

Ashford and St Peter's Hospitals NHS Trust

Minutes of the Ashford and St Peter's Hospitals NHS Trust Board Meeting Held on Thursday 20th October 2005 in the Board Room, St Peter's Hospital

Present:

- Mr Clive Thompson, Chairman
- Mr Glenn Douglas, Chief Executive
- Mrs Joyce Winson Smith, Director of Nursing/Dep Chief Executive
- Mr Keith Mansfield, Director of Finance
- Dr Paul Crawshaw, Deputy Medical Director
- Mrs Antonia Ogden-Meade, Director of Operations (Elective Lead)
- Mrs Michaela Morris, Director of Operations (Emergency Lead)
- Mr Humphrey Scott, MSC Chair
- Mr Ian Mackenzie, Director of Information
- 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 Michael Bailey, Non-executive Director
- Mr Maurice Cohen, Patient Panel Representative
- Mr Graham Worsfold, Woking PCT Representative

In attendance:

- Mrs Ruth Lallmahomed, Deputy Director of Nursing & Quality and
- Ms Ann Spiropoulos, Clinical Effectiveness & Audit Manager (for item 5)

- Mr Norman Critchlow, newly appointed Non-executive Director
- Mrs Janet Morriss, Acting Board Secretary

Part 1:

1. Apologies for absence

Apologies for absence were received from Dr Mike Baxter, Medical Director and Mr Rodney Gritten, North Surrey PCT Representative.

The Chairman informed members that this was the last Board Meeting for both Michael Bailey and Mary Riley.

The Chairman reiterated the Board's appreciation to Michael Bailey, retiring Non-executive Director as stated in item 1 of Part 1 of the Trust Board Minutes of 29 September 2005. Michael has served on the Trust Board for 10 years in good times and bad times. He served on several committees and chaired the Remuneration Committee while the Trust reformed senior pay structures. He had a very successful career with GSK before joining the Trust and carried his experiences in pressing for higher standards of care and control. His style forced the Board to challenge and revise its approach and he was a factor in getting the Trust to measure and improve performance. Personal interests have persuaded him not to consider re-appointment and he will be difficult to replace on the Board.

The Chairman said it would be a sad time for the Trust when Mary Riley retires on 31 October. Mary had given her all for the Trust and before that at Ashford Hospital, the Hounslow and Spelthorne District Health Authority and the Hounslow and Spelthorne Community NHS Trust. Mary served as Deputy Chairman for Trust Board, but her special interests have been patient care and especially maternity. She represented the Community, the Patients and Staff to her utmost ability, but always in a balanced way. Mary has seen the problems of the Trust merger

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and is now seeing the realisation of a successfully prepared fusion. In 2005 she has seen the Trust awarded with 3 star status. Mary does not just represent where the Trust has come from but also has helped to create the vision of where it is going. Mary is genuinely irreplaceable, but it is particularly gratifying that she is ending her career here with success and a high.

The Chairman wished both Michael Bailey and Mary Riley well and thanked them for all they have done for the Trust.

The Chairman confirmed the appointments of two new Non-executive Directors; Mr Norman Critchlow and Ms Aileen McLeish. In addition, Mrs Jenny Murray has been re-appointed. A press release will be issued shortly to announce the appointments. Mr Critchlow was present at the meeting as an observer and was welcomed by the Chairman.

2. Minutes of the Public Trust Board Meeting held on 29th September 2005

The Minutes of the Public Trust Board Meeting held on 29th September 2005 were **AGREED** as a correct record.

3. Matters arising

All matters arising were covered elsewhere on the Agenda.

4. Chairman's Report

The Chairman thanked members for their contribution to the Annual General Meeting held on 29 September 2005. The format of displays and stalls was a success and the event was well attended, but mainly by staff. Consideration would need to be given on how to take the hospital to the public. The 2006 event would be held at Ashford Hospital.

The Chairman and Mrs Brooks reported on the StHA annual conference held in October. It was evident a lot of change was taking place with a focus on improvement of efficiency whilst maintaining focus on patients. Mrs Brooks said the StHA was not considering actual demand against performance but more on delivering, which is not realistic.

The Chairman had attended the Ashford Hospital League of Friends AGM when Dr Peter Martin and Dr Baskar Mandal had delivered presentations on the advances in child care and of the prospective Rapid Access Centre, both of which showed the Trust at the forefront of developments at Ashford.

The Chairman reported on the Trust Strategy Workshop held in October. He had attended reconfiguration meetings and had a tour of the construction site. The communication process was now in place for the revised reconfiguration date of 1 February 2006.

5. Standards for Better Health – Core standards To agree the self assessment process and scores

The Chairman introduced the Standards for Better Health which had now replaced the performance star system and would be submitted to the Healthcare Commission for assessment of performance in April 2006. Ruth Lallmahomed, Deputy Director of Nursing & Quality and Ann Spiropoulos, Clinical Effectiveness and Audit Manager presented the process undertaken, scores and action plans for the draft declaration.

The lead Executive Directors and key postholders, along with Non-executive Director representation had met to review the evidence produced to demonstrate compliance with the standards. No significant lapses had been identified but there were elements in each of the standards where there was insufficient evidence currently available to assure the Board of compliance and therefore action plans with timescales had been put in place.

Out of the 24 standards, the Trust were complaint with 8, 1 would be assessed externally and 15 currently had insufficient evidence, although many of these are close to full compliance.

The Chairman asked for reassurance on the quality of the evidence and the process followed.

Mr Douglas expressed satisfaction with the process with very extensive evidence produced. He was confident that the draft submission reflected what was happening within the Trust. It was noted that 100% compliance did not mean 'perfection'. It was confirmed that the clinicians had been sufficiently involved in the process but concern expressed about the distraction from clinical work. Mrs Winson Smith confirmed that the clinicians understanding and commitment to the process had been gained and they had achieved the right balance.

It was noted the draft action plans would increase assurance. In particular, the MRSA action plan gave assurance that systems were place and would build upon existing actions.

The Board **endorsed**:

- the process followed and scores allocated for each domain
- there were no serious lapses for declaration
- the process for monitoring the action plans

The Board subsequently **signed off** the draft declaration for submission to the Healthcare Commission.

Mrs Winson Smith acknowledged the work involved in pulling the process together and gathering the evidence which had been managed by Mrs Lallmahomed supported by Dr Spiropoulos.

It was noted this was a transition year and this format would be used in future. The actual scores were for internal use only. A progress report was requested at the March 2006 Trust Board meeting, prior to the first formal submission in April 2006.

6. **Items to note/approve:**

6.1 Minutes of Finance Committee 10 October 2005

The Board **NOTED** the minutes at Enclosure C. Congratulations were expressed to Mrs Ogden-Meade supported by Mrs Morris in preparing the Risk Assessment paper. The Trust was facing considerable financial challenge and the Directors recognised prudence of what could be achieved by setting realistic achievable targets. It was noted the 4% CRES was achievable in a full year. The credible level of savings would be delivered but there was a risk of potential problems to meet activity targets by the end of the financial year. There would be penalties in trying to meet both activity demand level and financial levels. Mr Douglas endorsed that safety was paramount and that decisions should be kept under review as circumstances may change. The Board were committed to safety, quality and care of patients as well as meeting targets by the end of the year. The Board endorsed the approach agreed at the Finance Committee, in putting patients first. However, the pending cash shortage could demand a change in approach

6.2 Minutes of Audit Committee 10 October 2005

The Board **NOTED** the minutes at Enclosure D. Further to the Internal Auditor's report detailed in the minutes, Mr Field said the risk exposure related to the staff residences at Ashford Hospital had been reviewed by the internal auditors to assist in eliminating this risk. The Trust had now been reassured there are now systems in place to ensure that the risks associated with all schemes are fully evaluated before approval.

6.3 Annual Audit Letter 2004/05

The Board **NOTED** the letter at Enclosure E. The letter identified the remaining weaknesses in the Trust. The project management and cash management would be critical.

6.4 New consultant post – Consultant Anaesthetist

The Board **APPROVED** the proposal for a replacement Consultant Anaesthetist at Enclosure F. This replacement would save on locum fees.

7. **Any other business**

None

8. Date of next public meeting:

Thursday, 24 November 2005, 2.00pm, Dining Room, Education Centre, Ashford Hospital.