Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
24th June 2010

TITLE	**Trust Executive Committee Minutes held on 14th May 2010 and 28th May 2010**
EXECUTIVE SUMMARY	The Trust Executive Committee key points include : **14th May 2010** o Agreement on phase 1 of Wireless Infrastructure Solution o Further review of electronic data management o Changes to meetings content/structure for TEC **28th May 2010** Approval of o Annual Leave Policy: o Work experience, work shadowing and work placement policy. o Gender re-assignment policy. o PALS Standards and Operations Policy o Guidelines for reimbursement of expenses
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 minutes of the Trust Executive Committee held on the on 3rd April 2010 and 23rd April 2010
Submitted by:	Andrew Liles Chief Executive
Date:	15th June 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES
14th May 2010
Lecture Theatre, Ramp, St. Peter's Hospital

PRESENT

	Andrew Liles	Chief Executive (chair)
	Valerie Howell	Chief Operating Officer
	Mick Imrie	Clinical Director for Anaesthetics & Theatres
	Chris Schofield	Clinical Director for Trauma & Orthopaedics
	Andrew Laurie	Clinical Director for Pathology
	Jonathan Robin	Interim Clinical Director for Emergency & A&E
	Paul Crawshaw	Clinical Director for Children's Services
	Paul Murray	Lead Clinician for Cancer
	Vanessa Avlonitis	Deputy Chief Nurse
	John Hadley	Clinical Director for Specialist Surgery
	David Fluck	Clinical Director for Medicine
	Barry Sellick	Clinical Director for Critical Care
	Raj Bhamber	Director of Workforce and OD
	John Aird	Interim Associate Director for Health Informatics
	John Headley	Director of Finance & Information
SECRETARY	Jane Gear	Head of Corporate Affairs
APOLOGIES	Elliot Chisholm	Clinical Director for Surgery
	Caroline Becher	Chief Nurse
	Paul Bentley	Director of Strategy
	Peter Finch	Clinical Director for Imaging & Endoscopy
	Giselle Rothwell	Head of Communications
	Jeremy Wright	Clinical Director for Women's Health
	Mike Baxter	Medical Director
	Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy
IN ATTENDANCE	Aileen McLeish	Chairman
	Julie Callin	Minute 148/2010

Aileen McLeish was welcomed to the meeting. This was part of a programme of the Chairman observing all board sub- committees.

Valerie Howell was congratulated on her appointment as Deputy Chief Executive.

ITEM **ACTION**

143/2010 MINUTES

The minutes of the meeting held on 23 April 2010 were agreed as a correct record.

MATTERS ARISING

TEC reviewed all of the actions from the previous minutes. Nominated leads confirmed that all respective actions had been completed, appeared as agenda items for this meeting, or were on track within the agreed timescales.

The following was noted:

144/2010 Workforce Re-Design (minute 97/2010 refers):

The work considering any potential changes to the HRBM role would now be incorporated into the larger corporate services review.

145/2010 Access Policy (98/2010 refers)

Work on refining the access policy was continuing and this would now revert to TEC in one month.

146/2010 Wireless Infrastructure Solution (132/2010 refers)

TEC had previously reviewed, and approved in principle, the Business Case for phase one of the wireless infrastructure solution. Approval had been given subject to further information and discussion at TEC on 4 points. Since the meeting the project had been reviewed by John Aird, the new Interim Associate Director of Informatics. This had provided useful check and balance in taking the project forward.

The 4 points had been addressed in the paper circulated on the agenda, and the following was noted:-

1. Phase one of the programme included the Ashford hospital wards

2. The pilot had not identified any issues regarding throughput, connectivity or quality of service.

   The technology would be compatible with potential future developments such as IP telephony etc. although additional investment would be required for individual projects.

3. The number of work stations included in the Business Case allowed for a degree of flexibility. There were no practical limits on the number of workstations which could be installed, but TEC was reminded over time the technology of the work stations would advance , hence it was important not to purchase too many in the first instance.

ITEM **ACTION**

4. A number of potential benefits had been included including impact on length of stay, turnaround of results and patient perception of care. While these benefits were not solely dependant on WOW, they would need to be explored. Securing the benefits of WOW was dependent upon agreeing changes in working practices, and as the projects were agreed it would be important to track and target securing the benefits. However, it was noted that there would also be qualitative benefits; for example enhancing aspects of the training of junior doctors.

Wireless installations should now become the norm, and it was agreed to confirm with Estates that the new modular offices made provision for this. **JA**

The real benefits from WOW were not in relation to the use of the specific applications, but in facilitating changes of practice. Securing this needed to be properly supported and resourced. The project also needed to look at ensuring additional safety checks were built into systems, for example where patients moved between wards and the impact on following up tests ordered.

The implementation needed to be carefully managed and have sufficient service and user involvement in the project team. It was agreed to ensure that the structure in the business plan proposal was enhanced. It was confirmed that backfill for technical staff had now been included. **JA**

TEC AGREED that Phase One of the WOW project should proceed

TEC then discussed the development of the IT strategy for the Trust. Following the virtual demise of the national programme (NPfIT), the Trust had commissioned a review by a consultant, Mike Haines. This had provided the Trust with a diagnosis and a number of actions.

Following on from this review, it had been decided to enhance the leadership of Informatics across the Trust; the post was being advertised substantively but in the interim, John Aird had been appointed as Associate Director for Informatics. In addition, a consultancy, Health Systems, had been engaged to work with the Trust over the next four to five months to develop a strategy including initial consideration of the capital implications. Five to six consultant 'champions' would be sought to assist with the development of the strategy.

It was pointed out that whilst the longer term strategy was being developed, there were many opportunities to exploit the existing systems and technology available within the Trust, and also to look at process re-engineering.

ITEM **ACTION**

147/2010 TEC Development:

Following the TEC Awayday, it have been agreed that of the two current meetings per month, one should be a formal business meeting and the second one would be more developmental.

In respect of the developmental days, it was agreed:

- The Chief Executive would not chair the sessions, a proposal on chairing would be developed; options including to rotate or link to the topic. **AL**

- All TEC members could propose topics for discussion and contribute to planning the content of the sessions. A list of future topics would be held centrally by the committee secretary.

- Attendance at the development sessions could be widened to incorporate other clinicians/managers who could contribute to the discussions. The meeting on 11th June would be used for the observational audits which were part of the 10-point action plan following the patient survey. This session would be led by Andrew Laurie and Caroline Becher. **Ala/CB**

- The session on 13th July could be linked to unplanned care and/or market share; linked to clinical strategy. **JGl**

- The development sessions would incorporate discussions on the six Delivery Programmes although one Programme update would also be included at each formal TEC.

It was AGREED that the second meeting of the month would be the formal meeting and the new arrangements would commence from June.

TRUST 6 DELIVERY PROGRAMMES

148/2010 Delivery Programme Six: Building stronger clinical directorates
Valerie Howell, Paul Crawshaw, Barry Sellick

Julie Callin was welcomed to the meeting.

John Headley opened the discussion with a presentation on the month six data report (09/10) supporting SLR. This was the second iteration of SLR, which was still a work in progress. TEC were reminded that SLR focussed on profit and loss whereas the separate budget reports compared income and expenditure with plan.

TEC had a detailed and wide-ranging discussion on the information provided. It was noted that the benefits of SLR were focussing on the bigger picture issues rather than an absolute focus on correcting the detail which could be very resource intensive for the finance team. Areas for further work included

ITEM **ACTION**

- reviewing "bucket" specialties such as medicine where there were benefits in drilling down to specific specialties, e.g. Dermatology,
- supporting internal VFM debates for services such as radiology or pathology and
- looking at significant coding issues, for example, some recharges to CCU.

It was AGREED that SLR should be:

- Made more visible through incorporating information into the regular performance reviews.

- Each CD should identify two to three areas to look at in more detail across the year; this would facilitate the development of a work programme and ideally should focus on prioritising the 'bucket' type areas. (CDs to notify finance).

- In order to get real value from the programme, additional resources needed to be invested in accountancy support.

- A training needs analysis was needed to support targeting of training and education.

TEC NOTED the report and agreed that SLR should continue to be embedded across the Trust, as it had considerable value in understanding profit/loss making services, in informing the clinical strategy of the Trust and informing future CIP programmes.

149/2010 Quality Report:

The Quality Report for the period ending 31 March 2010 was noted and discussed.

The target for treating fractured neck of femurs had reduced to 36 hours with effect from 1 April 2010.

There were some concerns nationally about the use of SMR, in respect of statistical validity. For this reason, information on crude mortality was now also being included in the Trust report. The report identified the current SMR as 60 in respect to pneumonia, but it was agreed that a degree of caution should be used in directly attributing the highly developed use of medical HDU and non-invasive ventilation with this outcome.

TEC NOTED the Quality Report.

ITEM **ACTION**

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

150/2010 Balanced Scorecard

Work Force*:* The March figure for agency expenditure had increased, particularly in respect of use of agency medical staff. Steps were underway to review this.

The Report for 2010/2011 would include a number of new indicators linking to the Corporate Business Plan. These would include participation in leadership development, staff : bed ratios and staff satisfaction.

Operational Performance: The Trust had ended the year with strong service performance. It had delivered a green rating on the Monitor Compliance Framework for March 2010 and overall performance was more stable.

In 2010/2011, the management of unplanned care remained a challenge and further work was required in respect to the small gap in performance on MRSA elective screening.

Finance: The Trust had ended the year with a strong finish, achieving a £6.2 million surplus; after the Trust had supported NHS Surrey. Overall, all the main indicators were green rated, including a FRR of 4. The shortfall against planned capital expenditure was due to re-classifying £0.3 million of capital schemes as revenue.

151/2010 Electronic Document Management (EDM)

The Interim Associate Director of Health Informatics had reviewed the original business case for the introduction of EDM. This represented a significant expenditure but he was concerned that there was insufficient recognition of the risks, process changes and time scales in the original proposal. Prior to progressing the business case, it was suggested a deeper analysis of the proposals was undertaken, including a visit to Ipswich Hospital which was one of the few Trusts known to use EDM in respect of live case notes.

It was also proposed to undertake a small pilot of EDM within Paediatrics.

TEC NOTED the review of EDM and next steps (review noted for 3 months).

152/2010 DATE OF NEXT MEETING

The next meeting will be held on Friday 28 May 2010

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
26/02/2010	70/2010	**Programme 1**	Consider options to resolve communications issue within out-patient consultation (analyse issues first)	**CB**	28/05/2010	
26/03/2010	103/2010	**Quality- Mortality**	See if crude mortality data is available from local trusts to help benchmarking	**RG**	28/05/2010	
09/04/2010	123/2010	**CRR**	Review risk assessment on CRR745 refers to the Trust tolerating the risk "IT: over reliance on key individuals with specialist knowledge".	**RG**	28/05/2010	
23/04/2010	134/2010	**Programme 3; clinical strategy. Renal Bid**	Review position on renal bid	**PB**	28/05/2010	
DUE for review at a future meeting						
13/11/09	5.1	**Infection Control**	Review costs and service implications of systems to deliver on emergency screening for MRSA	**VH/AL**	11/06/10	
12/03/2010	89/2010	**Gifts and hospitality**	Include a prompt on attendance at sponsored conferences on Study leave form	**JG**	11/06/2010	
26/02/2010	66/2010	**Workforce Report**	Introduce systems to facilitate review of reasons why staff left within one year of appointment.	**RB**	25/06/10	

26/02/2010	68/2010	**IM&T review**	Implement first stages arising from Review Develop strategy through working groups Change ISSG to Programme Board	**JH**	25/06/2010	
12/03/2010	85/2010	**Marketing Report**	Include partnership opportunities table for Feltham in Marketing report	**SR/PB**	25/06/2010	
12/03/2010	86/2010	**CRR**	Upload data on IG training onto OLM	**JH**	25/06/2010	
14/05/2010	146/2010	**WOW**	Conform new modular building is wireless	**JA**	25/06/2010	
12/03/2010	81/2010	**Visiting Hours**	Report back after evaluation two months of three months trial changes on visiting hours	**CB**	09/07/2010	
14/05/2010	147/2010	**TEC development**	Agree chairing of developmental sessions	**AL**	11/07/2010	
14/05/2010	151/2010	**EDM**	Report back on visit to Ipswich and paediatric pilot re way forward	**JA**	24/09/2010	
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	

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES
28th May 2010
Lecture Theatre, Ramp, St. Peter's Hospital

PRESENT

Andrew Liles	Chief Executive (chair)
Valerie Howell	Deputy Chief Executive
Mick Imrie	Clinical Director for Anaesthetics & Theatres
Chris Schofield	Clinical Director for Trauma & Orthopaedics
Andrew Laurie	Clinical Director for Pathology
Jonathan Robin	Interim Clinical Director for Emergency & A&E
Paul Crawshaw	Clinical Director for Children's Services
Sue Brown	Head of Nursing
John Hadley	Clinical Director for Specialist Surgery
Mike Baxter	Medical Director
Barry Sellick	Clinical Director for Critical Care
Raj Bhamber	Director of Workforce and OD
John Aird	Interim Associate Director for Health Informatics
John Headley	Director of Finance & Information
Elliot Chisholm	Clinical Director for Surgery
Giselle Rothwell	Head of Communications
Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy

SECRETARY

Jane Gear	Head of Corporate Affairs

APOLOGIES

Paul Murray	Lead Clinician for Cancer
Caroline Becher	Chief Nurse
Paul Bentley	Director of Strategy
Peter Finch	Clinical Director for Imaging & Endoscopy
Jeremy Wright	Clinical Director for Women's Health
David Fluck	Clinical Director for Medicine

IN ATTENDANCE

David Hurrell	Workforce Project Manager
Jeremy Over	Deputy Director of Workforce (from Minute no 163/10)

ITEM **ACTION**

153/2010 MINUTES

The minutes of the meeting held on 14 May 2010 had not been received by all TEC members. They would be re-circulated after the meeting. **JG**

ITEM **ACTION**

MATTERS ARISING

TEC reviewed all of the actions from the previous minutes. Nominated leads confirmed that all respective actions had been completed, appeared as agenda items for this meeting, all were on track within the agreed timescales.

The following was noted:

154/2010 Quality – Mortality (Minute 103/2010 Refers)

The Medical Director confirmed that crude mortality data was available from local trusts, and he would arrange for this to be made accessible.

155/2010 CRR (Minute 123/2010 Refers):

The Associate Director of Informatics confirmed that he was familiarising himself with all risks relating to informatics on the Register and risk CRR – 745 (over-reliance on key individuals with specialist knowledge) could be discussed when the CRR was next presented to TEC.

156/2010 Renal Bid (Minute 134/2010 Refers):

A briefing on the current position in relation to the renal bid was given. NHS Surrey had revised their approach/objectives following the competitive dialogue phase and the Trust was therefore revamping its bid to align with the NHS Surrey position.

TEC NOTED the update.

TRUST 6 DELIVERY PROGRAMMES

157/2010 Delivery Programme 2: Improving Service Productivity and Quality. Valerie Howell/Mike Baxter/Mick Imrie/Chris Schofield

In respect of the Programme update the following points were highlighted and discussed:

CIP. £9m of savings have been taken from the budget in April and would be monitored via the Programme Management Office. Work was well underway in terms of developing the programme for future years.

Two major Trust wide schemes were included in the CIP Programme; these were scheduled to come on stream later in the year and were length of stay and theatre productivity.

TEC were advised that a contract had been awarded to Newton Industrial to help facilitate implementation of change across the whole work process. The intention was to improve the efficiency of the whole surgical pathway from admission to discharge, and one

ITEM		**ACTION**
	outcome would be capacity to repatriate surgical activity currently contracted out to the private sector. Whilst it was felt that the In-house Team was capable of delivering the system changes, the use of an outside facilitator would increase the speed of change. It was agreed to circulate a briefing pack on the role of the consultants.	**VH**
	The involvement of Clinical Directors in the CIP workshops had been highly beneficial, and it was agreed to circulate the Board paper summarising the detail of the CIP programme.	**JH**
	The new EQUIP programmes were being established including procurement, overnight hip stay replacement, emergency NOFs, A&E and recruitment processes.	
	Later in the year, the Trust would need to re-define/confirm its relationship with Simpler; overall the feedback from TEC was that maintenance of a contractual relationship would be beneficial in terms of the added benefits from experience and capability. In particular, there was good feedback from the Bronze Training Programme.	
	A new Transformation Lead had been appointed; Chris Matthews would join the Trust in July. The intention was to appoint a clinical lead for EQUIP.	
	Work was ongoing with NHS Surrey to deliver whole pathway benefits. It was noted that the emerging national policy appeared to reinforce the drive to work closely with GPs.	
	TEC NOTED the report.	
158/2010	**Programme 5: Workforce Design:** Raj Bhamber, Peter Finch, Jonathan Robin.	
	The following points were noted: ▪ HealthRoster: The lease had been extended to allow a cost benefit analysis to be completed. ▪ Job Planning: Reviews had been completed in the majority of areas and the outcomes were being reviewed by the deputy CEO and Assistant Director of Workforce. A review was also underway on the benefits of different electronic systems. ▪ Workforce Planning: The LTFM was being updated regularly and aligned to the workforce plans. Information on the LTFM would be supplied to a future TEC meeting for discussion.	
	The Clinical Directors did not hold significant views on the value of HealthRoster as in the main they did not have major involvement with it.	
	TEC NOTED the report.	

ITEM **ACTION**

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

159/2010 Balanced Scorecard

The Balanced Scorecard had now been aligned to the Trust's four key strategic objectives. As such, there was a new quadrant 3.

Finance and Efficiency:

One of the new indicators included in this quadrant related to Outpatient DNAs. This was an area the Trust would need to address in the coming year.

The Trust had delivered its budgeted surplus in April; the two red rated financial indictors related to CIP savings and to the capital programme. Capital expenditure would increase as the year progressed.

This was a good start to the financial year, although there was always a degree of caution with month one in part due to a potential lag in processing invoices.

Workforce:

This quadrant introduced a number of new KPIs, for example nurse and consultant WTE: Bed ratios. The report also separated out the use of bank and agency staff.

The target for appraisals was 95%. Following discussion, the Medical Director confirmed that the intention was for all career medical staff (including associate specialists) to have had their appraisal within Q1. Whilst this might mean some appraisals being repeated within a rapid period, the process would then even out in future years. However, where this was not possible, all career staff should have had an appraisal within the last 12-month period and have submitted their PDP and complete form 4 within quarter one to the MD office.

Clinical Strategy:

The intention was to decrease the number of emergency admissions against the 08/09 base level. However, activity was rising, although it was understood this was common across the Southeast Coast and London. The Operating Framework related to financial performance and therefore this indicator would be made into a value indicator not the number of admissions.

Initial discussions with the Ambulance Service had indicated a substantial rise in the number of patients being taken to Accident and Emergency (up 45% in April and May 2010) and work was underway to identify causes.

TEC NOTED the report.

ITEM **ACTION**

160/2010 Compliance Framework:

The report provided information on the Trust's performance against the Monitor compliance framework, key targets in the Annual Health Check, performance against Better Care, Better Value and also key metrics contained within the Trust contract with NHS Surrey.

The Monitor compliance framework had been adjusted from 2010/11 to give four categories of compliance: Green, amber/green, amber and red. The Trust report currently showed the Trust rated amber, this would be corrected to amber/green.

In discussing the report, it was noted that the number of delayed transfers of care continued to rise.

TEC NOTED the report

161/2010 Quality Report:

The Quality Report brought together the dashboard and ward metrics.

The level of MRSA infections had risen to four. As well as the impact on the patient, this was an important indicator in the Trust's application for FT status. There was a rigorous process of RCA, and then reinforcement and improvement of clinical practice.

Discussions were underway looking at means of recording information on VTE.

The target for hip fractures treated within 36 hours had been set at 85%. The Trust was making a good start at addressing this target.

TEC NOTED the report.

162/2010 Contract report

In addition to the paper circulated with the agenda, Sue Robertson gave a presentation which updated TEC on the Contract 2010/2011. Highlights included:

- More quality standards were backed by financial penalties.
- CQUIN had a greater financial impact – the Trust had budgeted to achieve 90% of the £3m potential value.
- There was a cap on non-GP/GDP referrals – further guidance would be circulated by the Contracting Team.
- CDs were asked to ensure that their services used the standard Trust letter if referring the patient back to the GP.

TEC NOTED the report:

ITEM		ACTION
	POLICIES:	
163/2010	**Employment Policies**	
	The following Policies were AGREED o Annual Leave Policy: o Work experience, work shadowing and work placement policy. o Gender re-assignment policy.	
164/2010	**PALS Standards and Operations Policy**	
	This Policy was a review and update undertaken in the light of changes and clarification on the National Regulations. TEC AGREED the revised Policy.	
165/2010	**Guidelines for reimbursement of expenses: Patient engagement**	
	This Policy had been reviewed and was proposed for adoption with no changes. TEC APPROVED the Policy.	
	INFORMATION:	
166/2010	**Register of Interests:**	
	The Register of Interests had been compiled in accordance with the Trust's Register of Interest Policy. A number of minor changes to the register were made and it was agreed to confirm whether this should be publicly available as part of TEC papers. TEC noted receipt of the register.	**JG**
	ANY OTHER BUSINESS:	
167/2010	**Emergency Services:**	
	It was reported there were changes in the senior level medical staff in Accident and Emergency. The importance of senior input at the front end of service was emphasized; work was underway to identify changes in the way the service was provided and any creative contributions were welcomed.	
168/2010	**External Context**	
	It was understood that the new Government would be issuing a White Paper in July and a further Operating Framework later in the year. A briefing on some of the potential changes was given by the Chief Executive and time would be allocated to discuss this at TEC when	

ITEM **ACTION**

the White Paper was published.

169/2010 DATE OF NEXT MEETING

The next meeting will be held on **Friday 11th June 2010** - Developmental Session focusing on observational audits.

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12/03/2010	86/2010	**CRR**	Upload data on IG training onto OLM	**JH**	25/06/2010	
14/05/2010	146/2010	**WOW**	Confirm new modular building is wireless	**JA**	25/06/2010	
28/05/2010	166/2010	**Register of Interests**	Confirm if register should be publically available as part of TEC papers	**JG**	25/06/2010	

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	
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