Chelsea and Westminster Healthcare NHS
NHS Trust

Minutes of the Public Meeting of the Trust Board held on 5th January 2006.

Present: Non-Executive Directors
Juggy Pandit (Chair) Marilyn Frampton Charles Wilson

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

In Attendance: Sue Perrin, Head of Corporate Affairs
Rona McKay, Emergency Planning Officer (item 5.1 only)

Action

1. GENERAL MATTERS

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

1.2 APOLOGIES FOR ABSENCE
Apologies were received from Andrew Havery and Karin Norman.

1.3 CONFLICT OF INTEREST
No conflicts of interest were declared.

1.4 MINUTES OF PREVIOUS MEETINGS

1.4.1 MINUTES OF THE MEETING HELD ON 01st DECEMBER 2005
The minutes of the meeting held on 01st December 2005 were agreed as a correct record and signed, subject to the following:
WORKFORCE REPORT
1st paragraph should be amended to read 'She (Maxine Foster) noted that the increase in midwifery vacancies was due to an increase in the budget.'
MEMBERSHIP STRATEGY
2nd paragraph should refer to 'Constitution', not 'Membership Strategy'.
NHS FOUNDATION TRUST STATUS
Whilst the third resolution to submit an application with a proviso had been recorded correctly, it had subsequently been revised at the Extraordinary Meeting of the 9th December. It was agreed that a note should be added to the minutes to reflect this. Chair/SP

1.4.2 MINUTES OF THE MEETING HELD ON 09th DECEMBER 2005
NHS FOUNDATION TRUST STATUS
3rd paragraph, 3rd sentence should be amended to read, 'Lorraine Bewes said that although the Trust could not control when debtors paid, it did have some influence …….'

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It was agreed that NHS Foundation Trust Status should be a standard agenda item. HL

ANY OTHER BUSINESS

The successful contractor was Russell *Cawberry* and the budget was *£0.87million*.

1.5 MATTERS ARISING FROM PREVIOUS MINUTES

The Trust Board noted the update on matters arising and discussed the following:

1.5.1 NHS FOUNDATION TRUST STATUS

Lorraine Bewes said that the Department of Health had been asked for clarification of funds and a response was expected the following week.

No specific options for re-financing had been agreed, but a number were under consideration, including a long term loan, phasing of payments and income settlement, and review of savings plans, expenditure and capital.

Lorraine Bewes would bring a paper to the next Trust Board, with a view to giving assurance that the application should not be withdrawn, even although the financial issues might only be partly resolved. LB

Andrew MacCallum said that the Trust's solicitors had informed him that the suggested changes to the Constitution were not permitted. It was a statutory requirement that the Members Council established the terms and conditions for non-executive directors. He agreed to compare with the statutory Constitution, which would be effectives for Trusts achieving NHS Foundation Status in October and thereafter.

Lorraine Bewes responded on the indemnity provisions. She said that existing Foundation Trusts had not taken additional insurance. She considered that current arrangements were adequate. However, these would be reviewed as part of the Assurance Framework.

Alex Geddes responded on business continuity risk around IT, by outlining the improvements, which had been made in respect of communication facilities both on and off site. It was agreed that the subject needed wider consideration. AG agreed to bring a paper to the Trust Board, via the Information Management and Technology Committee. AG

1.5.2 PROPOSED CLOSURE OF PRINCESS LOUISE (KENSINGTON HOSPITAL)

Heather Lawrence said that she would respond to the consultation on behalf of the Trust Board. HL

1.5.3 PRIVATE PATIENTS RECOVERY PLAN

Heather Lawrence said that private patients remained high risk. Action being taken to increase income included enforcement of restrictions on NHS patients being admitted to the Unit and use of sessions in the Treatment Centre. The business case for a Private Patients Manager would be finalised. HL

Lorraine Bewes said that the forecast had been revised downwards to reflect the fact that only two of the additional theatre sessions had been taken up.

1.5.4 CHILD PROTECTION QUARTERLY REPORT

Mike Anderson said that a Healthcare Commission report had not apparently addressed any of the issues regarding Capio Nightingale House. Paul Hargreaves would obtain the correct information and then draft the letter on behalf of the Trust Board. MA

1.5.5 PERFORMANCE REPORT

Lorraine Bewes said that the Cancer Indicator now gave patients without an NHS number in the total and shown as a separate figure.

Action

1.5.6 AGENDA FOR CHANGE

Heather Lawrence said that financial provisions had been prudent, and a cost pressure was not envisaged. However, there had been an increase in pay, and a number of staff had been given pay protection. A paper would be brought to the April Trust Board in respect of benefits realisation for both Agenda for Change and the Consultant Contract. Staff had been graded on the basis of the knowledge and skills required for posts. The Trust should take this forward and make clear to staff what was now expected. MFo/ AMacC

Maxine Foster noted that a number of appeals against grading were anticipated.

1.5.7 MEMORANDUM OF UNDERSTANDING WITH THE ROYAL BROMPTON

Heather Lawrence said it had not been possible to obtain legal advice on the document because of the Christmas holiday. The Royal Brompton was enthusiastic about proceeding with the agreement. She proposed to take forward the discussions with the Chief Executive of the Royal Brompton, and possibly to hold subsequent discussions with The Royal Marsden. HL

1.5.8 AUDIT COMMITTEE HANDBOOK

Marilyn Frampton, Chair of the Clinical Governance Assurance Committee, said that a meeting of the Chairs of Audit and Assurance Committees, to discuss terms of reference, was still to be arranged. Progress had been made in respect of aligning the dates and agendas of the Audit and Clinical Assurance Governance Committees. However, there remained work to be done on how these two committees and the Facilities Assurance Committee could work more closely together. MFr

Marilyn Frampton and Andrew Havery, Chair of the Audit Committee, had met briefly to discuss the Audit Committee handbook. At the recent Audit Committee meeting, members had discussed their completed checklists (from the handbook) and forward planning of the agenda for the year.

Marilyn Frampton said that she had met with Mike Anderson, Chair of the Trust Executive Clinical Governance Committee to clarify its relationship with the Clinical Governance Assurance Committee.

1.6 CHIEF EXECUTIVE'S REPORT

The Trust Board noted the Chief Executive's report and discussed the following:

1.6.1 AUDIT COMMISSION – NHS AUDIT 2005/2006

Heather Lawrence said that following discussion of the document 'Key Lines of Enquiry for Auditors Local Evaluation Assessment', she had allocated a lead Executive Director for each line of enquiry. Responsibilities would be scheduled for discussion at the weekly Trust Executive meeting. The Key Lines of Enquiry were not mandatory for NHS Foundation Trusts, but good practice.

Lorraine Bewes tabled a paper entitled 'Annual Health Check: Methodology', which gave the brief details published by the Healthcare Commission (CHAI) of how the 2005/2006 performance rating for each individual trust would be calculated. The overall rating would be based on the assessment of the following components where relevant: - core standards declaration, use of resources, existing national targets, new national targets, improvement reviews, and the Acute Hospital Portfolio. LB

If a trust was the subject of a CHAI improvement review, the scores would be incorporated in the overall rating. The Trust would be taking forward two improvement reviews in the current year, one relating to Services for Children in the Hospital and the other relating to heart failure. Lorraine Bewes would bring details of the specific requirements to the next meeting. The improvement reviews related directly to the developmental standards.

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The Acute Hospital Portfolio areas being assessed during the current year were Medicines Management, Diagnostic Services and Admissions Management.

1.6.2 SENIOR STAFF

Heather Lawrence said that Derek Bell would take up his post as the Professor of Acute Medicine in Spring 2006.

Elliot Howard-Jones had been appointed as Acting Director of Service and Strategy Planning (3 days a week). He would lead on Service Level Agreements and the Corporate Plan. Fleur Hanson had been appointed to continue the Foundation Trust work.

Heather Lawrence had shared the job descriptions for the posts of Deputy Chief Executive and Director of Service and Strategy Planning with the non-executive directors and would also share with the executives. These posts had been included in the organisational structure submitted as part of the NHS Foundation Trust application.

1.6.3 CHRISTMAS

Heather Lawrence said that the Christmas period had been quiet, but the New Year had been busier, particularly for Accident & Emergency. Beds were currently being opened. 'Downtime' would be considered in future planning. This would link with Agenda for Change and its additional holidays.

Heather Lawrence noted that sickness had been higher than normal.

1.6.4 FINANCE

Heather Lawrence said that the Finance Report highlighted the key risks in achieving a surplus of £2.1 million. The significant increase in energy charges had an impact of £0.5 million risk in year.

Edward Donald said that combined heat and power remained an option, and he would advise the Trust Board at a future meeting. ED

1.6.5 CONSULTATION ON CHANGES TO LONDON'S STRATEGIC HEALTH AUTHORITIES

Mike Anderson noted the cost of the proposed changes to Strategic Health Authorities (SHAs), which would have to be recovered from PCTs, and the likely impact on Trusts. It was agreed that Heather Lawrence would respond to the consultation on behalf of the Trust.

1.6.6 NORTH WEST LONDON SECTOR STRATEGIC REVIEW

The Trust Board noted the letter 'Our Healthy Future' from the SHA Chief Executive.

2. PERFORMANCE

2.1 FINANCIAL REPORT – NOVEMBER 2005

Lorraine Bewes presented the report, which showed the forecast position for the year-end of a surplus of £2.1 million. Whilst the overall forecast had not changed, there had been a significant swing in the income and expenditure forecasts, which had balanced each other out.

There had been a significant increase in forecast cost pressures during the month. The most significant being the increases in utility prices (forecast £0.567 million increase to the end of the year) and additional invoices for Pathology (£0.634 million to date). Hammersmith Hospital had agreed to give supporting detail for validation of the invoices, but these had not yet been forthcoming. Mike Anderson said that there were problems in outsourcing Pathology, other than financial ones. For example, tests

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results given to GPs were not available to the hospital, and therefore tests were re-ordered. He noted that this problem could be resolved partially through technology, but considered that there should also be a longer term plan. Heather Lawrence said that the first stage was the preparation of a service specification and would take this forward through the Trust Executive. HL

In mitigation of these, there had been an increase in forecast over performance income of £1.7 million, following the inclusion of additional patient activity, which had been omitted due to a systemic error in the recording and grouping of patient spells (time from admission to discharge). The software recorded finished consultant episodes and patients admitted for multiple stays with the same consultant had been treated as only one spell by the software. A higher level of over performance income had been included in the forecast, following the correction of the activity recording. However, due to the significance of the change and late notification to PCTs, some were likely to dispute the claim. Therefore, only 50% of this activity had been assumed in the forecast.

There had been a high level of overseas visitors from countries with reciprocal agreements, but private patient income had deteriorated.

The Chairman asked if it was anticipated that the Trust would meet its demanding year end target for cash.

Lorraine Bewes said that cash was still within forecast. Between December and March, cash had to be generated from operating activities, namely timely billing and a reduction in income accruals and by holding back creditor payments. Work on re-financing and brokerage was in progress. Working capital plans would be extended through the following year on a monthly basis.

The Chairman noted that the Trust's year-end forecast position was not sustainable on an ongoing basis.

Lorraine Bewes said that the results of the Wandsworth arbitration were expected. The worst position had been assumed in the forecast.

Charles Wilson referred to bank and agency staff hours booked in November of 12% higher than the same period the previous year but agency staff bookings being 46% less. Heather Lawrence said that this was in part attributable to the role of NHS Professionals. Significant reduction in agency rates had been negotiated, and it would be appropriate to review the role of the Trust's own Staff Bank, by revisiting its strategy and rates. It was noted that it was an advantage to use staff from the Bank who were generally the Trust's own staff, of high quality and familiar with Trust procedures.

The Trust Board noted the financial position at month 8.

2.2. PERFORMANCE

Lorraine Bewes said that the Trust was on track to meet all of its main targets, with the exception of the 62 day cancer wait target indicator, for which the actual reporting period of 1st January had just started. There were also a few concerns amongst the other indicators.

In respect of the Accident & Emergency Department, the Trust had just reached the required threshold for the year to date of 98%. In order to achieve this target for the whole year the Trust needed to ensure that the 98% target was met during each of the final months.

Heather Lawrence noted that the Trust was at risk of not achieving the standard for delayed discharges, and said that this would be discussed at the Trust Executive meeting. HL

Performance in respect of the Patient Complaints target had dropped to 71% during the month.

It was noted that the comment regarding the Trust not performing well in patient

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surveys was incorrect.
43% of staff had returned their survey, compared with 50% in the previous year.
Maxine Foster said that the Trust had undertaken its own directorate surveys, but not a Trust wide survey because of the workload of Improving Working Lives.
Edward Donald reported on the cancer wait targets. The benchmark had been re-set at 600 and confirmation had been received that this had been further reduced to 400. The Trust was continuing discussions with the Department of Health that 300 was the correct benchmark, on the basis of evidence regarding the number of patients actually first treated at the Trust. He explained that should 80% data completeness of this benchmark not be achieved, the Healthcare Commission would not assess the Trust against the 31/62 day targets, on the basis that insufficient patients had been recorded as treated compared to the benchmark figure.
Edward Donald said that progress had not been made in respect of patients without an NHS number being included in the national cancer waits database. Other trusts had also raised this as an issue. This would continue to be pursed with the Strategic Health Authority, the Department of Health and the Healthcare Commission until a satisfactory solution had been achieved.

The Trust Board noted the report.

3. ITEMS FOR DECISION/APPROVAL

3.1 GOVERNANCE STRUCTURE

Heather Lawrence said that the Trust Board was asked to ratify the decision to amend the narrative, to show that the Trust Board was responsible for strategic decision making and the Trust Executive for operational decision making.
Charles Wilson considered that marketing/reputation was missing from the structure.
Heather Lawrence said that this should be considered in time - the wheel showed the current risk structure of which it was not a part. She said that the Director of Governance and Head of Communications would take this forward, when she took up post.

Dir/Gov & Corp Affairs

The Trust Board ratified the decision to amend the narrative given with the Governance Structure.

3.2 INFORMATION AND DATA QUALITY POLICY

This item was deferred and would be brought back to the Trust Board after discussion at the Information Management and Technology Group.

4. ITEMS FOR ASSURANCE

4.1 There were no items under this heading.

5. ITEMS FOR NOTING

5.1 INFLUENZA PANDEMIC CONTINGENCY PLANNING

Andrew MacCallum presented the paper, which outlined the work being undertaken in the Trust to plan for the influenza pandemic, predicted by the World Health Organisation within the next three years. Although it was impossible to predict the impact, it was clear that it would generate demands for healthcare, which might saturate or overwhelm normal NHS acute services for several weeks or months. All healthcare agencies had been required to provide a plan, which would be used in the event of a pandemic being declared. Rona McKay, Clinical Nurse Lead, Accident &

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Emergency, had been seconded to the role of Emergency Planning Officer and was working closely with The Royal Brompton Hospital.
In reply to a specific question, Rona McKay said that procedures to be followed in the case of an influenza epidemic would be covered by the Trust's Major Incident Policy.
The Trust Board discussed some of the potential implications for the Trust/country and noted that, in such an event, criteria for admission to hospital would have to be decided. It was likely that the majority of cases would be treated in a specially designated centre, such as Earls Court.
Andrew MacCallum said that the Trust plan would be brought to the next meeting. AMacC

The Chairman thanked Rona McKay for attending the meeting.

The Trust Board noted the report.

5.2 NHS FOUNDATION TRUST RECRUITMENT REPORT

Andrew MacCallum presented the report on the progress of the membership drive. An additional 1018 members had been recruited, bringing the total to 5,000. Information would be circulated to staff with the January payslips. There would also be information in Trust News, information giving sessions and face to face campaigning.
Andrew MacCallum said that elections had to be called on 25th January and nominations received by 7th February. Voting papers would be circulated in March.
Andrew MacCallum was asked to check if the Members Council would be set up in shadow form, should there be a delay in achieving NHS Foundation Trust Status. AMacC
The Chairman informed the Board that, at the request of the Charity, the database of members would be shared with them.

The Trust Board noted the report.

5.3 COMPLAINTS AND PALS REPORTS

Andrew MacCallum presented the reports. Comments made by members at a previous meeting had been reflected in the reports. The inclusion of the total number of patients showed that the percentage of complaints received was very small.
As reported earlier the target of 89% of complaints being responded to within 20 working days had not been met during the current month. Work was in hand with directorates to ensure that deadlines were met.
The three top issues identified through the process remained the same – attitude of staff/behaviour of staff, clinical treatment and appointments issues. The number of complaints about accessing appointments had increased because of a change in the outpatients appointment system in the Kobler Clinic (HIV/Aids).
The Trust Board suggested that trends in types of complaint should be shown over a longer period (quarters one and two only had been given). Also, Accident & Emergency should be split from Medicine. AMacC
Andrew MacCallum said that the report would be shared with the Engagement and Partnership Group.
In response to a question from Marilyn Frampton, Maxine Foster said that the Customer Care Training had not been agreed, as the tender process had not been robust.
Andrew AmcCalllum said that that the PALs report showed an increase in activity. This was believed to be a result of the increased level of information and publicity.
Heather Lawrence asked for clarification of 'concern, general queries and brief queries'. AMacC
Lorraine Bewes considered that it was important that feedback on 1000 Good Ideas AMacC

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continued.
Marilyn Frampton commended the section 'Actions taken in Response to Issues Raised with PALS', as it showed the Trust's responsiveness.

The Trust Board noted the reports.

5.4 KEY LINES OF ENQUIRY FOR AUDITORS LOCAL EVALUATION ASSESSMENTS

This had been discussed earlier. The complete document had been circulated for information.
It was agreed that the Trust Board should be updated on these assessments. This would be via the Audit Committee, should timing of meetings permit.

6. ITEMS FOR INFORMATION
6.1 REGISTER OF SEALING

The Trust Board noted the report on the use of the seal.

6.2 RISK MANAGEMENT COMMITTEE – MINUTES
The Trust Board received the minutes of 17th November 2005. It was agreed that the Director of Governance would be asked to advise on whether the Trust Board should receive these minutes. Dir of Gov
Andrew MacCallum informed the Board that the CNST visit would take place the following week.

7. QUESTIONS FROM THE MEMBERS OF THE PUBLIC
7.1

There were no questions.

8. ANY OTHER BUSINESS
8.1 There was no other business.

9 DATE OF THE NEXT MEETING
9.1 2nd February 2006

10. CONFIDENTIAL BUSINESS
10.1 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 individual patients and staff.