Chelsea and Westminster Healthcare NHS
NHS Trust

Minutes of the Public Meeting of the Trust Board held on 6th January 2005.

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

Executive Directors
Heather Lawrence, Chief Executive
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: Amanda Pritchard. Acting Director of Strategy and Service Development
Sue Perrin, Head of Corporate Affairs
Norah Mason, Deputy Director of Human Resources (item 5.3 only)

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1. GENERAL MATTERS

1.1 WELCOME AND REMARKS BY THE CHAIRMAN
The Chairman welcomed the members of the public.

1.2 APOLOGIES FOR ABSENCE
Apologies were received from non-executive directors Professor Ara Darzi and Charles Wilson and Mike Anderson, Medical Director.

1.3 MINUTES OF THE MEETING HELD ON 25th NOVEMBER 2004
The minutes of 25th November 2004 were agreed as a correct record and signed subject to the following amendment:
5.2, 2nd paragraph, 2nd sentence should read that Marilyn Frampton had 'been told about' the distress caused to neighbouring patients by a disruptive patient.

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 meeting with the Department of Heath, referred to in the previous minutes, was for trusts, which had three stars. Chelsea and Westminster was in the strand of trusts, which had lost stars and would not be required to re-submit an application until after the results of the current round of star ratings. The Trust would continue to build on the work done and the membership, but this would be balanced with the performance of the organisation. A government review of the first wave NHS Foundation Trusts was to be undertaken. The Board would be kept updated.

1.4.2 INFORMATION GOVERNANCE PLAN
Alex Geddes said that the main components of the Chelsea and Westminster internet

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site had been completed, but the site was not available for general viewing.
Information had been circulated to directorates for review and updating. A target date of the beginning of March 2005 was agreed. AG

1.4.3 INPATIENT AND YOUNG PATIENT SURVEYS

Andrew MacCallum said that he had led the first business planning meeting, which had centred around the patient survey, user and public involvement and the role of modern matrons. During the following week, he would be meeting with the General Managers to finalise the action plans, which would be an integral part of the business planning process.

1.4.4 PERFORMANCE MANAGEMENT AMcC/Feb Trust Board

Andrew MacCallum said that the Control of Infection Annual Report would be brought to the February Trust Board.

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

Edward Donald said that the procedure, together with a number of related procedures and polices, would be reviewed by the end of January, and following consultation during February, would be brought back to the March Trust Board. ED/Mar Trust Board

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

Andrew MacCallum said that he and Edward Donald had met and discussed the overlap between the Charter and PEAT. Edward Donald said that ISS undertook regular surveys and the standards of cleanliness were included in the Key Performance Indicators.
Heather Lawrence suggested that Patientline be used to pick up patients' comments.
Andrew MacCallum said that the Charter identified nursing staff as the key people to make an impact on the standard of cleanliness. The ward sister was responsible for ensuring that all issues were logged, but there remained some long standing problems. He was concerned that patients could be asked questions on issues, which ward staff had been attempting to resolve.
Edward Donald said that weekly meetings were held, including ward and ISS staff. Ad hoc issues were reported via the helpdesk. He noted the need to follow through outstanding items.

1.5 CHIEF EXECUTIVE'S REPORT

1.5.1 PERFORMANCE

Heather Lawrence said that, with effect from February, her report would give an overview of the Trust's overall performance. She noted that there continued to be significant financial risks.
The predicted deficit remained at over £1 million, primarily due to the PCTs reducing their commissioning portfolio at a late stage in the financial year.

1.5.2 CHEYNE DAY CENTRE

Heather Lawrence said that following the November Board meeting of the PCT, a co-signed letter had been sent to the statutory organisations responsible for the education and health of a number of children, who had been assessed as being suitable for the Cheyne Centre, to ascertain if funding would be available. Minutes of the PCT Board Meeting were not available.
Only one response had been received and the Trust had therefore not been able to review the future of the Centre at this stage.
The Trust had suffered a shortfall in funding for two years and could not continue to

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provide the service at a loss. The matter would be pursued with the PCT.
The Trust Board noted the difficult position for the Trust, the parents and children.

1.5.3 GENERAL MANAGERS

Heather Lawrence said that a number of applicants had been shortlisted for the General Managers' posts, and that an assessment centre would take place on 14th January.

1.5.4 BUSINESS PLANNING

Heather Lawrence said that the launch of the Business Planning had received a good response. She outlined the topics, which would be covered in the meetings.
Amanda Pritchard tabled and led a discussion on 'Business Planning 2005-06 – Corporate Objectives'.

1.5.5 BURNS CENTRE

Heather Lawrence said that, following the Burns Designation site inspection, a letter was in circulation stating that the Burns Unit should become a Burns Centre for adults in London. This recommendation had not been seen and it was not known to whom it would be made and what the process would be.

1.5.6 TSUNAMI DISASTER

Heather Lawrence said that it was not believed that any members of staff had families affected by the disaster. One doctor had requested leave to go to the area to help. The Trust Board agreed that this should be covered under existing formal mechanisms, such as the career break scheme.
Donations through the payroll system were discussed, but it was agreed that this should not be pursued as easy to access official collections had been established.
The Trust Board agreed that a response on behalf of the Trust should be considered after the immediate effects of the disaster had eased. Jenny Hill suggested that this could be an appropriate use of Charitable Funds. Trust Board

2. PERFORMANCE

2.1 FINANCE REPORT

Lorraine Bewes presented the report, which showed that the overall financial position of the Trust at Month 8 had been an over spend of £3.486 million, an adverse movement of £0.692 million on the previous month's position. The trend on income and non-pay was not expected to continue. The pay over spend was £200,000 over target, a significant reduction on overspending in previous months, and reflected the reduced use of bank and agency staff; this trend was expected to continue.
The forecast year end deficit was £1.04 million, after the release of £2.14 million reserves.
There had been a focused effort to quantify the risks previously highlighted, with the result that there was much more certainty over these risks with the exception of the Pathology SLA. Negotiations were being progressed with Hammersmith Hospital. The Trust continued to work on contingency measures.
Andrew Havery asked for clarification of the quality bond. Lorraine Bewes explained that the host PCT had provided non recurrent funds to the Trust to drive quality improvements. The SHA had supported the PCT's right to withdraw this funding in year despite it being committed to specific projects.
It was noted that the community physiotherapy budget would be withdrawn from the following year.

The Trust Board noted the financial position at Month 8 and the significant

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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 8. 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. The full year effect of recurrent plans would achieve £5.5 million savings from 2005/06 onwards. There was a priority for directorates to identify recurrent schemes to achieve the £4.155 million recurrent balance. They would be required to take a more strategic look (five years) and work up initiatives on this basis. An update would be brought to the February Trust Board. LB/Feb Trust Board

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

2.3 PERFORMANCE MANAGEMENT

Lorraine Bewes presented the report, which had been prepared by Nick Cabon, Head of Performance and Information. The new format showed predicted outcome against each scoring indicator.

Lorraine Bewes highlighted key points as follows:

- The Trust had underachieved on the 9 month waiting time target. This related to one patient who had waited 13 months for admission: this counted as four times. Records were being checked; if the patient had been unavailable on any occasion, this would affect the scoring.
- The Trust was likely to under achieve on the 17 week outpatient target.
- The financial management indicator had a high risk of being under achieved.
- The Trust was on course to achieve the A&E target of 98% of patients having been assessed, treated, admitted or discharged within 4 hours, and the 2 week wait cancer target, if there were no more breaches during the financial year.

The list of the 2004/2005 balanced scorecard indicators had been published, together with detailed construction for 20 of the 32 indicators.

The predicted performance for the capacity focus area was shown as bottom to middle band, dependent on the level of performance in the Information Governance Toolkit. Current performance was 45%, but there was an action plan to move performance up to around 70%.

The predicted performance for the clinical focus area was middle or top band. CNST level 1 had been adequate for the achievement of Band 3 in previous years. However, as many Trusts had achieved higher CNST levels, the Trust might find itself in Band 2 for 2004/2005.

The predicted performance for the patient focus area was middle band. There was some scope for improvement in this focus area.

Heather Lawrence said that 'predicted outcome' was confusing and needed to be clarified by also showing the year to date.

The increase in MRSA from 39 bacteraemia the previous month to 47 was noted.

The Chairman commended the format of the report.

The Trust Board noted the report and conclusions.

3. STRATEGY/DEVELOPMENT

3.1 1000 GOOD IDEAS

Andrew MacCallum said that the target of 1000 good ideas had been achieved by early December, and these would be incorporated into the business planning process. There had been a two page feature in Trust News, as part of the drive to publicise

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what had been achieved.
Marilyn Frampton asked about progress with the dedicated lift for bed bound patients on the way to theatre. Heather Lawrence said that this was part of the lift refurbishment plan, which was underway at a cost of £1.5 million over three years. Andrew MacCallum said that in the interim staff should be reminded of the existing dedicated lift.
Andrew Havery indicated items that had been achieved, but the tense of outcome had not been altered to reflect this.

The Trust Board noted the report.

3.2 CONVERGENCE WITH THE NATIONAL CARE RECORD SERVICE

Alex Geddes said that the report had been amended to take on board suggested changes to the format and comments made at the Board seminar. The Trust Board was asked to authorise commencement of work to implement the third release of National Care Record Service (NCRS) when it became available post September 2005. This was most likely to occur in the first quarter of 2006/2007 and would allow the Trust to adequately plan and undertake the associated change management and benefit realisation.
The Trust had been proposed as the first to implement the PCIS Anaesthesia and Theatre System to support the service strategy for the Day Treatment Centre. Implementation was scheduled to start in January, with go-live in July 2005.
The National Programme for IT (NPfIT) would fund 2 licenses: Alex Geddes would clarify with IDX what this actually covered. AG
Heather Lawrence said that an interim solution for the Treatment Centre would be required.
Alex Geddes said that the contract with IDX was being extended and a formal change notice being reviewed. This would be brought to the February Trust Board for ratification. AG/Feb Trust Board AG
Jenny Hill asked that the Trust Board receive a report on risks and how they would be managed. Alex Geddes outlined three stages of work:

- a business case, indicating costs, benefits and risks;
- the effect on the IDX contract with a cost-benefit analysis; and
- review at key stages.

Jenny Hill said that clinical/staffing issues needed to be identified. Alex Geddes agreed that IT was a relatively small part; the key aspects related to staff training and organisational change.

The Trust Board supported the commencement of work to implement the National Care Record Service when the third release became available.

4. GOVERNANCE

4.1 There were no items under this heading.

5 ITEMS FOR APPROVAL/INFORMATION

5.1 NURSING AND MIDWIFERY WORKFORCE REVIEW

Andrew MacCallum presented the report, which had been received late and was therefore not supported by recommendations from the Executive Directors.
The report had been commissioned on the principles of providing effective use of the workforce; to equip the workforce to deliver services in line with changes over the

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next five/ten years and diminishing barriers; and to retain Chelsea and Westminster as a hospital of choice for nurses working in London.
Andrew MacCallum noted that the Trust had not made progress in the development of the role of the support worker. He considered the recommendations in the report to be conservative. In respect of ward areas there was concern about attracting enough staff to comply with the registered nurse to non-registered nurse ratio: some progress had been made. In Critical Care, it was considered desirable to maintain the ratio of one nurse to one patient. In NICU/SCBU, there was no scope for change. Out-patients presented the biggest scope for the development of the support worker. A&E, until recently, had been 100% registered nurses; 2 support workers had been recruited. In midwifery, there was no scope for change. Recommendations from the forthcoming Birthrate plus study would be taken into account.
Increased staffing was recommended in the Burns Unit because of the range of treatments and high dependency of patients.
The baseline of nursing and midwifery staffing would be brought to the Trust Board for approval. A paper setting out principles, issues and linkages would be brought to the February Trust Board. The Action Plan from the maternity review would be included. AMcC/Feb Trust Board

The Trust Board noted the progress of the Workforce Review.

5.2 AGENDA FOR CHANGE

Maxine Foster presented the report, which updated the Trust Board on National and Local implementation, including the lessons from the Early Implementers, which identified the importance of communication. Future reports would be on an exception basis showing variations from plan.
There had been initial concerns about capacity, but significant progress had been made by matching the majority of posts against those on the website. Jobs had been clustered into categories and only an estimated 10% would need to be matched individually.
Only 3% of staff were paid under Whitley pay scales. Therefore the majority of staff would have the option to remain on existing terms and conditions. Lorraine Bewes noted that two payrolls would have to be run.
Maxine Foster said that progress was being tightly monitored by the SHA on behalf of the Department of Health.

The Trust Board noted progress and the risks to timely implementation.

5.3 IMPROVING WORKING LIVES

Maxine Foster said that the Trust was working towards achievement of Improving Working Lives Practice Plus Status and would be validated at the end of April 2005 – the first trust within the sector. Information to and communication with staff was crucial.
Norah Mason said that focus groups would be held throughout January. A storyboard describing the Trust's journey from Practice to Practice Plus status had been developed. There would be road shows to promote initiatives and evidence would be used from the recent staff survey.

The Trust Board noted progress and ratified the timetable.

5.4 DIRECTIONS TO NHS BODIES ON COUNTER FRAUD MEASURES 2004

The Trust Board designated Andrew Havery as the non-executive director to undertake specific responsibility for the promotion of counter fraud measures.

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5.5 COMPLAINTS AND PALS ANNUAL REPORTS, 2003/2004

Andrew MacCallum presented the papers, which outlined performance in terms of national standards. Overall the number of complaints was lower and it was believed that this was related to the establishment of PALs in an easily accessible location. The report gave a break down by directorate and an indication of themes and existing workload. The number of complaints relating to information had decreased, whilst those relating to care and treatment had increased.

Marilyn Frampton asked that the Trust Board received a progress report on the new system, including referrals and contacts with the arbitration service. AMcC

Jenny Hill suggested that the report for the following year should focus on how complaints had been used for learning purposes.

Andrew MacCallum confirmed that the report had been prepared in a standard format. Jenny Hill said that benchmarking data would be interesting.

The Trust Board endorsed the report.

6. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

(This item was taken before item 5.)

6.1 A member of the public raised issues relating to the standard of cleanliness of a disabled toilet and use by non-disabled people.

Heather Lawrence said that the Trust had recognised the shortage of disabled toilets and this was being addressed.

The member of the public also raised the issue of the time to be given a first out patient appointment. She had been cancelled on two occasions and not given a reason.

Heather Lawrence said that the PCT had commissioned on the basis of patients being given an appointment within 17 weeks. There would be fluctuations between different clinics depending on demand.

The issues were discussed with Edward Donald outside the meeting.

7. ITEMS FOR INFORMATION

7.1 There were no items under this heading.

8. MINUTES OF SUB COMMITTEES

8.1 AUDIT COMMITTEEE, 19th NOVEMBER 2004 LB/Feb Trust Board

Lorraine Bewes said that she would prepare a report on shared services for the February Trust Board.

8.2 CLINICAL GOVERNANCE ASSURANCE BOARD, 10th DECEMBER 2004

Jenny Hill said that it was the first meeting of the new committee and time had been spent considering the terms of reference and their alignment with other committees. There was a need to look at the umbrella of governance, which the Trust Board had to develop, including the alignment of sub committees in governance terms, She had discussed Board Assurance Tools with the Chairman and would work with Pippa Roberts and Marilyn Frampton on their development.

9 ANY OTHER BUSINESS

9.1 There was no other business.

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10. DATE OF THE NEXT MEETING

10.1 3rd February 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 and the Charitable Funds Committee.