

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

Minutes of the Meeting of the Trust Management Team held on
Friday 3rd December, 2010 at 1.30 p.m. in the Board Room of the
Clinical Skills and Corporate Services Centre

PRESENT:

Dr. M. Cooper	Director of Infection Prevention and Control
Dr. J. Cotton	Director of Research and Development
Ms. C. Etches	Director of Nursing and Midwifery
Ms. V. Hall	Chief Operating Officer
Ms. D. Harnin	Director of Human Resources
Mr. D. Loughton CBE	Chief Executive (Chair)
Mr. B.G. Millar	Medical Director
Dr. J. Odum	Divisional Medical Director, Division 2
Dr. D. Rowlands	Lead Cancer Clinician

IN ATTENDANCE: Elaine Williams, Rose Baker

APOLOGIES: Dr. Richard Horton, Kevin Stringer, Dr. Singh

MINUTES OF THE MEETING HELD ON FRIDAY 5th NOVEMBER, 2010

10/277 The Minutes of the Meeting held on Friday 5th November, 2010 were agreed as a correct record.

MATTERS ARISING FROM THE MINUTES

10/278 There were no matters arising from the Minutes.

ACTION SUMMARY

10/279 The Action Summary was reviewed and updated.

QUARTERLY REPORTS

10/280 Infection Prevention

The Director of Infection Prevention and Control presented the report which covered the period August – October 2010. The Trust had met its target for MRSA bacteraemia against external targets. The Trust had met its internal target for MSSA bacteraemia but overall the numbers across the City are the same as the previous two years which was disappointing.

The number of Hospital Acquired bacteraemias is monitored internally. A target based around the number of Device-Related HABs was set with the PCT as part of the CQUIN scheme last year. A table showed the devices associated with the DRHABs so far this year and the Trust Management Team were advised that a senior nurse was working on practices and providing training with the aim of reducing these infections.

The graph on page 5 of the report showed the percentage of contaminated blood culture sets. The Trust is consistently meeting the US standard for blood contaminants of less than 3%. The Chief Executive suggested that improvements could be seen in the Neonatal Unit and Paediatrics. The Director of Infection Prevention and Control explained that there were no care bundles for use in Neonates at present and he was currently working with Dr. Kumararatne on developing a bundle.

The numbers of MRSA acquisitions had increased earlier this year as demonstrated in the graph on page 6. Over the last few months this had reduced markedly.

An action plan had been put in place regarding *c.difficile*. Negotiations were almost complete regarding the tender for hydrogen peroxide. The Director of Infection and Prevention was hopeful that *c.difficile* figures will stay within current limits.

The Divisional Medical Director, Division 2 advised that root cause analysis for *c.difficile* were reviewed on a monthly basis and had been discussed at the Performance Review meeting yesterday. By and large the RCA's were well constructed and it was concluded that these related to elderly patients, usually on multiple antibiotics and possibly with a previous hospital admission. The Divisional Medical Director questioned the use of hydrogen peroxide to disinfect the areas and the benefits that were envisaged, particularly as some incidents of *c.difficile* were not hospital acquired. The Director of Infection Prevention and Control agreed that it was not possible to eradicate *c.difficile* because a proportion of the population carried the bacteraemia, but it was important to ensure that the hospital environment was as free as possible from contamination. Hydrogen peroxide ensures that the area is as free from contamination as possible and will reduce the chances of other patients being exposed to *c.difficile*.

The Director of Infection Prevention and Control reported that increased sensitivity should be seen with the use of PCR testing which would mean that fewer false positives will be seen. The Divisional Medical Director, Division 2 noted that the target was based on the old testing system and questioned whether, if the new testing system was more sensitive the target should be reviewed. The Director of Infection Prevention and Control advised that this would be discussed with the PCT.

The Director of Infection Prevention and Control referred to the target for Monitor which was based on an annual target of 106 which equates to 8.8 per month, 96 per year, and queried whether the target could be distributed across the remaining months. The Director of Nursing and Midwifery advised that the targets were set on annual totals and the matter would be raised with Monitor at their meeting with the Board on 13th December.

The numbers of ESBL fluctuated and the Directorate were hoping to appoint a Database Manager whose remit will include the investigation of these figures.

Overall compliance against the Code of Practice was 97.2%, with full compliance in three different categories. A report will be submitted to the Board Assurance Committee next week. The Chief Operating Officer queried whether the situation was improving and was advised by the Director of Infection Prevention and Control that there had been an improvement. A trend summary would be included in the next report.

AGREED that the Quarterly Report of the Director of Infection Prevention and Control be noted.

10/281

Research and Development

The Director of Research and Development reported increased research activity across the Trust. A table providing a breakdown of all active and pending studies (commercial and non-commercial) was included in the report.

The approval of studies is largely affected by the complexity of the trial and the length of time taken to approve studies. A rationalisation of the R & D process had been undertaken in July and the Directorate was now striving towards a target of 30 days for approval of trials.

Although the Trust could demonstrate that the number of accruals was increasing the WMNCLRN target of 5,000 accruals could not currently be achieved and so far 948 accruals have been seen against the target.

The Director of Research and Development paid tribute to Professor Magi Sque, newly appointed Chair in Clinical Practice and Innovation who was having a huge impact on research work in the Trust.

Funding acquired amounted to £2,807,801 of which most is allocated to direct research/support service costs.

The Directorate's CIP and cost efficiencies are on target. Additional funding of £154,000 has been requested from the WMNCLRN to support additional trials being opened. £67,000 was granted with £30,000 being held until January 2011. The financial reporting structure has been changed to enable monthly reporting; this allows the Directorate to be more accountable.

The National Institute for Health Research has requested that all Trusts complete an R & D Operational Capability Statement which needs Trust Board approval by no later than 31st March, 2011. The report will be used as key evidence of the Trust's ability to engage in research. The co-ordination of the statement will be undertaken by Yvonne Hague, R & D Directorate Manager.

The Director of Nursing and Midwifery reminded the Trust Management Team that Research Governance had previously been signed-off as robust and acceptable and asked for assurance that the Trust did have rigour in the system. The Director of Research and Development was confident that there was rigour in the system as an individual was in place that assessed all trials. Also, an individual from the MHRA was asked to come and assess what would happen if the Trust were investigated and a "mock" MHRA had been held.

The Medical Director queried the opportunities available to the Trust in relation to Transforming Community Services. The Director of Research and Development advised that the CLRN which funds research governance for PCTs in the West Midlands was currently reviewing the matter and some kind of shared agreement needed to be established. The Chief Executive requested the Director of Finance and Information to have further discussions with the PCT on this matter.

AGREED that the Quarterly Report for Research and Development be noted.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

Division 1

Rose Baker, Divisional Nurse, Division 1 presented the report on behalf of the Divisional Medical Director.

10/282 **Governance Report**

During the period 27th October to 16th November, 20120 there were no new red incidents reported and no new red complaints opened. There is currently one open red risk within the Division regarding reporting of plain film x-rays. A new protocol is being developed to identify alternative contacts should the requesting consultant be unavailable and critical or unexpected findings are identified. Discussions have taken place with Radiology and final proposals should be circulated before the end of December.

A programme of training is taking place for Radiographers to enable them to report on chest x-rays.

AGREED that the Governance Report for Division 1 be noted.

10/283 Nursing Report

There had been a slight improvement in appraisal compliance and action plans are in place to ensure all staff are appraised.

There are 17.22 wte qualified vacancies within the Division, excluding the 12 wtes who have been offered posts and are awaiting pin numbers. The risk to the Division moving forward is the recruitment of the theatre staff for the two additional theatres planned to open in April 2011. A resource steering group has been established to support this project.

October had been a particularly bad month regarding infection prevention with 3 MSSA bacteraemia and 4 *c.difficile* cases. RCAs have been performed and the findings shared within the Directorate and Division.

There had been 23 patient falls within the Division during October. None of the falls resulted in significant harm to patients.

The Division reported no grade 3 pressure ulcers and 11 grade 2 hospital acquired pressure ulcers, 6 of which were on ICCU.

Building work is in progress on the Cardiology Ward to create an additional 2 beds. Impact on the environment is being closely monitored by the Matron. Conversion building work is in progress on C5 to facilitate the move of Durnall Ward into that area.

AGREED that the Nursing Report for Division 1 be noted.

Division 2

10/284 2010/11 Funding for Reablement linked to Hospital Discharges

The Divisional Medical Director, Division 2 advised that nationally PCTs have been allocated an additional £70m for post discharge support; £367,000 for Wolverhampton over the next three years.

AGREED that the report on 2010/11 Funding for Reablement linked to Hospital Discharges be noted.

10/285 Governance Report

There were two new red incidents reported during the period 23rd September to 24th November, 2010. There were no red complaints and no open red risks at the time of the report.

Referring to the incident regarding hepatitis C, the Chief Executive suggested that each patient should receive a letter following completion of the RCA setting out its findings and detailing what actions were to be put in place.

AGREED that the Governance Report be noted.

10/286 Nursing Report

The Division reported no major concerns about nurse vacancies and the number of staffing breeches decreased last month.

Compliance with completing allergy boxes continues to be monitored through agreed processes. Four incidents were reported last month.

The number of falls reported for October is 91. It was agreed that future reports should include enhanced information around this issue.

There is an increased focus on nursing audits in response to the recent nutrition assessment audit and the HSE visit regarding sharps practice. Results will be shared at Directorate and Divisional meetings.

AGREED that the Nursing Report be noted.

10/287 Development of Hyper-Acute Stroke Unit

The Division wished to seek approval to develop a service model and business case for a Hyper-Acute Stroke Unit at New Cross Hospital to support its current service and allow patients access to developing techniques to further reduce stroke-related mortality and disability in the future.

AGREED that the proposal to proceed with the development of a business case for a Hyper-Acute Stroke Unit at New Cross Hospital be approved.

10/288 Wolverhampton Urgent Care Triage and Access Service (WUCTAS)

The aim of the initiative is to reduce referrals from GPs to EAU and is a joint venture between WCPCT and RWHT. The service commenced on 22nd November and operational implementation has been successful. Early data suggests that referrals to EAU have been lower since the service started but a direct comparison with last year cannot be made at present. Full evaluation will be available in due course.

AGREED that the update report on Wolverhampton Urgent Care Triage and Access Service (WUCTAS) be noted.

10/289 Opening of Ward D22 – Dementia Ward

Ward D22 (Dementia Ward) opened on 22nd November, 2010.

The Divisional Medical Director reported that everything was going well and positive feedback had been received from staff.

AGREED that the report on the opening of Ward D22 – Dementia Ward be noted.

10/290 GUM – 48 hours seen target

Wolverhampton City PCT has issued a contract performance notice in relation to the Trust's failure to achieve this local (SHA) target. The Directorate has worked tirelessly to improve patient access and a recent review had shown that capacity is not a factor affecting the Trust's ability to achieve the 48 hour standard; the contributing factor is patient choice. Further discussions are to be held with the PCT.

AGREED that the report on GUM – 48 hours seen target be noted.

10/291 Implications for reaching 4,000 births

The report set out some of the implications associated with reaching 4,000 births including additional medical and midwifery staff and increased bed stock. The Chief Executive believed that the establishment of a midwifery led unit was the right direction for the service to be taken forward. The Trust Management Team was asked to support the development of a business case to support this level of activity.

AGREED that the report on Implications for Reaching 4,000 births be noted and support to given to the development of a business case to support this level of activity.

REPORT OF THE CHIEF OPERATING OFFICER

10/292 Performance Report – October, 2010

For October the Trust had achieved the predicted score of "1" against cancer targets. The sixty-two day target remained a challenge and action plans are in place. The National Intensive Support Unit visited the Trust on 22nd November to undertake a diagnostic exercise. Initial feedback has been received and a draft action plan is in place and is being implemented.

AGREED that the Performance Report for October 2010 be noted.

10/293 Marketing Strategy

The Chief Operating Officer reminded the Trust Management Team that the Trust's Marketing Strategy had been developed and implemented in Spring 2008. Further review will be required in six months time following integration with Wolverhampton City PCT provider arm.

The updates to the Marketing Strategy and Marketing Plan were attached as Appendix 1 and 2 to the report.

The Marketing Plan progress report provided an update on the objectives within the plan and the number and percentage change in referrals.

In the period April to September the Trust saw an overall growth in referrals of 4.5% against the previous six month period. For the West Midlands there was growth for all commissioners except Dudley which saw a reduction of 2.7%.

AGREED that the updated Marketing Strategy be approved and the progress in delivering the Marketing Plan be noted.

10/294 OP28 Policy for the Management of Prisoner Attendance

The Policy has been revised to take account of experience and new legislation. The Policy has been reviewed and approved by the Health and Safety Committee and the Quality and Safety Committee.

AGREED that the Policy for the Management of Prisoner Attendance (OP28) be approved.

10/295 Annual Plan – Quarter 2 2010/11

The Annual Plan, updated for Quarter 2, was attached as Appendix 1 to the report and outlined an assessment against each business outcome based on the performance against relevant KPIs. It also details remedial action to be taken to address those areas primarily with a risk rating of either amber or red. The Chief Operating Officer advised that 65% of the Plan showed a risk rating of green. Good performance had been achieved against the Trust's strategic objectives.

AGREED that the Quarter 2 Annual Plan update for 2010/11 be noted.

REPORT OF THE DIRECTOR OF FINANCE AND INFORMATION

10/296 Financial Position of the Trust at the end of Month 07 (October 2010)

The Deputy Director of Finance and Information presented the report and advised that the Trust's surplus was £7.112m, which was £2.314m above plan, predominantly due to the over-performance against contracts and income within Directorate budgets. Offsetting this over performance are expenditure budgets which are £3.040m overspent.

Performance against the cost improvement programme remains strong with £6.384m having been withdrawn from budgets. Five schemes have been identified as at risk and further work had been undertaken in these areas.

The cash position at £12.452m is £3.840m above the expected plan of £8.612m. It is important that any outstanding debts are collected and Divisions were urged to support the central team in achieving this.

The Chief Operating Officer queried what risks had been built into the forecast and was advised that this included winter pressures, including the two wards. Work had been done to reduce income for the over performance notification from the PCT and resources had been included for WUCTAS.

AGREED that the report on the Financial Position of the Trust at the end of Month 7 (October 2010) be noted.

10/297 OP12 Information Security Policy

The purpose of the Information Security Policy is to protect the security of the Trust's information assets and to ensure staff are aware of good practice surrounding the security of corporate and personal information.

AGREED that the Information Security Policy (OP12) be approved.

REPORT OF THE DIRECTOR OF NURSING AND MIDWIFERY

10/298 Red Incidents, Complaints and Operational Risks for Corporate Areas

Between the period 27th October to 25th November, 2010 there had been no new red incidents and no new red formal complaints. One new operational level red risk, now downgraded to yellow, was detailed in Appendix 1 to the report and concerned the Neo-natal Workshop.

AGREED that the report on Red Incidents, Complaints and Operational Risks for Corporate areas be noted.

10/299 Trust Standard Precautions Policy

The revised version of the Trust Standard Precautions policy was attached as Appendix 1 to the report. The Policy sets out the requirements and standards for the principles of standard precautions which are required to prevent exposure of staff to infectious agents as well as protecting patients from cross infection within the Trust.

AGREED that the Trust Standard Precautions Policy be approved

10/230 Policy for the Management of Blood and Body Fluid Spillage

The Policy sets out the requirements and standards for the management of blood and body fluid spillage within the Trust and had been considered at the Infection and Prevention Committee.

AGREED that the Policy for the Management of Blood and Body Fluid Spillage be approved.

REPORT OF THE INTERIM DIRECTOR OF ESTATES DEVELOPMENT

10/231 Capital Programme 2010/11 – Month 7 including At Risk Schemes

The Deputy Director of Finance and Information presented the report which predicted a final outturn position for the 2010/11 Capital Programme at 31st March, 2011 of £17,984,808 against a Capital Resource Limit of £18,035,000 – an underspend of £50,192.

The programme contains a number of projects where progress indicates a high-risk of non-delivery. These were detailed in Attachment 2 to the report. Variances exceeding +/- 10% or £50,000 were detailed in the Project Exception Report, Attachment 1, Appendix 1.

AGREED that the report on the Capital Programme 2010/11 – Month 7 including at Risk Schemes be noted.

REPORT OF THE DIRECTOR OF HUMAN RESOURCES

10/232 Flu Vaccination Programme

The flu vaccination programme is underway and the combined seasonal and swine vaccine has been given to just over 16% of staff. This is an improvement on the position at this time last year but it was essential that a greater uptake was seen in order to ensure continuity of services during the winter.

AGREED that the update on the Flu Vaccination Programme be noted.

10/233 Faculty of Occupational Medicine

The Director of Human Resources advised that the new Faculty of Occupational Medicine (FOM) standards were introduced on 1st December, 2010. These will replace NHS Plus accreditation which the Trust's Occupational Health service has and was considered to be the kite mark for NHS OH providers contracted to service external contracts. In order to achieve an appropriate level of accreditation against the new standards the Trust has to provide documentary evidence against fifty standards and undergo a validation visit. A representative of the initiative visited the Occupational Health department in mid-November and the Trust had been encouraged to express an interest. This course of action had been endorsed at the last HR Sub-Committee meeting. There is a cost implication of between £2,000 and £3,000 per annum to ensure that standards are monitored regularly.

AGREED that the report on the Faculty of Occupational Medicine be noted and the future cost implication for the accreditation of the Occupational Health service be approved.

REPORT OF THE MEDICAL DIRECTOR

10/234 Policy for the Prevention and Treatment of Venous Thromboembolism (VTE)

An updated Policy is a requirement of the DoH in response to the document "Prevention of VTE in hospitalised patients, March 2010". The details of the amendments were shown on page 2.

The Medical Director reported that the VTE Team of the Department of Health had recently visited the Trust and had been impressed with the work they had seen.

AGREED that the Policy for the Prevention and Treatment of Venous Thromboembolism (VTE) be approved.

DATE AND TIME OF NEXT MEETING

10/235 The next meeting of the Trust Management Team will be held on Friday 14th January, 2011 at 1.30 p.m. in the Clinical Skills and Corporate Services Centre, New Cross Hospital.
