Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 26 June 2008
Extract of Approved Minutes

Present:

Non-Executive Directors:	Chris Edwards (CE) (Chairman) Charles Wilson (CW) Colin Glass (CG) Richard Kitney (RK) Andrew Havery (AH)
Executive Directors:	Heather Lawrence (HL), Chief Executive Lorraine Bewes (LB), Director of Finance and Information Andrew MacCallum (AMC), Director of Nursing Mike Anderson (MA), Medical Director
In Attendance:	Catherine Mooney (CM), Director of Governance and Corporate Affairs Julie Cooper (JC), Foundation Trust Secretary/Head of Corporate Governance

1. GENERAL BUSINESS

1.1 Apologies for Absence
Apologies were received from Karin Norman. The chairman announced that Karin had resigned from the Board and would be leaving in August.

1.2 Declarations of Interest
No declarations were recorded.

1.3 Minutes of Previous Meeting held on 29 May and 13 June 2008

The minutes were agreed as an accurate record of the meeting.

1.4 Matters Arising

End of Year Objectives (1.4/May/08)
Infection control is covered under item 1.7.

Engagement Strategy (3.6/May/08)
The engagement meeting has been set for 30 June 2008.

18 Weeks (2.3/May/08)
The decision was taken to delay any decision on formal recognition for staff for the success around 18 weeks until the results of the next Healthcare Commission ratings are announced.

1.5 Chairman's Report

CE said that he had written to Steve Smith to suggest the creation of a small sub-committee as a result of the Darzi review in relation to HIEC: health innovation education clusters. If he is in agreement we could consider getting the Royal Brompton and the Royal Marsden involved.

1.6 Members' Council Report

CE said that this report is an update on recruitment efforts and noted the new members from the membership week. There will always be attrition. JC confirmed that the staff and newly recruited members were not included in the membership numbers. The staff opt out still needs to be approved by Monitor. HL said we must better understand how to support the Members' Council in their role to recruit new members. CG said that his experience on the open day was that some groups, such as pregnant women were very interested and we should target them.

1.7 Chief Executive's Report

Monitor
The review with Monitor around the 3-year plan went well. They expect to be able to confirm our financial rating at the end of July.

With regards the private patient cap, Monitor has commenced its consultation.

Action: Circulate Monitor consultation with Board minutes

MRSA
AMC reported that he, the Medical Director and the Chief Executive, continue to meet with the Director of Infection Control and Prevention. He said that we will do a prevalence study in July to look at screening practices. We are proposing to screen all adult Accident and Emergency patients on admission with the exception of maternity and children. We have a better chance of preventing all cases of MRSA with universal screening. We are already compliant with screening for elective patients. We currently budget £82K for screening and we have spent £130k. The further screening would increase costs to £470k. This figure is based on providing a 5 day service. As 50% of patients go home within two days there will be an onus on the PCT to deal with the MRSA in the community. It was agreed that it is not worth screening staff as there would be economic implications and the benefit may be marginal.

The Board is supportive of the policy but will delay the decision on specifics until next month when the financial picture is clearer.

Action: Discuss again when the full financial situation is clear.

Patient Safety First campaign
HL said that this would be dealt with later in the Board meeting.

2. PERFORMANCE

***2.1 Finance Report Month 2**

The Finance and Investment Committee discussed finances at length at their meeting. A detailed report will come to the next Board for further discussion.

***2.2 Performance Report Month 2**

This will be discussed in detail at the next Board meeting

3. ITEMS FOR DISCUSSION/APPROVAL

3.1 Risk Management Report

CM said that this report was discussed in detail at the last Audit Committee in June. Further information on claims was requested and this was outlined in section 1 of the paper. The number of claims in 06/07 was unusually low which made the figure for 07/08 seem high. CW had suggested data for a longer period would be useful and CM agreed to include this in the next claims report to the Board. It was also suggested at

the Audit Committee that the opinion of the Director of Governance and Corporate Affairs should be outlined and this has been done in section 2.

CE highlighted some errors around the dates and suggested additional clarification on one of the graphs. AH confirmed that the Audit Committee had not raised any issues.

CM highlighted the comprehensive risk review and that it covers a wide number of areas and this may limit its effectiveness. AH suggested a more focused approach might be helpful. CM also highlighted the work around maintaining CNST level 2.

CM asked the Board to refer to the Chief Executive's report where the patient safety campaign – Patient Safety First – is described. She outlined the key interventions and said that some of these are already in place but not monitored at Board level, some are included in our objectives already but others may need developing. The Trust Executive already do walkabouts and could increase the emphasis on safety. The issue of whether the Trust needs to state that patient safety is a priority was discussed. Some Board members felt this was implicit. CM outlined what the Trust would be agreeing to if we did sign up to the campaign. The Board felt that patient safety is critical to the organisation and it is already a corporate objective. It was felt signing up to the agreement could reflect the Trust commitment to using all available resources to deliver on our commitment to patient safety.

THE BOARD AGREED TO SIGN UP TO THE CAMPAIGN.

Action: Explore possible actions relating to the Patient Safety First Initiative with the Members' Council.

3.3 Risk Management Strategy and Policy

CM said this strategy had been discussed at the last Audit Committee but the risk strategy was a matter reserved for the Board. Following a suggestion from LB, she would add a paragraph about relationships with outside agencies as this was a key area in practice and should be reflected in the strategy. AH queried whether the strategy could be approved given that the structure needed to be changed into one assurance committee. CM said she had tried to emphasise in the strategy that this was the case, and implementation of the revised structure was part of the strategy and should not stop the approval of it. She would review this section to increase the emphasis. LB said she thought the Finance and Investment Committee was also an assurance committee. CM said she thought the terms of reference were a mixture of executive actions and assurance and that if it were to be considered an assurance committee then the quarterly report to the Board should emphasise this. This was agreed. It was noted that p11 under LB's role should include that she is responsible for insurance arrangements. CM asked the Board to specifically approve the objectives for 08/09
CM TO MAKE THE CHANGES AGREED. THE BOARD APPROVED THE STRATEGY.

3.5 Focus on Clinical Quality

MA said the paper is a start in terms of directing the Trust's focus on quality. The paper discusses quality of healthcare, how it's measured and then outlines the Trust's current position and areas for future focus. In the evolution of the NHS, ten years ago patient safety was not a priority. If we want to be better than average, we must go much further. NICE calls for audit of all guidance, so must prioritise as not practical to audit everything. CE asked who our benchmark should be in terms of quality both in country and internationally. We must look within each service to understand what their targets should be. Publishing surgeon's individual results is inevitable. AH said he felt the paper was more about how we actually measure quality. He is not in agreement with all of the recommendations on p6. There is an innovation component and a skill element which is probable and measureable. We also need to discern whether we are trying to improve patient satisfaction or just quality. This paper is about recognising areas of resistance and trying to encourage those areas to come

up. Clinical audit will become more top down. The first year is voluntary, but if you do not participate then, it is most likely the Trust gets singled out for not taking part. Audit was also already coming through the professional societies so this runs in parallel.

Action: RK to make introduction with Sir Brian Jarman for MA to then make contact.

3.6 Complaints and PALs

LB asked about the high number of complaints about appointments. It was noted that this may be due to the introduction of choose and book and the problems they have had. CW noted the upward trend in complaints regarding behaviour of staff. The question was raised why has the number of concerns relating to nursing doubled. It was noted that the trend has been seen via the PALS service, but not in formal complaints.

3.7 Statement of Collective Responsibility for Infection Control

The Board was asked to approve the statement on infection control. It was agreed that the statement should read that patient safety is a 'key' priority.

THE BOARD APPROVED THE STATEMENT

3.8 Paediatric Update

This item was discussed under item 1.7

3.9 Review of Assurance Framework / Sign Off

The Trust has focused on 5 key areas this year in setting the corporate objectives, and as a result the assurance framework is smaller than in previous years. There are also fewer objectives this year which makes the monitoring process more manageable. To this end, CM proposed that the Board look at the whole framework. It is useful process to look at the objectives and the gaps in control and assurance around them. CM gave an overview of the process for identifying these gaps as well as the proposed process for developing and monitoring progress against risk-related action plans. It was proposed that directors meet with managers to agree these action plans to close the gaps.

THE BOARD APPROVED THE ASSURANCE FRAMEWORK AND THE REVISED FORMAT AND ACTIONS.

4. ITEMS FOR INFORMATION

4.1 Audit Committee

THE BOARD NOTED THE MINUTES

4.2 Clinical Governance Assurance Report

THE BOARD NOTED THE REPORT

4.3 Finance and Investment Committee Minutes

THE BOARD NOTED THE MINUTES

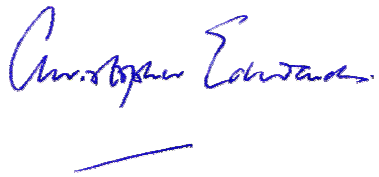
5. ANY OTHER BUSINESS

CM shared copies of the full annual report.

6. DATE OF THE NEXT MEETING
30 July 2008

NB These minutes are extracts from the full minutes and do not represent the full text of the minutes of the meeting. For information on the criteria for exclusion of information please contact the Foundation Trust Secretary.

Signed by



Prof. Sir Christopher Edwards
Chairman