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

TRUST BOARD
28th July 2011

TITLE	**Trust Executive Committee Meetings held on 24th June 2011 (draft Minutes) and 8th July 2011**
EXECUTIVE SUMMARY	The formal TEC on 24th June considered or approved: ▪ Mandatory Training Grid ▪ Operational update ▪ Business case to replace the Operating Theatre Chillers at St Peter's Hospital The developmental TEC held on 8h July 2011 focussed on the operational position.
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 24th June 2011
Submitted by:	Andrew Liles Chief Executive
Date:	18th July 2011
Decision:	For Noting

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

TRUST EXECUTIVE COMMITTEE MINUTES
DRAFT

Friday, 24th June 2011
2.00 pm to 4.30 pm
The Lecture Theatre, The Ramp, St Peter's Hospital

PRESENT:	Andrew Liles	Chief Executive
	Valerie Bartlett	Deputy Chief Executive
	Mike Baxter	Medical Director
	David Elliott	Divisional Director for Trauma & Orthopaedics
	Andrew Laurie	Divisional Director for Diagnostics and Therapeutics
	Mick Imrie	Divisional Director for Anaesthetics, Critical Care & Theatres
	John Hadley	Divisional Director for Surgery
	David Fluck	Deputy Medical Director
	Paul Crawshaw	Divisional Director for Women and Children's services
	Michael Wood	Divisional Director for Medicine
	Donna Jarrett	Associate Director of Health Informatics
	Raj Bhamber	Director of Workforce and OD
	Paul Murray	Lead Clinician for Cancer
	John Headley	Director of Finance & Information
	Giselle Rothwell	Head of Communications
	Suzanne Rankin	Chief Nurse
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Gulam Patel	Divisional Director for Ambulatory Care
IN ATTENDANCE	Sue Robertson	Head of Business Development
	Harriet Stephens	Head of Education and Training (minute 95/2011)
	Richard French Lowe	External Consultant (minute 95/2011)

ITEM **ACTION**

94/2011 Minutes

The notes and minutes of the meetings held on:-

- 13th May 2011 (developmental session).

ITEM **ACTION**

- 27th May 2011 (formal business meeting).
- 10th June (developmental TEC).

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 the meeting or were on track within the agreed timescales.

The following was noted:

95/2011 Mandatory Training (minute 82/2011 refers):

Harriet Stephens and Richard French Lowe were welcome to the meeting and tabled copies of the project plan and draft mandatory training grid. It was noted that this was intended to be an online tool which would be easily accessible.

In developing the grid, some streamlining had been undertaken including reducing the frequency of a number of requirements and amalgamating topics where possible. During the preparation of the grid it had become clear that the mandatory training leads needed to be the source of expertise in advising the Trust on frequency and general training requirements specific to their area, and the training leads should be held to account for this responsibility. This was clarified in the Policy.

Individual training elements would be mapped to OLM so that individuals within a broad staff category would be able to see whether the training was applicable. An example was discussed from the grid on blood transfusion process training which currently identified all consultants as needing two-yearly updates.

It was confirmed that a number of the requirements came from sources such as the NHSLA. Some concern was expressed by TEC about the frequency and scope of statutory and mandatory training. It was therefore agreed that TEC members should confirm with the mandatory training lead most closely aligned to their service, the detail of the requirement and sign it off with E-mail confirmation to Harriet Stephens. **ALL**

TEC were pleased to note that the Trust had now achieved 95.2% coverage of information governance training and was now fully compliant with the Information Governance Tool Kit requirements.

Subject to finalisation of the grid the Policy was APPROVED and the Policy and grid would be published.

96/2011 30-day Re-admission Benchmarking (minute 85/2011 refers)

It was confirmed that Dr Foster showed the Trust as 103 compared

ITEM		ACTION
	with an average of 100 and therefore the Trust was not a significant outlier.	
97/2011	**Acute Medicine Business Cases (minute 90/2011 refers):**	
	It was confirmed that the Division was considering the feasibility of finding the residual balance of funding for the two posts from within the Division.	
98/2011	**Car Parking (minute 93/2011 refers):**	
	Consultation closed on 7 July 2011. It was confirmed that if possible this matter would be brought to the July TEC meeting for consideration.	**Agenda**
99/2011	**Financial Position (minute 95/2011 refers)**	
	It was highlighted that implementing the agreed change to educational half-day frequency would impact significantly on mandatory training.	
100/2011	**OPERATIONAL UPDATE:**	
	The Deputy Chief Executive summarised the current position. It was pleasing to note that the number of open escalation beds had reduced to 14, but a number of the symptoms remained the same, for example it was a major challenge to achieve timely discharge of patients, manage outliers and the workflow through A&E.	
	TEC had a wide-ranging discussion, confirming commitment to reform and change in the design of hospital services. A number of points were highlighted:	
	• Inconsistency in junior doctors on the medical wards had a considerable impact. It was noted that Orthopaedics were in the process of introducing a fixed-leave rota which would help address the problem. This would be shared with Michael Wood.	**DE**
	• Ward managers played an important role and needed to be fully empowered and able to escalate matters to consultant level if necessary.	
	• The Capacity Team also needed to be able to escalate as appropriate; at the moment the Team appeared to operate on the basis of collecting information rather than using it to make clear decisions.	
	• The principle of ward rounds occurring on every ward at c08:00 everyday was agreed. Key members to get together to agree the logistics underpinning this approach. It would be helpful to start with the new junior doctor intake.	
	• All wards should have consultant mobile phone numbers.	
	• Ideally outliers should be cohorted and managed by a specific team.	

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TEC also discussed the financial performance noting that the disappointing position was affected by external factors which affected all Trusts (e.g. tariff) and local specific factors, for example, a drop in elective activity.

The length of stay for non-elective patients had increased and the Trust had a slow start to the delivery of its Cost Improvement Programme.

TEC had previously agreed to non-pay ordering controls being put in place and the use of some educational half-days to support clinical work. The vacancy panel was now taking a more rigorous approach and a review would be undertaken of consultant posts previously agreed through TEC but not recruited to. A useful meeting had taken place with the Specialty Leads, and a review of their ideas and suggestions was underway, including the feasibility of annualising bank holidays into leave. Divisional Directors were asked to sense check within their Divisions how the annualisation of bank holidays would be received, and consider possible impact on patient flows.

Some mid-month financial reporting was now available; this was not fully refined, but would be circulated to TEC members. **JH**

TEC NOTED the update.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

101/2011 Corporate Risk Register

TEC made the following points in considering the Register: -

- It was agreed to check the wording of the proposed new risk on the use of escalation beds. **SR**
- Risk 764 was a generic risk on delivery of all performance targets. It was agreed this should be clarified to make explicit the A&E and RTT targets. **VB**
- CRR 108 related to information governance (possible non-compliance with IG tool kit submission and achievement of level 2 on all requirements). As the training target had now been achieved the risk could be closed.

TEC AGREED:

- The incorporation of two new risks (under-performance of CIP Programme 2011/12 and use of escalation beds – subject to re-wording).
- The removal of two risks – information governance training and CIP Programme 2010/11.

Subject to these points, TEC AGREED the Corporate Risk Register.

102/2011 Balanced Scorecard

The Balanced Score Card comprised four areas aligned to the Trust's

ITEM **ACTION**

for key strategic objectives.

Quality

The CMR was 89 which was significantly better than the predicted figure of 100. There were five conditions where the Trust was recorded as having a higher rate and a note-based audit of the specific cases was underway and would be reported to CGC. The inconsistency between the table and the text on the rate of CMR for the month would be corrected. **MB**

The Trust had experienced six cases of C. difficile. The RCA had not identified any common themes although further review had suggested that the use of a particular broad-spectrum antibiotic might be associated and therefore formula restriction had been placed on its use.

Workforce

The report identified that the vacancy rate had reduced slightly and was within target, the use of agency had decreased in May and that the number of staff recorded as having had an appraisal had decreased to 87.3%.

Clinical Strategy

The level of emergency activity had increased by 8%. Elective activity had decreased by 16%, although the drop was smaller than seen in April. Both these figures were adverse to target.

The number of re-admissions, both emergency and from nursing homes, appeared to show a small reduction. The figures from the nursing home project appeared to show a sustained reduction in re-admission demonstrating the benefit of the project.

It was noted that the Trust needed to carefully scrutinise on a case-by-case basis where consideration was being given to undertaking outpatient activity outside of the Trust.

Finance:

The FRR at month two continued at 1 versus a planned step up to FRR 2. The Trust was forecasting to get back to a budgeted rating of FRR 3 in June and in successive months.

TEC NOTED the report.

103/2011 Compliance Framework

In May the Trust had failed to achieve two of the key performance indicators (18 weeks RTT and its C. difficile trajectory). In addition, achieving the A&E targets remained a challenge.

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Analysis of the A&E position identified a big performance issue on the St Peter's site. In Q2, the Trust would be able to include the Ashford Walk-in Centre activity.

The Trust had three specialties which had not delivered the RTT admitted standard in Q1: Gynaecology, General Surgery and Trauma & Orthopaedics. TEC discussed the issues faced by Trauma & Orthopaedics noting that a major contributing factor was the highly specialised nature of some of the Trust's T&O business with more activity being added than the Trust had capacity to treat. The following comments were made:

- The specialist complex shoulder issue could be discussed with the specialist commissioning team, noting the potential to bounce back tertiary referrals. **SR**
- Generally, it was important that the conversion rate was known, and that outpatient activity was aligned.
- The job planning tool was important: The de minimus position was that consultants had a responsibility to deliver their contract and work to the advantage of the hospital.

It was reflected that the type of long-standing issues described by T&O were not unique to the specialty and all Divisions needed to be addressing these. In addition, the Trust could not sustain providing a service where it was non-profitable and there were serious capacity issues.

TEC NOTED the report.

104/2011 Quality Report

The Chief Nurse drew TEC's attention to a significant issue in relation to nutrition and hydration. The CQC were continuing with unannounced visits to trusts focussing on this important aspect of patient care. It was likely that the Trust would be visited at some point.

In undertaking spot checks on the wards, it was apparent that aspects of documentation, analysis and the management of patients in respect of their nutrition and hydration needs could be improved. It was important that TEC members challenged the performance at ward level and demonstrated clear leadership. It was agreed that the Chief Nurse would join a number of ward rounds and the Trust's study day on nutrition was highlighted.

TEC NOTED the report.

105/2011 2011/12 Contracts With Commissioners

Sue Robertson gave a presentation to TEC covering:-

- The implications of the 2011/12 new single-year contract.
- The local PBR contract with a 'cap and collar' of £2m applied to NHS Surrey activity only.

ITEM **ACTION**

- CQUIN-7 schemes comprising up to 1.5% of contract value.
- Best practice tariffs.
- Local contract terms.
- Quality standards.
- Nationally specified financial penalties.

The detailed list of "bought out" contract challenges was also circulated.

Details of the low priority procedures would be made available to Divisional Directors twice within the year and needed wide circulation.

TEC NOTED the briefing.

106/2011 The One Plan

It was agreed to defer this item to the next TEC meeting. **Agenda**

BUSINESS CASE AND POLICY APPROVALS

107/2011 Programme Management Office

The report outlined the purpose, core functions and scope of the Programme Management Office.

The report was NOTED.

108/2011 Business case to replace the Operating Theatre Chillers at St Peter's Hospital

TEC APPROVED the business case

109/2011 ANY OTHER BUSINESS

There was no business.

110/2011 Date of Next Meeting

Friday 8th July (developmental)
Friday 22nd July (formal),

Action log

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
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	
27/05/2011	93/2011	**Car parking**	Policy to be discussed at a future TEC	**VB**	22/07/2011	Agenda
24/06/2011	95/2011	**Mandatory training**	TEC members to review training grid with relevant leads	**ALL**	22/07/2011	Executive leads have signed off grid. Completed
24/06/2011	101/2011	**CRR**	Re work the wording of risk on escalation beds	**SR**	22/07/2011	completed
24/06/2011	100/2011	**Operational performance**	Circulate in month financial reporting data	**JH**	22/07/2011	Completed at developmental TEC
Due at a future meeting						
24/06/2011	101/2011	**CRR**	Risk 764 was a generic risk on delivery of all performance targets. Make the A&E and RTT targets explicit.	**VB**	26/08/2011	
24/06/2011	103/2011	**Compliance Framework**	Discuss complex shoulder activity with Specialist commissioning team	**SR**	23/09/2011	