

Minutes of the Public Meeting of the Trust Board held on 29th January 2004.

Present: Non-Executive Directors
Juggy Pandit (Chair) Marilyn Frampton Andrew Havery
Jenny Hill Charles Wilson Prof. Ara Darzi

Executive Directors
Heather Lawrence, Chief Executive
Mike Anderson, Medical Director
Lorraine Bewes, Director of Finance and Information
Edward Donald, Director of Operations
Krystyna Ruskiewicz, Director of Human Resources

In Attendance: Sue Perrin, Head of Corporate Affairs
Anna Croft, Associate Director of Service Development (item 3.1 only)
Caroline Rhys Williams, Chair Charitable Funds Committee (items 4.1 and 4.2 only)
Pippa Roberts, Chief Pharmacist and Clinical Governance Development Lead

Note: Item 4 was taken before item 3.

Action

1. GENERAL MATTERS
- 1.1 WELCOME
The Chair welcomed the members of the public.
- 1.2 APOLOGIES FOR ABSENCE
Apologies were received from Andrew MacCallum and Alex Geddes.
- 1.3 MINUTES OF THE MEETING HELD ON 18th DECEMBER 2003
The Minutes were agreed as a correct record and signed.
- 1.4 MATTERS ARISING FROM PREVIOUS MEETING
- 1.4.1 NHS FOUNDATION TRUST STATUS
The information from James Johnstone, Application Team Manager, NHS Foundation Trusts, had been received and circulated.
- 1.5 CHIEF EXECUTIVE'S REPORT
- 1.5.1 SENIOR STAFF
Heather Lawrence reported the appointment of Anna Croft, Associate Director of Service Development and Foundation Trust Lead, Alex Geddes, Acting Director of ICT and Sue Cameron, General Manager, Women and Children's Directorate.
Recruitment to the posts of Director of Human Resources and Director of ICT would be through the Executive Search and Selection Agency, ATM. The post of General Manager, Medicine would be advertised and would encompass Medicine, Accident & Emergency and Outpatients, until such time as a review indicated otherwise.
The Clinical Directors had not been included on the organogram. They were not responsible to the Director of Operations, and an extended version was being developed to show their role and accountability.

- 1.5.2 EVENING STANDARD AND KING'S FUND NHS CHAMPION
The Trust Board congratulated midwife Elizabeth McGimpsey, on winning the Nurse category and Consultant in Palliative Care, Dr Sarah Cox, on being the runner –up in the Doctor category.
- 1.5.3 FINANCE
The Trust Board noted that, in order to reduce expenditure, all non-essential expenditure had been frozen until the end of the financial year. This included beverages and sandwiches at meetings.
- 1.5.4 HOPPA BUS
Heather Lawrence said that the Hoppa bus had ceased operation, as planned, on 2nd January. One hundred and nine people had raised the issue with PALS, and there had been one formal complaint.
- 1.5.5 CHEYNE DAY CENTRE
Heather Lawrence reported the delay in the consultation process. The PCT had said that the consultation document would be available for the February meeting of the Trust Board.
- 1.5.6 PADDINGTON BASIN
Heather Lawrence said that both she and the Chief Executive of the Hammersmith Hospitals NHS Trust had been invited to join the Paddington Health Campus Steering Group. A review of the Outline Business Case was taking place. Professor Dazi said that a decision was required as soon as possible because of the considerable impact of the uncertainty on services and clinical practice within the sector.
- 1.5.7 FACILITIES MANAGEMENT REPROCUREMENT
Heather Lawrence said that tenders had been received from five companies; one for both hard and soft services, two for hard services only and two for soft services only. The evaluation process would commence the following week.
- 2 PERFORMANCE
- 2.1 FINANCE REPORT
Lorraine Bewes presented the report, which showed that the overall financial position had improved by £0.210 million in December bringing the cumulative position to £4.302 million deficit. The in month figure showed improved income, reflecting the position on the SaFF income due to improved variable high cost drugs billing, a better offer from out of sector PCTs and increased neo natal intensive care activity. Recovery Plan income had improved reflecting Gynaecology London Patient Choice activity. Underwriting for the Cheyne Centre and funding for PALS had been factored in, but these costs were not supported by the PCT. Private Patient income had further deteriorated in month.
Expenditure had improved, with pay remaining largely in balance. Non-pay pressures had abated, although there were significant activity pressures in NICU.
The Trust forecast remained at £3.5 million deficit. There was a high risk that the Trust would not achieve break even. The forecast was dependent on high risk initiatives in the recovery plan, which continued to be worked through with the host PCT, Strategic Health Authority and London Patients Choice.
Lorraine Bewes outlined key measures to reduce the deficit:
- 🚩 Discussions with Kensington & Chelsea and Westminster PCTs were ongoing and there had been an indication that there might be some in year flexibility to meet the income pressures identified at the beginning of the year;
 - 🚩 The scope for a contribution from the balance sheet was being reviewed;

- ✚ Invoices for 'outlier days' would be raised periodically, rather than at discharge; and
- ✚ A bid had been submitted to the NICU consortium for an increased marginal price on the basis that the tariff had not adequately compensated the Trust for the increased case complexity.

The Trust Board noted the financial position at the end of December 2003.

2.2 PERFORMANCE MANAGEMENT

Edward Donald presented the report and said that whilst Patient Choice activity was being worked through at a good rate, the Trust was ensuring that targets for elective admissions were being met. The key areas for performance improvement to retain a '3 star' rating remained:

- ✚ 4 hour waiting time in A&E - performance had been above 90% consistently in January 2004, but the cumulative performance since the start of the monitoring period (July 2003) was 88.3%. Delivery of the 90% average for the monitoring period would require 94.4% of patients to be seen, assessed, admitted or discharged within 4 hours each week to the year end. This remained high risk, although implementation of an Action Plan agreed through the Emergency Care Collaboration had improved performance.
- ✚ 67% of elective and outpatients to be booked during March 2004 – performance remained at 26.6%. A Working Group had been established to deliver this target by the end of March and the summary action plan had been attached for information. Delivery of the combined target remained high risk.

The Trust continued to perform well in respect of the balanced scorecard areas. However, there had been a drop in the turn-around of complaints to below 80% for the first time.

Marilyn Frampton commented on the extended role of CHAI and the loss of the role of convenor and asked if this was expected to impact on the number of complaints. Heather Lawrence said that the Trust had a very good record for handling complaints and the dip in performance had been attributed to the Women and Children's Directorate. The Director of Nursing had initiated a series of measures to improve the response time in this directorate, including training by the Patient Advisers.

Charles Wilson commented on the daycase booking for Paediatrics, which had brought down the Trust's overall performance. Edward Donald said that the Theatre Modernisation Manager was leading this work across the Trust with an agreed Action Plan to improve performance.

The Trust Board noted the report.

2.3 ASSISTED CONCEPTION UNIT

Edward Donald presented the paper, and asked that the second sentence in the paragraph entitled 'Billing' be deleted. The Unit had made a loss of £67,000 year to date, but actions had been identified to achieve the financial plan.

Heather Lawrence said that the unit needed a robust plan, which was aligned with the strategy for the Women and Children's Directorate.

Marilyn Frampton said that there was considerable risk associated with the political nature of such units.

Andrew Havery asked if the over billing was still happening; was it happening in other departments, and should the £100,000 credit notes be treated as a prior year adjustments. Lorraine Bewes said that she would report back on these specific questions. She referred to weaknesses in respect of private patients and said that the

invoicing was being transferred to the main finance department.

The Trust Board noted the report and asked that an updated paper in which the unit was recognised at part of a service strategy be presented at the June meeting

2.4 WORKFORCE REPORT

Krystyna Ruszkiewicz presented the report, which showed a rise in the overall vacancy rate during the quarter. An additional graph had been included to show qualified nursing and midwifery vacancies separately in order to illustrate the effect of a higher than average vacancy upon the overall figures. Registered midwifery figures were running at approximately 30%. With regard to the nurse vacancies, a concerted effort would be made across all directorates to achieve the 10% year end target.

The Trust Board noted the report.

3. STRATEGY/DEVELOPMENT

3.1 NHS FOUNDATION TRUST STATUS

This item had been discussed in a seminar prior to the meeting. Jenny Hill said that the discussion had raised some interesting points about the contribution, which could be expected from the Board of Governors and the incentives for people to become members, together with criteria for membership. The word 'Council' was thought to be a better description of the role of the members, as opposed to 'Board of Governors', which could be confused with the Board of Directors.

Anna Croft said that the deadline for the start of the consultation process was 23rd February and there would be a ten week consultation period. There would be a full consultation document, together with summary documents for staff and patients. Edward Donald stressed the importance of the Trust having an internet site.

Marilyn Frampton highlighted the administration issues and the workload of existing staff. Lorraine Bewes said that there had been a special allocation of £100,000 and there was a possibility of this being increased.

Marilyn Frampton said that the Board of Directors would have to be Higgs compliant. She asked if there was any development with the Patients' Forum and the appointment of a representative to sit on the Board. It was noted that Andrew MacCallum was the Lead Executive and it was agreed that he should be asked to update the Board at the next meeting.

AMcC

Lorraine Bewes noted that the members of the Charitable Funds Committee would again become trustees.

The process for agreeing the consultation document on governance arrangements was discussed.

The Trust Board agreed that Chairman's action should be taken to approve the consultation document.

3.2 TREATMENT CENTRE

Edward Donald said that the Final Business Case (FBC) would be discussed with the PCT prior to the February meeting and presented for formal approval at the meeting. The FBC would be submitted to the Strategic Health Authority in March and the Treatment Centre scheduled for completion in January 2005.

ED

Professor Darzi left the meeting.

3.3 LONDON PATIENT CHOICE

Edward Donald said that good progress had been made in delivering the London

Patient Choice activity. The target was to treat 1100 patients - 737 had been treated. The remaining patients would be booked with dates to ensure treatment before 31 March 2004.

The contribution to the Recovery Plan had been estimated at £1 million. An agreement had been reached with London Patient Choice to fund Gynaecology patients on Chelsea and Westminster waiting lists for a maximum six month wait.

The Recovery Plan contribution would be re-appraised monthly, comparing planned activity and casemix to actual.

London Patient Choice activity had also contributed to delivery of six month maximum wait targets. PCTs had been unable to fund six month waiters in 2004/05, which meant that delivery of this target remained high risk.

3.4 OUTPATIENTS ELECTRONIC BOOKING

The presentation by the North West London SHA Team had been deferred.

4. GOVERNANCE

4.1 CHARITABLE FUNDS COMMITTEE

The Chairman introduced Caroline Rhys Williams, who said that the Terms of Reference and Reservation of Powers by the Board and Scheme of Delegation had been circulated for comment to the independent members of the Charitable Funds Committee. She asked for two amendments:

✚ ‘Corporate Membership’ - the nomination of independent members should not be subject to approval by the whole Committee; and

✚ ‘9.2 Operational Decisions’ - the sentence should end after ‘litigation’.

The Trust Board approved the Terms of Reference and the Reservation of Powers by the Board and Scheme of Delegation, subject to the above amendments.

4.2 PARKWOOD CONVALESCENT HOME SAMARITAN FUND

The Trust Board considered the special draft scheme produced by the Charity Commission to allow income funds from the Parkwood Fund to be used for patients at the Chelsea and Westminster Hospital, which had been approved by the Charitable Funds Committee.

The Trust Board endorsed the recommendation of the Charitable Funds Committee.

4.3 RISK REGISTER

The Trust Board congratulated the Risk Team on the achievement of CNST Level 1. Pippa Roberts presented the paper and said that the embedding of Risk Management at all levels of the organisation was a key part of the Governance Agenda. The Risk Pooling Scheme for Trusts (RPST) assessment would measure the monitoring of the system by management and the Board, in order to learn and make improvements to the systems in place. The Risk Register would form the framework to assure the Risk Management Committee that risks were being managed appropriately in the directorates.

The Risk Register incorporated risks identified from the Assurance Framework, the Controls Assurance Standards, the comprehensive Risk Reviews and Trust incident data. The Board would receive quarterly updates of risks scoring ‘20+’. The register would show the controls in place to reduce the risks, and the risks would be re-scored six monthly to demonstrate the effect of the controls.

Pippa Roberts highlighted the risks, which had scored ‘20+’:

✚ Risk of infection due to unawareness of contamination risks across the Trust – a

lead person for decontamination had been appointed. A thorough review of the risk had been undertaken to ensure that the Trust was aware of the risks and a number of issues had been addressed to mitigate risks.

- ✚ Financial Risks around income assumptions – Lorraine Bewes said that she would expect to see such risks in the register, and the Finance Department was taking steps to ensure that financial flows were transparent and the appropriate level of income recovered.
- ✚ Risk of anaphylaxis if medication administered to an allergic patient - incident report and a Trust wide audit had indicated that was a problem because of incomplete allergy status on the front of drug charts. It had been proposed that, after a period of staff education, pharmacists would not dispense and nurses would not administer without the allergy box being completed.
- ✚ Risk of contamination of patients, healthcare staff and instruments owing to deficiencies in the handling of reusable medical devices - this had been minimised by building work to separate clean and dirty areas of TSSU.
- ✚ Loss of revenue from prescription charge collection - the Trust did not comply with the legal requirement to collect prescription charges for day case patients in day surgery, out of hours Accident & Emergency patients, cancer patients and mental health patients. Pippa Roberts advised that all other trusts were in the same position. The risk had a high score because the Trust did not comply with a legal requirement, but it could be decided that compliance was impractical and the risk should be re-scored. Pippa Roberts highlighted the loss of income for the Treatment Centre, and agreed to estimate the loss day surgery and Accident & Emergency.

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Heather Lawrence left.

Andrew Havery said that the 'Risk Description' column had been used for both the risk and the consequences. Pippa Roberts said that the register had been completed with data from across the Trust and an exercise was underway to ensure that staff understood the language and terminology. The register was an evolving document and would be developed on the light of comments received. Mike Anderson said that the register would be extended to identify risks associated with equipment in need of replacement.

The Trust Board noted the report and the progress made in the development of a register.

5. ITEMS FOR APPROVAL/INFORMATION

5.1 AGENDA FOR CHANGE/CONSULTANT CONTRACT

Krystyna Ruskiewicz informed the Board of the appointment of an Agenda for Change Project Manager and progress made with 'job families'.

The first job plans for the Consultant Contract had almost been finalised. All consultants would receive a letter outlining the process, which the Trust was aiming to complete by March. The Trust Board would be updated on the financial implications. Jenny Hill asked about the additional workload for the Human Resources. Krystyna Ruskiewicz said that it was considerable and it was estimated that the above changes together with the European Working Time Directive had resulted in a 50% increase in workload for the department.

The Trust Board noted the progress made and the ongoing work.

5.2 IMPROVING WORKING LIVES

Krystyna Ruskiewicz said that the deadline for achieving 'Practice Plus' status had

been deferred to March 2006. However, given the success at 'Practice' level, it was proposed that the Trust registered for assessment in June 2004. A self assessment and action plan would have to be submitted by mid-March.

Success would provide a sound basis upon which to progress the implementation of Agenda for Change as well as allowing better management of the Human Resources workload, which would require particular attention from June onwards.

The Trust Board ratified the action plan and the proposed assessment timetable.

5.3 DIRECTOR OF INFECTION CONTROL

Mike Anderson explained the requirement to appoint a Director of Infection Control and the role of the Director.

The Trust Board endorsed the recommendation of the Chief Executive that Dr Berge Azadian, Consultant Microbiologist, be appointed to this post.

5.4 CONSULTANT APPOINTMENTS

The Trust Board ratified the appointments of:

Dr D. Lai, Consultant Physician with an interest in Respiriology
Dr Inaki Bovill, Consultant Physician in Medicine for the Elderly
Mr N, Davies, Consultant Ophthalmologist

6. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

6.1 There were no questions.

7. ITEMS FOR INFORMATION

There were no items under this heading.

8. MINUTES OF SUB COMMITTEES

The Trust Board received minutes:

8.1 Charitable Funds Committee, 11th December 2003

It was noted that the date of the Open Day was to be confirmed.

9. ANY OTHER BUSINESS

9.1 There was no other business.

10 DATE OF THE NEXT MEETING

10.1 26th February 2004

11 CONFIDENTIAL BUSINESS

The Chairman proposed and the Trust Board resolved that the public be now excluded from the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be concluded in the second part of the agenda. The items to be discussed related to commercial matters and named individuals.

