

## Trust Board Meeting, 1<sup>st</sup> June 2006 Minutes

**Present:**

**Non-Executive Directors:** Juggy Pandit (JP) (chairman)  
Marilyn Frampton (MFr)  
Andrew Havery (AH)  
Richard Kitney (RK)  
Karin Norman (KN)

**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  
Andrew MacCallum (AMC), Director of Nursing  
Catherine Mooney (CM), Director of Governance and Corporate Affairs

**In Attendance:** Fleur Hansen (FH), Foundation Trust Lead

### 1. GENERAL BUSINESS

#### 1.2 Apologies for Absence

Apologies were recorded from Charles Wilson and Alex Geddes.

#### 1.3 Declarations of Interest

No conflicts of interest were declared.

#### 1.4 Minutes of the Previous Meetings held 4<sup>th</sup> and 19<sup>th</sup> of May 2006.

##### 4<sup>th</sup> May 2006 Minutes

The following amendments were made to the 4<sup>th</sup> May minutes:

- 2.1, last paragraph page 5: The following action was added to the end of the paragraph: Action: A costing comparison of bank and agency staff versus permanent staff be brought to the July 6<sup>th</sup> Board meeting. (KN)
- 2.2, paragraph 3: The second sentence was amended to read as follows: KN enquired as to what defined the various types of cancelled operations and in particular what exactly was meant by 'surgeon unavailable'. MA explained that this could be due to their previous list overrunning and agreed that some clarity was required on these. The action was rewritten to read as follows: Action: Review of how cancelled operations data to be presented at a future Board meeting. (KN)
- 2.1, paragraph 6: The action for private patients was rewritten as follows: Action: Paper on private patients to be brought to a future Board meeting. HL explained that there were a number of different elements to this discussion, not just pricing, and therefore a paper would be presented once its true contribution had been determined (September/October Board).
- 4.1, paragraph 2: The action was rewritten to read as follows: Action: Report on claims to be brought to a future Trust Board meeting. (CM) HL explained that brain damage claims remain on records until such time as any effect on a child's functionality can be fully assessed.
- 4.2.2, paragraph 2: The following two action points were added: Action:

Breakdown of disciplinary action by directorate and data on turnover and length of employment be added to the report. Action: Comparison with other trusts be added to the report. (KN)

- 2.3, paragraph 2: The word phasing needs to be removed from the action. (LB)
- 3.2, paragraph 2: The following action should be included at the end of the paragraph: Action: A comparison to be made between this year's and last year's corporate objectives. (CM)
- 5.1, paragraph 4: The final sentence to be rewritten as follows: RMK noted that the Trust has five staff members on the NWL pandemic planning steering group.

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

At this point AMC asked the Board to note a correction to the April 6<sup>th</sup> Board meeting minutes that had been passed to him by the PPI Forum. It was not in fact the Forum that had met with the DoH, it was in fact an individual member. The April 6<sup>th</sup> minutes were amended accordingly.

### **19<sup>th</sup> May Minutes**

The minutes were agreed as a true and accurate record.

### **1.5 Matters Arising**

#### **1.6/Mar/06 Connecting for Health**

Oral update to be provided in Part B of the meeting.

#### **3.1/Mar/06 – 1.6/Mar/06 – 3.2/May/06 Corporate Plan**

The amended Corporate Plan has been tabled for later in the meeting.

#### **1.7/Apr/06 Members' Council Induction Pack**

This was presented as part of the Membership Development and Communication Strategy at the May 9<sup>th</sup> Trust Board seminar.

#### **2.3.1/Apr/06 Lift Expenditure**

ED informed the Board that the Facilities Assurance meeting that had been scheduled prior this meeting had been postponed until June 21<sup>st</sup>. Therefore ED would provide an update on this at the July 6<sup>th</sup> Board meeting.

#### **5.1/May/06 Outpatient Prescribing**

Report on length of outpatient prescribing to be taken to the July 11<sup>th</sup> General Matters meeting.

#### **2.3.2.Apr/06 AfC for Contracted Services**

This has been tabled for discussion in Part B of the meeting.

#### **1.6/May/06 External Audit**

A letter to the Audit Commission approving Deloitte's additional one year term was sent.

#### **2.1/May/06 Private Patients**

It had been agreed in section 1.4 that a paper on private patients would be brought to the September/October Board meeting.

**Action: Paper on Private Patients to be brought to the September/October Board meeting.**

**LB**

#### **2.2/May/06 Cancelled Operations**

This action was amended in section 1.4 – a report will be brought to a future Board.

#### **2.3/May/06 Independent Valuation**

The update will be provided at a future Board meeting.

### **2.3/May/06 Savings Plan 2006/07**

The following amendments were made to the savings plan:

- Changes to be tracked.
- Corporate service indicator to be consolidated in one area.

### **3.3/May/06 SDS Risk Grading**

The HIV scenarios were returned to the Seminar as planned.

### **4.1/May/06 CNST Report**

A report on claims will be brought to a future meeting.

### **4.1/May/06 Director's Liability**

A report has been tabled for Part B of the meeting.

### **4.2.1/May/06 Staff Survey**

A comparison on harassment and bullying with other trusts will be circulated by MFo before the August Trust Board.

**Action: A comparison on harassment and bullying with other Trust to be circulated before the August Trust Board meeting.**

**MFo**

### **5.2/May/06 Contracted Services**

Facilities Assurance Committee to report to the September Board meeting on the performance of Haden.

### **3.1/May/2/06 Performance Management Strategy**

The following amendment was made to the Performance Management Strategy:

- Annual Cycle and Assurance Framework to be included in the Performance Management Strategy.

### **3.5/May/2/06 Financial Model**

Worst case mitigation paper will be circulated prior to the Board to Board meeting.

### **3.1/May/2/06 Risk Management Strategy and Policy**

CM informed the Board that it had been agreed that Assurance Framework risks rated 16 above be reported to the Board and Risk Register risks rated 20 and above be reported to the Board.

### **2.4/May/2/06 Monitor Submissions**

A description of the Audit Committee's responsibilities was forwarded to Monitor.

### **8/May/2/06 Benefits of being a Foundation Trust**

Once fully circulated, comments had been passed to the chairman.

### **1.6 Chief Executive's Report**

#### **Foundation Trust Application Update**

HL ran the Board through the key documents that had been submitted to Monitor on May 22<sup>nd</sup>, namely the Financial Model, the SDS and HR Strategy and their appendices. HL paid tribute to the hard work of the Finance Team in meeting this deadline. LB informed the Board that feedback had already been received from Monitor and although none of their changes impacted on the overall numbers, the message was that they were looking at the model in great detail.

HL went on to say that some text that had previously been omitted from the Constitution had made its way back in and that a revised version would be resubmitted to Monitor.

**Action: Constitution to be revised and agreed by solicitors before returning to Monitor.**

**AMC**

HL pointed out that KPMG, the assessing accountants, would be in the Trust for two weeks from June 12<sup>th</sup> and that we would be required to produce the draft Board Memorandum for them on this date.

HL updated the Board on the good progress of the meetings with Monitor and encouraged the Board to review minutes of the meetings in order to provide our feedback. HL updated the Board on the number of recent authorisations and reminded the Board of the Mock Board to Board on June 7<sup>th</sup> with the SHA.

## 2. PERFORMANCE

### 2.1 Finance Report, April 2006

LB informed the Board that the Trust had ended month 1 with a deficit of £730k which was mainly due to pay overspend (£441k) and adverse private patient income (£204k). LB said the overspend on pay was due to £300k savings which have not been identified (namely in the corporate and medicine directorates) and locum and nursing overspend in women's and children's. HL noted that the recent closing of the medicine ward should have impacted more significantly on the medicine savings plan to which ED responded that significant savings had been made in the directorate but there was still a gap of between £300k and £400k. HL also enquired as to the high level of locum spend in women's and children's and it was decided that this required further investigation.

**Action: Further work to be undertaken with the Medicine Directorate on their savings plan.**

ED

**Action: Report on high locum spend in Women's and Children's for 6<sup>th</sup> July Board.**

ED/MFo

HL enquired as to whether the CIPs for HIV had been determined yet and emphasised that this needs to be finalised before the Board to Board. RK enquired as to why there was an overspend on all directorates in April – LB replied that this is typically very hard not to overspend in month 1 but that there was also problems with pay. JP asked if there was an issue around the phasing of the budget to which LB responded that we are aware that the beginning of the year is always the toughest but perhaps it could have been identified more clearly.

Further analysis of the month 1 position was done and it was noted by HL that in order to meet to procurement savings, the new system would need to be fast tracked (and may require chairman's action) in order to accelerate the programme. ED also noted that the Viral Load savings would be completed under the new contract with St Mary's Healthcare NHS Trust although there would be £185k outstanding which will be outside the contract. It was noted that the most significant outstanding savings targets were in Medicine (£322k) and HIV/GUM (£326k). JP noted that more work would need to be done with all directorates in order to achieve the targets.

**Action: Further work to be undertaken on how to meet additional savings.**

Exec. Dir.

JP enquired as to the cash position – LB responded that the Trust is currently ahead of plan by £9.1m due to upfront billing and a significant reduction in debtor days.

### 2.2 Performance Report, April 2006

LB informed the Board that the Trust is on track to meet all the dashboard targets although is was slightly behind on Delayed Transfers and MRSA and although the Trust met the 2005/06 target for Financial Management, it was behind for 2006/07. The 2006/07 ALE would measure this. It was noted that there was an issue with the MRSA target in that the latest data had not been provided but LB said the target would still not have been achieved for April. CM suggested that it might be useful to look at handwashing rates.

JP enquired as to whether any of the changes discussed at the previous Board meeting had been made to the Performance Report. LB responded that as outlined in the Performance Management Strategy, the report would be augmented to include efficiency and workforce indicators as well as clinical outcomes. A couple of minor amendments were suggested for the report – the target graphs should include the names of months on the x axis and the red line on the average length of stay graph should target not average. ED also suggested that the productivity of theatres should be included in the report whilst MA said that the elective day of admissions target should not be static as it changes all the time.

**Action: The above amendments to be made to the Performance Report.**

**LB/NC**

### **3. ITEMS FOR DECISION/APPROVAL**

#### **3.1 Corporate Plan**

CM informed the Board that the Plan had been revised since the papers went out and a revised version was distributed to the group. The main changes were as follows:

- p. 9, objective 2: The second bullet has been removed.
- P. 10, objective 3, bullet 1: Postgraduates changed to undergraduates.
- P. 10, objective 4, bullet 4: This was rewritten as follows:  
Procure and implement systems to support clinical services:
  - PACS,
  - document management,
  - bed management,
  - e-procurement systems, and
  - staff rostering.
- P.10, objective 5, bullet 4: This was rewritten as follows: 80% of all staff to have received an appraisal within the year with at least 50% of relevant staff using the Knowledge and Skills Framework (KSF). 100% of relevant staff to have received an appraisal using the KSF by the end of 2007/08.
- P. 10, objective 6, bullet 4: This was rewritten as follows: Achieve designation as a Burns Centre for adults and a Burns Unit for children.
- p. 11, objective 7: An additional bullet was added between 3 and 4: Review existing systems for clinical governance to ensure integrated activity and links between the local and corporate improvement agenda.

HL highlighted the need to have exec ownership of the objectives. RK enquired as to the forecast spend of £600k on PACS – LB replied that this was the building cost only.

Subject to the changes listed above, the Annual Plan 2006/07 was approved.

### **4. ITEMS FOR ASSURANCE**

There were no items under this heading.

### **5. ITEMS FOR NOTING**

#### **5.1 Lift Expenditure – Oral Update**

This item was addressed under 1.5 Matters Arising.

### **6. ITEMS FOR INFORMATION**

#### **6.1 Complaints and PALS Reports Q3 2005/06**

This was an additional item that was tabled at the meeting. AMC drew the Board's attention to the summary on page three of the report – 122 formal complaints had been received by the Trust in Q3 of which 88% were responded to in the required 20 working days. This compares favourably to the previous quarter as a percentage of complaints per total number of patients seen. AMC commented that there was a high percentage of complaints relating to staff attitude but this will be addressed through the customer

service training programme that was soon to commence. It was agreed though that further work needed to be done on this.

**Action: Comparison of attitude complaints across directorates to be added to report.**

**AMC**

JP enquired about the process for referring complaints to the Healthcare Commission. AMC responded that the Trust advises them that this further step is available to them but that there were difficulties also in determining how satisfied people were with their response from the Trust.

LB enquired if this was a general increase or due to a specific reason in a specific area. AMC responded that more work needs to be done on triangulation of matching complaints against incident reporting and patient surveys. AMC continued by saying that there is a number of methods for checking patient satisfaction and experience including complaints, patient survey, PET inspection, clinical audit and benchmarking. Using all of these together should allow the Trust to identify hot spots and thus enabling a degree of complaint anticipation.

KN commented that there should be information provided on the report regarding action and mitigation to ensure that complaints are not repeated in the future, as featured in the annual complaints report.

**Action: Addition of action/mitigation information to report.**

**AMC**

## **7. QUESTIONS FROM MEMBERS OF THE PUBLIC**

The first question regarded information that was reported in the press of a significant claim payout. HL responded that this was old information regarding a payout for a brain damaged child in 1997. HL went on to explain that such payouts do not come from the Trust's finances as we are covered through the CNST scheme.

The second question regarded the future of an acute burns unit at the Trust. HL explained that currently there is a national designation process for burns units underway and that the Trust was confident that it could be designated one of the two Trusts in the South East.

The third question regarded the outdated Trust Board information on the website. HL explained that this was in part due to Board documents requiring further work before they could be posted on the website and as FH was also leading the FT project, it meant there had not been time yet to deal with this. FH said that she hoped to deal with this in the coming week.

## **8. ANY OTHER BUSINESS**

There was no other business.

## **9. DATE OF THE NEXT MEETING**

The next meeting is scheduled for 6<sup>th</sup> July 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.