

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

**Minutes of the Meeting of the Trust Management Team held on
Friday 20th May 2011 at 1.30p.m. in the Board Room of the
Clinical Skills and Corporate Services Centre**

PRESENT:

Mr K Stringer	Director of Finance and Information
Mr I Badger	Divisional Medical Director – Division 1
Dr S Kapadia	Divisional Medical Director – Division 2
Mr L Grant	Divisional Manager – Division 1
Mr T Powell	Divisional Manager – Division 2
Ms C Etches	Director of Nursing and Midwifery
Ms D Harnin	Director of Human Resources
Dr J Cotton	Director of Research and Development
Dr D Rowlands	Lead Cancer Clinician
Ms R Baker	Head of Nursing – Division 1
Ms D Hickman	Acting Head of Midwifery
Mr D Loughton (Part)	Chief Executive
Dr J Odum (Part)	Medical Director

APOLOGIES: Ms V Hall, Ms M Espley, Mr G Argent, Ms Z Young

IN ATTENDANCE: Mr N Barlow Lead Consultant, Newton Europe Ltd

Notetaker: Ms V Rowley

The Director of Finance and Information chaired the meeting until the arrival of the Chief Executive who was attending a meeting in Birmingham.

MINUTES OF THE MEETING HELD ON FRIDAY 1ST APRIL 2011

11/123 The Minutes of the meeting held on Friday 1st April 2011 were agreed as a correct record.

MATTERS ARISING FROM THE MINUTES

11/124 (11/116) Trans Anal Microsurgery (TEM) Equipment
The Director of Nursing and Midwifery confirmed that the Business Case for the purchase of this equipment had been approved at Quality and Safety Committee.

ACTION SUMMARY

11/125 The Action Summary was reviewed and updated.

QUARTERLY REPORTS

11/126 Cancer Services

The Cancer Services report gave an update on the following areas:

Implementation of Network Review of Cancer Services

Upper GI surgical service for Wolverhampton patients moved from Russells Hall Hospital to University Hospital of North Staffordshire from 1st April 2011. Clinical pathways for these patients now ensure that more of the investigations and assessments are performed in New Cross Hospital than was previously the case.

The Greater Midlands Cancer Network (GMCN) has agreed that the Shrewsbury head and neck cancer surgical service was after all NICE compliant, therefore patients would not be treated at Wolverhampton. The SATH representative informed GMCN that their surgical service will move from Shrewsbury to Telford and that it was hoped to attract patients from West Wolverhampton.

Visits from external reviews – cancer peer review, breast screening QA

The Cancer Peer Review team visited the Trust on 9th March to review the breast MDT and the radiotherapy service. Overall results were very positive. There were no immediate risks and just one serious concern was identified for radiotherapy relating to an inadequate number of brachytherapy insertions over a one year period performed by one of the Consultant Clinical Oncologists. However this had been due to a period of maternity leave. A retraining package has been put in place for the Consultant for when she returns from maternity leave and the peer review team are satisfied with this.

The full report from the West Midlands breast screening QA visit to the Dudley and Wolverhampton breast screening service on 9th February 2011 had been received. Of 27 three month recommendations, 16 apply in part to RWHT which are straightforward to address. It is proposed that cancer services takes responsibility for ensuring compliance against these recommendations.

Patient Surveys

The team from the National Cancer Patient Experience Survey published 21st January 2011 visited the Trust on 27th April 2011 to formally present RWHT's results. Overall the results were positive and in several areas scored in the top 20% of all UK hospitals. There were, however, three areas of concern where RWHT scored in the bottom 20% of UK hospitals, i.e.:

- >30 minutes wait to be seen in OPD clinics

- Patient perception of there being an inadequate number of nurses on duty
- Patient perception of not enough being done to control the side effects of radiotherapy.

These concerns are being addressed.

The second set of results from the local Wolverhampton patient satisfaction survey following treatments showed improvement in 31 of the 82 questions, however worsening in 13.

AGREED that the Lead Cancer Clinician bring an action plan addressing the concerns raised in the patient surveys to June 2011 Trust Management Team.

Cancer Outcomes Strategy

The Strategy aims to bring cancer mortality in England up to the European average by 2014/15, which means reducing death rates by 5,000 per year. The biggest scope for improvement is in deprived populations such as Wolverhampton.

It was explained that the Strategy was a different type of cancer plan than previously in that more information was required relating to patients and involves more work programmes. The outcome strategy aims to increase our cancer survival rates. The Trust and community staff would be well placed to offer to assist with these projects.

Monitoring of Mortality and Performance

The Cancer Intelligence Unit recently reported cancer mortality rates across the region. Although Wolverhampton population has a higher than average degree of deprivation, survival figures are not statistically different from the regional average. However, Wolverhampton is still 10 out of 14 for male cancer mortality and 13 out of 14 for female cancer mortality. Actual performance measurement is subject to statistical variation of small number effect, as well as suspected poor data quality of death registration.

AGREED that the Lead Cancer Clinician carry out further work on the Strategy and monitoring of Mortality and Performance over the next few weeks and report back to a future Trust Management Team meeting.

11/127 Infection Prevention and Control

The Director of Nursing and Midwifery presented the IPC report in the DIPC's absence.

The Trust continued the excellent record on MRSA bacteraemia at almost 700 days since an incident. Clostridium *difficile* rates had proved more challenging.

The external targets set for 2011/12 are demanding at MRSA bacteraemia = 1, and Clostridium *difficile* = 57. It was considered highly unlikely that these targets would be achieved due to the change in testing method. West Park Hospital beds will not be included in the Trust's target.

The Director of Nursing and Midwifery reported that requests had been made to the Department of Health/SHA to increase the Trust's target numbers for MRSA bacteraemia and Clostridium *difficile* for the year but without success so far.

Focus was required around DRHABS, particularly in relation to catheters, to achieve better outcomes.

The Chief Executive chaired the meeting from this point

ChloroPrep – SSIs

The Director of Nursing and Midwifery reported that she had met with CareFusion, supplier of ChloroPrep, a skin preparation for preoperative patients, following which she is to meet with key Trust staff to decide on which four specialties should take part in trials of implementation of the product. Professor Magi Sque, Chair of Clinical Practice and Innovation, will be involved in the research aspect. The Chief Executive confirmed there would be no financial risk and the outcomes should be positive.

AGREED that the Infection Prevention and Control quarterly report be noted.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

Division 1

11/128 Governance Report

Three new red incidents had been reported in the period 23/03/11 – 27/04/11 as follows:

A patient attended for a lobectomy procedure and the surgery went well, but the lobectomy specimen was sent to the pathology laboratory without first being fixed in formalin. However, the specimen was processed and there was no adverse impact on the patient concerned. This incident has been downgraded.

An allegation has been made against a surgeon in relation to a physical assault to a patient during cardiac surgery. A thorough investigation involving HR is underway.

A patient was admitted to ICCU from Ward D2 with MEWS score 9. No recorded observations could be found for the patient for a seven-and-a-half-hour period prior to admission to ICCU. The patient died the following day on ICCU. The staff member involved has been suspended pending a full RCA.

There was one other incident reported to SHA via the STEIS system as a SUI, however this was graded 2D Green. The incident concerned a junior member of the Anaesthetic team losing a small notebook in the hospital grounds that contained patient identifiable information for five patients. A full RCA is underway.

There were no new red complaints opened in this period.

AGREED that the Governance Report for Division 1 be noted.

11/129 Nursing Report

The Head of Nursing reported that the twin theatre project comprising modular twin theatres and five bed recovery room built within the main theatres of Critical Care Services was now open and elective surgery had commenced on 9th May 2011. Feedback from theatre users was very positive.

AGREED that the Nursing Report for Division 1 be noted.

11/130 Recruitment of 3rd Breast Consultant (General Surgeon with Special Interest in Oncoplastic Breast Surgery)

The aim of the business case was to support the expansion of the current Breast Care Team, which has two Consultants, with the introduction of a third post of a General Surgeon with an interest in Oncoplastic breast surgery. Mr Badger explained that there has been clear growth in the requirement for both breast and general surgery services at New Cross Hospital and the Directorate needed to address the capacity pressures it faces to ensure that both quality and performance targets are met.

AGREED that the Business Case for recruitment of a 3rd Breast Consultant (General Surgeon with Special interest in Oncoplastic Breast Surgery) be supported, subject to agreement with Commissioners on activity and income.

Division 2

11/131 Nursing Report

Qualified and unqualified nurse vacancies increased slightly. Vacancies for April were in EAU and A&E. Temporary staff were mainly utilised in emergency portals and D21. Wards D21 and D7, the extra capacity wards, had now closed and redeployment of staff completed. There were concerns within the Division around nurse vacancies and sickness levels on the diabetes ward, and a temporary arrangement for senior staff as well as a recruitment plan is in progress.

AGREED that the Nursing Report for Division 2 be noted.

11/132 Quality and Safety Report

There were three new red incidents in the period 21/03/11 – 13/05/11:

- Unexpected death following fall.
- Patient died – classed as possible hospital acquired VTE leading to death from PE.
- *C.difficile* cause 1a on death certificate.

In addition there were a further 6 reportable incidents submitted to STEIS, including 1 grade 4 pressure ulcer and three grade 3 pressure ulcers.

There were no red complaints received during the period and no open red risk at the time of this report.

AGREED that the Quality and Safety Report for Division 2 be noted.

11/133 Appointment of Additional Consultant Neonatologist

The complexity of care within the neonatal unit is increasing and set to increase further as the Staffordshire, Shropshire and Black Country Newborn and Maternity Network adopts and rolls out care pathways. Therefore, the recruitment of an additional consultant is required to deliver care to newborn babies and provide the ongoing follow up care of children who are born extremely prematurely and survive.

AGREED that the Business Case for the appointment of an additional Consultant Neonatologist be supported. This would be funded within the Division.

REPORT OF THE CHIEF OPERATING OFFICER

11/134 Performance Reports (April 2011) – RWHT and Community

The Divisional Manager – Division 2 presented the papers and explained that new targets had been set throughout the reports.

AGREED that the RWHT and Community Performance Reports (April 2011) be approved.

11/135 Annual Plan 2011/12

The Director of Finance and Information presented the Operational Plan which outlined Trust expectations in delivering Year 3 of its Integrated Business Plan, changes to local and national priorities and provided an overview of achievements during 201/11.

Attention was drawn to pages 2 and 3 of the plan showing the activity, anticipated income and CIPs, and the contract values and activity profile for all specialities. Page 5 detailed contracts the Trust has to deliver against CQUIN schemes for specialist and acute services. Page 7 shows key priorities and development planning for this year. Risks and challenges for the Trust are explained on page 9 of the plan.

11/136 Annual Plan Monitoring Framework Proposed for 2011/2012

The Director of Finance and Information referred to the Monitoring Framework which provides an explanation of the new standards for 2011/12. This report will go back through the Divisions.

AGREED that the Annual Plan 2011/12 and Annual Plan Monitoring Framework proposed for 2011/12 be approved.

REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING

11/137 Transforming Community Services (TCS) Implementation Committee – Terms of Reference

The Director of Finance and Information reported that the formal transfer of community services occurred on 1st April 2011 and the TCS programme now moves to the post transfer phase. Focus will be on delivery of the post transfer integration plan to ensure opportunities are maximised. Trust Board approved the establishment of a new committee accountable to TMT to oversee, monitor and deliver the post transfer integration plan and the benefits realisation programme. The Benefits Realisation Steering Group is already established, however the terms of reference and membership will be reviewed to ensure the group encompasses the potential benefits of the transfer across the whole organisation. The sub-groups of the Benefits Realisation

Steering Group, as described within the terms of reference, will utilise where possible existing forums to avoid duplication and ensure consistency. The expectation is that the TCS Implementation Committee will formally commence in June 2011.

The Director of Human Resources preferred that the word 'Transforming' in the title of the committee be replaced by 'Integrating'.

The Chief Executive informed the group that he had attended a recent meeting to discuss the Common Assessment Framework (CAF), a shared assessment and planning framework for use across all children's services. The Director of Human Resources reported that it was necessary to identify that the Trust is part of CAF and the necessity for confidence in what the Trust can offer. Also, the Director of Human Resources reported that she would be deploying someone on a full time basis to develop this work. Mr I Badger suggested that GPs would be best placed to have access to all the information required. This issue will go back to Directors for discussion.

AGREED that the Integrating Community Services Implementation Committee Terms of Reference be approved.

11/138 Emergency Preparedness – Work Programme for 2011/2012

The Trust is responsible for developing the ability to respond to a major incident or incidents and to manage recovery whether the incident(s) has effects locally, regionally or nationally within the context of the Civil Contingencies Act 2004.

The Work Programme for 2011/2012 identifies key areas of work that will be undertaken to continually build on existing emergency plans and take forward lessons learned. A programme for ongoing training and exercise with a focus on the services and staff who transferred as part of TCS and the integration of emergency preparedness is in development.

It was acknowledged that the emergency preparedness work programme was a very comprehensive document.

AGREED that the Emergency Preparedness Work Programme for 2011/12 and the Training and Exercise Programme for 2011/12 be approved.

REPORT OF THE DIRECTOR OF FINANCE AND INFORMATION

11/139 Financial Position of the Trust at the end of Month 12 (March 2011)

Appendix 1 to the report set out the financial position of the Trust to the end of March 2011. The Trust's surplus was £8.364 million, equating to £1,865 million above plan, predominantly due to the over-

performance against contract levels for PCTs and income on Directorate budgets.

Year end income position shows an over performance for Division 1 of £0.513 million and for Division 2 of £3.86 million. Offsetting the income over-performance are expenditure budgets which are £8.622 million overspent. Excluding commissioner and other income, Divisions show overspends of £5.578 million (Division 1) and £2.561 million (Division 2).

AGREED that the report on the financial position of the Trust at the end of Month 12 (March) be noted.

11/140 Financial Position of the Trust at the end of Month 1 (April 2011)

Appendix 1 to the report set out the financial position of the Trust to the end of April 2011. The Director of Finance and Information reported that the Trust's surplus was £31k, which was £12k above plan.

Of concern at this point is the orthopaedic position in Division 2 which shows overspend of £163k. A business case is being prepared by the end of May to propose how the position will be managed.

AGREED that the report on the financial position of the Trust at the end of Month 1 (April 2011) be noted.

11/141 Income and Expenditure Plan and Capital Programme for 2011/2012

The plan and programme was approved by Trust Board in April and had been circulated to this TMT meeting for information.

AGREED that the Income and Expenditure Plan and Capital Programme for 2011/2012 be approved.

The Medical Director joined the meeting at this point

11/142 Capital Programme (Month 12) 2010/2011

The final outturn expenditure for the 2010/11 Capital Programme at 31st March 2011 is £17,993,424 against a Capital Resource Limit (CRL) of £18,035,000 (underspend of £41,576).

AGREED that the Capital Programme (Month 12) 2010/2011 be noted.

11/143 Capital Programme (Month 1) 2011/2012

The forecast outturn at Month 1 2011/2012 Capital Programme at 31st March 2012 was £20,461,100. The Capital Resource Limit (CRL) was

yet to be confirmed however the assumed figure currently is £20,430,000. Month 1 outturn projection therefore equates to a potential over-commitment of £31,100.

The assumption at Month 1 was that all projects within the Capital Programme will be delivered.

Actual expenditure position at Month 1 was £515,600, a movement of £515,600 in the month and against an initial target of £683,951 which represents £168,351 underspend.

AGREED that the Capital Programme (Month 1) 2011/2012 be noted.

11/144 Proposal to Improve Inpatient Data Capture and Coding Accuracy

Mr Nick Barlow, Lead Consultant at Newton Europe Ltd, outlined the plan to deliver an increase in the value of inpatient spells which are charged to Commissioners, worth circa £1.6 million per annum, by improving the accuracy of inpatient data capture and clinical coding. Additional benefits include more accurate and complete audit trails for reduced clinical governance risk and a reduced hospital standardised mortality rating. The Director of Nursing and Midwifery agreed to meet with Mr Barlow outside of this meeting to discuss focusing the proposal on improving inpatient data capture and coding accuracy for patient safety.

AGREED that the proposal to improve inpatient data capture and coding accuracy be approved following re-wording to focus on patient safety.

11/145 LDP and Contracts 2011/2012 for Hospital and Community based Services

The report gave details on the current position with Commissioners in respect of RWHT 2011/2012 contracts. The level of income received from contracts had been taken into consideration in setting 2011/2012 budgets.

AGREED that the LDP and Contracts 2011/2012 for Hospital and Community based services be noted.

11/146 Proposal to Deliver £1.3m to £1.9m per annum Procurement Savings

Mr Nick Barlow, Lead Consultant at Newton Europe Ltd., presented a proposal which outlined the plan for phase 1 of a procurement transformation programme to deliver £1.3 million to £1.9 million per annum of recurrent cost savings through reduced non-pay spend in theatres, cardiology, pathology, radiology and with NHS Supply Chain. The savings would be achieved through best price evaluation, volume

concentration and specification improvement. These savings are in addition to CIP identified by the Procurement Department.

AGREED that the proposal to deliver £1.3m to £1.9m per annum procurement savings be approved.

11/147 Materials Management Proposal

Mr Nick Barlow, Lead Consultant at Newton Europe Ltd., presented a proposal outlining a plan to deliver a £0.7 million to £1.4 million cash release through improved inventory control, and £0.33 million recurrently for unit price reduction on consignment stock and better procurement. Additional benefits include increased contractual compliance, support of patient level costing, reduced waste, and full track and trace of products received. The benefits would be realised through the implementation of a Trust-wide materials management solution, including cataloguing, electronic ordering, inventory management, bar coding and scanning.

The Chief Executive stressed the importance of involving a third party chosen by the Trust as a supplier.

AGREED that the Materials Management proposal be approved.

REPORT OF THE DIRECTOR OF NURSING AND MIDWIFERY

11/148 Red Incidents, Complaints and Operational Risks for Corporate Areas

Between the period 19/03/11 and 03/05/11 there had been no new red incidents, no new red formal complaints and no new operational-level red risks on Datix.

11/149 Health and Safety Strategy

The Strategy had been re-written in line with current legislation and practice in liaison with the Head of Governance and Legal Services and the members of the Health and Safety Steering Group. Implementation of the Strategy will take health and safety forward within the Trust.

AGREED that the Health and Safety Strategy be approved.

11/150 Bed Rails/Falls Policies

The Policy and Procedure for the use of Bed Rails (CP46) and the Policy and Procedure for the prevention of Patient Falls (CP42) are revisions of previously agreed policies. CP46 contains no changes. CP42 had been updated to include relevance to day case areas. Guideline (policy attachment 2) refers to the NPSA Rapid Response requirement to conduct neurological observations.

Care bundles had been updated to include the requirement to provide written information on the Community Falls Prevention Service, and the medication review may be undertaken by a pharmacist (as opposed to a doctor) and discharge safety advice.

AGREED that the Bed Rails and Falls Policies be approved.

REPORT OF THE MEDICAL DIRECTOR

11/151 Clinical Champion for Prevention

A one-year post (April 2011 – March 2012) initiated and supported by the Regional Director of Public Health and created to encourage delivery of preventative medicine at RWHT. The post, and similar posts in neighbouring Trusts, is an attempt to overcome the perceived lack of engagement in preventative medicine (particularly with regard to smoking cessation and alcohol treatment). The aim is to improve the services delivered to patients and staff. Dr I Perry was appointed as Clinical Champion for Prevention in April 2011.

The proposal is to appoint a Clinical Lead for alcohol (Dr I Perry) and a Clinical Lead for smoking cessation (Ms K Wilmer), and identify management structure for the Healthy Lifestyle team.

Dr I Perry will submit update reports to Trust Board as a requirement of the SHA.

Discussion took place around linking with the Community and Sandwell Mental Health on these issues. The consensus was that the proposal should be tried.

AGREED that the Clinical Champion for Prevention proposal be approved.

REPORT OF THE DIRECTOR OF HUMAN RESOURCES

11/152 2010 National Care Quality Commission Staff Survey Results

The Trust response rate for the 2010 National CQC staff survey was 39% compared with the 2009 response rate of 49%. This places the Trust's 2010 response rate in the lowest 20% compared with comparative Trusts. The Director of Human Resources proposed to bring back a roll out of 'Chat Back' to triangulate with the staff survey results.

AGREED that the 2010 National Care Quality Commission Staff Survey Results be noted, and that engagement of managers and staff in the development of internal action plans as appropriate be promoted.

11/153 Update/Revision of Managing Change – HR Framework

The HR Framework had been reviewed following TUPE transfer to enable a harmonised approach to organisational change management to be agreed for all employees within RWHT, thereby reducing the operational impact on managers caused by running dual procedures.

AGREED that the update/revision of Managing Change – HR Framework be ratified.

11/154 Update/Revision of Policies HR03, HR06, HR13

Core policies within the HR Framework have been amalgamated with the PCT, signed off by Staff Side and will replace existing documents, which will be applied across both RWHT and Community staff. The documents have yet to be ratified by JNC.

The Policies in question are:

HR03 Disciplinary Policy
HR06 Grievance Policy
HR13 Management of Sickness Policy

AGREED that the update/revision of Policies HR03, HR06 and HR13 be ratified.

ANY OTHER BUSINESS

11/155 No items were raised under Any Other Business.

DATE AND TIME OF NEXT MEETING

11/156 The next meeting of the Trust Management Team will be held on Friday 24th June 2011 at 1.30pm in the Board Room, Clinical Skills and Corporate Services Building, New Cross Hospital.