

## ASHFORD & ST PETER'S HOSPITALS NHS TRUST

### Minutes of the Ashford and St Peter's Hospitals NHS Trust Board Meeting Held on Thursday 24<sup>th</sup> March 2005, 2 pm, in the Education Centre, Ashford Hospital

Present: Mr Clive Thompson, Chairman  
Mr Glenn Douglas, Chief Executive  
Dr Mike Baxter, Medical Director  
Ms Jayne Connelly, Director of Strategic Development  
Mr Keith Mansfield, Director of Finance and Information Services  
Ms Sian Thomas, Director of Human Resources  
Mrs Joyce Winson Smith, Director of Nursing  
Mrs Michaela Morris, Acting Director of Operations (Emergency)  
Mrs Antonia Ogden-Meade, Acting Director of Operations (Elective) (Part 2 only)  
Mr Michael Bailey, Non-executive Director  
Mrs Liz Brooks, Non-executive Director  
Mr Peter Field, Non-executive Director  
Mrs Jenny Murray, Non-executive Director  
Mrs Mary Riley, Non-executive Director  
Mr Rodney Gritten, North Surrey PCT Representative  
Mr Graeme Carman, Patient and Public Involvement Forum Representative  
Mr Maurice Cohen, Patient Panel Representative

In attendance: Mrs Shirley Sikora, Board Secretary

#### Part 1:

	Action
<p><b>1. Apologies for absence</b></p> <p>There were none.</p>	
<p><b>2. Minutes of the Public Trust Board Meeting held on 27<sup>th</sup> January 2005</b></p> <p>The Minutes of the meeting held on 27<sup>th</sup> January 2005 were <b>AGREED</b> as a correct record.</p>	
<p><b>3. Minutes of the Extraordinary Public Trust Board Meeting held on 2<sup>nd</sup> March 2005</b></p> <p>Page 2, paragraph 2 – change “...transfer of paediatric orthopaedic surgery to St Peter’s” to “...transfer of paediatric surgery to St Peter’s”.</p> <p>The Minutes of the extraordinary meeting held on 2<sup>nd</sup> March 2005 were then <b>AGREED</b> as a correct record.</p>	
<p><b>4. Matters arising</b></p> <p>The Chief Executive had replied in writing to the questions raised by Dr Lee at the previous meeting.</p> <p>Re-tiling of area around flush handle in public toilets – the Chairman advised that a remedy is not as simple as first thought. However, the Trust is embarking upon a programme of refurbishment of all public toilet facilities which will encompass this remedial action.</p>	
<p><b>5. Chairman’s Report</b></p> <p>The Chairman advised that following the recent Extraordinary Trust Board Meeting to approve reconfiguration of Trust services, the full business case had subsequently been presented to a joint meeting of the PCTs and Surrey &amp; Sussex Strategic Health Authority who have endorsed funding for</p>	

the project. The Trust will now seek to place contracts for the work to be undertaken.

The Board had held a seminar attended by representatives of North Surrey PCT to address reconfiguration issues and the implications of the increasing volume of patients coming through the Trust.

The Chairman had attended a meeting of Surrey & Sussex Chairmen where capacity and finance were the major issues discussed.

Acute Chief Executives and Chairmen had met to try to analyse the demand facing the local health economy, the implications of Payment by Results, which is only partially funded next year, and the large number of uncertainties facing all Trusts.

The Chairman had spoken with Anna Walker of the Health Commission regarding the new ratings system for next year and the implications for the Trust. He had also attended a meeting of the NHS Confederation where the implications of the results from the forthcoming general election were discussed in detail, together with the deficit the whole of the NHS is facing at the end of this and into next year.

Mr Thompson had opened the Trust's Essence of Care conference, participated in the "Think Clean" campaign and Chaired the panel for the appointment of a Consultant Microbiologist. He had also Chaired interviews to recruit a Non-executive Director for the Royal Berkshire and Battle Hospitals.

The Stephanie Marks Appeal launches its next phase on 27<sup>th</sup> April with a press call by Ian Botham at the BMA Headquarters in London.

## **6. Non-executive Directors' Reports**

Mrs Riley had attended the opening of the Playscheme at Ashford Hospital, much welcomed by staff. She had also served meals to patients during "Think Clean" week and reported that she had been very impressed by what she had seen.

Mrs Murray had attended the Essence of Care conference and commended the work under the leadership of Jane Mallett to improve the patient experience. She had also attended a national patient safety awareness event, and a meeting of the Patient's Forum.

Mrs Brooks had attended a meeting of Surrey Heath & Woking PCT where a presentation on their Patient Choice pilot highlighted that patients reported no problems with travelling to hospitals of their choice up to an hour away.

## **7. Chief Executive's Report**

The Chief Executive reported that consideration is under way to make Dickens Ward at Ashford Hospital an "MRSA free zone".

The Trust is still facing large volumes of work, more patients are presenting in the Emergency Departments, but we are still achieving 98% for the 4 hour A&E target. However, this has had an effect on elective surgery with more operations being cancelled. This poses a major challenge and an unsustainable situation.

Financial negotiations are ongoing for the end of the current year and the preparation of the plan for the 2005-06 financial (operating) year. The final situation is as yet unknown.

The Chief Executive had presented certificates to ward and clinical areas as part of the "Think Clean" campaign. He commended their teamwork and consistency.

The Chief Executive proposed that the Chairman of the Medical Staff Committee sits at the Trust Board. This proposal was **AGREED**.

Two Consultant Anaesthetists and an Orthopaedic Consultant have been appointed to the Trust.

**8. Presentation: Action On Urology – Mr Brian Ellis, Consultant Urological Surgeon**

Mr Brian Ellis, Consultant Urological Surgeon, supported by Sarah Johnston, presented to the Board the results of the Action On Project recently undertaken within the Trust.

The Modernisation Agency had funded the project which investigated the possibility of Surgeons personally carrying out ultrasound examinations within outpatient appointments rather than patients having separate appointments with a Radiologist.

The project asked all Urologists throughout the country as to their current practice. Most agreed that they would like to take this forward. Mr Ellis explained how ultrasound is clinically useful, how it works, and what anatomy it is best used on. It shortens the patients' journey time, thereby helping to meet cancer targets easier. The process only involves an additional 5 minutes appointment time.

Mr Ellis explained the risk issues taken into account, and presented the results of the survey with Consultant Urologists, Radiologists and patients, and detailed the cost benefits. He identified the challenges of manpower for training the doctors, funding of hardware, and implications for Radiologists.

The Board congratulated Mr Ellis on a successful and comprehensive project.

**9. Presentation: Impact of the Role of Consultant Nurse and Midwife Posts – Sharon Kitcatt, Consultant Nurse, Acute Pain, Mary Bell, Consultant Midwife**

Ms Kitcatt and Ms Bell presented to the Board a review of the impact of the role of Consultant Nurses and Consultant Midwife and how they have made a difference in the Trust.

They explained the purpose of their roles and how they differ from Specialist Nurses. There is a strong emphasis on leadership in the wider context as well as advanced clinical skills. They are able to manage complex situations in a remarkable way, provide a vision of what is possible within patient care, have capacity to focus on problems and provide solutions, undertake research and professional development.

The Trust currently has Consultant Nurses within acute pain, chronic pain, critical care, lung cancer, midwifery, physiotherapy and rheumatology. Their impact can be seen in two ways: Direct Care - nurse led clinics, clinical care planning, nurse led ward rounds, and Indirect Care – service redevelopment, patient needs assessment, and evidence based patient information. They detailed how the roles have developed locally.

Mrs Riley highlighted how well the role has worked within Maternity and made significant impact within the department.

**10. Clinical Governance Report – Quarter 3**

The Director of Nursing presented the report at Enclosure E which was **NOTED** by the Board.

Mrs Winson Smith highlighted that patient safety remains of utmost importance and work is ongoing to improve the ratio of patient falls. The Trust has maintained CNST Level 2, with the Maternity Department achieving Level 1.

Mrs Murray remarked on the 100% response rate for replies to complainants highlighting that communication issues are consistent themes in all complaints.

Excellent progress with cleaning standards has been made on both sites, but has slightly slipped recently. The Trust will now analyse if a trend is developing. It is anticipated that the "Think Clean" and "Clean your Hands" campaigns will redress these issues.

**11. Annual NHS Acute Trust Survey 2004/05  
Emergency Department and Outpatient Surveys**

The Director of Nursing presented the paper at Enclosure F which was **NOTED** by the Board.

The Board expressed concern as the results of the Survey, however noting that the survey was undertaken in June 2004, and that several improvements have been put in place since. The need to focus on areas for improvement was highlighted. Communication between staff and patients remains a significant concern. The Director of Nursing was asked to organise a presentation to the Board in the Summer how the Trust is preparing to face the next Trust-wide survey.

The Chief Executive confirmed that it is common practice for the Trust to copy all correspondence to GP's to patients.

Mrs Brooks detailed work undertaken by the Communications Steering Group including placing symbols over patient beds to note whether there are hearing or visual problems by patients.

The Acting Director of Operations advised that the survey is also being analysed by the Operations Committee and action plans being prepared.

**12. 2004/05 Corporate Objectives, Business Plan Progress Report**

The Director of Strategic Development presented the paper at Enclosure G which was **NOTED** by the Board.

**13. Finance and Performance Report**

The Director of Finance updated the Board as to the Trust's standing against national performance targets. At the year end, the Trust will meet 9 of the 10 key targets: the 10<sup>th</sup> target – finance - is yet unknown.

The Director of Finance reported £1.4million variance at month 11. There is no change in the underlying spend, due to awaiting payment from the PCTs in respect of over-performance; it was emphasised that the PCT's have been invoiced on a PbR basis, but at this moment they do not have the resources fully to fund the work done. Financial discussions are ongoing, the year end position cannot be accurately predicted at this stage.

**14. A&E targets**

The Acting Director of Operations presented to the Board a summary of the last 3 months A&E performance figures. She commended the work of the two Emergency Departments for their change in practices culminating in the Trust achieving 98% for the 4 hour target. The Trust continues to analyse ongoing trends to see where breaches occur and take actions forward.

The placement of GP cover in both departments will now be evaluated.

**15. Human Resources Performance Report**

The Director of Human Resources presented the report at Enclosure I which was **NOTED** by the Board, highlighting two issues: the capacity to meet Agenda for Change targets, and achievement of the Practice Plus standard.

**16. Items to note/approve:**

16.1 Chairman's Action – Expenditure from Trust Funds – Early Births Fund

The Chairman presented the paper at Enclosure J which was **NOTED** by the Board.

**17. Any other business**

**JWS**

The Chairman reminded the meeting of the current high level of performance that the Trust is facing mainly due to the increasing of number of patients presenting at both Emergency Departments, but that it continues to seek to improve performance.

Mr Walker thanked the Board for addressing the issue regarding refurbishment of public toilets. He then asked that thought to given to the time it takes for a pharmacist to take a patient's prescription for processing. The Chief Executive will discuss with the Chief Pharmacist.

Mr Murphy enquired when notices will be placed to inform the public of the plan and timescale for reconfiguration. The Chief Executive replied that once final contracts are signed, a definite timeplan will be formed and issued.

- 18. Date of next public meeting:  
Thursday 26<sup>th</sup> May 2005, 2pm, Lecture Theatre, Ramp, St Peter's Hospital**

GD