

Minutes of the Public Meeting of the Trust Board held on 28th October 2004.

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

Executive Directors
Heather Lawrence, Chief Executive
Lorraine Bewes, Director of Finance and Information
Edward Donald, Director of Operations
Alex Geddes, Director of ICT
Andrew MacCallum, Director of Nursing

In Attendance: Norah Mason, Deputy Director of Human Resources
Pippa Roberts, Acting Director of Governance and Corporate Affairs
Sue Perrin, Head of Corporate Affairs
Steve Brewster, Picker Institute Europe (item 1.6 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. Heather Lawrence introduced Norah Mason, Deputy Director of Human Resources.

1.2 APOLOGIES FOR ABSENCE

Apologies were received from Mike Anderson, Medical Director.

1.3 MINUTES OF THE MEETING HELD ON 30th SEPTEMBER 2004

The minutes of 30th September 2004 were agreed as a correct record.

1.4 MATTERS ARISING FROM PREVIOUS MEETING

The Trust Board was updated on the following:

1.4.1 ASSISTED CONCEPTION UNIT (ACU)

Lorraine Bewes tabled a paper which updated the Board on progress against plan for the number of cycles achieved and financial performance of the ACU, which was a 'not for profit' service, integral to the Gynaecology Department. The number of cycles to the end of September had been 44 less than planned (105 cycles against a plan of 149). However, the overall income variance had been £6,000 favourable due to a combination of other income received and the favourable split of more expensive ICSI cycles against IVF.

The second embryologist had been appointed and the ACU was forecasting breakeven by increasing the number of cycles in the second half of the year, in line with the plan approved in June 2004. The year to date position was a surplus of £24,000.

Heather Lawrence noted that the ACU Ethics committee had not met for eighteen months. Marilyn Frampton said that she had raised the issue several times previously. The terms of reference and membership had been revised but not finalised. Pippa

Roberts said that the committee's position on the Governance wheel had been corrected and was shown as reporting to the Women and Children's Clinical Governance Board, which met quarterly.

The Chairman asked if there was any significance in the reduction in NHS cycles. Heather Lawrence said that NICE guidelines provided for one free cycle. However, PCTs were financially challenged and the possibility that there had been some reduction in provision would be considered as part of the following year's commissioning.

The Chairman raised the issue of whether the ACU was viable in its present form. Heather Lawrence said that it was a small unit and should be networked with another service/hospital. A detailed cost analysis was being undertaken.

Heather Lawrence noted that the sperm washing service was unique.

Jenny Hill said that the governance issues should be brought into the Assurance Framework.

The Chairman noted that the ACU was currently not a financial liability.

1.4.2 I.M. & T. POLICY

Alex Geddes confirmed that the policy had been discussed at the seminar, and agreed AG to circulate the amended version.

1.4.3 AGENDA FOR CHANGE

Norah Mason said that discussions had taken place with the Director of Human Resources at Hammersmith Hospital and it was planned to share training and to hold joint matching panels.

1.5 CHIEF EXECUTIVE'S REPORT

1.5.1 CHEYNE DAY CENTRE

Heather Lawrence said the group set up to find a way forward was in the process of identifying potential children for the Centre. Costs were being reviewed with the aim of identifying savings whilst only three children attended the Centre, and in identifying costs for six and eight children respectively. However, she was concerned that the accommodation was adequate for six children only. There was no evidence that the potential children would be funded.

The Kensington & Chelsea PCT was scheduled to take a decision at its November Board meeting.

There were 3 children attending the Centre and their parents were happy with the service. Having taken into account the cost reduction, 2.25 places were funded by the Kensington & Chelsea PCT block contract. The Trust was carrying the deficit, currently £160,000.

1.5.2 SENIOR STAFF

Heather Lawrence said that Chris Beasley had been appointed as Chief Nursing Officer at the Department of Health.

Amanda Pritchard, General Manager for Surgery and Anaesthetics and Imaging, had been appointed to the post of Acting Director of Strategic Service Development.

Nick Cabon had started in post as Head of Performance and Information, and would be full time from the beginning of December.

1.5.3 HAMMERSMITH AND FULHAM PCT

Heather Lawrence said that Chris Butler would be taking over as Chief Executive of the PCT in November.

Following arbitration, the Trust was faced with a reduction in contract income of £250,000 from Hammersmith and Fulham. This had led to the Trust having to cap

referrals whilst the PCT initiated a demand management system.

1.5.4 TRUST BOARD MEETINGS

Heather Lawrence said that, as agreed, meetings would be held on the first Thursday of each month.

The Chairman suggested and the Board agreed that a meeting should not be held in December, and the date held for a seminar. Suggested topics were the 2005/2006 Budget and Foundation Trust Status.

1.6 UK INPATIENT AND YOUNG PATIENTS SURVEYS

The Outcome of the surveys was presented by Steve Brewster of the Picker Institute Europe.

Steve Brewster explained that the results from the NHS Patient Survey Programme were used on an annual basis to inform the Patient Focus indicator element of the NHS Performance Indicators and influence star ratings. During 2003/2004 the programme for Acute Trusts had consisted of a survey of Adult Inpatients and a survey of Young Patients. The 2004/2005 surveys would comprise Out-patients and Accident and Emergency Departments, both surveys having been previously undertaken in 2002/2003.

The Inpatient Survey was a repeat of one undertaken in 2002. The response rate for the Trust was 56.2%, compared with a national average of 61.5%.

Steve Brewster said that a significant number of positive comments had been received. Patients had been asked 83 questions. The survey showed that the Trust was significantly better than average on 3 questions, significantly worse than average on 20 questions and average on 60 questions. Key issues related to environment, communication and nursing staff. Mixed sex wards and cleanliness were specific examples of two important issues. The section on external benchmarks showed how the Trust compared with all other trusts in the survey.

Steve Brewster said that Picker was compiling a database of good practice, which would be available on its website.

Heather Lawrence said that the importance of cleanliness had been recognised and the executive directors would routinely be inspecting different areas within the hospital. A rota had been drawn up, allocating each director a floor, which would change on a monthly basis.

Jenny Hill asked if there was any difference in responses on the basis of ethnic groups. Steve Brewster replied that surveys tended to be biased towards 'white' respondents and there was not a significant response from other groups.

Prof. Darzi commented that the responses to questions were likely to be affected by wealth and expectations. The overall rating could be biased by a low score on a specific question.

Marilyn Frampton drew attention to the comments made about nurses and noise. Heather Lawrence said that there was a need to raise awareness of such issues, and suggested that feedback on what patients were saying about their care should be included in staff induction.

Steve Brewster said that the Young Patients Survey, which covered both inpatients and outpatients, had been more complex. The survey had been completed by parents for ages 0-11 years and by the young patients themselves for age 12-17. The children had been more critical than the parents.

The response rate had been 49.4% compared with 48.5% nationally. There had been 74 questions. The Trust had scored significantly better than average on 11 questions, significantly worse than average on 13 questions and average on 50 questions. Key issues had included communications, pain management and discharge. The children had suggested that entertainment was a problem as well as security for themselves and their possessions.

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Steve Brewster said that there was no confirmation that the particular survey would be repeated.		
The Chairman thanked Steve Brewster for the presentation and the Board proceeded to discuss the action plans.		
Jenny Hill said that the Trust Board needed to know the issues and how they were being managed globally. Marilyn Frampton said that actions had been shown as ‘achieved’ but there was no evidence.	AMcC	
Jenny Hill said that there should be correlation with ‘1000 Good Ideas’ and other initiatives.		
Andrew Havery said that the non-executive directors should be able to challenge and ask for assurance. The executive directors should indicate the evidence, but not provide the detail.		
Heather Lawrence said that the action plans would be linked with the following year’s business plan. Andrew MacCallum would ensure that the action plans were fed into the User Involvement Group and the Nursing Conference.	AMcC PR	
Pippa Roberts suggested that patient survey feedback be given at the clinical governance half days.		
Edward Donald talked through actions taken in relation to waiting times for the emergency admission of a child, as an example. It was noted that the effects of the actions might not be seen initially.		
Edward Donald said that Marilyn Frampton had accompanied him on an inspection visit around the hospital and this had been appreciated by staff.		
Andrew MacCallum referred to the Modern Matron’s charter, which had been recently published, and the emphasis on team working, as opposed to just checking.		
Heather Lawrence said that useful feedback had been received and there was still more work to be done. Jenny Hill suggested that all user feedback be aggregated.	Chair/non execs	
The Chair and the non-executive directors agreed that they would feedback to the executives their requirements in terms of assurance.		

The Trust Board noted the findings of the survey.

2. PERFORMANCE

2.1 FINANCE REPORT

Lorraine Bewes presented the report, which showed that the overall financial position of the Trust at Month 6 had been an overspend of £2.838 million, an adverse movement of £0.353 million on the Month 5 position. The discussions with the SHA Director of Finance seeking support for deferral of the payback of the previous year’s deficit to the following year in the light of the improved recurrent position were ongoing. Steps taken to address the year to date deficit included an improved agency staff control process, reduction in expenditure on Level 1 beds and a review of balance sheet flexibility. The forecast year end deficit remained at £1.9 million.

Jenny Hill asked about the financial situation of neighbouring trusts. Lorraine Bewes said that the Trust’s forecast deficit was at the lower end and the sector as a whole was predicting a £40 million overspend. The Trust’s situation had been discussed with the SHA Director of Finance and it was believed that he understood the case being made by the Trust.

The Chairman said that the feeling at the North West London Chairs’ meeting was that the following year could be worse and payment by results could have a detrimental impact on teaching hospitals.

The Trust Board noted the financial position at Month 6 and the key risks.

2.2 SAVINGS PLAN

Lorraine Bewes presented an update on progress with realising the Savings Plan for 2004/05 as at month 6. 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 identified schemes totalling £8.3 million and had plans to manage a further £0.65 million, leaving £0.766 million unidentified within the month 6 forecast position.

Key pressures in Medicine and Women and Children's, which were both forecasting a year end overspend, were being identified. The complexities within medicine might make it impossible to achieve the savings target. Savings were weighted to the second part of the year and overall, good progress had been made. There were a number of Trust wide initiatives and reviews of the workforce, procurement and Last Word were underway.

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 30th September 2004. He noted a further breach in 2 week cancer waits for a first outpatient appointment. To assure no further breaches, the cancer management team were identifying all referrals on a daily basis and tracking that dates had been given within the 2 week standard.

There had been no outpatient breaches within the month, and the 17 week wait was being delivered. There were 127 patients waiting longer than 13 weeks in the middle of October, which was a good performance compared with the same period in the previous year when there were 626 patients. The year end target of 0 patients waiting more than 13 weeks was achievable.

The overall 9 month standard for elective admissions was being met by directorates – there had been 1 breach in the year to date. There were 275 patients waiting over 6 months for their surgery at the middle of October, compared to 487 in the same period in the previous year.

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 by 1 January 2005. Hospital cleanliness was being monitored on a daily basis by ISS-Mediclean with clear action plans for improvement and regular meetings with the Clinical Nurse Leads.

On the basis of the feedback from the Healthcare Commission via the Children's Csar regarding the interpretation of each of the questions that formed the Child Protection indicator, the Trust expected to score 90% minimum, moving performance to significantly above average. A training budget would be identified and an Annual Report submitted to the Trust Board.

Alex Geddes said that key areas of Information Governance where significant progress could be made had been identified. These included working with directorates on data flow modelling, renewal of the data protection registration and progress with the internet, which would facilitate progress with Freedom of Information action plans. The front screen of the internet would be based on service directories and would become more sophisticated at a later stage, for example animation to facilitate a 'tour of the hospital' and a combined internet/intranet site. The internet launched in December would include Freedom of Information, links to other DoH/NHS websites and links with patientline.

Data quality remained a key issue for Information Governance.

The minimum score for a green assessment via the Information Governance Toolkit

was believed to be 70%.

The Deputy Director of Human Resources said that the staff survey had been distributed two weeks previously and there had been 544 returns (23%). The minimum requirement was 800 returns. The survey was confidential and therefore the prize of £250 would be allocated by National Partners.

Edward Donald said that Nick Cabon would be taking on board the Performance Framework, and would focus beyond the Healthcare Commission's requirements and towards the 2008 targets.

Jenny Hill suggested that the way forward would be to look at individual services and the value chain and the measures required to build a good service.

Charles Wilson suggested that a satisfaction survey of GPs be undertaken. Heather Lawrence thought that it was a good future idea, but could not be undertaken currently because the Trust was already struggling with the workload.

Edward Donald agreed that MRSA was likely to become a key indicator and should be included in the Performance Report. ED

The Chairman agreed to write to departments congratulating staff on the achievements. Chair

The Trust Board noted the report.

2.4 WORKFORCE REPORT

Norah Mason presented the paper. The overall vacancy rate for the Trust had decreased over the quarter from 14% in July to 13.4% in September. The qualified nursing and midwifery vacancy rate had dropped from 15.4% to 13.9% over the same period, partly as a result of the skill mix review, which had resulted in budget changes, including a transfer from the qualified to the unqualified nursing budget.

International recruitment of midwives had resulted in a further sixteen midwives from Scotland and Scandinavia starting during the quarter.

The average wastage over the quarter had been 1.3% in July and September, with a peak of 2% in August. This peak had been partially due to eleven midwives leaving during August. Four of these had been recruited from Scotland and had left as a group, partly as a result of issues around accommodation which had since been addressed.

Sickness had ranged from 4.1% in July to 3.5% in August and 3.9% in September. An alternative training approach, designed to have the long-term effect of reducing sickness, was being piloted in two directorates, as a result of feedback from the staff focus groups set up after the star rating results.

Bank and Agency usage had reached a peak of 268 whole time equivalents in August, partly as a result of higher activity. From 2005, the Trust would be capping unfunded activity.

All Trusts had to achieve Improving Working Lives Practice Plus status by April 2006. A self assessment on readiness for validation was underway. This would enable the Trust to address any issues before the validation by external assessors in April 2005.

The Trust Board noted the report and conclusions.

3. STRATEGY/DEVELOPMENT

3.1 1000 GOOD IDEAS

Andrew MacCallum thanked Jenny Hill for being the originator of the project and for facilitating staff groups and meetings with the public. He said the aims had been threefold: to give a clear signal that the Trust Board valued patients and staff and the feedback they received about the hospital; to collect 1000 ideas by December 2004;

Action

and to act positively on the ideas suggested and communicated. Ideas had been collected primarily through focus groups, but also through e-mails, response cards and a scribble board at the entrance of the hospital. Ideas had been collected and sorted using the categories used by PALS. Some ideas had been acted upon immediately, whereas others involving resource and capital would require a longer term approach, linked to service and business planning.

Andrew MacCallum said that the Trust Board would receive a monthly report on the actions taken and outlined the ten different ways in which the content would be communicated to staff and patients.

Andrew MacCallum confirmed that a board to show what had been achieved would be sited in main reception.

AMcC –
TB agenda

The Trust Board noted the progress on this project and agreed to receive monthly updates on the actions taken in response to the ideas suggested.

4. GOVERNANCE

4.1 CLINICAL GOVERNANCE REPORT

Pippa Roberts presented the paper which described the Trust's approach to clinical governance and the progress made during 2003/2004.

Marilyn Frampton said that the Education Committee had not met for a year and the sub-committees had never reported into the Education Committee. The terms of reference had been revised but not progressed. Heather Lawrence suggested that the relevant section be re-written.

PR

Heather Lawrence asked why the 2002/2003 Patient Survey had not been included. Pippa Roberts said that action plans had not been followed through, although a number of actions had been taken. Heather Lawrence asked that the report be amended to reflect some of the specific actions taken.

Heather Lawrence asked if there were any areas on which the Trust was required to report that were omitted from the report. Pippa Roberts explained that all areas were covered to some extent with the exception of the actions taken in response to the 2002/2003 Patient Survey. Andrew MacCallum advised that the report was not as 'digestible' as the Picker information and that action plans had not been followed through in detail although some actions had been taken. Heather Lawrence asked that the report be amended to reflect some of the specific actions taken. It was decided that Andrew MacCallum would agree the necessary amendments with Pippa Roberts for submission of the report to the SHA on 29th October.

PR

Jenny Hill said that this type of report needed to be positioned and given more context, for example include a section on why clinical governance was important to the Trust Board. Heather Lawrence advised that the reports be submitted as they met the necessary requirements and that this be included in future reports.

The Trust Board endorsed the report subject to the above amendments.

4.2 CLINICAL GOVERNANCE FORWARD PLAN

Pippa Roberts presented the Clinical Governance Forward Plan which had been written and co-ordinated by Vivian Richards, the Senior Clinical Governance Co-ordinator. The development plan set out the clinical governance priorities for the Trust within the domains required by the Department of Health. The plan had been based on priorities identified from corporate or directorate plans and had been developed with the directorates and approved at the Trust Executive Meeting for Governance.

Progress would be monitored at the Governance Meeting and each month updates would be received from the responsible individuals on their specific actions.

Pippa Roberts advised that in terms of board assurance the areas which needed greater attention in the 2004/2005 were:

Patient experience

- Patient and public involvement agenda including progress with 1000 ideas and the relaunch of the user involvement group. The use of a user involvement database will support the capture of work ongoing in the Trust.
- Patient survey feedback and involvement of frontline staff in the development of action planning in response to the feedback received.
- The patient information agenda – we need to decide how we take forward patient information needs in terms of general information and that required for consent. Local production and off the shelf options need to be considered.
- Cleanliness – great work has already begun in this area led by Edward Donald in partnership with our new facilities contractors

Use of information

- Information governance agenda – Including the development of the internet site, compliance with the freedom of information guidance, strategic and operational work concerning the management of all health records, which included human resource and financial records in addition to medical records and the need to increase training for staff regarding confidentiality issues
- Use of information and patient outcome data to improve services, including the use of HIPPO and other packages. As a Trust we need to take a strategic view of which information systems we will use to support clinical governance and performance.
- Preparation for Payment by Results

Processes for quality improvement***Risk management /learning from incident reporting***

- Closing the loop on our incident reviews which involves ensuring that all our recommendations made in incident reviews are completed and that there is dissemination to ensure organisation wide learning.
- Detailed work around the assurance framework
- Progress against the CNST level 2 maternity and general standards

Clinical Audit

- The 2004/5 audit plan with a greater emphasis on more focussed audits

Evidence Based Practice and Clinical Effectiveness Programmes

- Systems to capture work going on across the organisation, for example to be assured that we comply with National Confidential Enquiries. Need to establish systems eg NCEPOD

Staff focus

- Relaunch of the Workforce and Education Committee
- Development of actions plans and feedback mechanisms for 1000 ideas

Leadership, strategy and planning

- Embedding structural changes established in the first quarters of 2004/5
- Business planning process needs to become more inclusive which will be led by the new Director of Strategy

Research and development

- Integration of the well developed research structures within the umbrella of clinical governance

Jenny Hill felt that the document needed positioning, to show why clinical governance was important for the board.

The Trust Board endorsed the plan of action.

4.3 ANNUAL RISK MANAGEMENT REPORT 2003/2004

Pippa Roberts presented the report, which updated the Trust Board on the progress made during the year. Risks from throughout the organisation had been included,

with the exception of Performance, which would be included the following year. Professor Darzi noted the significant increase in reported incidents, which was likely to be a consequence of an increased awareness of risk reporting.

Charles Wilson referred to the training needs analysis and the requirement for additional resources. Pippa Roberts said that the number of risk managers was to be increased, with funding from CNST money.

Marilyn Frampton suggested that Nigel Grant, Assistant Director of Human Resources (Training) should be involved in the process. Edward Donald said that he had already been invited to attend the General Managers meetings.

The Trust Board endorsed the report.

5. ITEMS FOR APPROVAL/INFORMATION

5.1 ADVISORY APPOINTMENTS COMMITTEES

The Trust Board ratified the appointment of:

**Dr David Rawat, Consultant Paediatric Gastroenterologist; and
Dr Martin Lupton, Consultant Obstetrics and Gynaecology.**

5.2 FACILITIES SERVICES REPORT

Edward Donald presented the paper, which informed the Trust Board of the new Facilities Management structure, and outlined the significant amount of work undertaken since the award of the contracts to ISS-Mediclean and Haden Building Management. The Facilities Management Team comprised Helen Elkington, General Manager, Facilities, John Broughton, Hard FM Manager and Philip Holmes, Soft FM Manager. The service standards set out in the contracts had been based on national standards of cleanliness, catering and building management. Marilyn Frampton said that she had been pleased to see that the contract authorised the nurse in charge of the ward to give instruction to housekeeping/cleaning staff.

Edward Donald said that there had been some economies as part of the contract sum agreement. Key Performance Indicators (KPIs) had been agreed and would be evaluated that month. Following the results of the evaluation, the KPIs would be signed off and used as the basis for contract monitoring. Each sheet would be signed off by both the contractor and the Trust. To ensure patient and staff feedback, both companies would run regular questionnaires as part of their monitoring process. This would be backed up by the work of the PEAT Inspection Team, which would review services and provide feedback on a quarterly basis.

The Estates Controls Assurance Committee would be replaced by a Facilities Assurance Committee, reporting to the Trust Board. Membership and Terms of Reference would be finalised and brought to the Board to approval. ED – Nov. Trust Board

The Trust Board noted the report.

5.3 SECURITY UPDATE

Edward Donald presented the paper which updated the Trust Board on the progress made in implementing the Secretary of State for Health directions to NHS bodies on measures to deal with violence against NHS staff. The directions had been implemented on the whole, with the introduction of the NHS Security Management Service standard Physical Assault Report and Non-Physical Assault Report. The Trust needed to identify the Local Security Management Specialist (LSMS) who would receive a ten week extensive training course. Edward Donald proposed that the role should be filled jointly by the Security Manager, ISSM, and the Soft FM Manager for the Trust.

Edward Donald agreed to check if the national definition of physical assault excluded non-intentional injury.

It was agreed that there should be notices/signage to indicate close circuit television monitoring and posters advising that the Trust had a zero tolerance policy.

Edward Donald advised that the arrangements were in addition to the Trust's local policy, set out in the 'Protection and Care of Individuals who are Violent or Abusive', which would be brought to the next Trust Board agenda. ED/Trust Board Nov.

The Trust Board approved the nomination of the Security Manager and FM Manager to the role of Local Security Management Specialists.

6. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

6.1 There were no questions.

7. ITEMS FOR INFORMATION

7.1 There were no items under this heading.

8. MINUTES OF SUB COMMITTEES

8.1 The Trust Board received the minutes of the Remuneration Committee, 30th September 2004.

The Trust Board endorsed the decision to establish the post of Director of Governance and Corporate Affairs and to re-introduce the post of Director of Strategic Service Development.

9 ANY OTHER BUSINESS

9.1 Andrew MacCallum said that he was pleased to inform the Trust Board that a member of staff, Leigh Chislett, had won the Nursing Times Award for Innovation. The award recognised his work with a leading Hep B vaccination service, 'Sorted'.

10. DATE OF THE NEXT MEETING

10.1 25th November 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 individuals.