

**Minutes of the Trust Board Meeting**  
**held on Thursday 25<sup>th</sup> January 2007, in the Lecture Theatre, St Peter's Hospital**

**Present**  
Mr Clive Thompson, Chairman  
Dr Mike Baxter, Medical Director  
Mr Paul Bentley, Director of Human Resources and Organisational Development  
Mrs Liz Brooks, Non-executive Director  
Mr Glenn Douglas, Chief Executive  
Mrs Ruth Lallmahomed, Associate Director, Nursing (for Mrs Morris)  
Mr Ian Mackenzie, Director of Performance, Information and Facilities  
Mr Keith Mansfield, Director of Finance  
Mrs Jenny Murray, Non-executive Director  
Mrs Aileen McLeish, Non-executive Director  
Mrs Antonia Ogden Meade, Director of Business Development  
Mr Graeme Carman, Representative, Patient and Public Involvement Forum  
Dr Jonathan Morgan, Representative, Surrey PCT

In attendance: Mrs Gail Soliman, Board Secretary

**Part 1:**

**1 Apologies for absence:**

Mr Norman Critchlow, Non-executive Director  
Mr Peter Field, Non-executive Director  
Mrs Michaela Morris, Director of Nursing and Operations  
Dr Maurice Cohen, Patient Panel Representative

**2 Minutes of the Public Trust Board Meeting held on 30<sup>th</sup> November 2006**

The Minutes of the public meeting held on 30<sup>th</sup> November 2006 were **agreed** as a true record.

**3 Matters arising:**

3.1 Cleaning and Catering

Following the changes in catering to one hot meal a day and soup and sandwich in the evening, a patient survey is to be carried out. The arrangements would be reviewed after the results of the patient survey and would be reported to the Board.

With regard to cleaning, Mr Mackenzie advised the Board that the Trust had been accepted as a training centre. The results of a patient satisfaction survey will be available later in February. PEAT walkabouts continue, and include representation from infection control, patient panel and a Non-executive Director. Findings were reported back through the Performance Report. Mrs Brooks had participated in the recent walkabout and confirmed that standards had improved. However concern had been expressed with regard to facilities in Orthopaedic areas and she asked if there could be 'decluttering' in particular with storage to help cleaning. Mrs Brooks commented that the 'clean hands' procedures were observed to be followed by all staff.

Following a query on the means of measuring over time, Mr Mackenzie confirmed that the National PEAT scorecard was used and he will feed back in March.

3.2 Mixed Sex Bays

Mrs Lallmahomed presented her paper on mixed sex bays. The monitoring had been changed from a weekly snapshot to twice daily and was discussed at the capacity meetings. This and the involvement of the matrons had made a difference. However there was pressure through A&E and elective admissions to meet the respective targets. Appropriate admission was more easily achieved when admitting from either the medical or surgical

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assessment unit, as there was time to consider correct placement.

Although there was acceptance by patients admitted by necessity to mixed areas such as CCU or CPAP, it was often difficult for relatives. It was agreed that mixed bays could be appropriate in some circumstances where specialist skills were required.

Mr Douglas said that capacity should be built into length of stay savings. Mr Carman commented that credit should be given to the work and progress already achieved.

#### 4 Presentations:

##### 4.1 Children's Services

Paul Crawshaw, Clinical Director, Children's Services

Dr Crawshaw outlined the range of services offered within Children's Services. These comprised:

- Level 3 Neonatal Intensive Care Unit (NICU), one of 31 in England and 3 in Kent Surrey and Sussex. All medical care was provided and it was expected to take 95% of babies from Surrey but also admitted from many other areas. It was a consultant led service with 5 consultants and a dedicated neonatal transport team – ambulance, plus a doctor, nurse and driver - Monday to Friday between 0900 and 1700. The last year had seen an increase in admissions.
- Paediatric services were covered by 8 consultants including one working across both this Trust and Community. The separate paediatric A&E had seen a rise of 1800 attendances over the year. There had been a slight increase in new outpatient appointments and a slow reduction in follow-ups. The trend of inpatient activity was down although a small increase had been seen over the last 12 months.
- Child and Adolescent Mental Health Services (CAMHS). The multi-disciplinary team including psychiatrists, psychologists, mental health workers, nurses and art therapists are seeing an ever increasing number of referrals. Surrey PCT will be re-commissioning CAMHS from the autumn when the service is expected to move to a new provider.

Challenges for the coming year include:

- Efficient patient centred processes will lead to reduced income
- Focus on length of stay especially on NICU
- Referrals pooled and reviewed by the team
- A reduction in open appointments so the child would then be seen as 'new' not 'follow-up'
- Fewer paediatric inpatient admissions

Dr Crawshaw then outlined the service plans for the coming year and beyond.

- Development of an inpatient centre across all or part of West Surrey
- Maintain close links with CAMHS
- Recruit nursing staff to open the 8<sup>th</sup> NICU intensive care cot
- Explore the development of a children's hospital
- Provide a Sexual Abuse Resource Centre (SARC) on the St Peter's site
- Integrate the community paediatric medical staff into the Ashford and St Peter's team.

Dr Crawshaw was asked the difference between a children's hospital and what the Trust provided now. He said that it would be necessary to improve the High Dependency Unit (HDU); it would not include a Paediatric Intensive Care Unit (PICU) in the beginning. The Trust would increase general routine surgery for children, however this would not involve specialist surgery. The increased opportunity would improve recruitment and retention of staff.

##### 4.2 Women's Services

Sue Bateman, Clinical Director, Women's Services

Eileen Nolan, Associate Director, Maternity Services

Mrs Nolan provided an overview of maternity services. Having been with the Trust for just under two months, her first impression was of an excellent service with dedicated staff. The unit was increasingly popular with an increase of 374 births in the last 12 months. CNST level 2 had been achieved early in 2006 with the timing of level 3 assessment under review. She considered the unit to be in a strong position in the current discussions on Settings of Care. She thanked Mrs Theresa Spink for her caretaking role over the last 18 months.

The challenges for maternity services in the coming year include:

- An increasing birthrate – predicted to be around 4200 for the year ending March 2007
- A higher rate of high risk pregnancies than neighbouring hospitals due to the level 3 NICU and an increasing number of in-utero transfers, 116 over the last year
- Current staffing establishment is below both what is recommended based on activity and when compared with neighbouring units
- In utero transfers create a challenge particularly on Joan Booker in the antenatal bays – they may remain for some days and not deliver and are discharged, or do go on to deliver but then, if the baby is on NICU and they live some distance away, cannot stay on the ward as long as they want to. Future development could include an income generating accommodation area
- A review of the complaints for 2006 had shown that nearly all were associated with staffing levels
- Turnaround – staff understand that if we can keep in budget for the year it will be good for the future

To maintain and grow and to be able to offer a full range of services with sufficient staff, the Trust would need to invest in the service.

Miss Bateman then outlined current issues in Gynaecology.

- The lack of dedicated space and no defined budget created problems
- Although arrangements for day and minimal access surgery were adequate, the department were limited by the restricted access to inpatient theatre time
- Emergency care was accessed through A&E; however the majority of patients were early pregnancy related and seen in the Early Pregnancy Unit. This service had been improved with a lead consultant and designated staff grade, one of whom were present every day. It was now possible to perform ultrasound scans within the department to streamline the service and expand the options for the management of ectopic pregnancies. The aim would be to expand and take all emergency gynae patients.
- Outpatient clinics were held in many locations in general outpatients
- The recent designation of a dedicated colposcopy suite had improved the service offered to women. It would now be possible to offer outpatient hysteroscopy and minor operations and also specialist clinics. Current staff included a nurse specialist, a band 5 nurse and a healthcare assistant. Currently only one clinic room was in use, the second should be available shortly.

Comments from the Board included the importance of Child and Maternity services in settings of care. Mr Thompson confirmed that this was a strategic area for the development of the Trust.

The Chairman thanked Dr Crawshaw, Miss Bateman and Mrs Nolan for their presentations.

## 5 Standards for Better Health

Mrs Johnston provided an overview of the changes to the Standards for 2006/7 which now included all 24 core standards plus developmental standards in two domains. However the situation was complicated by the fact that the Healthcare Commission was still sending out some of the information. Domain meetings had been set up and those designated to work on the evidence identified. Further meetings will be held as required to look at the evidence collected and then a review meeting for each standard before the final sign-off. Comments will also be obtained from external bodies.

The amount of evidence submitted will be reduced. However Mrs Murray, as lead Non- executive, will be able to feedback assurance that the evidence is robust. Mrs Johnston confirmed that work was on-going in areas where the Trust was not compliant.

## 6 Clinical Governance Report

Mrs Lallmahomed presented the Clinical Governance report. She advised that there had been a reduction in grade 3 and 4 incidents and a lower number of falls especially in Chaucer where work on falls continued under their level 2 Practice Development Unit. Complaints were down 29% in the last quarter.

Mr Mansfield confirmed that the Trust had been granted £300k for control of infection measures.

The report was **noted** by the Board.

## 7 Trust Board Member Reports:

## 7.1 Chairman

The Chairman confirmed that he had been re-appointed for one year to the end of March 2008. This was not a full term but was intended to see the Trust through the current programme of settings of care.

He had had meetings with the Chairmen of Frimley Park and Royal Surrey Hospitals, Surrey PCT and Monitor and had attended a meeting with other South East Coast Chairs in December.

Mr Thompson had also attended meetings with other Acute Chairmen, a Wide Group where subjects discussed had included RAB, quality and staff issues, and a Confidential Group which included questions for the Secretary of State and an agenda for the Confederation. Many Trusts have similar issues such as re-provision model and timetable, MRSA and 18 week progress.

Social events were very important over the Christmas period and he had attended carol services, the Nursery Nativity play, the Volunteers' lunch, the Mayor of Runnymede's reception, and visited the wards with his wife and the Mayor and Mayoress on Christmas Day. He had also judged the ward competitions and was impressed with the quality and humour. He wanted to thank specifically the Brownies and Coca Cola for their assistance in decoration.

Together with the Chief Executive he had met the Chief Executive and the Head of Planning of Spelthorne Borough Council to appraise them of the Trust position.

The Stephanie Marks Appeal continued. It had however been decided to redefine the objective on the same basis but not to include new build.

He also continued as Chairman of CREST, a charity providing Cancer Support.

## 7.2 Non-executive Directors

Mrs McLeish advised that the Audit Committee was reviewing the Terms of Reference.

## 7.3 Chief Executive

The report was **noted** by the Board.

Mr Douglas formally thanked Mrs Ogden-Meade for her support for the Trust and wished her well in her new post.

He advised that work was well underway to put together the Trust view of a model of care and service delivery for West Surrey.

## 7.4 Director of Nursing and Operations

The report was **noted** by the Board.

Mrs Lallmahomed informed the Board that the Nursing and Midwifery Committee had been reorganised with senior nurses and midwives working alongside staff on the wards. Specific issues were identified for each monthly meeting and had included mixed sex bays, protected mealtimes, hand washing and talking to new students. This ensured a high profile in all areas to support the sisters and provided feedback on good practice as well as identifying areas where improvement was required.

Mrs Brooks asked that information from the patient comment card be analysed on a frequent basis and the results discussed at regular matron meetings.

## 7.5 Medical Director

The report was **noted** by the Board.

Dr Baxter advised the Board that the British National Formulary (BNF) was now accessible on the network.

7.6 Director of Finance

The report was **noted** by the Board.

Mr Mansfield said that non pay continued to be highlighted in turnaround with daily information available to budget holders. Negotiations were on-going between Orthopaedics and suppliers in respect of hip and knee replacement joints.

7.7 Director of Performance, Information and Facilities

The report was **noted** by the Board.

Mr Mackenzie advised the Board that there had been slippage in the timetable for the Computerised Record System due to a requirement for some redesign, outside the control of the Trust. Predicted revenue savings from Electronic Document Management may therefore be delayed.

7.8 Director of Human Resources and Organisational Development

The report was **noted** by the Board.

Mr Bentley advised the Board that it had been necessary to increase prices for the Nursery. A review was also being undertaken and would result in a recommendation regarding the provision of child care.

He also advised that there had been an improvement of the way we employ staff and he particularly mentioned the work of Dr John Newman in reducing hours to 48 with the associated cost savings.

**8 Performance Report**

Ian Mackenzie drew the attention of the Board to the main highlights from the report. Mrs Brooks asked the cost difference of over plan non-elective as opposed to the loss from the drop in elective work.

Mr Mansfield confirmed the positive run-rate of £77k which the DoH expect to be maintained. With the asset sale, he expected the Trust to breakeven at the year end. The SHA had agreed to ameliorate £5m RAB provided the Trust achieved breakeven, which must be sustained in 2007-2008.

The report was **noted** by the Board.

**9 Health & Safety**

The Board **noted** the report.

Mrs Lallmahomed informed the Board that training was on-going with regard to the revised incident form. She also confirmed that smoking shelters had been removed to conform with legislation and information on smoking was given to patients at pre-admission and on emergency admission.

**10 Items to note/approve:**

10.1 Disability Equality Scheme

Mr Bentley confirmed that there was active and open exchange with local groups. Mrs Brooks asked that the action plan be summarised together with a prioritised list of actions.

The Scheme was **noted** by the Board.

10.2 Expenditure from Trust Funds

Expenditure from CHILD Trust Funds to the value of £12,591 was approved by the Board.

10.3 Collaborative Procurement Hub

The Trust's inclusion in the Collaborative Procurement Hub was **agreed** by the Board.

10.4 Sale of West Wing

The Sale of West Wing was **approved** by the Board.

**11 Any other business**

11.1 Finance Committee Meeting Minutes

The minutes of the Finance Committee meeting held on 15<sup>th</sup> January 2007 were noted by the Board.

11.2 Expenditure from Trust Funds

Expenditure from CHILD Trust Funds to the value of £23,840 was approved by the Board.

11.1 Finance Committee Meeting Minutes

The minutes of the Finance Committee meeting held on 15<sup>th</sup> January 2007 were noted by the Board.

11.2 Expenditure from Trust Funds

Expenditure from CHILD Trust Funds to the value of £23,840 was approved by the Board.

**Date of next public meeting:**

Thursday 29<sup>th</sup> March 2007

2 pm

Education Centre, Ashford Hospital