

TRUST LEADERSHIP EXECUTIVE COMMITTEE

**Minutes of the TLEC Meeting held on
Thursday 3 October 2013
Lecture Room 2, Medical Education Centre,
Watford General Hospital**

- Chair:** Samantha Jones (SJ), Chief Executive
- Present:** Bernie Bluhm (BB), Interim Chief Operating Officer
Louise Gaffney (LG), Director of Strategy and Infrastructure
Paul Jenkins (PJ), Director of Performance and Partnerships
Patrick Butterworth (PB), Director of Finance
Antony Tiernan (AT), Director of Corporate Affairs and Communications
Elaine Odum (EO), Divisional Manager Clinical Support
Mary Richardson (MR), Divisional Manager Emergency Medicine
Sally Tucker (ST), Deputy Chief Operating Officer
Debbie Foster, (DF) Divisional Manager, Elective Medicine, Out Patients and Health Records
Martin Keble (MK), Chief Pharmacist
Alistair King (AK), Divisional Clinical Director, Medicine
Emmanuel Quist-Therson (EQT), Divisional Clinical Director Women's and Children
Tony Divers (TD), Divisional Clinical Director, Clinical Support
Tracy Moran (TM), Deputy Director of Nursing
Rosemary Heed (RH), Interim Divisional Manager Women's and Children's
Andrew McLaughlin (AM), Programme Director, Risk Summit Response Programme
- In attendance:** Jean Hickman, Assistant Director of Communications
Linda Loader, Lead Nurse for Acute Inpatient Pain
Andrew Sparks, PMO Project Manager
- Apologies:** Jackie Ardley, Jeremy Livingstone and Dr Mike Van der Watt

MEETING MINUTES

	Action	Who	When
1.	Chairman's Introduction		
1.1	SJ welcomed everyone to the meeting. She reported that there had been a recent sad bereavement of a staff member. She had met the team members and advised that the family had not given permission to release the name of the individual. TLEC members were requested not to speculate around this incident.		
1.2	SJ reported that the agenda had been re-arranged from the usual order of patient focused items at the top for this month only as there were important financial issues to discuss.		
2.	Apologies for absence		
2.1	As recorded above.		
3.	Declarations of Interest		
3.1	There were no interests declared other than previously recorded in earlier meetings.		
4.	Minutes of the Last Meeting		
4.1	These were approved.		
5.	Action Log		
5.1	Infection control BB confirmed that the cases of failure to isolate would be included on daily SITREP within the next week.	Bernie Bluhm	Immediate and on going
5.2	CQC compliance report MVDW to bring paper highlighting risk issues associated with the internal risk review process to next meeting.	Mike Van der Watt	Next meeting
5.3	Midwifery Establishment Review PB confirmed discussion is ongoing with commissions regarding charging for procedures.		
5.4	Fundamentals of Nursing Care Pilot still ongoing. Update report to be presented to meeting in January 2014.	Jackie Ardley	January 2014
5.5	Incident backlogs Work underway within Womens and Childrens Division to clear the backlog. Timetables for consultants have been reviewed to allocate sufficient time to avoid a backlog re-occurring.		
5.6	Urine Microscopy System Business Case Not yet approved.		
	Patient Safety and Quality Items		
6.	Financial Outlook		
6a. 1	PB reported that at Month 5 the Trust delivered a deficit of £1.1m which increased the year to date position from a deficit of 0.8m to a deficit of £1.9m.		

	Action	Who	When
	He said that the overspend substantially related to increases in medical and nursing spend, additional staffing to meet minimum safe staffing standards on inpatient wards and a shortfall against planned delivery of savings. He advised that commissioners had agreed to pay for extra elective work in order for us to deliver the 18 weeks target and get back on track.		
6.b.1	PB presented a financial update. He advised that there had been a lack of progress against the Trust's £15m savings performance programme. Currently only £11.6m of savings had been identified, £7.1m was viewed as deliverable. He advised that this was due to poor engagement, lack of ownership and staff not having sufficient availability.		
6.b.2	<p>SJ advised that everyone needed to deliver the agreed quality and financial targets and clinical teams must take responsibility and live by the controls. She stressed that in order to transform and afford new buildings and equipment it was essential to deliver our savings programme. She stressed that failure is a breach of statutory duty.</p> <p>Some members advised that they were not fully aware of the Board approved expenditure controls, including the authorisation procedure. PB agreed to re-issue details of all expenditure controls.</p>	Patrick Butterworth	Immediate
6.b.3	<p>A discussion took place on actions that could be taken to prevent future overspend. These included disciplinary action against staff who wilfully overspend, unless the spend related to a patient safety issue. It was also agreed that time should be prioritised to ensure that clinical directors and consultants are fully engaged with the processes around the savings programme.</p> <p>PB confirmed that Executive Directors would be attending future divisional meetings to offer support and advice on making savings.</p>		
6.b.4	PJ advised that the accuracy of coding was being reviewed to ensure that all work was being appropriately recorded.		
6.b.5	SJ reported that the Trust had been awarded £12.7m for 2013/14 and £3.5m for 2014/15 for capital investment for critical infrastructure works. She congratulated PB and LG on their management of this bid.		
7.	Risk Summit Respond Programme		
7.1	AM presented a brief overview of the programme of improvements underway to address the risks identified at three risk summits in December 2012,		

	Action	Who	When
	May 2013 and July 2013. AM advised that all actions have been pulled together into one single prioritised plan. He agreed to circulate the programme plan following the meeting.	Andrew McLaughlin	Immediately
7.2	AM advised that the aims of the programme listed on page six had been distilled from action plans from Keogh reviews last year. They are directly relevant to treatment and care at the Trust and all staff needed to understand them. PJ confirmed that the Trust is currently trialling a new secure web based app to assist in this work.		
7.3	AM reported that a business case was being drafted which would be taken forward over the next couple of weeks. Improvements had been made over the past few months and the programme must be imbedded across the organisation to ensure that there is no slippage. SJ requested for AM to be made aware of any items within the programme which were incorrect or missing.		
7.4	AT advised that the communications team would be leading on general messaging around the programme via the usual communication channels. A group discussion followed around ways of getting the message out to staff in individual areas to ensure they understood the importance and fully engaged in the programme. Suggestions included making the programme a standing agenda item at divisional, nursing and individual ward meetings. Members were asked to feedback at the next meeting on the actions they had taken within their own divisions.	All	7 November
7.5	AM reported that the first round of the 360 service review had finished. It would be circulated to divisions shortly for self-assessment to allow triangulation about areas for attention. Divisions would be supported through the process. Members were advised that unless they have clear evidence they should not answer yes on the self assessment form.		
7.6	An updated report will be brought to the next meeting.	Andrew McLaughlin	7 November
8.	Infection Prevention and Control		
8.a.1	TM advised there had been no cases of MRSA in August, bringing the total for this year to one against the annual ceiling of zero. Since the papers had been circulated there had been three positive cases of C.diff reported. This brought the total to 15, against a trajectory of 24.		
8.a.2	TM reported that a new Assistant Director of Infection Prevention and Control had been appointed and takes up post in January 2014.		
8.a.3	TM advised that we had been notified by Public Health England that we were a surgical site infection		

	Action	Who	When
	surveillance (SSI) outlier for total hip replacement at St Albans with a rate of infection of 2.9% (3 SSIs in a study population of 103). The SSI committee has reviewed the data with microbiologists to agree practice issues. A number of actions have been identified, some have been completed, others were still in progress.		
8.a.4	PJ confirmed that the number of staff completing infection control training has decreased, with the number of doctors being particularly low. A message regarding the importance of infection control training will be reiterated and regular audits will be conducted.		
8.a.5	The isolation of patients with infectious disease was discussed. Currently not all patients were being isolated within the recommended two hour period. This was often due to a lack of available side rooms. The nursing and operational team agreed to meet to discuss how this could be better managed, particularly with the increased need during the coming winter months.	Tracy Moran	Immediate
8.a.6	TM reported that there had been a positive meeting between the nursing team and Medirest regarding cleaning standards, frequencies and monitoring. It was agreed that nursing areas would be prioritised.		
8.b.1	LG updated on the action plan to address the identified areas of concern highlighted in the recent Legionella compliance audit. The group noted the significant amount of work required, some currently underway, to make the required changes to management practice.		
9	Fundamentals for care route map for nursing		
9.1	<p>TM provided a briefing and presented a draft action plan on the progress to date of the route map for nursing, as part of the fundamentals of care work stream.</p> <p>A total of 30 recommendations were made within the report relating directly to nursing. A further 21 recommendations related to broader issues within the organisation. TM reported that the recommendations relating to nursing were being progressed and a plan will be completed in October. The group agreed a discussion was required on how the recommendations would be addressed which fall outside of nursing. This discussion would take place outside this meeting and a written update would be brought back to a future meeting.</p>	Tracy Moran	December meeting
10	Business case for consultant breast radiologist		
10.1	The business case was agreed.		
11	Service Development		

	Action	Who	When
11.a.1	Discussion regarding early supported stoke discharge was deferred to the next meeting.	Bernie Bluhm	7 November
11.b.1	Discussion regarding a dementia strategy dual frailty unit was deferred to the next meeting.	Bernie Bluhm	7 November
11.c.1	<p>AK presented a paper to seek approval of West Herts Bowel Cancer Screening Centre's plan to bid for the flexible sigmoidoscopy screen programme. The programme will offer a one off flexi-sigmoidoscopy to all 55 years old. The submission deadline is 13 October.</p> <p>AK confirmed that a large capital investment would be required to provide facilities in order to offer this service. It was estimated that the investment would be paid back within 21 months. It was confirmed that if successful we would be awarded £100,000 pump priming funding to recruit a further nurse endoscopist, development of decontamination and endoscopy suite.</p> <p>LG confirmed that she was happy to support this development, however capital issues needed to be considered.</p> <p>TD asked whether the service should be provided from St Albans. DF confirmed that this would be picked up by a feasibility study if the bid was successful.</p>	x	
11.c.2	Approval to proceed to submit a bid was agreed. SJ congratulated DF on the comprehensive way in which the business case had been presented.		
12	Patient Experience		
12.a.1	<p>TM reported that the latest figures from the Friends and Family tests showed that 1288 of our patients completed the test, with 1034 patients (80%) saying they were 'extremely likely' and 209 (16%) 'likely' to recommend our inpatient and A&E services. This compared to the figures for July, which reported that 470 patients (76%) out of 616 said they were 'extremely likely' and 125 (20%) said they were 'likely' to recommend our services. The number of people saying that they would be 'extremely unlikely' to recommend our services had also decreased in the last month.</p> <p>TM further reported that as from 1 October, maternity patients were included in the test.</p>		
12.a.2	AT asked for the combined net promoter score and comparisons with local trusts and national rates to be included in future reports. He also asked for a round-up of social media, NHS Choices and Patient Opinion comments to be included. TM agreed to update the report with these recommendations prior		

	Action	Who	When
	to the paper being presented to the next Trust Board meeting.	Tracy Moran	7 November Ongoing
12.b.1	TM provided an update on the progress of the deteriorating patient project. The overall aim of the project is to reduce the number and improve outcomes of cardiac arrests. TM advised that an action plan had been developed; the first action of which had been achieved with the set-up of new project team which had its inaugural meeting in September.		
12.b.2	TM reported that a named improvement advisor from UCLP was working with the project team two days per week and will be attending Onion meetings.		
12.b.3	It was agreed that the development of a new cardiac arrest form was required. TM agree to arrange a meeting to include the bed management team to discuss taking this action forward.	Tracy Moran	Immediate
13	RTT update		
13.1	BB reported on the results of a detailed review of referral to treatment information, data quality and reporting which was undertaken following concerns raised internally regarding data quality. She advised that the audit process of the recently identified 6,000 'missing' patients appears to lack robustness and appropriate documentation. It was agreed that resources would be put in place to rectify the areas of concern raised in the report, including staff to work with the intensive support team.		
13.2	The significant amount of work undertaken to improve our 18 weeks reporting was acknowledged.		
13.3	It was reported that the Trust's access policy is out of date. It was being revised, as well as current practices and compliance.		
13.4	The group discussed ways to improve capacity and demand, including more support from nurse practitioner clinics. An action plan would be brought to the next meeting which will identify why we were breaching and what can be done to improve this. A separate piece of work to look at how we book and check how patient get on waiting list is also underway, supported by the 18 week team.	Bernie Bluhm	7 November
13.5	BB reported there would be a presentation at the next meeting on capacity and demand on three specialty areas.	Bernie Bluhm	7 November
14	Serious incident reporting		
14.1	MVDW was not available to present, therefore the report was deferred to the next meeting.	Mike Van der Watt	7 November
Performance items			
15	Performance report		
	PJ introduced the performance report and		

	Action	Who	When
	<p>highlighted areas by exception.</p> <p>He reported a significant amount of work was being undertaken to address A&E performance, including working with ECIST and the establishment of the new ambulatory facility. It was acknowledged that winter would put additional pressure on the service and PJ confirmed we were looking to seek extra support.</p>		
	It was recorded that AT, BB and LG would be meeting the Ambulance Trust to discuss ways to improve ambulance turnaround times.		
	The Theatre Improvement Group, which is owned by clinical champions, will be discussing the issue of last minute cancelled operations and how to make improvements.		
	There have already been improvements to our re-admission rates and MVDW is looking at how we can make further improvements in this area.		
	It was highlighted that line 23 of the paper should read 'single sex accommodation'. PJ to amend.	Paul Jenkins	Immediate
	The staff flu vaccination programme is underway. Last year the Trust achieved a disappointing 40% take-up rate. This year's target is 75%. Sam asked TLEC members to lead by example and have the vaccination.		
For Strategic Direction			
16	Capital business cases		
16.1.a	The Committee approved a business case for new theatre lights.		
16.1.b	The Committee approved a business case for the introduction of infusion pumps.		
17.	Any Other Business		
17.1	Graham Smith presented a brief overview of the draft long term financial model and the clinical strategy.		
18.	Date of Next Meeting		
18.1	The next meeting of the TLEC will be on Thursday 7 November at 9.30am in the Medical Education Centre, Watford General Hospital.		