

ASHFORD & ST PETER'S HOSPITALS NHS TRUST

Minutes of the Ashford and St Peter's Hospitals NHS Trust Board Meeting Held on Thursday 28th July 2005 in the Education Centre, Ashford Hospital

Present: Mr Clive Thompson, Chairman

Mr Glenn Douglas, Chief Executive
Mrs Joyce Winson Smith, Director of Nursing/Dep Chief Executive
Mr Paul Doyle, Deputy Director of Finance
Ms Sian Thomas, Director of Human Resources
Ms Kate Slaven, Acting General Manager, Surgery
Mr Humphrey Scott, MSC Chair
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 Janet Morriss, Acting Board Secretary

Part 1:

The Chairman formally opened the Board Meeting by apologising for the incorrect date of this Board Meeting displayed on the Trust Website earlier in the month.

Action

Members of the public were present and expressed concern over the continued restriction to practice of a Consultant Obstetrician & Gynaecologist. Patients, families and a GP spoke in support of the restricted Consultant. The Chairman confirmed he had acknowledged all letters received in this respect and apologised that it had been necessary to reply with a standardised response due to the process the Trust was required to follow. He confirmed that all matters concerning medical staff had to follow Government guidelines scrupulously in the interest of all doctors involved. Any deviation in these guidelines could create a legal challenge. The Chairman read out the letter he had circulated. He confirmed that an independent body would be investigating the case under a strict timescale and the Board's role was to ensure procedures were adhered to without deviation. In addition concern was expressed over information that the Shakespeare Suite was to be sold off and the closure of Eliot Ward. The Chairman confirmed that there were no plans to sell the Shakespeare Suite and Eliot Ward was to be redesignated as part of reconfiguration. Changes in the designation of the Shakespeare Suite had become necessary due to a change in terms of capacity at Ashford and the setting up of the orthopaedic treatment centre. There would be less access for private patients in Shakespeare Suite during the interim phase but there were no long term plans for closure, although a future review was planned to assess the role after reconfiguration. The restricted consultant would be no more disadvantaged than any other consultant. He further confirmed that Capio would be managing the Orthopaedic Treatment Centre. Concerns expressed included not being informed of restriction or complaints made against the consultant, that there was a conspiracy and subsequent delays in receiving oncology appointments.

Members of public wished to show their support of the consultant to the investigating body. The Chairman said comments would be noted and reflected in the Board papers but could not be further debated.

1. Apologies for absence

Apologies for absence were received from Mr Michael Bailey, Non-executive Director, Dr Mike Baxter, Medical Director, Mr Keith Mansfield, Director of Finance, Mr Ian Mackenzie, Director of Information, Mrs Michaela Morris, Acting Director of Operations (Emergency) and Mrs Antonia Ogden-Meade, Acting Director of Operations (Elective) who was currently on sick leave and had recently undergone further surgery. The Board wished her well in her recovery.

Kate Slaven, Acting General Manager, Surgery, was welcomed representing Michaela Morris.

2. Minutes of the Public Trust Board Meeting held on 26th May 2005

The Minutes of the Public Trust Board Meeting held on 26th May 2005 were **AGREED** as a correct record.

3. Matters arising

The Chairman informed the Board that Suzanne Gaines was no longer the lead for diversity and once a new person was in post he would make contact to agree an action plan for race equality. He reported that Rev Judith Allford was keen to develop an overall faith meeting place. An IWL Diversity workshop would take place in the Autumn and all Board members were expected to attend.

The national timescale for the Healthcare Standards had changed with the draft submission to be completed within the next 2 months. The final declaration would come to the Board for ratification and be signed by each board member by end of October with the final submission next April. This issue to be discussed more fully at the next public Board Meeting on 29th September 2005 possibly followed by a dedicated Board Meeting in October devoted to this issue.

4. Chairman's Report

The Chairman congratulated everyone on achieving three stars in the recent Star Ratings from which it was evident that the Trust was learning to work together better with an understanding of priorities. All staff should be proud of this achievement. This accolade had been achieved amidst reconfiguration, significant escalation in demands and severe financial restrictions.

The Chairman had attended several strategic group meetings in the last two months and confirmed that a lot of strategic work was taking place in Surrey & Sussex. The region's financial position was dire and a total of eight stars had been lost in total across Surrey & Sussex. The McKinsey study on models of care had been presented. A programme of redundancies from other trusts had been introduced.

A meeting of the Audit Commission/KPMG/StHA/ASPH had taken place and we were the first trust to break the 5 year breakeven duty. PbR will be introduced but unlikely to be in the original format.

The directors, consultants and managers had attended a Strategy Workshop to consider the future shape and identity of the Trust and agreed a values statement.

A Confederation meeting of Acute Chairs had considered common and often serious problems. The financial situation had put others in impossible situations resulting in resignations around the country.

The Royal College of Physicians annual conference had taken place. They understood change was happening but their processes were not keeping up.

The Chairman had met with local MPs. There had been two successful openings; the newly refurbished Outpatient reception area by Eamonn Holmes and his partner who made a very good impression, and the opening of NICU by the Countess of Wessex which was warmly received.

The Chairman had attended Civic Services in Spelthorne, Woking and Elmbridge.

Two heart monitors had been presented by Barbara McArdle following an extraordinary personal fund raising effort.

Following Ian Botham's support, the Stephanie Marks' Appeal had reached £300,000 and the help of the major pharmaceutical companies is now being progressed. The Communiqué Awards Dinner prize draw raised more for the Stephanie Marks appeal than any other previous project.

Events held recently included the St Peter's Volunteers' lunch, Ashford Hospital's Sing-a-long, the Twins Picnic, Wound Formulary Launch, St Peter's Teaching Centre and the Trust Ball.

The Chairman confirmed that every letter received in support of the restricted consultant had been replied to.

5. Non-executive Directors' Report

Mrs Murray reported she had visited two wards recently at lunchtime with Ms Penny Irwin, the PALS Manager. Mrs Murray had been impressed with the menu choice and the food was well presented. It was

apparent that the patients were well cared for and Mrs Murray wanted to ring the praises for improvements made over the last four years.

Mrs Murray had attended the Healthcare Commission's briefing on the Standards for Better Health and ways to achieve evidence by end of September. She confirmed that the Trust was more proactive than others with robust procedures already in place.

6. Chief Executive's Report

Mr Douglas presented his Report to the Board at Enclosure B. In addition, the Health & Safety Executive had visited the Trust earlier in the week and as a result he confirmed that no notices had been served. The Cancer Peer Review Group had identified areas which needed to improve. Patient representative feedback was good.

Mr Douglas highlighted the importance of the Trust's open culture which was very reassuring and had been commented on by both reviews. The Chairman endorsed this.

7. Presentation: Dr Clive Grundy, Consultant Microbiologist and Dr M Idrees Awan, Urologist

Dr Grundy introduced the Hashim Welfare Hospital which was founded in 1999 in Pindi Hashim, Kharian, Pakistan to provide health care for the poor people in the Village of Pindi Hashim. The first phase was built between 1999-2002 and it was planned to commence phase 2 consisting of four 'departments' shortly to be followed with phase 3 consisting of wards at a later stage.

Dr Idrees Awan asked for official recognition of the link between the Trust and the Hashim Welfare Hospital which would be identified in publicity literature. This would enable staff from the Trust to spend time at the Hashim Welfare Hospital and vice versa to the benefit of both hospitals. Mr Field expressed a concern about access to the hospital, and the legal obligations which might arise in Pakistan.

It was agreed to approve the link subject to further information on any restriction to access to services at the hospital.

8. Child Protection annual report

Mrs Winson Smith presented the Child Protection annual report 2005, prepared by Elaine Welch, Named Nurse for Child Protection.

The report recognised responsibilities and legislation which came into focus, in part following the Climbié Report. The Trust is supported by Local Child Protection Groups (LCPGs). The LCPGs are a new national body to safeguard children and the Child Protection Register is a critical element of managing children at risk. Ms Welch has been developing best practice and communications and establishing liaison with link nurses. The Trust's Child Protection Steering Group reports into the Clinical Governance Committee. The training strategy is a key element to the service and is targeted at specialist staff. Training is proactive and carried out either by Ms Welch or with the assistance of external sources, as required. Progress and monitoring of how the Service performs in practice would be reported back to the January 2006 Trust Board.

Ms Welch was in attendance for this item and answered questions on her report. It was agreed the number of staff released for training could be improved with a higher priority given to Child Protection. It was noted that Child Protection issues related to people aged up to 18 who were sometimes nursed on Adult wards so training should not be restricted to Paediatric staff. The Board recognised this significant piece of work and the Chairman thanked her. He noted that the report incorporated the Laming inquiry recommendations.

9. Improving the experience of patients - Patient surveys/Standards of Care

Mrs Winson Smith presented the results of the 2004/5 patient surveys carried out in Outpatients and Accident & Emergency and outlined the main areas of concern. Mrs Winson Smith had recently met with the Mr Graham Carman, Chair of the Patients' Forum, to discuss practical suggestions for improving performance which would be incorporated into an Action Plan. Suggestions included provision of water dispensers, refreshments, up to date magazines, wearing of name badges, staff introducing themselves and being kept informed of delays.

Opinionmeter would be trialled for 2 months in Outpatients which would provide instant feedback from patients. The system would analyse the data and produce reports to enable the Trust to take quick simple actions to improve services. There was a need to inform patients via patient information what to expect when they come to the hospital

Mr Carman said how delighted he was with the Trust's three star achievement and the open culture which existed, which was a great strength. He confirmed the commitment of the Patient Forum to work with the Trust to improve the annual patient survey results. Mr Cohen reported that he had spent time in Outpatients with Matrons. It was noted that it was not easy to change attitudes and behaviours. The survey results were to be linked with Essence of Care issues.

With regard to parking problems, more cycle racks had been provided as part of the Transport strategy. The Trust was not yet in a position to increase car parking spaces. A paper would be presented at the next public Trust Board on car parking strategies and possible options. By November the Trust should be ready to apply for planning permission to build a deck on the current Outpatients car park at St Peter's. Alternative finance should be made available for this.

It was acknowledged that both the staff and patients were pleased with the role Matrons were taking which should drive standards up quickly. Mrs Winson Smith agreed that Matrons were having an impact and improving consistency of standards of care. Matrons are a strong focal point for patients but there are many competing priorities, particularly capacity management. The Clinical Practitioner Educator role focuses on teaching and supervision at the bedside, and also ensure that they spend at least 50% of their time in direct patient care. Practice Development Units (PDUs) had been introduced to some wards and three wards had now received their first stage accreditation. Maple Ward, which has highly dependent patients needing total nursing care, had received no complaints for 9 months since becoming a PDU and benefiting from the focused support of the Clinical Practitioner Educator.

The fifth edition of the Standards of Practice and Care had been launched. Many of the Standards cover the main issues that recur in complaints. It was noted that the Standards would support and empower Matrons to influence staff and give clarity to what is expected.

Rex Cassidy

10. Finance Report

The Deputy Director of Finance presented the Finance Report for the period April to June 2005 (at Enclosure E) which was **NOTED** by the Board.

The Trust was £2m over budget at the end of June. The StHA Board had been unable to confirm a negotiated £5m financial support package. It was essential for the Trust to identify and achieve the 4% CRES target. The overspend had come about mainly due to increase in admissions and non-pay costs with £6-7m of CRES savings and the expected sale of assets not yet materialised. The Trust was being pushed to the limits and was in a vulnerable situation.

It was noted that the whole Region was short of finance due to overall commitments. It was important to display ability to control and manage costs in a credible way in all areas. It was therefore proposed to produce a control budget for approval by the Board. The Chief Executive and the Finance team would agree the basis of a contract to be signed with the PCT. The basic principles would be to promote an accountability basis of services. The gaps would be filled with the £5m StHA support package, asset sales and the ability to achieve the necessary savings. By signing and approving a control budget the Board would be taking an honest course of action.

The Chief Executive had reached agreement in principle with the PCT to pay the Trust at 100% of cost up to the level of last year which equates to 4% above the current contract and for a 50% marginal rate to apply to a maximum of 10% above contract. The total sum of the contract was below cost and the contract could only be signed recognising the need for additional support outlined above.

The Board considered the proposal of a control budget. The Board was not prepared to sign off a statutory budget limit and continue as before. KPMG would need to be involved in further discussions.

The Board **AGREED** to involve external auditors and provide a clear guide to budget holders. The Chairman to then write to the StHA Chairman to report the Trust would not be signing off the statutory budget and propose the interim agreement.

It was further noted that some Trusts in the Region were significantly overspent and would be moving towards redundancy programmes. This Trust would not take this approach but will put controls on recruitment. All new appointments will be subject to a business case approval. Management Board would agree how to inform staff.

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11. Operations Report

Mrs Slaven, on behalf of the Director for Operations, presented the Performance Report for April to June 2005, which was **NOTED** by the Board. Mrs Slaven also presented the performance figures for the same quarter. It was noted that everyone had been working very hard to reduce waiting lists.

12. Reconfiguration update

The Chief Executive presented the Service Reconfiguration update with an updated timescale, which was **NOTED** by the Board.

The new ward block was now in place outside the Duke of Kent Wing at St Peter's together with the modular day surgery units in the MAU area. These will become operational in November. The Rapid Access Centre at Ashford Hospital had been delayed until the end of September to allow for recruitment of staff and Trust Board had now approved the appointment of a consultant geriatrician for this service. The Medical High Dependency Unit would be relaunched in November.

The Medical Directorate had made good progress and were organisationally prepared and would decide on an exact move date. There would be an official opening of the new Wordsworth Ward in August.

It was agreed that the Trust had a strong and dynamic future and that Ashford was a pioneer in the way the new NHS would operate.

13. Items to note/approve

13.1 Annual accounts 2004-05

The Deputy Director of Finance presented the Annual accounts 2004-05 at enclosure H which were **NOTED** by the Board.

13.2 PACS business case

Mr Tozer, Radiology Service Improvement Manager presented the Business Case for the PACS systems (Picture Archiving and Communication System) which would replace the current Radiology Information System. PACS would form part of a national IT programme for improving technology across the NHS. This would be a community wide programme with the proposed option the only option available to the Trust in line with the Government programme. The PACS system would provide image viewing and reporting and improve efficiency, patient and quality of care. The PCT had been involved with the proposal and would benefit from the system. The Board formally **APPROVED** the PACS business case.

13.3 Financial shared services

The Trust Board were asked to approve that Ashford & St Peters Hospitals NHS Trust enter into a contract with NHS Shared Business Service for Financial Services and may agree to extend the contract to include Payroll Services subject to acceptance of future proposals from the provider on this aspect. The Board **APPROVED** this proposal.

13.4 Minutes of the Audit Committee, 11 July 2005

The Deputy Director of Finance presented the Minutes at Enclosure K which were **NOTED** by the Board.

13.5 Minutes of the Finance Committee, 13 June and 11 July 2005

The Deputy Director of Finance presented the Minutes at Enclosure L which were **NOTED** by the Board.

13.6 Chairman's action – NICU

The Deputy Director of Finance presented Chairman's action in respect of expenditure from trust funds for NICU at Enclosure K which was **NOTED** by the Board.

13.7 Business Plan 2005-06

The Chief Executive presented the Trust Business Plan 2005-06. This document was a *working draft* and therefore received the Board's **CONDITIONAL APPROVAL**.

14. Any other business

None

15. Date of next public meeting:

Thursday, 29 September 2005, 2.00pm, Lecture Theatre, Ramp, St Peter's Hospital.

16. Date of Annual General Meeting/Open Evening:

Thursday, 29 September 2005, 6.00pm, Post Graduate Education Centre, St Peter's Hospital.

