the end of December 2012 (Month 9) be noted.</p>	
<p>13/16</p>	<p><u>Capital Programme 2012/13 – Month 9 progress report</u></p> <p>Mr. Stringer submitted the Capital Programme progress report for December 2012, which showed a projected outturn position of £23,458,009, which was £804,009 above the revised budget for the year.</p>	

		Action
13/17	<p>IT WAS AGREED: that the month 9 progress report on the Capital Programme 2012/13 be noted.</p> <p><u>Delivery of the Estates Strategy 2012/13 – Quarter 3 progress update</u></p> <p>Mr. Goodwin presented the quarterly report on delivery of the Estates Strategy. He clarified that the bid for refurbishment of the parent's accommodation on the third floor of the Women's Unit was for £170,900. He also expressed slight concern that there seemed to be a piecemeal approach whereby Trusts had to bid for funds from different pots of money.</p> <p>IT WAS AGREED: that the quarterly report on the Delivery of the Estates Strategy be noted.</p>	
13/18	<p><u>Sustainability and Carbon Reduction Report</u></p> <p>Mr. Goodwin submitted the six monthly report from the Sustainability and Carbon Reduction Group which detailed progress against the Trust's Carbon Reduction Project (including the Combined Heat and Power Plant), and a reassessment of the Trust's position against the Good Corporate Citizen Toolkit which was developed by the NHS Sustainable Development Unit and which the Trust was committed to achieve.</p> <p>IT WAS AGREED: that the progress report from the Sustainability and Carbon Reduction Group be noted.</p>	
13/19	<p><u>Retention of Records</u></p> <p>Mr. Stringer submitted a report setting out proposals for the destruction of the health records of deceased patients in cases where the date of death was greater than eight years ago. He said that this was necessary to comply with the NHS Code of Practice for Records Management and the Data Protection Act.</p> <p>Mr. Badger said that sophisticated methods of discovering whether tumours were hereditary had been developed and for this reason it might be helpful to have patient health records going back a longer number of years than now proposed. Mr. Stringer emphasised the need to comply with the Code of Practice for Records Management and not to retain records for longer than they stipulated. Mr. Loughton suggested that this matter be taken up with the Royal College and that in the meantime the Trust must conform to the requirements of the Information Commissioner's Office. He suggested that the Code should be breached only in exceptional individual patient cases. In response to a question from Ms. Nuttall, Mr. Stringer indicated that the proposals would call for a small sum of non-recurring money to be spent.</p> <p>IT WAS AGREED: that the proposals in respect of deceased records and microfilmed records of deceased patients in</p>	

	<p>cases where the date of death was greater than eight years ago be approved.</p>	<p>Action</p>
<p>13/20</p>	<p><u>RWT Network Upgrade – Network Edge Business Case</u></p> <p>Mr. Stringer presented a Business Case for capital expenditure to replace and upgrade key areas of the IT network infrastructure at New Cross Hospital in order to address current under performance issues and to provide the necessary future band width to support the optimal performance of current and future IT systems.</p> <p>IT WAS AGREED: that the Business Case for the improvement and upgrade of key areas of the IT Network infrastructure at New Cross Hospital be approved.</p>	
<p>13/21</p>	<p><u>REPORT OF THE DIRECTOR OF HUMAN RESOURCES</u></p> <p><u>Proposals for changes to Agenda for Change</u></p> <p>Ms. Harnin submitted a report which highlighted the main points being jointly proposed to Agenda for Change Terms and Conditions, and under discussion by the NHS Staff Council. She reported that whilst UNITE had objected to the proposals and would not consult, the RCN and Physiotherapists were supportive. In response to a question from Ms. Nuttall, Ms. Harnin indicated that consultation would end in the second week of February and that it was hoped to implement the changes as a collective arrangement from 1 April 2013.</p> <p>IT WAS AGREED: that the report on proposals for changes to Agenda for Change be noted.</p>	
<p>13/22</p>	<p><u>Update report on recent Doctors’ Dentists’ Review Body announcements</u></p> <p>Ms. Harnin drew out the salient points of her report on recent announcements by the Doctors’ Dentists’ Review Body regarding the viability of the current contract for doctors in training, and recommending new arrangements.</p> <p>IT WAS AGREED: that the report on recent announcements by the Doctors, Dentists Review Body be noted.</p>	
<p>13/23</p>	<p><u>Review of Clinical Excellence and Distinction Awards</u></p> <p>Ms. Harnin presented her report which indicated that substantial changes to the Clinical Excellence Awards scheme were being proposed in order to reward current performance and focus on outstanding contributions to patient care.</p> <p>IT WAS AGREED: that the report be noted.</p>	

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13/24	<p><u>Work Experience Scheme – Evaluation</u></p> <p>Ms. Harnin submitted a report on the key features from the evaluation report into the success of the work experience scheme undertaken by the Trust for Wolverhampton unemployed people. Mr. Loughton congratulated members of Ms. Harnin’s team who had achieved this outcome.</p> <p>IT WAS AGREED: that the evaluation report on the Work Experience scheme be noted.</p>	
13/25	<p><u>Occupational Health and Wellbeing Service – Health and Wellbeing Strategy progress report</u></p> <p>IT WAS AGREED: that the progress report on the Health and Wellbeing Strategy be noted.</p>	
13/26	<p><u>Policy Update: HR20 (Maintaining Professional Registration) and HR26 (Employment Checks Policy)</u></p> <p>Ms. Harnin submitted two policies which had been updated due to findings from the NHSLA audits and subsequent action plans.</p> <p>IT WAS AGREED: that the revised Policy HR 20 (Maintaining Professional Registration) and revised Policy HR26 (Employment Checks) be approved.</p>	
13/27	<p><u>REPORT OF THE CHIEF NURSING OFFICER</u></p> <p><u>Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas</u></p> <p>IT WAS AGREED: that the monthly update on Red Incidents, Red Complaints and high level Operational Risks for Corporate Areas be noted.</p>	
13/28	<p><u>NHSLA Standards update (CNST and General)</u></p> <p>Ms. Etches introduced the monthly report on NHSLA standards update which included a PID and action plan to ensure that the Trust could achieve Level 2 CNST (Maternity) and Level 3 (General Standards) in the next assessments. The report also recommended the creation of a NHSLA Project Board to ensure that action was undertaken against non-compliance. She also drew attention to the NHSLA Level 2 formal report following assessment which was due to be reviewed with an action plan at the February 2013 Compliance Committee. She added that it was likely that the Trust would seek a Level 3 assessment in September. She drew attention to the challenge about the change-over of junior doctors in August, and the associated induction process which would require a different approach in order to ensure that they fell into line with the requirements stipulated in the action plan to facilitate their compliance with Trust policies.</p>	

		Action
13/29	<p>The Chief Executive requested that an investigation be carried out into the possibility of making it a condition of employment that junior doctors attended for induction training prior to taking up their duties with the Trust. He asked Ms. Harnin to take this up with Dr. Samra and the Clinical Tutors.</p> <p>IT WAS AGREED:</p> <p>a) that the NHSLA PID be approved and that a NHSLA Project Board be established along the lines set out in the report;</p> <p>b) that the progress update on NHSLA Standards (CNST and General) be noted.</p> <p><u>Nursing, Midwifery and Health Visiting Programme: 2012-2014 Quarter 3 2012/13</u></p> <p>Ms. Etches presented the quarterly report on the work being undertaken by the Nursing and Quality Directorate on the Nursing, Midwifery and Health Visiting Programme 2012/14. She indicated that she anticipated an increase in the number of complaints regarding activity during the very high pressure period of December and January. Ms. Harnin said that she anticipated a major national drive to improve nursing standards, which would be linked to recruitment and appraisal.</p> <p>IT WAS AGREED: that the update on the Nursing, Midwifery and Health Visiting Programme 2012/14 be noted.</p>	DH
13/30	<p><u>Trust Governance Committees report</u></p> <p>IT WAS AGREED: that the report on Compliance and Performance headlines on key Governance deliverables addressed at the Quality and Safety, Compliance and Policy Committees be noted.</p>	
13/31	<p><u>REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING</u></p> <p><u>Emergency Planning Update and Revised Business Continuity Strategy</u></p> <p>Ms. Preston presented her report on work which had been undertaken during Quarter 3 to ensure the Trust's resilience in the event of severe disruption.</p> <p>IT WAS AGREED: that the Emergency Planning activities undertaken during Quarter 3 2012/13 be noted, and that the revised Business Continuity Strategy be approved.</p>	
13/32	<p><u>Contracting and Commissioning Report</u></p> <p>Mr. Evans submitted a report containing detailed information on</p>	

13/33	<p>the proposed changes to the commissioning arrangements and the progress with the contract negotiations for 2014/15.</p> <p>IT WAS AGREED: that the progress report on Contracting and Commissioning 2013/14 be noted.</p> <p><u>Change Programme Board</u></p> <p>Mr. Evans introduced the monthly report of the Change Programme Board, and highlighted that there had been some improvement in Month 9 but that it was anticipated that £5.5m of recurring savings would have to be carried forward into the next financial year.</p> <p>IT WAS AGREED: that the report on the work of the Change Programme Board be noted.</p>	Action
13/34	<p><u>POLICIES FOR APPROVAL</u></p> <p>IT WAS AGREED: that the following Policies be approved:</p> <ul style="list-style-type: none"> • CP48 Supervision of all non-Consultant medical Staff • IP13 Outbreak of Communicable Infection/Infection Prevention/Serious Incident Policy • IP03 Prevention and Control of MRSA, VRE and other Antibiotic Resistant Organisms Policy • IP17 Prevention and Control of Tuberculosis in a Hospital Setting • CP46 Policy for the Use of Bed Rails • OP18 Patients Property • Policy Integration – Transforming Community Services • HS12 Decontamination of Medical Devices 	
	<u>RISK</u>	
13/35	<p><u>Consideration of risks to be entered onto a Risk Register</u></p> <p>No new risks were identified.</p>	
	<u>ANY OTHER BUSINESS</u>	
13/36	<p><u>Terms of Reference of the Trust Management Team</u></p> <p>IT WAS AGREED: that the revised Terms of Reference of the Trust Management Team be approved.</p>	

		Action
13/37	<p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>It was noted that the next meeting of the Trust Management Team was due to be held on Friday 22 February 2013 at 1.30 p.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.</p>	

The meeting closed at 3.40pm.

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