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

TRUST BOARD
26th April 2012

TITLE	**Trust Executive Committee Meetings held on 23rd March 2012 (draft Minutes), and 13th April 2012.**
EXECUTIVE SUMMARY	The formal TEC on **23rd March 2012** approved or considered: ▪ Code 5 Reporting Solution- closure of NPSA alert ▪ Neurophysiology Business case ▪ CQC Action Plan- progress report ▪ Site Capacity Management Plan ▪ Hybrid Theatre – agreement to proceed to next stage ▪ Dermatology Consultant Business Case ▪ Trauma And Orthopaedic Consultant Business Case ▪ Admissions Lounge agreement to proceed to next stage Sterile Services Centralisation The developmental TEC held on **13th April 2012** was subsumed into a wider session with managers to consider, in broad terms, those themes which are emerging from a number of recent staff engagement tools - the 2011 NHS staff attitude survey, the Living our Values sessions, the recent (internal) communications audit and the team development sessions which have been undertaken for the Trust by Aston University.
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 23rd March 2012
Submitted by:	Andrew Liles Chief Executive
Date:	15th April 2012
Decision:	For Noting

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

TRUST EXECUTIVE COMMITTEE MINUTES

DRAFT

Friday, 24th March 2012
2.00 pm to 4.30 pm
Room 3, Chertsey House, St Peter's Hospital

PRESENT:	Andrew Liles	Chief Executive
	David Fluck	Interim Medical Director
	Donna Marie Jarrett	Associate Director of Health Informatics
	Giselle Rothwell	Head of Communications
	Peter Wilkinson	Divisional Director for Acute and Emergency Medicine.
	John Hadley	Divisional Director for Surgery
	John Headley	Director of Finance and Information
	Mick Imrie	Divisional Director for Anaesthetics, Critical Care & Theatres
	Paul Crawshaw	Divisional Director for Women's Health and Paediatrics
	Andrew Laurie	Divisional Director for Diagnostics and Therapeutics
	Raj Bhamber	Director of Workforce and OD
	Suzanne Rankin	Chief Nurse
	Paul Murray	Lead Clinician for Cancer
	Gulam Patel	Divisional Director for Specialist Medicine and Specialist Surgery
	Claire Braithwaite	Associate Director Performance Improvement
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Valerie Bartlett	Deputy Chief Executive
IN ATTENDANCE:	Sven Olsen	Olsen Associates (Minute 47/2012):
	James Wicker	FY2 in orthopaedics

. **ACTION**
ITEM

43/2012 Minutes

The minutes of the meeting held on 24 February 2012 were agreed as a correct record.

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 agreed timescales.

The following was noted:

44/2012 Health Informatics (minute 196/200 refers):

It was confirmed that the Demonstration/Innovations Workshop was scheduled for 13 April 2012 and would also incorporate the update on developing the Informatics Service.

45/2012 Code 5 Reporting Solution (Minute 26/2012 refers)

An update on the rollout of the Code 5 tracker had been circulated with the agenda. This identified that over 96% of the alerts were being sent to a designated mailbox. The other 4% were being re-assessed as it was believed that these consultants might be visiting consultants. The information included in the report showed that some areas were using the Code 5 tracker 100% and that the process was in place and working. However, further refinements to the process would be explored and developed to ensure 100% usage of the Code 5 tracker, thus completely replacing the paper system.

TEC NOTED the report and AGREED that the NPSA alert has now been met and could be formally closed.

46/2012 Neurophysiology (Minute 39/2012 refers)

The February TEC had considered the business case for the appointment of a whole time equivalent consultant clinical neurophysiologist. TEC had requested a number of points of clarification which were addressed by the paper.

It was noted that while there was no long-term guarantee accompanying the contract for the Frimley activity, the Trust would ensure that the contract was clear that TUPE would apply if the contract was withdrawn.

The intention was to move so that there was always a consultant present at the Trust on Friday, and it was agreed to confirm the level of SPAs shown in the job plan to ensure these were linked to a specific role. **GP**

TEC APPROVED the business case.

STRATEGY AND PLANNING

47/2012 ASPH Positioning: Creating joined-up healthcare.

Sven Olsen was introduced to the meeting and gave a brief presentation on work which had been undertaken in order to help the Trust differentiate itself from other providers in what was becoming an increasingly competitive environment. It would be essential that the Trust was able to deliver any claimed 'USP'.

The proposed approach had been developed through discussions with the Executive Team, brand workshops, members' focus groups and discussions with a number of GPs. As a result, it was now proposed to have a strap-up line "creating joined-up healthcare." It was felt this would be appealing to both GPs and patients and would also resonate internally as it reflected the existing 4Ps values for the staff.

Following a general discussion, TEC SUPPORTED the proposed statement and noted that the next step would be to consider how the Trust could take this forward with staff. It was important that this was not seen as another task, and that it would be introduced in the context of a

disappointing staff survey.

48/2012 Quarter 3 Marketing Summary

It was noted that the Trust had agreed in principle the SLA with Surrey for 2012-2013. This would be a full PBR contract with no caps and collars. Substantial funding would be attached to the delivery of CQuINS, and it was likely that there would be more contract challenges associated with the new contract. It was confirmed that briefings for consultants would be produced.

It was noted that up to six companies had applied to provide clinical services to North West Surrey CCG under the extended choice network. It was not known how many of these would be a substantial challenge to the Trust. It was also reported that Royal Surrey County Hospital had appointed a new ENT consultant to undertake a clinic in Byfleet. This was a potential threat to the Trust's services in that area and it was agreed to follow this up with RSCH. **AL/JHa**

The Trust would need to consider what opportunities there were for developing vascular services in Guildford.

TEC NOTED the report.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

49/2012 Corporate Risk Register

The Corporate Risk Register identified one risk with an increased risk score; underperformance of the CIP Programme in 2011-12.

It was noted that CIPs continued to be delivered and the Trust anticipated meeting its FRR. It was therefore agreed that the risk rating should not have been increased. It was agreed to confirm how the recommendation had been made. **SR**

TEC APPROVED the CRR subject to returning the risk on CIP to 12.

50/2012 Quality Report

The Report indicated that the crude mortality rate had decreased between January and February. This reflected a decrease in crude mortality within medicine. The standardised mortality ratio had remained stable.

It was noted there was discrepancy in the mortality from hip fractures as stated between the Quality Report and Balanced Scorecard. It was confirmed that the Quality Scorecard reflected an earlier version of the data and the correct figure was as shown in the Balanced Scorecard, i.e. 13.9%. The number of hip fractures treated within 36 hours had dropped to 86%. The division was considering the causes.

Further investigation was being done into the testing regime for Pseudomonas aeruginosa in high-risk areas.

The level of complaints remained high with 38 complaints received in February, although this was a lower level of activity than January 2012 and December 2011.

TEC NOTED the report.

51/2012 CQC Action Plan:

The report outlined progress on the CQC action plan. Process issues looked steady with a few outcomes not meeting the test of effectiveness. Overall there were three areas where continued focus was required; the immediate capacity management plan, reducing the number of discharge-related complaints (outcome indicator), and improving documentation. Therefore, the Trust will still not yet in a position where it would be able to confirm compliance to the Trust Board.

During the discussion, it was agreed that a continued focus on Swift Ward was required, and that it was important that all senior managers were actively supporting staff and were easily accessible and visible.

TEC NOTED the report.

Clinical Days

One of the actions within the CQC action plan was the introduction of clinical days. An initial discussion had taken place at an earlier TEC Seminar.

The rationale for introducing such a programme was to embed senior management and clinician presence within clinical areas on a regular basis across the Trust. A suggestion was that this could take place on a Wednesday.

The principles underpinning clinical days were emphasised, i.e., this was not an audit, and the visits would be unscripted.

Following a wide-range discussion, the following points were noted:

- This should be extended beyond the wards to all clinical areas.
- It should ideally replace an existing activity, for example TEC development days or ED walk abouts.
- It was essential that staff were involved in designing the approach.

In summary, TEC supported the approach, and it was AGREED that a firmed up design should be presented to the May TEC. **SR**

52/2012 Balanced Scorecard:

The Balanced Score Card comprised four quadrants.

Quality: This item had been addressed under the Quality Report.

Workforce: It was encouraging to note that the mandatory training compliance rate continued to rise steadily. A verbal update was given that 67% of staff had now been trained.

Clinical Strategy: Emergency admissions were lower in month, although operational pressures remained with an increase in length of stay for emergency patients and a high bed occupancy rate.

Finance and Efficiency: The planned FRR was 3 with the actual YTD remaining at 3.

It was important that the Trust achieved a significant surplus in 2012/2013 which was part of the budget setting challenge for 2012-2013. The budget was set to deliver a £3m surplus.

It was pleasing to note that the Outpatient DNA rate continued to improve and also that both elective and non-elective lengths of stay showed a downward trend.

TEC NOTED the report.

53/2012 Compliance Framework

The Trust was continuing to achieve the 18-week referral to treatment pathway for more than 90% of patients requiring admitted care. This was a significant achievement.

However, delivering the maximum wait of four hours for 95% of patients in A&E, continued to be a significant challenge.

TEC NOTED the report

54/2012 Health Informatics:

TEC noted the update. It was confirmed that the Informatics projects which underpinned delivery of CMAO were on track.

TEC NOTED the report.

55/2012 STRATEGIC DELIVERY BOARD

TEC noted the summary progress report from the Strategic Delivery Board and associated benefit profiles.

The next TEC would receive a report highlighting new projects. **VB**

TEC NOTED the report.

BUSINESS CASE AND POLICY APPROVALS

56/2012 Site Capacity Management Plan

The policy had originally been agreed in August 2011 and had now been updated to reflect recent changes in practice, recommendations from the CQC visit and feedback on the previous guidelines. It was noted that when GP referrals were admitted direct to MAU, the requirement for the on-call medical consultant to attend A&E five times per day could be amended.

TEC APPROVED the policy

57/2012 Same Sex Accommodation and Operational Policy

This item was deferred. **Agenda**

58/2012 Bluespier Post-implementation Benefits Realisation:

This item was deferred to the next meeting. **Agenda**

59/2012 Hybrid Theatre

An outline business case proposing the building of a Vascular Hybrid Theatre which would enable the Surrey Vascular Dual Hub model to be sustained was considered. The overall intention was for Surrey to have two centers, one at St Peter's and one at Frimley Park Hospital. St Peter's Hospital would also serve the Epsom and East Surrey population which would give the base population required to support a major vascular center.

It was agreed that an overall business case pulling together the various aspects underpinning the development of the Trust's vascular services, including interventional radiology, was required.

TEC supported the outline business case, noting that the financial aspects would require careful scrutiny as the final business case was developed. It was agreed to proceed with the appointment of structural, mechanical and electrical engineers to test the proposal and inform architect design.

It was noted that the Full Business Case should be brought back to TEC as soon as possible. **JHa**

TEC APPROVED the Outline Business Case and next steps.

60/2012 Dermatology Consultant Business Case

TEC APPROVED the business case for the appointment of a substantive consultant dermatologist subject to:

- Ensuring the contract flagged the intention to increase the move towards 24/7 services.
- Maximising the number of patient-facing/revenue-generating sessions.
- Ensuring that clinic sessions were four hours or if they were three hours, they could be supported with a clinic admin. session. **GP**

61/2012 Trauma And Orthopaedic Consultant Business Case

The Business Case proposed the introduction of a new substantive consultant orthopaedic surgeon specialising in lower limb and trauma surgery. The division was performing well against Monitor compliance targets, but increasing activity and market share were impacting leading to increased reliance on waiting list initiatives with associated budgetary pressures.

TEC APPROVED the Business Case asking that it included a clear indication regarding extended working.

(Gulam Patel left the meeting).

62/2012 Admissions Lounge

The Business Case proposed the building of a new Admissions Lounge to improve the quality of the environment for patients and staff.

TEC agreed this was an important aspect of the overall patient experience, but requested that the project be worked up carefully and was future proof.

The outlined Business Case was APPROVED and, following detailed

architect design and subsequent costing, a full Business Case would be brought back to TEC.

63/2012 Sterile Services Centralisation

The Business Case proposed the centralisation of Sterile Services onto St Peter's Hospital site. To support the project, significant investment was to be made to ensure additional instruments were available to support a centralised service.

It was suggested this might be an area for further cross-organisational rationalisation in due course.

TEC APPROVED the Business Case

INFORMATION – inc Sub-Committee reports

64/2012 Sustainability Group

The Annual Report from the Sustainability Group was noted.

ANY OTHER BUSINESS- none raised

65/2012 Date of Next Meeting

13 April 2012 – developmental.

27 April 2012- formal.