Chelsea and Westminster Healthcare NHS

NHS Trust

Minutes of the Public Meeting of the Trust Board held on 4th August 2005.

Present:

Non-Executive Directors

Juggy Pandit (Chair) | Professor Ara Darzi | Marilyn Frampton
Andrew Havery | Charles Wilson

Executive Directors

Heather Lawrence, Chief Executive
Mike Anderson, Medical Director
Maxine Foster, Director of Human Resources
Andrew MacCallum, Director of Nursing
Jon Bell, Deputy Director of Finance

In Attendance: Amanda Pritchard, Acting Director of Strategy and Service Development
Sue Perrin, Head of Corporate Affairs
Vivia Richards, Head of Clinical Governance (items 3.2, 4.1, 6.1.1 & 6.1.2)
Paul Hargreaves, Designated Doctor for Child Protection (item 5.1 only)

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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 Karin Norman, Non-executive director, Lorraine Bewes, Director of Finance and Information, Edward Donald, Director of Operations, Alex Geddes, Director of Information Communications and Technology and Susan Burnett, Acting Director of Governance and Corporate Affairs.

1.3 CONFLICT OF INTEREST

Professor Ara Darzi said that he was a member of one of the working groups set up by the Strategic Health Authority to inform the strategic review.

1.4 MINUTES OF THE MEETINGS HELD ON 2nd JUNE 2005 AND 7th JULY 2005

The minutes of the meetings held on 2nd June 2005 and 7th July 2005 were agreed as a correct record and signed.

1.4.1 MATTERS ARISING FROM PREVIOUS MINUTES

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

1.4.2 CHEYNE CENTRE

Heather Lawrence said that work was progressing on the proposed model of care. She and the Chairman would be visiting Jack Tizzard School, where changes were being planned, namely the addition of a hydrotherapy pool and the provision of a separate room for the type of children who attended the Cheyne Centre. Parents were involved in these developments.

1.4.3 RISK REGISTER REPORT

Edward Donald had been nominated as the Executive Lead for Medical Gases.

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1.4.4 REFURBISHMENT OF THE SEXUAL HEALTH SERVICES AND SUPPORT FACILITIES AT THE ST. STEPHEN'S CENTRE

The Chairman said that the non-executive directors had considered the final business case for the capital development of St. Stephen's Centre and had agreed to proceed to tender.

1.4.5 ANNUAL ACCOUNTS

Heather Lawrence confirmed that she had signed the Accounts.

1.4.6 RACE EQUALITY SCHEME

Andrew MacCallum confirmed that complaints relating to race relations were monitored separately. Maxine Foster said that this was also the practice for staff complaints.

1.5 CHIEF EXECUTIVE'S REPORT

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

1.5.1 THREE STAR STATUS

Heather Lawrence noted that the Trust had regained its three star status and the tremendous effort made by everyone. However, the Trust was not currently on track to achieve all of the current targets.

1.5.2 NORTH WEST LONDON STRATEGIC HEALTH AUTHORITY (SHA)

Heather Lawrence said that the strategic review was a detailed process, focusing on service configuration. A consultation document would be sent out in October, with implementation in 2006.

In light of the decision not to proceed with the Paddington Basin Campus, it seemed appropriate to consider greater collaboration with the Royal Brompton and Royal Marsden Hospitals, which would be compatible with the strategy. The delivery of paediatric cardiac surgery was under discussion with the Royal Brompton. Andrew Havery asked if any services would have to be removed to facilitate paediatric cardiac surgery. Heather Lawrence said that this would be managed by a review of space usage, for example by moving non-clinical services out of prime areas. Services would not be lost. Mike Anderson said there was no service, which could be lost, without destabilising other services.

The Trust Board agreed to support in principle the delivery of paediatric cardiac surgery by the Royal Brompton at Chelsea and Westminster.

Marilyn Frampton asked about the role of the SHA. Heather Lawrence said that the SHA should undertake a corporate role over the whole economy. However, there was some conflict as the SHA had been established after NHS Trusts with independent boards.

1.5.3 MAJOR INCIDENT REVIEW

Heather Lawrence said that the Trust had responded well to the major incident of London bombings. A review was underway to learn how the hospital responded and how plans for the future might be improved. The major incident plan would be amended accordingly.

The main lessons learnt had been about how to inform staff about what was happening. There were issues around external communications, which were common to all.

1.5.4 ANNUAL GENERAL MEETING, 29th SEPTEMBER 2005

The venue of the dining room was to be confirmed. The opening of the Treatment Centre had been re-scheduled to October/November. A programme of events would be circulated within the next two weeks. The Chairman suggested the AGM should be at 5.30pm. ED HL

2. PERFORMANCE

2.1 FINANCIAL REPORT – JUNE 2005

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Jon Bell presented the report, which showed an overall financial position of £1.269 million deficit. The pay position was an over spend of £500,000. The income position was £400,000 adverse, which was largely due to under recovery of private patient income. The non-pay position was £370,000 overspent, relating primarily to unmet savings.

The Surgery Directorate was showing an under spend. Anaesthetics and Imaging was showing the largest overspend. The Treatment Centre continued to over spend, but to a lesser extent than in previous months.

SaFF income was projected to be under target by £2.1million.

Jon Bell said that the best case forecast was a deficit of £1.34million, assuming that planned savings were delivered and the private patient trading position was reversed. This did not take into account the additional requirement of the SHA to plan for a £1.9million surplus. Heather Lawrence said that the surplus would be very difficult to achieve and noted that the Trust's statutory duty was to break even. The Trust Board asked Heather Lawrence to write to the SHA setting out the concerns regarding the surplus. HL

Heather Lawrence said that the Trust was aiming to achieve £1million savings on procurement, and as savings were made they would be reflected in directorate savings plans. She assured the Board that it was not possible for directorates to spend this saving elsewhere. It would be shown in their budget as a reduced contribution to the savings plan.

Heather Lawrence said that beds/bays had been closed, but it was likely that there would have to be a ward closure by 1st September. Private patient income was down because of the reduction in the number of overseas visitors. Treatment received in the Accident & Emergency Department was free, but thereafter chargeable for patients from countries with which the United Kingdom did not have reciprocal agreements. The number of overseas visitors was significant for the Chelsea and Westminster. A detailed recovery plan would be received by the Trust Board at its next meeting. LB

Charles Wilson asked why the Trust had set a budget, which had resulted in a deficit position for the first three months. Heather Lawrence said that trusts were required to set balanced budgets and a number of assumptions had to be built in. A number of contracts remained unsigned, and it was difficult to predict the level of activity, which PCTs would purchase.

Jon Bell noted that the Trust was working in a different environment, for example capital to revenue transfers were no longer permitted. The PCT had taken £3.4million out of the budget. Previously this would have been re-invested.

Andrew Havery suggested that, in the process of agreeing a balanced budget, there should be more focus on showing and quantifying the key risks.

Heather Lawrence noted that central controls on Bank and Agency staff had been re-instated.

Charles Wilson said that previous information had indicated that Agenda for Change was fully funded, whereas the Accounts showed a deficit. Jon Bell said that there was a risk. Trusts had been given a percentage of their income to fund Agenda for Change. Should the cost be more, trusts would have to fund the difference. However, this also worked in reverse – any savings could be retained.

Jon Bell reported on the cash flow position, which included brokerage repayment of £20.5million. This consisted of £8.5million carried over from 2004/2005 and £12million historic brokerage relating to prior years. £2.1 million funding for Agenda for Change and capital brokerage of £4.4million had been confirmed The total cash required for the current year was £14million, plus the £12million rolled over from previous years. A permanent recovery plan for cash was being drafted. The Trust was looking to the SHA for support to resolve.

The Chairman noted the significant overspend on capital expenditure. Jon Bell said that the Capital Programme Board would be reviewing all projects. Mike Anderson

said that the over spend was attributable partly to the timing of the purchase of medical equipment, which was a very expensive item.

The Trust Board noted the financial position at month 3, and the key issues and risks in relation to the projected year end deficit.

The Trust Board noted the cash brokerage position.

2.2. PERFORMANCE

Heather Lawrence presented the report, which showed that there were some significant concerns amongst the key targets. Performance against the 31 Day Cancer Wait target and the 62 Day Cancer Wait target had not met the required levels, but there had subsequently been some improvement. The Trust anticipated meeting the target, the reporting period for which was the final quarter of the year.

97.38% of patients who had attended Accident & Emergency during the quarter had been admitted, transferred or discharged within 4 hours. The target was 98%. The Trust needed to achieve above 98% in order for there to be some slack to cover problem periods.

Achievement of the Bookings target was at risk because the Trust's IT system was not compliant with the Choose and Book requirements.

There had been 10 MRSA cases in the quarter and some in the current month. Further improvements in practices were being put in place.

The Trust had achieved Band 5 in respect of cancelled operations. There had been a significant number of cancellations on 7th July and the following day, but these would be exempt.

Marilyn Frampton asked about the New Performance Framework. Heather Lawrence said that guidance would be issued shortly.

Marilyn Frampton noted that the Clinical Governance Assurance Committee had been deferred. She asked about progress in respect of the declaration of compliance, which had to be submitted by October 2005. Heather Lawrence said that September was early enough for discussion. Vivia Richards said that the Trust had already collected evidence against each of the standards. Heather Lawrence said that directors' objectives had been linked to the standards.

The Trust Board noted the Performance Report.

2.3 SERVICE LEVEL (SLA) AGREEMENT PROGRESS REPORT

Jon Bell presented the report, which updated the Board on the negotiation progress for 2005/2006. There had been some notable progress. However, significant gaps remained on some large SLAs and offers from a number of PCTs had been lower than expected. There was considerable risk to the Trust.

Hammersmith and Fulham PCT had proposed demand reduction, and resolution of the differences was being attempted locally.

Although broad agreement had been reached with Wandsworth PCT, there remained a dispute on the 2004/2005 baseline, which had been submitted for joint arbitration by SW and NW London SHAs.

A number of non-local PCTs had indicated that specialties at Chelsea and Westminster would not be on their Choice list for GP referrals.

There had been a change to the way OATS (non-contracted activity) was to be billed, which had necessitated a re-basing exercise. Due to a recalculation of OATS activity at Chelsea & Westminster, it had come to light that the increase in income for 2004/2005 would be non-recurrent leading to a reduction in expected income in

2005/2006. In addition, the new billing arrangements meant that OATS activity would be billed by the Trust in real time, rather than recouped via the host PCT two years in arrears. This might result in increased instability as monthly variations in activity would be reflected directly in income billed and received. Further guidance was awaited.

There had been a change to the way in which non-contracted income for out of London HIV patients was to be billed. Previously all income had been received via Camden PCT. Although Camden would continue to validate the information, billing responsibility had been transferred to Chelsea and Westminster.

The Trust Board noted progress with the SLA negotiations for 2005/2006 and the risks.

2.4 WORKFORCE

Maxine Foster presented the report and explained that the focus of attention for the first quarter had been to recruit to vacant posts to keep Bank and Agency expenditure as low as possible. Vacancies had ranged between 12.3% and 12.4% over the quarter. Midwifery vacancies had fallen to an average of 13.9% over the quarter compared with an average of 25.8% over the first quarter of 2004/2005. There should have been a corresponding decrease in the amount of Bank and Agency usage. Analysis showed a decrease in Bank and Agency usage of 1.9 whole time equivalents (staff working full time over the three months) compared with the fist quarter of 2005/2006. This was perhaps not as much of a reduction as expected given that the average number of qualified midwives in post increased by 16 whole time equivalents over the same period. Overall the percentage of bank and agency staff over the comparable periods showed a large increase.

Maxine Foster noted the vacancy hot-spots, areas where the vacancy rate was above 10%. General Managers in conjunction with Human Resource Managers, were devising recruitment strategies to reduce vacancies in these areas.

Further to the transfer to the Department of Health's website, the Trust's internal website had not been used to advertise jobs since the end of July. It was planned to move away from advertising in journals.

Sickness management had received attention with work being undertaken to update the current policy to reflect changes to legislation and best practice. Further training for managers in the management of sickness absence was planned.

Approximately 70% of jobs had been matched for Agenda for Change. The target was 100% by the end of September. 150 letters had been sent to individuals offering Agenda for Change conditions. The majority had replied accepting the new contact. The Trust had only a small number of staff on Whitley contracts and would achieve the target.

Maxine Foster said that the Improving Working Lives Group was reviewing the exit interview questionnaire and considering ways to improve the response rate – 18% over the quarter. The questionnaire was sent to all staff, but actual interviews were only held at the request of the manager or the individual. The Trust did not have the capacity to interview all staff. Charles Wilson suggested that interviews be conducted on a sample basis of one in four.

Heather Lawrence said that the Trust would need to be pro-active in listening to concerns about working in London after the bombings.

3. ITEMS FOR DECISION/APPROVAL

3.1 BURNS SERVICE, ROEHAMPTON

Heather Lawrence presented the paper. She said that the rebuild of Queen Mary's Hospital (Roehampton) required the Trust to re-provide the Burns Dressing Clinic

and Stephen Kirby Skin Bank services currently located on site. Following an appraisal it had been recommended that the Burns Dressing Clinic was re-provided in the new Queen Mary's Hospital. This was expected to be cost neutral.
Re-provision of the Stephen Kirby Skin Bank in the new Queen Mary's Hospital was uneconomic. It was recommended that, in line with the national trend, the Trust purchased allograft from the National Blood Transfusion – Tissue Service in the future.
Three members of staff would be affected by the decision and they would be properly consulted and involved in the change process.
The trustees of the Stephen Kirby Trust Fund had been kept up to date with developments and were aware of the recommendations. The Trust had been asked to consider how Stephen Kirby's name could remain in perpetuity.
A member of the public said that he had attended a recent Wandsworth PCT Board meeting, and that the host trust did not appear to be aware of the decision. Heather Lawrence said that Edward Donald was the lead executive for the Trust and he had liased with his counterpart at the PCT. She could not comment on whether the PCT Board had been made aware of the decision.
Heather Lawrence and Mike Anderson confirmed that the relevant consultants at Chelsea and Westminster were aware of the decision.

The Trust Board supported the recommendations that:
- **the Burns Dressing Clinic be re-provided in the new Queen Mary's Hospital;**
- **skin allograft should be purchased from the National Blood Transfusion – Tissue Service; and**
- **there should be continuing discussion with the Trustees of the Stephen Kirby Skin Bank regarding the longer term relationship.**

3.2 RISK MANAGEMENT STRATEGY AND POLICY

Vivia Richards presented the strategy and policy, which had been approved by the Risk Management Committee. The document outlined the Trust's strategy and policy, which described the framework in which risk management systems and processes would operate in the Trust.
The risk management procedure which was being developed, would describe for staff what to do when an incident had occurred. These two documents would replace the existing Risk Management Strategy 2003/2004, the policy and procedures for responding to reporting and investigating incidents, guidelines for the investigation and root cause analysis of incidents complaints and claims, the risk scoring matrix and SUI policy.
There were a number of amendments, which would be discussed outside the meeting: SB
- 6.2.1 The statement regarding Risk management being everyone's responsibility should be more prominent, i.e. on page 1.
- There should be an overarching statement regarding promoting a safe environment for patients, safety culture, learning from instances where things had gone wrong etc.
- 6.2.4 Marilyn Frampton did not consider that a non-executive director could 'oversee' risk management. This was the role of the executive director. The non-executive would assure the Board of the risk management processes and oversee these processes. An appropriate form of words would be agreed.
- 6.2.11 The full title of the Director of IC T needed to be checked.
- 6.2.19 Maxine Foster said that the Occupational Health Manager could not be 'responsible' for ensuring that staff were fit to work. This had to be undertaken in conjunction with the manager. An appropriate form of words would be agreed.

The Head of Clinical Governance should be added to the membership of the

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Operational Risk Management Committee.

The Trust Board noted the Risk Management Strategy and Policy, and asked that the above amendments be made and the strategy and policy be brought back to the next meeting. SB

4. ITEMS FOR ASSURANCE

4.1 ASSURANCE FRAMEWORK

Vivia Richards said that the full Assurance Framework had been approved by the Trust Board in March 2005. The report detailed all risks, which had been scored 12 plus and could prevent the Trust from meeting its corporate objectives, together with a risk mitigation report/update from the relevant Executive Lead. The report had been prepared at the end of June, in preparation for the July Trust Board, and therefore a number of due items might have been reported against subsequently.

The report did not show the revised score. Vivia Richards agreed to add an additional column for this information. The column should state the update against the item, rather than being a separate report.

Amanda Pritchard noted that a review of the Corporate Plan was underway, and that this would link with the risks shown in the Assurance Framework.

Heather Lawrence said that it might be necessary to re-consider the scoring, and she would discuss this outside the meeting with the executive directors. Andrew Havery suggested that 'likelihood' was discussed. The score given could vary considerably depending on the time period, for example whether an incident was likely to occur within one year or within ten years. The risk relating to Paddington Basin Campus should be re-scored as zero, and all risks relating to Payments by Results be re-assessed, as these had now been mitigated.

The Chairman noted that patient risk and corporate risks were being considered jointly. Vivia Richards said that these could be reported separately through the Risk Register.

The Trust Board noted the report on the Assurance Framework, and asked that an updated plan, in line with the above discussion, be brought to the next meeting. SB

5 ITEMS FOR NOTING

5.1 CHILD PROTECTION QUARTERLY REPORT

Paul Hargreaves presented the report, which gave:

- an update on the work of the Trust's two local Area Child Protection Committees (Hammersmith and Fulham/Chelsea and Westminster);
- an overview of Child Protection arrangements and activity in relation to the recommendations made following the Laming Enquiry;
- the Trust's responses to the Healthcare Commission's Child Protection indicators; and
- a summary of the Trust's response to recent legislation.

Paul Hargreaves highlighted the key points and commented on the issues, which needed to be addressed. A meeting with the ICT Director had been scheduled to progress information technology issues. A meeting was being arranged with the Medical Records Manager to discuss the quality of electronic discharge summaries, which needed to include action plans in line with Lord Laming's recommendations. Heather Lawrence said that issues should also be referred to the Information Management & Technology Steering Group.

Training needed to be broadened so that more experienced staff received refresher

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training and updates on local and national developments. Funding had been provided, with which it was hoped to address this.

The Trust was looking at ways to distribute Child Protection reports within the short timescale dictated by the London Child Protection Procedures. Discussions were underway with Social Services regarding timely feedback in response to referrals.

There were concerns about Child Protection practices within Capio Nightingale (children from 12 to 18 years), a local privately run in-patient psychiatric unit for young people commissioned by many local boroughs. Paul Hargreaves agreed to draft a letter on behalf of the Board to the Healthcare Commission setting out these concerns. AMacC

Over the next few months, staff in the Paediatric Emergency Department and on the children's wards would be able to gain access to the Hammersmith and Fulham Child Protection Register. This would be a vital tool in helping to identify potential Child Protection concerns early. Kensington and Chelsea Area Child Protection Committee would also be adopting this system.

Mike Anderson asked about the impact of the Kennedy Report into the investigation of Sudden Unexpected Death in Infancy (SUDI), which called for a national investigative protocol for all unexpected deaths in infants. Paul Hargreaves said that this would have a huge impact on SUDI Paediatricians who would be expected to go into parents' homes with the police to interview parents when an infant had died unexpectedly. He was discussing with his fellow Designated Doctor colleagues how this could be progressed across North West London. They considered that additional financial and human resources were required.

Paul Hargreaves replied to a question from a member of the public that the Trust had a good relationship with local schools. In the case of a referral, there would be a three way discussion between the Trust, Social Services and the school.

The Trust Board noted the report.

5.2 MINUTES OF SUB-COMMITTEES

5.2.1 AUDIT COMMITTEE

Andrew Havery said that the Annual Accounts had been the main item. The amendments discussed had been made and the Accounts approved by the Trust Board.

Both the new internal auditors and counter fraud specialist had given assurances that they had been fully briefed by the out-going internal auditors and counter fraud specialist.

The Scientific Misconduct and Fraud Policy, which was a national requirement, had been noted.

The changes to Board sub-committees required in the Standing Orders as a result of the new Governance Structure had been discussed. However, it had been considered that the Trust Board should make this decision.

The Trust Board noted the minutes of 6th July 2005 and resolved that Section 5.8 of the Standing Orders should be amended to show the following as sub-committees of the Board.

- Audit Committee
- Charitable Funds Committee
- Facilities Assurance Board
- Clinical Governance Assurance Committee
- Remuneration Committee

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5.2.2 CHARITABLE FUNDS COMMITTEE

Heather Lawrence said that progress had been made towards Section 11 status, and that a number of appointments had been made. The committee had requested that the arrangement with the Trust's Finance Department continued until the end of the financial year, and this was being considered.

The Trust Board noted the minutes of 31st March 2005 and resolved that on completion of the transfer to Section 11 status, the Standing Orders should be amended to show that Charitable Funds was no longer a sub-committee.

5.2.3 REMUNERATION COMMITTEE

The Trust Board noted the minutes of 2nd June 2005.

6. ITEMS FOR INFORMATION

6.1 ANNUAL REPORTS

6.1.1 RISK MANAGEMENT ANNUAL REPORT

The Trust Board received the Risk Management Annual Report for information. Andrew Havery asked if there was any evidence that the significant increase in the total number of reported incidents in 2004/2005 was as a result of better recording, Vivia Richards said that results were in line with other trusts and the increased number of patients. Similarly, a decrease in red/orange incidents would be expected.

6.1.2 CLINICAL GOVERNANCE ANNUAL REPORT

The Trust Board received the Clinical Governance Annual Report for information. The Clinical Governance Assurance Committee would review the report at its next meeting.

6.1.3 MEDICINES MANAGEMENT ANNUAL REPORT 2004/2005

The Trust Board received the Medicines Management Report for information. The Trust Executive Clinical Governance Meeting had reviewed and approved the report.

6.2 CURRENT RELATIONSHIPS WITH CONNECTING FOR HEALTH PARTNERS

The Trust Board received the update for information. Heather Lawrence said that the Trust required broadband N3, which was actively being chased; spine compliance in order to participate in Choose and Book; and the ability for Radiology to link with other radiology systems (Picture Archiving Communication). Provision had been made in the capital budget for PICIS, software which would allow theatre scheduling. Continuation with IDX/Lastword presented a risk in that IDX might withdraw from London and the system would be unsupported.

6.3 RISK MANAGEMENT COMMITTEE – MINUTES

The Trust Board received the minutes of 19th May 2005 and 16th June 2005.

The Trust Board noted the above items.

7. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

7.1 Questions had been taken earlier.

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8. ANY OTHER BUSINESS

8.1 There was no other business.

9 DATE OF THE NEXT MEETING

9.1 1st September 2005

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 commercial matters.