# WEST HERTFORDSHIRE HOSPITALS NHS TRUST

# TRUST LEADERSHIP EXECUTIVE COMMITTEE

**Agenda item 185/16 b**

Minutes of the TLEC Meeting held on Thursday 20 February 2014, 9.30 – 12.00,
Lecture Room 2, Medical Education Centre,
Watford General Hospital

**Chair:** Paul Jenkins (PJ), Director of Performance and Partnerships

**Present:**
Mike Van Der Watt (MVDW), Medical Director
Jackie Ardley (JA), Interim Chief Nurse & Director of Infection, Prevention and Control
Malcolm Dennett (MD), Interim Director of Finance
Jeremy Livingstone (JL), Divisional Clinical Director, Surgery
Tony Divers (TD), Divisional Clinical Director Clinical Support
Elaine Odlum (EO), Divisional Manager Clinical Support
Morny Drury, Divisional Manager, Women's and Children
Alistair King (AK), Divisional Clinical Director, Medicine
Mary Richardson (MR), Divisional Manager Emergency Medicine
Sally Tucker (ST), Deputy Chief Operating Officer
Martin Keble (MK), Chief Pharmacist
Antony Tiernan (AT), Director of Corporate Affairs and Communications
Caroline White (CW), Interim Assistant Director Quality and Risk

**In attendance:**
Georgia Denegri (GD), Interim Trust Secretary
Maxine McVey (MM), Head of Nursing and Surgery (until 10.30am)

**Apologies:**
Samantha Jones (SJ), Chief Executive
Bernie Bluhm (BB), Interim Chief Operating Officer
Louise Gaffney (LG), Director of Strategy and Infrastructure
James Hall (SM), Divisional Manager Surgery

## MEETING MINUTES

*Items were discussed in the sequence they are recorded in the minutes.*

| | Action | Who | When |
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| **1.** | **14/01: Chairman's Introduction** | | |
| 1.1 | PJ welcomed everyone to the meeting. | | |
| **2.** | **14/02: Apologies for absence** | | |
| 1.1 | As recorded above. | | |
| **3.** | **14/03: Declarations of Interest** | | |
| 3.1 | The register of members' interests was circulated and signed at the meeting. No new interests were declared other than those previously recorded. | | |
| **4.** | **14/04: Minutes of the Last Meeting** | | |
| 4.1 | These were approved as a true record subject to a correction in the list of members present: Add Morny Drury to those present and remove Kate Davies. | | |
| **5.** | **14/05: Action Log** | | |
| 5.1 | The updated action log was noted. All actions due were completed. | | |
| | **Patient Safety and Quality Items** | | |
| **6.** | **14/07: Cancer update (Operation Bloom)** | | |
| 6.1 | MVDW updated TLEC on progress with the project and the continuing efforts to contact every single patient who may have been affected. Of the 120 patients the Trust had concern about, 45 had still not responded to the calls and letters sent by the Trust and GPs. It was agreed with the CCG that if they did not contact the Trust within a week, they would be classified as green. Results relating to an amber patient were awaited to see if they were malignant or not and there were no other patients there were serious concerns about. The dedicated help line had reduced its opening hours to normal 9.00 to 5.00 service as there were no calls received in the last five days. | | |
| 6.2 | PJ reported that NTDA and NHS England had commended the swift response by the Trust staff in dealing with the situation so thoroughly and efficiently. He thanked the Clinical Directors, the senior managers and their teams for their support. | | |
| **7.** | **14/09: Serious Incident Summary Report** | | |

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| 7.1 | MVDW introduced the report and commented on its revised format. The report presented an overview and analysis of the incidents reported on Datix and SIs reported on STEIS. A total of 2527 incidents were reported in Quarter 3 (844 in October, 855 in November and 835 in December). 1463 were patient safety incidents and 1064 were non-clinical. Among these, 31 were reported as SIs (8 in October, 11 in November and 12 in December). One never event relating to wrong site surgery was reported in November. As of 6 February, 90 SIs were open, the majority of which (20 SIs) related to grade 3 pressure ulcers. | | |
| 7.2 | MVDW also highlighted the revised reporting and investigation process which had been aligned with the National Patient Safety Agency 2010 national framework and the NHS Commissioning Board SI framework 2013. Following the identification of a potential SI, a decision meeting had started taking place within 48 hours in line with national standards. It was expected that the quality of reports would improve and that the number of incidents inaccurately reported as SIs would reduce. | | |
| 7.3 | CW added that 77 members of staff had received root cause analysis (RCA) training between July and December 2013. However, based on evaluation of the course and a review of the quality of the SI investigation final reports and associated documentation, it was decided that the course did not continue. Instead a two-day lead investigator RCA course provided by Patient Safety Science was scheduled in March for 20 staff who would subsequently team up with staff from the list of the 77 to share learning. A further two-day course for an additional 20 staff was scheduled in May. It was requested that CW circulated the list of the 77 staff who had received RCA training. | Caroline White | March 2014 |
| 7.4 | JL and AK commented that although the new process seemed good, it needed to be proved. MD emphasised the importance of the right people being involved in the investigation decision meeting. | | |
| 7.5 | The report was noted. | | |
| **8.** | **14/11: CQC Inspection Report** | | |
| 8.1 | TLEC noted the action plan put in place to address the minor issues raised by CQC following an unannounced inspection in December 2013. CW | | |

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| | further reported that on instruction by the Chief Executive, she had prepared a proposal for consideration at the next Executive team meeting for a centralised quality governance team to coordinate and support quality reporting as the Trust did not have the necessary resources in place. | | |
| 8.2 | It was requested that the summary action plan submitted to CQC is re-circulated to TLEC. | Caroline White | March 2014 |
| **9.** | **14/13: Regulating Medicines and Medical Devices (MHRA) report** | | |
| 9.1 | TLEC noted the MHRA inspection report and incorporated action plan to address the issues raised. | | |
| **10.** | **14/16: Electronic Prescribing of Chemotherapy Business case** | | |
| 10.1 | MVDW introduced the business case for the implementation of an electronic prescribing software application to move the Trust from paper-based prescriptions for chemotherapy drugs to electronic prescriptions. The case sought funding to participate in a networked electronic prescribing system with E&N and L&D. E&N already had a system in place and it was envisaged originally that the Trust and L&D would join this system. However, under procurement rules, the service had to be re-tendered. | | |
| 10.2 | A net capital investment of £178.4k was required (total expenditure of £313.4k of which £135k will be funded by the cancer network). There will be further revenue cost pressure of around £111.7k in year 1 reducing to £13.2k in year 5. If the Trust did nothing, there would be an income reduction of £730k in year 1 and then £595k in each subsequent year due to the loss of chemotherapy income and returning cancer network funding. | | |
| 10.3 | MD reported that the business case was not originally identified in the capital priorities and therefore it was not included in the capital programme. However, given the clear benefits for patients, its mandatory status and future financial benefits, MD supported it. | | |
| 10.4 | TLEC supported the business case unanimously and agreed to recommend it to the Board for approval. | | |
| **11.** | **14/17: First review of diagnostics** | | |
| 11.1 | Piers Young (PY) joined the meeting to present a progress update on the review of diagnostics project. The presentation slides are attached to the minutes. | | |

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| 11.2 | At this stage, the project focussed on the reporting and overview visibility of the six weeks' target for diagnostics. The next stage will focus on planned repeats of patients on surveillance. TLEC further discussed the training support required across the Trust so that everyone understands what the correct rules are and the changes in the processes for the weekly and monthly reporting required in line with national standards. | | |
| **12.** | **14/18: Integrated Performance Report** | | |
| 12.1 | PJ introduced the report which presented performance data from December 2013. TLEC discussed the high number of indicators relating to patient experience which were reported as red. | | |
| 12.2 | CW discussed her concern with regard to the 20 days target the Trust has in place for responding to complaints which is tight. The target had been increased nationally to 25 days a few years ago and then removed completely as it is more important that complaints are responded to the satisfaction of the patient. For the reporting on complaints to be meaningful, the re-opened complaints need to be considered alongside those reported as completed within the 20 day target. If for example, a high percentage of complaints are being re-opened, it would indicate that responses are incomplete or poor. The 20 days target is a local target and the latest advice and expectation nationally is that the timeframe for responding to each complaint is negotiated with the complainant to ensure that a full and good quality response is provided. | | |
| 12.3 | TLEC members agreed that the 20 days target is too challenging. It was noted that before discussing it with the CCG, JA was reviewing the target, the robustness of the investigation process and the tone and quality of responses. MVDW added that the quality of the responses to complaints was also discussed at the Clinical Cabinet and concern was raised that on occasions responses were unnecessarily apologetic when in fact the clinical care provided was good. | | |
| 12.4 | TLEC further discussed in detail indicators by exception and noted the improvement in A&E performance. ST reported on a new pilot supported by the CCG which provided additional vehicles to ensure a better spread of patient referrals. It was initiated over the last week and was already proving | | |

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| | successful. | | |
| 12.5 | AK stressed the importance of securing dedicated support from social care. All disciplinary teams were reporting that since the Trust lost the social worker, the length of stay increased dramatically. MVDW said that this was raised at the last meeting of the Health Scrutiny Committee and a meeting with the Director of Social Services was scheduled in the beginning of March. | | |
| 12.6 | ST expressed her concern with regard to high workforce turnover. Staff appraisals had been suspended until the new Organisational Development strategy was unfolded. AR reported that training would start in April. As the decision to suspend appraisals was taken before she joined the trust, AR undertook to look into it and report at the next meeting. | Anne Robson | March 2014 |
| 12.7 | With the above key comments, TLEC noted the report. | | |
| **13.** | **14/19 a: Month 9 Finance Report** | | |
| 13.1 | MD reported that data for month 10 was about to be issued but due to the timing of the meeting the Month 9 data was reported. As of the March meeting, reporting will be of the previous month. This was the first time the estimated deficit of £13.5m was reported formally. TLEC was informed previously of this possibility subject to discussions with the CCG and TDA on whether they would be able to provide additional support to the Trust. Unfortunately this was not possible due to the size of the Trust's estimate deficit. Some funding had been provided from government to the TDA and in turn to the CCGs for Trusts who required smaller amounts of funding to break even. However, it is acknowledged by everyone that the Trust finds itself in this situation as a result of investing in necessary resources to ensure patient safety. | | |
| 13.2 | In Month 10 both elective and non elective income was down due to the Trust being so full that there was very limited flow though of patients and thus reduction in income. | | |
| 13.3 | The Committee noted the report. | | |
| **14.** | **13/14 b: Capital** | | |
| 14.1 | The Committee noted the schemes already in | | |

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| | progress and discussed in detail the priority projects to be progressed within available capital and other priority schemes subject to constraints of available capital. MD noted two schemes to be removed before the paper went to the board. | | |
| 14.2 | In terms of its governance, it was noted that the capital programme was developed and discussed through the Capital Improvement Committee, Divisional meetings, Operational Management Group and the Clinical Cabinet. | | |
| 14.3 | MD suggested that in future the Capital Improvement Committee is chaired by an Executive Director. | | |
| 14.4 | The Committee noted the report. | | |
| | *JA joined the meeting.* | | |
| **15.** | **13/20: Environmental Assessment Outcomes from PLACE visits** | | |
| 15.1 | The Committee<br>• noted the outcome of the annual PLACE and Environmental Assessments 2013 and associated actions;<br>• agreed the actions, specifically the 'post-PLACE visits;<br>• recognised the inevitable linkage to the investment in infrastructure through the backlog maintenance programme for which the Trust has received PDC funding; and<br>• noted the link to the Trust organisational development programme. | | |
| **16.** | **14/21: Clinical Coding (presentation)** | | |
| 16.1 | PJ updated TLEC on progress of the Information, Clinical Coding and Data Integrity Programme which was initiated following the Risk Summit Response. A new Informatics Group was established to coordinate the work on information, data quality, information governance, relevant policies and procedures and ICT infrastructure. A more user friendly performance analytical tool (Qlikview) was introduced and was being rolled out to replace iReporter. The Trust has engaged with Dr Foster as the new supplier for clinical effectiveness and data analysis and CGI as the new supplier for the ICT infrastructure. The presentation and discussion then focussed on the work to improve clinical coding and the training provided across the Trust, the data emerging from the 360 degrees | | |

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| | reviews and the work of the data integrity programme. The slides of the presentation are attached to the minutes. | | |
| **17.** | **14/22: Trust Outpatient and Inpatient Waiting Times and Patients Access Policy (Referral to Treatment)** | | |
| 17.1 | TLEC approved the revised Trust Outpatient and Inpatient Waiting Times and Patients Access Policy and its roll out across the Trust. | | |
| **18.** | **14/06: Quality Account 2013/14: Timetable and potential priorities for 2014/15** | | |
| 18.1 | JA introduced the report which set the key milestones for the agreement and publication of the Quality Account 2013/14 and the potential priorities for 2014/15. | | |
| 18.2 | TLEC discussed each of the proposed priorities and agreed that the priority regarding the reduction of serious incidents by 80% is removed as at this stage incident reporting was encouraged as part of the cultural change promoted across the Trust. | | |
| 18.3 | The Committee endorsed the quality priorities for 2014/15. | | |
| **19.** | **14/08a : Infection Prevention and Control – December 2013** | | |
| 19.1 | JA introduced the report and highlighted that in December 2013 the following infections were reported:<br><br>• Two MRSA BSIs<br>• One attributable MSSA BSI<br>• Two Trust attributable (detected post 48 hours of admission) *E.coli bacteraemia* cases, bringing the total for 2013/14 to 25.<br>• No new *Chlostridium difficile cases*<br><br>JA also updated that the next review of services by the NTDA will be in April 2014. | | |
| 19.2 | The Committee noted the report. | | |
| **20.** | **14/08b: Infection Control – Use of Probiotics** | | |
| 20.1 | TLEC supported the recommendation to discontinue the use of probiotics in the Trust from 1 April 2014. | | |

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| **21.** | **14/10 a: Patient Experience Monthly Report** | | |
| 21.1 | TLEC noted the monthly patient experience report. In addition, the committee discussed the lessons learned from a powerful story that occurred in the Women's and Children's division where good care had been provided but unfortunately the patient was let down at the end. | | |
| **22.** | **14/10 b: National Cancer Patient Experience Survey Action Plan** | | |
| 22.1 | JA reported on the focus group that had taken place with patients and the action plan developed to address all issues raised. The care provided at the Trust was good but work was required to improve communication with patients. Work was underway to agree new way of working, establish a single point of contact for patients and improve communications. | | |
| 22.2 | The Committee noted the report. | | |
| **23.** | **14/10 c: National Young Emergency Department Survey Results 2013 and Action Plan Update** | | |
| 23.1 | The action plan update was noted. | | |
| **24.** | **14/12 a: Niche action plan**<br>**14/12 b: NCPOD and NICE assurance**<br>**14/12 c: Policies assurance** | | |
| 24.1 | TLEC discussed progress with the work to ensure that the Trust complies with requirements and has in place appropriate governance arrangements. The policy of policies was being reviewed. This work would come back to TLEC for approval following discussions outside the meeting. | | |
| **25.** | **14/14: The Francis report: West Hertfordshire Hospitals NHS Trust Response January 2014** | | |
| 25.1 | The Trust's response to the Francis report was noted. JA was developing the action plan with detailed actions and timescales that the Board has also asked for. | | |
| **26.** | **14/23: Business Planning 2014/15 and Trust Objectives** | | |
| 26.1 | PJ introduced the report and reminded TLEC that it had received a paper outlining the initial approach to Trust business planning in October 2013 and a further briefing paper outlining TDA planning guidance and high level financial risks in January 2014. PJ and MD further updated the Committee on the negotiations | | |

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| | with commissioners, implications for future years and the detailed milestones and actions for finalising the 2014/15 annual plan. | | |
| 26.2 | The Trust objectives were agreed. | | |
| **27.** | **14/25: HR Transformation Programme** | | |
| 27.1 | TLEC noted the executive summary and findings of the review of the HR function. A transformation programme was being put in place. | | |
| **28.** | **14/26: Datix business case** | | |
| 28.1 | PJ and CW updated TLEC on the updated version that will be used from April 2014 which will improve the current arrangements significantly. Further consideration was required on whether to add CAS alerts and initial costs were discussed. It was agreed that further discussion would take place at the Executives meeting. | | |
| **29.** | **14/27: Review of Terms of Reference of Committees** | | |
| 29.1 | AT introduced the annual review of the Terms of Reference of the Committees and invited comments particularly about the terms of reference of TLEC. He further updated the Committee about the establishment of the Transformation Committee which will take over the work of the Risk Summit but will have a broader remit. | | |
| **30.** | **14/28: Any Other Business** | | |
| 30.1 | JA reported on her discussion with the CCG about the review of the complaints process and the lack of local resolution arrangements. JA was carrying out a detailed review of the process and the quality of responses. | | |
| **31.** | **Date of Next Meeting** | | |
| 31.1 | The next meeting of the TLEC will be on Thursday 10 April at 09.30am in the Medical Education Centre, Watford General Hospital | | |