

TRUST BOARD
26th May 2011

TITLE	Trust Executive Committee Meetings held on 6th May 2011 (draft Minutes)
EXECUTIVE SUMMARY	<p>The Trust Executive Committee key points included :</p> <p>The developmental TEC held on 13th May focussed on operational pressures affecting the organisation.</p> <p>The formal TEC on 6th May considered or approved:</p> <p>Programme 6: Service Line Management Marketing Report Monitor Self assessment- annual self certification Telecommunications policy Mandatory Training Review</p>
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 6 th May 2011
Submitted by:	Andrew Liles Chief Executive
Date:	18 th May 2011
Decision:	For Noting

TRUST EXECUTIVE COMMITTEE MINUTES

Friday, 6th May 2011

2.00 pm to 4.30 pm

The Lecture Theatre, The Ramp, St Peter's Hospital

PRESENT:	Mike Baxter	Medical Director
	Suzanne Rankin	Chief Nurse
	Andrew Laurie	Divisional Director for Diagnostics and Therapeutics
	Mick Imrie	Divisional Director for Anaesthetics, Critical Care & Theatres
	John Hadley	Divisional Director for Surgery
	John Headley	Director of Finance & Information
	Raj Bhamber	Director of Workforce and OD
	Giselle Rothwell	Head of Communications
	David Fluck	Deputy Medical Director
	Paul Crawshaw	Clinical Director for Paediatrics
	Michael Wood	Divisional Director for Medicine
	Gulam Patel	Divisional Director for Ambulatory Care
	Donna Jarrett	Associate Director of Health Informatics
SECRETARY:	James Harley	Membership Manager
APOLOGIES:	Valerie Bartlett	Deputy Chief Executive
	Andrew Liles	Chief Executive
	Jeremy Wright	Clinical Director for Women's Health
	David Elliott	Divisional Director for Trauma & Orthopaedics
	Paul Murray	Lead Clinician for Cancer
IN ATTENDANCE	Richard French-Lowe	RFL Consulting

ITEM

55/2001 Welcome and Introduction

The Medical Director welcomed all members to the meeting as Chair in the absence of the Chief Executive and Deputy Chief Executive. It was explained that in their absence, the meeting was not quorate. It was agreed that the meeting would carry on in its usual format, but all actions would need to be signed off by the Chief Executive after the meeting.

The Medical Director explained to colleagues that there was a need to focus on two key issues at the end of the days meeting; strategic issues, and operational pressures.

ACTION

56/2011 Minutes

The minutes of the meeting held on 25th March 2011 were agreed as a true and accurate record.

57/2011 Matters Arising

TEC reviewed all the actions from the previous minutes. Nominated 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.

58/2011 Terms of Reference (minute 50/2011 refers)

It was agreed in light of the meeting not being quorate that this item would be deferred to the May 27th Meeting of the Trust Executive Committee.

59/2011 TRUST 6 DELIVERY PROGRAMMES**Delivery Programme 6: Service Line Management**

John Headley, Paul Crawshaw and Mick Imrie

TEC received an update on Delivery Programme 6: Service Line Management.

The Finance Director informed colleagues that this was the second iteration of SLR using the new Patient Level Costing System which aimed to improve the accuracy of SLR by reducing the level of cost averaging through matching the individual patient level data from the clinical feeder systems with the key PAS datasets. Costs are linked to cost pools which are allocated to individual episodes by patient level activity data files associated with each cost pool.

TEC heard that Patient level costing enable more meaningful results to clinicians, providing the ability to drill down to individual patient costed data. In excess of thirty specialty leads have been appointed within the Divisions with a remit of using SLR data as part of the business management process

The Finance Director informed colleagues that a Monitor conference on this topic was being held the following week.

TEC NOTED the report and commended the excellent progress with Delivery Programme 6

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY**60/2011 Corporate Risk Register**

TEC members agreed that the 30 day readmission rate be added to the Corporate Risk Register

It was further agreed that the Capacity flow issue be included in the register focussing on the risks around critical care discharging and

discharge and recovery.

61/2011 Balanced Scorecard

Workforce

It was highlighted that the indicators around staff appraisals should be shown as Amber

RB

Clinical Strategy

TEC members were informed that there was to be a redesign of the clinical Strategy indicators over the next year.

VB

Finance and Efficiency

TEC members were informed that there had been a strong financial finish to the year with the target surplus delivered. It was NOTED that even with the strong finish to the 2010/2011 financial year, the new year would be challenging due to the financial pressures the NHS was facing both locally and nationally.

Patient Safety / Quality

TEC noted the spike in SMR rates.

62/2011 Quality Report

The Chief Nurse highlighted that Professor David Oliver would be completing an external peer review following the Ombudsman Report.

63/2011 Compliance Framework

TEC members noted the Compliance Framework

64/2011 Feedback from Performance Reviews

In the absence of the Deputy Chief Executive TEC members NOTED the report. The Director of Workforce and Organisational Development requested that staff turnover and sickness should be reported separately and accurately. Further comments were to be sent to VB outside the meeting.

VB

65/2011 Marketing Report

Discussion ensued around the drop in activity in Hounslow, and ways to open doors with the existing Hounslow GP's

TEC NOTED the importance and the date of the Ashford Showcase Event which would be taking place on Wednesday 22nd June 12-2pm in trying to secure interest from Hounslow GP's

VB

66/2011 Monitor Self assessment – annual self certification

A report was presented to TEC Members on the A&E quality indicators. This showed new ways of recording the four hour target, and the new way in which this was calculated.

It was agreed after discussion that the MDT Teams would look at the process to ensure that pathway performance is acceptable along with A&E performance.

67/2011 Productive Leader

It was NOTED that the Productive Leader programme would be offered to Divisional Directors and other managers within these departments

BUSINESS CASE AND POLICY APPROVALS**68/2011 Interventional Radiology**

It was explained to TEC that the business case was seeking an agreement for an Interventional Radiology on call service which will operate 24/7.

During the discussion, a number of points were made on the proposed job plan including its intensity, and question over PA payment.

The business case was approved in principle by TEC subject to formal approval from the Chief / Deputy Chief Executive.

69/2011 Bariatric Surgery

This Business Case is seeking an agreement for the appointment of 0.6wte Consultant Bariatric Surgeon to facilitate the repatriation of ASPH initiated bypass and sleeve bariatric surgery from St. George's Hospital, London.

During the discussion, a number of points were made on the proposed job plan including its intensity, and the provision for SPA.

The business case was approved in principle by TEC subject to formal approval from the Chief / Deputy Chief Executive.

70/2011 Breast / Endocrine

This Business Case is seeking to replace 0.6wte Consultant Vascular Surgeon (Endocrine surgery) and 0.55wte Associate Specialist Breast with 1wte Consultant in Endocrine / Breast Surgery facilitating a wte reduction of 0.15wte.

The post will provide long term stability to endocrine surgery which is currently provided by Mr Martin Thomas who is due to retire in April 2011. The post will also support the provision of a consultant led breast service by the replacement of 0.55wte Associate Specialist

Breast with a combined Endocrine / Breast Consultant Surgeon.

The business case was approved in principle by TEC subject to formal approval from the Chief / Deputy Chief Executive

71/2011 Obstetrics & Gynaecology

This business case seeks the approval of a replacement post following the retirement of Professor Jeremy Wright at the end of June 2011. A review of activity and the other consultant job plans makes this post is essential to the continuation and development of the gynaecology service and meeting the required 60 hours presence on labour ward. The Trust should look to appointing a consultant with proven surgical skills and the leadership potential to develop and enhance the obstetric and gynaecological service

The business case was approved in principle by TEC subject to formal approval from the Chief / Deputy Chief Executive

72/2011 Mobile Phone Policy

After a lengthy discussion, TEC members felt that there should be two separate policies. Firstly around what we should be telling the staff to do regarding mobile phones, and secondly what we should be telling the patients.

The policy was not approved subject to the above discussion.

73/2011 Telecommunications Policy

Discussion ensued on the policing of the use of telecommunications within the hospital as laid out in the policy. It was questioned how feasible the policy actually was in terms of actual cost savings.

The policy was not approved subject to the above discussion

74/2011 Mandatory Training Review

Richard French-Lowe was welcomed to the meeting. Richard explained that In achieving level 2 NHSLA the Learning and Development team have reviewed and re-written policies relating to mandatory training.

RFL Consultancy was asked to provide an independent and external review of: The Learning, Education and Development Policy, the Staff Induction Policy and their associations with NHSLA requirements and and resulted in 50 recommendations.

It was requested by TEC that the review should be clear over what is and what isn't mandatory training.

TEC endorsed the recommendations and requested that the revised L&D Policy should be considered at the May 27th 2011 Meeting.

RB

75/2011 Two Additional Consultant Radiologists

The business case was tabled, but it was felt that to give members time to consider it properly it would be a formal item on the agenda at the developmental meeting on the 13th May 2011

ALa**INFORMATION INCLUDING SUB-COMMITTEE REPORTS****77/2011 Emergency planning**

The emergency planning paper was noted.

ANY OTHER BUSINESS**Operational Pressures**

The Medical Director introduced the item on Operational Pressures and stressed to colleagues the seriousness of the situation with regards to bed capacity.

TEC discussed ways in which systems for effective discharge could be implemented through out the Trust in order to improve the current situation with bed capacity.

Discussion ensued on the timing and frequency of ward rounds and how this might lead to a more effective process, along with the moving of lists to Ashford, preventing outpatients on a Friday and Monday mornings and looking at how surgery operates.

It was agreed that this was a problem not just down to Doctor level, but across all multi disciplinary teams to get right.

It was agreed that the 13th May 2011 Developmental TEC meeting, that this issue would be addressed at length. It was agreed that TEC would invite Tony Ranzetta, Divisional General Managers, Heads of Nursing, and Heads of Professions in addition to normal members.

MB/ All**Strategic Vision**

The Medical Director discussed with colleagues opportunities for strategic direction and vision. The need to be proactive and inventive was stressed.

It was agreed that this item be brought to the Developmental Session of the TEC meeting on the 13th May 2011 or June 2011.

MB/All**Date of Next Meeting**

Friday 27th May 2011, 2.00pm to 4.30pm. Lecture Theatre off the Ramp SPH

Action log

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
25/03/2011	50/2011	LED	Review ToR of TEC	JG	27/05/2011	Agenda item
6/05/11	61/2011	Balanced Scoreboard Workforce	It was highlighted that the indicators around staff appraisals should be shown as Amber	RB	27/05/2011	
6/05/11	64/2011	Feedback from Performance Reviews	Director of Workforce & Organisational Dev requested staff turnover and sickness be reported separately and accurately. Further comments to be sent to VB outside the meeting	VB	27/05/2011	
6/05/11	74/2011	Mandatory Training Review	TEC endorsed recommendations and requested revised L&D policy should be considered at 27 May meeting	RB	27/05/2011	
6/05/11	75/2011	Two additional Consultant Radiologists	Business case tabled, but felt that to give members time to consider it would be a formal item on agenda at Developmental meeting on 13 May	Ala	13/05/2011	
6/05/11	77/2011	AOB Operational Pressures	It was agreed 13 May Dev Tec Meeting this issue would be addressed at length. It was agreed TEC would invite Tony Ranzetta, Div Gen Managers, Heads of Nursing, Heads of Professions in addition to normal members	MB/all	13/05/2011	
6/05/11	77/2011	AOB Strategic Vision	It was agreed this item be brought to Development Session of TEC meeting on 13 May or June	MB/all	13/05/2011	
Due at future meeting						
25/03/2011	50/2011	LED	Root and Branch review to be undertaken	RB	24/06/2011	Agenda Item

25/02/2011	33/2011	Cancer Reform Strategy	Consider a GP spotlight event and also mapping cancer charities to see if an annual event would be appropriate	PM/VB	22/07/2011	
6/05/11	65/2011	Marketing Report	TEC noted importance and date of Ashford Showcase Event which will take place Wed 22 June and try to secure interest from Hounslow GP's	VB	22/06/2011	
6/05/11	61/2011	Balanced Scoreboard Clinical Strategy	TEC Members were informed there was to be a re-design of clinical strategy indicators over the next year	VB	No Due date	