

TRUST BOARD
28th May 2012

TITLE	Trust Executive Committee Meeting held on 27rd April 2012 (draft Minutes),
EXECUTIVE SUMMARY	The formal TEC on 27 rd April 2012 approved or considered: <ul style="list-style-type: none"> ▪ Annual Plan Self Certification 2012/13 ▪ A&E consultants business case ▪ Bluespeir post implementation review ▪ Replacement Microbiologist business case
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 27 th April 2012
Submitted by:	Andrew Liles Chief Executive
Date:	15 th May 2012
Decision:	For Noting

TRUST EXECUTIVE COMMITTEE MINUTES

Friday 27 April 2012

2.00 pm to 4.30 pm

Room 3, Chertsey House, 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	Medical Director
	Donna Marie Jarrett	Associate Director of Health Informatics
	Giselle Rothwell	Head of Communications
	Gulam Patel	Divisional Director for Specialist Medicine & Specialist Surgery
	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
	Peter Wilkinson	Divisional Director for Acute and Emergency Medicine
	Raj Bhamber	Director of Workforce and Organisational Development
	Suzanne Rankin	Chief Nurse
	Valerie Bartlett	Deputy Chief Executive
SECRETARY:	Anu Sehdev	Membership Manager
APOLOGIES:	Jane Gear	Head of Corporate Affairs
IN ATTENDANCE:	Umang Patel	Neonatal Registrar

ITEM	ACTION
66/2012 Minutes	
The minutes of the meeting held on 24 March 2012 were agreed as a correct record.	
Matters Arising	
TEC reviewed all of the actions from 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:	
67/2012 Business Cases (minute 200/2011 refers)	
It was confirmed the standard term on extended hours working for new consultant appointments had been drafted.	

68/2012 Health Informatics (Minute 196/2011 & 25/2012 refers)

It was advised that the BT Demonstration/Innovations Workshop had been postponed to June.

69/2012 Corporate Risk Register (Minute 49/2012 refers)

It was confirmed that the risk rating on CIPs had been reviewed.

70/2012 STRATEGY DELIVERY BOARD

At the Strategic Delivery board in February, the priority projects for the organisation were agreed and will form the PMO schedule for 2012/2013. The principles which defined the selection of the projects were:

- The PMO schedule should consist of fewer projects and more of a higher value
- All projects should be linked to one of the Strategic Objectives as detailed in the Corporate Business Plan for 2012/2013
- Dedicated project management resource should be focused on those projects of the highest value

TEC noted the new projects added to the PMO schedule for 2012/13. All Divisional Directors were invited to attend the next Strategic Delivery Board.

TEC NOTED the report.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

71/2012 Quality Report

It was advised that the Crude Mortality Rate increased from 1.78% in February to 1.94% in March. The HSMR finished the year at 99.2 but this will undergo a benchmarking process and Dr Foster advises that this will rise to 110.

The analysis of how the Trust records mortality data has been completed including the pulling of those coded incorrectly and re-coding them. A Mortality Data Recording Project has been commissioned to improve processes to provide prospective, validated data prior to coding.

It was advised that areas showing higher mortality would be examined with one area being analysed thoroughly each month. It was noted that discharge summaries for patients dying were only completed 50% of the time. Importance was placed on all discharges being reviewed by senior clinicians with better utilisation of Bluespier.

The Trust was continuing to implement the CQC Compliance Action Plan created following the CQC visit in December 2011. This was being monitored closely including regular unannounced checks.

Key improvements were:

- the Day Surgery Unit has not been used as an escalation area for inpatients since the 16 January 2012
- an increase to 75% compliance with mandatory training levels
- the strengthening of processes and practice in involving patients in their care, particularly in making decisions about their treatment and care planning.

The level of complaints had increased with 51 complaints being received in March compared with 37 complaints received in February. It was advised that further embedding of the Team was being undertaken with the aim of picking up performance.

TEC NOTED the report.

72/2012 Corporate Risk Register (CRR)

The Corporate Risk Register identified one new risk in March 2012:

Harm from flushing of nasogastric tubes before confirmation of placement with a deadline of 12 September 2012.

A second risk:

Minimizing risks of mismatching spinal, epidural and regional devices with incompatible connectors was an overdue NPSA alert. It was advised that the Trust had organised a procurement led NHS Spinal Day in November which was attended by 4 suppliers and clinical staff and Procurement was in the process of setting up a meeting with suppliers and clinicians to test the market products available.

It was noted the Trust had documented one case of MRSA this year. It was agreed to check the Trust's target on MRSA. **DMJ/SR**

TEC APPROVED the CRR.

73/2012 Balanced Scorecard:

The Balanced Score Card comprised 4 quadrants.

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

Workforce: The establishment target of 3252 had been exceeded by 14. Mandatory training continued to rise and currently was at 75%.

Clinical Strategy: It was highlighted that the trust was performing well against the target on the Non Elective Cap.

Finance and Efficiency: The full year FRR was 3 in line with the Trust's plan.

The budget highlighted a £2.1 surplus which was down £900,000. Operational pressures, CIP shortfall and non pay overspend all contributed to the reduced financial performance. Over the year the Trust recorded an increased length of stay for inpatients compared with last year.

Outpatient DNA rates continue to decrease, resulting in a full year figure of 8.5% compared to last year's 10.6%.

TEC NOTED the report.

74/2012 Compliance Framework

It was noted that the report had been discussed at the Trust Board the previous day. The main focus of the paper was the Trust's performance on the 4 hour waiting time target for patients in the Emergency Department (ED).

Delivering the target of a maximum wait of 4 hours for 95% of patients in ED continues to be a significant challenge and it is likely that the Trust will fail to deliver the Compliance Framework standard for quarter 1 of 2012/13. This is a significant risk as Monitor could choose to issue a red rating and declare the Trust in breach of authorisation in July if it fails to achieve the 4 hour standard in quarter 1 2012/13 (its third consecutive quarter of failing the target).

With the support of the Department of Health's Emergency Care Intensive Support Team (ECIST), a recovery plan has been developed to improve performance and improve patient flow. It is anticipated that sustainable improvement in performance against the 4 hour target will be delivered on a month by month basis from May 2012.

ECIST specialises in urgent and emergency care, focusing on improving performance, quality assurance and programme enhancement and has agreed to support the Trust in redesigning its model of care for medical patients. They are currently involved in similar work in 2 other Trusts in Surrey. A very helpful workshop had taken place with ECIS and all of the physicians, with the Executive Team in attendance for feedback. However, work remains to be done in all Divisions to improve emergency pathways.

Improvements have already been noted over the last 10 days despite an average number of A&E attendances. TEC noted the importance of keeping the momentum up and learning new ways of working. The physicians were now considering the work that had come out of their workshop with ECIST and a further workshop would be taking place in June.

TEC NOTED the report.

75/2012 Health Informatics Update

The following business cases had received agreement to go to tender:

Self-Service Check-In
Transcription Service
Case Note Tracking

Procurement documents were being put together and an evaluation against financial ratings would be undertaken. It was noted an Innovations Day was being organised by Health Informatics.

There were a number of other business cases in development, one of which *Developing a Patient Record* would come to a future TEC. It was suggested that clinical input be sought from Dr Peter Reynolds.

DMJ

TEC NOTED the update.

76/2012 Annual Plan Self Certification 2012/13

As part of the Annual Plan submission to Monitor the Board is required to self-certify compliance against a range of statements. Monitor has recently published the Compliance Framework for 2012/13. This has reduced the number of statements against which the Board has to self-certify from 24 to 16.

There were two other significant changes in the Compliance Framework: Firstly, Monitor has introduced 3 national measures from the Operating Framework that relate to referral to treatment waiting times. The Trust is already achieving these additional targets (as shown in March Board report) and now they form part of routine performance monitoring.

The second significant change to the Compliance Framework is in respect of C difficile. For 2012/13 the Governance threshold is now:

- Has greater than 12 cases in the year to date
- Breaches the cumulative year to date target for 3 successive quarters, or:
- Breaches its full year objective, or:
- Reports important or significant outbreaks of C difficile as defined by the HPA.

Where these thresholds are breached Monitor will give a governance weighting of 1.

TEC noted some confusion on the C difficile target and VB agreed to report back.

TEC AGREED to recommend to the Board that the self certification is robust with the exception of A&E which is the subject of a recovery plan.

VB

BUSINESS CASE AND POLICY APPROVALS

77/2012 Replacement Microbiologist

It was advised that a replacement Microbiologist was sought after the imminent retirement of Dr Nicola Kirk who was currently one of 3 WTE microbiologists. It was noted the climate to recruit was especially good due to experienced people looking for suitable posts. A case was made for the post being essential due to the volume of work and level of on call cover provided. There was the added incentive of providing the 3rd microbiologist and making a substantial saving in salary due to them being considerably more junior than the departing consultant. Consideration was given to recruit temporarily with the option of re-visiting when required.

TEC considered the business case and made the following comments:

- Consideration should be given to the potential Epsom transaction
- Whether it was possible to work more effectively
- Whether it was possible to share the on-call work
- Examine what was required during on-call working and whether staff could be trained to not be so dependent on the on-call provision
- No real ward rounds were conducted and patients were not seen
- Job description requires more work making it more transparent outlining accountability
- Look at the service as a whole and whether work can be covered without additional PA.

Divisional Director for ACCT to liaise with Divisional Director for Diagnostics and Therapeutics to re-work job description.

**MI &
ALa**

Director for Workforce and OD to forward revised JD template.

RJ

The Business Case should then come back to TEC

ALa

78/2012 A&E Consultants

The Business case proposed the establishment of 3 new A&E Consultant posts. TEC had a detailed discussion highlighting:-

- Increasing the posts' appeal by linking in with St George's first and with increased pay only if necessary

- Evidence of looking at where savings can be made in A&E (for example reduction in high cost agency spend)
- Ensuring quality of candidates
- Whole department needs to be included in the process
- 20 hour cover, 7 days a week required
- Advert should grab attention
- Rotational slots with MAU, ITU and Fracture Clinic to be considered
- Offering a lead role in simulation training
- Recruiting in Ireland and overseas
- Re-visiting the rotational system in middle grades
- Divisional Director for ACCT to link in with Divisional Director for AM to begin recruitment process

**MI &
PW**

Recruitment of further 2 – 3 consultants in approximately 6 months time would be subject to further review by TEC.

TEC AGREED the business case for 3 new A&E Consultant posts and noted that further detailed work would need to be undertaken with the Division to identify the potential for any savings to contribute to the costs of the posts.

79/2012 Quality and Risk Strategy

This item was deferred to the next meeting. This would be finalised the following week and comments were requested.

Agenda

80/2012 BlueSpier Post Implementation Review

It was noted that BlueSpier came into being during the Summer of 2010 and it was good practice to conduct a post implementation review. There were 4 key conclusions:

- There was a lack of robust project governance and management.
- Stakeholder engagement was difficult to achieve.
- Lack of understanding of the potential of the system and benefits that could be realised.
- A deeper implementation of BlueSpier has significant potential to support the Trust going forward.

It was felt that BlueSpier was the right choice of system for the Trust; however, work on achieving the originally identified CIPs and benefits needed to be undertaken.

It was noted that Health Informatics had set aside time to work on the project and additional costs would only be through adding further modules, although part of the project would include ascertaining which models to add, if any.

TEC acknowledged there was reluctance from some clinicians to input data and queried whether champions could work to enthuse others. The provision of tablets was considered and the potential use of charitable funds to obtain these. Health Informatics to update further at the developmental TEC on innovations.

DMJ

Following consideration, TEC APPROVED the recommendations in the report.

81/2012 Eliminating Mixed Sex Accommodation – Declaration of Compliance

It was noted that the Trust was leading on its compliance. ITU was currently being scrutinised. It was noted that there were no exceptions to the single sex policy and that children were given the option of whether they wanted to be in same sex or same age bays.

TEC discussed the operation of the admissions lounge and the Chief Nurse agreed **SR** to seek assurance on its compliance

TEC NOTED the report and ENDORSED the declaration of compliance

INFORMATION – inc Sub-Committee reports – none tabled

82/2012 ANY OTHER BUSINESS

It was noted that it was the Director of Finance and Information's last TEC after 3 years with the Trust. TEC thanked him for delivering the Trust's objectives and championing the 4Ps.

83/2012 Date of Next Meeting

Developmental: 11 May 2012 (Room 3 Chertsey House)

Formal: 25 May 2012 (Room 3 Chertsey House)