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

TRUST EXECUTIVE COMMITTEE MINUTES
DRAFT
Friday, 25th March 2011
2.00 pm to 4.30 pm
The Lecture Theatre, The Ramp, St Peter's Hospital

PRESENT:	Andrew Liles	Chief Executive (Chair)
	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
	Valerie Bartlett	Deputy Chief Executive
	Raj Bhamber	Director of Workforce and OD
	Giselle Rothwell	Head of Communications
	David Fluck	Deputy Medical Director
	Paul Murray	Lead Clinician for Cancer
	Paul Crawshaw	Clinical Director for Paediatrics
	Michael Wood	Divisional Director for Medicine
	David Elliott	Divisional Director for Trauma & Orthopaedics
	Paul Doyle	Deputy Director of Finance
	Gulam Patel	Divisional Director for Ambulatory Care
	Donna Jarrett	Associate Director of Health Informatics
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Mike Baxter	Medical Director
	John Headley	Director of Finance & Information
	Jeremy Wright	Clinical Director for Women's Health
IN ATTENDANCE	David Hurrell	Project Manager (minute 44/2011)
	Wendy Munrow	Clinical Fellow in Clinical leadership (KSS Deanery)
	Sarah Davis	Project Manager

ITEM **ACTION**

39/2011 Minutes

The minutes of the meeting held on 25th February 2011 were agreed as a correct record.

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.

The following was noted:

40/2011 **Corporate Business Plan 2011/12** (minute 33/2010 refers):

It was agreed to consider whether there was still an opportunity to incorporate references to the Cancer Service in the Corporate Business Plan. **VB**

41/2011 **SAS Doctors at Ashford Hospital** (minute 35/2011 refers):

It was noted that the Director of Finance had confirmed the net saving and therefore implementation of the business case could proceed.

TEC NOTED the update.

42/2011 **Programme 5: HealthRoster** (minute 238/2010 refers):

The benefits realisation plan for HealthRoster would be advised to TEC as part of the future Programme 5 update.

43/2011 **Balanced Score Card – Workforce** (minute 07/2011 refers):

The nurse WTE:bed ratio would be updated in the 2011/12 Balanced Scorecard.

TRUST 6 DELIVERY PROGRAMMES

44/2011 **Delivery Programme 4: Leadership Development**.
Raj Bhamber, John Hadley

The Programme Report was noted and brief presentations followed by discussion took place on the following topics:-

Medical Appraisal Policy: David Fluck updated TEC on the Organisational Readiness Self Assessment Tool for revalidation. Training had been arranged for the Medical Director as Responsible Officer and progress was being made both in terms of the appraisal system and the organisational governance arrangements. The current approach to medical 360^{O} feedback included patient feedback and was planned to continue in 2011/12.

The draft Medical Appraisal Policy would be circulated prior to discussion at the JLNC meeting and would be considered for approval by TEC in 2011/12.

360^{O} Approach: David Hurrell was welcomed to the meeting and gave a demonstration of the locally developed 360^{O} tool which was aligned to the Pledge (values and behaviours) and was designed to underpin the leadership and management framework competencies. The tool was currently being piloted until the end of March and was supported by detailed guidance for managers, participants and users.

TEC supported the tool and highlighted the importance of skilled

feedback. Text comments were not currently mandatory but in future versions of the tool it might be possible to require commentary where scores were at either extreme.

It would be important to evaluate whether users had found the tool helpful in taking forward their personal development.

Speciality Lead Development Programme: The outlined programme was noted. Differing views were expressed regarding scheduling of evening sessions for the programme. After discussing a number of options including using educational half-days, scheduling alternate Friday afternoons or a 4 p.m. to 6 p.m. slot, it was agreed to use 19th April event at 6 p.m. as a testbed.

The 6 Programmes had been operating for over a year and would be refreshed in the light of the Corporate Plan 2011/12. However, the six programmes only covered part of what the Trust aspired to deliver and a formal Programme Office and approach was being established with a focus on ensuring delivery of objectives and change. As a result, the format of the Programme Board updates to TEC would change in the future with greater emphasis on exception reporting. Divisional Directors were invited to attend the launch sessions on the Programme Office.

The national and local economic picture was increasingly challenging and it was therefore essential that the Trust was able to deliver improvements in a timely fashion.

TEC NOTED the report.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

45/2011 Corporate Risk Register

The Corporate Risk Register highlighted three risks as closed, one risk where the risk level had changed and proposed the addition of one new risk.

TEC agreed the additional risk which related to the quality of care for those patients residing in the A&E Department for prolonged periods, noting that this reflected the current exceptional pressures which went beyond normal acceptable levels. It was agreed to be clear on the measure of how it would be determined that the risk had been reduced to acceptable levels, and to review the wording of the detailed description. **VB**

TEC proposed that an additional risk relating to the Operating Frameworks penalty system for re-admissions following an elective admission should be incorporated in the CRR. **VB**

TEC APPROVED the Corporate Risk Register including the removal of risk 1070 (NHS-funded Health Care Team) and the addition of the A&E risk.

46/2011 Releasing Time to Care:

The Releasing Time to Care programme was being re-invigorated at ASPH. It was important that a multi-disciplinary approach was adopted and TEC supported consultant level medical engagement.

It was agreed that Divisions could propose additional wards for the first cohort and to ensure that the facilities and estates departments were fully aligned and would action minor ward level changes promptly.

Heads of Nursing would be a key link back into the Divisions on the programme and it was agreed that progress should be monitored through the performance meetings.

TEC NOTED the report.

BUSINESS CASE AND POLICY APPROVALS

47/2011 ENT Consultant – Business Case:

The Business Case sought agreement for the appointment of one full-time consultant ENT surgeon with a special interest in the otology.

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

It was noted that the likely case financial scenario was built on repatriation of surgery from RSCH together with an increase in outpatient activity. Prior to approving a case built on new income, it would be essential to ensure that the additional work would be paid for by NHS Surrey and that the value would be added to the SLA. It was therefore agreed to defer the decision on the business case pending resolution of the job plan and reaching agreement with NHS Surrey on the Trust's overall SLA.

TEC DEFERRED a decision.

48/2011 IT Projects Policy

The Policy laid out the procedures to be followed when procuring and implementing a new IT system.

TEC APPROVED the policy but noted that it would be helpful to align the PID and business cases with the PMO approach.

TEC APPROVED the Policy.

49/2011 Whistle Blowing Policy

An amendment to the Policy had been proposed by the local Counter Fraud Specialist.

This was an important Policy for the Trust and it was essential that the message on reporting concerns was articulated simply and clearly. It was also important that Policy details did not include contact

references that were specific to individuals and therefore subject to change. The proposed revisions were therefore not accepted in full and it was AGREED that the Director of Workforce would insert the appropriate wording. **RB**

50/2011 Learning, Education and Development Policy:

The Policy had previously been approved by TEC on 25 February 2011. However, following further feedback from the NHSLA assessor, it had been further reviewed and updated to include the assessor's comments. The modifications have been approved under Chairman's action.

It was noted that in meeting the NHSLA requirements, a number of imbalances and mistakes have been created in the revised schedules. The Executive Team had agreed that a thorough root and branch review should be undertaken of mandatory training in order that the specific requirements of the Trust were addressed. **RB**

It was noted that when that the meeting on 25th February had had only one Divisional Director present. Whilst this was compatible with the existing quorum for TEC, it was noted that the Terms of Reference were being thoroughly overhauled and would be presented to TEC for approval in April. **JG**

TEC NOTED Chairman's action.

ANY OTHER BUSINESS

51/2011 Commercial Group

The importance of the scheduling of meetings of the Commercial Group to synchronise with the timetable for TEC papers was NOTED. **RB/JH**

52/2011 Developmental Topics:

A topic for a future developmental TEC was agreed as "innovative solutions to capacity planning." **RB**

53/2011 Divisional Directors

It was noted that Paul Crawshaw would be Divisional Director for Women's Health and Paediatrics with effect from 1 April 2011.

TEC recorded a formal vote of thanks to Jeremy Wright for his significant contribution as Clinical Director for Women's Health.

54/2011 Date of Next Meeting

8th April 2011 - Developmental TEC
6th May.-Formal TEC

Note: This meeting has previously been advised as re-scheduled from 29th April due to the Royal Wedding.

Action log

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
28/01/2011	05/2011	**CRR**	The Risk Register for Anaesthetics and Theatres included three risks relating to patient flow. Deputy Chief Executive to consider whether this therefore warranted a risk being identified in the CRR.	**VB**	25/03/2011	
25/03/2011	40/21011	**Corporate Business plan**	See if there are opportunities to reference cancer services in the plan	**VB**	06/04/2011	
25/03/2011	45/2011	**Corporate Risk Register**	Be clear on the factors that will determined when the risk had been reduced to acceptable levels. Review the wording of the detailed description.	**VB**	06/04/2011	
25/03/2011	45/2011	**Corporate Risk Register**	Operating Frameworks penalty system for re-admissions following an elective admission should be incorporated in the CRR.	**VB**	06/04/2011	
25/03/2011	50/2011	**LED**	Review ToR of TEC	**JG**	06/04/2011	Agenda item
Due at future meeting						
25/03/2011	50/2011	**LED**	Root and Branch review to be undertaken	**RB**	24/06/2011	
25/02/2011	33/2011	**Cancer Reform Strategy**	Consider a GP spotlight event and also mapping caner charities to see if an annual event would be appropriate	**PM/VB**	22/07/2011	

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TRUST BOARD
28th April 2011

TITLE	**Trust Executive Committee Meetings held on 11th March 2011 and 25th March 2011 (draft Minutes)**
EXECUTIVE SUMMARY	The Trust Executive Committee key points included : The developmental TEC held on 11th February 2011 focussed on Living our Values-Leading the Change for Patients and gave TEC members the opportunity to 'experience' some of the methodology used by *April* to engage staff in the cultural transformation campaign proposed for the Trust including a patient's story- 'what happened and how it felt' . . The formal TEC on 25th March 2011 considered or approved: ▪ Delivery Programme 4: Leadership Development – (discussion) ▪ IT Projects Policy ▪ Whistle Blowing Policy ▪ Learning, Education and Development 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 28th March 2011
Submitted by:	Andrew Liles Chief Executive
Date:	16th April 2011
Decision:	For Noting