

Board of Directors Meeting, 17 December 2009 Extract of approved minutes

Present

Non-Executive Directors	Prof. Sir Christopher Edwards	CE	<i>Chairman</i>
	Andrew Havery	AH	
	Colin Glass	CG	
	Karin Norman	KN	
	Charles Wilson	CW	
Executive Directors	Heather Lawrence	HL	<i>Chief Executive</i>
	Amanda Pritchard	AP	<i>Deputy Chief Executive</i>
	Lorraine Bewes	LB	<i>Director of Finance & Information</i>
	Mike Anderson	MA	<i>Medical Director</i>
	Andrew MacCallum	AMC	<i>Director of Nursing</i>
In attendance	Catherine Mooney	CM	<i>Director of Governance and Corporate Affairs</i>
	Vida Djelic	VD	<i>Interim FT Secretary</i>

1 GENERAL BUSINESS

1.1 Apologies for Absence CE

Apologies were received from Richard Kitney.

1.2 Declaration of Interests CE

None were declared.

1.3 Minutes of the Meeting of the Board of Directors held on 26 November 2009 CE

Minutes of 26 November 2009 will be approved at the Board meeting on 27 January 2010.

1.4 Matters Arising CE

These will be discussed at the Board meeting on 27 January 2010.

1.5 Chairman's Report (oral) CE

The Chairman will report to the Board at the next meeting on 27 January 2010.

2 PERFORMANCE

There were no items for discussion.

3 ITEMS FOR DECISION/APPROVAL

3.1 Safeguarding Children

CE reminded the Board that there were some issues raised at the Board meeting in November 2009 concerning the assurance on the declaration on safeguarding children which was required by Monitor. He said that the work on the compliance with the declaration is in progress and that the deadline of December is self imposed.

AMC said that he attended a meeting of Directors of Nursing at the NHS London and there was some discussion as to the definition of eligible staff.

AMC clarified to the Board that 'eligible staff' are all clinical and non-clinical staff working in healthcare settings. 65% of Trust staff have undertaken face-to-face Level 1 training. He also said that according to the plan 80% of staff should be trained by end of January 2010.

As requested at the November meeting AMC provided the Board with further information regarding the results of the internal audits into CRB checks on staff including contracted out staff. He said that two audits were undertaken as reported to the Audit Committee in October 2009. However, there were some concerns relating to a risk associated with the lack of procedures for assessing staff who do not work predominantly with children and whose CRB checks are outstanding. The Trust has revised its policies and procedures in response to the risk identified by the audit.

AMC added that internal audit also undertook an audit on pre-employment checks on all contracted out services. AH clarified that internal audit looked at whether contracts were in place. CE said that the actions were due in December and it would be useful to clarify if they were complete.

AMC said that the Trust needs to be compliant with the statutory requirements regarding the CRB checks but not for the safeguarding.

HL clarified the CRB checks and safeguarding and added that the CRB checks would be part of safeguarding. She also said that part of Level 2 training will be that all contracted staff undertake their training.

AMC said that there were two significant audits; one is relating to CRB check and the other is relating to safeguarding children.

HL asked if the outcome of these audits is available. AMC said that the results are not available yet.

AMC clarified to the Board the definition of eligible staff in relation to Level 1 training and assurance that the training has been provided to

staff working in paediatric areas of the Hospital.

AMC said that 86% of permanent staff working regularly with children have undertaken Level 1 face-to-face training and that 77% of staff working regularly with children have undertaken Level 2 face-to-face training. He added that all staff have received a Level 1 training leaflet on safeguarding attached to their pay slip.

CE was concerned that we will have to declare that all eligible staff have been trained and that that has not been the case.

MA pointed out that those staff who have received the leaflet attached to their pay slip will sign it off and send back.

HL said that considering that C&W is a designated surgical centre for children it is important that we go for 100% of staff in these areas. We are not accountable to NHS London but to Monitor and we must focus on the standards we wish to achieve.

CE stressed that the Board needs to know the following:

- 1. That all actions from the internal audit have been implemented**
- 2. That a dip sample has been undertaken, that it is of a sufficient quantity to give reassurance and that the outcome is positive**
- 3. That all leaflets have been signed and returned**
- 4. That 100% staff who work regularly with children have been trained at level 1**
- 5. That information on agency staff is provided by January 2010**

AP clarified that the current PASA agreement does not specify that safeguarding children is part of the mandatory training but will do so by May. However, the Bank Manager has contacted our main agency suppliers to check if they provide Level 1 training and it was verbally confirmed that they do. The Trust awaits their written confirmation. HL pointed out that agencies outside the PASA agreement are not covered and many of staff will work in NICU and paediatrics. AP confirmed that Mayday which is our main supplier in this area are now part of the PASA agreement.

CW asked if it is a mandatory requirement that agency staff who work with children have CRB checks. This was confirmed to be correct but it has not been audited.

CE pointed out that there are two options. We cannot give assurance at this stage so we either publish a declaration stating this and our plans or we delay the declaration until we are assured.

AMC said that the Trust has declared its compliance in the health check for the period up to December 2009 and we should note this.

CW asked if the Trust aims to have face-to-face training. AMC said that this was the case, via induction and we are identifying staff who

have not been through induction.

CE concluded that that we should aim to have the declaration on the website in January 2010 and that at January Board meeting the Trust should be in the position to be fully assured.

CE advised that we inform Monitor that the Trust aims to be fully compliant but that the Board is insisting on assurance and we are not in a position to be so at the moment. We are aiming for January 2010.

3.3 Estates Infrastructure

HL

CE noted that the Trust has an energy inefficient hospital and costs and the environment are becoming more important. He said the paper to the Board implied one option or another and it may be possible to have a mix. HL noted that this was a very specialist area and we did not have the expertise.

LB said that the link to Netherton Grove is key and this is driving the timescales for the generator. She said that we should attempt to solve this once, not twice. MA noted that our advisors had got the generator capacity wrong once before. CE agreed with MA that health services are not very high on a list of organisations that have reduced carbon emissions.

Mark Lynn, General Manager Estates and Facilities attended and Fleur Hansen. ML gave a presentation to the Board on the Engineering Infrastructure Services upgrade and how the principle infrastructure services (electricity, heating and cooling) can be upgraded to provide improved safe, resilient services in line with the estates development strategy.

ML outlined the key infrastructure project drivers which included insufficient National Grid electrical supplies, inadequate standby generation and switchgear, an ageing plant & backlog maintenance, insufficient Summer cooling, poor energy performance, a need to reduce the carbon footprint (which should be cut by 30%) and a need to contribute to meeting government targets and to reduce costs.

ML said that there are also plans to increase the size of the hospital and to use more of its space for clinical services. Over the coming few years this will increase the energy demand for the site as well as demands on the electrical supply and standby systems. For these reasons the infrastructure project explores two aspects which were how to reduce both energy cost and usage and its carbon footprint, and how to improve its electrical capacity for normal and standby usage.

ML said that with regards to the first aspect various energy saving processes have been considered and reviewed. He pointed out that the options were limited and that the use of Combined Heat and Power (CHP) together with absorption chillers is the only option.

ML added that for the increase in power supply to the building there

are two options. One option is to increase the EDF energy supply by providing a direct connection from Earl's Court substation at a cost of circa £3.5m, and the other option is to use the CHP systems to supplement the existing supply from EDF Energy.

CE commented that there were some difficult dimensions and agreed that the use of combined heat and power together with absorption chillers is good option.

ML presented the sustainability options as follows:

- Wind Turbine – insufficient structure and major planning issues
- Bore Holes – would not generate electricity, Thames Water would object due to the impact on the underground water course
- Photo Cells – Insufficient roof space, daylight output only, high initial capex
- Bio-Mass – will not provide electricity generation, insufficient storage space, insufficient plant area for heat extraction
- CHP - Large gas supply already on site. CHP with heat rejection provides additional cooling and electricity to meet all future cooling and electrical demand.

ML pointed out that CHP is considered the only viable option due to the physical constraints of the hospital location. CE asked if we could do a mixture of options rather than 'all or nothing' as presented. ML agreed this was possible.

ML outlined the current utility profile. He proposed a plant reconfiguration whereby we would make our own electricity with a CHP plant. This was outlined in more detail in the paper. There was a discussion over the issues.

CG asked if the Trust could export electricity. ML said that it could export it via a CHP agreement but that the NHS would not normally do it as it is considered as high risk.

5 ANY OTHER BUSINESS

None.

6 DATE OF THE NEXT MEETING – Wednesday 27 January 2010

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

A handwritten signature in blue ink, appearing to read "Christopher Edwards".

Prof. Sir Christopher Edwards
Chairman