Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 28th February 2008
Extract of Approved Minutes

Present:

Non-Executive Directors:	Chris Edwards (CE) (Chairman) Karin Norman (KN) Charles Wilson (CW) Colin Glass (CG) Richard Kitney (RG) Andrew Havery (AH)
Executive Directors:	Heather Lawrence (HL), Chief Executive Mariella Dexter (MD), Interim Director of Service Integration and Modernisation Lorraine Bewes (LB), Director of Finance and Information Andrew MacCallum (AMC), Director of Nursing
In Attendance:	Catherine Mooney (CM), Director of Governance and Corporate Affairs Julie Cooper (JC), Foundation Trust Secretary/Head of Corporate Governance Dr Larry Dalton (LD), Finance Manager, Women and Children's Directorate for item 3.2 Dr Alan McOwan (AMO), Lead Clinician, Victoria Clinic for item 3.2 Debbie Richards (DR), General Manager HIV/GUM for item 3.2 Derek Bell (DB), Director of Research for item 3.10

1. GENERAL BUSINESS

1.1 Apologies for Absence
Apologies were received from Mike Anderson.

1.2 Declarations of Interest
No declarations were recorded.

1.3 Minutes of Previous Meeting held on 25 October

The minutes were agreed as an accurate record of the meeting with the following amendments:

P4 TVU should read declining to take students on clinical placement

1.4 Matters Arising

Aims, vision and care values. (1.4/Jan/08)
CE said that he felt that these could be more succinct e.g. it was not necessary to actually list the services that we provide.

It was agreed that our aims and values should create a vision of national excellence. The statement from the corporate plan should serve as the basis and the Members' Council should be asked to input. The executive team is to take this forward.

IT WAS AGREED THAT THE EXECUTIVE TEAM WILL NOW TAKE THE AIMS AND VALUES FORWARD.

Chief Executive's Report (1.7/Jan/08)

HL had requested that representatives from the Members' Council join the Maternity Liaison Committee. The maternity action plan was discussed as part of the maternity seminar which the Board found helpful but a written document was now required. HL asked if the Board was happy with the areas in which the service is focussing. HL said that the Board was aware that there were problems with post natal care and that this had been clear to her through complaints. HL suggested that it would be helpful if the Maternity Liaison Committee reviewed complaints. It was agreed that this should be pursued. The need to have a system of early warning for problems for the Board was discussed.

Business Plan (3.2/Jan/08)
This item is on the agenda.

Atrium and Walkways (3.11/Jan/08)
HL reported that the handrails will be taken off by mid April on the 5th and 4th floors and we can commence the programme of work to the other floors if funding is agreed. She said that we had had a one off benefit from a rebate on legal fees of £0.5m and it was felt that we should apply this to the future programme of works. This was agreed. The Board also agreed that we should open up the stairwells, to the second floor for the open day.

THE BOARD AGREED TO THE APPLICATION OF £0.5M FUNDING FOR FUTURE WORK.
THE BOARD AGREED TO OPEN THE STAIR WELLS ON THE FIRST AND SECOND FLOOR FOR THE OPEN DAY.

Register of Seals (4.3/Jan/08)
JC circulated the draft criteria for the use of the seal. The board agreed the criteria and agreed to apply the seal to the Cavaye Place lease.

Action: Apply the Trust seal to the Cavaye Place lease

1.6 Members' Council Report

CE noted that by this autumn more that 50% of trusts will be Foundation Trusts. He also reported on the Prime Minister's intention that membership of Foundation Trusts should double. The paper notes a series of actions that are being taken to both engage with and increase our membership. CG as the Board representative for the Members' Council outlined discussions from a meeting earlier and said there is opportunity to use marketing efforts to increase our membership. He suggested that the main thrust of our membership material should be on 'getting involved' and actually being a member is just the means. We could include case studies of how people got involved and made a difference in membership leaflets. The Board agreed that the key message to the members must be that we want your input and that we can use the members to get the good news about the Trust out into the community.

1.7 Chief Executive's Report

Paediatrics
The PCT will be publishing a service specification in June. HL confirmed that RBH paediatric services will be part of this review.

Private Patient Cap
Unison continues to pursue taking Monitor to judicial review in respect of their interpretation of the private patient cap. Monitor is still involved in a review of the private patient cap. Bill Moyes has said that they no longer need to involve interested parties at this stage. The expansion of the maternity service was discussed in view of a potential change to the private patient cap. It was agreed that the Trust should proceed with the expansion as there is a clear demand, but that we must fully understand the risks should the cap be reduced. If the cap is reduced, LB said we could convert back to a six bed private unit and reassign the beds for NHS work.

Infection Control
HL reported that we continue to be vigilant following the outbreak. The outbreak committee now meets monthly to assess the situation. They now consider the *C. Difficile* outbreak as over. We have had no further cases since 22 February. In total we have had 83 symptomatic patients since 14 January with 24 confirmed with C. *Difficile*. We are liaising with the Health Protection Agency about lessons learnt. We are auditing antibiotic use, including patients who came in after long courses of antibiotics at home, and the use of proton pump inhibitors. HL said that we cannot anticipate outbreaks, but she felt that we had the correct systems in place to deal with the situation when it occurred. CE said he felt that the Board had been kept informed and congratulated the team on taking early and clear action, including using the private ward to isolate symptomatic patients on one ward.

CE said that he would like a Board away day and this could include how to optimise channels of communication between the Board and the hospital to ensure the Board does indeed understand all of the issues within the various services.

Action: Look for dates in connection with May to hold a Board away day with a focus on communication. Identify agenda items in advance.

2. PERFORMANCE

***2.1 Finance Report Month 10**

This paper was taken as read and no items were raised for discussion.

***2.2 Performance Report Month 10**

This paper was taken as read and no items were raised for discussion.

***2.3 18 Weeks**

This paper was taken as read. MD summarised that the likelihood of hitting the 18 Week Target is 90%. We will be treating a high level of legacy patients in March and we will have less leeway for last minute cancellations as a result.

3. ITEMS FOR DISCUSSION/APPROVAL

3.1 Progress on Draft Annual Plan

HL tabled the paper and asked that the Board comment on the first draft, in particular section 2.1 and to consider whether we wanted to do another analysis of strengths, weaknesses, opportunities and threats (SWOT analysis). She highlighted that the objectives this year were smaller in number and there were five key objectives. She noted that we needed to firm up the capacity plan. Meetings have now commenced with directorates to discuss cost improvement plans (CIPS). The Board was informed that prior to any pressure funding being allocated, the directorates must demonstrate the use and understanding of Service Line Reporting. The Board confirmed that a paper outlining the assurances to support section 4 declarations and self certification would be helpful.

Action: Directors to provide comments to Fleur or Amit by Tuesday 4th March. **All**
Action: Paper to support section 4 declarations and self certification **CM**

3.3 Healthcare for London – Board Response

CE said that the deadline for responding to the consultation was 7 March and we should take this opportunity to communicate our views. He has concerns with the whole consultation process as it is asking for approval of the concepts without

applying them to actual local services, which is not possible to do in reality. He read out some suggested wording to include in the Trust response to the review which broadly stated that the Board supports the analysis that it is time for change, but wants to point out that past efforts have failed not due to the analysis but rather the actual implementation. It is important to note that healthcare in London is not homogenous and we must view the proposed models of care within a local context. The Board agreed that one key difference in terms of the surrounding environment of the review is commissioning. LB said we must also be sure that commissioning services do not try and label what they buy in a similar fashion to Heath Maintenance Organisations (HMOs) in the United States. The Board felt it important that our response stress that hospitals can have more than one characteristic.

It was agreed that the executive team will draft a response. The main messages are we can do more than one thing. Polyclinics may not be the answer and we would need to better understand what the transition would look like. The limitations of the current ICT systems must also be noted. Sustainability will be the key question for any future model. LB said that the JUMTC asked if we might do a joint response and the board felt it important that we respond on our own.

Action: Executive team to draft response to consultation.

3.4 Monitor Code of Governance

CM said that Annex I is the proposed statement to be included in the annual plan consisting of areas which we had previously discussed and asked for agreement. It was suggested that we make it clear that we are compliant with the first part of the provision c.1.1. CM drew the Board's attention to the three further provisions and the Board agreed that we were compliant.

THE BOARD AGREED THE DRAFT COMPLIANCE STATEMENT.

3.5 Patient Survey

AMC said that the National Patient Survey is an annual programme. Picker Institute is our provider. This survey covered the period between June and August 2007. He noted the consistent decrease in the response rate which was just 42%. The good news is that 90% of patients reported the quality of care overall as good, very good or excellent; this compares with 82.5% in the 2006 survey. AMC said that we have included a table of the areas where the Trust scored below the Picker average. CE suggested that we should focus on those areas that were over 5% out. AMC suggested that we should focus on areas of high impact change where the outcome affects patient experience. The key question is how do we drive up patient satisfaction and which are the areas in which we should focus. The results of the survey are communicated to staff and each ward will receive a bespoke report with their results. It was agreed the real driver for change will be real time feedback and we have now met with four companies to further explore this. CE said there were areas where we scored poorly with regards to professional behaviour and this not acceptable. AMC confirmed that the areas where we continue to score poorly are around behaviour. It was agreed that in order to change behaviour the consequences for not changing must be higher.

3.7 Information Security

LB said that Monitor has asked all Trusts to self certify compliance around information security. We have submitted our statement and Monitor was happy with our plan of action with the exception of blank passwords. The Board queried the use of CCTV for the medical records library. LB confirmed that this was a temporary measure and we intend to have a closed medical records library in future. It was agreed that we must have the names of individuals with access and agree who has access going forward.

Action: Clarify the point about maternity records and if duplicates are being held.

***3.8 Treasury Policy**

This paper was taken as read and no items were raised for discussion

THE TREASURY POLICY WAS AGREED.

***3.9 Renewal of Overdraft Facility**

This paper was taken as read and no items were raised for discussion

THE BOARD AGREED TO THE RENEWAL OF THE FACILITY.

3.10 Bid for Collaboration for Leadership in Applied Health Research and Care (CLAHRCs)

CE said that one of our five corporate objectives is to deliver excellence in teaching and research. He welcomed Derek Bell, Director of Research, and invited him to present the paper. The Trust has an opportunity to strengthen its research through becoming a Centre for Applied Health Research and Care (CLAHRC) as outlined in the paper. The Trust's application is collaboration with partners in NW London. And one of the strength of our bids is the wide range of partners involved. The bid is very patient centred and addresses both acute and chronic care. The bid has now been short listed. DB outlined some examples of the types of research we might do. This included medicines management in acute care and working with PCTs and NHS Direct to improve follow up after discharge. Further examples were looking at the benefits of individual case management and researching care at home for HIV patients. There is no other bid coming from NW London. KN asked if this would eventually benefit everyone. DB said yes eventually but the real benefit will be in building expertise in research, being leaders in a particular area and a huge increase in status. It was pointed out that this approach is complementary to the Academic Health Science Centre. DB confirmed that this involvement with social care has been taken into account and that Melanie Smith, Director of Public Health for Kensington and Chelsea PCT is supportive.

THE BOARD AGREED TO SUPPORT THE CONTINUED APPLICATION AND TO PRIORITISE THE £2.4M ADDITONAL RESOURCE OVER THE NEXT 5 YEARS.

3.11 Monitor Consultation on Amendments to the Compliance Framework

LB said that Monitor is updating the Compliance Framework. One of the key changes is to service performance targets. The paper was sent out last week for the Board's review and the draft response will be taken to the Clinical Governance Assurance Committee for sign off. Other directors are invited to attend this meeting on 19 March. This was agreed.

THE PROPOSAL TO DELEGATE THE FINAL SIGN OFF OF THE TRUST RESPONSE TO THE CONSULTATION TO THE CLINICAL GOVERNANCE ASSURANCE COMMITTEE WAS AGREED.

ACTION: CGAC TO SIGN OFF FINAL RESPONSE TO CONSULTATION. **CM**

4. ITEMS FOR INFORMATION

4.1 Clinical Governance Assurance Committee Report

THE BOARD NOTED THE REPORT.

4.2 Finance and Investment Committee Minutes

THE BOARD NOTED THE MINUTES.

4.3 Audit Committee Minutes

THE BOARD NOTED THE MINUTES.

5. ANY OTHER BUSINESS

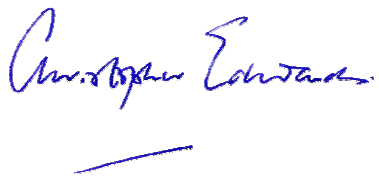
There was no other business.

6. DATE OF THE NEXT MEETING

3 April 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