

Ashford & St Peter's Hospitals NHS Trust

Minutes of the Ashford and St Peter's Hospitals NHS Trust Board Meeting Held on Thursday 25TH November 2004 in the Lecture Theatre, the Ramp, St Peter's Hospital

Present

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| Mr Clive Thompson | Chairman |
| Mr Glenn Douglas | Chief Executive |
| Dr Mike Baxter | Medical Director |
| Ms Jayne Connelly | Director of Strategic Development |
| Dr Paul Crawshaw | Deputy Medical Director |
| Mr Paul Doyle | Deputy Director of Finance |
| Ms Ruth Lallmahomed | Deputy Director of Nursing & Quality |
| Ms Sian Thomas | Director of Human Resources |
| 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 |
| Mrs Diana Manthorpe | Patient Panel Representative |
| Mr Graham Worsfold | Woking PCT Representative |
| Mrs Janet Morriss | Acting Board Secretary |
| Ms Penny Irwin | PALS Manager |

Agenda

1. Apologies for absence
2. Minutes of the Public Trust Board Meeting held on 23rd September 2004
3. Matters arising
4. Chairman's Report
 - Reports from Non-executive Directors
5. Chief Executive's Report
6. Presentation: Annual Patient Advice & Liaison Service Presentation
7. Review of the National Confidential Inquiries into:
 - Perioperative deaths (NCEPOD)
 - Suicide and homicide by people with mental illness (CISH)
8. Clinical Governance Report Quarter 2 (July-September 2004)
9. Infection Control Annual Report – Progress update/forward plan
10. Annual audit letter
11. Performance report
12. Human Resources Performance report
13. Financial Shared Services update
14. Paediatric Day Surgery report
15. Reconfiguration Implementation Plan
16. Items to note/approve:
 - Discharge Policy

- Minutes of the Finance Committee - 18 October and 15 November 2004
- Minutes of the Audit Committee – 18 October 2004

17. Any other business

18. Date of next public meeting

Part 1:

The Board noted that Mrs Shirley Sikora, Board Secretary was currently on sick leave following recent surgery and wished her well. **Action**

1. Apologies for absence

Apologies for absence were received from Mr Keith Mansfield, Director of Finance and Information Services and Mrs Joyce Winson Smith, Director of Nursing.

2. Minutes of the Public Trust Board Meeting held on 23rd September 2004

The Minutes of the Public Trust Board Meeting held on 23rd September 2004 were **AGREED** as a correct record.

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3. Matters arising

It was noted that Safety was to become a regular item on future Board agendas.

SS

Mr Paul Doyle, Deputy Director of Finance confirmed the predicted Financial end of year position would be reported at the next meeting.

KM

Ms Sian Thomas, Director of Human Resources confirmed that agency staff were now included in the Human Resources report.

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4. Chairman's Report

During the last two months, the Chairman had attended a Stakeholder workshop to consider conclusions and delivery of the reconfiguration plans. It had been shown that it would become unsustainable to await full reconfiguration and reported back on plans for paediatric assessment centre and paediatric surgery.

He had attended a Joint Board meeting, Hounslow PCT AGM and a London Travel Conference where bus services from the Feltham area to the Trust were advocated.

The Trust Board held a Seminar to consider the short term reconfiguration strategy. He had attended the NHS Chairs Conference with Sir Nigel Crisp and Rosie Winterton, MP. Peter Bareau, Chair of the Strategic Health Authority had visited the Trust and reviewed the reconfiguration plans and the financial position. Professor Ross Lawrenson visited prior to the Strategic Health Authority Board. He had attended a meeting of Surrey and Sussex Chairs and a meeting of Acute Trust Chairs where there had been a presentation of the features of the common financial pressures in the South-east. It was apparent that finances were a common problem and needed to be resolved before 'payment by results' was introduced. The Chair had also attended a conference of Surrey and Sussex Non-executive directors.

In addition, the Chair had attended Mentoring Training at the King's Fund and been a member of the panel for the Consultant Diabetes/Endocrinologist. He had attended the Mayor of Runnymede's Civic Service and met with the Mayor at the St Peter's diversity week event and the Mayor of Spelthorne at the Ashford diversity week event early in October. He had attended the chapel service to celebrate Ashford Day and been to a service in St Paul's Cathedral to recognise leaders in civic life from the Diocese of London. He had attended the Public & Patient Involvement forum, Friends' week at both sites, the Volunteers evening at Ashford and Friends of Ashford Hospital AGM. He had also met David Wilshire, MP at the House of Commons and met with staff in relation to reconfiguration.

A new prospectus for the Stephanie Marks appeal had been circulated to prospective sponsors but a slow response had been received to date. Successful fundraising events had been held for a viewing of A Shark's Tale, Jesus Christ Superstar, and a cheque had been received from Procter & Gamble and from Foxhills Golf Club following a Charity Golf Day.

The Chairman had visited wards and departments to encourage the dedicated and caring staff who were under severe pressure at the current time. In summary there needed to be a balance of activity and financial resources whilst maintaining the quality of care.

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Reports from Non-executive Directors

Mr Bailey reported that he had attended a seminar held by the Audit Commission where it was apparent that all Trusts were struggling with financial control. There was a service reconfiguration culture and, in comparison, Ashford & St Peters Hospitals were standing up well. Government demands over the next 3 years year on year were expected to produce efficiency savings of 2.7% which would equate to £6.5 billion. The message was to use staff more efficiently and ensure services get paid for what they do. Payment by results should provide a 1.7% saving.

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5. **Chief Executive's Report**

The Chief Executive presented his report at Enclosure B which was **NOTED** by the Board.

The Chief Executive highlighted the increasing levels of activity, particularly the high emergency admissions. The Trust was working hard with the PCT to find dynamics for controlling demands and the PCT was committed to assisting the Trust. There were three strands to be considered (i) the stress of working under increased activity pressures, (ii) falling below the A&E target and (iii) the cash release efficiency programme. It was noted that growth in the financial deficit had slowed, but there was still an increasing shortfall.

It was noted that the Patient Advice and Liaison Service (PALS) was an important facility and complimented services. The Chief Executive recorded appreciation to Ms Penny Irwin, PALS Manager, for her approach to the Service and for the valuable work the PALS volunteers undertake.

Recent Department of Health announcements in respect of infection control would be challenging with regard to reducing infection levels (particularly MRSA) over the next four years. This was linked into occupancy levels and a clear focus would be required.

Mr Douglas confirmed that Dr Mike Baxter had agreed to act as Clinical Director for A&E and take a lead in the Department.

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6. **Presentation: Annual Patient Advice & Liaison Service Presentation Penny Irwin, PALS Manager**

Ms Penny Irwin, PALS Manager, presented the PALS Annual Report for the period ending March 2004. The service had received 679 contacts throughout the year of which only 2.73% resulted in a formal complaint. One result of issues raised was that patient information had been amended and improved.

A PALS survey was circulated to users of the service and a 31.8% response was received. The Service had been evaluated against the Department of Health's Core National Standards and met all the criteria. Details can be found at enclosure C. It was noted the PALS Service reports through the Clinical Governance Committee, Complaints Monitoring Group and quarterly to Trust Board. A PALS Operational Policy had been developed to assist staff on how to get the best results from the Service.

It was noted that the Service was in need of more office assistance, particularly with regard to providing leave cover.

Mr Carman agreed that this was an important service to patients which needed to be developed with the provision of an additional PALS officer and took up the plea for more assistance. Mrs Murray agreed the service made an enormous difference to patients and made staff more patient

focussed to deal with concerns at ward level. The meeting discussed concerns related to discharge planning. The Chairman noted that 'listening', a very important area of the PALS service and one which they did very well, did not appear in the Operational policy.

The Board officially recognised the valuable work of the PALS service and congratulated Ms Irwin and the PALS volunteers on their achievements.

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7. **Review of the National Confidential Inquiries into:**

• **Perioperative deaths (NCEPOD)**

It was confirmed that regular meetings are held to review NCEPOD requirements chaired by the Medical Director with representatives crossing disciplines of all surgeons. A report was commissioned, issues were subsequently addressed and practice changed, as appropriate. The latest subgroup, to come out of the NCEPOD group, concerned with head injuries was forging forward. Mrs Brooks noted that it was an encouraging report. Members considered 24 hour cover for interventional radiology and it was noted that no trust in the country provided a robust 24 hour service but that the Trust was endeavouring to provide the best integrated service available. This would be built on should the centralisation of vascular services occur at St Peter's.

Audits would be carried out within directorates, but it was noted that the collation of data was a weakness. This would be discussed within the Clinical Governance Committee.

• **Suicide and homicide by people with mental illness (CISH)**

The Board **noted** the recommendations of the CISH report and the Trust response. Members discussed the current position of being without psychiatric services but it was noted that no patient was discharged without seeing a psychiatrist.

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8. **Clinical Governance Report Quarter 2 (July-September 2004)**

Mrs Lallmahomed presented the Clinical Governance Report for Quarter 2 which had built on last year's progress. The report was part of the requirement of the Strategic Health Authority and is written for users of the Trust services. It was noted that it was gratifying to see how much work had taken place and that the report recognised achievements. Ms Jill Down was commended for the work of the Patient and Public Partnership forum. The annual Clinical Governance Development Plan for 2003/04 was also presented which fed into the Clinical Governance report. It was noted most change was evident where departments had dedicated clinical governance support officers. Changes in practice were shown following PALS and Complaint issues, but it was noted that poor communication was still a major factor and that a multi professional programme was being developed. In addition, incident reporting and subsequent changes in practice had been improved, as had the quality of audits.

The Chairman said continued progress in the core business was evident from the report and this would be monitored through the Strategic Health Authority and the performance star ratings. He offered congratulations to the Complaints' team in achieving a 99% response rate during 2004/05 to date.

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9. **Infection Control Annual Report – Progress update/forward plan**

Mrs Lallmahomed presented the Infection Control annual report at Enclosure F which was **NOTED** by the Board.

The report had been prepared by Dr C Grundy and Dr N Kirk, Consultant Microbiologists and detailed action taken and progress achieved to date. It was agreed that infection control was everyone's responsibility and change in practice was required to ensure the Trust reduced infection rates. Infection control was a major part of the new Matron's Charter which would assist in highlighting issues. The Chairman raised concern about how to achieve the key targets. It was suggested 'champions' should take this forward and that key staff should set a good example in basic infection control. Domestic staff should be involved in discussions to ensure they feel part of the team. There needed to be a way of challenging staff not practising

good infection control. It was agreed the infection control posters of staff displayed around the Trust raised the profile and gave the right message to patients/visitors.

Mr Carman stated this was an issue the Patient and Public Involvement forum were considering and they planned to form an infection control inspection group. The Medical Director suggested measuring results and outcomes to make infection control results more robust against progress. These issues were also linked into bed occupancy.

Board members considered issues at length and agreed the information should be evidence based and would need to be considered in more depth. It was noted that with the introduction of the Freedom of Information Act from 2005 all MRSA statistics along with emails and faxes could be requested by anyone and be provided within 20 working days. The Trust was currently working towards a robust information system. Freedom of Information would be discussed at the March 2005 Trust Board meeting.

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10. Annual audit letter

Mr Doyle presented the external auditors' annual audit letter at Enclosure G which was **NOTED** by the Board. The letter had been considered at the Audit Committee held on 18 October 2004. It recommended a more robust CRES (Cash Releasing Efficiency Saving) plan to form a basis of financial recovery for next year. The Audit Committee had raised concern about the ability to meet the shortfall of revenue in the Trust and that it would be unlikely to meet the five year statutory response to break even. The external auditors were aware of this. The Trust was currently seeking advice on the national and strategic health authority position in this respect. It was noted that the auditors had congratulated the efforts of the Executive and non-executive directors on attempts to meet the targets and had reflected on the best way to assist. The auditors recognised the challenge and that the Trust had been swift to take steps to improve the financial prospects.

The Chairman stated that all acute trusts were in similar financial positions and that the structured nature of the deficits needed to be investigated fully. It was noted that following the franchise of the Trust it was categorically stated there would be some consideration to write-off all historic debt, but this had not in fact been the case.

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11. Performance report

Mr Doyle presented the finance report at Enclosure H. It was noted that at the end of October 2004 the Trust was over £3,000,000 overspent of which £724,000 related to the unfunded costs of the consultant contract. A figure of £6,550k had been set by the Trust for the CRES programme. A slow-down in the increase of the deficit had been achieved. A deficit of £3.6m by the end of the year was forecast. Mr Douglas noted that it was proving difficult to keep to this level due to the high number of emergency admissions being currently experienced. There was an increase of around 10-15% year on year with added problems of delayed discharges, patients awaiting psychiatric opinions before moving on, lack of ITU beds. Action was currently in hand to unblock the situation.

The Chairman said the Auditors were satisfied that the Trust was taking action but concerned that the situation would not have improved by the beginning of the next financial year.

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12. Human Resources Performance report

Ms Thomas presented the Human Resources Performance report at Enclosure I which included an update on the performance indicators, the NHS Census, Agenda for Change, temporary staffing and the Ashford playscheme. It was noted that the sickness absence rate had improved and the Chairman confirmed it was aimed to reduce this even more, particularly at ward level to avoid the reliance on temporary nursing staff.

13. Financial Shared Services update

Mr Doyle presented the update on shared financial services for Surrey and Sussex Health at Enclosure J which targeted efficiency savings of around £6.5b. A business case would now be prepared with the aim to start work in 6 months. The Board **NOTED** the report.

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14. Paediatric Day Surgery report

Ms Connolly and Dr Crawshaw presented the Paediatric Day Surgery review at Enclosure K proposing to move children's day surgery from Ashford to the St Peter's site, which formed part of the reconfiguration of services. Representatives of the Royal Colleges had visited the Trust in August 2004 and talked to a wide range of staff on both sites. The recommendation to change sites was to ensure safety of patients in the case of adverse outcomes following surgery. Although the risk was minimal it needed to be covered. It was inefficient for a Trust to run two small paediatric day surgery units on different sites which diluted expertise available. The paediatric surgery forum would consider the recommendations for short term cover. There needed to be a clear protocol in case something went wrong. The Board considered the issues at length. Consideration was given to retaining only local anaesthetic procedures at Ashford.

Mr Carman said all letters he had received from people recently had raised concerns about reconfiguration and deep concern had been expressed about services being reduced at Ashford Hospital. People needed reassurance and users of Ashford Hospital services should be considered within the plans. Mrs Riley said the Trust should be providing the best and safest services for all children. It was noted there would be no change to the Outpatient paediatric services and that children's safety must come first.

The Board **approved** the recommendations proposed in the report and it was agreed that the communication to announce the change needed to indicate the arguments behind the decision, and the relatively small number of cases involved.

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15. Reconfiguration Implementation Plan

Ms Connolly presented the Reconfiguration Implementation Plan at Enclosure L which was aimed to improve the way the two sites worked together. As full reconfiguration was estimated to be unattainable until 2007/08, an interim physical solution had been developed. The cost of the scheme was estimated at £11.3m and would be discussed with the appropriate subcommittee on 15 December 2004 to initiate a business case. The Strategic Health Authority would be asked to note intent for permanent solution and proposal to develop the interim plan. Formal support for funding would be sought.

After consideration, the Chairman confirmed the Board supported the delivery of the interim plan. He stated this is the point where the talking stops and implementation commences.

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16. Items to note/approve:

16.1 Discharge Policy

The Board were asked to approve this policy. It had had wide consultation and been updated appropriately. However, the Board wished to see a copy before approval. To be reviewed at the next meeting.

16.2 Minutes of the Finance Committee - 18 October and 15 November 2004

The Deputy Director of Finance, Mr Doyle, presented the Minutes of the above meetings at Enclosure M which were **NOTED** by the Board.

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16.3 Minutes of the Audit Committee – 18 October 2004

The Deputy Director of Finance, Mr Doyle, presented the Minutes of the above meeting at Enclosure N, which was **NOTED** by the Board.

17. Any other business

There were none.

18. Date of next public meeting

Thursday, 27th January 2005, 3.00 pm Dining Room, Education Centre, Ashford Hospital.

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