

ASHFORD & ST PETER'S HOSPITALS NHS TRUST

Minutes of the Ashford & St Peter's Hospitals NHS Trust Annual General Meeting

held on Thursday 28th September 2006 in the Education Centre, Ashford Hospital

1. Apologies of absence:

Joyce Winson Smith, Director of Nursing
Aileen McLeish, Non-executive Director
Jenny Murray, Non-executive Director
Peter Field, Non-executive Director
Eric Molinari, Chair, Ashford League of Friends
John Evernden, Chair, St Peter's League of Friends

2. Notes of the Annual General Meeting held on 29th September 2005 (Part 1 of Public Trust Board Meeting)

The Notes were **agreed**.

3. Approval of the Trust's Annual Accounts 2005/06

The Director of Finance presented the Trust's Annual Accounts for 2005/06 which were **approved** by those present.

4. Review of the year 2005/06

The Chairman presented his review of the year 2005/06 – see attachment to Minutes.

5. Questions to the Board

There were none

6. Presentations:

Respiratory Care

Dr Paul Murray, Consultant Physician
Lesley Spencer, Lung Cancer Nurse Consultant

Picture Archiving Communication System (PACS)

Dr Michael Creagh, Consultant Radiologist
Steve Lomas, Radiology IT Manager

Advances in Surgery

Mr Kieran Dawson, Consultant Surgeon

7. Date of next Annual General Meeting:

Thursday 27th September 2007

CHAIRMAN'S REVIEW OF THE YEAR 2005/06

This is my 5th review for the AGM, and probably the most difficult.

The first year was filled with optimism as after the hangover following the merger, we had been awarded our first Star. The second and third years were characterised by growing clinical and organisational achievement and development, and the progressive moves towards reconfiguration. During these years, we were supported financially by the NHS Bank.

During the fourth year our performance was recognised by the award of 3 Stars; but already we were into an interim period of no financial support before the full benefits of Payment by Results had been received, and the pressure of the NHS Change Agenda was increasing.

Today the NHS financial crisis looms, especially in Surrey and Sussex. The overall 2 year NHS deficit is £1.2 billion, and Surrey & Sussex have to take over £100 million per annum out of the cost base. The majority of the additional funding put into the NHS has gone to make our staff amongst the best paid in Europe, but comparisons tell us that we are amongst the least efficient and are only 10th in quality of care. The need for change is obvious and the challenge to make the changes acceptable to staff, patients, the public and their representatives is immense.

The Department of Health cannot avoid its contribution to the current situation as the change programme being driven by them cannot be delivered on a shoestring. Some of the changes are invested with paradoxes; while PFI hospitals are being built and some still being authorised in some parts of the country, here in Surrey, we are penalised for our success in meeting targets, by having to take out capacity. I will return to this matter later.

Throughout the year, we have had some notable successes. Reconfiguration of services between the two sites was completed in February, with minimum disruption to patients and services. To have done this in winter, at a time of high clinical demand, was a triumph of planning, execution and dedication.

As a result of reconfiguration we now have an extremely successful walk-in centre at Ashford, seeing between 80 and 90 patients per day on average; specialized rehabilitation services at Ashford, which is resulting in a drop in the length of stay for patients; a brand new dedicated day surgery unit at St Peter's, and earlier this year we opened the new modular wards at St Peter's, expanding our capacity for medical patients on this site.

We continue to increase and develop the amount of day surgery we carry out, from 76.9% last year to 77.6% this year and it has reached over 80%. This equates to over a ward of patients who less than 20 years ago would have had a stay in a hospital bed.

Surgery is becoming ever less invasive, and our surgical team continue to be at the forefront of the latest developments.

We have now introduced a new Surgical Assessment Unit at St Peter's, ensuring patients receive immediate surgical assessment by a specialist team.

Earlier this year we introduced a brand new bespoke ambulance for transporting very poorly and premature babies to and from our specialist neo-natal unit, which includes a state of the art portable incubator. We are the Level 3 NICU for Surrey and receive sick premature babies from wider afield.

We have introduced PACs – a new digital X-ray system, which allows X-rays to be viewed online – part of the wider NHS Connecting for Health programme which includes electronic health records, staff records and Choose & Book. These new developments do not just introduce new technologies, but they are changing the way that we work.

There are many other examples, both clinical and organisational, which are highlighted in the special edition of *Aspire*, which take us to the leading edge of developments, often outside the remit of a District General Hospital.

For the rest of this year we face some formidable challenges.

Earlier this year the Trust faced a "Foundation Trust Diagnostic", a process to decide on how prepared we are to apply to become a Foundation Trust. We are not yet ready, but received a very favourable assessment, and the list of preparatory actions is not onerous. Nevertheless, because of the heavy agenda facing the Trust, our recommendation to wait until 2008 to submit our application was accepted by the SHA. We are very encouraged by this positive review of our capabilities.

Without financial support, we will find it difficult to break even and repay last year's deficit this year. Even though we were not classified as being in need of immediate support, the Trust decided to appoint a Turnaround Director in March, Ian Pegler, now replaced by Alan Fort, who has assembled a tough series of projects aimed at breaking even. To date, some projects are behind schedule, but others are achieving impressively. It was always envisaged that we would need to sell land not needed for clinical services in order to break even, and this remains the case. One of the consequences of the Turnaround project is a necessary slimming and refocus of our organisation. This will mean that we will lose up to 100 staff, but will ensure that all staff are treated fairly as a result of the re-organisation.

The Surrey 'Settings of Care' programme is currently a major preoccupation for the Trust, and it will probably dominate healthcare issues in the county well into 2007. The model used by SHA advisors, indicates that only the closure of an acute hospital will achieve the necessary savings, and, for a number of complex reasons, this Trust and the Royal Surrey County Hospital have been identified as candidates for detailed analysis and possible closure. There are many flaws in the model, but the need for savings in a declining acute care market is not in dispute. The final options for public consultation may advocate closure or a form of joint venture between the two Trusts. The options are currently being analysed and will then be prepared for public consultation, which, it is anticipated, will commence at the year end.

This Trust is co-operating fully in the analysis of options and anticipates being part of the consultation after the options have been subjected to a rigorous appraisal. The Board do not consider its locus is to advocate the closure of any facilities outside its control. Nevertheless, it feels strongly that it is in the interests of Surrey patients that St Peter's should remain a focus of Emergency Care and that there should be a hospital service for patients in the north of the county, as served by Ashford Hospital. Because of its clinical strengths, specialty expertise and geographic position, the Trust is well placed to serve the needs of Surrey.

Ashford and St Peter's is a strong 3 Star Trust and we believe that it has a progressive future. We face many challenges in the year ahead and one of them will be to ensure that we continue to develop our services for the population we serve, and provide rewarding careers for our dedicated staff.

Clive Thompson CBE
Chairman