Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
16th December 2010

TITLE	**Trust Executive Committee Meetings held on 12th November 2010 and 26th November 2010 (draft Minutes)**
EXECUTIVE SUMMARY	The Trust Executive Committee key points include : **12th November 2010** The TEC meeting was a developmental session focussing on Winter Surge plan 2010/11, Quality Department structure and the Nursing establishment. **26th November 2010** TEC discussed the EQUIP Programme and approach to prioritisation and the position with NHS Surrey TEC considered or approved: ▪ Imaging in A&E – Business Case. ▪ Decked Car Park Works at St Peter's Hospital ▪ Modular Offices St Peter's Hospital ▪ Establishing a Midwifery led Birthing Unit ▪ ICU Monitoring Equipment Business Case .
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compiled according to the Trust Committee Policy
STAKEHOLDER / PATIENT IMPACT AND VIEWS	None
EQUALITY AND DIVERSITY ISSUES	None
The Trust Board is asked to:	Note the draft minutes of the Trust Executive Committee held on 26th November 2010
Submitted by:	Andrew Liles Chief Executive
Date:	8th December 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES
DRAFT
Friday, 26th November 2010
2.00 pm to 4.30 pm
The Lecture Theatre, The Ramp, St Peter's Hospital

PRESENT:	Andrew Liles	Chief Executive (Chair)
	Valerie Howell	Deputy Chief Executive
	Susan Osborne	Interim Chief Nurse
	John Headley	Director of Finance & Information
	Andrew Laurie	Divisional Director for Pathology
	David Fluck	Deputy Medical Director
	Jeremy Wright	Clinical Director for Women's Health
	David Elliott	Clinical Director for Trauma & Orthopaedics
	Mick Imrie	Divisional Director for Anaesthetics, Critical Care & Theatres
	Paul Crawshaw	Clinical Director for Paediatrics
	Michael Wood	Divisional Director for Medicine
	Gulam Patel	Divisional Director for Ambulatory Care
	Giselle Rothwell	Head of Communications
	Donna Jarrett	Associate Director of Health Informatics
	Raj Bhamber	Director of Workforce and OD
	Mike Baxter	Medical Director (part meeting)
	John Hadley	Clinical Director for Specialist Surgery
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Elliot Chisholm	Clinical Director for Surgery
	Paul Murray	Lead Clinician for Cancer
IN ATTENDANCE:	Chris Matthews	Head of Service Improvement (Minute 282/2010
	Helen Sibley	General Manager
	Eileen Nolan	Associate Director of Midwifery
	Wendy Munroe	Clinical Management Fellow
	Chris Bell	Associate Director Facilities and Estates
	Angela Langwith-Green	Medical Education Centre Manager (Minute 298/2010)
	Harriet Stephens	Education Training & Development Manager (Minute 298/2010)

ITEM **ACTION**

280/2010 Minutes

The minutes of the meeting held on 22 October 2010 were agreed as a correct record.

Matters Arising

TEC reviewed all the actions from the previous minutes. Nominated

ITEM **ACTION**

leads confirmed that all respective actions had been completed, appeared as agenda items for the meeting, or were on track within the agreed time scales.

The following was noted:

281/2010 Employment Policies (Minute 272/2010 refers):

Chairman's action had been taken in approving:

1. Temporary staffing policy.
2. Sickness absence policy.
3. Professional registrations.

TEC NOTED the action taken.

282/2010 EQUIP Update (Minute 269/2010 refers)

The report provided a review of the first year of the EQUIP programme, and looked at strengths, weaknesses and next steps.

The concept of divisional clinical leads acting as an EQUIP affiliates was broadly endorsed. In developing the role, it would be important to note that their primary function would be to help improve engagement and determine pathways. The benefits of impartial external facilitation should not be lost.

EQUIP was central to the Trust's improvement plans and, therefore, there was support for targeting EQUIP at services which were most in need of improvement. The current business planning process would help identify priorities for pathways.

TEC NOTED the report.

283/2010 Feedback from TEC away-day (Minute 278/2010 refers)

TEC agreed the content for the next four development sessions which had been identified as part of the away-day discussions:

1. January 2011 – relationship with GPs – to be led by Mike Baxter and John Hadley. Consideration to be given to the benefits of involving GPs in this development session and the possibility of staging it in a Community setting.

2. February – patient experience – Suzanne Rankin.

3. March – strategy debate - Valerie Howell.

4. April – people–staff engagement - Raj Bhamber.

Volunteers for Divisional Director leads for February to April inclusive were requested. **DDs**

ITEM		ACTION
	TEC NOTED the report.	
	TRUST 6 DELIVERY PROGRAMMES	
284/2010	**Programme 2: Improving Service Quality, Productivity and Efficiency**	
	Discussion on this Programme was deferred.	**Agenda**
	OPERATIONAL PERFORMANCE, QUALITY AND SAFETY	
285/2010	**Corporate Risk Register**	
	No new risks had been added to the Corporate Risk Register since the last TEC meeting on 22 October.	
	The Clinical Director for Paediatrics confirmed that CRR 1083 – lack of Trust Social Services worker- had been mitigated through a range of actions. Staff in the service were reviewing how effective these actions were and it was agreed that they should be asked for immediate feedback, so that this could be escalated to Surrey Social Services prior to the departure of their strategic director.	**PC**
	Following discussion, it was agreed that owners of Corporate Risks should be asked to review their target levels of risk to ensure they were appropriate. It was also agreed that the next IGAC Committee should be asked to review risks where the action was not apparently designed to reduce the risk level substantively. The risk rating grid would be circulated to members to assist in this process	**SO**
	The Corporate Risk Register was NOTED.	
286/2010	**Quality Report**	
	In discussing the Quality Report, the following items were highlighted: • The Trust was now the third best in the country in respect of performance against the national fractured neck of femur target. • There was a disparity in the Trust's reporting arrangements on VTE meaning the dashboard and WQI showed different results. These needed to be aligned, and assurance gained that the IPL methodology was effective. • A discussion took place on SMR and CMR. The importance of coding in supporting effective information was emphasised; it was agreed that Divisional Directors should check that their services were encouraging the co-location of coders at ward level.	**SO/MB**

ITEM **ACTION**

- A new NPSA alert had been issued on blood transfusion. This would require a slight change in local procedures. **DDs**

- There had been a new SUI relating to actioning radiological investigations. This was currently being investigated. Although actions were initiated in respect of each SUI, there was a generic risk regarding clinicians taking responsibility for all types of tests and investigations which they ordered. It was agreed that the specific action plan should be presented back to a future TEC meeting but that the Clinical Governance Committee should be asked to review whether the systemic issue was being addressed.

- A key performance indicator was the question, "Would you recommend this Trust to friends and families?" It was therefore essential that all staff, not just nurses and midwives, encouraged the use of "your feedback" in order to obtain real-time information from patients. **MB/SO**

TEC NOTED the report

287/2010 Balanced Scorecard

The report presented progress against the Trust for key strategic objectives.

- **Workforce**

The quadrant was predominantly green. The number of staff recorded as having participated in an annual appraisal during the last year continued to improve month on month, rising to 92% at the end of October. However, the target an annual appraisal was an ongoing one and therefore continual focus was required to continue to meet the objective.

- **Clinical Strategy**

The objective to decrease emergency admissions continued to be a challenge, although it was hoped that the new pathway between MAU and A&E would result in significant improvements.

The priority would be to increase market share in Hounslow over the coming months.

- **Finance and Efficiency**

The financial position as at month 7 was a strong one with a financial risk rating of 4 and a year to date I&E net surplus of £2,356m. However, most Divisions were currently over-spent, and there was a substantial risk on income from NHS Surrey meaning that strong financial management was needed for the remainder of the financial year.

ITEM **ACTION**

TEC NOTED the report.

288/2010 Compliance Framework

The Trust continued to score amber green against the Monitor compliance framework for October 2010. 100% compliance against the elective screening target for MRSA had been achieved. Pressures on the A&E Service would need careful management in order to continue to deliver the 98% target.

TEC NOTED the report.

STRATEGY, BUSINESS CASE AND POLICY APPROVALS

289/2010 Foundation Trust Update

Announcement of the formal decision following the Monitor Board was awaited.

290/2010 Liberating the NHS: The Information Revolution – A Briefing

The report summarised a consultation issued by the Department of Health. It was agreed that a formal response to the consultation should be prepared and submitted. This consultation needed to be read in conjunction with the separate consultation on CHOICE.

TEC NOTED the report.

291/2010 Liberating the NHS: Greater Choice in Control

This was a second consultation issued in response to the White Paper, Equity and Excellence: Liberating the NHS.

TEC NOTED the report.

292/2010 Business Case for Midwifery Led Unit

There were four business cases on the TEC agenda which related to the capital programme and totalled significant potential expenditure. Although part of the cost of the imaging business case, the cost of both the Modular Unit and decked car parks had been included within the capital programme, the Midwifery Unit was currently not incorporated.

TEC were advised that a review was underway to improve the guidance for the development of business cases; one objective would be to ensure that business cases considered possible interrelationships and impacts with other divisions or services.

ITEM		ACTION
	TEC were also reminded that once the Trust became a Foundation Trust, the rules on capital changed, and the organisation would have the ability to carry forward unspent allocations. Eileen Nolan was welcomed to the meeting and gave an introduction to the business case for a Midwifery-led Birthing Unit (MBLU) at St Peter's Hospital. There were three main drivers for the business case: a national directive regarding normalising birth, issues regarding capacity within the current Unit and midwifery recruitment. The proposal was for a stand-alone Midwifery-led Unit separate from the Delivery Unit but on the St Peter's site. Creating a Midwifery Led Birthing Unit would help compliance with CNST requirements; If the current service exceeded 4000 births, the Trust would have to move towards 96 hours consultant cover. Following discussion, there was general support for the proposal subject to: • Confirmation of the current SLR position • Obtaining a commissioning view from the NW Surrey Commissioning Group. • Being clear on the overall financial benefits, e.g., the impact on NICU. • Understanding the opportunity costs from including this project within the capital programme. TEC NOTED the business case and agreed to reach a final conclusion at the next TEC meeting.	**Agenda**
293/2010	**Job Descriptions and Business Case for Two Replacement O&G Consultants** It was agreed to defer this business case until a final decision was received on the Midwifery-led Unit as the shape of the consultant post would need to reflect the decision. In the interim, comments on the draft job plan should be submitted to Dr Wright and the business case would be presented at the December TEC meeting by Paul Crawshaw. TEC DEFERRED a decision.	**Agenda** (Subsequently deferred to January 2011**)**
294/2010	**Imaging in A&E – Business Case (Stephen Morris)** Victoria Griffiths was welcomed to the meeting and helped to answer questions on the business case presented by the Divisional Director. Most of the capital cost could be covered by the imaging allocation in 2010-2011 and 2011-2012. Replacement of imaging equipment was	

1

ITEM **ACTION**

a substantial issue for the Trust, and consideration was being given to a more radical approach in the medium term e.g. to leasing options or a Managed Equipment Service for imaging.

The importance of a robust inventory/asset register was noted to ensure there were no surprises as regards obsolete equipment.

TEC APPROVED the business case [1]

It was also agreed that TEC should review the capital programme for the next three years at a future meeting. **Agenda**

295/2010 Decked Car Park Works at St Peter's Hospital

Chris Bell was welcomed to the meeting and presented the proposal to create improved parking for patients, visitors and staff by reconfiguring parking arrangements at St Peter's Hospital. The work formed part of the enabling works to support the delivery of the long-term master plan.

TEC APPROVED the award of contract[2].

296/2010 Modular Offices St Peter's Hospital

The creation of a new modular office building adjacent to Nightingale House would enable the majority of staff accommodated at the lower end of the ramp to be relocated. The lower ramp would then be demolished and a staff car park created on the footprint.

It was noted that the Finance Committee was looking at the options regarding lease or purchase and TEC would subsequently be apprised of the impact on the business case.

TEC APPROVED the business case [3]

297/2010 Enhanced Medical Appraisal & Revalidation

TEC noted the report from the Deputy Medical Director on the Trust's approach to enhanced medical appraisal processes.

A copy of the statement of intent from the GMC would be circulated to members.

The job planning software was now being installed, and a pilot form replacing the DOH toolkit, which was being taken off-line at the end of the month, was being trialled.

TEC NOTED the report.

[2] Redacted
[3] Redacted

ITEM **ACTION**

298/2010 GP Training Numbers

Angela Langwith-Green and Harriet Stevens were welcomed to the meeting.

KSS Deanery was seeking views on the retention of all posts that were filled by GP trainees in hospitals.

TEC agreed that the posts were essential to the maintenance of clinical services, noting that this would be a financial cost pressure to the Trust in future.

TEC AGREED that the response from the Trust should support maintenance of the status quo. **RB**

299/2010 Policy on Polices

TEC APPROVED the revised Policy on Policies

INFORMATION – INCLUDING SUB-COMMITTEE REPORTS

300/2010 Workforce Strategy Steering Group

The report from the Steering Group was NOTED

301/2010 Patient and Public Engagement Group

The report from the Group was NOTED

ANY OTHER BUSINESS

302/2010 NHS Surrey:

A discussion on the current position of NHS Surrey identified the following key points:

- NHS Surrey had introduced a new programme "Right Place Right Time." This introduced new principles of Fast, Steady, Stop and extended current arrangements for prior approval processes to all Orthopaedic elective surgery and all Oral surgery. Consultant-to-consultant referrals would only be agreed if they were clinically urgent and would be subject to audit. NHS Surrey was also intending to bring forward penalty arrangements associated with 30-day re-admissions. All patients would be subject to a stop smoking programme if appropriate prior to surgery.

- The Trust was currently reviewing its position regarding these NHS Surrey proposals and would identify any areas for further debate with the PCT.

ITEM **ACTION**

- It was important that the Trust was proactive in planning with GPs the system which would enable the future direction of reduced elective work across Surrey.

- The financial environment was increasingly challenging and it was essential that the Trust managed both its budget and business very effectively.

- It was noted that cancer was outside the NHS Surrey approach

- It was agreed that the Head of Business Development should be asked to issue a briefing for all clinicians on the pre-authorisation changes. **VH**

TEC NOTED the verbal report.

303/2010 Human Resources

Raj Bhamber circulated a copy of consultation document on a restructuring of the Workforce and OD senior team, inviting comments by 8 December 2010.

304/2010 DATE OF NEXT MEETING:

14th January 2011 - Developmental TEC
28th January 2011 – Formal TEC

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
24/09/2010	249/2010	**Feedback Strategy**	Refine Strategy and measures for subsequent agreement by TEC	**SO**	26/11/2010	
24/09/2010	238/2010	**Programme 5 Medical Locums**	Develop a realistic and measurable target with actions relating to the ambition to reduce the use of medical agency locums	**RB**	10/12/2010	
22/10/2010	261/2010	**Corporate Risk Register- Out of Date Policies**	Review process for updating and introducing new clinical guidelines	**MB/SO**	10/12/2010	
22/10/2010	263/2010	**Operational Management Structure**	Confirm Job description of specialty lead and commence recruitment	**VH**	10/12/2010	
26/11/2010	285/2010	**Corporate Risk Register**	Confirm effectiveness of steps to reduce risk on child protection/social worker	**PC**	10/12/2010	
26/11/2010	292/2010	**Midwifery Led Unit**	* Confirmation of the current SLR position	**JW/VH/JHe**	10/12/2010	
			* Obtaining a commissioning view from the NW Surrey Commissioning Group.			
			* Being clear on the overall financial benefits, e.g. the impact on NICU.			
			* Understanding the opportunity costs from including this project within the capital programme			
26/11/2010	302/2010	**NHS Surrey**	Issue guidance on pre authorisation changes	**VH**	10/12/2010	
REVIEW AT FUTURE ARRANGEMENTS						
26/11/2010	286/2010	**Quality Report**	Consider action plan from November 10 SUI on radiological investigation f/u	**Agenda**	28/01/2011	
26/11/2010	285/2010	**Corporate Risk Register**	Ask all CRR owners to review target level for risk	**SO**	28/01/2011	
26/11/2010	286/2010	**Quality Report**	Align reporting on VTE between dashboard and WQI	**SO/MB**	28/01/2011	

26/11/2010	286/2010	**Quality Report**	Ask CGC to review if systemic risk of any investigation test being owned and actioned had been resolved	**MB**	28/01/2011	
24/09/2010	238/2010	**Programme 5 HealthRoster**	Develop a benefits realisation plan for HealthRoster via Programme 5	**RB**	25/03/2011	
11/12/2009 26/03/2010 14/05/2010	3.1 98/2010 145/2010	**Access Policy**	Implementation Group to oversee ** Separation of a Children's policy ** EQIA ** Consistency of approach to DNAs Policy to revert to TEC for final approval	**VH**	26/03/2010 14/05/2010 25/06/10	
26/11/2010	283/2010	**TEC Away Day**	Volunteers from Divisional Directors to work on Developmental sessions for Feb-April 2011	**DDs**	25/03/2011	
26/11/2010	294/2010	**Imaging Business Case**	Review 3 year Capital programme	**VH**	28/01/2011	