

ASHFORD & ST PETER'S HOSPITALS NHS TRUST
Minutes of the Trust Board Meeting
Held on Thursday 28th September 2006 in the Education Centre, Ashford Hospital

Present: Mr Clive Thompson, Chairman

Mr Glenn Douglas, Chief Executive
Mr Keith Mansfield, Director of Finance
Mrs Michaela Morris, Director of Operations (Emergency Lead)
Mrs Antonia Ogden-Meade, Director of Operations (Elective Lead)
Mrs Joyce Winson Smith, Director of Nursing
Mr Paul Bentley, Director of Human Resources
Mr Ian Mackenzie, Director of Information & Facilities
Dr Mike Baxter, Medical Director
Mrs Liz Brooks, Non-executive Director
Mrs Jenny Murray, Non-executive Director
Mr Peter Field, Non-executive Director
Mr Norman Critchlow, Non-executive Director
Mr Rodney Gritten, North Surrey PCT Representative
Mr Maurice Cohen, Patient Panel Representative
Mr Graeme Carman, Patient & Public Involvement Forum Representative

In attendance: Shirley Sikora, Board Secretary

The Chairman began the meeting by thanking Mrs Joyce Winson Smith, Director of Nursing, as this was her last meeting before her retirement at the end of September, for her tremendous support over the last 12 years. She has been an extremely valuable member of the Trust Board, and a voice of the patient and the nursing staff.

The Chairman also thanked Mr Rodney Gritten, North Surrey PCT representative, as this was his final meeting representing the NSPCT due to the restructuring of the new Surrey-wide PCT.

Part 1:

1. Apologies for absence:

Aileen McLeish, Non-executive Director
Humphrey Scott, MSC Chair (Part 1 only)

2. Minutes of the Public Trust Board Meeting held on 27th July 2006

The Minutes of Part 1 of the Trust Board meeting held on 27th July 2006 were **agreed**.

3. Matters arising:

3.1 Travel Plan update

The Director of Information & Facilities presented the agenda attachment which was **noted** by the Board. He remarked on the significant improvement in public parking spaces on the St Peter's site.

3.2 Energy savings

The Trust had received a presentation from the Carbon Trust, who will implement schemes to identify ways to save energy costs. There is no charge to the Trust.

Action

3.3 Independent Treatment Centre at Ashford Hospital (Capio)

The Chief Executive reported that although the Trust, the Department of Health and Capio are in a position to formally instigate a contract, final sign-off from the South East Coast Strategic Health Authority will not be given until the findings from the 'Settings of Care' project are known.

4. Presentations:

4.1 Patient Panel Annual Report

Mr Maurice Cohen presented the agenda attachment which was **noted** by the Board.

The panel has been in existence for two years, its members sit on approximately 20 hospital committees, where they have an equal say in proceedings. They present their own opinions as well as the patients' points of view.

Mr Cohen commented on the difficulty in measuring the effectiveness of their input. The Chief Executive and Director of Nursing both commented on their valuable contribution which directly helps to improve the experience of patients and visitors to the Trust.

Mr Cohen asked whether the Panel should be involved in discussions concerning the reorganisation of the Trust's services. The Chairman replied that as the new structure and organisation takes effect, the links between the Trust and the Panel will be revisited.

5. Trust Board Member Reports:

5.1 Chairman

The Chairman reported that the last two months had been dominated by 'Settings of Care'; the process by which the future of acute services in Surrey are being analysed before public consultation takes place at the end of the year.

Last week the Trust had received feedback from the Healthcare Commission regarding the new Standards of Care detailing comments from the recent patients' survey. Although the Trust received a favourable report, there are still some areas of concern.

The Chairman had sat on various internal committees, chaired interviews panels for a new 'Turnaround' Director, Consultant Paediatrician and a Consultant Histocytopathologist. He had met with the new Chairman of the South East Coast Strategic Health Authority, Graham Eccles, and local MP's

5.2 Non-executive Directors

Mrs Brooks reported that the Improving Working Lives Goup had focused on supporting staff affected by the organisational restructure, and is continuing to look into staff catering facilities and creating a low cost social meeting venue.

5.3 Chief Executive

The Chief Executive had attended several meetings with other Acute Chief

Executives regarding Settings of Care, looking at the future of acute services both at this Trust and the Royal Surrey County Hospital. Options include closing a major site or working together more closely in the future. A suggested outcome will go to public consultation at the end of the year.

The Chief Executive paid tribute to Mr Nick Yeo, Chief Executive of North Surrey PCT, who has moved to East Sussex as their new Chief Executive. Mr Douglas thanked Mr Yeo for co-operative working between the two Trusts.

Mrs Brooks, Non-executive Director, asked the Chief Executive to clarify the situation with regard to the future of Ashford Hospital. Mr Douglas replied that the role of Ashford in a changed situation may depend upon other factors resulting from 'Settings of Care'. He advised that he is not aware of any option to close Ashford at the present time.

Mr Douglas also echoed the Chairman's tribute to Mrs Joyce Winson Smith, thanking her for her tremendous commitment to staff and the welfare of patients

5.4 Director of Nursing

The Director of Nursing outlined her support for colleagues in terms of turnaround, restructuring and new services for the future. Hope to have provided strong leadership to nursing workforce, provide stability in tumultuous change.

5.5 Medical Director

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

5.6 Director of Finance

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

5.7 Director of Operations (Elective)

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

5.8 Director of Operations (Emergency) Director of Operations (Emergency)

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

5.9 Director of Information & Facilities

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

5.10 Director of Human Resources

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

The Director of Human Resources thanked the trade unions for their help and constructive challenge during the staff reorganisation which has been critical to the success of the process. He commented that the reduction in the use of bank and agency staff will result in a better quality of care as patients will be cared for by the same nurses and doctors. Nursing is now very close to full establishment.

6. Performance summary

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

Highlights:

- The format of the Balanced Scorecard is to be revised.
- Trust is on target for year end performance to meet targets
- Emergency admissions show a 4% reduction
- 98% 4 hour A&E target met
- 62 day cancer target, still struggling to achieve
- Performing well on initial turnaround plans: particularly the reduction in temporary staffing, length of stay

7. Health & Safety

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

8. Items to note/approve:

8.1 Electronic Document Management (EDM) Business Case

The business case was **approved** by the Board.

8.2 Trust response to PPI Forum Report on Cleaning

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

Mr Carman, PPI Forum representative, asked for more senior management involvement regarding domestic issues, and clear lines of accountability at ward level should issues arise. He suggested that ward staff take more ownership of responsibilities.

The new domestic cleaning and catering contract has been inhouse for 4 months, the Chairman asked that a review is undertaken and presented at the January Board meeting.

8.3 Child Protection Annual Report and Action Plan

The Action Plan was **noted** by the Board.

8.4 Patient and Public Partnership Strategy

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

8.5 Minutes of Governance Advisory Committee 16.8.06

The Minutes were **noted** by the Board.

The Chief Executive confirmed that the Trust has an overall strategy for governance, however the way governance is integrated for best practice is not explicit, and a better mechanism is needed to ensure top risks are discussed in a proper way. Work will be undertaken by the committee to ensure its proper working and define its role.

The Chairman assured the Board that the Trust's governance duty is being

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discharged.

8.6 Minutes of Finance Committee 21.8.06

The Minutes were **noted** by the Board.

8.7 Minutes of Audit Committee 5.7.06

The Minutes were **noted** by the Board.

8.8 Chairman's action re expenditure of Cardiology Trust Funds

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

9. Any other business

Shared Business Services

The Board **ratified** the tabled document.

Hospital Beds

The Chief Executive confirmed that the Trust had reduced the number of inpatient beds as a result of better practice, and the introduction of the Medical and Surgical Assessment Units. At one point during the last week, there had been a total of 35 empty beds within the Trust.

The Medical Director commented that the role of the Trust is as an acute hospital facility, it is the responsibility of social service departments to ensure that patients can be safely and suitably placed back into their homes or the community.

Questions to the Board

Can the Board publicly support a campaign to 'save St Peter's Hospital'?

The Trust is unable to take an active role in the campaign, but that once the public consultation had commenced, the Trust would be able to validate any facts reply to queries for information.

Why are there empty beds on Dickens Ward and that many elective orthopaedic procedures take place at St Peter's?

Many of those patients require high dependency facilities post surgery which are not available at Ashford. The Director of Operations (Elective Lead) added that an audit of patients is being undertaken by a Consultant Anaesthetist to look at the criteria threshold of orthopaedic elective patients.

What is the Trust's response if Surrey PCT want to close St Peter's A&E Dept?

The Chief Executive explained how an A&E department must be backed by a full range of services, therefore a full site would have to close. He explained the advantages of retaining an A&E at SPH, the logistics of each site, how they both fit within the Surrey wide community.

Will paediatric acute transfers to the Royal Surrey take too long?

A recent independent survey has identified that St Peter's has one of the two strongest

paediatric departments in the South East Coast area.

Why is Frimley Park Hospital being left out of the equation?

Setting of Care is largely a 'Surrey' based exercise. A large proportion of Frimley's catchment is from Hampshire and Berkshire.

- 10. Date of next public meeting: Thursday 30th November 2006, 2pm, Lecture Theatre, Ramp, St Peter's Hospital**