

**TRUST LEADERSHIP EXECUTIVE COMMITTEE**

Minutes of the TLEC Meeting held on Thursday 27 November 2014  
Lecture Room 2, Medical Education Centre,  
Watford Hospital

**Chair:** Lynn Hill (LH), Deputy Chief Executive

**Present:** Lynn Hill (LH), Deputy Chief Executive  
Clare Stafford (CS), Director of Operational Finance and Efficiency  
Don Richards (DR), Chief Financial Officer  
Alistair King (AK), Divisional Clinical Director, Medicine  
Debbie Foster (DF), Divisional Manager, Elective Medicine, Outpatients and Health Record  
Tracy Carter (TC), Chief Nurse  
Paul Da Gama (PD), Director of Workforce  
Elaine Odum (EO), Divisional Manager Clinical Support  
Tony Divers (TD), Divisional Clinical Director, Clinical Support  
Morny Drury (MD), Divisional Manager, Women and Children's  
Mary Richardson (MR), Divisional Manager, Emergency Medicine  
Jeremy Livingstone (JL), Divisional Director, Surgery  
Sally Tucker (ST), Deputy Director of Transformation  
Vasanta Nanduri (VN), Clinical Director, Women's and Children's  
Caroline Landon (CL), Director of Operations  
Antony Tiernan (AT), Director of Corporate Affairs and Communications  
Helen Brown (HB), Director of Transformation

**In attendance:** Jean Hickman (JH), Trust Secretary  
Mark Curry (MC), Associate Director, Performance Information  
Michelle Sorley (MS), Lead Nurse, Cancer Services  
Sharon Chadwick (SC), Consultant in Palliative Medicine  
Philip Bircham (PB), Associate Director of Governance

**Apologies:** Samantha Jones, Kevin Howell, James Hall, Martin Keble, Jackie Ardley,  
Lisa Emery, Mike Van der Watt

## MEETING MINUTES

	Action	Who	When
<b>1.</b>	<b>Chairman's introduction</b>		
1.1	LH welcomed everyone to the meeting.		
<b>2.</b>	<b>Apologies for absence</b>		
1.1	As recorded above.		
<b>3.</b>	<b>Declarations of interest</b>		
3.1	There were no interests declared other than previously recorded in earlier meetings.		
<b>4.</b>	<b>Minutes of the last meeting held on 30 October 2014</b>		
4.1	Point 26 – minutes to be amended to record that best practice tariff would be discussed at the next operational management group meeting.		
4.2	Point 36 - minutes to be amended to record that he had raised a question of whether the business case included sufficient information regarding the financial implications.		
4.3	Point 54b.3 - minutes to be amended to record that TLEC recommended the Board approve the contract with Ernst and Young is extended to the end of March 2015.		
4.4	Point 18.3 - ST highlighted that the minutes reported that the capital planning group would be meeting; however no dates had been circulated.  DR apologised and said that dates would be distributed within the next two weeks.	DR	January 2015
4.5	Subject to the amendments above, the minutes were agreed to be a true record of the meeting.		
<b>5.</b>	<b>Action log of meeting held on 30 October 2014</b>		
5.1	Action 8. MR advised that she had had a different perception of the outcome of the discussion at the previous meeting and had believed that the business case had been approved.  DR said that all agreed funding would be supported, however additional funding would need review and to be agreed. Therefore a benefits realisation exercise would be required prior to final approval. MR agreed to present this at the TLEC meeting in January 2015.	MR	January 2015
<b>Performance</b>			
<b>6.</b>	<b>Integrated performance report</b>		
6.1	MC presented the integrated performance report in LE's absence.  LH advised the Committee that the Board had challenged the previous report, therefore it was important to ensure that the data was thoroughly reviewed and the Committee assured of its validity.		
6.2	ST asked why the data regarding low risk conditions related to July 2014.  MC responded that this data was collated from Dr		

	Action	Who	When
	Foster and the July data was the most up-to-date data currently available.		
6.3	TC advised that incidents of <i>C.diff</i> were now back on track and there were no concerns regarding MRSA.		
6.4	It was noted that the graph regarding the number of Never Events was incorrect. This would be updated by MC.	MC	5 December 2015
6.5	TC advised that data regarding harm free care would be reported within the quality safety report on the agenda.		
6.6	PDG said he had concerns around the accuracy of the staff turnover and sickness data.  He informed the Committee that there were now three HR business managers in place who would be reviewing these areas.		
6.7	CS asked if e-rostering would be rolled out across the Trust.  PDG confirmed that this was being considered.  The Committee discussed the importance of completing a return to work questionnaire following every incidence of sickness and the need to establish a system which was uniformed across the workforce.  PDG agreed to provide the Committee with an update regarding sickness absence at a future TLEC meeting.	PDG	February 2015
6.8	It was noted that work was underway to review the current recruitment process.  LH asked if the Trust had a recruitment strategy.  PDG replied that there was no current HR strategy in place; however this was part of the work plan.		
6.9	PDG advised that the low appraisal rates shown in the integrated performance report related to the new value based appraisal approach, which was currently being rolled-out. The aim was to have 90% of staff appraisal completed by March 2015.  EO commented that the data did not include doctors.  The Committee discussed that feedback on appraisal training was positive; however it was considered that a whole day training session was too long.		
6.10	CL presented the A&E data. She said that the discharge process was improving and the Trust was currently working on an action plan with the East of England Ambulance Trust to address issues relating to the emergency performance.		

	Action	Who	When
	<p>JL asked if the recently established morning operations meetings were proving effective. He said it was important to review the effectiveness as the meetings were labour intensive.</p> <p>LH responded that some improvements had been seen, however it was too early to fully determine the effectiveness of the meetings. Monitoring would be undertaken to measure the success.</p> <p>AK commented that it was important to understand our patients and the pinch points in the system. He raised the question of the timing of the meeting in relation to ward rounds.</p> <p>LH said a discussion by the clinical cabinet would be useful in order to agree the best timing of the daily meetings.</p>	MVDW	January 2015
6.11	<p>LH reported on the referral to treatment data. She advised that this information was receiving intensive external scrutiny. She advised the Committee that it was important to keep a focus on this work, particularly in the lead up to Christmas and New Year.</p> <p>JL said that some in-roads had been made, however more work was required in order to inject sufficient capacity to meet the targets.</p>		
6.12	TC presented the family and friends data. She confirmed that the score for inpatient and maternity data was above target; however A&E continued to be below target. She advised that an action plan was in place to improve this.		
6.13	It was noted that a plan was being developed to improve the experience of patients admitted to the stroke unit.		
6.14	TC informed the Committee that a lot of work had taken place with regard to improving the number of incidences of hospital acquired pressure ulcers, including investment in staffing. However, no improvement had been noted in relation to these actions. She assured the Committee that further work would continue.		
6.15	The Committee noted the integrated performance report.		
<b>Transformation programme</b>			
<b>7.</b>	<b>Transformation delivery programme update 2014/14</b>		
7.1	HB presented an update on progress regarding the transformation delivery programme. She advised that the plan on a page had been revised and would be recirculated.	HB	January 2015
7.2	LH asked for clarification of the significance of the yellow highlighted areas.		

	<b>Action</b>	<b>Who</b>	<b>When</b>
	HB confirmed that this represented projects with no designated project manager.		
7.3	PDG asked what had been agreed regarding the governance arrangements for the transformation delivery programme.  HB advised that TLEC would review and recommend actions to the appropriate assurance Committee.		
7.4	The Committee noted the report.		
<b>8.</b>	<b>Five year forward view report</b>		
8.1	HB presented an overview of the national five year forward view, which had recently been published.  HB advised that the clinical strategy and the wider West Hertfordshire Strategic Review was in line with the national view.		
8.2	The Committee noted the report		
<b>Patient experience</b>			
<b>9</b>	<b>Palliative and end of care update</b>		
9.1	LH welcomed Dr Sharon Chadwick, Consultant in Palliative Care and Michelle Sorely, Lead Nurse for Cancer Services. Dr Chadwick presented an update to the Committee on end of life care.		
9.2	TC commented that the development of an advanced care plan for each patient is absolutely essential in order to ensure that patients' care does not fall between care providers.		
9.3	LH commented that patients who are found to have cancer at a latter stage did not always have the best patient experience and asked how the Trust worked with the Community Trust to manage the care of these patients.  SC said that it was often very complex and timing was crucial in order to ensure care is provided appropriately.		
9.4	JL asked whether information regarding the management of palliative patients was part of the doctor induction programme.  SC responded that it was part of the programme; however it did not always take place. She said that consultant engagement was also key to managing the cancer service efficiently and effectively.  AK advised that palliative care had been an item for discussion at a medicine division's clinician governance session.		
9.5	SC encouraged all clinicians to phone the palliative care team if they required advice on the management and pain relief.  The Committee asked for the opening hours of the		

	Action	Who	When
	palliative care service to be re-circulated.	DF	January 2015
9.6	LH thanked SC for her very informative presentation.  The Committee noted the update.		
<b>10</b>	<b>Quality and safety report – month 7</b>		
10.1	TC presented the quality and safety report for month seven.		
10.2	She brought the Committee's attention to the outcome in the Care Quality Commission quarterly intelligence monitoring report.  She advised that there are six bandings, one being the highest risk and six being the lowest. The Trust remained a band three in the draft report; however the data has been re-submitted as there were a number of risks which could be challenged.		
10.3	TC further advised that the 'best shot' project had been launched last week, which was the Trust's response to the national 'Stop the Pressure' campaign.		
10.4	The Committee noted the update.		
<b>11</b>	<b>Serious incident summary report month 7</b>		
11.1	PB presented the serious incident summary report, in the absence of MVDW.		
11.2	The Committee noted the report.		
<b>12</b>	<b>Safe staffing nursing and midwifery – month 7</b>		
12.1	TC introduced a paper on managing safe nursing and midwifery staffing levels within inpatient wards during October.		
12.2	AK raised concerns relating to the effect of rotating band 7 nurses into night shifts.  TC said that this was being addressed to ensure that appropriate levels of staffing were on wards during the day time.		
12.3	The Committee noted the update		
<b>Financial viability</b>			
<b>13</b>	<b>Finance report – month 7</b>		
13.1	DR provided an overview of the financial position.		
13.2	He informed the Committee that the financial position had not improved since the last report which was extremely worrying. In October the Trust delivered an actual deficit of £1m, £1.5m worse than planned.		
13.3	DR brought the Committee's attention to the actions taken to address this issue. These included: <ul style="list-style-type: none"> <li>• Weekly review and monitoring of recovery plan;</li> <li>• Revision of the referral to treatment delivery plan;</li> <li>• Reinforcement of spending controls;</li> <li>• Discussion with CCG and TDA around resolving MRET funding issue;</li> </ul>		

	<b>Action</b>	<b>Who</b>	<b>When</b>
	<ul style="list-style-type: none"> <li>Reducing the number of interim managers.</li> </ul>		
13.4	CS provided an update on the progress of the efficiency programme. She advised that the Trust is currently forecasting delivery of £10m savings against a target of £13.4m.		
13.5	It was noted that the 2015/16 cost improvement programme must be confirmed by February 2015. Therefore, the operational management group (OMG) meeting on 11 December 2014 would be a workshop to discuss the savings plan for next year. The members of OMG would be invited, as well as heads of finance and their deputies.		
13.6	She advised that there was a risk of not delivering the savings target and it was important to focus on large schemes and where there had been blockages to delivery. Furthermore, in order to focus on key issues and fully understand what support is required, weekly efficiency and finance meetings had been arranged.		
13.7	The report was noted the Committee.		
<b>14</b>	<b>Unscheduled care programme update</b>		
14.1	CL introduced a paper on the unscheduled care programme.		
14.2	<p>She advised that the seven day services project was progressing in a systematic way.</p> <p>The hospital at night business case had been approved at the previous TLEC meeting. However, the funding was non-recurrent.</p>		
14.3	A proposal for a winter ward had also been discussed at the previous TLEC meeting. CL advised that a meeting would take place at the end of the week to take this further.		
14.4	The report was noted.		
<b>15</b>	<b>Improved management of elective case load at St Albans</b>		
15.1	DR introduced Laura Collias from Ernst and Young who presented a case for change to transfer elective surgery activity from Watford hospital to St Albans hospital.		
15.2	JL remarked that although there may be some inefficiency within elective surgery service at St Albans, he believed it was a highly successful service. He said in his opinion it would be a mistake to change consultant job plans with the sole aim of improving efficiency.		
15.3	<p>The Committee reflected on the theatre capacity information contained within the presentation.</p> <p>It was agreed that before any decision could be taken, it was important to get a true up-to-date picture of theatre utilisation; therefore a mapping exercise would be undertaken.</p>		

	<b>Action</b>	<b>Who</b>	<b>When</b>
15.4	The business case would be brought back to the next TLEC meeting for further discussion.	LH	January 2015
<b>16</b>	<b>Divisional actions plans in response to national staff survey</b>		
16.1	The divisional managers for clinical support, women's and children's and medicine presented the action plans for their specific areas in respect to the findings of the national staff survey.		
16.2	EO said that some staff were finding the new values based appraisal system difficult to understand.  PDG asked for all feedback on the new appraisal process to be forwarded to him.	ALL	January 2015
16.3	LH asked why a low number of midwives would recommend the Trust as a place to work.  MD said this was multi-factorial, including behaviours, being a feeder trust for training midwives and staff leaving to work for agencies.		
16.4	DR asked whether poor environment featured in the results.  MD responded that the results did not highlight this as being a particular issue.		
16.5	MR said that staff needed to be fully assured that the survey was completely anonymous.		
16.6	LH thanked the divisional managers for their presentation.  The Committee noted the update.		
<b>17</b>	<b>NHS Trust governance declaration – month 7</b>		
17.1	The governance declaration was approved.		
<b>18</b>	<b>Draft agenda for TLEC meeting to be held on 25 September 2014</b>		
18.1	DR asked for business planning to be on each TLEC agenda over the new few months.  PDG asked for various HR updates to be included.  The draft agenda was approved subject to the additional items listed above and those agreed during the meeting.	DR/JH  PDG	January, February & March 2015  January 2015
<b>19</b>	<b>Any Other Business</b>		
19.1	HB introduced Nazmin Lappage of EY and Liz Knight of Carnall Farrar to the Committee. She advised that EY and Carnall Farrar had been commissioned to support the Trust around the delivery of the clinical strategy, in conjunction with the Hertfordshire strategic review.  The proposed timetable and approach that will be		



	<b>Action</b>	<b>Who</b>	<b>When</b>
	taken from now until mid-February was presented. This included a programme of meetings and workshops.		
<b>20.</b>	<b>Date of next meeting</b>		
20.1	<p>LH reminded members that the TLEC meeting on 18 December had been cancelled.</p> <p>The next meeting would be on Thursday 29 January 2015 at 9.30am to 12noon in Lecture Theatre 2, Medical Education Centre, Watford Hospital.</p>		