

TRUST BOARD
24th February 2011

TITLE	Trust Executive Committee Meetings held on 14th January 2011 and 28th January 2011 (draft Minutes)
EXECUTIVE SUMMARY	<p>The Trust Executive Committee key points included :</p> <p>The developmental TEC held on 14th January 2011 focussed on <i>Developing relationships With GPs, Commissioners and other Stakeholders.</i> .</p> <p>The formal TEC on 28th January 2011 considered or approved:</p> <ul style="list-style-type: none"> ▪ A proposal to undertake a programme designed to create a significant cultural shift, thereby helping to revolutionise the patient experience ▪ The Informatics Strategy ▪ Updated Business Case Guidelines ▪ Business Case for 2 Consultant Posts in Emergency Services ▪ Updated Dignity at Work Policy. ▪ Updated Records Management 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 28 th January 2011
Submitted by:	Andrew Liles Chief Executive
Date:	16 th February 2011
Decision:	For Noting

TRUST EXECUTIVE COMMITTEE MINUTES

DRAFT

**Friday, 28th January 2011
 2.00 pm to 4.30 pm
 The Lecture Theatre, The Ramp, St Peter's Hospital**

PRESENT:	Andrew Liles Suzanne Rankin John Headley Andrew Laurie David Fluck David Elliott Mick Imrie Paul Crawshaw Michael Wood Gulam Patel Giselle Rothwell Donna Jarrett Raj Bhamber Mike Baxter John Hadley Jeremy Wright Valerie Bartlett	Chief Executive (Chair) Chief Nurse Director of Finance & Information Divisional Director for Diagnostics and Therapeutics Deputy Medical Director Clinical Director for Trauma & Orthopaedics Divisional Director for Anaesthetics, Critical Care & Theatres Clinical Director for Paediatrics Divisional Director for Medicine Divisional Director for Ambulatory Care Head of Communications Associate Director of Health Informatics Director of Workforce and OD Medical Director Clinical Director for Specialist Surgery Clinical Director for Women's Health Deputy Chief Executive
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Elliot Chisholm Paul Murray	Clinical Director for Surgery Lead Clinician for Cancer
IN ATTENDANCE	Tim Keogh	April Consulting (minute 4/2011)

ITEM

ACTION

1/2011 Minutes

The minutes of the meeting held on 10 December 2010 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, appeared as agenda items for the meeting or were on track within the agreed time scales.

The following was noted:

ITEM**ACTION****2/2011 Head Injuries (Minute 320/2010 Refers)**

Written confirmation was being sought from the lead clinician that the Trust's Stroke and Head Injury Unit complied with NICE Guidance in respect to head injuries.

3/2011 Developmental TEC (Meeting on 14 January 2011)

In noting the report on follow-up actions, the following was agreed:

- The Associate Director of Informatics should be kept involved in respect of accelerated web development.
- Chairs of the groups identified in the action log as having responsibilities to monitor follow-up actions should ensure these were built into the meetings' timetables.

TEC AGREED the action points.

TRUST 6 DELIVERY PROGRAMMES**4/2011 Programme 1, Improving the Patient Experience**

The report from Programme 1 was noted. This now included an integrated project plan.

Tim Keogh from April Strategy Consulting was welcomed to the meeting and gave a brief presentation on an approach aimed at enabling the Trust to create a significant cultural shift, thereby helping to revolutionise the patient experience.

Following discussion, TEC were broadly supportive of the approach but recommended that there should be clear criteria against which to judge a successful outcome, for example, improvements in the net promoter score, and that the programme should be designed to ensure full medical engagement.

It was agreed that the Medical Director and Chief Nurse would review and agree with Programme 1 next steps regarding adoption and implementation of the programme.

MB/SR**OPERATIONAL PERFORMANCE, QUALITY AND SAFETY****5/2011 Corporate Risk Register**

The report identified no new risks added since the last TEC meeting on 26th November, one risk closed, two risks where the risk level had changed and one risk with the treatment plan change.

It was noted, however, that two further risks would be added shortly, firstly the risk of radiological reports not being acted on which had previously been discussed and agreed by TEC, and secondly the addition of a risk in relation to uninsured income as requested by the Trust Board.

In discussing the register, the following points were noted:

ITEM**ACTION**

- 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.
- The interim arrangements regarding the role of designated social worker to support safeguarding continued to be monitored, as they were not proving wholly adequate.
- Risk 1089 should be re-presented, to avoid reference to individuals.

VB**SR**

TEC APPROVED the Risk Register.

6/2011 Quality Report

The importance of the Quality Report was emphasised and Divisional Directors were encouraged to ensure that key messages and issues were taken back into Divisions.

In reviewing the report, the following points were noted:

- There had been 168 days since the Trust had its last case of MRSA bacteraemia; this was an extremely good performance.
- The level of complaints was falling generally, although it was noted there had been a spike in Medicine related to the winter pressures. A review would be undertaken to identify lessons learnt regarding preparation for the winter period.
- It would be helpful if Divisional Directors could be alert to identifying sources of good new stories to notify to the press.

TEC NOTED the report.

7/2011 Balanced Scorecard

The scorecard reported on progress against the Trust's four key strategic objectives.

Quality and Safety

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

Workforce

The following points were highlighted:

- The overall level of agency and medical and nursing usage increased in December, in order to cope with capacity pressures. Despite the increase, this sustained the significant reduction in agency staff utilised per month since the peak in June and was within the target.
- There was a clear linkage between a poor patient experience and the use of agency staff; this was clearly evidenced to the Trust Board through the patient story programme.
- Agreement had now been reached with EPF regarding the public holiday in April and how the Trust would manage its services. It would be important that all Divisions looked

ITEM**ACTION**

carefully at annual leave across the month of April.

- The number of staff recorded on ESR as having participated in an appraisal during the last year had increased to 90.5% at the end of December. It was important that managers continued to plan their appraisal programme with staff.
- It was noted that the nurse WTE:bed ratio had not changed to reflect the expanded bed base, including the escalation beds. It was agreed to review the indicator.

RB**Clinical Strategy:**

December was typically a month when the number of GP referrals reduced. The level of emergency admissions remained high and it was important there was a clear focus on managing a reduction in emergency admissions during Quarter 4.

Finance and Efficiency:

The Trust had now concluded a year-end deal with NHS Surrey at £173.25m. It was therefore essential that the Trust managed activity very carefully over the remaining quarter.

Paper 5.5 on the agenda included an update on the 2010/11 financial position. This identified a range of actions being put in place to manage the Trust's financial position to year end. It was important that the Trust delivered on its financial plan for the year.

TEC NOTED the report.

8/2011 Compliance Framework and Trust Operational Performance

The Trust would be submitting its Q3 Compliance Framework Report to Monitor at the end of the month, recording a green on governance (performance). Maintaining the A&E performance targets remained a challenge.

The Trust was performing well on the Cancer targets and it was NOTED that a number of foundation trusts were finding increasing difficulty in delivering these.

TEC NOTED the report.

9/2011 Fast, Steady, Stop

This initiative from NHS Surrey aimed to reduce its expenditure. The Trust was working closely with local GP commissioners in order to develop a tailored process.

Comments on the draft proposals should be sent to the Head of Business Development as soon as possible, and the aim was to start introducing the arrangements during February; probably on a specialty-by-specialty basis.

Good communication with patients regarding their treatment was essential and it was agreed to find out how the arrangements were being communicated to the wider GP population. In addition, it was agreed to undertake further work on reviewing and co-designing the

VB

ITEM**ACTION**

pathways; to involve GP and Divisional Director representation.

VB

TEC APPROVED the proposals for implementation on a pilot basis.

STRATEGY**10/2011 Informatics Strategy**

The draft strategy set out a five-year road map, both at a Trust-wide and Divisional level.

Technology was a rapidly moving and developing environment and therefore the Strategy would need to be reviewed on an annual basis. It was noted there would always be a tension between ambition to progress quickly, versus the need to prioritise and develop a coherent approach.

Following discussion, it was agreed that the Strategy should also address the following points:

- Provide a blue sky vision of how radically different things could be in three years.
- Include a section on governance, identifying that Health Informatics Group had responsibility for overseeing the strategy. It would then be important that there was strong clinical involvement on the Group.
- Many of the objectives of the Strategy were underpinned by robust data quality and this should be highlighted within the Strategy.
- The Trust's web profile was important and its role needed to be highlighted and strengthened in the Strategy.

DMJ

TEC APPROVED the Strategy for onward discussion by the Trust Board.

11/2011 Marketing Report

Key messages from the marketing report were:

- The overall outpatient market share remained relatively stable.
- There was a need to focus on increasing elective market share.
- The report included a number of areas of suggested focus by the Divisions.

TEC NOTED the report.

12/2011 Dementia Strategy

In introducing the strategy, it was noted that dementia was a major issue for an ageing population.

It was agreed that the strategy could benefit from having an explanatory executive summary and more explicit objectives together

<u>ITEM</u>	<u>ACTION</u>
with a programme of delivery.	
Subject to these points, TEC approved the strategy.	MB
BUSINESS CASE AND POLICY APPROVALS	
13/2011 Business Case Guidelines	
The revised business case guidelines had been enhanced to improve the overall process and also to ensure that cross-divisional impact was properly assessed.	
It was agreed to:	
<ul style="list-style-type: none"> • Add in reference to the alignment of the business case guidelines to the annually reviewed Scheme of Delegation and financial approval thresholds. • To include a specific requirement to consider IT implications of any capital case. • To make clear that the role of the Business Case Review Group was to improve the quality of the business cases and not to act as a sifting mechanism. • To make explicit who was responsible for delivery of benefits identified in the business case. 	VB
The business case guidelines were then APPROVED.	
14/2011 Business Case for Consultant Posts in Emergency Services	
The business case sought the approval of two replacement posts. A number of minor changes to the job description and job plan were proposed. In particular, clarification of the intent of the 'shop-floor' DCs. It was also noted that the standard template for the Human Resources Section needed review and refresh.	
The business case was APPROVED.	
15/2011 Changes to Policies	
TEC noted Chairman's action in respect of:	
<ul style="list-style-type: none"> • Dignity at Work Policy. • Records Management Policy. 	
TEC NOTED the Chairman's action taken.	
16/2011 Pay Policy for Non-medical Staff	
TEC APPROVED the pay policy for non-medical staff.	
ANY OTHER BUSINESS	
17/2011 Innovation Expo	
It was noted that the Medical Director was coordinating expressions	

ITEM**ACTION**

of interest to attend the Innovation Expo event.

18/2011 Monitor - UCL Partners

The event had looked at maximising quality and minimising cost.

A number of Divisional Directors had attended the event and shared their reflections with TEC. It was agreed to substitute further discussion on this event for the planned development session in March on the patient experience.

MB**Date of Next Meeting**

19/2011 11th February 2011 - Developmental TEC
25th February 2011 – Formal TEC