Chelsea and Westminster Healthcare NHS
NHS Trust

Minutes of the Public Meeting of the Trust Board held on 25th November 2004.

Present: Non-Executive Directors
Juggy Pandit (Chair) Marilyn Frampton Andrew Havery
Jenny Hill

Executive Directors
Heather Lawrence, Chief Executive
Mike Anderson, Medical Director
Lorraine Bewes, Director of Finance and Information
Edward Donald, Director of Operations
Maxine Foster, Acting Director of Human Resources
Alex Geddes, Director of ICT
Andrew MacCallum, Director of Nursing

In Attendance: Sue Perrin, Head of Corporate Affairs
Lynne Leyshon, Head of Midwifery/Directorate Manager, South Devon Healthcare Trust and Margaret Cronin, Head of Midwifery, Chelsea and Westminster Healthcare NHS Trust (item 3.1 only)

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1. GENERAL MATTERS

1.1 WELCOME AND REMARKS BY THE CHAIRMAN
The Chairman welcomed staff and the members of the public, and Maxine Foster to her first meeting.
He informed that Board that Charles Wilson had suffered an accident and remained in a serious condition.

1.2 APOLOGIES FOR ABSENCE
Apologies were received from Prof. Ara Darzi.

1.3 MINUTES OF THE MEETING HELD ON 28th OCTOBER 2004
The minutes of 28th October 2004 were agreed as a correct record and signed subject to the following amendments:
2.1, 3rd paragraph, delete last sentence.
2.3, 3rd paragraph, 1st sentence should read 'b***r***each'.
2.3, 4th paragraph, 1st sentence should read 'In the previous 4 weeks, the Trust had achieved 97.7% of patients attending A&E to have been assessed, treated, admitted or discharged within 4 hours. This would need to be 98% by 1st January 2005.'

1.4 MATTERS ARISING FROM PREVIOUS MEETING
The Trust Board was updated on the following:

1.4.1 FOUNDATION TRUST STATUS
Heather Lawrence said that the item had not been included on the agenda because of the deferral of a meeting with the Department of Heath. This meeting had been rescheduled for the beginning of December and therefore the Trust's application HL/Dec seminar

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would be discussed at the seminar.

1.4.2 INFORMATION GOVERNANCE PLAN

Alex Geddes said the work on the Trust Internet site was progressing and was still on target for December. Initial information on the site would focus on information for patients about the Trust and documentation to meet Freedom of Information requirements by end March 2005. A service directory had been compiled and this would be circulated to Directorates for checking. AG

1.4.3 I.M. & T. POLICY

The revised policy, which had been amended to reflect the comments made by the Trust Board, was tabled. Any further comments or recommendations should be referred to Alex Geddes.

1.4.4 INPATIENT AND YOUNG PATIENT SURVEYS

Andrew MacCallum said that the action plans were being revised and more detailed plans, which indicated the evidence of how actions had been achieved, would be brought to the January meeting of the Trust Board. AMcC/Jan Trust Board

Andrew MaCallum said that re-formation of the User Involvement Group was in hand.

The Chairman said that the non-executives had discussed Board Assurance Standards and this would be an agenda item for the seminar, at which they would be linked with Corporate Planning. Chair/Dec seminar

1.4.5 PERFORMANCE MANAGEMENT

Edward Donald confirmed that MRSA rates had been included in the Performance Report.

The Chairman said that the congratulatory letter had been deferred because of a slight drop in achievement.

1.4.6 CLINICAL GOVERNANCE REPORT

Heather Lawrence said that the amendments had been made.

1.5 CHIEF EXECUTIVE'S REPORT

1.5.1 FINANCIAL SITUATION

Heather Lawrence said that whilst the Trust had made significant progress in addressing its deficit position, it had been placed in the unsatisfactory position of two of the PCTs (Hammersmith and Fulham and Kensington and Chelsea) requiring a reduction in year, which would also impact on performance targets.

Hammersmith and Fulham PCT had continued with the aim of withdrawing £500,000 in year by reducing activity. Mike Anderson said that he met weekly with GPs to implement demand management, which involved reviewing each referral for appropriateness and content of letter, with the aim of directing back to GPs any inappropriate referrals. However, it was likely that a percentage of these would be referred again to Chelsea and Westminster. Dermatology would be most affected (estimated to be at least one third), followed by Gynaecology. It would be the responsibility of the PCT to provide an alternative method of treatment.

The action of Hammersmith and Fulham and Hounslow and Ealing PCTs would result in the Trust struggling to meet the target of an 80% reduction in the overall waiting list size from 2002.

Kensington and Chelsea PCT had tried to reclaim £450,000, despite settlement at arbitration. The two most important components related to the Community Physiotherapy SLA and the delay in opening the Observation Ward in A&E.

Heather Lawrence expressed surprise that the SHA had agreed to reopen the process

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– it had been believed that arbitration was binding. As part of the process, the Trust had agreed not to again raise the issues of PALs, which was unfunded, and the under funding of the Cheyne Centre. These concessions would be withdrawn.
Edward Donald said that Service Level Agreement negotiations with the PCT had been productive and a strengthened relationship had developed. It was unfortunate that unnecessary tension had been developed.

1.5.2 CHEYNE DAY CENTRE

Heather Lawrence briefly outlined the background to the situation, whereby the Kensington and Chelsea PCT had asked the Trust not to close the Centre, but to go out to consultation. The process had been led by the PCT, which had taken over a year to produce the consultation document. The paper, which would be discussed at the PCT Board meeting on 30th November, had been attached. The PCT would be asked to recommend to the Trust that the Centre remained open to meet the needs of children with multiple disabilities. However the paper did not address the issues of the shortfall in income or the existence of commissioner support outside Kensington and Chelsea.
The Stakeholder Group had been successful in reducing costs attributed to the Centre by 30%, but these costs had been accrued and would need to be allocated across the Service Level Agreement portfolio. With the exception to the proposed transport cost reduction, there would be no overall reduction for the PCTs.
Lorraine Bewes confirmed that the revised costs for the Centre were fair. The original costs had been taken from Service Level Agreements going back over a number of years. However, the problem of reallocating these costs remained.
The contribution of £50,000 per annum offered by the Local Education Authority had appeared to be the cost of a teacher, which was currently re-charged. However, this was incorrect as it was new money.
It had been suggested by the PCT that the Trust responded to the paper.
Heather Lawrence said that the Trust would be left in the position of picking up the deficit or considering emergency closure if the PCT approved the recommendations contained in the Board paper.
The Chairman said the response should include the following three points:

- There was no evidence of demand or willingness of other PCTs to fund placements.
- The Governance arrangements and capacity issues had not been addressed. There was no evidence that the environment would accommodate the eight children on which the paper had been based. The Trust considered six children to be the maximum.
- It was not the role of an acute hospital to be marketing a service, which was not an acute hospital service.

The PCT had recommended that a Management Advisory Group be set up. The Trust Board was also aware that a Manager for the Centre was required, but noted that the Stakeholder Group had complained about the level of management costs.
Edward Donald referred to the 'Assessment of Need', which whilst identifying potential children, also noted that in several PCTs it was local policy to provide children with placements in facilities in-borough and close to home.
Andrew Havery suggested that the response highlighted areas of the report considered to be misleading.

1.5.3 SENIOR STAFF

Heather Lawrence welcomed Maxine Foster as Acting Director of Human Resources.

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1.5.4 CHRISTMAS PROGRAMME

The Christmas Programme was received. Heather Lawrence noted the importance of directors attending the volunteers' Christmas Party.

Jenny Hill agreed to judge the best decorated ward competition. The executive director would be either Andrew MacCallum or Maxine Foster.

1.5.5 TRUST BOARD MEETINGS

Heather Lawrence reminded the Board of the changed pattern of dates for 2005.

2. PERFORMANCE

2.1 FINANCE REPORT

Lorraine Bewes presented the report, which showed that the overall financial position of the Trust at Month 7 had been an over spend of £2.805 million, a favourable movement of £0.033 million on the Month 6 position. The year end deficit forecast was £1.5 million. The Trust had been advised by the Department of Health that the request for deferral of the deficit payback to 2005/2006 had been refused. This would be followed up and reasons for the refusal requested.

The improvement in the deficit reflected savings from the successful renegotiation of the managed service contract for the hospital information system. Alex Geddes had negotiated a 50% reduction, whilst maintaining a good relationship with IDX. The Chairman congratulated Alex Geddes, Heather Lawrence and Lorraine Bewes who had all been involved in the negotiations. There had also been additional savings in IM&T and additional private patient income.

However, these improvements had been offset by deterioration in the forecast over performance income, a significant new cost pressure on the Pathology contract with Hammersmith Hospitals and deterioration in the Women and Children's directorate.

Detailed action plans were being drawn up for both Medicine and A&E and Women and Children's.

Lorraine Bewes said that she was following through a number of contingencies to mitigate this position and a meeting had been scheduled with the SHA to review the position.

The Trust Board noted the financial position at Month 6 and the significant risks in the forecast.

2.2 SAVINGS PLAN

Lorraine Bewes presented an update on progress with realising the Savings Plan for 2004/05 as at month 7. The Trust total target for 2004/2005 was £7.8 million plus a carry forward target of £1.9 million from 2003/2004, making a total of £9.7 million. This represented a very challenging target and equated to 4.7% of total expenditure budget.

The Trust had made good progress and nearly £4 million of schemes would generate recurrent savings. A further £0.66 million had been identified in month, following renegotiation of the IDX contract. Further savings were anticipated in procurement as a result of the national renegotiation of contracts and as a result of the workforce review. The full year effect of the existing level of savings for 2005/2006 would be £5.5 million.

Heather Lawrence said that savings had been made without impacting on patient care.

Edward Donald noted that the Trust had established a stable financial platform, and that this had not been achieved in previous years.

Heather Lawrence referred to the progress being made with HIPPO, which would provide information at the bedside.

Edward Donald said that there were some inherited issues, which the Trust, with its

partners, was working to resolve, for example delayed discharges which related to the need for better access to social care.

The Trust Board noted the progress with delivering the Trust Savings Target for 2004/2005.

2.3 PERFORMANCE MANAGEMENT

Edward Donald presented the report, which provided information about the Trust's performance for the period ending 31st October 2004. There had been capacity pressures in dermatology and cardiology, and capacity plans were being developed to ensure no 17 week breaches.

The overall 9 month standard was being met across the Directorates. Paediatric dentistry continued to be above capacity. Additional lists were being run and an additional locum orthodontic surgeon had been appointed. This should ensure that there were no 9 month breaches in year and support a reduction in 6 month waiters.

The Trust had achieved 98% of patients attending A&E to have been assessed, treated, admitted or discharged within 4 hours in quarter 3. 98% related to the average percentage each month. The additional percentage of 0.4% to 0.8% from the GP Walk in Centre had not been included because of the delay in receiving this data.

Edward Donald said that the MRSA bactaremia had been included in the balanced scorecard for the first time. There had been 38 reported cases, compared with 19 in the whole of the previous year. The Trust Board requested details. It was also noted that the Control of Infection Annual Report for 2003/2004 had not been received. Andrew MacCallum would check progress. ED AMcC

Marilyn Frampton commented that, whilst visiting a patient, she had noticed that procedures for washing hands and visitors sitting on beds appeared to be lax. The Trust Board agreed that there was a need to raise awareness.

Edward Donald said that the Healthcare Commission had not confirmed the Performance Management measures for the current year.

The Trust Board noted the report and the risks.

3. STRATEGY/DEVELOPMENT

3.1 MATERNITY SERVICES EXTERNAL REVIEW

Heather Lawrence introduced Lynne Leyshon, who had conducted the external review, following a series of complaints relating to the quality of postnatal care, and internal concerns about the unit.

Lynne Leyshon said that the review had been carried out over eight days and she had undertaken a series of 1:1 interviews with professionals from both Obstetrics and Management, together with a number of open forums for all staff working within and peripheral to Maternity Services. The main purpose of the review had been to thoroughly analyse and test the robustness of the 'Models of Care', using the three phase inductive approach. The main issues related to Human Resources and the environment.

The workload per annum had increased from 3,500 to 4,500 deliveries. Additionally, a significant number of women were being referred to the Trust, but intended to deliver at a different NHS or private provider. It was believed that this situation had been created by the Trust being only one of two providers of Universal Nuchal Translucency scanning. The report suggested that 'capping' of services was the only sensible option until a strategy for maternity service provision was developed by the SHA.

Lynne Leyshon said that there was a deficit in the funded midwifery establishment equating to a shortfall of 20 whole time equivalents. Excellent progress had been made in international recruitment and the loyalty and dedication of existing staff was

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noted. Staff retention was important. Further development of the support worker was recommended and issues of 'cultural sensitivity' had been identified. The maternity care assistant should be trained to NVQ level 3 and the administration role in obstetrics further expanded.

The lack of support in breast feeding had featured largely in complaints and consideration should be given to directly employing unqualified breast-feeding counsellors, who were experienced lactation consultants.

Lynne Leyshon said that the Trust's ratio of midwife to births was 1:35, peaking at 1:39, which was high risk. Benchmarking showed that the average was 1:30, and the ideal was 1:28. She suggested that the Trust should consider marketing itself to midwives.

Environmental recommendations included a review of the layout of the maternity unit – a centralised entrance would strengthen security and ward clerking. The postnatal bays were openly exposed to a busy thoroughfare, which did not enable mothers to rest of have real privacy. An early labour assessment area should be made available.

The service was not captured within the EPR process and this increased administrative work.

The report indicated an underlying financial deficit in the budget of almost £1 million, primarily within the pay budget.

Heather Lawrence said that the report needed to link with the Trust's objectives. Issues would have to be separated into those which could be addressed in the current year and those within the following year. In the current year the Trust would be able to improve on the ratio of 1:35.

Lorraine Bewes referred to the ongoing work to reduce the use of bank and agency staff.

The proposal for 24 hour clerical staff had been accepted.

Lynne Leyshon said that the report had not considered the impact of Agenda for Change.

Andrew MacCallum referred to the ongoing workforce review. The right skill mix was required to deliver the appropriate model of care, together with a timescale for development. The skill mix for the different areas of the service would need to be balanced.

Margaret Cronin said that it was difficult to capture all activity. Payment was based on deliveries and the small number of HRGs meant that the unit was not adequately recompensed for all activity.

Lynne Leyshon said that London had unique problems in terms of cost and recruitment. Proposals had been made to significantly increase the number of HRGs.

The Chairman invited the public to comment.

Heather Lawrence, in response to a question, said that the situation could not be resolved by reduced deliveries. Payments by Result would dictate the price at which a service had to be delivered.

Heather Lawrence confirmed that the Trust wanted to provide both a maternity and an obstetrics service. The question to address was that of delivering the right service at the right price.

Andrew MacCallum noted that the ratio of 1:30 was very different from total staff ratio. The system put in place had to manage clinical risk as well as personal risk to midwives and women.

Heather Lawrence said that the way forward needed to be considered by the Governance Committee and through business planning, with the Trust Board considering the follow up action.

The Trust Board noted the report.

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3.2 1000 GOOD IDEAS

Andrew MacCallum presented an update on ideas which had either been completed or were in progress. Feedback would be cascaded through Team Briefing. A further 171 ideas were required to meet the target of 1000. Ideas would be clustered around the feedback from the patient survey.

The Trust Board noted the progress on this project.

4. GOVERNANCE

4.1 There were no items under this heading.

5 ITEMS FOR APPROVAL/INFORMATION

5.1 FACILITIES ASSURANCE BOARD

Edward Donald noted minor errors in the paper, which would be corrected. The Board would be accountable for assuring delivery of PEAT standards through contract management of ISS-M and Haden Building Management. This would include advice on capital investment decisions. Alex Geddes suggested and the Trust Board agreed that the Deputy Head of IT should be a member of the committee.
The annual public meeting was discussed and agreed to be a good idea.
Heather Lawrence said that the positioning of the committee within the Governance Wheel was being considered.

The Trust Board approved the membership and terms of reference of the committee.

5.2 PROCEDURE FOR THE CARE OF INDIVIDUALS WHO ARE VIOLENT AND ABUSIVE

Edward Donald presented the paper, which detailed unacceptable behaviour and the sanctions available in the face of such behaviour. There was some discussion on how a person would be judged to be competent.
Marilyn Frampton said that the procedure should include guidance on dealing with ad hoc problems which by-passed the process. She spoke of her recent experience as a visitor, when she had seen the distress caused to neighbouring patients by a disruptive patient.
Andrew Havery said that action points for reducing aggression should be included.
Andrew MacCallum said that the aim of the policy should be to regulate bad behaviour. However, special provisions would need to be made for certain groups of patients, for example patients with mental health problems, for whom there would be specialised health care profiles based on clinical guidelines.

It was agreed that the paper should be re-written as a policy and procedure and brought back to the Trust Board after discussion by the Governance Board. ED

5.3 ADVISORY APPOINTMENTS COMMITTEES

The Trust Board ratified the appointment of:
Dr Jonathan Handy, Consultant Intensivist & Anaesthetist

5.4 A MATRON'S CHARTER: AN ACTION PLAN FOR CLEANER HOSPITALS

Andrew MacCallum presented the paper, which outlined the plan for implementation at the Trust. The Charter highlighted the role of nurses in maintaining a safe and

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clean environment for patients, by describing the ten key commitments for improving hospital cleanliness.

The charter reflected the concerns of patients – the Trust had heard similar concerns at the AGM. Whilst emphasising the key role of nurses, it also focused on partnership.

Andrew MacCallum outlined the key strategic actions to implement the charter. These included the recommendation that PEAT should become the steering group for implementation and communication. The hospital's existing arrangements for managing and monitoring cleaning and infection control would be benchmarked against the charter, and relevant action plans developed and implemented. Assurance to the Board would be achieved via the Facilities Assurance Board. The Director of Nursing would be the responsible director, working closely with the Director of Operations and the Director for Infection Control.

Andrew MacCallum said that he had not been able to discuss the charter with Edward Donald, but would meet with him to discuss the effective working between nursing, facilities and the cleaning contractor. Areas identified by the Patients' Survey and 1000 Good Ideas would be targeted and success evidenced by the monthly Key Performance Indicators Report and the quarterly PEAT inspections. AMcC

The Trust Board noted the progress in the implementation of the Matron's Charter.

5.5 REVIEW OF THE NURSING AND MIDWIFERY WORKFORCE: PROGRESS REPORT

Andrew MacCallum presented the paper, which outlined progress on the review of the nursing and midwifery workforce, undertaken by Conrane Consulting. The review had considered staffing levels within the Trust with the aim of quantifying the current baseline of staffing and workload; drew together a range of comparative benchmarks; and identified scope for change within the existing workload.

The Trust was an outlier when bench marked against cost and numbers of staff in post. The ratio of nurse to occupied bed was the second highest in the country and the ratio of registered nurse to support worker was approximately 90:10%, compared with a national average of 70:20%.

Prior to the review, the Board and Executive had decided to take immediate action on adjusting the Registered Nurse (RN) and Support Worker (SW) ratio. It had been agreed that the staffing ratio should be adjusted to 75% RN: 25% SW. The increase in the supply of support workers through recruitment and training (National Vocational Training or equivalent) was key to the change in the ratio. The Trust, supported by some additional funding from the North West London Workforce Development Confederation, had expanded its NVQ programmes and increased the number of qualified assessors. Links had been established with local Job Centres, which had helped with the screening process. 23 posts had been identified to convert from RN to SW, and 40 people had been selected, following interview and initial screening, as potential candidates for SW training.

Jenny Hill suggested that further links could be developed with the Workforce Confederation, and that the work should be flagged up as good practice.

Andrew MacCallum said that there were initial indications that there was scope for prudent change in the number and skill mix of the nursing workforce that would reduce costs, whilst assuring a viable nursing and midwifery workforce for the future. Detailed proposals with associated costs would be brought to the January meeting of the Board. AMcC/Jan Trust Board

Andrew MacCallum said that the SWs would first be allocated to those wards which had been most enthusiastic and where the employee would be given a good level of support. The change over to SWs would be conservative and would not impact on the

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quality of patient care. Information on wastage rates would inform the decision on the speed of change.
Jenny Hill asked if there were significant fluctuations in the ratio of RN: SW. Andrew MacCallum said that the ratio was based on several components including dependency, bed days and clinical judgement. Further work was ongoing and Conrane Consulting was undertaking in-depth work with clinical staff in Intensive Care, the Burns Unit and the surgical wards to explore the development of new roles which could be undertaken by SWs.
Mike Anderson said that SWs would assist the ward team, not just nursing staff.

The Trust Board noted progress in the Nursing and Midwifery Workforce Review.

6. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

6.1 There were no questions.

7. ITEMS FOR INFORMATION

7.1 CHRISTMAS PROGRAMME

The programme for 2004 was received.

8. MINUTES OF SUB COMMITTEES

8.1 The Trust Board received the minutes of the Audit Committee, 23rd September 2004.
Andrew Havery reported on issues from the subsequent meeting. He referred to the formal letter from the external auditors to the Trust Board and copied to the SHA regarding the financial position. Deloitte & Touche had decided not to send the letter on the basis that they considered the Trust to be doing all that could be done, and there was nothing further which the Board or Executive could do.
The provision of shared services needed to be re-considered, and a decision made as to whether they should be maintained, marketed or reduced. Lorraine Bewes said that financial services were being provided for the SHA, NICE and the regional pharmacy, and payroll for the PCT.
Alex Geddes contested the accuracy of comments relating to the Spot Check Report. He had, for example, demonstrated to the external auditor that waiting times had been accurately calculated. Andrew Havery said that the Audit Committee agenda would be routinely circulated to Alex Geddes and that he would be welcome to attend.

9 ANY OTHER BUSINESS

9.1 There was no other business.

10. DATE OF THE NEXT MEETING

10.1 6th January 2005

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 individuals.