Minutes of the Trust Board Meeting
held on Thursday 31 May 2007, in the Lecture Theatre, The Ramp, St Peter's 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 Glenn Douglas	Chief Executive
	Mr Peter Field	Non-executive Director
	Mrs Ruth Lallmahomed	Assistant Director Nursing
	Mr Ian Mackenzie	Director of Performance, Information and Facilities
	Mr Keith Mansfield	Director of Finance
	Mrs Aileen McLeish	Non-executive Director
	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:	Gail Soliman	Personal Assistant to Chairman and Chief Executive/ Board Secretary

Action

1 Apologies for absence:

Mrs Michaela Morris, Director of Nursing and Operations

2 Minutes of the Trust Board Meeting held on 29 March 2007

The Minutes of the public meeting held on 29 March 2007 were **agreed** as a true record.

3 Matters arising:

3.1 Meal surveys

Mr Mackenzie confirmed that a survey had commenced and there were plans to hold a food summit, results of both to be reported in July.

3.2 Paediatric Day Surgery

Mrs Lallmahomed confirmed all paediatric surgical services were now centred on the St Peter's site having moved across from Ashford Hospital in April. Comments and recommendations from the Healthcare Commission review of paediatric services were therefore now all addressed.

4 Presentation:

Pathology

Dr Martyn Knapp, Clinical Director Pathology, presented to the Board. He provided a summary of services and key issues, which included:

- The department ended the year with a modest surplus
- CPA Accreditation confirmed
- Full business case for a new Mortuary to be agreed – current building is non-compliant
- Tendered for services at West Mid – unfortunately just missed out
- Good integrated team – high morale
- Result turnaround – 1hr for A&E, 4hrs for GPs – 24hr service to make the best use of equipment

Responding to a question, Dr Knapp felt that it would be inappropriate to send copies of results to patients

similar to Consultant to GP letters, as the results require a degree of interpretation and understanding.

5 Trust Board Member Reports:

5.1 Chairman

Mr Thompson had attended a number of meetings with Surrey PCT, South East Coast Strategic Health Authority, and fellow Chairmen where reconfiguration of services in Surrey had been discussed. He had also met with representatives from local authorities, and had spoken and met with local MPs, where again the future of St Peter's and the service provided by Acute Trusts in West Surrey was the main topic of conversations. Whereas the original reconfiguration was driven by finance, it was now important to ensure any changes were based on clinical need.

The Chairman had attended a meeting at the King's Fund on the future of NICE (National Institute for Clinical Excellence). Bureaucracy delayed the availability of new medicines while the excellent work on protocols of care were often overlooked.

Mr Thompson had attended a workshop for Chairs at Oxford where debate had included the future of hospitals and care following stroke.

5.2 Non-executive Directors

Mrs Murray reported that she had recently spent 12 hours in the hospital as a carer. During that time, she was most disappointed that staff frequently did not use hand gel. She asked for reinforcement of this protocol. Mrs Lallmahomed agreed that, although some staff were diligent in the use of hand gel, there was continuous need to remind staff to ensure good practice.

5.3 Chief Executive

Mr Douglas said that any consultation later in the year would be unlikely to involve the closure of a hospital. However it was important to recognise that, as an organisation, we need to change with closer working relationships with our neighbouring Acute trusts. An instance of co-operation is the support given by Frimley Park Hospital and Ashford and St Peter's to the vascular service at Royal Surrey County Hospital, and he would particularly like to thank Martin Thomas and his colleague from Frimley who were providing this support. Although St Peter's had never closed to admissions, the speed at which the Novovirus had been eradicated was, in part, due to co-operation from Frimley Park, Royal Surrey and other local trusts in taking the pressure off both A&E and MAU by accepting some referrals.

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

5.4 Medical Director

Dr Baxter reported that there had been a good response to the internal advert for Clinical Director posts which had been designed to be more management orientated.

He also confirmed that medical colleagues were actively involved in discussions around clinical models and viable service provision.

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

5.5 Director of Human Resources and Organisational Development

Mr Bentley reported that the judicial review of the selection process for junior doctors had been rejected. However there were concerns regarding the number of F2 doctors in the August intake and it was agreed that this should be included on the Risk Register. However the Trust was known as a good place to train and it was hoped that the position would not be too difficult when it became known later in July. He also advised that the Trust had been asked on Tuesday to bid for Specialist Registrar posts by the end of Thursday, a very rushed decision. Responding to a question on the funding of junior doctors, the Trust had been offered £250k from the SIFT fund, out of £26m centrally held monies received by St George's.

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

5.6 Director of Performance, Information and Facilities

Mr Mackenzie confirmed that the SLA had now been signed and he expressed his thanks to Mrs Rebecca Rose for her efforts.

The 18 week target had featured at Management Board in April and will be reported through the scorecard. This target would involve changes in practice and information systems. It was a major challenge and would pressure the whole of the NHS. Referrals from 27 October 2007 would be included in the target and there would be an update on progress at the Public Board meeting in September.

The Trust had been selected as a case study on the Choose and Book system.

The food summit would discuss ways to respond to the results of the patient survey. The PPI were keen that discussion on food should be with nursing staff which, together with points raised by the Patient Panel, had been noted. There was a pilot relaunch of the housekeeping post as part of the facilities team, the results of which will be assessed against a ward not included in the pilot. It was reported that this was viewed as a positive move and had been well received.

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

5.7 Director of Finance

The draft accounts were submitted to KPMG on time. The Business Continuity exercise, run by Mrs Jacky Bush, Head of Non-Clinical Risk, was successful and had highlighted some process and communication issues.

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

5.8 Director of Nursing and Operations

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

6 Performance Report

6.1 Activity

Mr Mackenzie said that it was difficult to make conclusions from the first month of the year. There had been significant underperformance with fewer working days. The suggestion from the representative of the PPI to reflect seasonal influences and provide more intelligent interpretation of the plan would be taken forward. Underachievement on plan leads directly to financial underperformance, the work having to be picked up later. It is hoped that the new clinical management roles will support business centres to ensure appropriate and timely work plans.

There had been significant progress on the 62 day cancer target.

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

6.2 Finance

Mr Mansfield reported that although there was a £218k variance on plan for month 1, there was again a positive run rate. Plans had been agreed with the PCT but these may be exceeded through the year. Prices had been suppressed by 2.5% in each of the last 2 years and there had been a suggestion by the DoH to use 'best price' rather than 'average costs' for the national tariff which could further reduce income.

It was important to ensure all OPD slots were filled as if the number of 'new' appointments were down, the 'new:follow up' ratio would also be affected. Asked if there were plans to provide clinics at varying times, Mr Douglas said that information from patients had indicated that the general wish was to be seen in normal hours. He also said that costs would be increased for evening and Saturday morning clinics. Mr Mackenzie advised that the Paediatric department had just started texting appointment reminders and it seemed to have a positive effect on DNA rates. It was planned to roll

this out in the rest of the Trust soon and also to remind patients of their responsibilities. The role of patient access teams were being discussed.

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

7 Risk Management

7.1 Q4 Clinical Governance Report

Under Safety, although the number of incidents of falls at St Peter's had reduced for Q4, it had increased at Ashford, mostly at Grade 1. Work was being undertaken to look at why there was this difference and there will be displays in June for 'falls' day.

MRSA – the Trust did not meet the target although the number of cases for the year were significantly lower than 2005/6.

Audits on documentation and consent had been completed, the latter showing good practice but with still more work to comply with the Standards for NHSLA.

In the patient focus domain, there had been an increase in the number of complaints over the year, 14% up on the previous year. These were monitored through the Complaints Monitoring Group where it had been noted that although February was high, the remainder of the year was steady. Communication featured frequently in both complaints and PALS contacts. It was suggested that verbal communication should be supported by written information, and that both should be recorded in the medical records.

The report was **noted** by the Board. MM/ MB

7.2 Q4 Health and Safety Report

Following the recent delivery of new beds, replacements would continue on an ongoing basis.

A rise had been noted in inoculation injuries to staff particularly among the junior doctors and this would be highlighted during induction.

A number of reports of aggression towards staff had been reported. It was important that staff realise that these reports can have an effect, with one person receiving a jail sentence for threatening staff with a knife and another being required to provide recompense for breaking a computer.

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

8 Infection Control

Novovirus outbreaks affect most hospitals at least once each year. Following the first case at the end of April, extra areas were opened up and regular meetings held at least once each day to look at emergency admissions and elective work. The deployment of staff was challenging. Although the Trust did not 'shut', support from the ambulance services and neighbouring trusts provided the extra capacity required. The situation improved from 11 May and the Communications team provided regular updates through ASPire. The response from the cleaning staff was a key factor in the speed with which the outbreak was contained. A meeting is planned for June to discuss any learning. Matrons and other staff communicated with patients and their relatives through the outbreak.

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

9 Standards for Better Health

The Standards for Better health were signed off on 1 May. The Trust had submitted that it had met 43 out of 44 required Standards, there being insufficient evidence in one. The Trust had rated itself fair in both the Developmental Standards. Work on action plans would continue throughout the year with meetings chaired by the Executive leads. There will be a full annual healthcheck in the autumn.

10 Patient Survey

Mr Douglas said that he was pleased that there had been some improvement in the results of the Patient Survey 2006; however the Trust needed to concentrate on three or four areas. Although the report was published earlier this year, the survey had been carried out in Autumn 2006 with patients admitted in June and July 2006. With the 2007 survey using the same time framework, this left little time to progress the themed action plan. A patient satisfaction sheet was currently being trialled in Outpatients, and when evaluated would be used Trust-wide. This would allow more timely action in areas that were causing concern among patients. It was suggested that it would be useful to find out what are the most important preferences that provide a positive perception and concentrate on those areas.

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

11 Mixed Sex Bays

Progress continues with status reports twice daily and regular meetings. It was agreed that a further report may be required in July. Should the Trust need to consider single sex wards against the current specialty based configuration, an increase in bed stock of 10-20% would be required.

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

12 Staff Survey

Mr Bentley advised that the Staff survey had been carried out at a time of great uncertainty, with turnaround, reorganisation, the possibilities of redundancies, and concerns over 'Fit for the Future'. There should be an improvement in the next survey as the Trust becomes a less uncertain organisation.

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

13 HR Workforce Strategy

Any comments should be forward to Mr Bentley,

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

14 Items to note/approve:

14.1 Register of Interests, Gifts and Hospitality

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

14.2 Consultant Urologist

The replacement Consultant Urologist post was **approved** by the Board.

14.3 Consultant Dermatologist

The replacement Consultant Dermatologist post was **approved** by the Board.

14.4 Sustainable Development and Health

The Board **agreed** to commit to sustainable development in the future.

14.5 Business Case – Mortuary

The Board **noted** the update on the business case for the Mortuary and **noted** that an urgency panel may be required before the next Board meeting.

14.6 Minutes – Integrated Governance Advisory Committee (16 May)

The minutes of the Integrated Governance Advisory Committee meeting held on 16 May 2007 were **noted** by the Board.

14.7 Chairman's Action – CHILD Fund

The Chairman's action was **approved** by the Board.

14.8 Minutes – Finance Committee (19 March and 21 May)

The minutes of the Finance Committee meetings held on 19 March 2007 and 21 May 2007 were **noted** by the Board.

14.9 Minutes – Audit Committee (16 April)

The minutes of the Audit Committee meeting held on 16 April 2007 were **noted** by the Board.

14.10 Draft Accounts 2006/7

The Trust had delivered all four key targets and the accounts were scheduled to be signed off next week.

The draft accounts for 2006/7 were **noted** by the Board and **approval** was given to delegate authority to the Finance Committee to approve the audited accounts.

11 Any other business

There was no other business.

Date of next public meeting:
Thursday 26 July 2007
2 pm
Education Centre, Ashford Hospital