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

**TRUST BOARD**
**29th September 2011**

| | |
|---|---|
| **TITLE** | **Trust Executive Committee Meetings held on 26th October 2011 (draft Minutes)and 9th November 2011** |
| **EXECUTIVE SUMMARY** | The formal TEC on **26th October** approved:<br>▪ Corporate Risk register<br>▪ Access policy<br>▪ Appraisal policy<br>▪ Medical Appraisal Policy<br><br>Discussion also took place on the Essential Care Spot Checks, part of the ward to Board assurance process, draft Marketing Strategy and progress on the Health Informatics Strategy<br><br>The developmental TEC held on **9th November 2011** focussed on the draft Marketing Strategy. |
| **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 26th October 2011 |
| **Submitted by:** | Andrew Liles Chief Executive |
| **Date:** | 15th November 2011 |
| **Decision:** | For Noting |

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

# TRUST EXECUTIVE COMMITTEE MINUTES

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



| | | |
|---|---|---|
| **PRESENT:** | Andrew Liles | Chief Executive |
| | Valerie Bartlett | Deputy Chief Executive |
| | David Elliott | Divisional Director for Trauma & Orthopaedics |
| | David Fluck | Deputy Medical Director |
| | Donna Marie Jarrett | Associate Director of Health Informatics |
| | Giselle Rothwell | Head of Communications |
| | Gulam Patel | Divisional Director for Ambulatory Care |
| | John Hadley | Divisional Director for Surgery |
| | John Headley | Director of Finance and Information |
| | Mick Imrie | Divisional Director for Anaesthetics, Critical Care & Theatres |
| | Mike Baxter | Medical Director |
| | Paul Crawshaw | Divisional Director for Women and Children's Services |
| | Paul Murray | Lead Clinician for Cancer |
| | Raj Bhamber | Director of Workforce and OD |
| | Vanessa Avlonitis | Deputy Chief Nurse |
| **SECRETARY:** | Jane Gear | Head of Corporate Affairs |
| **APOLOGIES:** | Suzanne Rankin | Chief Nurse |
| | Andrew Laurie | Divisional Director for Diagnostics and Therapeutics |
| | Michael Wood | Divisional Director for Medicine |
| **IN ATTENDANCE:** | Eva Woods | Senior Registrar in Orthodontics |

Eva Woods, Senior Registrar in Orthodontics, was welcomed to the meeting as an observer.

**ITEM** **ACTION**

**164/2011 Minutes**

The minutes of the meeting held on 23 September 2011 were agreed as a correct record subject to amending minute number 162/2011 Morbidity and Mortality Meetings to read:

> It was essential that the morbidity and mortality meetings continued within Divisions. Whilst these meetings had educational merit, they should not be exclusively confined to the educational half days and Divisions might need to find an alternative platform to ensure these meetings continued on a monthly basis.

**Matters Arising**

TEC reviewed all of the actions from the previous minutes. The nominated leads confirmed that all respective actions had been completed, appeared as agenda items for the meeting or were on track within the agreed timescales.

The following was noted:

**165/2011 A&E Business Case Phase I**

TEC formally noted the approval given at the Developmental TEC held on 9 September 2011 to the A&E business case phase I. This business case created a new CDU.

**166/2011 Perinatal mortality** (minute 142/2011 refers)

It had been confirmed that every birth including stillbirths was accompanied by an NHS number, and that the birth was linked to the paediatrician on-call. This approach had been confirmed as consistent with Frimley Park Hospital and other local Trusts.

**167/2011 CRR** (minute 148/2011 refers)

The risk on Code 5 alerts had been updated to reflect the pilot.

**168/2011 Christmas** (minute 161/2011 refers)

It had been confirmed that no elective work would be scheduled in the week between Christmas and New Year.

**169/2011 STRATEGIC DELIVERY BOARD – update**

The following points supporting the report were highlighted:

- David Fluck and Mike Wood had attended the meeting and had provided a useful perspective and input.

- There was an ongoing training programme for relevant individuals.
- The November meeting would consider the skill-mix review on corporate middle and administration office (CMAO) and a skill-mix review on therapists.

Overall, the implementation of the Programme Management Office approach was generating rigor in the delivery of key objectives. In particular, there was a focus on identifying benefits and improving documentation. The focus on communication plans and engagement with Stakeholders for any project aiming to deliver a major change would be increased.

It was agreed to consider ways of ensuring Divisional Directors could attend, either by scheduling some of the meetings at St Peter's Hospital or looking at the feasibility and costs of a video link. **DMJ/VB**

It was agreed to remind Divisional Directors of the next date. **VB**

TEC NOTED the report:

**OPERATIONAL PERFORMANCE, QUALITY AND SAFETY**

**170/2011 Corporate Risk Register**

The Register identified one existing risk where the risk level had increased and one risk which had been closed and re-opened.

In reviewing the Register, TEC highlighted:

- CRR 832 - loss of income. Some of the items in the progress column referred to plans rather than progress.
- CRR 1150 and CRR 1129 - it appeared that the progress had been duplicated between these two risks.
- CRR 1083- corporate lack of Trust Social Services worker post- this risk had been closed and subsequently re-opened. It was explained that the risk had been prematurely closed and that once an appointment had been made to a new support worker post for the safeguarding team, the risk would have been mitigated and could be formally closed.
- The Board had reviewed the CRR and suggested that an additional column be added identifying the period within which the target risk level should be achieved. The Board had also commented on the closure of the risk relating to policies of (CRR 806) requiring assurance that this had been fully addressed.

TEC APPROVED the Corporate Risk Register.

**171/2011 Balanced Scorecard**

The Balanced Scorecard comprised four areas aligned to the Trust's four key strategic objectives:

**Workforce:**

The following points from the workforce quadrant were highlighted:

- The number of staff recorded as having an appraisal decreased at the end of September to 85.7%. In reviewing the indicators, the Board had, however, been encouraged by the focus on the quality of medical appraisals.
- For the second month the scorecard included the mandatory training compliance rate and indicated that overall compliance had increased to 44%. Whilst the reporting process was continuing to be refined, it was important that staff continued to undertake the training.

It was noted that medical appraisal would underpin medical revalidation once it was introduced and the intention was to have robust documentation over a five-year look back period.

**Clinical Strategy**

The intention was to reset a number of the targets within the quadrant. However, there had been a slight fall in the level of elective/emergency re-admissions. Discussing this target, which had a significant financial implications, it was agreed to ensure that the weekly re-admission data was sent to Divisional Directors as well as General Managers. It was agreed there should be a clear action plan with timescales and accountabilities to drive forward achievement of the target. It was suggested the objective should be included within the PMO and the action plan could be reviewed at the next weekly *calm ordered care* meeting.

**DMJ**

**MB/VB**

Emergency readmissions were reducing but this was a target which needed restating as it should be a reduced target not just a reduction compared with out-turn.

The Trust was succeeding in achieving a 10% reduction in emergency admissions, but needed to achieve 25% in order to meet the 2008/09 cap.

**Finance and Efficiency**

The Trust surplus year to date was £0.4 million which was £0.6 million behind budget; however it was encouraging to note that elective and non-elective lengths of stay were down in the month indicating a focus on discharge and better patient flow through the hospitals.

Overall activity was flat, but the small level of over-performance would be financially constrained by the contract cap.

**172/2011 Compliance Framework**

The Trust had achieved an overall performance rating of green for Q2. This was an improvement on the amber green achieved in Q1.

The number of A&E attendances had risen, but it was pleasing to note there were fewer admissions to hospital. It would be helpful to understand the significant swings in the percentage of A&E attendances admitted daily.

During the discussion it was highlighted that the daily Board rounds had made a real impact, this was particularly evident in Orthopaedics.

The new SHA was bringing a real focus on performance monitoring and it was important that all targets were maintained, including 18 weeks. A new system was being introduced whereby the divisional general managers would be required to produce a recovery plan where a target was being missed.

The main performance issue for Q3 remained the target of 95% of patients spending less than four hours in the A&E Department.

It was highlighted that the Trust's VTE risk assessment performance was dropping and this needed action.

TEC NOTED the report. **Divisional Directors**

**173/2011 Quality Report**

The Medical Director circulated tables relating to CMR performance. Three different reports were now produced by Dr Foster, one of which was a funnel plot.

The data demonstrated a 23% reduction in the CMR over a three-year period which was reassuring overall. However, it was important that the Trust sought to measure internal improvement and the Medical Director proposed an approach focusing on specific pathways including emergency surgery, community acquired pneumonia, hospital acquired pneumonia and heart failure.

During the discussion, it was highlighted that not all deaths were avoidable, but it was agreed that the Trust's focus should be to look to seek areas where improvements could be made, hence a focus on pathway improvement. An increase in specialist work such as vascular could also have a negative impact on mortality rates.

It was noted that both the Royal College of Surgeons and NCEPOD were issuing reports on emergency surgery and it was agreed that summary recommendations along with proposed Trust actions should come back to TEC for discussion. **JHa**

The Quality Report identified no deaths within Paediatrics. It was noted that the introduction of HSMI would help give a more rounded picture.

The Quality Report detailed the range of measures used by the Trust to support both qualitative and quantitative understanding of the patient experience. It was noted that *Your Feedback* was collected but that ward areas were failing to collect sufficient survey responses for the scores to be fully validated. It was confirmed that this was being addressed through the Heads of Nursing.

The Report had also been discussed by the Board on the preceding day which had concluded that a range of actions had been initiated to improve the patient experience and these needed to be worked through in order to see if they had the desired impact on the patient experience. It was suggested that this topic might be suitable for a Board/TEC seminar.

TEC NOTED the report.

**174/2011 Essential Care Rota**

As part of strengthening the ward to board clinical quality assurance process Essential Care Spot Checks had been introduced. However, the process needed re-invigoration.

TEC endorsed the approach asking that the spot checks be less nursing focused and include aspects of medical care/delivery. It was also suggested that junior doctors and specialty leads would be helpful in undertaking the checks, as were members of the Corporate Coordinating Group, and it was also suggested that individual divisions could be given a specific period in which to focus their contribution to the checks.

TEC ENDORSED the approach which would be developed by the nursing leadership team. **VA/SR**

**BUSINESS CASE AND POLICY APPROVALS**

**175/2011 Marketing Report**

The newly formatted report provided a summary of GP commissioning developments and an update on the most recent competitor and market share information (Q1 2011/12).

Although the market share data was reassuring in respect of Surrey, an analysis of income data for local trusts highlighted that the Trust had not grown its income base as fast as its two main competitors in Surrey.

TEC NOTED the report.

**176/2011 Business Development Strategy**

The draft document was presented for discussion having been developed over the last two months following a review of the current market position for Ashford and St Peter's Hospitals.

TEC welcomed the draft Strategy and the excellent analysis it contained. Developing such a Strategy was important as there were ongoing pressures on the Trust's cost base, and new business opportunities were therefore important.

During the discussion the following points were highlighted.

- The development of MSK pathways was urgently required, and it was important that Assura supported this actively.
- The Strategy could reference private practice which was often an enabler for NHS work.
- The Trust needed to ensure a high profile web presence and that front-end tools such as Choose & Book actively supported the Trust's plans; these were key enablers.
- The Associate Director was chasing the Head of Infrastructure at Connecting for Health (DoH) for concrete clarification on why Skype does not have the support of the Network Security arm of DoH.

TEC NOTED the draft Business Development Strategy.

**177/2011 Service Line Reporting**

The status report highlighted work undertaken on changing the majority of medical staff costings from an activity and income weighted apportionment to a time-based allocation reflecting the broad clinical activity areas.

The Trust was planning to implement QlikView, a business intelligence system which would enable speedy and flexible reporting.

It was agreed to consider whether the Trust could identify if its Cancer Services generated a profit. **JH**

TEC NOTED that report.

**178/2011 Next steps in SPH site development**

By mid November 2011 the occupants of the Lower Ramp would be relocated enabling demolition of the Lower Ramp and the creation of a car park.

The next phase of the master plan was to demolish all or part of the Upper Ramp and connecting corridor. An Upper Ramp Group would be set up in late 2011 with involvement from relevant divisions and departments. The potential to relocate parts of Medical Records from the main hospital buildings would also be played in.

TEC NOTED the report.

**179/2011 Health Informatics Strategy – progress report**

The paper provided a progress report against the year one plan of the Trust's Health Informatics Strategy. Overall, strong progress was being made.

It was noted that wireless was about to be deployed and an Acceptable Use Policy was being drafted for approval. It was agreed to consider how patients could be enabled to access the wireless network. **DMJ**

It was confirmed that the Health Records Group would be involved in looking at the objective on electronic document management.

Informatics was a key enabler and it was agreed that the profile of implementation of the Strategy should be raised. A monthly update report would be presented to TEC. **DMJ**

TEC NOTED the report.

**180/2011 Access Policy**

TEC APPROVED the revised Access Policy.

**181/2011 Appraisal Policy**

TEC APPROVED the Appraisal Policy.

**182/2011 Medical Appraisal Policy**

The Policy had been reviewed in line with revalidation requirements and being reviewed by LNC.

TEC APPROVED the Policy.

**183/2011 Replacement Occupational Health Physician**

This item was deferred to the next meeting.

**ANY OTHER BUSINESS**

**184/2011 IPADs:**

A business case for the introduction of the iPads to support the Board and Tier One committees had been approved. This included TEC.

**185/2011 Urology:**

The Deputy Chief Executive explained the rationale for undertaking a review of the Trust's urological services. This would be undertaken by Philip Britton, Consultant Urologist and Clinical Director for Business Development and Finance at Western Sussex Hospitals Trust and a report would be presented to TEC in due course.

**186/2011 Educational Half Days:**

A range of views were expressed by Divisional Directors on the re-introduction of the monthly educational half days (reduced to bimonthly following a TEC decision in June 2011). It was agreed that the Director of Workforce and Organisational Development should prepare a proposal based on views obtained from each division for discussion at the December TEC. **RB**

One aspect of the report could be to consider the impact on the productivity gain achieved over the six-month period.

**187/2011 Date of Next Meeting**

Friday 11 November - Developmental
Friday 25 November - Formal

## Action log