Minutes of the Trust Executive Committee (TEC)
Held at 10.00am on Wednesday, 22\textsuperscript{nd} June 2016 in Conference Room 1, PGMC, St Helier Hospital

Present:
- Daniel Elkeles (Chair) Chief Executive
- Peter Andrews Clinical Director, Renal Services
- Ailsa Bulloch Legal Services Manager
- Lynn Bryan Head of Nursing, SWLEOC
- John Clark Director of Medical Education
- Andrew Cobb Clinical Director, Transformation & Service Improvement
- Kevin Croft Director of People & Organisational Development
- Carolyn Croucher Clinical Director, Gynaecology
- Anne Davies Chief Pharmacist
- Andrea Sott Clin. Director, Trauma and Orthopaedics, Surgery Division
- Ruth Charlton Joint Medical Director and Deputy Chief Executive
- Jill Down Associate Director of Quality
- Peter Davies Director of Strategy, Corporate Affairs and ICT
- Ramesh Ganapathy Clinical Director, Obstetrics
- Nicky Felix DGM, Medicine
- Trevor Fitzgerald Director of Estates, Facilities and Capital Projects
- Debbie Frodsham Deputy Chief Operating Officer
- Charlotte Hall Chief Nurse
- Tim Hamilton Director of Communications
- Hilary Hollis Head of Nursing, Clinical Services
- Steve Hyer Joint Clinical Director, Medicine
- Lydia Jones Clinical Director, Outpatients and Medical Records
- Philippa Jones Director of Planned Care
- Sue Jones Director of SWLEOC
- Arun Kundu Clinical Director, Paediatrics
- Gabrielle Lamb Clinical Director for Transformation & Integration
- Caroline Landon Interim Chief Operating Officer
- James Marsh Joint Medical Director
- Martine Meyer Clinical Director for Transformation & Innovation
- Jeremy Nugent Head of Therapy Services
- Shanthi Paramothayan Associate Medical Director, Medical Education
- Rakesh Patel Chief Financial Officer
- Frances Rumsey General Manager, OP and Medical Records
- Steve Simper General Manager, Women and Children
- Shaktijit Dave Consultant in Microbiology & Lead Infection Control Doctor
- Paul Toomey Clinical Director, Surgery
- Susie Bailey Clinical Director, Critical Care, Surgery Division
- Gabby Walters Deputy General Manager, Surgery
- Tracy Whelan Head of Nursing, Medicine
- Sue Winter Deputy Director of HR
- Hervey Wilcox Clinical Director, Clinical Services
- Catherine Kenchington Divisional Manager, Surgery
- Guan Lim Joint Clinical Director, Medicine
- Lorna Bramwells Head of Paediatrics & Neonatal Nursing
- Martin Stockwell Associate Medical Director & Responsible Officer
- John Dixon Specialist Registrar

Apologies:
- Amir Hassan
- Mr Shahata
- Suzette Fernandez
## 1. INTRODUCTION AND GENERAL BUSINESS

### 1.1 Chair’s Introduction

a. The Chairman welcomed those present to the meeting and introduced new starters.

### 1.2 Apologies for Absence

a. As listed above.

### 1.3 Sharing our Success

a. All present shared examples of recent successes, including:

- A charitable donation to the neonatal unit
- Mbbrace-UK data on still births, neonatal deaths and perinatal mortality showed the Trust as green on all counts whilst neighbouring trusts are either yellow or amber
- Renal have treated 1,000 renal dialysis patients this month and are increasing workload by about 7% p.a. The unit is now the 5th largest dialysis unit in the country
- A histopathology UKAS assessment earlier this month was likely to result in full accreditation
- The estates team have won an award from HEFMA for their work on the move of the eye unit
- Anaesthetics had received a very good HESL report
- The HESL visit for Medicine was also positive and all findings had been addressed
- The first annual trust wide quality half day had been very well attended with good engagement and lots of Consultant staff in attendance
- Two new Heads of Nursing had been appointed; Craig Wood as Head of Nursing for both EDs, and a new Head of Nursing for SWLEOC who starts on 1st August

### 1.4 Declarations of Interest

a. There were no new declarations of interest.

### 1.5 Minutes of the Previous Meeting

a. The minutes of the previous meeting held on 18th May 2016 were approved as a correct record.
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<th>1.6</th>
<th><strong>Matters Arising/Action Log</strong></th>
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<td>a.</td>
<td>The action log was received and noted.</td>
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### 2. REPORTS/UPDATES

#### 2.1 Integrated Performance Report Month 1

**Safe Domain – Mortality, Risk Assessment, Readmission**

- a. James Marsh noted that the Trust had missed the target on patients assessed on admission for VTE, with a performance of 94% against a target of 95%. This target has been previously achieved, and James stressed that the importance of ensuring a quick improvement. IT solutions that would enable patient records to be flagged to remind of the need for a VTE assessment were being explored.

- b. In discussion, it was queried whether a VTE assessment needs to be undertaken every time a patient moves ward. James clarified that an assessment needs to be recorded post admission and whenever the clinical circumstances change. It was also noted that on post-take ward rounds, paperwork was often completed to confirm that an assessment had been undertaken, but this was not being completed electronically. It was also noted that the Performance and Information team is completing a new, live, daily report detailing who has had, and has not had, a VTE assessment which will be discussed in the morning huddles.

- c. A further comment was that VTE assessments are often completed in A&E but are then not transferred to the wards. James responded that this issue had been looked into, and was related to coding issues.

**Safe Domain - Maternity**

- d. Charlotte Hall drew attention to the new maternity metrics in the IPR, and referred to the 20% target of birth centre births against an achievement of 15% in May 2016. Charlotte said increasing the number of birth centre births was a ‘work in progress’, and would take time build up.

**Safe Domain – Incidents, Duty of Candour and Harm Free Care**

- e. Ruth Charlton said the Trust was falling behind in completing SI comprehensive investigations, and also level 3 RCA compliance. The Quality Managers were working hard to redress this issue, and are working through the backlog but the issue required a lot of focus as incidents were not currently being investigated in a timely manner where there was potential for learning.

- f. Ruth said she felt there are enough staff trained in RCA, but that there was an issue with them having sufficient time and resources to actually undertake the investigations.

- g. James Marsh suggested that job plans that currently have SPAs allocated for ‘other’ could have these defined with clear tasks such as RCA in a time-based way. Daniel agreed the need to ensure that there is sufficient time in job plans to undertake investigations.

- h. In discussion, it was commented that the Quality Managers should provide more proactive support in terms of providing input into how and when investigations should be instituted. Ruth noted that Quality Managers have now all been appointed except for O&G and that it was part of their core responsibility to contribute to this work.

**Delivering Safe and Effective Care – Infection Control**

- i. An improved performance against hand hygiene audits was noted with the majority of
areas completing the audit.

j. Against a national objective of zero, the Trust had experienced five MRSA cases in May, three of which have been Trust apportioned. The Trust is now top of the London list in terms of MRSA cases.

k. Shaktijit Dave said that there were two key areas to address: firstly a lack of compliance with the screening and decolonisation policy and the importance of optimising screening practice to identify high risk patients. The second area was catheter line care and line processes in theatres. An area of good practice in Renal was to be rolled out, whereby lines are prescribed using the electronic prescribing system.

Creating a Positive Experience - Patients

l. Tim Hamilton reported that the FFT response rates were the highest ever for both inpatients and A&E. Complaints response times were also improving, although further work was still required.

Creating a Positive Experience - Staff

m. Kevin Croft noted that the number of vacant posts has gone up because in budget setting a number of temporary posts had been converted into permanent posts that needed to be recruited to.

n. Two areas of concern are statutory and mandatory training compliance and appraisals, with only 75% of appraisals completed at year end.

o. James Marsh commented that completion of equality and diversity training has become an issue with HESL, with the Trust being an outlier in London in terms of completion amongst educational supervisors. Daniel asked Clinical Directors to take leadership around this issue in particular, which could impact on the ability of the Trust to recruit trainees.

Providing Responsive Care – Cancer and Planned Care

p. Caroline Landon said the Trust had failed the two week urgent referral to appointment target, achieving 92.1% against a target of 93%. Twenty two of the cases were due to patient choice, with the remainder relating to capacity breaches in endoscopy.

q. The poor performance on cancelled operations was mostly due to the availability of beds, which should be assisted by the patient flow project work.

r. The A&E access standard had been missed in May at 93.7%. Plans are in place to ensure sustainability over the summer.

Financial Sustainability

s. Rakesh Patel said that at month 2, the Trust was just under 600k better than plan. Performance against CIPs was on track year to date, but there remained concerns over the end of year performance.

Corporate Risk Register

t. All Directorates were asked to review the Corporate Risk Register and identify any risks that might have been missed.

2.2 CQC Update

a. Ruth Charlton reported that since the May TEC, the CQC had formally presented the inspection report at a Quality Summit attended by key stakeholders. The six month
gap between the inspection visit and the Quality Summit meant that a large number of actions had already been implemented.

b. A detailed CQC action plan was now being worked up that would be Directorate-led. Delivery of the action plan will be monitored through CQRG.

### 2.3 Staff Survey Response Rate

a. Kevin Croft noted the low response rate to the 2015 staff survey, and asked TEC to consider ways to improve the response rate to the 2016 survey.

b. Feedback was that there is a perception that the survey is not confidential and that it should be stressed that any responses to the survey are completely confidential. It was also agreed that messaging around completing the survey could be made more prominent on the intranet, and that there could be a more formal launch of the survey.

### 2.4 Conversation About Our Future

a. Daniel opened by speculating on what it must feel like to be in Simon Stevens' and Jim Mackey's shoes – the were most likely focussed on a need to sort out the finances around providers, oversee an improvement in standards, deliver the A&E access standard and implement the 5 year NHS strategy. Daniel said that the pressures he was facing related largely to the finances, transformation, strategy, the CQC and staffing.

b. What would NHSE think when considering ESTH? Daniel felt that they would see a top team that is broadly capable, difficulties around the finances and a complex strategic environment. Whilst not considered a ‘bad’ Trust, we are also not a Trust that is celebrated as ‘good’, and probably sit somewhere in the middle.

c. When looking at the Trust, Daniel said he sees that staff are working very hard against a very difficult operational backdrop and a large amount of bureaucracy, such as the C3 panel that has been put in place to assist in sorting out the finances.

d. Operationally, ESTH has SLAs with NHSI to deliver the three key access standards – 18 weeks, A&E, and cancer. The Trust suffers from a lack of operational ‘grip’ and is too ‘close to the line’ on all of these standards. Whilst some other Trusts are building up a deficit in order to meet the access standards, this is not a path that ESTH will be following. Daniel stressed that he wants the leadership team to be more focussed on delivery of the standards than he perceives that they currently are - everybody must believe that delivery is important.

e. Turning to the CQC, Daniel questioned how the organisation had developed the cultural issues identified in the inspection report, resulting in a rating of ‘Inadequate’ in terms of leadership. The issues associated with medical leadership have now been addressed, with the right clinicians now in the right posts. Similar work now also needs to be undertaken in relation to nurses and operational managers and, in the next few weeks, there will be a number of changes with managers asked to move to different posts that suit their skills more appropriately and to ‘right size’ various teams. No-one will lose their job as a result of these changes.

f. Turning to the finances, Daniel said the Trust had originally set a budget with a £31.9m deficit. However, NHSI had offered £11m of Sustainability and Transformation funding if the Trust agreed to a revised control total of £15.1m. This revised control total had been discussed and agreed at an Extraordinary Board Meeting, and would
require the Trust to deliver an additional £5.5m in CIP against a backdrop of current under-delivery on CIP schemes.

g. Daniel stressed that it is crucial that the Trust delivers the £15.1m revised control total, and that difficult decisions will need to be made going forwards, for example around agency staff to cover vacant posts.

h. Daniel noted that Trevor Fitzgerald is currently looking at the possibility of moving staff based in Rowan House to another location to enable the sale of some land on the Epsom site, or alternatively selling some land on the Sutton site.

i. Daniel acknowledged that staff were facing both turnaround and transformation work at the same time – noting that turnaround was focussed on getting a ‘grip’ on the ‘here and now’, and that the transformation work was focussed on new and better ways of working going forwards.

j. Turning to strategy, the Trust has been developing its SOC, and has been working on the two Sustainability and Transformation Plans. The SOC process is almost finished, and a first draft will be discussed at CTM shortly. This work is being undertaken against a review of specialty services based at St Georges which might or might not result in additional space capacity at St George’s that St Helier could ‘fit into’. No details are known, however, at this stage.

k. Daniel summarised that it will be difficult to break up the Trust if we are all working as one team, delivering the finances and performance standards, and also the issues outlined in the CQC report.

l. In response to a question about the commitment of the executive team, Daniel responded that he did not have any intentions around leaving the Trust, and that there is a very strong and committed executive team in place.

m. Daniel finished by saying that this is a massive ask, and he wants everyone to deliver. Teams should carefully think about what they need to do to ensure delivery, and what support they need from the Executive team. It was agreed that individual Directorates will discuss within their team meetings, for a further discussion at the next meeting.

### 2.5 Any Other Business

#### 2.5.1 Your Brief

a. Tim Hamilton asked for feedback on how ‘Your Brief’ was working and any suggestions for improvement.

### 4. DATE OF NEXT MEETING

a. 10.00am to 12.30pm on Wednesday, 20\(^{th}\) July in Conference Room 1, Epsom General Hospital