

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

**Minutes of the Meeting of the Trust Management Team held on
Friday 1st April, 2011 at 1.30 p.m. in the Board Room of the
Clinical Skills and Corporate Services Centre**

PRESENT:	Mr. G.P. Argent	Divisional Manager – Estates and Facilities
	Mr. I Badger(part)	Divisional Medical Director – Division 1
	Ms. R. Baker	Divisional Nurse – Division 1
	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
	Dr. S. Kapadia	Divisional Medical Director – Division 2
	Mr. D. Loughton(part)	Chief Executive (Chair)
	Dr. J. Odum(part)	Medical Director
	Ms. S. Orton	Head of Midwifery
	Mr. T. Powell	Divisional Manager – Division 2
	Dr. D. Rowlands	Lead Cancer Clinician
	Mr. K. Stringer	Director of Finance and Information
	Mrs. Z. Young	Divisional Nurse – Division 2

APOLOGIES: Ms. M. Espley, Ms. D. Harnin, Dr. B.M. Singh, Mr. L. Grant

IN ATTENDANCE: Ms. C. Marshall (part)

The Chief Executive welcomed members to the first meeting of the Trust Management Team under its new Terms of Reference.

MINUTES OF THE MEETING HELD ON FRIDAY 4th MARCH 2011

11/95 The Minutes of the meeting held on Friday 4th March, 2011 were agreed as a correct record.

MATTERS ARISING FROM THE MINUTES

11/96 There were no matters arising.

ACTION SUMMARY

11/97 The Action Summary was reviewed and updated.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

Division 1

11/98 **Governance Report**

There had been one new red incident reported in the period 24th February to 22nd March, 2011 relating to theatres. This has been reported to the SHA as a "Never Event" and an RCA is being undertaken. The Divisional Medical Director will meet with the patient later this month. A review of the doctors training is to be undertaken.

There were no new red complaints opened in the period. There is currently 1 open red risk within the Division concerning the process for routine reporting of plain X-ray films. The programme of training for Radiographers to enable them to report on chest X-rays is continuing with the first two expected to qualify in September 2011.

AGREED that the Governance Report for Division 1 be noted.

Dr. Odum and Mr. Badger were called away from the meeting at this point. It was agreed to continue with the report for Division 2.

Division 2

11/99 **Bone Bank Inspection Report**

The Bone Bank Inspection Report was provided for information. The inspectors had been impressed with the Bone Bank and were assured that the Trust has a secure traceability system. The full inspection report was awaited.

The Chief Operating Officer reported that the Quality and Safety Committee had noted that the Policy had not been recently updated and reviewed. She was advised that the Policy would be presented to the Quality and Safety Committee shortly for approval.

AGREED that the Bone Bank Inspection Report be noted.

11/100 **Governance Report**

There were no new red incidents reported in the period 28th January to 21st March, 2011. There were 5 STEIS reportable incidents registered, which were detailed in the report, one of which concerned Grade 3/4 pressure ulcers. The Sister will be invited to present the findings of the RCAs at the Divisional Medical Committee.

AGREED that the Governance Report for Division 2 be noted.

11/101 **HR Sub-Committee Report**

The monthly report for January gave details of turnover, agency, bank and Locum spend, sickness and appraisal levels. Sickness levels showed a steady climb and the Divisional Manager advised of an increase in rates during the winter period. Assurance had been given at the recent Quarterly Performance Review that the Divisional Team were managing the cases appropriately.

AGREED that the HR Sub-Committee Report be noted.

11/102 Expansion of A & E Nursing Workforce Business Case

The Divisional Nurse advised of the need to review the nursing workforce in A & E to provide for additional staffing in accordance with the requirements of the WMQRS and Peer Review and to address any gaps pertaining to the Francis Report. It was proposed to increase the nursing establishment by 9.45 wte. This increase will enable the achievement of the Quality Indicators that are new for A & E.

The Chief Operating Officer enquired whether the organisation was moving away from the medical model in A & E. The Divisional Nurse could give only partial assurance on this as discussions were still taking place at Divisional and Directorate level. Benefits will be seen from the models of nursing that are in the Community.

The Director of Nursing and Midwifery confirmed that she had not yet formally signed-off the Business Case and the Divisional Nurse would update her on affordability elements.

AGREED that the Business Case for the Expansion of A & E Nursing Workforce be approved.

Caroline Marshall was called away from the meeting at this point

11/103 Preparing for the Easter and Royal Wedding Bank Holiday Weekends

The Divisional Manager explained that the combination of a late Easter Bank Holiday coupled with the Royal Wedding and May Day Bank Holiday a few days later potentially compromises the Trusts ability to meet emergency demand over the extended period. The report set out the Trust's contingency plans for meeting this unknown demand, including re-opening (if necessary) one of the Winter Capacity Wards to ensure sufficient bed capacity to meet increased patient admissions.

To manage flows of patients through the hospital, enhanced provision of services across the organisation have been planned for all weekend and bank holidays in the medical specialities including increased senior medical cover on site, enhanced levels of junior medical staff, social worker availability, enhanced levels of capacity management and enhanced levels of on-call support.

There would be an operational cost pressure associated with the contingency plans and this will be discussed at the Operational Finance Committee.

AGREED that the report on Preparing for the Easter and Royal Wedding Bank Holiday Weekends be noted and associated cost pressures be approved.

11/104 Replacement Consultant Neonatologist

The proposal was to recruit a Consultant Neonatologist on a like for like basis following the resignation of Dr. Lee, Paediatric Consultant and the appointment would be on a 10 PA session basis.

The Director of Research and Development referred to the split in the job plan of 8:2 rather than 7 1/2 :2 1/2 and advised that pressure on SPAs was seen as an issue when support for research activities was being discussed. The Chief Executive suggested that discussions could take place with the Chief Operating Officer on an individual basis if difficulties were being seen.

The Chief Operating Officer reported that Business Cases for new consultants reflected a 10 PAs job plan but within a short time of commencement an increase to 11 or 12 PAs was being seen and were coming back as a cost pressure. It was essential that if the post needed to be at 12 PAs that should be included in the Business Case.

The Divisional Manager advised that a Business Case for a 9th Neonatologist had been presented to the Divisional Management Committee and will go through Contract and Commissioning. This would be an additional post.

AGREED that the Business Case for a replacement Consultant Neonatologist be approved.

11/105 Fifth Consultant Diabetologist

The Divisional Manager advised that approval in principle of the Fifth Consultant Diabetologist was sought from the Trust Management Team. He referred to the financial schedule and funding stream and highlighted the out-patient follow-up activity which was not currently in this year's plan, although discussions are taking place with the PCT regarding these enhanced levels of activity. There was also income from SIFT, the Association of British Clinical Diabetologists and possibly Research and Development.

The Divisional Manager stated that the business case would be subject to confirmation from commissioners on activity and written confirmation from the Clinical Director that other income streams have been secured. The Chief Operating Officer confirmed that the Business Case had been approved in principle by the Contracting and Commissioning Forum pending those assurances. The PCT had completed an audit on activity and were content that the reviews being seen were appropriate.

The Director of Nursing and Midwifery referred to the revenue costs, particularly around the 0.20 wte clinic nurse and was advised by the Divisional Nurse that she was comfortable that this would cover the clinic activity. She had been advised that the Advanced Nurse Practitioners would not be able to undertake the retinal screening and this would be done by a doctor. The Chief Operating Officer reported that the release of one PA from ophthalmology to fund this had been discussed at the Contract and Commissioning Forum.

AGREED that the Business Case for the fifth Consultant Diabetologist be approved subject to confirmation from commissioners on activity, confirmation of the release of one PA from ophthalmology and written confirmation from the Clinical Director that other income streams have been secured.

11/106 Nursing Report

The Divisional Nurse reported that the recruitment position was healthy and there were no major concerns regarding nurse vacancies.

Improved compliance with completing allergy boxes had been seen. It was noted that more stringent reporting rules around allergy boxes are to be introduced and may result in a deterioration in figures.

Increased senior nurse presence has been seen in clinical areas focusing on documentation completion and patient assessments. Action plans are in place for a number of wards including respiratory, diabetes, renal and paediatrics. A further action plan has been developed in relation to improving the protected mealtime service.

There were three grade 3-4 hospital acquired pressure ulcers reported for February. RCA's are being undertaken and will be reported back at Divisional level.

Comparative data was given for falls for the first three months of years 2010 and 2011.

There had been one clinical need single sex breach in February to facilitate the Hepatitis C isolation precautions.

AGREED that the Nursing Report for Division 2 be noted.

REPORT OF THE CHIEF OPERATING OFFICER

11/107 Performance Report (February 2011)

The Chief Operating Officer was pleased to report that performance had been maintained. Cancer waiting times were being achieved. A new alert system has been put in place concerning readmission of patients.

The new performance indicators and new performance report, which will include Community services, will be presented to the Trust Management Team in May 2011.

The Chief Executive expressed his thanks for the overall performance of the Trust which had been achieved during a period of severe pressure for the organisation.

AGREED that the Performance Report (February 2011) be noted.

11/108 Emergency Preparedness Annual Report 2010/11 – including the emergency planning programme of work for 2011/12

The report detailed activities that have taken place over the last 12 months and outlined plans that have been reviewed and updated during this period. The 2011/2012 Work Programme was enclosed for consideration and an Annual Work Plan and Exercise/Training schedule will be presented to a future meeting for approval.

The Chief Operating Officer thanked the Head of Emergency Planning for all her hard work and reported that robust plans were in place for Major Incidents, Influenza and Business Continuity. Community services will be integrated into the emergency preparedness agenda and Business Continuity plans will be reviewed.

AGREED that the Emergency Preparedness Annual Report 2010/11 – including the planning programme of work for 2011/12 be approved.

Mr. Loughton was called away from the meeting at this point

REPORT OF THE DIRECTOR OF FINANCE AND INFORMATION

11/109 Financial Position of the Trust at the end of Month 11 (February 2011)

Appendix 1 to the report set out the financial position of the Trust to the end of February, 2011. The Director of Finance and Information reported that the Trust's surplus was £8.524 million, which was £2.477 million above plan, predominantly due to the over-performance against contract levels for PCTs and income on Directorate budgets.

Division 1's position remains concerning given the low level of income surplus in comparison to its expenditure position and they were unlikely to hit the year-end projection. This had been taken forward to the business planning round for 2011/12.

AGREED that the report on the Financial Position of the Trust at the end of Month 11 (February 2011) be noted.

11/110 Capital Programme 2010/11

A significant improvement had been seen at the end of February. The actual expenditure position is £15,470,263 and against the initial target of £16,129,041 shows a £658,778 under spend. All projects are now progressing to programme and will be completed on schedule. The programmes and associated cash flows continue to be monitored with detailed weekly reviews.

AGREED that the report on the Capital Programme 2010/11 be noted.

11/111 Carbon Management Plan – Final Business Case for Carbon Reduction

The report identifies the Trust's commitment to carbon reduction and the requirement for the organisation to reduce its carbon footprint.

Based on the baseline for 2009/10, a target reduction figure of 15% by 2014/15 has been identified. This will prove challenging for the Trust. The introduction of a combined heat and power plan into the organisation will reduce not only the carbon footprint, but also the organisation's costs.

The Carbon Management Plan has been submitted to the Carbon Trust for final sign-off. Following initial review recommendations for further minor improvements had been made and these had been included in the version of the Plan presented today.

AGREED that the Carbon Management Plan – Final Business Case for Carbon Reduction be endorsed.

11/112 Reducing Electricity Costs Utilising Combined Heat and Power Plant Technology

The Director of Finance and Information highlighted Section 1 of the report which showed the electrical consumption of the organisation. Numerous activities had been undertaken to try and counteract electricity growth. There are three potential opportunities that are being pursued for the Combined Heat and Power Plant. Firstly, to fund it internally. Secondly, via third party energy contract, or a carbon and energy fund application. All three options were currently being pursued. The option that offers the best financial and operational arrangements will be presented to the Trust Management Team as a Business Case for approval.

The Divisional Manager, Estates and Facilities advised that a potential investment of £2.5m was required to acquire the Plant but the potential level of return has been assessed as a minimum of £70,000 per annum. The Director of Finance and Information is to meet with the National Director of the Carbon and Energy Fund later in April. It might be possible to do a multi-funded solution which would involve using Trust capital and some level of co-funding and this would improve the level of return.

AGREED that the report on Reducing Electricity Costs Utilising Combined Heat and Power Plant Technology be noted. Approval was given to proceed to secure either capital, third party or carbon and energy funding.

REPORT OF THE DIRECTOR OF NURSING AND MIDWIFERY

11/113 Red Incidents, Complaints and Operational Risks for Corporate Areas

Between the period 23rd February to 18th March 2011 there had been no new red incidents, no new red formal complaints and no new operational-level red risks on Datix.

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

11/114 Senior Nurse Strategic Group Terms of Reference

The Senior Nurse Strategic Group will take overall responsibility for the development and implementation of a Nursing and Midwifery programme.

The Terms of Reference had been developed in conjunction with Matrons and Senior Nurses and also with Mari Gay from the Community service. The Nursing and Midwifery programme will be presented to a future meeting of the Trust Management Team for approval post consultation. Progress reports will be provided to the Trust Management Team on a quarterly basis.

AGREED that the Senior Nurse Strategic Group Terms of Reference be approved.

DIVISIONAL MEDICAL DIRECTOR'S REPORT

Division 1 – Continued

11/115 Nursing Report and Theatre Expansion update

The Divisional Nurse reported that all Directorates were now green for mandatory training. Appraisal compliance is at 75% and all Directorates have action plans in place to ensure staff are appraised.

There was 1 incident of a reported breach in agreed staffing numbers during February; no patient harm occurred as a result of this shortfall.

Currently there are 21.19 wte qualified vacancies in the Division. Ten of these are in Critical Care but a substantial proportion of the vacancies had been recruited to and it was anticipated that there will be no issues regarding opening of the theatres in May.

The Division had 1 MSSA Bacteraemia and 4 *c.difficile* cases in February. RCA's are being completed and the findings will be shared with the Directorates and Division.

The number of patient falls within the Division during February was 15; these were spread across the Division and none resulted in significant harm.

The Division had 1 grade 3/4 pressure ulcer and 6 grade 2 hospital acquired pressure ulcers.

The Division had no reported breaches in the same sex policy in February.

AGREED that the Nursing Report for Division 1 be noted.

11/116 Trans Anal Microsurgery (TEM) Equipment

The Divisional Nurse explained that TEM was a new technique which reduces the need for major surgery. This would be discussed at the Quality and Safety Committee next week for approval as a new procedure. Approval had been received from the Contracting and Commissioning Forum on 22nd March 2011.

The Chief Operating Officer asked for assurance that the Division would be able to cover the revenue consequences of this new procedure. The Divisional Nurse confirmed that this was the case and she would confirm to the Chief Operating Officer whether the equipment was to be purchased from charitable funds.

AGREED that the Business Case for the purchase of Trans Anal Microsurgery Equipment be approved, subject to the approval of the new procedure by the Quality and Safety Committee.

11/117 Transfer of Upper GI Cancer Surgery to University Hospital of North Staffordshire NHS Trust

The Upper GI Peer Review Report of 2010 concluded that in response to the Lind Report, the current practice of referring patients to Dudley Group of Hospitals will cease.

Discussion with UGI MDT and the surgical teams at UHNST, UHB and RWHT had identified Stoke as the preferred centre for referral for UGI Surgery for patients from Wolverhampton. The Trust Management Team was asked to support the transfer of Upper GI Cancer Surgery to University Hospital of North Staffordshire NHS Trust. Approval had been received from the Contracting and Commissioning Forum.

Dr. Kapadia reported that the first joint meeting with Stoke via video link had taken place today.

The Chief Operating Officer questioned the activity described in the Business Case, some of which she believed had been included in the Business Case for the additional Consultant in Gastroenterology. She also queried the activity over and above plan and was assured by the Divisional Medical Director that this was due to the surgery going to Stoke and that this was too far away for local procedures. The Chief Operating Officer wished to ensure that the agreement between North Staffordshire and RWHT is followed up by David Butterworth, Head of Commissioning to ensure all costs, overheads and travel are covered.

AGREED that the Business Case for the Transfer of Upper GI Cancer Surgery to University Hospital of North Staffordshire NHS Trust be supported.

REPORT OF THE MEDICAL DIRECTOR

11/118 Medical Revalidation update

The Chief Operating Officer reported that discussions had taken place at the Executive Directors meeting regarding the report on Medical Revalidation. Further work needs to be undertaken and there were some associated cost implications. The Trust Management Team was asked to approve the appointment of the Medical Director as Responsible Officer and the key actions required to support revalidation at RWHT. The report would be presented to the Trust Board for ratification.

AGREED that the report on Medical Revalidation be noted. The appointment of the Medical Director as Responsible Officer was approved, together with the key actions required to support revalidation at RWHT.

REPORT OF THE DIRECTOR OF HUMAN RESOURCES

11/119 Pay uplift for Lowest Paid Staff

The Chief Operating Officer reported that the Government has accepted the recommendation of the independent NHS Pay Review Body that Agenda for Change staff earning less than £21,000 per year should receive a £250 uplift for 2011/12.

Other NHS staff (including hospital doctors and dentists) will be subject to the two year pay freeze. The cost was covered in the Income and Expenditure Plan.

AGREED that the £250 Pay Uplift for Lowest Paid Staff be noted.

11/120 Transforming Community Services – update

The Chief Operating Officer advised that a lot of work had been undertaken around the HR process on Transforming Community Services. The HR Framework and Policies are still to be aligned between the two organisations and more work was being undertaken to ensure everything is in place including CRB checks and professional registration.

AGREED that the verbal update report on Transforming Community Services be noted.

ANY OTHER BUSINESS

11/121 Visit by the Care Quality Commission

The Director of Nursing and Midwifery advised of two visits that had taken place during the past week by the Care Quality Commission. An unannounced visit had taken place last Wednesday to observe privacy and dignity and nutritional care, particularly for elderly patients. As part of the responsive review, the second visit took place yesterday and involved Wards D15, EAU, D22 and ESS. A meeting has previously been held with the Medical Director, Director of Governance and others to discuss mortality and with the complaints team to within regard to issues identified regarding complaint handling.

The Director of Nursing and Midwifery was pleased to report that overall positive feedback had been received. The CQC were very complimentary about the staff both in terms of interaction with patients in terms of privacy and respectfulness and the interaction with the CQC. The CQC had spoken with patients and some relatives during their visit and positive feedback had been received. Areas of concern included miscommunication between areas on transfer of patients and the non-completion of nutritional plans for patients. It had also been observed that not enough visual information was available regarding the use of the PALS service.

The Chief Operating Officer advised that following the visit of the CQC, it was anticipated that the Board to Board session with Monitor, as part of the Trust's Foundation Trust Application, would take place on 3rd May, 2011.

DATE AND TIME OF NEXT MEETING

11/122 The next meeting of the Trust Management Team will be held on Friday 6th May, 2011 at 1.30 p.m. in the Clinical Skills and Corporate Services Building, New Cross Hospital.