Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 7th September 2006
Minutes

Present:

Non-Executive Directors:	Juggy Pandit (JP) (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 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 Catherine Mooney (CM), Director of Governance and Corporate Affairs
In Attendance:	Jon Bell (JB), Deputy Director of Finance (for Lorraine Bewes) Fleur Hansen (FH), Foundation Trust Lead Nicolas Cabon (NC), Head of Performance and Information (for item 2.2) Dr Berge Azadian (BA), Director of Infection Prevention and Control (for item 5.1)

1. GENERAL BUSINESS

1.2 Apologies for Absence

Apologies for absence were recorded from Lorraine Bewes and Richard Kitney.

1.3 Declarations of Interest

No conflicts of interest were declared.

1.4 Minutes of the Previous Meetings held 3rd August 2006.

The following amendment was made to the minutes:

- P.6, 3.4, second paragraph: The first sentence should be rewritten to read as follows:

  > This is supported by the fact that Montagu Evans said that the estate has a remaining useful asset life of 42 years as opposed to 28 years as suggested by the District Valuer.

- P.7, 5.1.2, first paragraph: The second sentence should be rewritten to read as follows:

  > ST said that a campaign was now running to raise awareness of the comment card scheme.

Subject to the change listed above, the minutes were agreed as a true and accurate record.

1.5 Matters Arising

5.2/May/06 Contracted Services
This item is listed for discussion in Part B of the meeting.

2.1/Jun/06 Private Patients
This item is listed on the main agenda.

5.3/Jul/06 Integrated Governance Update
The annual business cycle and other Board topics will be discussed at the pre-Board seminar on October 5th.

1.5/Jul/06 Performance Report
The following response to the ethnic coding issue for Trust membership was recorded: Minutes should have read there was a discussion whether the membership matched the patient profile and AMC reported that 30% of patient data was coded as other and therefore it was difficult to make a comparison.

1.6/Jul/06 Chief Executive's Report
Effects of STM/HHNT academic merger to be addressed at a future Board meeting.

2.1/Aug/06 Finance Report
1. Communication was ongoing with the HIV Consortium regarding rebasing the contract.

2. Information on the cash position has been included in the Finance Report.

2.2/Aug/06 Performance Report
1. The methodology for the HCC performance ratings have been attached to the Performance Report.

2. An update on the length of stay recovery plans has been attached to the Performance Report.

3.1/Jul/06 Medicine Recovery Plan
The monthly update on the Medicine Recovery Plan has been included in the Finance Report.

3.3/Jul/06 Working Capital Facility
JB informed the Board that he had spoken with RBS re the non-utilisation fee. RBS said that such a fee is standard practice and that the fee was only payable on £6m of the £18m loan. KN queried this and it was decided that discussions should continue outside the meeting.
Action Non-utilisation fee to be discussed with KN outside the meeting. **JB**

5.1.1/Jul/06 Complaints Annual Report
A breakdown of complaints in the Women's and Children's Directorate was forwarded to HL.

1. A system for publicising changes in practice as a result of complaints has been discussed with the Head of Communications and this would be advanced in conjunction with the Patient Affairs Manager.

2. AMC said that he had also discussed the systems in place to ensure that actions recommended as a result of complaints are implemented and he reported that all actions will be tracked.

5.1.2/Jul/06 PALS Annual Report
The following changes were made to the Report:

- Pie graph figures on page five of the PALS Report to be corrected.
- Year-on-year trend data to be added to the PALS and Complaints Report.

5.2/Jul/06 Workforce Report

MFo informed the Board that the following changes will be included in the next quarter's Workforce Report:

- target lines to be added to graphs;
- long term sickness to be tracked; and
- other staff groups to be added to the graphs.

Regarding the high percentage of staff experiencing harassment from patients or relatives, CM informed the Board that there had been 39 recorded incidences in 2005/06 and that they could be broken down by ward. CM reported that she had looked at incident reports for 04/05 and 05/06 for verbal abuse by patients or relatives. For 05/06 - of the 39 locations 34 had less than 5 incidents per year. One location (William Gilbert) had 6, two locations had 9 (David Erskine and Francis Burdett), one location had 11 (Edgar Horne) and one location had 14 (Kobler centre). A number of these incidents involved patients with dementia or mental health problems. AMC commented that there is a need to audit the incidences to separate out complaints regarding patients with behavioural problems and set up practices to ensure they are dealt with correctly in the future.

Action: To remind staff where harassment from patients may be due to underlying medical issues, to record this on the incident form. **AMC**

7/Jul/06 Confidential Agenda

JP said that the Confidential Agenda could not be made available to the public as this could disclose confidential matters but a list describing the nature of each item should be made available.

1.6 Chief Executive's Report

HL updated the Board that since publication of this report, the DoH had agreed to the brokerage arrangements that had been put forward. Regarding the loan from the Foundation Trust Financing Facility, confirmation had yet to be received but they had indicated that they are 'minded' to give the loan. In terms of the current position, the Trust is on track with its CIPs.

HL also highlighted the revised financial target as indicated in the letter from Julie Dent. HL said that the Trust would do its best it to meet the target but that it has a statutory duty to meet its obligations. JB added that the MPET adjustment equated to a real loss of cash and the compound impact of this plus the new surplus target of £2.3m and the potential deferral of non-urgent treatment will be an overspend. JB added that the downside case would need to be reassessed. HL said that we will need to look for additional CIPs but that the 6% saving on revenue was achievable. JP said that the Board would support the executive in doing their best to achieve the target.

HL also highlighted the customer service training that was soon to commence. KN suggested that it was important to ensure that staff think they own this change, rather than have it impacted on them.

2. PERFORMANCE

2.1 Finance Report, July 2006

JB informed the Board that at the end of Month 4 the Trust had a surplus over income of £849k for the year to date against a target surplus of £787k. This is a significant improvement on Month 3 and is in part due to containment of overspend by the directorates. The issue around the HIV income position highlighted at last month's Board meeting is being mitigated at the moment by the one off release of provisions for

doubtful debt which would result in releasing an extra £1m. JB also highlighted that all savings plans had been identified and that at the end of month 4 is £238k or 7% behind plan.

The cash position at the end of Month 4 was strong at £1.35m ahead of plan and the Trust currently has £11.7m in the bank. Of this £4.8m needs to be paid in dividends, £1.7m related to the training hub and £1.3m was cash but that the remaining £4.2m is a permanent improvement in cash flow.

AG left the meeting.

2.2 Performance Report, July 2006

NC highlighted the development of the report with the inclusion this month of SLA performance monitoring information. Regarding the dashboard for month 4, thrombolysis was still red but there was no eligible patients during July. Access to GUM clinics and data quality on ethnic group were also still red although it was noted that GUM access was only assessed quarterly and data quality was improving and could now be classified as amber. MRSA was also red due to four cases being recorded in July which means the Trust is 25% off target for the year. Deaths following non-elective surgical procedures was also red and NC commented that this was actually due to only one death in July but this had caused the Trust to not meet the target. NC also explained that a death could be due to an unrelated surgical cause which may have occurred in the 30 day period after the patient's surgery. KN enquired whether investigations were standard practice in these cases – MA responded only in selected cases and that the early warning system being implemented may help to reduce this figure.

NC commented also that the day surgery rate had gone down to which ED added that from September, some general surgery will be transferred to the day unit which should increase this somewhat.

KN asked NC for an update on the clinical coding situation – NC responded that a process had been set up whereby representatives from the various directorates meet with the coding team to provide clearer definitions of clinical conditions. NC said that these improvements should be reflected in the performance report on an ongoing basis and HL added that this should have a positive impact on income. MA suggested that it would be useful to determine if coding was at average, what impact it would have on income.

Action: Impact on income of coding at an average level to be determined. NC/LB

HL enquired as to when the new performance ratings for Trusts would be released – NC responded that they would be out on October 11th.

2.3 Annual Audit Letter

JB informed the Board that this letter from Deloitte concludes the annual audit of the Trust's 2005/06 accounts. JB briefly ran through the key recommendations to management which concerned financial audit and information technology. KN noted that one of Deloitte's recommendations concerned business continuity and disaster recovery – an issue that she raised at the previous month's Board. MA responded that he was aware that AG was writing a paper on this topic that would be presented at the next IM&T steering group meeting and pointed out that it was a matter arising for Part B of the meeting. CW added that waiting for Disaster Recovery Plan to be reviewed in March 2007 as indicated in the audit letter seemed a significantly long time to wait.

3. ITEMS FOR DECISION/APPROVAL

3.1 Private Patients Report

This paper was the result of previous Board discussions regarding private patient income. HL informed the Board that Private Patient (PP) Income is capped at £7.1m and that the Trust's current income was very close to this target at just over £7.083m. Currently the income is split across three main elements – adult (Chelsea Wing) at 60%, maternity (Kensington Wing) at 45% and the Assisted Conception Unit (ACU) which was not set up to make a contribution. HL told the Board that at the end of month 4 the Chelsea Wing had a negative income variance of £-110k, the Kensington Wing a small positive position of £27k and ACU was predicted to make a surplus for the first time of £117k.

HL suggested that due to this the contribution between the private elements should be redistributed such that the income target for the Chelsea Wing is reduced and the target for the Kensington Wing is increased. In addition, the additional £300k 2008/09 income resulting from the reversal of PbR clawback will also be allocated to the Kensington Wing. HL also suggested that the Trust look at the idea of 'chambers' for doctors, in particular obstetricians, which may be a way of circumventing the cap as services would be contracted out.

Regarding ACU, it was suggested that the service could be operated as a joint venture along similar lines to the St Stephens Centre and could expand their operations to undertake additional NHS work at this stage and if the cap was increased they the additional capacity could accommodate more private work.

JB supported the idea of transferring private capacity from adults to maternity as maternity is deemed as a more reliable source of income and that the forecast contribution would be 51% for adults and 47% for maternity. There was some discussion around ways to circumvent the cap and HL said that options would be explored with doctors and also the work of independent treatment centres would be analysed to identify possible markets. CW enquired as to the historical issue regarding non-payment of overseas visitors – HL responded that this has not been addressed.

Action: Business case for redistribution of private patient income to be developed for the October 5th Board meeting. **LB/HL**

4. ITEMS FOR ASSURANCE

There were no items under this heading.

5. ITEMS FOR NOTING

5.1 Control of Infection Annual Report

AMC presented the report to the Board which outlines the performance and service developments of the Director of Infection Prevention and Control (DIPC) and the Infection Control team between April 2005 and March 2006. AMC highlighted the strong results that had been seen during the year – C. diffile decreased by 34% on the previous year whilst MRSA was down 40% and the Trust was commended on this for being one of the top twenty improved Trusts. AMC also pointed out the success of the Hand Hygiene Week in April at which over 1000 staff attended. AMC also informed the Board that the Trust was complying to the DoH's 'Winning Ways' – a programme of seven actions areas that is monitored by the HCC.

CM raised some issues that had been identified by the Overview and Scrutiny Committee in response to the trust's declaration on the core standards. The OSC had stated that 'Given that HAs symptoms do not manifest themselves in 50% of cases until after discharge the trust should consider instituting some form of safe discharge surveillance in partnership with the local PCT's'.

BA responded that the Trust had spoken with the PCTs regarding this and that post-discharge screening may be brought in next year but that this idea would need to be scrutinised as it may present logistical issues.

The other issue they had raised was the number of infection control nurses per 100 beds. AM said that we have a system of link nurses which is proving very effective. The OSC also raised the issue of bigger and bolder signage recommending the cleaning of hands in Chelsea and Westminster. Andrew reported that there was no change to our previous response to this which was that our signage is under constant review.

The OSC had suggested that attendance at Hand Hygiene Courses should be compulsory for all staff. We had replied that we were reviewing our mandatory training currently and will consider extending our excellent training in this area.

The final point raised by the OSC was that we should sort out issues with gel dispensers and signage as revealed by the PPIF monitoring visit. We had replied that this is in progress. BA reported that the signage is changed regularly to encourage awareness and that there were currently 862 alcohol dispensers in the Trust which was a marked increase since the OSC assessment.

The Board applauded BA, Roz Wallis and the Infection Control Team on the report and extended their congratulations to Roz on becoming a nurse consultant.

6. ITEMS FOR INFORMATION

6.1 Minutes of the Clinical Governance Assurance Committee held 23rd May

MFr briefly updated the Board on the most recent Clinical Governance Assurance Committee meeting. She said that a lay member had been elected to the committee after appealing for candidates through the Trust membership. The Board was also asked to note that the pre-Board seminar at the October 5th Board meeting will address issues to the Board agenda and the annual seminar. MFr also said that the committee was satisfied with the good reporting procedures from the Clinical Governance Executive meetings right through to the Board and that MA, ED and LB all flag up areas for discussion.

6.2 Minutes of the Remuneration Committee held 3rd August

The Board noted these minutes but it requested that in the future they are presented in Part B of the meeting.

6.3 Minutes of the Facilities Assurance Committee held 21st June

It was noted that the performance of Haden would be discussed in Part B of the meeting and the Board noted the minutes.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

8. ANY OTHER BUSINESS

9. DATE OF THE NEXT MEETING

The next meeting is scheduled for 5th October 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.