Chelsea and Westminster Healthcare NHS
NHS Trust

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

Present: Non-Executive Directors

Juggy Pandit (Chair)	Professor Ara Darzi	Marilyn Frampton
Andrew Havery	Jenny Hill	Charles Wilson

Executive Directors
Mike Anderson, Medical Director
Lorraine Bewes, Director of Finance and Information
Edward Donald, Director of Operations
Andrew MacCallum, Director of Nursing
Alex Geddes, Director of ICT

In Attendance: Sue Perrin, Head of Corporate Affairs
Karen Boakes, HR Project Manager (item 2.6 only)

Action

1. GENERAL MATTERS

1.1 WELCOME AND REMARKS BY THE CHAIRMAN

The Chairman welcomed the members of staff and the public.
The Chairman said that the award of one star was disappointing, but should not be seen as failure. The Trust had achieved eight out of nine of the key performance targets, and had significantly underachieved on Finance. The problem had been identified and work was underway to resolve this. The loss of stars should be regarded as a temporary setback. The Trust was not a failing hospital. It provided an excellent service as shown by the achievement of the eight performance indicators. On behalf of the non-executive directors, he recognised the tremendous efforts and the achievements of the executives directors. The one star status should be seen as something from which the Trust would rise.

1.2 APOLOGIES FOR ABSENCE

Apologies were received from Clare McGurk, Director of Human Resources

1.3 MINUTES OF THE MEETING HELD ON 14th JUNE 2004

The minutes of 14th June were agreed as a correct record and signed.

MINUTES OF THE MEETING HELD ON 24th JUNE 2004

The Minutes of the 24th June were agreed as a correct record and signed, subject to the amendment of:
2.3 Performance Management, paragraph 3 should read ‘January 2005’, not ‘March 2005’.

1.4 MATTERS ARISING FROM PREVIOUS MEETING

The Trust Board was updated on the following:

1.4.1 NATIONAL STAFF SURVEYS, 2003

Andrew Havery said that he had experienced some problems in obtaining the examples AH

Action

of good practice relating to customer care, but would persevere.

1.4.2 ASSISTED CONCEPTION UNIT (ACU)

Edward Donald said that, as expected, performance was £88,000 behind target because of the embryologist's leave. A second embryologist had been successfully appointed. For future months, information on the number of cycles and finance would be captured on a proforma and presented to the Trust Board. ED

All other items were covered by the agenda or had been scheduled for future meetings.

1.5 CHIEF EXECUTIVE'S REPORT

1.5.1 THE NHS IMPROVEMENT PLAN : PUTTING PEOPLE AT THE HEART OF PUBLIC SERVICES

Heather Lawrence noted the publication of the above document, which set out the priorities for the NHS until 2008. It supported continuing commitment to a 10-year process of reform first set out in the NHS Plan, in July 2000.

1.5.2 HEALTH CARE COMMISSION PERFORMANCE RATINGS

Heather Lawrence said that the Trust had met and exceeded eight out of nine of the key performance targets, but had significantly underachieved on finance, which had led automatically to one star. However the Trust would have lost a star due to the secondary targets, which showed a need to improve information governance and communication with staff and patients. Staff felt more bullied and harassed comparatively. The Trust would work with staff and patients to resolve.

The Trust had also scored badly on child protection, an area in which it had been commended for good practices. The assessment had been based on a series of 'yes/no' answers and comments had not been taken into account. There would need to be more care in the future completion of such forms.

Due to the resulting star rating the NHS Foundation Trust Application had been deferred until the next cohort.

Heather Lawrence noted that the Trust had achieved Improving Working Lives Practice Status, and said that it had been decided to proceed with Practice Plus Status in the Autumn. Communications would be one of seven pillars within this assessment.

Jenny Hill explained the proposed communications exercise to be carried out, with the Board members acting as facilitators within directorates. Sessions of approximately one and a half hours would be held to explore issues, ideas for improvement, specific values underpinning the Trust brand, and re-enforcement and dissemination.

Heather Lawrence said that the next staff survey would be in October and the importance of this would be cascaded through Team Briefing.

Some three thousand members of staff and the public had become members of the Trust. Communication initiatives would be a key theme for the AGM. Work with the membership would continue and the Strategy would be taken forward by the Communications Group. A letter was being drafted by Andrew MacCallum explaining why the application had been deferred. Communications Sub-Group

It was agreed that a self training session for Board Members should be held on Thursday 26th August at 2pm.

1.5.3 CHEYNE DAY CENTRE

Following the formal consultation on the future of the Cheyne Day Centre, the Kensington and Chelsea PCT Trust Board had agreed that a final decision on the future of the Centre should be deferred until November. A multi-agency group, set up to explore the key issues, including funding, would hold its first meeting the following week. The PCT had said that it was unable to provide any additional funding and the Borough was not prepared to fund the Centre. Demand was from parents, not statutory

Action

agencies.
Heather Lawrence said that there were currently two children in the Centre. The key issue for the Trust remained the shortfall in funds and how the unfunded elements would be handled, whilst the decision process was ongoing.

1.5.4 SENIOR STAFF
Heather Lawrence reported the following appointments:
Nicola Hunt, currently Head of Performance and Information, had been appointed as General Manager, Medicine. The Trust Board thanked Andrea Carter, who had been Acting General Manager and would be leaving the Trust in August.
The post of Assistant General Manager would be filled by Corinne Sullivan, who was currently Assistant General Manager, HIV/GUM.
Kate Hall would be returning to the Trust to take on the project management of the Treatment Centre.
Helen Elkington had been appointed as General Manager, Facilities, She was currently the Associate Director of Facilities at St. Mary's NHS Trust.

1.5.5 ANNUAL GENERAL MEETING
The Trust Board agreed that the AGM should be held on 30th September 2004, following the Board meeting and members of the Patient and Public Forum should be invited. The PR and Communications Manager would be asked to advise Heather Lawrence on the best open area within the Trust in which to hold the meeting. HL

1.5.6 MEETING WITH KENSINGTON AND CHELSEA PCT
This meeting has now been scheduled for 11th October, from 10.00a.m. to 2.00p.m.

1.5.7 AWAYDAY
The Trust Board agreed the Awayday should be held on the 11th October, following the meeting with the PCT.

1.5.8 TREATMENT CENTRE
Heather Lawrence reported that work had commenced on the Treatment Centre and there was a mobile theatre at the rear of the hospital for hand management. The Trust Board thanked all staff who were working so well in this more challenging environment.

1.5.9 CHARITABLE FUNDS COMMITTEE
Heather Lawrence raised the issue of the staff representatives on the Committee, as one of the representatives, who was no longer an employee of the Trust, would come to the end of her third term on 30th September. The Trust Board supported the view of the Chairman that the staff representative should be an active staff member. Heather Lawrence would discuss with the Chair of the committee. HL

1.5.10 REFORM OF INDEPENDENT COMPLAINTS PROCEDURE AMcC/
Andrew MacCallum confirmed that an update would be received by the Trust Board in September on any amendments to Trust policies. Sept. TB

The Trust Board noted the report.

2. PERFORMANCE

2.1 FINANCE REPORT
Lorraine Bewes presented the report, which showed that the overall financial position of the Trust at Month 3 had been an overspend of £1.717 million. The key issues

Action

related to both pay and non pay overspends. The pay position was predominantly driven by agency spend on nursing and midwifery in Medicine and Maternity. In Medicine, there had been an increase in the number of special nurses as well as an increase in emergency activity, resulting in the opening of unfunded beds. In Maternity, there had been an increase in deliveries. The non pay spend primarily reflected the non recurrent pressure on the facilities contract. The current estimated forecast was for a deficit of £2.9 million, before the full impact of the Directorate savings plans had been fully taken into account. There was an income gap of £2.6 million.

There were a number of key risks within the position:

- It had been assumed that the Trust would not be required to make an additional savings plan to address the £5.2 million deficit pay back;
- The impact of the Hammersmith and Fulham PCT capping elective activity to 500 below outturn had not been factored into the position. The PCT had estimated that this would lead to £0.5 million/£1 million reduction in the Service Level Agreement; and
- SaFF baseline activity.

The Trust would take Hammersmith and Fulham to arbitration.

Heather Lawrence said that the IDX system would become redundant and she had asked Alex Geddes to scope the feasibility of downgrading the IDX contract to maintenance and not proceeding with further developments of this system. Outpatients prescribing would be implemented and the Trust would prepare to take on PACs. Any time freed as a result, would be used for education and training, to ensure that existing technology was fully utilised. The proposal would be discussed with the Clinical Directors.

Heather Lawrence said that ways of increasing private patient income were being considered.

Heather Lawrence said that Hammersmith and Fulham PCT had instructed that non-urgent admissions should not be admitted after the end of August. The Trust should therefore not accept bookings, until instructed otherwise, because of the impact on performance targets.

Marilyn Frampton asked about the role of the SHA in what appeared to be unilateral decisions by PCTs. Edward Donald replied that the SHA had nominated the Director of Nursing to take forward the issues. The Chairman confirmed that the issues were also discussed at the Chairs' meeting.

Heather Lawrence said that Dr Gareth Goodier, currently Chief Executive of the Royal Brompton and Harefield NHS Trust had been appointed as Chief Executive of the Strategic Health Authority.

Mike Anderson said that the Trust was capping expenditure for NICE approved drugs, which had led to a waiting list.

The Trust Board noted the financial position at Month 3 and the key risks.

2.2 SAVINGS PLAN

Lorraine Bewes presented an update on progress with realising the Savings Plan for 2004/05. To date the Trust had identified schemes totalling £5.2m which left £2.6m to find as at month 4. Approximately £1.9m of the unrealised savings was assessed as high risk. The Trust Executive would continue to work with Directorates to identify the remaining balance.

Professor Darzi noted that funding opportunities were likely to be available in September. Edward Donald said that interest had already been registered in Diagnostics Choice.

Action

2.3 PERFORMANCE MANAGEMENT

Edward Donald presented the report which informed the Board of the Trust's performance for the period ending 30th June 2004. The key risk areas for the Trust in relation to the access targets (17 week waits, 9 month waits and 98% of A&E patients waiting less than 4 hours) along with the delivery of the financial plan. Hospital cleanliness was a new area for concern, which would need to be addressed in the next couple of months if patient perceptions were not to be adversely affected or the PEAT score to fall back. ISS – Mediclean had accepted the need for cleaning standards throughout the Trust to improve, following the end of the mobilisation period. Whilst an action plan for improvement in some areas had been agreed and implemented, a more systematic approach needed to be taken, involving lead nurses, ISS-Mediclean and the Facilities Team, covering all ward and clinical areas. The next phase would be the roll-out of Service Level Agreements so that all wards had a clear understanding of the level of service which could be expected and who to contact if the standards had not been met.

Charles Wilson noted the requirement for the Estates Controls Assurance to be reformed and for meetings to resume. ED/SP

Edwards Donald said that he would bring a paper to the September meeting, updating the Board on the Facilities management structure and performance. ED – Sept TB

Andrew Havery expressed an interest in observing cleaning activities. Edward Donald said that regular ward rounds were undertaken, and he would be welcome to join.

Edward Donald said that greater focus would need to be given to the balanced scorecard to improve the number of areas in the top band performance. The report highlighted the areas where improvements in performance would be required.

The Trust Board noted the report.

HEALTHCARE COMMISSION PERFORMANCE RATINGS

2.4 Edward Donald presented the paper, which informed the Board of the Trust's key learning points and the plan for improvement, resulting from the award of a one star performance rating. A high level action plan had been identified by the Trust Executive and would be developed into a detailed plan, in consultation with staff and patients. ED/LB

The Trust Board notes the report.

SERVICE LEVEL AGREEMENT 2004-2005

2.5 Lorraine Bewes presented the paper, which updated the Board on the progress being made in agreeing Service Level Agreement (SLA) income for 2004/2005. 44% of income had been agreed in line with income budget expectations. 7% of income representing £11 million was outstanding, because no formal offer had been received. The largest part of this was the GUM contract valued at £10 million. It was believed that this reflected delays due to the recent changes in the specialist commissioning leads and was not believed to be a risk.

49% of the income budget had not been agreed and there was a gap of £2.6 million. Dates in August and early September had been agreed for the SHA to undertake arbitration on SLA agreements, which could not be concluded successfully at local level. The SLA agreement with Kensington and Chelsea PCT had been agreed with the exception of funding for Cheyne Centre.

The Trust Board noted the report and management action.

Action

2.6 WORKFORCE REPORT

Karen Boakes presented the report, which updated the Trust Board on the Trust vacancy, wastage and sickness rates, and reported on nursing and midwifery bank and agency usage. The overall vacancy rate had risen to 13.6% in June, from 11.3% in May 2004. The increase was based on the 2004/2005 establishment, which had included 43 new posts. It was anticipated that the vacancy rate would fall as the posts were filled.
The qualified nurse vacancy rate was 14% and midwifery 23.5%.
Sickness absence rates had fallen over the quarter from 4.1% in April to 3.7% in June, whilst remaining higher than the same period in the previous year. Heather Lawrence said that it would be helpful to have a breakdown between short and long term sickness. Karen Boakes confirmed that the system had this facility. It was also possible to show the correlation between bank and agency usage and the vacancy rate.

Professor Darzi left the meeting.

3. STRATEGY/DEVELOPMENT

3.1 CORPORATE PLAN

Heather Lawrence said that the three year plan had been updated to show performance for 2003/2004. The document identified key objectives and would be merged with the Trust's Strategy.
Amendments should be forwarded to Edward Donald by the end of the following week. ALL

4. GOVERNANCE

4.1 NEW GOVERNANCE STRUCTURE – THE GOVERNANCE WHEEL

Andrew MacCallum presented paper. He said that the CNST and the RPST inspections had identified a good basic structure, as well as some elements which needed to be reshaped and revised. The level at which decisions were taken and strategies agreed had to be made clear. The Governance Wheel showed the three governance layers: delivery by directorates, decision making by the executive team and assurance given to the Governance Board. Committee terms of reference were under review.

4.2 RISK MANANGEMENT PROCESS

4.2.1 Andrew MacCallum said that the map indicated the process by which risks were identified and the escalation route for risks, scored above twelve using the risk matrix. The Risk Register captured information on clinical, financial and organisational risks, with the process being overseen by the Management Committee.
Andrew MacCallum replied to a specific question that the map was a reporting process. Action would be taken by managers and escalated to a higher level, including the Chief Executive, if appropriate.

Charles Wilson noted that the User Involvement Committee was shown on the Governance Wheel but had not met for some time. Andrew MacCallum said that the work stream had been replaced by the Membership Strategy, and its role would be appraised as part of the general review of terms of reference.
Jenny Hill noted the role of the Board in the assurance process and the use of Board Assurance Portfolios, to ensure full understanding.
Marilyn Frampton noted that work was ongoing in linking the work of the Audit and Governance Committees.
Marilyn Frampton said that the ACU Ethics Committee did not feed into the Research Governance Agenda.

Andrew MacCallum said that the wheel could be turned if it was found that a committee was in the wrong sector. The wheel would be circulated through the Trust and feedback taken on board. **Action**

The Trust Board noted the Governance Structure and the Risk Management Process.

5. ITEMS FOR APPROVAL/INFORMATION

5.1 ANNUAL ACCOUNTS 2003/2004

Andrew Havery confirmed that there had been a full discussion by the Audit Committee.

The Trust Board ratified the decision of the Audit Committee to approve the Accounts.

5.2 CHARITABLE FUNDS ANNUAL ACCOUNTS 2003/2004

Jenny Hill confirmed that there had been a full discussion by the Charitable Funds Committee.

The Trust Board ratified the decision of the Charitable Funds Committee to approve the Accounts.

5.3 PAY MODERNISATION

Heather Lawrence noted that the implementation date had been deferred from October to December 2004.

5.4 CONSULTANT APPOINTMENTS

The Trust Board ratified the appointment of:

Dr Patrick Roberts, Consultant in Accident and Emergency Medicine; and
Professor Margaret Callan, Consultant Rheumatologist.

6. QESTIONS FROM THE MEMBERS OF THE PUBLIC

A member of the Patient and Public Forum asked if information from the staff survey on harassment could be forwarded to the Forum's co-ordinator. AMcC

7. ITEMS FOR INFORMATION

7.1 INCIDENT REVIEW, VACUUM FAILURE

Edward Donald said that following the incident, a process had been put in place to ensure that planned preventative maintenance was adequate. A bid for additional suction units would be made from capital monies. Vacuum failure remained high risk. Edward Donald said that Halden had undertaken a condition survey and would be maintaining its own risk register.

Charles Wilson asked who checked the work of Haden's sub-contractors. Edward Donald said that the Trust had access to planned preventative maintenance records, and there were sign off procedures not previously in place.

The Trust Board noted the report.

7.2 17 WEEK OUTPATIENT BREACHES/DELAYS PROCESSING REFERRALS

Edward Donald said that recommendations from the Inquiry were being put in place.

The two key recommendations related to expedition of the referral log functionality and a centralised referral point. Information Technology was in place and centralisation would be rolled out from September. There would be a risk until September, which the Trust would attempt to mitigate. **Action**

8. MINUTES OF SUB COMMITTEES

The Trust Board received minutes:

8.1 Charitable Funds Committee, 6th May 2004

Jenny Hill noted that the Chief Executive of Guys and St. Thomas' Charitable Foundation had attended the July meeting to discuss the pros and cons of becoming Section 11 Trustees, when Foundation Trust Status was obtained.

8.2 Communications Sub-Group, 28th June 2004

Copies of the final draft of the Annual Report were circulated to the non-executive directors. Charles Wilson said that any amendments must be received by the PR and Communications Manager by the following Monday.

8.3 Governance Committee, 13th July 2004

Jenny Hill noted that patient care was compromised because of drug errors which could occur from lack of concentration, high staff sickness levels and reduced drug stability as a result of inadequate temperature control in the Pharmacy.

8.4 Remuneration Committee, 24th June 2004

The Trust Board endorsed the recommendations of the Remuneration Committee.

9 ANY OTHER BUSINESS

9.1 There was no other business.

10. DATE OF THE NEXT MEETING

10.1 30th September 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 individuals.