Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
28th October 2010

TITLE	**Trust Executive Committee Meetings held on 10th September 2010 and 24th September 2010 (draft Minutes)**
EXECUTIVE SUMMARY	The Trust Executive Committee key points include : **10th September 2010** The TEC meeting was a developmental session focussing on developing the Health Informatics Strategy **24th September 2010** The meeting discussed progress on Programme 5 Workforce Re-Design TEC considered or approved: ▪ The business case for the continued use of HealthRoster. ▪ Visiting Hours Pilot results ▪ Departmental Block Roof Replacement business case ▪ The business case for a replacement Consultant trauma and orthopaedic surgeon with a special interest in upper limb surgery: ▪ the revised Work Life Balance policy ▪ Patient Environmental Action Group Report ▪ Single Equality Scheme Quarterly update .
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 September 2010
Submitted by:	Andrew Liles Chief Executive
Date:	15th October 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES

DRAFT

24th September 2010
Lecture Theatre, The Ramp, St Peter's Hospital

PRESENT:	Andrew Liles	Chief Executive (chair)
	Valerie Howell	Deputy Chief Executive
	Mike Baxter	Medical Director
	Raj Bhamber	Director of Workforce and OD
	Des Irving Brown	Assistant Director Financial Management
	Andrew Laurie	Clinical Director for Pathology
	David Elliott	Clinical Director for Trauma & Orthopaedics
	Elliot Chisholm	Clinical Director for Surgery (part meeting)
	Jeremy Wright	Clinical Director for Women's Health
	John Hadley	Clinical Director for Specialist Surgery
	Mick Imrie	Clinical Director for Anaesthetics & Theatres
	Paul Crawshaw	Clinical Director for Children's Services
	Michael Wood	Clinical Director for Medicine
	Gulam Patel	Divisional Director for Ambulatory Care
	Susan Brown	Head of Nursing
	Jules Arnould	Interim Head of Communications
	Sue Brown	Head of Nursing
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Susan Osborne	Interim Chief Nurse
	Paul Murray	Lead Clinician for Cancer
	John Headley	Director of Finance & Information
	Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy
	Jonathan Robin	Interim Clinical Director for Emergency & A&E
	David Fluck	Deputy Medical Director
IN ATTENDANCE:	Colleen Sherlock	Head of Workforce Intelligence

The Chief Executive welcomed Michael Wood, as recently appointed Divisional Director for Medicine, and Gulam Patel, recently appointed Divisional Director for Ambulatory Care, to their first meeting of TEC.

ITEM **ACTION**

235/2010 Minutes

The minutes of the meeting held on 27th August were agreed as a correct record subject to noting that minute *232/2010 Deputy Medical Director* final paragraph should read ; '… meet with the Clinical Director Specialist Surgery to review the Organisational Change

ITEM **ACTION**

policy…'.

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 this meeting, or were on track within the agreed time scales.

The following was noted:

236/2010 Deputy Medical Director (Minute 232/2010 Refers)

The Director of Workforce and OD had now met with the Director of Specialist Surgery to review the application of the Organisational Change Policy to the post of Deputy Medical Director. It had been agreed that in future a briefing paper on similar matters would be brought to TEC prior to implementation.

237/2010 Employment Policies (Minute 206/2010 Refers)

National guidance had now been issued in respect of the portability of CRB clearances for junior doctors.

TRUST 6 DELIVERY PROGRAMMES

238/2010 Programme 5 Workforce Re-Design
Raj Bhamber , Jonathan Robin

Overall the programme was progressing well; all deliverables were currently rated green. The following points were noted:

Job Planning: Implementation of CRMS for job planning would proceed; the level of expenditure did not necessitate a business case to TEC.

Business Plan Analysis: A triangulated analysis of activity, workforce, beds and finance had been examined by the full Programme Board. Whilst further work was required to refine the document, it provided a useful analytical tool. When it was further developed, it would be presented to TEC for information.

A review of directorate job planning outcomes would commence now the Deputy Medical Director was in post.

Temporary Staffing: The Programme Report identified an ambition to eliminate the use of medical agency staff. TEC explored a range of issues which might make this ambition more difficult to realise for medical than nursing staff, and it was agreed that the Programme Group should be asked to develop a realistic, challenging and measurable target, achievable over the period of the IBP: this would include clear actions on how to minimise the use of medical agency staff. **RB**

ITEM **ACTION**

Staff Rostering System: Colleen Sherlock, Head of Workforce Intelligence, introduced the business case for staff rostering. The Trust currently used HealthRoster. The system was not fully embedded across the Trust and as the licence was due for renewal, the opportunity had been taken to complete a full options review.

TEC supported the recommendation that HealthRoster was maintained at the Trust but that it was fully embedded and rolled out to all staff groups. The first phase of a rollout outside of Nursing and Midwifery would be to Pathology.

In supporting the business case, TEC asked that a benefits realisation plan be developed, so that the Trust would be able to identify a successful implementation. TEC noted that Divisions would need to take responsibility for ensuring that the system was properly utilised within their services. Options existed regarding the payment for the licence; the most beneficial course of action should be pursued in agreement with the Finance Department. **RB**

TEC APPROVED the business case for the continued use of HealthRoster.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

239/2010 Corporate Risk Register:

The Corporate Risk Register as of 10th September 2010 included two new risks, one risk closed and two existing risks where the risk level had changed since the last meeting of TEC.

One of the new risks opened was the risk associated with the NHS-funded healthcare team not completing patient assessments. TEC were advised that there was a backlog of around 700 assessments across the whole of Surrey and this was a risk affecting all provider organisations. The team's immediate priority was resolving the backlog of community assessments and this matter would be discussed by the Surrey Chief Executives' meeting.

The second new risk related to the discharge process. A programme of actions was being initiated, and it was intended to adopt some EQUIP techniques as part of the action plan.

TEC AGREED that these two risks were appropriate for inclusion on the Corporate Risk Register, and AGREED to the addition of a third new risk, namely that of having no designated social worker in Paediatrics. The importance of strong inter-agency working had been highlighted in two recent serious case reviews, and the risks associated with the vacancy had been highlighted by the Trust Board and were now the matter of discussion between the Chief Executive and the Director of Children Services in Surrey County Council. **SO**

CRR 806 related to Out-of-Date Trust Policies. It was agreed that the

ITEM **ACTION**

action plan and progress report should identify the number of outstanding policies by function, and that this risk should be reviewed in more detail at the next meeting. **SO**

CRR 847 related to the potential risk of under delivery of the CIP programme. The risk level had increased, and TEC expressed their concern regarding the increased risk and highlighted their commitment to achieving the CIP programme. The financial indicators showed that this was now being actively progressed

The Corporate Risk Register was APPROVED

240/2010 Quality Report

TEC's attention was drawn to the following matters from the Quality Report:

- MRSA was currently 5 and the forecast was also for 5 bacteraemia: this emphasised the Trust's zero tolerance approach to MRSA.

- VTE assessment was currently reported at 70% compliance. The assessment documentation was being completed but the issue remained electronic data capture. It had now been agreed that this would be undertaken by nursing staff via the IPL system, which should ensure that the data was recorded.

- Hip fractures treated within 36 hours showed a value of 76.5%, which was a slight reduction in the excellent July performance, but continued to meet the PCT trajectory. As discussed at the previous meeting, spikes in activity proved very difficult for the Division to manage, and there had been an instance of 9 cases presenting in a 24-hour period.

  There had been a very successful recent EQUIP event , and implementation of the agreed actions was already well underway. One significant change agreed was making treatment of hip fractures the second highest clinical priority for treatment by Orthopaedics.

- The Trust remained double green for mortality, with no new alerts received. There had been one surgical death involving an elective patient. This had been reviewed by the Surgical M&M meeting, and had been logged as an incident with the report presented and shared at the CGC.

- '*Your feedback'. . .* had been established in all adult inpatient areas. It was important that all clinical staff encourage patient participation.

- The Summated Adverse Report Index (SARI) showed an impressive improvement in two successive months.

ITEM **ACTION**

The Medical Director tabled a draft scorecard relating to the recently agreed Quality Strategy. The intention was to track improvement across clinical outcomes, patient safety and patient experience. Patient experience was particularly difficult to measure, and suggestions from TEC members were welcomed.

As the scorecard developed, this would form the next level down from the Board Quality Report.

Trust NOTED the Quality Report.

241/2010 Quality Governance Action Plan

The Trust Board had undertaken a self-assessment of its quality governance arrangements as part of its assessment for Foundation Trust status.

Overall, the self-assessment had been positive but three areas had been identified as amber/green. An action plan had been drafted to address these issues which related to:

- **5A:** Is appropriate quality information being analysed and challenged?
- **5C:** Is quality information being used effectively?
- **4C:** Does the Board actively engage patient, staff and other stakeholders on quality?

The action plan will be approved by the Trust Board and would be monitored via IGAC.

TEC NOTED the action plan.

242/2010 Marketing Report[1]

The Marketing Report for Q1 2010/2011 was discussed. This identified that the Trust's overall market-share in Q1 remained stable for Surrey and Hounslow.

TEC NOTED the Marketing Report.

[1] Redacted

ITEM **ACTION**

243/2010 Service Line Reporting: **VH**

The summary of the full year 2009/10 SLR had been circulated.

A detailed programme report would be discussed at the next TEC meeting in October. Further work was ongoing in defining service lines. A key priority for the coming year was to upgrade the costing system to allow migration to patient level costing, an approach endorsed and supported by TEC.

TEC NOTED the report.

244/2010 Visiting Hours Pilot:

The revised visiting times pilot had commenced on 1st June 2010 and run for three months. The results of patient, staff and visitor feedback had been analysed and a range of options for the way forward had been drafted. The Board would be discussing the results of the pilot at their September meeting, and the views of TEC would be forwarded.

In discussing the outcome, TEC noted that the volume of patient and visitor feedback had been relatively low, and also that the pilot had been carried out over the summer period.

While there was no clear outcome which could be drawn from the responses received, the re-introduction of weekday afternoon visiting but with times adjusted to avoid the period immediately after lunch, appeared to be popular and maintained the benefits of an extended rest period for patients. The long weekday visiting times seemed to have a somewhat negative impact on patients, and the proposal was to align weekdays and weekend visiting.

The adoption of Option 5 was generally supported. Whatever option was implemented, there would always be a need for a flexible approach, with exceptions on a needs basis.

TEC NOTED the report.

245/2010 Operational Management Structure:

Following a competitive process, Divisional Directors had now been appointed:

- Mike Wood – Medicine
- Andrew Laurie – Pathology

ITEM **ACTION**

- Gulam Patel – Ambulatory Care

It was noted that feedback from MSC had been supportive, agreeing the revised approach to the structure.

A full discussion would take place at the next TEC meeting, looking at supporting structures, remuneration, appointment processes and alignment of nursing structures. Following conclusion of these discussions, it was hoped the structure could be finalised and embedded. **VH**

Following review at the next TEC meeting, consideration would be given as to whether it was appropriate to include a risk in the Corporate Risk Register relating to the potential for destabilisation of the organisation during implementation. **VH**

TEC NOTED the verbal report.

246/2010 Foundation Trust Application:

The Trust was now midway through the Monitor Assessment Phase. It was pleasing to note that formal submissions had all been made in accordance with deadlines and TEC members were thanked for their input into the meetings with Monitor's assessors. The majority of meetings with internal staff and services had been completed, and Monitor was now meeting key external stakeholders. Following this, they would be triangulating their findings, and the Board-to-Board meeting was scheduled for 4th November.

TEC NOTED the report.

BUSINESS CASE AND POLICY APPROVALS

247/2010 Departmental Block Roof Replacement[2]

TEC AGREED the proposal to replace the whole of the departmental block roof. Funding for part of the roof had been identified in the capital programme for 2010-11, funding the whole roof could be achieved through slippage, enabling items of backlog maintenance to be brought forward from 2011/2012.

TEC APPROVED the business case for the roof replacement.

248/2010 Consultant Trauma and Orthopaedic Surgeon

The business case for a replacement Consultant trauma and orthopaedic surgeon with a special interest in upper limb surgery was APPROVED: this was subject to confirming that the long-term locum had no employment rights, and also to the Deputy Chief Executive and Deputy Medical Director sign-off of the revised job plan, which needed to be in accordance with the job planning advice agreed for

[2] Redacted

ITEM		ACTION
	2011/2012.	
249/2010	**Feedback Strategy 2010/13**	
	The aim of the Feedback Strategy was to detail a framework for obtaining feedback from our patients, embedding the processes for engagement, listening and discussion.	
	TEC was advised that the Interim Chief Nurse would be meeting with the Head of Customer Affairs to refine the strategy and identify how the actions would be monitored.	**SO**
	TEC NOTED the draft strategy.	
250/2010	**Employment Policies**	
	TEC APPROVED the revised Work Life Balance policy.	
	INFORMATION	
251/2010	**Health Informatics Subgroup**	
	The report from the Health Informatics Subgroup was NOTED. It was agreed to confirm whether the Deputy Chief Executive remained a member of the group.	**VH**
252/2010	**Patient Environmental Action Group Report**	
	The report was NOTED. The Patient Environmental Action Group (PEAT) inspections looked at eight aspects of service and the results showed an upwardly improving trend in the environment since 2008.	
	TEC NOTED the report.	
253/2010	**Single Equality Scheme**	
	The quarterly update on the Single Equality Scheme was NOTED.	
254/2010	**Enhancing Quality Programme**	
	Details of the Enhancing Quality Programme had been included within the main Quality Report.	
	The team visit was being organised for January 2011.	
	ANY OTHER BUSINESS	
256/2010	**External Assessments**	
	TEC was advised that the external NHS cervical screening quality visit looking at cytology and colposcopy processes had recently been completed, and the Trust had passed with flying colours.	

ITEM **ACTION**

257/2010 Annual General Meeting

The Annual General Meeting would take place on 30th September, and Divisional Directors were encouraged to attend this important event.

258/2010 DATE OF NEXT MEETING:

The next informal TEC meeting will be held on 8th October 2010.
The next formal TEC meeting will be held on 22nd October 2010.

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
27/08/2010	218/2010	**Staff Survey (summer)**	Consider issuing a glossary prior to the next national staff survey or other means of reminding staff of key definitions	RB	22/10/2010	
24/09/2010	239/2010	**Corporate Risk Register**	Add new risk on child protection- designated social worker	SO	22/10/2010	
24/09/2010	239/2010	**Corporate Risk Register**	Review CRR 806 Out of Date policies in more detail	SO	22/10/2010	
24/09/2010	245/2010	**Revised operational arrangements**	Review supporting structures, appointment processes and alignment of nursing structures to finalise structure overall	VH	22/10/2010	
24/09/2010	245/2010	**Revised operational arrangements**	Consider need for adding a risk related to potential for destabilisation of trust during implementation	VH	22/10/2010	
24/09/2010	242/2010	**Marketing- cardiology**	Investigate the fall in market share for cardiology (Thames Medical and Woking areas)	VH	22/10/2010	
Due at a future meeting						
24/09/2010	249/2010	**Feed back Strategy**	Refine Strategy and measures for subsequent agreement by TEC	SO	26/11/2010	
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	
24/09/2010	238/2010	**Programme 5 Medical locums**	Develop a realistic, challenging and measurable target with actions relating to the ambition to reduce the use of medical agency locums	RB		
24/09/2010	238/2010	**Programme 5 HealthRoster**	Develop a benefits realisation plan for HealthRoster via Programme 5	RB	25/03/2011	