Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
30th September 2010

TITLE	**Trust Executive Committee Meetings held on 13th August 2010 and 27th August 2010 (draft Minutes)**
EXECUTIVE SUMMARY	The Trust Executive Committee key points include : **13th August 2010** The TEC meeting was a developmental session focussing on Divisional Management arrangements; progress to date and timescales. **27th August 2010** The meeting discussed progress on Programme 4: Leadership TEC approved: • Multidisciplinary Team Discharge Policy**:** • Induction policy. • Learning, education and development policy. • Dress code 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 the on 27th August 2010
Submitted by:	Andrew Liles Chief Executive
Date:	15th September 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES

27th August 2010
Lecture Theatre, The Ramp, St Peter's Hospital

PRESENT:	Andrew Liles	Chief Executive (chair)
	Andrew Laurie	Clinical Director for Pathology
	Mike Baxter	Medical Director
	Tariq Bhatti	Consultant Paediatrician
	Sue Brown	Head of Nursing
	John Hadley	Clinical Director for Specialist Surgery
	Barry Sellick	Clinical Director for Critical Care
	Valerie Howell	Deputy Chief Executive
	Raj Bhamber	Director of Workforce and OD
	John Aird	Interim Associate Director for Health Informatics
	John Headley	Director of Finance & Information
	Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy
	Jules Arnould	Interim Head of Communications
	Eileen Nolan	Associate Director of Maternity Services
	Jenny Johnson	General Manager Theatres Anaesthetics and Critical Care
	Cathy Parsons	General Manager Trauma & Orthopaedics
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Paul Murray	Lead Clinician for Cancer
	Peter Finch	Clinical Director for Imaging & Endoscopy
	Sue Robertson	Head of Planning and Performance
	David Elliott	Clinical Director for Trauma & Orthopaedics
	Jonathan Robin	Interim Clinical Director for Emergency & A&E
	Paul Crawshaw	Clinical Director for Children's Services
	Mick Imrie	Clinical Director for Anaesthetics & Theatres
	Elliot Chisholm	Clinical Director for Surgery
	Jeremy Wright	Clinical Director for Women's Health
	Susan Osborne	Interim Chief Nurse
	David Fluck	Clinical Director for Medicine
IN ATTENDANCE:	Jeremy Over	Deputy Director of Workforce (Minute 229/2010)
	Harriet Stephens	Head of Learning & Development (Minute 229/2010)

ITEM **ACTION**

216/2010 MINUTES

The minutes of the meeting held on 23rd July 2010 were agreed as a correct record, subject to noting that Mick Imrie had not been present, but apologised.

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:

217/2010 Wireless on Wheels (minute 146/2010 refers):

It was noted that the intention was to ensure that the new modular building was wireless.

TRUST'S SIX DELIVERY PROGRAMMES:

218/2010 Programme 4; Leadership
Raj Bhamber, John Hadley, Paul Murray

Overall, the Programme was progressing well. The following points were noted:

Values and behaviours (the Pledge):
Discussions were underway with external developers to design a 360° tool into appraisal so that the Pledge could be embedded into appraisal.

Leadership and Management Framework:
This was nearly complete, and would inform the design and delivery of development programmes for all staff levels and groups. It was confirmed that in describing the competences for the broad bands of staff, that consideration was being given to the implications of The White Paper. The aspects covered by the Framework included managing self/managing service/quality implications/workforce/ finance/environment and marketing.

The Leadership and Management Framework would revert to TEC in due course although it was noted that a number of TEC members were part of the Programme Group.

Talent Management:
In the light of the summer staff survey results (particularly perceptions on equal opportunities in relation to career progression and promotion), introduction of the Talent Management Framework had been deferred to later in the calendar year.

ITEM **ACTION**

Staff Survey:
The Director of Workforce and OD gave a presentation on the findings from the Summer 2010 Staff Survey. This was a local survey, commissioned to provide a progress update on actions taken to improve staff satisfaction, targeting 16 specific areas where the Trust had previously scored below average in the 2009 National Survey.

It was really pleasing to note that the Trust had improved its position from the 2009 National Survey in 14 key-finding scores. There were three key score areas where further targeted actions for improvement were still required.

- Availability of hand-washing materials.
- Perception of equal opportunities with regards to career progression.
- Health and safety training.

In discussing the staff survey results, a number of comments and suggestions were made.

- The Trust needed to monitor that actions to improve hand hygiene really were effective: this linked to control of infection and MRSA bacteraemias. **SO**
- It might be helpful to clarify terminology prior to the next national survey. It was important that staff understood what was encompassed by appraisal, health and safety training etc. and a communications campaign or glossary might be helpful. **RB**
- Caution was expressed about services and directorates over-surveying staff, particularly in the run up to the next national survey, where it was hoped that significant participation could be encouraged.

TEC members were reminded that the next leadership master-class would be held on 6th October (9-12.30 at ASH) and would be delivered by Professor M. West (Academic Dean at Aston University) who has conducted extensive research in both the US and UK on the correlation between people management and patient safety and Captain Phil Higton (previously an airline pilot) and the parallels with the aviation industry and passenger safety.

TEC NOTED the report.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

219/2010 Corporate Risk Register (CRR)

The Corporate Risk Register as at 18th August 2010 included one new risk added since 23rd July, three risks closed and three existing risks where the risk level had changed.

Significant work had taken place in refreshing and updating the

ITEM **ACTION**

Corporate Risk Register. However, Risk 806 relating to out-of-date Trust Policies should be more specific as to the number of policies not in date, and to be very specific about actions being undertaken. **SO**

Risk 745**:** IT over-reliance on key individuals with specialist knowledge had been closed. The decision to terminate the risk had been taken within the Informatics Department and reflected that the ASPH level of service was in line with other organisations. It was clarified that if individual departments or directorates felt that they had specific issues regarding maintaining local systems, this could be incorporated in directorate registers.

The Corporate Risk Register was APPROVED.

220/2010 Quality Report:

The Medical Director introduced the Quality Report, highlighting that crude mortality remained low at around 1.3% and continued to show month on month improvement. There had been no falls resulting in a grade 3 incident in the Trust in July; this was a very dramatic improvement and had been led by the roll out of work done on the medical and orthopaedic wards.

As a result of the fifth case of MRSA bacteraemia, the Trust would be moving to a 24/7 system of phlebotomists taking blood cultures from 31st October.

The improvement in delivering the 36-hour fracture neck of femur target was noted. The directorate highlighted that although processes were more systematic, it would remain difficult to manage spikes in activity.

The level of 14-day re-admission rate was reassuring; however, the Trust was below the SHA average in respect of 30-day re-admissions. A re-admission group had been formed and was analysing the data.

TEC NOTED the Quality Report.

221/2010 Balance Scorecard:

The paper reported on progress against the Trust's four key strategic objectives. The quality quadrant had been addressed separately.

i. Workforce:

The use of temporary staff had decreased significantly during July, primarily due to reduction in the use of nursing agency staff assisted by the introduction of a decision tree process. This would now be extended to medical agency staff .

The sickness absence rate had fallen to 2.8%, which maintained the overall downward trend since February 2010.

ITEM **ACTION**

Current rate was significantly below the target level.

Appraisal rates were encouraging. It was now important to both continue work to meet the stretch target whilst maintaining the rolling timetable of appraisals for the future

ii. Clinical Strategy:

Non-elective activity remained above target and was creating a cost pressure to the Trust. A range of improvement initiatives to address this issue were underway.

The Trust's market-share within Surrey remained static. It would become increasingly important to understand what influenced and shaped the flow of work from GPs as they took on the commissioning role.

The planned refurbishment of Ashford Outpatients Department provided an opportunity to reposition the Trust's services. The business case supporting the planned capital expenditure would need to demonstrate return on investment. It was confirmed that there would be strong clinical engagement in planning the refurbishment.

It was noted that market-share information comparing the Trust's position with Frimley Hospital was available from the Business Development Team.

iii. Finance and Efficiency:

The Trust's FRR had increased to 4, in line with plan. The Trust now had a year-to-date surplus of £1.3m, which was £0.4m ahead of target.

The Trust was currently under-achieving in respect of its CIP programme. One issue was the planned CIP relating to reducing length of stay leading to bed closures. This was being impacted on by the high-level of activity.

It was noted that weekly CIP review meetings were now in place. It was confirmed that over achievement of 2010/11 CIPs would be rewarded with a corresponding reduction in 2011/12 targets.

TEC NOTED the report.

222/2010 Compliance Framework:

The Trust was currently amber/green in respect of the Monitor Framework. It was encouraging to note that the Trust was now almost achieving 100% compliance on elective screening for MRSA.

The Trust was performing extremely well in respect of day case rates

ITEM **ACTION**

and was now ranked 7th in the country and was the top acute hospital performer in South East Coast NHS.

It was noted that the Board had asked that attention was paid to the high level of DNAs.

TEC NOTED the report.

223/2010 Foundation Trust Application:

The Director of Workforce and OD updated TEC on progress since the Trust had formally entered the Monitor assessment phase.

Initial meetings had been held and the Trust was providing a wide range of information to Monitor. The formal Quality Government Submission was due to Monitor by the end of the day. The first Monitor meeting with a directorate had taken place; this had been Women's Services and had focussed mainly on directorate rather than corporate issues. The revised meeting schedule would be circulated shortly.

TEC NOTED the report.

224/2010 Revised Operational Arrangements:

TEC had previously agreed the principle of seven operating Divisions, each lead by a Divisional Director.

Using five key drivers for change:

1. Devolving power and accountability to front line clinical staff.
2. Sustaining and growing market-share.
3. Working on service-line management.
4. Responding to a more pleural market place with Primary Care-based commissioners.
5. Focusing on clinical outcomes and improving information to patients

Divisions had produced their own proposals for specialty level leadership arrangements. From these, two broad models had emerged; firstly, a highly devolved structure based on individual clinical specialties and secondly a grouped model based on the aggregation of a number of specialties beneath the Divisional Director.

Having considered the potential risks and benefits from both models, and noting that representatives from the two Divisions propounding the aggregated model were not present, TEC expressed a strong preference for specialty-based structures.

In the overall discussion, the following points also emerged:

- In the first instance, it should be at the discretion of individual

ITEM	ACTION

Divisions to determine whether the Divisional Director could also be the specialty lead: there would need to be review once preferences were known.

- Incentivisation of specialty leads could be achieved through a small payment, SPAs or personal development. However, this needed to be self-financed, as one of the intentions of the new structure was to reduce management costs.
- Consideration would need to be given to how specialty leads fit into performance meetings and the clinical governance structures.

It had previously been agreed that nursing leadership needed to be aligned to the new Divisional structures. The proposal was to create Heads of Nursing posts and also clarify and strengthen the ward manager role. Following these steps, the role and function of the matron could be reviewed. However, changes to the nursing leadership structure would need to be approved by the incoming Chief Nurse.

It was also noted that work was underway reviewing the service management support to the general managers and that it was now proposed to align the Business Development Team to the new Divisions.

Next steps were summarised as:

- Further discussion with Surgery and Medicine regarding the proposed structure. **VH**
- Reviewing the size and complexity of the specialty leads' span of control.
- Reviewing incentives to support and encourage the specialty leads.

TEC APPROVED the model of clinical leadership based on dedicated specialty level leadership and NOTED the areas of progress detailed above.

BUSINESS CASES AND POLICY APPROVALS

225/2010 Patient Feedback Strategy:

This item was deferred to the next meeting as no sponsor was available. **Agenda**

226/2010 Orthopaedic Business Case:

The business case for a shoulder surgeon was deferred to the September meeting, so the Clinical Director could present the case. **Agenda**

227/2010 Pathology Network Update:

TEC were advised that good progress continued to be made and it

ITEM **ACTION**

was now anticipated that a business implementation plan would be presented to the four Trust Boards by the end of October 2010.

Feedback from clinical users had been incorporated into the planned operational systems, although work was still underway to finalise the operational plan and implementation plan.

TEC NOTED the verbal update.

228/2010 Multidisciplinary Team Discharge Policy:

This Policy had arisen from a rapid improvement event to develop a multidisciplinary-led discharge procedure.

TEC AGREED the policy but requested that the mnemonic be MDDT to distinguish it from multidisciplinary team (MDT).

229/2010 Employment Policies:

TEC APPROVED:

- Induction policy.
- Learning, education and development policy.
- Dress code policy.

In approving the dress code policy, it was noted that it was not appropriate to wear coats over scrubs in order to leave theatres.

INFORMATION:

230/2010 Trust Board:

The Trust was one of the first organisations undergoing the new Monitor assessment on Quality Governance. As such, the Board had spent a considerable period of time reviewing and agreeing a self-assessment which was supported by a Board Memorandum.

231/2010 Major Incident Planning Group:

The report summarising the work of the Major Incident Planning Group, Flu Pandemic Group and Business Continuity Group 2009/2010 was NOTED.

ANY OTHER BUSINESS

232/2010 Deputy Medical Director:

TEC were advised that communications had taken place with the Medical Director regarding a perception that the new Deputy Medical Director appointment had not been handled in an open and transparent way. It was confirmed that the process had been carried out in accordance with the Trust's Organisational Change Policy. The

ITEM		ACTION
	formal role of Associate Medical Director had been dissolved, and the new post had been ring-fenced to those post-holders who had been affected by the proposed changes.	
	It was proposed that either the Director of Workforce and OD or deputy would meet with the Clinical Director(s) to review the Organisational Change Policy and its application in this case and note any lessons to be learnt for the future.	**RB**
233/2010	**TEC Meetings:**	
	It was agreed to confirm the start date for elements of the new operational management structure and consequential changes to TEC membership. It was also agreed to clarify whether individuals would be invited to present significant business cases.	**VH**
234/2010	**DATE OF NEXT MEETING**	
	The next Informal TEC meeting will be held on 10th September 2010. The next formal TEC meeting will be held on **Friday, 24th September 2010**	

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
12/03/2010	81/2010 198/2010	**Visiting Hours**	Report back after evaluation two months of three months trial changes on visiting hours 09/07/2010 Incorporate clear criteria for decision making	**CB**	27/08/2010	Agenda item
14/05/2010	151/2010	**EDM**	Report back on visit to Ipswich and paediatric pilot re way forward	**JA**	24/09/2010	The team visited St Helens and Ipswich and lessons learned will be incorporated into our pilot with Paeds starting in October.
27/08/2010	219/2010	**Corporate risk register**	Risk 806 on Policies needs to be more specific on scope of issue and actions	SO	24/09/2010	Included in update to TEC
27/08/2010	224/2010	**Revised operational arrangements**	Further discussions with surgery and medicine on specialty structures. Consider incentivisation for speciality leads	VH	24/09/2010	Agenda item
27/08/2010	232/2010	**Deputy medical director**	Meet with CDs to review Organisational Change policy and its application to the post of Deputy MD	RB	24/09/2010	Meeting held
27/08/2010	242/2010	**TEC**	Agree when operational changes in management arrangements will impact on TEC structure	VH	24/09/2010	

DUE AT FUTURE MEETING						
23/07/2010	2006/2010	**Employment policies**	Identify if there is potential for local agreement between key providers on portability of CRB clearance	**RB/JO**	22/10/2010	
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	
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	