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

TRUST BOARD
31st March 2011

TITLE	**Trust Executive Committee Meetings held on 11th February 2011 and 25th February 2011 (draft Minutes)**
EXECUTIVE SUMMARY	The Trust Executive Committee key points included : The developmental TEC held on 11th February 2011 focussed on The Future Model Of Care Project considering presentations on the emerging model of care from the clinical leads and then discussing the overall future model of care and its implications for Ashford and St Peter's. . . The formal TEC on 25th February 2011 considered or approved: ▪ Parliamentary and Health Service Ombudsman Report: *Care and Compassion*?- follow up actions ▪ Draft Corporate Business Plan 2011/12 ▪ National Cancer Reform Strategy ▪ Learning and Development Policy ▪ Business Case for One Additional SAS Doctor for Ashford Hospital
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 25th February 2011
Submitted by:	Andrew Liles Chief Executive
Date:	16th March 2011
Decision:	For Noting

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

TRUST EXECUTIVE COMMITTEE MINUTES
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Friday, 25th February 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
	John Headley	Director of Finance & Information
	Mick Imrie	Divisional Director for Anaesthetics, Critical Care & Theatres
	Amanda Mockridge	General Manager- Surgery
	Karen Lillington	Associate Director of Operations
	Jeremy Over	Deputy Director of Workforce
	Giselle Rothwell	Head of Communications
	Mike Baxter	Medical Director
	Paul Murray	Lead Clinician for Cancer
	Jonathan Glover	Specialty Lead - Diagnostics
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	John Hadley	Divisional Director for Surgery
	Valerie Bartlett	Deputy Chief Executive
	Raj Bhamber	Director of Workforce and OD
	Andrew Laurie	Divisional Director for Diagnostics and Therapeutics
	David Fluck	Deputy Medical Director
	David Elliott	Divisional Director for Trauma & Orthopaedics
	Paul Crawshaw	Clinical Director for Paediatrics
	Michael Wood	Divisional Director for Medicine
	Gulam Patel	Divisional Director for Ambulatory Care
	Jeremy Wright	Clinical Director for Women's Health
	Donna Jarrett	Associate Director of Health Informatics

ITEM **ACTION**

20/2011 **Minutes**

The minutes of the meeting held on 28 January 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,

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appeared as agenda items for the meeting or were on track within the agreed time scales.

The following was noted:

21/2011 **Nursing Establishment Review** (minute 309/2010 refers):

The second stage of the nursing establishment review, which would incorporate paediatrics, was underway and would revert to TEC at the appropriate time.

TEC NOTED the update

22/2011 **Out of Date Policies** (minute 306/2010 refers)

The content of the existing clinical guideline section of TrustNet would be removed and as guidelines were authorised they would then be added back into the clinical guideline repository. The review would also consider whether any policies were more appropriately categorised as guidelines.

TEC NOTED the update.

23/2011 **Head Injuries** (minute 320/2010 refers):

Confirmation had been received that the Stroke and Head Injury Unit complied with NICE guidance.

TEC NOTED the update.

TRUST 6 DELIVERY PROGRAMMES

24/2011 **Programme 1, Parliamentary and Health Service Ombudsman Report: *Care and Compassion?***

The opportunity was being taken for TEC to reflect on the outcome of the Parliamentary and Health Service Ombudsman (PHSO) report. The PHSO Report summarised 10 of their investigations from across the NHS to highlight evidence of systemic failings across the NHS. One complaint related to Mr W, who had been a patient at St Peter's in 2007.

In the general discussion on the findings of the Report, the following comments were noted:

- The demography of the local population was changing with an increasing number of elderly patients, many of whom suffered from dementia.
- In the discussion on discharge and potential for delay, it was noted that the term 'medically fit for discharge' typically referred to the ending of appropriate medical intervention.
- In seeking to change behaviours it was suggested that a focus

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on the concept of the ward as a unit rather than focussing on behaviours of individual professional groups might be productive. However, it was noted that this was less appropriate in surgery due to the way the surgical teams operated.

- Some staff groups had considerable informal interaction with patients, for example HCA or portering staff, and these staff might be valuable sources of feedback on the patient experience.
- The Trust needed to develop an approach of understanding the economics underpinning any proposed changes in patient pathways, for example, the impact of re-ablement or increased use of the third sector.
- It would be helpful to understand the models of care adopted by other local acute hospitals, e.g. Frimley Park.
- One of the issues identified in the Report was the concept of limitation of treatment; this was not explicit within the Trust's action plan, although the Trust had a range of policies and procedures underpinning it.

In summary, TEC supported the general direction of the action plan and also the future approach outlined in the paper. It was noted that it would be helpful for a similar discussion to take place in a wider forum in order to involve all the Divisional Directors.

TEC NOTED the report.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

25/2011 Corporate Risk Register

The Corporate Risk Register (CRR) identified three new risks added since the last TEC meeting, three existing risks where the risk level had changed, and one risk with a change of treatment plan.

The following points on the CRR were noted:

- Risk 768 on staff recruitment and retention was being reviewed as there were areas of the Trust under considerable pressure including A&E.
- Risk 1110 on loss of income related to the Trust's status as a Foundation Trust. Additional commercial insurance had been purchased to cover the cost of working arising from a major business interruption (e.g. fire). However, the Board had agreed not to purchase additional costly insurance cover in respect of any potential loss of income associated with such a disaster.
- CRR 1088 related to the need for all Trust staff to undertake mandatory information governance training in a prescribed electronic format in order for the Trust to achieve level 2 compliance on the IG toolkit. Achievement of level 2 was a formal requirement of the Trust's terms of authorisation. A

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tailored face-to-face training programme was being planned for 2011-12 but in the meanwhile TEC was asked to demonstrate leadership in completing and encouraging use of the electronic training tool.

TEC APPROVED the Corporate Risk Register including the addition of the three new risks identified.

26/2011 Quality Report

The Quality Report for the month of January was discussed. This included a further draft of the clinical strategy dashboard.

The dashboard was welcomed but it was agreed that it could be simplified by reducing the number of columns and enhanced by the inclusion of definitions.

TEC NOTED the report.

27/2011 Balanced Scorecard

The scorecard reported on progress against the Trust's four key strategic objectives. TEC reviewed this on an exception basis and noted the following points:-

Quality and Safety
This segment of the scorecard had been addressed through the Quality Report.

Workforce
The appraisal rate had dropped to 86.5%. By the end of March 2011, 607 staff would be due to have their appraisal completed. It was very important that this stretch target was met.

Clinical Strategy:
Emergency admissions remained high for the month of January and it was apparent that winter pressures were continuing into February.

Finance and Efficiency:
The YTD and forecast FRR continued at 4 with the Trust on target to meet its full year surplus. However, the position remained challenging due to the impact of the non-elective cap and the overall block contract agreed with NHS Surrey.

TEC NOTED the report.

28/2011 Compliance Framework and Trust Operational Performance

The Trust continued to score green against the Monitor Compliance Framework indicating continued, strong performance. Responding to the challenges over the winter period required continued effort,

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particularly in respect of A&E performance, maximising day case work and achieving optimal use of Ashford Day Surgery Unit in order to maintain elective thresholds. It was confirmed that although only c 60% of the expected elective activity had taken place in January, the Division anticipated meeting its elective targets. It was encouraging to note excellent support over recent months from the consultant surgeons and anaesthetists.

TEC NOTED the report.

29/2011 Performance Reviews

The report summarised performance against a focused cross-section of indicators reviewed at the monthly meetings between Divisional teams and Executive Directors. A number of minor amendments to the reported performance were noted; Surgery was on track for CIP delivery and achievement of RTT.

TEC welcomed the report and agreed it should be distributed to Divisions.

TEC NOTED the report.

STRATEGY

30/2011 Liberating the NHS: Developing the Healthcare Workforce – a Consultation

The DH had issued a consultation document which set out proposals to establish a new framework for developing the healthcare workforce.

The consultation set out a major change proposed within the White Paper. It was understood that during the formal consultation phase on the shape of the framework, that discussions were already taking place on possible arrangements for potential skills networks.

It was important that both TEC and the Executive Directors had a clear understanding of the issues and options in order that an informed response could be submitted in the context of understanding the best outcome for ASPH. It was therefore agreed to review the arrangements for the WSSG workshop on 16th March in order to secure strong clinical and executive involvement and where appropriate to source external/independent input to advise on the issues. **JO(RB)**

TEC NOTED the briefing.

31/2011 Draft Corporate Business Plan 2011/12

The Draft Corporate Business Plan 2011/12 reflected the second year of the five-year plan originally approved in January 2010. This

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	underpinned the longer term delivery of the Trust's four strategic objectives. Next steps in developing the Plan would include finalising the detailed actions and quarterly milestones on all the in-year objectives and adding in the implications of the NHS Surrey SLA which was yet to be signed. It was agreed that reference to cancer and acute oncology should be added as appropriate. TEC NOTED the draft Plan.	**PM**
32/2011	**Sustainable Development** The report summarised progress to date in respect of carbon reduction and proposed an integrated approach to taking forward the Sustainable Development agenda. TEC agreed to the establishment of the Sustainable Development Group but asked for a review of clinical engagement. The group would replace the existing Carbon 10:10 group TEC NOTED the report and APPROVED the establishment of the subgroup.	**VB**
33/2011	**Cancer Reform Strategy** The lengthy *Improving Outcomes: A strategy for cancer* had been published in January 2011 and had been synthesised into a short report for TEC looking at the impact on the Trust and actions required. In introducing the paper, Paul Murray highlighted the Trust's excellent performance on cancer services, circulating data comparing ASPH with FPH, RSCH and SASH. The Trust consistently performed well and it was agreed this was an excellent message which should be communicated to GPs and patients. During the discussion, the following points were noted. • Only c12% of patients coming through the pathway were diagnosed with cancer. • The Trust had currently postponed the JAG accreditation process. • There were possible income generation opportunities associated with developing screening programmes but this would need careful ethical scrutiny. • £805K had been agreed by Macmillan to develop an information centre. This project needed to be included in the Trust's Corporate Business Plan.	**PM**

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A number of ways of raising the profile of the Trust Cancer Services were discussed including:

- Noting that cancer services were spread throughout the organisation, but overall performance could be brought together via a dashboard.
- Considering holding a GP Spotlight Event on Cancer Services. **VB**
- Including a number of specific actions/references within the Corporate Business plan.
- Mapping existing links with charity/voluntary services. The voluntary sector provided a valuable element of the overall pathway and it might be feasible to hold an annual event for involved third parties linked to the delivery of the cancer strategy. **PM**

It was noted that historically networks had driven the distribution of patients between hospitals. However, in the future as a Foundation Trust, ASPH would be more in control of its patient flows.

TEC NOTED the report.

BUSINESS CASE AND POLICY APPROVALS

34/2011 Learning and Development Policy

The policy had been updated following the NHSLA assessment in January 2011. The Trust was required to include staff group level detail of the statutory and mandatory training needs analysis.

It was noted that the detail of the mandatory training related to the formal requirements of the NHSLA and as such the policy did not currently include all elements of training which the Trust considered as mandatory (e.g. insulin).

In discussing the policy, TEC considered the pros and cons of E-learning compared with face-to-face training and highlighted the benefits of using post titles rather than names within policies.

Two actions were agreed:

JO(RB)

1. The development of a clear matrix of training requirements by professional group; this should include all mandatory training for the Trust.

2. All strands of training should ideally be recorded on OLM.

TEC APPROVED the Policy.

35/2011 Business Case for One Additional SAS Doctor for Ashford Hospital

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	The business case sought the approval of one additional SAS doctor post for Ashford Hospital with the transfer of three RMO posts at Ashford to SAS contracts.	
	No representative of the Division was available to introduce the business case. However, this was agreed subject to the Director of Finance confirming the stated net saving of £235,200. It was noted that the business case had been through the Business Case Review Group.	**JH**
	TEC approved the business case subject to the stated confirmation.	
36/2011	**Complaints Monitoring Group**	
	The annual report from the Complaints Monitoring Group was NOTED.	
	ANY OTHER BUSINESS	
37/2011	No other business was raised	
	Date of Next Meeting	
38/2011	11th March 2011 - Developmental TEC 25th March 2011 – Formal TEC	

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Action log

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
10/12/2010	314/2010	**Corporate Risk register**	Widen meeting to review SUI Investigation report on failure to act on a radiological examination to include all DDs and associate director for informatics. Recommendations to CGC	**MB**	25/02/2011	✔ Actions implemented on 3 loops of potential risk pending IT solution. Reported to CGC and TB
25/02/2011	31/2011 33/2011	**Corporate Business Plan 2011/12** **Cancer Reform Strategy**	Identify references to cancer to include in Corporate Business Plan	**PM**	25/03/2011	
25/02/2011	35/2011	**SAS Dr at Ashford**	Confirm net saving from restructuring	**JH**	25/03/2011	
24/09/2010	238/2010	**Programme 5 HealthRoster**	Develop a benefits realisation plan for HealthRoster via Programme 5	**RB**	25/03/2011	
28/01/2011	04/2011	**Programme 1**	Agree next steps regarding April Consulting	**MB/SR**	25/03/2011	✔ Further event took place at development TEC
28/01/2011	05/2011	**CRR**	The Risk Register for Anaesthetics and Theatres included three risks relating to patient flow. It was agreed that the Deputy Chief Executive should consider whether this therefore warranted a risk being identified in the CRR.	**VB**	25/03/2011	
28/01/2011	07/2011	**Balanced Scorecard-workforce**	Review the indicator on the nurse WTE:bed ratio so that it reflected the expanded bed base, including the escalation beds.	**RB**	25/03/2011	
25/02/2011	30/2011	**Developing the Healthcare Workforce**	Consider rescheduling the WSSG to ensure wide representation from TEC	**RB**	25/03/2011	✔ Rescheduled to 16 March 2011

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Due at a future meeting						
25/02/2011	34/2011	**Learning and Development Policy**	Develop a clear matrix of training requirements by professional group- to include all mandatory training not just NHSLA	**RB**	27/05/2011	
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	

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