

Trust Board Meeting, March 2nd 2006 Minutes

Present:

Non-Executive Directors:	Juggy Pandit (JG) (chairman) Marilyn Frampton (MFr) Andrew Havery (AH) Karin Norman (KN) Charles Wilson (CW)
Executive Directors:	Heather Lawrence (HL), Chief Executive Mike Anderson (MA), Medical Director Lorraine Bewes (LB), Director of Finance and Information Edward Donald (ED), Director of Operations Maxine Foster (MFo), Director of Human Resources Alex Geddes (AG), Director of IM&T Andrew MacCallum (AMC), Director of Nursing
In Attendance:	Elliot Howard-Jones, (EHJ), Interim Director of Strategy and Service Development Cathy Mooney (CM), Director-Elect of Governance Fleur Hansen (FH), Foundation Trust Lead

1. GENERAL BUSINESS

1.2 Apologies for Absence

No apologies recorded.

1.3 Declarations of Interest

No conflicts of interest were declared.

1.4 Minutes of the Previous Meeting held on 2nd February 2006

KN had a number of amendments to the minutes of the previous meeting:

2.1 – Finance Report

Paragraph 1: Karin Norman asked if there would be an arbitration process for Foundation Trusts – Lorraine Bewes to clarify at next meeting.

Paragraph 2, second sentence: Karin Norman requested that the Board be able to see expenses deferred on an exceptional basis for whatever purpose to assess the new cash position.

6.1 Register of Sealing

Second sentence: There was debate around a number of issues associated with the sealing of the Hairdresser's lease with questions being asked as to why such a low level of rent applied when they were in fact open to the public. There was also discussion around the length of the lease and the location of the Hairdresser's.

The minutes were then agreed as a correct record and signed.

1.5 Matters Arising

5.1 /Aug/05 Child Protection Quarterly Report

MA confirmed that the Report has been escalated to a more senior person at the

Healthcare Commission and we are awaiting a response.

Action: Response to be brought to next Board meeting.

MA

3.2/Dec/05 Memorandum of Understanding with the Royal Brompton

A paper shall be tabled in the Confidential section of the meeting.

1.5.1/Jan/06 Business Continuity Risk

AG confirmed that the paper will be tabled at the IM&T Steering Group on May 30th (IS THIS TOO FAR AWAY?) and then brought back to the Board

5.1/Jan/06 Influenza Pandemic Contingency Planning

HL proposed that this should be a standing item. AMC reported that there will be a report submitted at the next Board.

Action: Influenza Planning paper for next Board

AMC

1.6 Chief Executive's Report

Staff

HL welcomed Cathy Mooney to her first Board and confirmed that she will commence her role as Director of Governance on March 13th. HL also informed the Board of the appointment of Debbie Richards as the new General Manager for HIV and GUM. HL also updated the Board on the progress of recruiting an academic non-executive director – someone has been approached and their CV is currently with the Appointment's Commission for consideration.

Finance and Performance

HL confirmed the Board that the Trust was still expected to make a surplus subject to the issue surrounding the HIV Consortium. HL informed the Board that on a national level the Trust was performing well in comparison to other Trusts.

Regarding performance the most significant concern is around the A&E target of 98%. This has been due to the unprecedented numbers of attendees in both adults and children's A&E. The Trust will need to be at 98.4% for the start of the year and HL said that significant management and operational input will be required to meet this. Another area for concern was around urology cancer wait times. ED had met with St Mary's regarding this and HL said there were no concerns that currently needed to be raised with the Board.

Cancer Peer Review

HL informed the Board that the recent Peer Review had been very successful and highlighted the excellence of the Trust's cancer clinical teams. Feedback was very good and the Trust was the first Trust in the country to meet the Intrathecal Chemotherapy measures. The Trust has received the report and an action plan was being drawn up addressing issues around the complexity of pathways in South West and North West London.

It was noted that the Board extended its congratulations to all staff involved.

Ravenscourt

HL received a letter from the SHA concerning the future of the Ravenscourt Hospital. HL told the Board that the Trust had been asked to contribute to a transfer of orthopaedic cases in order to secure the future of Ravenscourt. HL pointed out that this was not well received and that it posed a threat to the Trust's one site service and exceptional reputation in the speciality, not to mention patient choice. The Board discussed a number of options and KN asked whether this would be an enforceable action on the part of the SHA. HL noted the necessary 6-months notice for transfer of services had not been given.

It was decided that HL would continue with negotiations with the SHA and that would report to the Board on progress at future meetings.

Connecting for Health

HL informed the Board that the Trust had commenced using Choose and Book with 165 referrals in the last four months. It will though be necessary for Lastword to be compliant with the National Spine in order for there to be gateways at either end. Therefore the GE/BT connection must be secured before this can proceed. AG told the Board that GE was planning to test its software at the BT facility to determine if it will connect with the National Spine and that BT was requiring a £30,000 down payment in order to do this. Given the time frame presented through the introduction of Choose and Book, a choice of EPR system would need to be made. AH suggested that even though Care Cast was rejected in the past because of limited functionality, it might be appropriate to reassess this decision. AG to explore different options available to Chelsea & Westminster to ensure that we maximise e-health opportunities.

Action: Paper to be prepared for the next Board meeting on EPR choices.

AG

Standards for Better Health and Assurance Framework

Papers on this were tabled for later on in the meeting.

1.7 NHS Foundation Trust Application

HL informed the Board that the licensing date had been delayed by one month to August 1st 2006 due to the withdrawal of the tariff.

Action: Application timetable to be updated.

FH

Nigel Turner has been recruited to help lead with the financials whilst CM will address the governance issues once she has started with the Trust. JP highlighted the number of different governance protocols in circulation – *Integrated Governance Handbook*, *Intelligent Board*, *The Good Governance Standards for Public Services* and the draft *Foundation Trust Code of Governance*. JP suggested that the new Foundation Trust board would need to determine which protocol to lead with and how best to incorporate the others. JP suggested that the Trust adopt the *Foundation Trust Code of Governance* as the main protocol.

AMC updated the Board on membership and pointed out that elections would be taking place from the 2nd to the 21st of March.

There was also discussion as to the name of the potential Foundation Trust with many Trusts choosing to drop Healthcare from their titles in favour of Hospital. There was strong Board support for this and it was agreed to support such a name change.

Action: Ensure all documents reflect this decision.

AMC/CM

1.8 NHS Foundation Trust Application – Cash Risk Update

LB updated the Board on the cash risk to becoming a Foundation Trust. The deferment and writing off solutions offered at the previous Board meeting were taken to the DoH and were rejected so a number of different scenarios have been modelled. These would amend capital spend and cash financing phasing in various ways and it was found that all would allow the Trust to pay back the necessary brokerage without compromising the Trust's long term borrowing capacity if the Trust required a significant capital development in the medium term.

The Board agreed that it was confident that the cash issue could be resolved and that the Trust should proceed with its Foundation Trust application.'

2. PERFORMANCE

2.1 Finance Report, January 2006

LB informed the Board that the surplus remains at £2.1m and that the key risk was still around the HIV Consortium. LB noted that there is absolute support from the SHA and that the Trust was currently working with them to avoid returning to arbitration. Negotiations would continue and a solution would hopefully be determined in the next couple of weeks.

LB informed the group that the national financial position had deteriorated in month 10 and the SHA had requested Trusts to identify ways of improving the forecast. If the HIV risk is mitigated then a surplus of £2.2m would be possible. CW asked if a negative outcome on HIV had been modelled. LB stated the worst case scenario had been modelled and that if this was the outcome, that it would be a one-off loss. Delays in levy income receipts has pushed the cash balance out by £1m but without that the Trust would have been £700,000 ahead of plan. JP asked about the brokerage carry-on for the next financial year, LB said that Trust had agreed with the PCTs to draw down additional cash on April 1st rather than wait until the middle of the month.

AH asked the Board to note that as part of the month 9 agreement of balances, there was £7.6m in disputed invoices. Of this £2m was for K&C PCT of which £1m had been paid. This left £6.6m in disputed invoices of which the provision of £6.3m largely covered.

Action: Capital report to be brought to next month's Board.

LB

2.2 Performance Report, January 2006

Highlights of this report were that the new performance targets had been confirmed in January and that an action plan for addressing these was attached to this report. Next month's report would inform the Board where the Trust currently stands on this. Concerns were around 48-hour GUM access and ethnic coding. Ethnic coding currently stands at 76% and the national target is 95%. AG explained to the Board that a significant proportion on the outlying 26% could be explained by way of the fact that patients refusing to give information is categorised the same as for those who have not been asked. The Board agreed that it would be useful to install systems to differentiate between these, even if just for internal purposes.

ED updated the Board on the Healthcare Commission targets of which the Trust had pressures around cancer wait times and the urology service offered with St Mary's. LB also informed the group that capacity would need to be reviewed for the Rapid Action Chest Pain Unit. There was also discussion on the nursing hours target and re-admissions.

Action: A report on re-admissions and the reasons for them should be prepared for the next board.

LB/MA

3. ITEMS FOR DECISION/APPROVAL

3.1 Corporate Plan – for discussion

EHJ presented paper on the progress of the Corporate Plan. Information has been cascaded to directorates and they have been asked to consider a number of elements including the SDS, targets, capacity planning as well as branding and marketing. EHJ emphasised the clear link to budget setting with directorates needing to explain how they will achieve the plan.

A number of successful seminars have been running to gain feedback on the process from staff which has been very useful. This interactive approach will be continued by engaging staff to provide front line knowledge. EHJ will bring back a summary of directorate plans which will form the Corporate Plan to the Board at the next meeting.

Action: Directorate plans to be brought to the next meeting.

EHJ

EHJ informed the Board that an Annual Plan was not required for Foundation Trust

authorisation but that it would be required annually and as such directorates will need to understand its links with the SDS. CM enquired as to the links with the Annual Health Check and EHJ said that the focus would be on new standards for next year and the new standards for this year that were difficult to meet.

4. ITEMS FOR ASSURANCE

4.1 Information and Data Quality Policy

As suggested at the last Board meeting, this paper has been reviewed and represented to the Board. AG informed the Board that the Data Quality Group had been established to look at the issues surrounding data and an action plan had been drawn up with the aim of achieving around 85% by the end of the financial year. The Board discussed and emphasised the importance of all parts of the Trust being online and the risk being audited sufficiently.

Action: Workforce information manager to be on Data Quality Group.

MFo/AG

The policy was approved by the Board.

5. ITEMS FOR NOTING

5.1 Governance Update

5.1.1 Assurance Framework

HL suggested that substantial risks of 20 should be highlighted only. The paper presented to the Board was not the final version so it was decided that it would be resubmitted to the Audit Committee meeting on March 21st and then ratified at the next Board meeting.

Action: Paper to be resubmitted at Audit Committee meeting.

CM/VR

5.1.2 Proposed Core Standards Declaration

The paper presented to the Board was not the final version so it was decided that the correct version would be re-circulated to the Board and that they would then be signed off on-behalf of the Board.

Action: Circulate updated version of paper.

FH

The paper will need to be internally ratified at the March 21st Audit Committee meeting before going to the Overview and Scrutiny Committee at which an extraordinary meeting will be held at the end of the March to ratify all Trust's Declarations.

Action: Final version to be circulated with the Audit Committee papers (deadline for papers, March 14th).

VR/FH/LB

6. ITEMS FOR INFORMATION

There were no items under this heading.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from the public.

8. ANY OTHER BUSINESS

There was no other business.

9. DATE OF THE NEXT MEETING

The next meeting is scheduled for April 6th 2006.

10. 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 concluded in the second part of the agenda.