

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

Minutes of the Meeting of the Trust Management Team held on Friday 4th February, 2011 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. V. Hall	Chief Operating Officer
	Ms. D. Harnin	Director of Human Resources
	Dr. R. Horton	Divisional Medical Director – Division 1
	Dr. S. Kapadia	Chairman, Consultants' Committee
	Mr. D. Loughton CBE	Chief Executive
	Dr. J. Odum	Divisional Medical Director – Division 2
	Dr. D. Rowland	Lead Cancer Clinician
	Mr. K. Stringer	Director of Finance and Information
	Ms. M. Espley	Managing Director – WCPCT

APOLOGIES: Ms. C. Etches, Dr. B.M. Singh

IN ATTENDANCE: Ms. Rose Baker

The Chief Executive introduced Maxine Espley, Managing Director – Provider Services, Wolverhampton City Primary Care Trust who would be transferring to the Trust as Director of Planning and Contracting from 1st April, 2011.

MINUTES OF THE MEETING HELD ON FRIDAY 14th JANUARY 2011

11/32 The Minutes of the Meeting held on Friday 14th January, 2011 were agreed as a correct record.

MATTERS ARISING FROM THE MINUTES

11/33 There were no matters arising.

ACTION SUMMARY

11/34 The Action Summary was reviewed and updated.

QUARTERLY REPORTS

11/35 Lead Cancer Clinician

The Lead Cancer Clinician referred to the recent publication “Improving outcomes: A strategy for cancer” and advised that there were to be no changes to waiting time targets. The Trust was already undertaking much of the work outlined in the strategy and was performing well. A summary of the document would be provided in his next quarterly report.

Development of a NICE compliant head and neck service has still not progressed. At the Cancer Network Board on 28th January a paper had been presented which stated that the unit in Shrewsbury and Telford is now compliant due to an increase in the numbers of patients being treated there. Further investigation of the figures is to take place.

The Divisional Medical Director, Division 2 queried whether gynae-oncology patients from Shrewsbury and Telford would still be referred to the Trust. The Lead Cancer Clinician was confident that shared working with Shrewsbury and Telford would ensure that patients would come to the Trust.

The Cancer Network will continue for another year, until April 2012, as they have now secured funding from the SHA and PCTs.

The Peer Review Team will visit the Trust on 9th March to review the breast MDT and radiotherapy service. An external validation of the Trust's internal validation review had been completed. The Team had agreed with the Trust's view of the colorectal team but issues had been raised regarding the Trust's processes for the locality measures.

The Trust had performed well in the National Cancer Patient Survey.

Dr. Rowlands reminded the TMT that he had raised the issue of attendance at MDT meetings at their meeting in November. The Chief Operating Officer suggested that telephone discussions could be held with those individuals who could not attend the MDTs. She was concerned about the delay in treatment for patients because of a lack of members of the MDT. Dr. Rowlands advised that telephone discussions did take place for the breast team. For waiting time purposes, a prospective audit is underway to measure the number of patients for whom discussion is compromised. As a result of recent and forthcoming new appointments it is expected that non-quorate meetings should reduce in the future.

The Chief Operating Officer queried whether a report had ever been produced on the survival outcomes for patients. Dr. Rowlands advised that the Cancer Intelligence Unit provided data on survival rates but the information was four years out of date. The Chief Executive asked for a quarterly report to be produced on five year survival rates from eight down to four years ago so that a comparison can be seen over a four year period.

AGREED that the Quarterly Report of the Lead Cancer Clinician be noted.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

Division 1

11/36 **Governance Report**

During the period 6th January to 25th January, 2011 there were no new red incidents reported and no new red complaints opened. There was currently one open red risk in the Division relating to the routine reporting of plain X-ray films. The PACS upgrade was due to be in place from Monday.

AGREED that the Governance Report for Division 1 be noted.

11/37 Nursing Report

Report noted.

11/38 Business Case for the Procurement of Additional Instrumentation and Power Tools for Theatres

Planned additional activity identified in business cases to deliver the 2010/11 activity plan had resulted in more of the same type of surgery being performed each day and this is placing a significant burden upon the existing stocks of instrumentation and power tools. The percentage of fast tracking had risen from ½% to nearly 15%. There is also a natural requirement for the replacement of surgical instrumentation because of wear and tear. The Business Case had been approved by the Capital Review Group.

The Chief Executive questioned the progress against the amnesty for surgical instruments. He stressed the importance of enough instrumentation being in place and business cases for future consultant appointments should include the revenue cost of employing the individual in terms of equipment.

AGREED that the Business Case for the Procurement of Additional Instrumentation and Power Tools for Theatres be approved.

11/39 Business Case for the Appointment of Two Vacant Consultant Anaesthetist Posts within Critical Care

The Directorate had received formal notification from two senior Consultant Anaesthetists of their intention to retire from service in March 2011 and June 2011 respectively.

The Chief Executive suggested that, for planning purposes, a list should be produced of those Consultants who are within two years of their expected year of retirement.

AGREED that the Business Case for the Appointment of two Consultant Anaesthetists within Critical Care (replacement posts) be approved.

11/40 Palliative and Supportive Care Strategy

The three year Strategy draws on national and local strategies and guidance and defines palliative care, end of life care, supportive care and general and specialist palliative care.

The Chief Operating Officer referred to the Implementation Plan and asked for assurance that progress had been made against the actions agreed for 2010/11. Rose Baker advised that the training needs analysis had been undertaken and is on-going. The internal audit regarding LCP is due to happen in April. The Trust had registered to take part in the NCDAAH Audit in May and June. All other actions had been completed. The Chief Operating Officer suggested that an annual report against the Strategy should be provided in the future.

AGREED that the Palliative and Supportive Care Strategy be approved.

Division 2

11/41 Easter and Royal Wedding Bank Holiday Arrangements

The Division has established a multi-agency planning group to ensure that the Trust is well prepared for the extended holiday period over Easter and the Royal Wedding Bank Holiday. A contingency plan is being developed to meet any increased admissions. A finalised plan will be presented to the TMT in March.

AGREED that the report on arrangements for the Easter and Royal Wedding Bank Holiday period be noted.

11/42 Update on the Neonatal Unit Refurbishment

The Neonatal Unit refurbishment will be completed in April, 2011. There had been some disturbance due to noise and demolition and there had been some complaints in terms of patient experience.

AGREED that the update report on the Neonatal Unit Refurbishment be noted.

11/43 Gynaecology Cancer Progress

The challenge to achieve the 62 day cancer target in gynae-oncology is more settled. The fast track system is working well. The Intensive Cancer Support Team was pleased with the progress made. Operating time is an issue but it was anticipated that this would be relieved by the opening of the theatres in May. A new consultant will commence on 1st April and following his induction operating capacity will significantly increase.

AGREED that the progress report on Gynaecology Cancer be noted.

11/44 Update on the Single Emergency Portal

A meeting of the Steering Group will be held on Monday. The business case is to be presented at the Divisional Committee on 23rd February. Costings for the different options for the interim portal will be discussed at the meeting.

The Chief Operating Officer reported that all key specialties and individuals and cross specialty working have been part of the Steering Group and Workstreams. An event had been held on Monday to which stakeholders and patients had been invited and feedback had been received. The Divisional Medical Director reported that all Directorates involved with the provision of service in the single portal had been consulted. The Chief Executive suggested that with a change of this magnitude it was important that everyone was given an opportunity to comment and he asked for a wider consultation to be undertaken.

AGREED that the update report on the Single Emergency Portal be noted.

11/45 Nursing Report

Report noted.

11/46 Governance Report

There were no new red incidents reported in the 5th January to 27th January, 2011. One STEIS reportable incident had been registered and was detailed in the report. No new red complaints had been received and there were no open red risks at the time of the report.

AGREED that the Governance Report for Division 2 be noted.

REPORT OF THE CHIEF OPERATING OFFICER

11/47 Performance Report (December 2010)

For Quarter 3, the Trust had scored 1 against the Foundation Trust Compliance Framework and this remained the same for December. This was due to the Trust's cancer performance as a result of late tertiary referrals.

The Chief Operating Officer advised of good progress in all other areas.

The A & E target of 98% had been missed in December for the first time in over two years. Huge pressures had been seen in the system. Activity was higher than planned and higher than in December last year. An improved position was reported on non-elective length of stay as a direct impact of the opening of D3, although it was noted that the Trust was slightly above target.

At the end of January the Trust had achieved in excess of 86% on the sixty-two day cancer target and has not failed on any other targets. The Trust Board are required to sign a declaration stating that it is confident that all targets in the Compliance Framework would be achieved for the last quarter.

Feedback had been received from the Cancer Intensive Support Team who were overwhelmed by the progress the Trust had made. The improvements had been achieved without massive investment and the Trust was ensuring that sustainable improvement was in place. Enormous improvements have been seen, especially in Endoscopy, Gynaecology and Pathology and an early alert system at day 35 was in place.

AGREED that the Performance Report (December 2010) be noted.

REPORT OF THE DIRECTOR OF FINANCE AND INFORMATION

11/48 Financial Position of the Trust at the end of December 2010

The financial position of the Trust to the end of December 2010 was set out in Appendix 1 to the report.

The Director of Finance and Information reported a Trust surplus of £8.431m, which was £2.330m above plan, predominantly due to over-performance against contracts levels for PCTs and income on Directorate budgets. Against a plan of £6.5m surplus the Trust is forecasting £8.0 to £8.7m surplus based on risk.

Division 1's position remains concerning given the low level of income surplus in comparison to its expenditure position. Appendix 2 to the report gave the summary issues both Corporate and Divisional, detailed as part of the Operational Finance Group discussions.

The cash position of the Trust is strong. The slippage of capital schemes had contributed to this position. Management of the schemes is ongoing.

AGREED that the report on the Financial Position of the Trust at the end of December 2010 be noted.

11/49 Capital Programme 2010/2011 – including Project Exception Report

The Director of Finance and Information advised that the Capital Resource Limit was a statutory target. At the end of December the Trust were showing an under spend of £2,388,881. Work was being undertaken to ensure delivery of the CRL and those projects that cannot be delivered will be delayed until 1st April, 2011.

The Chief Executive gave an update position on the Pathology Business Case which had been approved by the Trust Board in January.

AGREED that the report on the Capital Programme 2010/2011 – including the Project Exception Report be noted.

REPORT OF THE DIRECTOR OF NURSING AND MIDWIFERY

In the absence of the Director of Nursing and Midwifery, Rose Baker, Divisional Nurse presented the report.

11/50 Red Incidents, Complaints and Operational Risks for Corporate Areas

There have been no new red incidents, no new red formal complaints and no new operational level red risks during the period 5th January to 26th January, 2011.

AGREED that the report on Red Incidents, Complaints and Operational Risks for Corporate Areas for the period 5th January to 26th January, 2011 be noted.

11/51 Terms of Reference – Trust Management Team

The Terms of Reference had been circulated previously for comment and the TMT were asked to agree draft 4 of the document which will then go forward for Board approval in March 2011. The Terms of Reference will be reviewed in twelve months time to ensure the Committee's effectiveness.

The Chief Operating Officer suggested that as the Health Records Sub-Committee was accountable to the Board a quarterly report should be provided to the TMT by Dr. Cusack.

AGREED that the revised Terms of Reference for the Trust Management Team be approved. Dr. Cusack would be invited to join the meeting.

11/52 Policy for the Management of Infestations caused by Ectoparasites

The reviewed and updated version of the Trust's Management of Infestations caused by Ectoparasites Policy was attached as Appendix 1.

AGREED that the Policy for the Management of Infestations by Ectoparasites be approved.

REPORT OF THE DIRECTOR OF HUMAN RESOURCES

11/53 Transforming Community Services – HR update

As part of the formal requirements under the transfer arrangements the Trust had commenced TUPE consultation with the Staff-Side of RWHT and the Primary Care Trust. Letters had been forwarded providing details of the TUPE transfer and a copy was attached as Appendix 1 to the report. In addition, consultation on four key policies has commenced with the Staff Side to align operational practice post transfer:-

- Management of Change (Pay Protection)
- Disciplinary Policy
- Grievance Policy
- Sickness Management Policy

11/54 Changes to National Terms and Conditions/Policies

The Director of Human Resources advised of a number of recent announcements relating to terms and conditions which will impact on staff in certain professional groups including recruitment and retention premia, default retirement age and professional fees – employer contribution discontinued. Checks will be undertaken to ensure that individual's clinical registration is kept up to date.

11/55 Royal Wedding – Bank Holiday

The date of the Royal Wedding, 29th April 2011, is confirmed as a Bank Holiday.

11/56 Incremental Pay Freeze

National Trade Unions have rejected the proposal to freeze pay increments for two years for all staff groups in exchange for a guarantee of no redundancies for staff in Agenda for Change Bands 1 – 6. The proposal remains on the table nationally whilst employers are encouraged to consider the scope for such arrangements locally.

11/57 Occupational Health

A summary outlining the Trust's response to the National Clinical Audit of Occupational Health Practice in Depression and Management of Long Term Sickness absence in the NHS in England was attached as Appendix 2.

The Director of Finance and Information highlighted to the TMT the forthcoming significant changes to pension arrangements. A presentation by a professional advisor on the consequences of the changes would be arranged.

AGREED that the report of the Director of Human Resources be noted.

ANY OTHER BUSINESS

11/58 GP Consortia

Maxine Espley updated the TMT on the current position on GP consortia. She reported that current proposals are for two GP consortia in Wolverhampton; one covering a population size of approximately 50,000 and the other 200,000. Both consortia have undertaken elections to agree interim leads for three months. Dr. Gurmet Mahay, currently the Vice-Chair of the LMC, is leading the smaller consortia. The larger consortia have a committee structure and there are nine GPs leading that group. The consortia are not split geographically. They need to be formed as a shadow by 1st April, 2011 and will shadow the PCT or Clusters for twelve months and then indicative budgets will be devolved to them by 1st April 2012. Walsall will have two consortia, there will be several in Staffordshire and Shropshire, Dudley will have one and Sandwell will have two, possibly three.

11/59 West Midlands North Comprehensive Local Research Network

The Director of Research and Development advised that the CLRN has been hosted by North Staffordshire PCT which is being dissolved and a new host was being sought. RWHT are bidding to become the host and if successful this would bring significant funds and security to the Trust.

11/60 Research Infrastructure from the PCT

The Trust had been able to negotiate full Research and Development management control over those staff who will come with the provider arm of the PCT. A negotiated settlement has been made for all others to try and move into separate Clusters around the region. The Trust will continue to negotiate and explore opportunities to help with this issue.

DATE AND TIME OF NEXT MEETING

11/61 The next meeting of the Trust Management Team will be held on Friday 4th March, 2011 at 1.30 p.m. in the Clinical Skills and Corporate Services Centre, New Cross Hospital.
