Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
27th May 2010

TITLE	**Trust Executive Committee Minutes held on 3rd April 2010 and 23rd April 2010**
EXECUTIVE SUMMARY	The Trust Executive Committee key points include : **3rd April 2010** ▪ Discussion on Programme 1 Improving our Patient Experience ▪ Discussion on Programme 4 : Leadership ▪ Care Quality Commission Registration – ongoing compliance ▪ Wireless Infrastructure (Workstation on wheels) business case agreed in principle **23rd April 2010** ▪ Feedback and discussion following TEC AWAY-DAY ▪ Programme 3 : Clinical Strategy ; focus on marketing and renal strategy ▪ ENT – Strategic Direction and Business Case agreement in principle on direction ▪ Staff survey results
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 May 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES
9th April 2010
Lecture Theatre, Ramp, St. Peter's Hospital

PRESENT	Andrew Liles	Chief Executive (Chair)
	Mike Baxter	Medical Director
	Mick Imrie	Clinical Director for Anaesthetics & Theatres
	Chris Schofield	Clinical Director for Trauma & Orthopaedics
	Andrew Laurie	Clinical Director for Pathology
	Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy
	Jonathan Robin	Interim Clinical Director for Emergency & A&E
	Rebecca Carlton	Deputy COO
	Caroline Becher	Chief Nurse
	Paul Bentley	Director of Strategy
	Elliot Chisholm	Clinical Director for Surgery
	Paul Doyle	Deputy Director of Finance
	John Hadley	Clinical Director for Specialist Surgery
	Jeremy Wright	Clinical Director for Women's Health
	Barry Sellick	Clinical Director for Critical Care
	Raj Bhamber	Director of workforce and OD
	Robin Gammon	Interim Head of Informatics
SECRETARY	Jane Gear	Head of Corporate Affairs
IN ATTENDANCE	Sarah Johnston	Head of Integrated Governance and Risk (minute 124/2010)
APOLOGIES	Paul Murray	Lead Clinician for Cancer
	Valerie Howell	Chief Operating Officer
	Peter Finch	Clinical Director for Imaging & Endoscopy
	John Headley	Director of Finance & Information
	Giselle Rothwell	Head of Communications
	Paul Crawshaw	Clinical Director for Children's Services
	David Fluck	Clinical Director for Medicine

ITEM **ACTION**

117/2010 MINUTES

The minutes of the meeting held on 26 March 2010 were agreed as a correct record subject to noting that Raj Bhamber had been present and amending minute 103/2010 fourth paragraph to read "The level of complaints had risen which was disappointing. Areas where the trend was rising included MAU and A&E and were being reviewed with the directorate. Consideration was also being given to the feasibility of disaggregating complaints numbers in terms of elective and emergency care. However, the positive feedback from a patient where the clinicians involved had written was noted".

ITEM **ACTION**

MATTERS ARISING

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

118/2010 Patient Experience Programme (minute 6.1/2010 refers)

It was confirmed that the potential to use HOSPICON for patient feedback was now being followed up and it was therefore agreed that this should be removed from the action log.

119/2010 ENT (minute 60/2010 refers)

A meeting had taken place with RSCH and interim measures had been put in place to enable services to be maintained.

The Trust was now participating in a committee looking at how improvements could be made to the working of the network.

120/2010 Programme 5 – (minute 83/2010 refers)

The CDs for T&O and Specialist Surgery agreed to confirm whether their education and development plans had been submitted. **EC/JHa**

DELIVERY PROGRAMMES

121/2010 Programme 1: Improving our Patient Experience
Caroline Becher, Jeremy Wright, Andrew Laurie

It was noted that EQP (Enhancing Quality Programme) commenced formally from the 1st May. It was essential that there was good clinical engagement.

Publication of the comparative results of the national inpatient survey would be delayed until after the General Election. The presentation of the Trust's own results had been arranged for the 21st May, facilitated by Picker

New hospital gowns had been sourced. It was confirmed that these were purchased in a range of sizes which would include accommodating bariatric patients and the fastenings were not poppers/metal.

In discussing progress on the Programme, it was highlighted that the actions to date appeared very nursing orientated and it was essential that medical staff and teams were involved.

The launch of the visiting hours project would impact on the medical

ITEM **ACTION**

teams and how they were organised; there needed to be robust plans for communication to all consultants and junior doctors prior to its launch.

One of the major areas to address included improving the patient experience in the actual consultation with the focus on communication. It was noted that specialties with poor performance identified through the national patient survey, eg. Ophthalmology, had been informed, and that discussion was being included on the planned Ophthalmology away day.

Picker had previously agreed to share data where other organisations had been able to demonstrate significant improvement on this aspect, and Mike Baxter agreed to ensure this data was pursued. **MB**

It was noted that the hand held devices were proving cumbersome in providing fast feedback and also tailoring questions promptly. TEC noted an outline proposal being considered by the Head of Customer Affairs, whereby these would be replaced by an additional local adult survey to be taken in the Spring and managed through Picker. Some concerns were expressed by TEC regarding this proposal as it was important to take action to change behaviours rather than continuously measuring.

It was noted that consideration was under way regarding programmes to improve attitudes of nursing staff. It was highlighted that a positive attitude was needed across all groups of staff including receptionists, therapist, and medical.

It was noted that the current customer care programme was not mandatory but that the appraisal process was a useful tool to identify need for participation.

It was suggested that the Trust needed to focus on improving the overall mean in relation to performance on communication rather than focusing on improving the extremes.

There would be a strong financial incentive in the current financial year as CQUINS included five questions from the adult inpatient survey to which £400k was attached; these related to questions around the patient's perception as to whether doctors had explained matters well.

Improving communication and attitude was linked to embedding the Trust's agreed values and then translating the values to behaviours. Over the next 6-8 weeks, plans were being developed to enable groups of patients and staff to work together to start defining behaviours. It was also suggested that visual reminders on acceptable behaviours might be helpful.

In summarising the progress to date on the Programme, it was suggested that it would be helpful to include a strategy for assessing the gaps, targeting actions and then reviewing the changes so real

ITEM **ACTION**

progress could be demonstrated.

TEC NOTED the Programme report.

122/2010 Programme 4 : Leadership
Raj Bhamber, John Hadley and Paul Murray

The Staff Award Ceremony had been very successful and the CDs who had attended were thanked as this had helped signify the importance of the Awards. Ideally the ceremony needed to be more inclusive of the whole hospital, although there were logistical issues to achieve this. The external speaker had been highly popular and successful and the Trust would need to consider how to maintain this approach in the next year.

The results from the National Staff survey had been made available and an event would be held on Wednesday on 14th May to commence action planning.

Information from ESR showed that appraisal was disappointingly below target at the end of the financial year standing at c 72% completion. An appraisal questionnaire was underway focusing on reviewing the quality of appraisals, and it was noted that one potential downside to the current system was the paperwork. The Executive Team was using a new type of simple and focused paperwork which would be circulated for information and future discussion. **RB**

The Leadership Programme was to be launched in June 2010. TEC discussed who should be encouraged to attend and it was emphasized that this needed to identify talent and energy, and was also potentially a useful tool for succession planning.

A development centre would be held on 12th May. Part of the Programme involved creating learning sets, and also staging a number of high quality Master Classes. The Leadership Development programme was to become a rolling programme, but other existing management development activities would continue and be enhanced.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

123/2010 Corporate Risk Register

The Corporate Risk Register as at 31st March 2010 was received.

The following points were noted:

- Internal Audit were currently looking at a revised format for the patient property book (CRR890).

- CRR745 referred to the Trust tolerating the risk “IT: over-reliance on key individuals with specialist knowledge”. This risk had

ITEM **ACTION**

previously been rated down from high to a lower level as specialist knowledge was now shared between a number of individuals.

RG

It was agreed to confirm whether there was any further treatment possible, and also to confirm the assessment on the risk had taken into account the views of users as well as the professionals.

TEC NOTED receipt of the risk register and AGREED that there was a corporate risk associated with the organisation preparing itself to embed the registration process which should be added to the CRR.

124/2010 Care Quality Commission Registration

Sarah Johnson was welcomed to TEC and gave an overview of the new registration process and the systems being used internally to manage registration.

The Trust had identified two locations and six regulated activities. In order to maintain registration with the CQC, the Trust needed to continually meet 16 essential standards of quality and safety for each activity at each location.

Corporate level sponsors and owners had been identified for each of the 16 essential standards; these owners would provide a trust wide view on corporate compliance mechanisms. However underpinning this the Trust needed to be confident at a service level that all of the essential standards were being met, and this required a greater focus on outcome evidence.

The intention was to use the Clinical Governance Committee to monitor and drive through improvements at a clinical specialty level and to facilitate this Clinical Governance Report framework was being revised to support the Directorates in demonstrating compliance. The Clinical Governance Report for Anesthetics and Theatres had been completed on this basis. The need for outcome based evidence on performance against the regulations had identified the importance of a robust clinical audit programme, and the process had also been helpful in populating the risk register

It was noted that the national guidance produced by the CQC on the registration process was complex and therefore quite difficult to absorb or summarise meaningfully. However it was essential that the Trust had confidence in its position as CQC would be triangulating outcome data via the QRP and National Surveys and could undertake spot checks of organisations. 22 Trusts had been Registered with conditions.

There needed to be clear leadership through the Clinical Directors on the whole process of registration. The intention was that by the end of May 2010 all the Corporate owners would have collected their evidence and loaded it onto the Performance Accelerator and that the essential standards had also been reviewed by each Directorate.

ITEM **ACTION**

It was noted that the process became quite intensive at Directorate level and it was therefore important that each of the Directorates had sufficient support from clinical governance facilitators or equivalent. It was confirmed there were no plans to amalgamate the CGF roles with that of any other posts within the Directorates e.g. BCMs, and if CDs had concerns these needed to be discussed with the Chief Operating Officer.

There was a real value in being able to share feedback on good practice regarding clinical governance generally, and the Medical Director extended a welcome to all CDs to attend the Clinical Governance Committee meetings.

TEC AGREED the process for ongoing monitoring and assessment of the Trust's compliance in respect of registration.

125/2010 Wireless Infrastructure Solution

The business case set out a case for a three-stage phased Wireless infrastructure implementation. It was based on a pilot implementation although the proposal was to use an alternative solution supplier which would require fewer devices, and therefore less cabling, but achieve increased bandwidth and improved resilience. The first year of the projects was estimated at £440k although the 3 year total capital costs were c£1.1million. However the 3 phases were not inter- dependant and could be viewed as independent decisions.

In discussing the business case, it was noted that this was a basic infrastructure decision, and was in part an enabler moving towards a paper-light environment. The EQUIP rapid improvement events had highlighted the benefits of the work stations and the positive impact on length of stay.

Overall it was agreed the proposal was a sound one and that it would potentially deliver a wide number of benefits which needed clearer articulation. The Business case was AGREED in principle subject to a further discussion at the next TEC, supported by a brief update paper, demonstrating:

- Greater clarity on benefits to be achieved;
  Ie. greater specificity in the change of behaviours to be delivered/ changes in practice

- Reviewing the proposals for the composition of the project board and project team to ensure strong clinical engagement **RG**

- Further consideration on the benefits/impact for MAU

- Confirming whether the 60 devices and the project generally included Ashford Hospital.

ITEM **ACTION**

ANY OTHER BUSINESS

126/2010 Research

TEC was pleased to note the Trust had benefited from £100k profit to be shared between the Trust and Directorates in relation to CLRN. CDs needed to encourage services to be 'research active' and it was noted that Isaac John, Clinical Effectiveness / R&D Manager, had been instrumental through his work supporting the Trust.

127/2010 Clinical Coding

The PbR report for Southeast Coast SHA summarising the findings for coding audits carried out for 13 Trusts in 2008/2009 had been published. The Trust had performed very favorably in comparison in other Trusts, which was an excellent outcome.

128/2010 Away Day

The TEC Away Day was to be held on 16th May.

129/2010 DATE OF NEXT MEETING

23 April 2010

ACTION LOG

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
12/03/2010	83/2010 & 120/2010	**Programme 5 Workforce**	Education and Development plans to be submitted by T&O and Specialist Surgery	**CS/Jha**	09/04/2010	
09/04/2010	122/2010	**Programme 1**	Circulate draft ED Appraisal paperwork	**RB**	23/04/2010	
09/04/2010	125/2010	**Wireless Infrastructure Solution**	Complete further work on Business case	**RG**	23/04/2010	
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 trust 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".		28/05/2010	
13/11/2009	5.1	**Infection Control**	Review costs and service implications of systems to deliver on emergency screening for MRSA	**VH/AL**	11/06/2010	
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**	25/06/2010	
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	

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
12/03/2010	86/2010	**CRR**	Upload data on IG training onto OLM	**JH**	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	
08/01/2001 26/03/2010	6.2/2010 97/2010	**Workforce redesign**	TEC to discuss changes to HRBM role	**RB**	26/02/2010 14/05/10	
11/12/2009 26/03/2010	3.1 98/2010	**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 14/05/10	

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES
23rd April 2010
Lecture Theatre, Ramp, St. Peter's Hospital

PRESENT	Valerie Howell	Chief Operating Officer (chair)
	Mike Baxter	Medical Director
	Mick Imrie	Clinical Director for Anaesthetics & Theatres
	Chris Schofield	Clinical Director for Trauma & Orthopaedics
	Andrew Laurie	Clinical Director for Pathology
	Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy
	Jonathan Robin	Interim Clinical Director for Emergency & A&E
	Paul Crawshaw	Clinical Director for Children's Services
	Vanessa Avlonitis	Deputy Chief Nurse
	Paul Bentley	Director of Strategy
	Elliot Chisholm	Clinical Director for Surgery
	Giselle Rothwell	Head of Communications
	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	Paul Murray	Lead Clinician for Cancer
	Caroline Becher	Chief Nurse
	Peter Finch	Clinical Director for Imaging & Endoscopy
	Andrew Liles	Chief Executive
	Jeremy Wright	Clinical Director for Women's Health

John Aird was welcomed to his first meeting of TEC having taken up post as Interim Director of Informatics.

ITEM **ACTION**

130/2010 MINUTES

The minutes of the meeting held on 9 April 2010 were agreed as a correct record, subject to noting that Robin Gammon had been present rather than John Aird.

MATTERS ARISING

TEC reviewed all of the actions from the previous minutes.

ITEM **ACTION**

Nominated leads confirmed that all respective actions had been completed, appeared as agenda items for this meeting, or were on track within the agreed time scales. The following was noted:

131/2010 Programme 5 Workforce (minute 120/2010 refers):

It was confirmed that the education and development plans for T&O and Specialist Surgery had been received.

132/2010 Wireless Infrastructure Solution (minute 125/2010 refers):

John Aird needed to become familiar with the project and business case and therefore the item would revert to the next meeting. **Agenda**

133/2010 TEC AWAY-DAY

The TEC away-day had taken place on 16 April 2010. The notes had been circulated to all members of TEC and those present at the event commented that it had been a useful and stimulating session.

In terms of the next steps, the following points were noted:-

- It was generally agreed that a rethink was required in respect of the clinical director pre-meet to TEC. At the away-day, it had been suggested that this should be re-formatted to be an informal lunch with an opportunity for discussion with the Chief Executive.

  Generally, the clinical directors valued the opportunity to meet as a group but agreed there needed to be further thought on the purpose, timing and involvement of the Chief Executive/other directors. It was agreed that this should be discussed further with the Medical Director. **MB**

- There was a need to 'skill up' TEC members in terms of making constructive challenge.

- Agreement needed to be reached on which TEC was the formal business meeting in the month and which was the more informal/developmental. It would then be essential that papers for the formal business meeting was circulated in a timely fashion, i.e., five working days in advance of the meeting. Once agreement had been reached on the meeting cycle, it was anticipated the changes could take place from May. **JG/AL**

TEC NOTED the feedback report.

TRUST 6 DELIVERY PROGRAMMES

134/2010 Programme 3 : Clinical Strategy
Paul Bentley, Elliot Chisholm and David Fluck

TEC discussed the main items highlighted in the report for discussion.

ITEM **ACTION**

Marketing:

It had been identified that there were six GP Practices in Woking/West Byfleet where the Trust was losing considerable amounts of market share. It was intended to target these six Practices with CDs/EDs.

Clarification was needed as to whether or not the activity conducted at the Cobham Day Surgery Unit was the Trust's. It was suggested that the Trust could be more prominent in providing urgent care for patients/GPs; although there were disincentives with the payment system for inpatients this could be a positive step if the activity was outpatient based.

It was noted that NHS Richmond and Twickenham had served notice on the West Middlesex Hospital for some of their services which gave opportunities for Ashford and St Peter's. It was noted that one of the difficulties in providing outreach services was getting concrete information and agreement from the service provider as to potential clinic time and facilities.

Clinical Strategy:

All Clinical Directors had submitted their service strategies. These were now being collated and reviewed with the aim of discussing the draft document towards the end of May. It was anticipated that the clinical strategies would help identify priority next steps in terms of marketing, for example whether it would be helpful to target certain specialities in certain geographical locations.

Renal:

The competitive dialogue phase had now closed and it was understood that the invitation to submit final bids would be made in the first week of May with the requirement for tenders to be submitted by the end of May. At a late stage in the process, NHS Surrey had advised that they would not act as "agents of change" to drive any change in the patients' behaviour; the impact was that there was no guarantee of income to providers.

Subsequently, Epsom and St Helier's NHS Trust had confirmed that they still supported the consortium bid, although the overall impact of NHS Surrey's decision would make it harder for Ashford and St Peter's to justify the business case proposal.

It was noted that the Trust had not been able to recruit to the two interventional radiologist posts, in part because there was insufficient work. The Directorate was therefore looking at other options.

Following a broad ranging discussion concerning the renal bid, TEC confirmed that they were highly supportive of the Trust continuing with a strong renal bid. Being the lead provider of Renal Services in Surrey, underpinned the Trust strategy and the IBP. However, it

ITEM **ACTION**

would be prudent to:

- Ensure the Trust could minimise the capital risk associated with the service.
- Understand the issues regarding potential early commencement of the renal model/service.
- Consider whether there were any issues associated with interventional radiology; the Trust needed to proactively explore other options involving Trusts such as Epsom or St George's.
- Understand whether there were any legal liabilities if the Trust secured the bid but the work did not follow.

TEC agreed to review the position further in four weeks.

TEC NOTED the programme report.

135/2010 Programme 6 : Building Stronger Clinical Directorates
Valerie Howell, Paul Crawhaw, Barry Sellick

Due to the extended discussion on the Clinical Strategy Programme, it was AGREED to defer discussion on this programme to a future meeting.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

136/2010 ENT – Strategic Direction and Business Case:

The ENT Department at Ashford and St Peter's Hospital was part of a network with Royal Surrey County Hospital and Epsom and St Helier's Hospitals. This hub and spoke arrangement based on the Royal Surrey Hospital involved a number of joint appointments. There were a number of drivers for change including ASPH losing market share and the need to create a flexible workforce able to respond to the challenging healthcare needs of the local population.

The strategic vision paper presented a prudent financial picture overall, although there might be a need for greater capital investment. It would also be important to work through where the activity would take place and the impact on services such as Anaesthetics and Theatres.

Overall, TEC AGREED the principle of repatriating the ENT activity from RSCH. However, this was subject to a detailed case which would consider the issues on sites and the impact on supporting departments and services. This should revert to TEC for final approval as the proposal would impact on consultant job plans and involve the creation of a new post.

137/2010 Pathology Network:

Andrew Laurie gave a verbal update on the progress with developing a Surrey-wide pathology network. Draft governance arrangements were being presented to each of the four Trust Boards. There were a

ITEM **ACTION**

number of complex issues that required further discussion with support from the four acute Trusts' Finance, HR and Medical Directors.

Collinson Grant Healthcare was supporting the Project Team in work on defining local pathology services. This would include issues on assurance regarding quality, and the Project Team was also looking at issues to do with capacity. A further report on these aspects would revert to Trust Boards at the end of May/early June.

Feedback was being obtained from clinical users in order to capture site-specific critical services, such as attendance at Multidisciplinary Teams or One-Stop Clinics. It was essential that all Directorates ensured that this information was supplied quickly. **ALL**

In response to a question regarding the standardisation of systems and processes such as labeling and bottle-type across the network, it was noted that the underpinning principle was not to force standardisation across the Trusts but to make sure that services were usable and compatible.

It was also noted that a clear project plan would be essential as the project developed.

TEC NOTED the report.

138/2010 Staff Survey:

The results of the 2009 National Staff Attitude Survey showed a significant increase in the response rate and strong overall progress. It was pleasing to note that there were a number of key findings for which Ashford and St Peter's Hospital NHS Trust compared very favorably with other acute Trusts. These included:

- Staff motivation at work.
- Percentage of staff experiencing harassment, bullying or abuse from patients/relatives in last 12 months.
- Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month.
- Percentage of staff being under pressure in the last three months to attend work when feeling unwell.

There were only four areas where the Trust results were now in the bottom 20% compared with other Trusts which included:

- Percentage of staff reporting errors, near misses or incidents witnessed in the last month.
- Percentage of staff experiencing physical violence from staff in the last 12 months.
- Percentage of staff experiencing discrimination at work in the last 12 months.
- Impact of health and well being on ability to perform work or daily activities.

ITEM **ACTION**

TEC discussed the issue of witnessing and then reporting incidents; it was noted that a general comment from staff was about poor feedback following reporting. Trust-wide communication on actions and improvements was a good approach.

There had been a productive event in the preceding week receiving feedback on the results of the National Survey and initiating discussions on developing Directorate action plans. A further local survey would be conducted in due course focusing on areas where improvement was needed.

The Trust's vision was to become one of the best acute healthcare providers in the country and therefore the aim was to continue to improve the Trust's position in the national survey, i.e. increase the metrics where ASPH was in the top 20% of Trusts.

TEC NOTED the report and requirement for Directorates to develop local delivery plans.

INFORMATION - Sub Committee Reports

139/2010 10:10 Carbon Reduction Group Update

The Trust Board had agreed to join the National 10:10 Carbon Reduction Campaign in January 2010. The Group had been established to review, monitor and make recommendations with regard to reducing the Trust's carbon emissions by 10% and raise the awareness of staff and others.

The Group had now met twice and the report from the Group was NOTED by TEC. It was also highlighted that the CIP programme included a target to reduce expenditure on energy.

ANY OTHER BUSINESS

140/2010 Quality Account

A copy of the draft Quality Account was tabled. This had previously been presented to TEC and had been re-formatted to be more patient focused and updated in line with national guidance. The Report identified achievements, priorities for improvement in 2010/2011 and performance against quality measures in 2009/2010. Comments on the draft Quality Account needed to be submitted urgently to either the Medical Director or Head of Communications. **ALL**

TEC NOTED the draft Quality Account.

141/2010 Job Planning/LNC:

Andrew Laurie was thanked for joining the LNC discussion on job planning.

ITEM **ACTION**

142/2010 DATE OF NEXT MEETING

14 May 2010

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
23/04/2010	133/2010	**TEC away day**	Agree schedule of formal/developmental meetings	**JG/AL**	14/05/2010	
23/04/2010	137/2010	**Pathology network**	Provide feedback on site critical services	**ALL**	14/05/2010	
09/04/2010	125/2010	**Wireless Infrastructure Solution**	Complete further work on Business case	**AG**	23/04/2010 14/05/2010	
08/01/2001 26/03/10	6.2/2010 97/2010	**Workforce redesign**	TEC to discuss changes to HRBM role	**RB**	26/02/2010 14/05/2010	
11/12/2009 26/03/2010	3.1 98/2010	**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	
Due for review at future meeting						
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 trust to help benchmarking	**AG**	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".	**AG**	28/05/2010	
23/04/2010	134/2010	**Programme 3; clinical strategy. Renal Bid**	Review position on renal bid	**PB**	28/05/2010	

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	
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	