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

TRUST BOARD
29th September 2011

TITLE	**Trust Executive Committee Meetings held on 23rd September 2011 (draft Minutes)and 14th October 2011**
EXECUTIVE SUMMARY	The formal TEC on **23rd September** considered or approved: ▪ Corporate Risk register ▪ Pathology Services Network briefing ▪ Real Time Length of Stay Business Case ▪ Car parking charges The developmental TEC held on **14th October 2011** focussed on the start of the Business Planning process for next year 12/13. There was a short look-back session "how are we doing so far this year?" and most of the time was used to look at each strategic objective in turn and the delivery projects supporting them. The final part of the session was spent on confirming the process for producing the Divisional plans. .
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 September 2011
Submitted by:	Andrew Liles Chief Executive
Date:	18th October 2011
Decision:	For Noting

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

TRUST EXECUTIVE COMMITTEE MINUTES

Friday, 23rd September 2011
2.00 pm to 4.30 pm
The Lecture Theatre, The Ramp, St Peter's Hospital

PRESENT:	Andrew Liles	Chief Executive
	Andrew Laurie	Divisional Director for Diagnostics and Therapeutics
	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
	John Hadley	Divisional Director for Surgery
	John Headley	Director of Finance and Information
	Mike Baxter	Medical Director
	Paul Crawshaw	Divisional Director for Women and Children's Services
	Raj Bhamber	Director of Workforce and OD
	Suzanne Rankin	Chief Nurse
	Jenny Martin	General Manager For Anaesthetics, Critical Care & Theatres
	Hugh Jelley	Divisional General Manager Acute Medicine
	Claire Braithwaite	Associate Director of Performance Improvement
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Gulam Patel	Divisional Director for Ambulatory Care
	Michael Wood	Divisional Director for Medicine
	Mick Imrie	Divisional Director for Anaesthetics, Critical Care & Theatres
	Paul Murray	Lead Clinician for Cancer
	Valerie Bartlett	Deputy Chief Executive
IN ATTENDANCE:	Stephen Hepworth	Associate Director, Business Development
	Dr Ian Fry	Director of Pathology -Partnership Pathology Services

ITEM		ACTION
144/2011	**Update** The Chief Executive advised TEC that the launch of the Future Leaders Programme had now taken place. There was an excellent level of Trust representation on the programme and Professor Steve Field had been the key note speaker. Virgin Assura had been awarded preferred bidder status in respect of the tendering process for Surrey Community Services.	
145/2011	**Minutes** The minutes of the meeting held on 26 August 2011 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 the agreed timescales. The following was noted:	
146/2011	**Compliance framework – complex shoulder activity** (minute 103/2011 refers). Following investigation, it had been identified that this referred to two patients in the current financial year and was on the list of non-commissioned activity. Commissioners would either need to pay for the activity in future or the Trust would need to cease providing the service. A review was already underway on areas where the Trust might not be being properly reimbursed but if Divisional Directors were aware of other areas they should notify these to the Associate Director of Business Development. It was agreed that Stephen Hepworth should come to a future TEC meeting to provide a briefing on contract performance	**SH**
147/2011	**Balance Scorecard – Mortality Indicator** (minute 133/2011 refers). Details of the new summary hospital level mortality indicator were awaited from the NHS Information Centre.	
148/2011	**Corporate Risk Register** (minute 132/2011 refers): The Corporate Risk Register still required updating so that it reflected the pilot underway on code 5 alerts.	**SR**
149/2011	**Performance Reviews** (minute 135/2011 refers): It was confirmed that all data on appraisals was drawn from one source; ESR. The main issue was in relation to data accuracy and the HR business partners were working with Divisions to improve this.	

150/2011 Strategic Delivery Board (minute 131/2011 refers):

It was agreed to re-issue the invitation to Divisional Directors to attend the quarterly meetings of the Strategic Delivery Board. **CB**

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

151/2011 Corporate Risk Register

The Corporate Risk Register (CRR) identified one existing risk where the risk level had changed and five risks which had been closed following an exercise commissioned by IGAC to look at all risks on the register which were over one year old.

CRR 763 related to healthcare-acquired infection and national targets. The Trust had recently reported two bacteriaemia on the same patient. The case was being appealed but the outcome was not yet known.

Following discussion, it was agreed that this was a very important target and it was important to keep the profile of infection control raised across the Trust e.g. using Team brief. It was agreed to maintain the risk level at medium and that the RCA should be brought back to TEC once complete. **SR**

CRR 1112 related to the failure to act on radiological imaging reports resulted in misdiagnosis. Although the pilot on code 5 reporting was underway, it was noted that the IT solution would not necessarily provide a comprehensive solution as the recent SUI showed.

TEC APPROVED the changes to the CRR.

152/2011 Balanced Scorecard

The balanced score card comprised four areas aligned to the Trust's four key strategic objectives:

Workforce:
The following points from the work force quadrant were highlighted:

- The objective to achieve a CIP pay reduction was not being delivered. 70 WTE posts had been removed from the establishment but the financial saving from the WTE-linked CIPs was £834k year to date, less than the £962k forecast for the year to date.
- Agency use had increased in August. This was particularly apparent in medical agency usage.
- The score card included mandatory training compliance rate for the first time. The initial rate showed overall compliance at 40%, although it was noted that the indicator was still under development.
- No staff had been 'EQUIP' trained in August.

Clinical Strategy

Overall, the Trust had over-performed in terms of the level of emergency admissions and under-achieved on elective activity. Performance on re-

admissions had dropped in August and TEC were reminded that there were financial benefits if we could reduce the level of emergency admissions. It was agreed to confirm that the re-admission list was being circulated widely; this would help Divisional Directors to consider whether any re-admissions could be contested or, if they were legitimate, whether there were adjustments to the pathway which could be made. It was noted that it was essential this data was reviewed by Clinicians and that the Specialty Leads had a major role to play. **DMJ**

Finance and Efficiency

Income of £18.7m due to date was £42k below target. Year-to-date income remained £1.4m ahead of plan.

Non-elective length of stay had been higher than planned so far this year, although there had been a small improvement between July and August.

CIPs were £0.6m short of target year-to-date. A lot of good work was underway and the Trust's overall forecast now stood at £10.8m.

The Executive Directors had agreed to put in place a scheme whereby additional CIPs above target would be rewarded by a corresponding reduction in the following year's CIP target. The intention was to reward good performance whilst also ensuring that risk was not un-manageable for an individual division in the subsequent year.

Following discussion, it was agreed that suggestions for additional incentives, e.g. minor capital, would be considered and it was stressed that the scheme needed careful messaging to ensure divisions were not disincentivised.

TEC NOTED the report.

153/2011 Compliance Framework and Operational Performance Report

Overall, a performance rating of green was predicted for quarter 2, with the key risk to this being delivery of a maximum waiting time of four hours for 95% of patients that attended the A&E Department.

It was noted that Monitor had announced a change to the way it would use the A&E clinical quality indicators to assess governance risk in the Compliance Framework. Although Monitor would only score Trusts for failing to achieve the indicator relating to total time in A&E, the five A&E clinical quality indicators would still be reported to the NHS Information Centre which would in turn publish the data.

The Trust delivered an overall 95th percentile waiting time of less than 23 weeks in all specialties in August and had therefore met the requirement of the Monitor Compliance Framework. However, the Trust was still not achieving a maximum waiting time of 18 weeks for 90% of patients. This was a contractual requirement which could lead to the application of contract penalties by the PCT.

In considering the RTT position, it was noted that the level of elective activity was down, as was theatre utilisation. One issue was the availability of laminar flow theatre capacity for Orthopaedics. A review of options regarding theatres had already been commissioned by the division.

TEC NOTED the report.

STRATEGY AND PLANNING

154/2011 Pathology Services Network

Ian Fry was welcomed to the meeting having been recently appointed Shadow Director of Pathology for the new network. Ian Fry and Andrew Laurie, Shadow Pathology Medical Director, gave a joint presentation on the re-configuration of Pathology Services in Surrey covering the reasons for change, leadership and management structure, service re-configuration and the future for Pathology Services in Surrey.

The overall principles included the provision of a high quality, modern, sustainable, clinically led service that met the needs of patients and clinicians. Site and locality-specific clinical services and relationships would also be maintained.

Overall, the objective was to make the service changes invisible to users as far as possible. In the first instance, there would be little change to the base site for consultant staff and the majority of change would be through alterations to the processing locations. Points of access will be maintained, e.g. MRSA swabs, although processing would be centralized

The Pathology Services Team were using a baseline turnaround profile of all tests in order in order to detect any changes from current performance. A phased implementation plan has been proposed to control any service disruption.

Divisional Directors were urged to advise the Pathology Senior Management Team of issues of concern at an early stage. Support was also requested with the introduction of necessary linked IT developments.

TEC NOTED the briefing.

155/2011 Epsom Hospital Transaction Update

A revised timeline had now been issued by the Transaction Board (attached to minutes). 30 September 2011 remained the end of the clarification questions period and the re-issue of transaction agreements.

The Trust had embarked on an extensive engagement exercise with Epsom staff and work on developing the clinical strategy was being progressed through the divisions. A more detailed meeting with Divisional Directors and the Chief Executive was scheduled for the following week.

TEC members shared intelligence gained from engagement meetings to date.

TEC NOTED the briefing

156/2011 Market Testing of Patient and Retail Catering Services

The briefing paper outlined the basis for the current market testing of

Catering Services exercise, the project objectives and benefits together with the time scale.

Overall, the Trust was seeking to achieve a number of significant objectives, most notably to improve the quality of patient food and also improve accessibility to catering and retail facilities for patients, visitors and staff.

Based on external advice on how to construct the tender to secure maximum interest from commercial providers, the proposal did mean the Trust would lose the Catering and Retail Services that the Trust's volunteers currently provided. The decision had not been taken lightly but was essential to ensure that the improvements required could be delivered. However, the Trust was seeking to ensure that new ways of raising funds were developed by the Friends and that bidders considered how they could work with the Leagues of Friends in the future.

It was confirmed that the decision on the future-award of contract was a matter reserved to the Trust Broad under the Schemes of Delegation. Therefore, proper governance had been followed to date, although it would have been helpful to have briefed TEC earlier in the process.

Overall, TEC supported the aim to improve patient food whilst also seeking to treat the Leagues of Friends sensitively. TEC urged the Executive to ensure that the pricing structure for staff food was still accessible.

TEC NOTED the briefing.

BUSINESS CASE AND POLICY APPROVALS

157/2011 Staff Car Parking – proposals for charges.

TEC had previously approved the overall Travel and Car Parking Policy. Phase II on the details for proposals for staff charging had been developed in consultation with staff and had been approved by the EPF.

The intention was to introduce a system whereby staff could use either a scratch card system or monthly pay option. It also involved a £20 per annum annual permit charge, primarily covering administration costs. It was pointed out that adding this cost into the table identifying salary percentage had a disproportionate impact on the lowest pay bands.

It was confirmed that medical staff would be able to use the scratch card option and there was no intention to introduce a salary sacrifice scheme as part of the proposals.

TEC APPROVED the car parking charges.

158/2011 Demolition of the Lower Ramp and Creation of Staff Car Parking

The proposal formed part of the ongoing works to support the delivery of the long-term Master Plan and associated 106 Agreement. By early November 2011 the occupants of the Lower Ramp would be re-located and demolition of the Lower Ramp and the creation of a car park on the footprint would proceed.

Whilst it was noted that the introduction of staff car parking charges

might impact on the utilisation of car parking spaces, the section 106 agreement was to stop ad hoc staff parking.

TEC AGREED the business case for the demolition of the Lower Ramp and creation of a staff car park.

159/2011 Real Time Length of Stay Project (minute redacted as commercially sensitive)

The business case proposed a new way of working supported by an information system that would enable capacity management and discharge planning to be significantly improved.

A number of senior Trust medical, nursing and IT staff had seen demonstrations of the proposed software and visited an early adopted site.

At a future date, TEC would be able to consider a phase II implementation, again linking a reduction in occupancy with contract value.

Good bed management information was essential to support any changes but reducing the length of stay required proactive planning of the whole process of care, as well as active discharge planning. The approach introduced 21 condition-specific pathways, which would need local agreement and strong clinical leadership.

The initial project plan did not include women and children services, although the Divisional director indicated that there would be benefits from involving those clinical areas.

It was also suggested that there would be benefits from early introduction at Ashford, although it was noted that stroke pathway had been included.

It was confirmed that an internal project manager had been identified within the Divisional General Manager's Team (Medicine).

TEC AGREED the business case and to support implementation.

INFORMATION – including Sub-Committee Reports

160/2011 Single Equality Scheme Update

The report provided details of the actions achieved in the year to date and those committed to in the next quarter.

TEC NOTED the report.

ANY OTHER BUSINESS

161/2011 Christmas:

It was agreed to clarify as a matter of urgency whether the Trust's main clinical activity would be reduced during the period between Christmas and New Year.

162/2011 Morbidity and Mortality Meetings

It was essential that these meetings continued within divisions. This was not an educational activity and should not be impacted on by the change in educational half days. Divisional Directors commented that the major issue appeared to be finding time slots.

163/2011 Date of Next Meeting

Friday 14 October- Developmental
Friday 28 October- Formal