

**Minutes of the Trust Board Meeting
held on Thursday 26 July 2007, in the Education Centre, Ashford 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 Norman Critchlow	Non-executive Director
	Mr Peter Field	Non-executive Director
	Mr Keith Mansfield	Director of Finance
	Mrs Aileen McLeish	Non-executive Director
	Mrs Michaela Morris	Director of Nursing and Operations
	Mrs Jenny Murray	Non-executive Director
	Mr Graeme Carman	Representative, Patient and Public Involvement Forum
	Dr Maurice Cohen	Representative, Patient Panel
	Dr Jonathan Morgan	Representative, Surrey PCT
In attendance:	Mrs Gail Soliman	Personal Assistant to Chairman and Chief Executive Board Secretary

		Action
1	Apologies for absence: Mr Glenn Douglas – Chief Executive Mr Ian Mackenzie - Director of Performance, Information and Facilities	
2	Minutes of the Public Trust Board Meeting held on 2007 Following the amendment of item 13 'The Workforce Strategy was approved by the Board', the Minutes of the public meeting held on 31 May 2007 were agreed as a true record.	
3	Matters arising:	
3.1	<u>Meal surveys</u> (still ongoing – report to September Board) Collation of the data continues and a full report will be provided to the Board in September.	IM
3.2	<u>Mixed Sex Bays</u> Mrs Morris provided information which had been shared with the Patients' First Group. This showed that progress has been made in reducing the use of mixed sex bays in both surgery and medicine greatly helped by all staff, nursing and medical. Reports will continue to be provided to the Board every 4 months.	
4	Presentation:	
4.1	<u>Falls Group</u> Mrs Jill Hickman – Clinical Governance Manager for Medicine Mrs Hickman provided the Board with an update on the work of the Falls Group. 'Falls' covers a wide range of incidents with nine classifications from a slip or trip to cardiac arrest or found on the floor. Most falls are graded 2 or 3; however staff are being encouraged to provide more meaningful information and incident forms are being returned for this to be added. There is some controversy nationally on the risk assessment tool and a validation exercise is being carried out between the risk assessment and incident form. A quarterly meeting with medical ward sisters is held to review incident forms. Responding to a question, Mrs Hickman said that when analysing the times of incidents, a high proportion took place just before each meal. A national document had also highlighted late morning as a key time. The crib sheets would be laminated to provide accessible information for ward staff.	

She also confirmed that the work was informing an active database. Once those incidents that were not preventable were identified, it should then be possible to set a target for reduction.

It was agreed that Mrs Hickman would provide an update in six months.

- 4.2 Following the appointment of new Clinical Directors on 1 August, presentations from Business Units will recommence in September.

5 Trust Board Member Reports:

5.1 Chairman

Mr Thompson reported that he had attended several meetings at Frimley Park Hospital, individually, with the Chief Executive and with the Executive Directors. He had also attended a joint meeting of the Boards of Ashford and St Peter's Hospitals and Frimley Park Hospital.

The Chairman of the SHA, Graham Eccles, had visited six weeks ago and had been impressed with the Trust, both clinically and organisationally.

Mr Thompson had attended a number of NHS Confederation events, a one-day conference and an Acute Chairs Confidential Forum where the measurement and targets for HCAs had been one of the subject of discussion. He had attended a reception at the BT Tower for one of the new Government Ministers, and also a conference on public sector mergers.

He had attended the AGM of the Royal College of Physicians where the future of the District General Hospital and likely structure of future emergency care were among the issues debated. Lord Darzi's report on 'Healthcare in London' and his comment "The days of the district general hospital seeking to provide all services to a high enough standard are over" will continue the debate on the new generation of acute hospital.

Mr Thompson had attended a half-day seminar of Chairs and Chief Executives at the Strategic Health Authority on NPFIT where concern was expressed and problems raised with the IT system planned for the South East Coast area.

Following a visit by the Chief Executive and HR Director of Spelthorne Borough Council, the Trust hosted an extremely successful visit on Monday 23 July for around 23 Councillors involving the Chairman, and several Non-executive and Executive Directors.

Mr Thompson had also attended meetings of the Friends and Volunteers of both hospitals, and the St Peter's Day Service. He had also attend the AGM of the Hashim Welfare Hospital, which had received much publicity for it's work in Pakistan.

5.2 Non-executive Directors

Mrs Murray reported to the Board on the results from the pilot survey of patients' views. It had been conducted on Cedar, Juniper and Kingfisher wards, January to April. The aim was to develop a quantitative tool extending the formal mechanism of collecting and monitoring patient views. Early results indicate the tool is successful but some refinement is required. Full analysis will be available later. It had been disappointing that few changes had been made due to a lack of ownership and staff not feeling empowered to take action. Further improvements will be overseen by a project working group and include staff training. Mrs Murray will report back to the Board.

5.3 Chief Executive

In Mr Douglas' absence, Mr Bentley provided the following on his behalf.

- There had been ongoing discussion with regard to Fit for the Future since the last Board meeting culminating in a co-ordinated response to the Provider document to be discussed at a PCT meeting on Friday.
- This was then expected to provide part of the PCT public consultation scheduled for the end of September.
- Separately, and with regard to the Matrix report finding that there should be a single Acute Trust providing services for West Surrey, discussions between clinicians in a number of specialties from Ashford and St Peter's Hospitals and Frimley Park Hospital had taken place to identify ways the two hospitals could work together.
- A resolution had been agreed by the Board to formally investigate the possibility of a merger between the two hospitals. (A similar resolution was agreed at a recent Frimley Park Hospital Board meeting.)
- This work would be carried out thoroughly and a final decision on a merger would not be

taken until all relevant information had been received, most likely not before October 2007.

- If both Boards agreed that Merger would provide increased and enhanced services and therefore in the best interests of patients, a three month public consultation would begin.
- If agreed, the earliest the new Trust could be formed would be 1 April 2008.

In discussion, the following points were raised.

- If services are transferred, patients may have to travel some distance.
- The PCT were committed to moving some services, particularly chronic disease such as diabetes and rheumatology, from acute provision to the community reducing activity in the acute sector.
- Some patients already had to travel some distance and out of Surrey, for example Renal services and tertiary specialties in London. A larger organisation in West Surrey could provide these services and therefore repatriate back into the county.
- A further reduction in the European Working Time Directive affects junior doctors in 2009. A larger staff base will help to ensure 24 hour safe services and rotas.
- The Board would not deliver a merger unless it was clear that services for patients would be improved.
- Information must be provided to patients to show that the nearest hospital may not be the best.
- Choose and book did not allow choice of consultant and with the 18 week target, would not allow a booking to be made at a hospital where first treatment could not be completed within the timescale, all reducing patient choice.
- The PCT should be providing information to GPs on commissioning. It was suggested that the Trust include a business briefing for GPs during their regular training sessions held in the Education Centre.
- Staff briefings had been arranged at both hospitals for Monday when Mr Douglas would provide an update on Fit for the Future and the merger discussions.

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

5.4 Medical Director

Dr Baxter was pleased to be able to report that the Trust was within target for colonoscopy investigations. Agreement had also been reached for a single port of entry for 2-week rule referrals.

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

5.5 Director of Human Resources and Organisational Development

Mr Bentley advised that, with close working of all trusts in West Surrey, every doctor in training who fell outside the new MTAS system had been placed in a Surrey or other trust. Ashford and St Peter's Hospitals were also able to provide some additional accommodation where this had not been available in other trusts.

The report was **noted** by the Board, and the tutors, consultants and HR staff involved were warmly congratulated.

5.6 Director of Performance, Information and Facilities

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

5.7 Director of Finance

Mr Mansfield confirmed that the Auditors had signed off the accounts for 2006/7 unchanged. The improved ALE scores were subject to national moderation.

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

5.8 Director of Nursing and Operations

Mrs Morris was extremely pleased to be able to advise that the Trust's application to be a pilot site for the national initiative 'Productive Ward', had been accepted. There had been 16 applications from the South East Coast SHA for the one place available. A short introductory DVD was available.

Following a recent MRSA review visit from the Department of Health, the Trust has been signed back to the SHA and PCT for local monitoring. Additionally, the Healthcare Commission had

made an unannounced visit on Friday 20 July in regard to the hygiene code. They visited ward areas speaking with both ward and cleaning staff, had in-depth interviews with Mrs Morris, Dr Shaw and Ms Fairhead, Infection Control Nurse. The Trust were then required to produce evidence. Early feedback was very positive and the full report will be received in the Autumn.

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

6 Performance Report

Activity

Mrs Morris presented the Performance Report, specifically mentioning:

- ♦ Elective discharges
 - under-performance in Q1 of 4.1% with a potential loss of £137k
 - in May affected by Norovirus outbreak
 - however June performance 4% above plan
- ♦ Non-elective discharges
 - also affected by Norovirus outbreak in May
- ♦ Follow up outpatients and new:follow up ratio
 - follow up appointments are significantly above plan
 - the 8,000 extra represents approximately £350k lost income as PCT will not pay over plan
 - new appointments in June are 8% above plan which represents additional income of around £250k
 - the ratio of new to follow up appointments is averaged across the Trust, with chronic disease a contentious area – reductions are being made in a clinically responsible manner
- ♦ Waiting times
 - there has been a breach of the 26 week target recently due to human error

Further information during discussion included:

- ♦ Internal referrals were down resulting from a change in practice
- ♦ There were significant numbers of delayed transfers of care – the programme of work was ongoing and there had been progress with partner agencies – PCT, Intermediate Care Team, Continuing Care and Social Care – to try and find suitable places – data would be provided separately for each area eg Woking, Walton.

Finance

- ♦ Q1 ended with a surplus of £110k
- ♦ June showed a positive run-rate
- ♦ Pay has been consistent since November
- ♦ Controls on temporary staffing continue to have an effect – however there was an increase in June resulting from the Norovirus outbreak
- ♦ An increase in non-pay may be reflective of additional activity as in drugs, tests, medical and surgical equipment.

The Performance Report was **noted** by the Board.

7 Risk Management

7.1 Q1 Clinical Governance Report

Mrs Morris drew the attention of the Board to the following:

- ♦ The Trust is within target for MRSA infections for 2007/8
- ♦ Arrangements to set up a Black and Minority Ethnic Network to link with the South East Coast Network have commenced
- ♦ Similar themes were apparent in PALS as in Complaints which will be picked up through action plans and forums
- ♦ The new washing system was expected to have an impact on infection control
- ♦ Major incident planning – recent exercises, a telephone run-through and the Emergo practical session, provided valuable feedback

In discussion, it was confirmed that there was no suggestion that categorisation of ethnic data was being used to change practice. With regard to complaints, it was felt that comparison of the number of complaints in relation to patient episodes would be useful.

7.2 Q1 Health and Safety Report

The Health and Safety report was **noted** by the Board. With regard to staff incidents, a request was made for information on days lost following incidents reported under Riddor.

8 Corporate Objectives

The Board **noted** the update of the Corporate Objectives. A request was made to highlight those most important.

9 Mortuary Business Case

Mr Mansfield presented the business case for the new Mortuary. The Trust would fund the capital costs out of depreciation. The scheme would provide increased body storage and post mortem facilities. The Trust were losing work from the Coroner and were in danger of losing accreditation if no improvements were made. Additionally the service would have to be moved from that part of the site by summer 2009.

The final cost is just under £5million under the Procure 21 system where all costs were guaranteed up front. However this was above plan and changes to bring down the costs would entail a resubmission of planning permission. Mr Mansfield was asked to confirm the cost of a delayed start to the project should planning permission not be granted in time, against the reduction in cost from the changes to design. He also confirmed that a 10% contingency cost had been allowed.

The business case for the new Mortuary was **approved** by the Board.

10 Items to note/approve:

10.1 Consultant Psychiatrist – Child and Adolescent Mental Health

Following confirmation that there would be no risk when the service transferred, the replacement post was **approved** by the Board.

10.2 Minutes – Finance Committee

Mr Mansfield advised that it was uncertain if Clinicentre would become operational. The Minutes of the Finance Committee dated 18 June 2007 were **noted** by the Board.

10.3 Minutes – Audit Committee

The Minutes of the Audit Committee dated 18 June 2007 were **noted** by the Board.

10.4 Audit Committee Annual Report

The Annual Report 2006/7 from the Audit Committee was **noted** by the Board.

10.5 Quality and Risk Management Strategy

The Quality and Risk Management Strategy 2007 – 2008 was **ratified** by the Board.

11 Any other business

There was no other business.

Date of next public meeting:

Thursday 27 September 2007

1400 - 1600

Lecture Theatre, The Ramp, St Peter's Hospital