Board of Directors Meeting, 30 January 2008
Extract of Approved Minutes

Present:

Non-Executive Directors:	Chris Edwards (CE) (Chairman) Karin Norman (KN) Charles Wilson (CW) Colin Glass (CG)
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 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 Richard Kitney and Andrew Havery.

1.2 Declarations of Interest
AMC asked for it to be noted that he was a visiting Professor at Kings College London.

1.3 Minutes of Previous Meetings held on 28 November and 20 December

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

1.4 Matters Arising Nov 07

Chairman's Report (1.5/Nov/07)
The Board held a single agenda item board meeting in December.

Chief Executive's Report (1.6/Nov/07)
HL has written to Monitor about the closure of the Cheyne School and asked that they change our terms of authorisation accordingly.

Performance Report (2.2/Nov/07)
The Modern Matron report is on the agenda.
AMC has provided the Chairman with the MRSA action plan.
The private sector is being used to tackle current work load.

Business Planning (3.3/Nov/07)
CG has agreed to take on the particular role as the interface between the Members' Council and the Trust Board.

CE circulated a statement of visions and values that had been developed some time ago. It was agreed to use this as the starting point.

Short Term Deposit Facility (3.9/Nov/07)
LB has discussed investment options with KN and an investment strategy is being devised which will include tolerances and triggers for action. The Board was assured that the strategy will be in line with Monitor's requirements.

AOB –NEW VICE-CHAIRMAN

The Board unanimously agreed the appointment of Charles Wilson as Vice Chairman.

Action: Aims and values will be an agenda item at the next Board and Directors should come prepared to discuss.

1.5 Chairman's Report

The Chairman noted that the Trust had an infection outbreak and he emphasised the importance of Board involvement and the systems by which boards are notified of clinical risk. He also noted the maternity services review and that the Chief Executive would be addressing both of these matters in her report.

The Chairman said that the debate over private patient income continued between Monitor and Unison. There is a concern that the Government might claw back some of Foundation Trust's current freedoms. Chelsea and Westminster had originally tried to keep a low profile in this debate, but the Trust has now decided it would be sensible to get involved. LB confirmed that our involvement would cost money.

1.6 Members' Council Report

The Chairman said it is important to have the Members' Council as a standard agenda item to ensure partnership working. Gordon Brown has made a commitment to double membership and it is clear to the Board that growing our membership must be a priority. Colin Glass will be working closely with the Members' Council and will serve as the interface between the Council and the Board. The Members' Council have been updated on the situation with paediatrics and asked to be kept informed of the Trust's position. The Trust has agreed to provide the Council with an early draft of the business plan for them to provide input.

The Chairman reported that we had had a useful session with Members of the Council on Monday to review Chelsea and Westminster's achievements against the core standards. A commentary will be prepared for agreement by the Members' Council which will subsequently be submitted to the Healthcare Commission.

CG commented that our interface with other external providers appeared to be weak e.g. aftercare and discharge. It was suggested that it might be useful to have a member of the Council present at the Board when particular issues are discussed and thinking of novel ways to integrate the Members' Council should be encouraged.

1.7 Chief Executive's Report

Mariella Dexter was welcomed to the Board as the Interim Director of Services Integration and Modernisation.

The Maternity Review was raised and it was noted that though we have the best clinical outcome in London the supporting care being provided to patients is not adequate. When assessing the detail, the post natal care is the real issue including the care being provided by external organisations. It was reported that a maternity action plan is being developed. The obstetrics team was very concerned with the review but remained positive. It was suggested one or more representatives from the Members' Council sit on the Maternity Service Liaison Committee (MSLC). The Chairman invited KN to take a particular interest in maternity as she was already on the MSLC. It was noted that the Committee is a statutory group but it was suggested that it could be improved to become more effective. The Board noted that we were criticised in the review for our ratio of 32:1 patients to midwives, which is actually better than most trusts. It would cost over £1M to meet the suggested ratio of 26:1. It was noted that the review should not affect the Annual Health Check. It was agreed that referral trends should be monitored e.g. to see if patients move to West Middlesex as they had a better rating.

Action: Invite Members' Council representative to sit on Maternity Liaison Committee.
Action: Bring maternity Action Plan back to board as evidence of progress.
Action: Hold seminar on Maternity services at next Board and invite Sally Brittan and Zoe Penn.

Outbreak
It was reported that we normally have a target of 6 cases of *C.Difficile* per month and for the last few months we had been below this target. We now have an outbreak. The decision has been taken to isolate those infected patients and cohort those that have been exposed. If they become symptomatic they are then isolated. This decision has been made to the detriment of making progress on the delivery of the 18 Week Wait Target. It was noted that the situation around *C.Difficile* could still meet the target by year end.

Data Security
HL confirmed that she is happy with the arrangements in place for data security as outlined in the paper.

Thames Valley University
HL said that Thames Valley University (TVU) had been the Trust Nursing education provider for the past ten years. Problems have existed with the contract and in particular with the calibre of students for some time. The decision has been taken to decline to take students on clinical placement. Current student placements will be honoured until August 2008. AMC said that it is important to stress to the Board that the Trust will not stop training nurses and midwives and that every effort had been made to keep this relationship and address the needs of these students. It was confirmed that the constitution lists TVU as our education partner and this will need to be changed in due course. AMC said that 60 students were assigned to the Trust annually and of that number 22 were returning students as they had not passed the year before. AMC confirmed that no students had been employed from the past year and this was due to a mixture of quality of the students and the quality of their schooling. The Board noted that there could be a perceived conflict because AMC is a visiting Professor at Kings College London. AMC confirmed that he would be involved in preparing the new specification for a new education provider but that he would defer to his deputy for the selection. The next steps are to prepare a specification and go out to tender.

2. PERFORMANCE

2.1 Finance Report Month 9

LB presented the report. The Chairman congratulated the Trust on the financial position.

The Board noted the section on debtors and provisions particularly private patients and overseas visitors, noting that the main issue was overseas visitors. The Chairman identified three different categories. There are those who attend as an emergency and have no money, those who attend as an emergency and there is a possibility of obtaining the money and those people who come to this country with pre-existing conditions and refuse to pay. He proposed that we do not even raise a bill for the first category if we know they will not pay especially as it counts towards private patient income limit. The third area is the main one to tackle.

2.2 Performance Report

LB said the key issues around 18 weeks have already been covered. She drew attention to the dashboard and noted that although we are slightly behind the 48hr GUM target we have been assured we will meet it. She outlined a change to funding for accident and emergency and GUM patients. Currently, we receive all funds via our host PCT but from April, we will move to billing patients according to their address and which PCT they come from. There will be a tolerance of 2% for data collection. At present, we have breached the MRSA target of 12 by year-end, with 15 cases reported to date. We will continue to raise the fact that our target should have been 15. Separately, we need to identify the threshold which differentiates between underachieving and failing.

Theatre utilisation was raised as it seems there is under capacity yet we are commissioning external support to meet demand. LB said that she had commissioned a report on the Treatment Centre to help us understand utilisation and how we maximise productivity.

2.3 18 Week Report

MD said that delivering the 18 week wait target a presented a major challenge and requires enormous effort from hospital staff, but despite the long hours staff remain positive and committed to meet the target on the whole. To achieve the target we need to treat 90% of non-admitted patients and 85% of admitted patients by the end of March. All new patients, which means patients referred between 30th October and 27th November must be treated on or before the relevant date in March. Because the information systems are inadequate, the Trust has not had a clear picture of the situation. The Board noted the type of patients which fall within the 18 week target. MD said productivity is increasing with November the best for three months and December is proving even better. She said that a massive data clean-up exercise of 8000 records is now almost complete and a patient tracking list is now in place. The additional internal and external capacity has also been put in place to match demand. Weekly performance meetings are being held with each directorate to track progress. The Board reviewed recent performance for admitted and non-admitted patients and noted that the trend is upward. The trust is charting performance per consultant and performance managing those that are still lagging. MD said that patients are being offered the option of being treated in a private hospital. She confirmed that we have the capacity to meet 18 weeks target.

MD said that the Trust must address our Information and Communication strategy going forward. This is an important target and if not met the Trust will suffer both reputational as well as financial damage. To this end, the Trust has earmarked extra resources and engaged the private sector to help achieve the target.

3. ITEMS FOR DISCUSSION/APPROVAL

3.1 Progress on Corporate Objectives

HL presented an update on progress with objectives up to the end of December 2007. In response to a query she confirmed that we had not specifically considered being an awarding body but to develop joint NVQs with our local provider. We used to award internally but internal validation became more difficult and we now prefer to work with the universities. She noted that under objective 6.2 the decision to split the director of clinical studies into two posts had been very successful and has led to a real improvement in student satisfaction. The Chairman said he was particularly pleased and that he would write to Dr Singh and Mr Lupton. The designation of Chelsea and Westminster as a centre for bariatric surgery was raised. HL confirmed that we have to wait to see if we are a designated centre. She also noted that we will be tailoring the scope of the customer care training specifically for maternity staff.

3.2 Business Plan

LB presented the report which is about the financial context for business planning. She tabled an updated table 4.She reported that the level of annual growth was lower than in previous times. There is a new operating framework but there are no significant new targets. It is more about consolidation than any step changes. The Operating Framework provides all PCTs with a cash increase of 5.5% in 2008/09. Our PCT is spending more than that. Monitor is reviewing the compliance framework and we will self certify against our targets to Monitor.

Though no longer accountable to NHS London, it is important to look at the priorities set with respect to the potential impact on the Trust. NHS London has set wide priorities for PCTs but we see now real new changes. The financial position of local PCT is good and they have excess funds.

We are on track for an £8.7m surplus of which £2.2m is non-recurrent. Once adjusting for this non-recurrent income and other expenditure the underlying position carried forward into 2008/09 is a surplus of £2.7m. We must now look at key income and assumptions and we will have firm plans from directorates by the next Board. As an FT we do not need to index our estate every year. We do this every three years and in the interim we have to set aside funds for the next revaluation. All things being equal, the tariff will be reduced by 3%. We must anticipate changes to income and separate tariff and non-tariff charges. LB said that there are not many changes to 2008 tariff but small ones may benefit us. There are three significant services which are not under tariff. These are HIV/GUM outpatient services, Adult and Neonatal Critical Care and Burns. The implications are outlined in the paper. We are beneficiary of the Market Forces Factor, which will change at the earliest in 2010 and it will have a big impact for the Trust.

The Board must decide how much pressure and challenge to put in next year and consider if we want to be a level '5' or '4'. HL noted that the rate dictates our ability to borrow and we must be in a strong financial position as we explore future options.

3.3 Quarterly Risk Report

CM presented the quarterly risk report. She drew attention to the changes in risk ratings and in particular two new red risks. Being designated as the centre for paediatric and neonatal surgery in West London was first highlighted at the last Board and a risk assessment was attached. HL outlined the actions taken as part of the risk assessment. MA said that the key issue is that the current situation is safe. HL said that in response to a letter from the PCT she had confirmed that paediatrics was not on the Trust's risk register and she had outlined the evidence for that. The other new red risk was related to the end of GE support and a risk assessment was attached. The Chairman noted that this would be covered in a Board seminar.

THE BOARD NOTED THE RISKS AND AGREED TO THE ACTIONS BEING TAKEN.

3.4 Monitor Return

LB said the return will be submitted to Monitor tomorrow. The Board needs to consider whether it is assured on the delivery of the 18 week wait target. The Board agreed to be slightly circumspect and MD and LB agreed to work on the wording. It was agreed that the Trust should be more specific about the issues surrounding MRSA and break down the various patient categories as discussed earlier. It was agreed that we would state in our return that a reduction on last year's rate was the ultimate aim and the Trust has achieved this. We will also make the case that five of the cases were symptomatic upon arrival and that the Trust is taking action by screening high risk patients, and plans to screen all A&E patients.

THE BOARD APPROVED THE PAPER

3.6 Modern Matrons

AMC presented the report. He said that he felt that the current level of matrons per ward was adequate with the exception of medicine where the Board is being asked to approve an additional matron. He confirmed that their position in the management structure is covered in the nursing strategy. He also confirmed that the extra staffing and resources for infection control would be identified in the infection control business plan.

THE BOARD APPROVED THE ADDITIONAL MATRON FOR MEDICINE.

Action: Infection control business plan to reflect increases in modern matrons and central investment in infection control.

3.8 Role of the Chairman and Chief Executive

THE BOARD AGREED THE PAPER.

3.9 Review of Register of Interests

AMC reported that he is a visiting Professor at Kings College London. MD provided her interests. CW made a change to his interests.

THE REGISTER WAS AGREED.

3.10 Roles and Responsibilities of the Members' Council

CE said that the Code of Governance requires that we have a clear pathway for the resolution of disagreements between the Members' Council and the Board.

THE BOARD AGREED THE PAPER.

4. ITEMS FOR INFORMATION

4.1 Clinical Governance Assurance Committee Report

THE BOARD NOTED THE REPORT.

4.2 Facilities Assurance Committee Minutes

THE BOARD APPROVED THE MINUTES.

4.3 Q3 Register of Seals

JC reported that the seal had not been used in the last quarter.

Action: Draft criteria for the use of the seal. **JC**

5. ANY OTHER BUSINESS

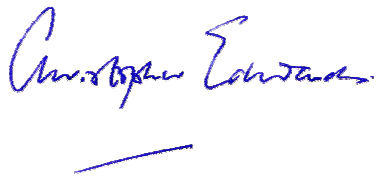
None

6. DATE OF THE NEXT MEETING

28 February 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