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

TRUST BOARD
27th December 2010

TITLE	**Trust Executive Committee Meeting held on 10th December 2010 (draft Minutes)**
EXECUTIVE SUMMARY	The Trust Executive Committee key points included : TEC discussed Programme 2: Improving Service Quality, Productivity and Efficiency and the Nursing and Midwifery Review. TEC considered or approved: • Medical Agency Position and Forward Plan • Complaints procedure • Policy for the Management Complaints Files • Policy for the handling of Clinical Claims Policy. • Maternity Policy .
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 10th December 2010
Submitted by:	Andrew Liles Chief Executive
Date:	18th January 2011
Decision:	For Noting

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

TRUST EXECUTIVE COMMITTEE MINUTES (DRAFT)

Friday, 10th December 2010
2.00 pm to 4.30 pm
The Lecture Theatre, The Ramp, St Peter's Hospital

PRESENT:	Andrew Liles	Chief Executive (Chair)
	Susan Osborne	Interim Chief Nurse
	John Headley	Director of Finance & Information
	Andrew Laurie	Divisional Director for Pathology
	David Fluck	Deputy Medical Director
	Karen Lillington	Associate Director of Operations
	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
	John Hadley	Clinical Director for Specialist Surgery
	Karen Lillington	Associate Director of Operations
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Elliot Chisholm	Clinical Director for Surgery
	Paul Murray	Lead Clinician for Cancer
	Jeremy Wright	Clinical Director for Women's Health
	Valerie Howell	Deputy Chief Executive

ITEM **ACTION**

305/2010 **Minutes**

The Minutes of the meeting held on 26th November 2010 were agreed as a correct record, subject to changing the title of Minute 293/2010 to read:

"Job description and business case for replacement O&G consultant."

Matters Arising

TEC reviewed all the actions from the previous Minutes. Nominated leads confirmed that all respective actions had been completed,

ITEM		ACTION
	appeared as agenda items for the meeting or were on track within the agreed timescales.	
	The following was noted:	
306/2010	**Corporate Risk Register – Out-of-Date Polices (Minute 261/2010 refers)**	
	It was noted that progress continued to be made in updating out-of-date policies.	
	The second issue previously considered by TEC related to the TrustNet section on clinical guidelines. It was agreed that the Medical Director would discuss the general principles regarding maintenance of the section with Barry Sellick, Clinical Lead for IM&T, and, in consultation with the Divisional Directors, would make recommendations to the Clinical Governance Committee on the way forward.	**MB**
	TEC NOTED the update.	
307/2010	**Social Work Support (Minute 285/2010 refers)**	
	The Named Nurse had confirmed that no substantive issues had been identified at this stage with the operational arrangements put in place following the absence of a dedicated children's social worker. However, the situation needed reviewing over a longer period of time and would remain on the Corporate Risk Register for monitoring.	
	TEC NOTED the update.	
308/2010	**Midwifery-Led Unit (Minute 292/2010 refers)**	
	Initial work had taken place confirming the profitability of the proposed Midwifery-Led Birthing Unit. However, a more detailed analysis was being undertaken and would be available for TEC to review at the next meeting, together with the implications of funding the major capital investment.	
	TEC NOTED the position.	**Agenda**
309/2010	**Replacement Obstetric And Gynaecology Consultant Business Case (Minute 293/2010 refers)**	
	The discussion on the replacement obstetric and gynaecology consultant post was DEFERRED until a view had been reached on the Midwifery-Led Birthing Unit.	

ITEM **ACTION**

TRUST 6 DELIVERY PROGRAMMES

310/2010 Programme 2: Improving Service Quality, Productivity and Efficiency

311/2010 Karen Lillington introduced the report, highlighting the re-launching of the Observation area of A&E as an Ambulatory Assessment Unit. Work was underway in the NW Transformation programme project group1 which was aimed at looking at identifying ways of managing front-door demand. One of the initiatives was a 'Meet and Greet' service to help patients navigate alternatives to A&E (e.g. GP/WiC). Also the implementation of the 49 ambulatory pathways in the national Directory of Ambulatory Care would be important.

TEC discussed the report in the context of the current bed pressures being experienced by the Trust. The following points were highlighted:

- Weekly length of stay meetings on both sites were now in place, small gains being found and a focus on providing support and focus on discharge issues underway
- Where actions had already been initiated, it was important to complete them and see the benefits, e.g. the board rounds that came out of an EQUIP event.
- Actions taken needed to be proactive, sustainable and use capacity wherever possible (recognising the medical cover constraints at Ashford).
- Pressure was being experienced in the Paediatric Service, as well as the Adult Service, and there was a potential issue identified with the response from Thamesdoc.
- The Ward Manager was instrumental in helping to ensure high-quality patient care through to good discharge .The Ward Manager Development Programme would commence in January.
- Due to the pressure on the emergency activity, elective surgery had been cancelled in the early part of the week.

Overall, it was important that the Trust was able to ensure it had the correct number of beds in each of the specialities, with good processes to enable patients to flow through the system appropriately.

TEC NOTED the Report.

(Andrew Laurie left the meeting)

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

312/2010 Nursing Establishment Review:

ITEM **ACTION**

In October TEC had approved the Nursing and Midwifery Workforce Review. However, subsequently an error in the costing had been identified. The cause of the error was being reviewed and steps would be taken to ensure financial information was accurate in future.

The Option 9 previously approved[1] had an original estimate of a cost pressure. The revised costings would bring a net impact of an additional cost pressure.
However, introducing the changes would bring a number of significant clinical outcome improvements and the current rate of bank and agency overrun was c£920k higher than the proposed establishment.

The next stage of the review would include Paediatrics, OPD, ITU, Operating Theatres, Endoscopy and would commence in December 2010. Early indications from nursing management were that this part of the workforce review should result in a reduction in WTE.

TEC then discussed the proposed Birch / CCU merger and Aspen / HDU mergers.

Mike Wood recorded his opposition to the proposed merger of Aspen and HDU on the basis of clinical grounds. David Fluck confirmed his support for the merger of Birch and CCU, so long as the model was appropriate. It was requested that the loss of savings from not merging Aspen and HDU should not be targeted on Theatres and ITU instead.

TEC AGREED the revised Nursing and Midwifery Workforce Review proposal with the revised cost estimate. This would be subject to:

- the total resources being the sum approved at a cost of £461k.
- Implementation of the establishment review must drive out the improved clinical outcomes with resultant savings, as identified in the paper.
- The second phase of establishment reviews would revert to TEC in the New Year.

313/2010 NHS Surrey Update

Since the original proposals had been received from NHS Surrey, they had refined their proposals, for example there would be no impact on patients already booked.

Representatives of the Trust had met with GPs to identify an alternative to the PCT proposed screening approach. The Group was optimistic that an improved pre-approval system could be developed and put to the PCT. The Trust had also refuted a number of the

[1] Redacted

ITEM **ACTION**

original proposals, including the one whereby the Trust would not be paid for re-admissions prior to implementation of the National Operating Framework.

It was anticipated that discussions would be concluded shortly, and the Trust needed to be prepared to implement FSS if finally required. Discussions were well underway in respect of agreeing a year-end deal.

Congratulations were offered to Thames Medical who had been successfully appointed as a national pathfinder GP cluster.

TEC NOTED the briefing.

314/2010 Corporate Risk Register

TEC had previously noted that the NPSA alert on acting on radiological imaging reports had not been closed by the due date of February 2008. A recent SUI related to a delay in actioning a radiological imaging report and was being investigated.

Following discussion, it was agreed that the review meeting considering the SUI investigation report should be widened to include all Divisional Directors, together with the Associate Director of Health Informatics, and their conclusions should be reported back to CGC. **MB**

TEC AGREED the incorporation of the risk into the Corporate Risk Register.

315/2010 Medical Agency Position and Forward Plan

The report identified a substantial increase in medical agency usage from April 2010 (6.21 WTE) to November 2010 (17.45 WTE). The forward plan included:

- Introduction of a booking decision tree for temporary medical staff; authorisation by the Deputy Chief Executive or another Executive Director.
- Monthly review of progress against plan at the performance review meetings.
- The development of a pay policy to support recruitment and retention.

From the Forward Plan it was noted that internal audit would not be carrying out an interim review of the process of approval, and it was agreed that the Head of Work Force Intelligence should be the nominated representative on SEC Agency Transformation project.

TEC APPROVED the Forward Plan.

ITEM **ACTION**

STRATEGY, BUSINESS CASE AND POLICY APPROVALS

316/2010 Pathology Network Update

The three Trusts involved in the project were now close to finalisation of the business case and proposals.

The final report would be presented to TEC in January 2011.

TEC NOTED the update.

317/2010 Employment Policies - Maternity

TEC APPROVED the revised Policy.

318/2010 Changes to Organisational Policies

TEC NOTED the Chairman's action taken in respect of the Committee Policy.

TEC APPROVED:

- Complaints procedure
- Policy for the Management Complaints Files
- Policy for the handling of Clinical Claims Policy.

SUB-COMMITTEE REPORTS

319/2010 Equality and Diversity Annual Report 2010 and Proposed Action Plan 2011

The Report provided assurance of the Trust's impact and effectiveness in terms of implementing the Single Equality Scheme and ensuring compliance with the Legislative Framework.

The EDSG provided the Trust with the forum for the Diversity Champions and the patient representatives to be involved in the development of action plans and policies.

TEC APPROVED the proposed Action Plan.

ANY OTHER BUSINESS

320/2010 Management of Head Injuries

It was confirmed that post the resolution of the immediate trauma associated with a head injuries patient, they were cared for on the Stroke and Head Injury Unit.

It was AGREED that the Medical Director should confirm with the

ITEM		ACTION
	Lead Clinician that the Unit complied with a NICE criteria on the management of the head injury patients.	**MB**

321/2010 Future Meetings

Due to an additional Bank Holiday being agreed on 29 April 2011, the April business meeting of TEC would be deferred till 6 May 2011.

322/2010 Date of Next Meeting

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

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	