Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
29th July 2010

TITLE	**Trust Executive Committee Meetings held on 11th June 2010 and 25th June 2010**
EXECUTIVE SUMMARY	The Trust Executive Committee key points include : **11th June 2010** TEC had previously agreed to monthly business meetings alternating with a developmental session. 11th June was the first developmental session and focussed on observational audits. This was part of the 10 Point Plan relating to Improving the Patient Experience and increased the visibility of TEC as well as giving us assurance of the quality of the services we provide. A number of minor suggestions for improvement were noted including • Ensuring areas were not cluttered • Continue to increase the visibility of Matrons. • Organisation of the food trolley route within wards • Relatives should be offered drinks when the drink rounds take place. • Contacting next of kin to advise patient's operation is completed & they are now the recovery **25th June 2010** The meeting discussed progress on Programme 1: Patient experience, and discussed the Revision to the Operating Framework. TEC approved: o Performance Management Framework o Strategic Vision for Day Surgery Services o Central Booking Office o Fraud Management Policy o Organisation Change 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 minutes of the Trust Executive Committee held on the on 25th June 2010
Submitted by:	Andrew Liles Chief Executive
Date:	15th July 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES
25th June 2010
Lecture Theatre, Ramp, St. Peter's Hospital

PRESENT

Andrew Liles	Chief Executive (chair)
Mick Imrie	Clinical Director for Anaesthetics & Theatres
Caroline Becher	Chief Nurse
Andrew Laurie	Clinical Director for Pathology
Jonathan Robin	Interim Clinical Director for Emergency & A&E
Paul Crawshaw	Clinical Director for Children's Services
Sue Brown	Head of Nursing
John Hadley	Clinical Director for Specialist Surgery
Mike Baxter	Medical Director
Raj Bhamber	Director of Workforce and OD
John Aird	Interim Associate Director for Health Informatics
John Headley	Director of Finance & Information
Elliot Chisholm	Clinical Director for Surgery
Giselle Rothwell	Head of Communications
Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy
David Fluck	Clinical Director for Medicine
Sue Robertson	Head of Planning and Performance
Rebecca Carlton	Deputy Chief Operating Officer
David Elliott	Clinical Director for Trauma & Orthopaedics
Paul Murray	Lead Clinician for Cancer
Jeremy Wright	Clinical Director for Women's Health

SECRETARY	Jane Gear	Head of Corporate Affairs

APOLOGIES	Valerie Howell	Deputy Chief Executive
	Peter Finch	Clinical Director for Imaging & Endoscopy
	Barry Sellick	Clinical Director for Critical Care

IN ATTENDANCE	Jeremy Over	Deputy Director of Workforce
	Hannah Donoghue	Patient Pathway Manager (Minute 183/2010)
	Mark Kubli	Consultant Anaesthetist (Minute 183/2010)
	Dave Axten	Head of Facilities (Minute 186/2010)
	Jill Down	Head of Customer Affairs (Minute 180/2010)

David Elliott was welcomed to his first meeting of TEC following appointment as Clinical Director for Trauma and Orthopaedics.

It was reported that Caroline Becher, Chief Nurse, had decided to take early retirement for family reasons. Her wholehearted commitment to patient care and developing nursing

standards would be a significant loss to the organisation. An interim appointment of Sue Osborne had been made, starting at the end of July. The formal recruitment process would commence in September.

ITEM		**ACTION**
170/2010	**MINUTES**	
	The minutes of the meetings held on 14 May 2010 and 28 May 2010 were agreed as correct records.	
	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 this meeting, or were on track within the agreed time scales.	
	The following was noted:	
171/2010	**Infection Control (Minute 5.1 13/11/09 Refers):**	
	A project was underway on implementing screening for emergency admissions for MRSA bacteraemia on four wards. It was hoped to be able to implement this fully across the Trust in July which was in advance of the national timetable.	
	It was agreed to ascertain whether there were any additional costs associated with this additional screening activity.	**JH**
172/2010	**Staff Leavers (Minute 66/2010 Refers):**	
	A review of the data associated with staff leaving within one year of their appointment had been undertaken.	
	There were no overarching Trust issues, but individual feedback would be given to relevant directorates. The review would be conducted on a six-monthly basis.	
	TEC NOTED the update.	
173/2010	**IM&T Review (Minute 68/2010 Refers):**	
	TEC had previously been advised on the outcome of a review to assess the capability and strategic direction of the Trust's IM&T function. Two specific actions agreed with TEC had been to develop the strategy, and also look at the role and function of the ISSG.	
	TEC were advised that work on developing the strategy had now commenced, supported by external consultants. The Trust had commissioned an experienced consultancy firm to help develop a vision and strategy in a timely fashion, including an assessment of the Trust's PAS and proposals for its eventual replacement.	
	The intention was to present a draft for discussion by TEC in August	

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following which there would be discussion with the Trust Board. In addition, prior to making immediate changes to the ISSG, further consideration was being given to the role of the ISSG as a leadership body.

TEC NOTED the update.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY:

174/2010 Quality Report:

The Quality Report brought together the dashboard and ward metrics, both with associated commentary on exceptions. The following points were highlighted:

- Peter Wilkinson was now the Trust lead for the Enhancing Quality Programme. The Programme had been extended to include dementia and therefore covered five pathways of care.

- The Trust had been partnered with Dartford and Gravesham NHS Trust for a peer review on privacy and dignity. In addition to this, D&G had offered to participate in a swap of Medical Director/Chief Nurse to undertake a Mid Staffordshire type assessment.

- Information looking back over six months of WQIs had now been compiled; this would be forwarded to CDs and matrons to review.

- Crude mortality was now included in the report.

- Clarity had been received from the PCT over the staging of the target for fractured neck of femur. Q1 target was now 60% and therefore the Trust was currently achieving this.

- The Trust had appealed the attribution of two of the MRSA cases; the HPA had been unable to agree any change.

- The Trust was currently under the threshold set by the PCT for 14-day re-admissions. In the light of the Revision to the Operating Framework which included information on a future target on 30-day re-admissions, it was noted that an initial review indicated that the Trust was operating at about 230 re-admissions per month, and there was only a small overlap with the previously identified repeat admission patients (501 cohort).

It was suggested that future iterations of the report could highlight where the Trust had pushed its quality targets on a year-on-year basis.

TEC NOTED the report.

175/2010 Quality Strategy:

The Quality Strategy would form a central corporate document for the

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Trust. It provided a structure for monitoring quality against national standards and gave a focus to the delivery of this key strategic objective.

The Experienced-based Development Programme was supported by external funding, and would help the Trust understand why patients chose to return.

The Board had approved the Quality Strategy in principle; a number of minor amendments needed to be made including ensuring it aligned to the revision to the Operating Framework.

TEC NOTED the Quality Strategy.

176/2010 Performance Scorecard:

The balanced scorecard was aligned to the Trust's four key strategic objectives.

Workforce:

Discussion on the Workforce section focused on 3 areas:

Whilst temporary staff usage was within target there was a higher level of agency staff usage than planned. It was acknowledged this could pose risk to both the quality of care and financial performance. It was noted that the Finance Committee had requested a detailed report on the use of agency staff for discussion at the next meeting.

It was confirmed that temporary staff were not normally used to cover planned leave , however temporary staff might be used to cover vacancies, sickness episodes and higher than planned activity such as was currently being experienced and was covered in the performance report.

The level of appraisals had increased from the previous month and was recorded at 73.6% but remained below target. Considerable effort was being invested in training leads within Directorates to record appraisals on the electronic staff record with the intention of achieving the current year's stretch target of 95%.

The second ever local staff survey was being conducted targeting all staff with a two week period of field work. The survey had been designed to focus on those areas where the Trust had scored below average in the national survey conducted in 2009. Members were asked to encourage all staff to participate.

Clinical Strategy:

It was noted that the Trust had implemented a number of projects to reduce emergency admissions and these would continue to be introduced over the coming months. The importance of working collaboratively with Community Services was noted.

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Two of the targets related to the plan to increase the activity at Ashford Hospital and to ensure that Hounslow residents could receive treatment at Ashford rather than St Peter's Hospital. Overall, the Trust needed to be proactive in encouraging patients to use Ashford Hospital and it would be informative to get a real measure of the potential work which could shift from St Peter's to Ashford.

Overall, the Trust's market share in Surrey had stayed static. There were three areas to focus on, Woking and Hounslow, where market share had been reducing, and Cobham which represented new territory for the Trust.

It was suggested that job planning could be used to encourage consultants to shift activity to Ashford. It would also be essential to ensure that systems such as centralised booking gave sound consideration to location and not only the speed of appointment.

Finance and Efficiency.

The year to date I&E surplus was £0.3m ahead of target. This was a transient situation reflecting the phasing of income based largely on working days.

There was a small underachievement against CIPs and it was important that this was proactively addressed.

The level of outpatient DNA remained above target and all directorates needed to consider how this could be addressed.

TEC NOTED the report.

177/2010 Compliance Framework.

The Operational Performance report focussed on service performance against a number of external frameworks including the Monitor Compliance Framework. The Trust was currently achieving amber-green status on the Monitor Compliance Framework. Two issues drove this rating; MRSA performance against trajectory and MRSA elective screening. The Trust was continuing to show improvement against the elective screening target but progress had been hampered by the lack of an electronic tracking mechanism alert through PAS.

The Trust was experiencing a high level of activity in Accident and Emergency, with the level of patients arriving by ambulance being higher than that experienced in the winter. This had impacted adversely on the Trust's ability to achieve its plan for bed reductions.

It was noted that there had been a revision to the rules on non-GP referrals; these have been circulated to Directorates.

TEC NOTED the report.

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178/2010 Corporate Risk Register

The Corporate Risk Register identified one risk closed since the last TEC report, one risk with a change of treatment plan and three existing risks where the risk level had changed since the last report to TEC.

TEC were advised that the plan was to make the Corporate Risk Register more dynamic and to ensure that it was updated to reflect the change in risk owners at Executive Director level. All directorates needed to own and manage their risk registers.

TEC NOTED the risk register.

179/2010 Performance Management Framework

The draft Framework defined the Trust's processes for corporate and organisational performance management. It reflected work that had been ongoing over the last year to clarify processes.

TEC APPROVED the Framework.

TRUST SIX DELIVERY PROGRAMMES:

180/2010 Programme 1: Patient experience
(Caroline Becher, Andrew Laurie and Jeremy Wright)

Jill Down was welcomed to TEC and updated members on progress with the 10-point plan and preparation for the next national inpatient survey which would take place in July 2010.

Overall, the 10-point action plan was progressing well, but needed to be sustained in the longer term.

TEC discussed the draft revised inpatient comment card. This would allow ward-specific analysis and its introduction would be accompanied by a briefing sheet and active engagement through the matrons. A number of suggestions were made regarding the content and presentation of the questionnaire.

Jeremy Wright highlighted a particular knowledge in the design and application of questionnaires and agreed to work with the Head of Customer Affairs in finalizing the draft. **JW**

TEC NOTED the progress report on the Programme.

STRATEGIC ISSUES

181/2010 Strategic Vision for Day Surgery Services

The Trust's clinical strategy was to increase the volume of day surgery undertaken at Ashford Hospital. Whilst the draft strategic

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vision for Day Surgery Services recommended re-opening the currently closed Day Surgery Theatre at St Peter's, there would still be the potential to maintain this strategic objective by increasing activity at Ashford Hospital. The preferred option involved populating the Ashford and St Peter's Day Surgery Unit with a new timetable which would support a better model of elective and non-elective care for patients. Freeing capacity in main theatres at St Peter's would also assist with targets such as fractured neck of femur.

It was noted that there would be implications for job planning; for some clinicians this would be minor and for others it would be major. The Theatre Activity and Performance Group (TAP) would be instrumental in securing delivery.

TEC AGREED to support the option of re-populating the Ashford and St Peter's Day Surgery Unit with a new timetable, recognising the importance of all Directors supporting the strategy.

182/2010 Cardiology Business Case

Cardiology was a key clinical service highlighted in the Integrated Business Plan. The business case presented to TEC tracked how the service had developed over recent years, looked at market share and considered the partnership arrangement with InHealth.

The InHealth partnership had allowed the Trust to grow activity without huge capital or staff investment and the Trust now delivered 30% of the elective cardiology service for Surrey. The partnership with InHealth would be subject to re-tendering in September 2011.

Overall, the paper identified that Cardiology generated income for the Trust, and confirmed the direction of travel. There would be opportunity in future years to look at PPCI once the commissioning approach was clarified.

The non-elective cap created a possible risk to developing the service in a profitable way. Growing elective capacity with support from the PCT was low risk.

Following discussion, TEC APPROVED the business case paper and general strategic direction noting that the service was working towards increasing its market share, whilst ensuring it remained profitable. Any future request for investment would revert to TEC following normal procedures.

POLICIES AND BUSINESS CASES

183/2010 Central Booking Office:

Mark Kubli and Hannah Donohue were welcomed to the meeting.

The proposed centralisation of elective admissions had been initiated following the Lean work stream on day surgery utilisation.

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There would be significant benefits to patients who would have a central location for the provision of clear information regarding treatment, accessibility, choice and reduced administrative pathways. It would however require substantial change impacting on a significant number of clinicians.

The proposal incorporated a relatively small reduction in head count. This was a conservative approach through the transition period, reflecting that there was the same amount of elective activity to be supported, but through different processes. The fundamental principle would be to ensure change leading to an improved service rather than focus on immediate financial savings.

It was agreed there could be potential benefits in looking at the feasibility of pre-operative assessment in Community hospital locations, coupled with pre-admission clinics. It was also noted that particular patient pathways, for example breast care, could be particularly complex and it was confirmed that the Implementation Team would work closely with clinicians as the changeover occurred. A key control was that all dates offered to patients were provisional subject to authorisation by the surgeon.

TEC approved the centralisation of elective admissions/central booking office proposal.

184/2010 Fraud Management Policy

The Fraud Management Policy was recommended for approval; no changes were recommended from the previously agreed version.

TEC APPROVED the Fraud Management Policy.

185/2010 Organisation Change Policy

The Policy had been substantively rewritten to reflect best practice. It had been discussed twice with the Employee Partnership Forum.

The revised Policy recognised that there were different degrees of change and that consultation needed to be proportionate.

In discussion, it was noted that the maximum protection of service would now be one year's protection of earnings and salary followed by two years' protection of salary (after five years' ASPH service). It was confirmed that this was inline with other local trusts' agreements.

TEC AGREED the revised Organisational Change Policy.

186/2010 Patient Transport Review:

Dave Axten was welcomed to TEC and presented a paper looking at issues to do with running a patient, visitor and staff transport service.

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TEC noted that the provision of transport services was not a core function of the Trust, and that the future of such services was a matter reserved to the Board.

It was AGREED to undertake the tasks identified to maintain the service in the short-term including the application to convert the licence to charitable community bus status.

INFORMATION

187/2010 Single Equality Scheme

The Single Equality Scheme quarterly update (June 2010) was noted. Progress continued to be made across most aspects of the action plan.

TEC NOTED the report.

ANY OTHER BUSINESS:

188/2010 St Peter's Grounds

: It was agreed to find out the decision-making processes surrounding the cutting down of the large tree at front of the hospital. **VH**

189/2010 SUIs

It was noted that NHS Surrey were issuing new guidance on the categorisation and reporting timeframes for SUIs.

190/2010 Revision to the Operating Framework

A revision to the Operating Framework had recently been published. This amended the A&E target in 2010/11 and signalled substantive changes to many NHS targets in 2011/12.

The A&E four-hour target threshold changed from 98% to 95%. This was broadly welcomed nationally and built on clinical feedback. Whilst the change to the target gave the opportunity to improve the care provided in A&E for patients on the cusp of admission, it was emphasised that it did not mean all patients in A&E could wait longer.

The 18-week waiting time target for elective patients remained in the current year but in the future, the Government would be focussing on median waiting times. The Framework also signalled an intention that in the future acute hospitals would become responsible for the support given to patients for the first 30 days post discharge. This was a potentially massive policy change.

A White Paper on the NHS was due to be published in July 2010.

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191/2010 DATE OF NEXT MEETING

The next meeting would be held on **Friday 9th July 2010 (developmental)**

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	Verbal update at next TEC
14/05/2010	146/2010	**WOW**	Conform new modular building is wireless	**JA**	25/06/2010	Currently reviewing budget costs. Once projects have resolved the issues they will report back.
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	
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	Agenda item
14/05/2010	147/2010	**TEC development**	Agree chairing of developmental sessions	**AL**	11/07/2010	Future programme of topics planned ✔
25/06/2010	171/2010	**MRSA Screening**	Identify any additional costs with introducing emergency admission MRSA screening	**JH/VH**	23/07/2010	Verbal update at next TEC
25/06/2010	188/2010	**St Peter's Grounds**	rationale for cutting down the trees	**VH**	23/07/2010	See note below ✔
DUE FOR COMPLETION AT A FUTURE MEETING						

14/05/2010	151/2010	**EDM**	Report back on visit to Ipswich and paediatric pilot re way forward	**JA**	24/09/2010	The team visit Ipswich 24 June, but did visit St.Helens & Knowlsley and reported a good implementation and ongoing service roll-out. At ASPH the Paed project team has begun work on limited pilot (running in parallel with existing procedures) starting early Sept 2010.

Minute 188/2010 Trees:

During the late 80s early 90s there was development of the junction and entrance road widening adjacent to the croft including the creation of the mini roundabout. At this time the Croft car park was extended. These works encroached onto previously grassed areas, damaging and covering the root system of the tree. By july 1995 the tree was showing signs of significant die back and an order was placed to remove all major dead wood form both Oaks in this area.

Further die back occurred over the following years. This prompted a tree survey and Tomograph test carried out in July 2006 by Connick Tree Consultants". This indicated some decay at the root of the Tree;-Quote: "There were a number of defective symptoms highlighted… the most significant being the presence of decay at the root crown and extending up the stem". A risk assessment in this report produced a score of 3 indicating removal of the hazard but with the caveat that results are a "broad categorisation and should be backed by further inspection and testing; This, and because of the high amenity value of the tree, it was decided to retain and monitor the tree

Further non related tree failure incidents occurred in 2009 and a review/survey of public/vehicle boundary trees was commissioned A second tomograph (resistograph) test was carried out on the Oak in March of 2010 and this showed further deterioration. The report stated " Due to its location and high target risk in relation to adjacent roads and the nearby building, this tree is considered to be a high hazard risk with signs of forseeable failure". The Report recommends "Removal of the entire tree".

The Tree formed part of the conditions attached to the redevelopment of The Croft and as such an application was submitted to Runnymede Borough Council in March for the felling and replanting of an identical species and this was duly granted in June 2010. The tree was felled on 12th June and a replacement English Oak will be planted in the autumn.