

TRUST ANNUAL GENERAL MEETING 2011

29th September 2011

Lecture Theatre, Education Centre, Ashford

PRESENT:	Aileen McLeish Andrew Liles John Headley Mike Baxter Philip Beesley Peter Taylor Sue Ells Clive Goodwin Valerie Bartlett Raj Bhamber Suzanne Rankin	Chairman (Chair) Chief Executive Director of Finance & Information Medical Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Deputy Chief Executive Director of Workforce and OD Chief Nurse
SECRETARY:	Jane Gear	Head of Corporate Affairs
APOLOGIES:	Terry Price	Non-Executive Director
GUEST SPEAKERS	Dr Liz Lawn, Dr Gulam Patel	local GP and Chair of Northwest Surrey Clinical Commissioning Group Divisional Director Ambulatory Care

ITEM

ACTION

1/11 **OPENING REMARKS**

The Chairman opened the Annual General Meeting by introducing members of the Trust Board, and also the members of the Council of Governors who were present.

Over the last year the Trust had been successfully authorised as a Foundation Trust which was a clear demonstration from the external regulator, Monitor, that they had confidence in the Trust's high standards of care and safety. The Trust had been the first to pass through Monitor's new and tougher standards on quality.

The Council of Governors had an important role in the governance arrangements of the Trust and had carried out a number of statutory duties during the course of the year including appointing two new Non-Executive Directors. The Board was committed to working with the Council to ensure the Trust continued to deliver high quality services to local residents.

CHIEF EXECUTIVE'S REVIEW

The year had been extremely successful. Highlights had included being authorised as a Foundation Trust, and having been evaluated as one of the top performing Trusts in the country in the National Hip Fracture Database for hip fracture treatment and care. Ashford and St Peter's were listed first nationally for the lowest mortality rates within 30 days on the database. The Trust had also celebrated one full year as MRSA free, and had been recognised by CHKS as a forty top hospital winner in 2011.

The year had also been extremely busy with the hospitals treating 26,000 emergency admissions, 34,000 planned admissions, 90,000 visits to A&E and 382,000 outpatient appointments. Delivering this care the Trust had a turnover of £225 million and had generated a surplus of £3.3 million which could be reinvested within the Hospitals.

The Chief Executive continued his review of the year by focusing on the Trust's four key strategic objectives:

Patient Safety and Quality

Achieving the highest standards of patient care was a top priority for the Trust Board. The Trust had improved a number of clinical outcomes, for example mortality rates remained low, the Trust had achieved a 50% reduction in the number of falls causing harm to our patients and there had been considerable focus on improving patient experience, which we were now seeing through improved patient survey results (moving from bottom 20% to middle 60% nationally).

Clinical Strategy

Work in this area included reducing unnecessary emergency admissions, a particular success being the reduced level of admissions from nursing homes. In order to achieve this, the Trust was working closely with others around the local health economy.

The clinical strategy was an area where the Trust was working with the emerging Clinical Commissioning Group and had jointly developed a new Model of Care for North West Surrey.

The Trust was continuing to develop its specialist services including emergency cardiology and vascular services and had invested in a lithotripter and had recently introduced a new bariatrics service.

Developing a high performance workforce

This had been a year of embedding the Trust's values and behaviours, and also a major focus on leadership development. It had been particularly pleasing for the Trust Board to see the significantly improved staff survey results where the Trust was now in the top 20% of Trusts on 18 of 38 national indicators.

Improving productivity and efficiency

The Trust had been very successful in terms of meeting financial targets and had achieved £9 million cost savings, mainly through changes of practice and the elimination of waste. The involvement of staff in making this level of efficiency was extremely important.

The Trust was making significant investment in the hospitals' environment, including car parking improvements, refurbishment of a number of wards and investment in the refurbishment of Ashford Outpatients which would start in 2012.

In closing, the Chief Executive highlighted the tremendous contribution of the Trust's volunteers, two Leagues of Friends, the WRVS, Hospital Radio Wey and all others who fund raised on behalf of the hospitals.

3/11 ANNUAL REPORT AND ACCOUNTS

The Director of Finance and Information presented the Annual Report and Accounts 2010/2011.

The Trust had achieved Foundation Trust status with effect from December 2010. Therefore, the Trust had to produce two Annual Reports and two sets of Accounts.

The net surplus across the full year 2010/11 was £3.3 million. Income for the year had been flat and the Finance Director explained the reasons underpinning this. These included no increase in the national tariff, a reduction in the market forces factor and the introduction of a non elective cap.

The Trust had achieved £9 million of cost savings (4% of our budget) and had ended the year with a strong financial risk rating of 4 from the external regulator, Monitor.

The activity mix had changed from 2009/10 to 2010/11 with a decrease in the number of elective inpatients cared for, and an increase in the number of emergency admissions and births.

The Director of Finance and Information also gave a brief update on the financial position in the current year (2010/11).

4/11 NURSING CARE

Suzanne Rankin, Chief Nurse, appointed in December 2010, gave a presentation on the Trust's Vision for nursing which is to give the best nursing care in the country.

The presentation acknowledged that the Trust gave great care on many occasions but that it was not yet 100% consistent but that great care for all, each and every time was the aspiration. She then set out the plan as to how the Trust aimed to succeed in delivering the best possible nursing care. This included investment in nursing, both in numbers, and empowering and developing staff. Clear accountability which celebrated the good and ensured learning from the poor was also important. The approach focussed on training and development with a zero tolerance to poor or neglectful care.

Overall the aim was to consistently deliver the very best experience for every patient every day.

The Chief Nurse highlighted some of the improvements already made, for example all patients were cared for within single sex accommodation, and benefitted from dedicated protected meal times and care rounding.

It was through investment in nursing that the Trust would achieve its overall vision of being one of the best healthcare Trusts in the country.

5/11 NORTHWEST SURREY CLINICAL COMMISSIONING GROUP

Dr Liz Lawn, local GP and Chair of Northwest Surrey Clinical Commissioning Group, was welcomed to the Annual General Meeting and gave a presentation setting out the focus of the Clinical Commissioning Group, detailing the establishment of the Local Health Economy's Transformation Board, and the evolution of the Future Model Care which was now incorporated into NHS Surrey's Commissioning Plan.

6/11 AMBULATORY CARE PATHWAY

Dr Gulam Patel, Divisional Director of Ambulatory Care, reflected on an evolution which had taken place in respect of where medical care took place, with the 21st century ambition to improve and expand health and social care services within the community (Care Closer to Home). Overall this approach sought to promote health, ensure better access to general practice and other community services, provide support for people with long term conditions and transfer services from acute hospitals to community settings.

Dr Patel referred to important developments in the last decade, in particular the introduction of NICE (the National Institute for Health and Clinical Excellence) and the National Service Frameworks. In addition, the NHS Institute had published a Directory of Ambulatory Emergency Care Pathways (AECP) which identified 49 emergency conditions and clinical scenarios which had the potential to be managed on an ambulatory basis. Ambulatory care would be clinically safe, provide a good patient experience, make the best use of scarce resources and therefore provide better value for money for tax payers.

Overall, the NHS Institute had estimated that as many as 1 in 6 patients who were currently admitted as emergencies could avoid admission if they were managed on ambulatory care pathways. The Trust was starting to implement the ambulatory emergency care pathways which were nationally designated but locally designed. The Trust was doing this with colleagues across the whole of Surrey. The first 6 had been completed and 17 of the 49 would be delivered by 31st March 2012.

7/11 QUESTIONS FROM THE PUBLIC

The Chairman invited questions and observations from the audience and the Board members were able to clarify matters relating to :

- Staff costs equated to around 62% of turnover
- Telecare was well established in Elmbridge and Liz Lawn confirmed this was the priority for the CCG in the forthcoming year
- The Board was currently assessing whether the potential acquisition of Epsom Hospital was both right for Ashford and St Peter's and if it would also ensure a good solution for Epsom.

The current stages of the transaction were outlined, highlighting that the Trust would respond to the Invitation To Tender by the 11th of November 2011 and that the Transaction Board would make a decision on the preferred bidder in January 2012. In considering its submission the Trust was proposing to make strong clinical partnerships, for example The Royal Marsden Hospital, and would aim to treat more patients at Epsom Hospital than currently was the case.

- A member of the audience highlighted an excellent admission on Cedar Ward but expressed concerned about the long wait for an ambulance to take him and other patients awaiting discharge home. There had been little communication from ambulance control. A Board member would discuss this outside of the meeting

ITEM

ACTION

- It was confirmed that the status of patient representatives on the Clinical Commissioning Group would be representative. Current patient representatives would be used for the time being but in due course a more formal process would be agreed by the CCG.
- The Trust recognised the importance of the voluntary sector in the continuum of care. The Trust was welcome to work across agencies and was considering how it could facilitate funding.
- A patient highlighted the inspirational care he received for treatment of bowel cancer at the trust. However he felt that the new approach to car parking charges did not support the work of volunteers.

It had been a major objective for the Trust to reduce and eliminate, if possible, queues for car parking by the public and visitors. This had been successfully achieved. A review of the operation of the car parking scheme would take place in early October but it was highlighted that changes had already been made which had resulted in improvements for voluntary car drivers and carers

- The Chief Executive explained that the Board was seeking to improve the quality and nutrition of its food choices for patients through the re-tendering of its major catering contract. The Trust has received external advice that the commercial market was now increasingly competitive and it was therefore necessary to offer commercial providers the potential for the best development and business opportunities and hence include all of its catering retail services in the tendering process.

This has been a difficult decision for the Board to take and there was sincere disappointment concerning the impact this had had on Leagues of Friends. However the Leagues of Friends were not being excluded from the hospitals and the Trust was continuing to discuss with them how they could continue to undertake fund raising activities for the Trust. In addition the Trust made a commitment to charitable funds to maintain any ongoing benefits currently provided through the League of Friends.

The Chairman of the League of Friends at Ashford Hospital thanked the Board for the time spent on resolving the catering issues

ITEM**ACTION**

- A patient highlighted that they had not been dealt with within the RTT framework and had waited sixteen months for treatment. This would be taken up outside of the meeting.
- It was confirmed that the Trust was including patients in the co-design of ambulatory care pathways. This was being included through the audit process which fed back into the design, and through the introduction of Experience Based Design principles.

8/11**CLOSING REMARKS**

The Chairman closed the meeting, thanking staff, patients and visitors for their continued support of the hospitals.