Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
26th August 2010

TITLE	**Trust Executive Committee Meetings held on 9th July 2010 and 23rd July 2010**
EXECUTIVE SUMMARY	The Trust Executive Committee key points include : **9th July 2010** The TEC meeting was a developmental session focussing on Emergency services. **23rd July 2010** The meeting discussed progress on Programme 3: Clinical Strategy, and also discussed the White Paper. TEC approved: o Business case – Consultant anaesthetist o Business case- introduction of electronic incident reporting o Minor amendments in a revision to the Clinical Negligence Claims Policy o Employment Policies (CRB/Pre-employment health screening/Grievance policy/Conduct, capability, Ill- health and Appeals policies and procedures f(doctors and dentists). The Annual Report from the Cancer Steering Group was discussed.
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 23rd July 2010
Submitted by:	Andrew Liles Chief Executive
Date:	15th August 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES
23rd July 2010
Lecture Theatre, Ramp, St. Peter's Hospital

PRESENT

	Andrew Liles	Chief Executive (chair)
	Mick Imrie	Clinical Director for Anaesthetics & Theatres
	Caroline Becher	Chief Nurse
	Andrew Laurie	Clinical Director for Pathology
	Jonathan Robin	Interim Clinical Director for Emergency & A&E
	Paul Crawshaw	Clinical Director for Children's Services
	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
	Elliot Chisholm	Clinical Director for Surgery
	David Fluck	Clinical Director for Medicine
	Paul Murray	Lead Clinician for Cancer
	Jeremy Wright	Clinical Director for Women's Health
	Jenny Johnson	General Manager Theatres Anaesthetics and Critical Care
SECRETARY	Jane Gear	Head of Corporate Affairs
APOLOGIES	Mike Baxter	Medical Director
	Peter Finch	Clinical Director for Imaging & Endoscopy
	Sue Robertson	Head of Planning and Performance
	David Elliott	Clinical Director for Trauma & Orthopaedics
	Giselle Rothwell	Head of Communications
	Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy
IN ATTENDANCE	Jeremy Over	Deputy Director of Workforce (Minute 207/2010)
	Peter Curtis	Capital Projects Manager (Minute 205/2010)

ITEM **ACTION**

192/2010 MINUTES

The minutes of the meetings held on 25 June 2010 were agreed as a correct record.

MATTERS ARISING

TEC reviewed all of 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:

193/2010 Corporate Risk Register – Information Governance Training (Minute 86/2010 Refers)

It had previously been agreed that best practice would be to upload the data from the successful information governance training exercise carried out in response to the SUI, onto the OLM module of ERS. Uploading data onto ERS was responsibility of relevant managers but the IG manager was attempting to back load the data.

It was noted that uploading data onto OLM was a generic issue applying to all mandatory training modules.

TEC AGREED this matter was now closed.

194/2010 MRSA Screening (Minute 171/2010 Refers)

The additional cost of implementing MRSA screening for non-elective patients had been incorporated into 2010/11 budget. The impact in 2010/11 was £78K.

STRATEGIC CONTEXT

195/2010 The White Paper

Copies of the full White Paper had been made available to TEC, together with a short briefing note considering the potential impact on ASPH.

Overall, the White Paper represented a radical and fast paced agenda for change. A number of themes were particularly relevant to ASPH:-

1. A focus on increased independence and authority for FTs. Within this framework the patient's choice became supreme and would be supported and enabled through an information revolution. Thus as ASPH became a foundation Trust it would enter a wider, more competitive arena.

ITEM **ACTION**

2. A focus on empowering clinicians and clinical teams.

3. The budget for commissioning passed to GPs. Local understanding was that there was likely to be a consortium/GP cluster based on the Northwest Surrey Locality.

Each of these three aspects represented a positive way forward and were already areas where the Trust was focussing. The biggest issue for ASPH would be how to handle the information revolution and ensure that the Trust was able to respond in a proactive and positive way.

In the general discussion it was noted that clarity was awaited on commissioning for specialist and emergency services. Service line reporting would become an increasingly important tool. Two potential risks for the Trust were the costs associated with the provision of junior doctor training as tariff would enable independent providers to cherry-pick services. There was also a potential risk for ASPH in respect of ownership and occupation of the St Peter's campus.

TEC NOTED the briefing and that further consultation would be issued by the Government over the next few weeks.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

196/2010 Programme 3: Clinical Strategy
Valarie Howell, Elliot Chisholm, David Fluck

Each directorate had now produced a first draft strategic plan. These needed to be reviewed with individual CDs with a view to identifying common strands for incorporation into the over-arching Trust clinical strategy.

It was noted that there was growing agenda focused on developing clinical pathways with Mid Surrey and also Epsom Hospital. This could become an additional Programme deliverable.

It was noted that Surrey PCT would be issuing their final renal ITT (invitation to tender document) in August. The Trust was continuing to make good progress on refining its bid, and would be in a strong position to respond.

A meeting had taken place with Surrey PCT to examine developing a 24/7 Primary PCI Cardiology Service. As a result NHS Surrey had decided to fully evaluate the options by September 2010.

TEC discussed the development of Outreach Clinics. It was noted this was a balance between maintaining activity levels and increasing the range of clinics held outside of ASPH. The CDs emphasised the importance of facilities which were properly equipped and also the benefits of having a joined up approach targeting specific centres, which should ideally be facilitated by the marketing team. One

ITEM **ACTION**

possible way of managing the efficient decentralisation of services would be to set up a specific Outpatient Team looking at the practical infrastructure issues.

TEC NOTED the report.

197/2010 Corporate Risk Register (CRR)

The report presented the CRR as at 16th July and highlighted:

- Two new risks added since the last TEC report
- Three risks closed
- Four existing risks where the risk level had changed and
- One new risk added.

It was noted that risk 763, Healthcare Acquired Infection, had been downgraded from extreme to high. The Trust had excellent control of infection systems and procedures in place and the risk primarily indicated the potential impact to the FT application rather than safety for individual patients.

TEC NOTED the report.

198/2010 Visiting Hours

The report represented an update six weeks into the pilot period. Comments to date had been received from 45 patients and 99 visitors.

As a result of the intelligence to date, it was becoming apparent that different aspects of the Trust's services might need to adopt different visiting hours; for example, in the Stroke Unit it was important that family and cares were able to be party to MDT discussions. It was, however, noted that general visiting was a separate activity from medical/staff interactions with patients and families about their specific care.

It was also noted that the consultation was taking place across the summer period and it could be anticipated there would be different problems experienced by visitors in the winter.

It was agreed that a more formal means of evaluating the outcome of the pilot should be developed; the provision of clear criteria to make a decision on would be essential. **CB**

TEC NOTED the report.

199/2010 Operational Management Structure

The report proposed a two-stage change from the current Clinical Directorate structure towards a clinical division structure with fewer Divisions supported by strong clinical leadership at specialty level.

ITEM **ACTION**

Overall, the general direction proposed reflected the drivers in the White Paper of strengthening clinical decision making.

The following points emerged in the discussion:

- The intention would be for the Divisions to work through and develop their own management structures, within the existing cost envelope.

- The role of clinical lead would be very important and there would be benefits on a collective view on the role on aspects such as time. The role of specialty lead would be advantageous in terms of succession planning for CDs.

- CDs would be recruited by the Deputy Chief Executive but CDs would be the lead for recruiting specialty leads.

- Some concerns were expressed about the synergy of the second stage which involved the creation of a Division of Women and Child Health.

- Further work was needed on the integration of nursing and midwifery leadership in the Divisions

TEC APPROVED

- the phase 1 changes as set out in section IV of the report

- That work start to support the phase 2 changes detailed in the report while noting and addressing to the particular issues in respect of women and child health.

- The approach to change with the new Divisions working up their own operational management arrangements to sign off by the Deputy Chief Executive.

- That the changes should be cascaded.

In addition, it was AGREED that it would be helpful to have a discussion regarding the role of specialty lead and that this should be scheduled for the next development TEC.

PLANNING AND STRATEGY

200/2010 Marketing Report : July 2010

The marketing report had been re-focused and was continuing to evolve; comments from TEC were welcome.

ITEM		**ACTION**
	Overall, the report identified that the Trust's market share in Surrey remained stable at 26% in Q4 and matched the previous year 08/09. Market share for Hounslow PCT remained at 12%; in Q4 that had reduced from 08/09. In terms of section 3, market share, it was noted that there was a recording issued underpinning the apparent gain in Paediatrics.	
	The benefits of sharing the marketing report widely including all consultants was noted. It was also agreed to align the presentation of the marketing report with the SLR report.	**JG**
	TEC NOTED the marketing report.	
201/2010	**Developmental TEC- Emergency Medicine**	
	On 9th July TEC had considered emergency care. Slides used in the session were now available on the T drive.	
	Following on from the developmental event, the intention was now to work up a strategy for emergency services which could then be discussed at the next formal TEC meeting in August.	**VH**
202/2010	**Foundation Trust Application**	
	Representatives from Monitor had now visited the Trust in order to undertake a batching decision. There had been a very positive discussion in relation to clinical quality and governance involving David Fluck, Caroline Becher and Paul Crawshaw.	
	Monitor would be advising the Trust on the batching decision shortly; an issue for ASPH related to NHS Surrey which was financially challenged and where the Trust was currently over-performing. The Chief Executive has been able to advise Monitor on the steps already undertaken to address these issues jointly with NHS Surrey.	
	TEC NOTED the report.	
	POLICY AND BUSINESS CASE APPROVALS	
203/2010	**Business Case - Consultant Anaesthetist**	
	The business case for a Consultant Anaesthetist with a special interest in intensive care was discussed.	
	Subject to minor comments relating to cover on Fridays, and clarity on supervision of junior doctors, TEC AGREED the business case.	
204/2010	**Incident Reporting**	
	The business case for the introduction of electronic reporting via DATIX was presented to TEC as it represented a significant change in practice.	

ITEM **ACTION**

TEC welcomed the approach, and supported the introduction of the system including dedicated project management.

TEC AGREED the business case.

205/2010 Electrical Infrastructure Upgrade

Peter Curtis was welcomed to the meeting and guided TEC through the business case relating to changes on the St Peter's Hospital mains HV electrical infrastructure.

The preferred option 7 would result in two new incoming 11 KV feeder cables. Funding for the project had been allocated within the Capital Programme across the current and next financial years. A further business case would be submitted to TEC regarding replacement emergency standby generators at the appropriate point.

In undertaking the work, the Trust would still have the option at a future date to look at the sustainability agenda, e.g. Combined Heat & Power (CHP). It was also noted that plans were underway to ensure the minimum disruption to the site when running the cables.

The project would be managed in accordance with the Department of Health Procure 21 (P21) process.

TEC AGREED the business case, noting that it would be finally agreed by the Trust Board.

206/2010 Policy for Handling of Clinical Negligence Claims

TEC had previously ratified the Policy in February 2010. Subsequent to this, it was proposed to formally report clinical claims to the newly formed Safety and Risk committee, and this change, together with additional guidance on training, had been inserted into the updated Policy.

TEC APPROVED the Policy.

207/2010 Employment Policies

Jeremy Over joined the meeting and presented the employment policies:

- Criminal Record Bureau Policy.
- Pre-employment health screening.
- Grievance Policy and Procedure.
- Conduct, Capability, Ill Health and Appeals Policies and Procedure for Practitioners (doctors and dentists).

All of the amended Policies had been formally consulted on including LNC, EPF and General Managers.

ITEM **ACTION**

In discussing the CRB Policy, TEC noted that the Trust would not accept disclosures presented by applicants from previous employers. There was a general discussion as to why CRB clearances could not be portable, this was on the basis that it was the responsibility of the employer to apply for clearance. It was noted that the Trust would temporarily accept clearances from previous employers in particular circumstances, for example, junior doctors, and it was therefore agreed that the wording of the Policy should reflect this and state "will not normally be accepted… "

It was also agreed to ascertain whether there was the potential for a local agreement between key providers, for example Runnymede and Surrey and Borders. **JO**

TEC AGREED the Policies.

208/2010 Annual Report of the Cancer Steering Group

The Annual Report was discussed by TEC. Overall, it was pleasing to note that the Cancer Services were performing extremely well, making good progress on objectives from 2009/2010.

A new peer review process has been introduced in 2009. Some minor aspects regarding the Breast Service needed to be addressed at the request of the PCT policy board.

It would be important that cancer featured in the Trust's clinical strategy.

It was confirmed that issues with the supply of data to the National Colorectal Cancer database were being resolved.

TEC NOTED the report.

209/2010 Pathology Network

It was agreed to roll forward this item to the next formal TEC meeting. **Agenda**

210/2010 Patient and Public Engagement Group (PPEG)

At the last meeting of PPEG, it had been agreed that Terms of Reference for the meeting would be reviewed shortly.

The report from PPEG was NOTED.

ANY OTHER BUSINESS

211/2010 Chief Nurse

TEC noted the retirement of Caroline Becher and thanked her for her considerable contribution towards focusing the Trust's energies on improving the patient experience.

ITEM **ACTION**

It was noted that an interim appointment to the post of Chief Nurse have been made; Susan Osborne would commence in the following week and remain in post until a permanent appointment was made.

212/2010 Improving Quality Programme

Representatives of the Trust had met with the EQP lead and agreed terms of reference. The programme was moving ahead and there was good clinical engagement. It was pleasing to note that the Trust was on track for achieving for the CQUIN funding.

A site visit was scheduled for 5th October.

213/2010 Research and Development

The Trust was performing well in terms of CLRN trials and generating income for the Trust.

214/2010 Patient Experience

Elliot Chisholm reported on a letter of thanks from a member of the public who had highlighted the excellent service received in A&E, Imaging and SAU.

215/2010 DATE OF NEXT MEETING

The next formal meeting would be held on **Friday 27th August 2010**

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
14/05/2010	146/2010	**WOW**	Conform new modular building is wireless	**JA**	25/06/2010	Currently reviewing budget costs. Once projects have resolved the issues they will report back.
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	To come back to September
Due at a Future meeting						
14/05/2010	151/2010	**EDM**	Report back on visit to Ipswich and paediatric pilot re way forward	**JA**	24/09/2010	The team visit Ipswich 24 June, but did visit St.Helens & Knowlsley and reported a good implementation and ongoing service roll-out. At ASPH the Paed project team has begun work on limited pilot (running in parallel with existing procedures) starting early Sept 2010.

23/07/2010	200/2010	**Marketing report**	Align production of Marketing report for TEC with SLR information	**JG**	24/09/2010	
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	
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	