Board of Directors Meeting 28 October 2010
Extract of approved minutes

Present

Non-Executive Directors	Prof. Sir Christopher Edwards	CE	*Chairman*
	Andrew Havery	AH	
	Colin Glass	CG	
	Prof Richard Kitney	RK	
	Karin Norman	KN	
	Charlie Wilson	CW	
Executive Directors	Heather Lawrence	HL	*Chief Executive*
	Mike Anderson	MA	*Medical Director*
	Therese Davis	TD	*Interim Director of Nursing*
	Amanda Pritchard	AP	*Deputy Chief Executive*
In attendance	Catherine Mooney	CM	*Director of Governance and Corporate Affairs*
	Lucy Hadfield (in part)	LH	*Interim Director of Strategy*
	Azadian Berge (in part)	AB	*Director of Prevention and Infection Control*
	Rosalind Wallis (in part)	RW	*Nurse Consultant Infection Control*
	Mark Lynn (in part)	ML	*General Manager - Estates and Facilities*
	Robert Thorogood (in part)	RT	*Director, hurleypalmerflatt*

1 GENERAL BUSINESS

CE noted that it was CG's last Board meeting and thanked him very much. He has brought a lot to the Board including a refreshing questioning of what people are doing. He was able to advise us on a number of issues. The Board wished him well.

1.1 Apologies for Absence **CE**

Apologies were received from Lorraine Bewes.

1.2 Declaration of Interests **CE**

None.

1.3 Minutes of the Meeting of the Board of Directors held on 30 September 2010 **CE**

Minutes of the previous meeting were approved as a true and accurate record with the following changes:
- Section 2.1 penultimate paragraph, KN said that for clarity it should

state that it was an initiative from commissioners which forced acute Trusts to improve coding.

1.4 Matters Arising **CE**

2.1/Sep/10 Finance Report Commentary – August 2010
Regarding investigating the feasibility of accessing the Doughty House draw down, HL reported that LB has not done it yet but will do so before the end of the financial year.

Regarding exploring using invoice discounting for the NHS part of the debt, HL reported that LB took advice from Deloitte. Deloitte reported that it has been used by a couple of clients but does require insured debt factoring which is expensive and time consuming. KN said she would arrange a meeting with the leadership supply chain financing company.

Regarding the matter arising on reviewing capital projects, this is on the agenda.

2.2/Sep/10 Performance Report Commentary – August 2010
MA to report back on the PPI audit at the next meeting. **MA**

3.3/Sep/10 Complaints Annual Report 2009/10
AP reported that a review of A&E breaches was completed. There are two issues. One was that A&E and the Acute Assessment Unit (AAU) failed to escalate and the other is a clear pattern around Mondays. AH asked if there is management element i.e. non availability. AP replied this is not the case and it appears we are slow to get started on Mondays. Actions will be considered to remedy both causes.

3.10/Sep/10 X-Ray Film – Storage vs. Destruction
MA reported that he had asked the radiology service manager to pursue actions taken at Birmingham and also to re-consider paediatric X–rays. **MA**

1.5 Chairman's Report (oral) **CE**

RK thought the meeting was helpful in that it opened up a channel of communication. He also noted that in Medical Students' assessment Chelsea and Westminster Hospital NHS Foundation Trust came top.

The Chairman reported that for Non-executive Director (NED) appointments there had been outstanding applicants. The Nominations Committee made a provisional offer to the following candidates which will be subject to approval by the Council of Governors:

- Sir John Baker, Chairman of the Maersk company Limited
- Sir Geoff Mulcahy, Chairman, Javelin Group
- Jeremy Loyd, Non-Executive Director, Marine Management Organisation

The original proposal was to appoint one candidate and make two proleptic appointments. The concern was that it would force us to choose and so we are exploring the opportunity to get all three NEDs appointed at the same time and they would be titled Non-executive Director

Designate. They will not have the right to vote. However, this is not likely to be a problem as voting is rarely required. The Verney House Boardroom will be too small for the Board meetings and therefore Board meetings in 2011 will be held in the Hospital Boardroom.

CE noted that the designate NEDs would be paid but paying them is a saving compared with the cost of recruitment. AH said he thought that an argument on saving fees is not a strong argument and that the Non-executive Directors should take a cut. HL emphasised that the need for NEDs is getting greater. She thought that small savings are short-sighted as we rely so much on goodwill. CE said he noted the views.

There is the question of balance between NEDs and Executives in the short term and HL suggested that Mark Gammage, Director of HR will be in attendance to increase the number of executive directors. This was agreed.

KN asked if we will need to change the constitution? She felt we should think about increasing the numbers of NEDs as there is quite a demand on them.

CE advised the Board that the Royal Marsden Hospital appointed a new Chairman, Ian Molson.

1.6 Council of Governors Report including Membership Report **CE**

CE said that there were no particular issues to note.

1.7 Chief Executive's Report **HL**

HL reported on the following issues:

Transparency of expenditure over £25,000
HL advised that LB proposed that we should keep publicising expenditure over £25,000 under review and not proceed at this stage. AH said he thought we should proceed and it was suggested that this was discussed further with LB.

AH and LB to discuss transparency of expenditure over £25,000. **LB**

The Spending Review
The Trust has covered most issues in the NHS Spending Review in the 3 Year Corporate Plan except the 15% decline in numbers of junior doctors.

Staffing
The staff changes were outlined. Hannah Coffey will be leaving the Trust at the end of the year. Debbie Richards, Divisional Director of Operations Women's Services & Paediatrics, HIV & Sexual Health and Dermatology will cover the role until Hannah's replacement has been identified.

White Paper / NWL Strategic Issues
The key points were outlined. There are still eight PCTs but they are arranged as three clusters.

Urgent Care Centre
HL referred to her paper and said disappointedly the IT supplier Adastra had let us down and the system was not in place. However, our own IT department was able to provide an interim solution.

The UCC has been quiet this week due to half-term and therefore it is difficult to assess the impact.

HL to provide a more detailed report for the next Board meeting. **HL**

Shared Services
HL reported the first success of shared services; the audit and counter fraud contracts.

Regarding the first Fulham Road GP event, LH said she will assess the Fulham Road GP event next week. So far the uptake is very poor.

Award
HL said she would particularly like to draw attention to where we were voted the only NHS Trust in the top 10 employers for working families nationwide and we should be very proud of this.

2 PERFORMANCE

2.1 Finance Report Commentary – September 2010 HL

HL said that we are broadly on track and reporting an amber risk.
The key risks within the forecast are demand management and the CIP which are set out on p.2 of the report.

There is a concern about aged debt. We have accrued for £3m and LB is working on the top 5 old debts herself.

CE said that the Board needs to know the likelihood of getting paid e.g. PCT vs. overseas patients.
To update on aged debt for next meeting including breakdown of PCT and overseas debt. **LB**

2.2 Performance Report Commentary – September 2010 AP

AP reported that the Performance Report for September is similar to last months.

There is one area of Q2 performance (MRSA) which will cause our Monitor risk rating to be Amber/Green.

There will be no CQC official rating this year, but our performance will be published alongside benchmark data. We have not been asked for a Performance Plan yet from the Commissioners re the diagnostic rate, so the risk of financial penalties is low.

A&E in particular requires a higher level of focus as there are ongoing performance risks.

3 ITEMS FOR DECISION/APPROVAL

3.1 Infection Control Annual Report 2009/10 **TD (BA)**

TD introduced BA, Director of Infection Prevention and Control (DIPC) and RW, Nurse Consultant Infection Control. BA presented the report.

Page 3 of the report sets out measures taken by the infection control team to ensure compliance with statutory requirements.

With respect to MRSA bacteraemias, some were unavoidable and some were due to line infection.

HL asked if there is a disciplinary issue? Taking blood cultures should be a protocol, not a guideline. BA responded that audits demonstrate 97% compliance but that still leaves 3% who are not complying.

CE asked if we should specify that only certain doctors can take cultures? HL responded that we did that and it was not very practical. CE emphasised that we are not in a good position. MA said he was concerned that there was not 24/7 consultant cover, and therefore approved doctors would have to include registrars and this would be very challenging at night. AH said he thought that we should implement the disciplinary action approach immediately.

CE asked for more information on education and training of staff. BA explained that FY1 and FY2 doctors and other new doctors are given information at induction. There may be doctors who are unwilling to comply with guidelines and they are followed up where it is known. CE asked if attendance at corporate induction is mandatory. TD said that a training needs assessment was being undertaken which outlines who has to attend what and when. The training department is now providing data on attendance for each staffing group and each training requirement.

CM noted that a report on training was due to come to the Assurance Committee next month which would include compliance with induction. She clarified that it was mandatory but there was currently no penalties for failure to follow up in most circumstances. MA said that the problem is not with FY1 and FY2 doctors, but with specialist registrars who have no dedicated time for induction. AH commented that there are types of people who will evade training.

TD outlined the position re *C. Difficile*. The numbers we report are laboratory cases and she noted that Imperial College Healthcare NHS Trust only report clinical cases, but we have been advised by the PCT not to do that. **TD to get advice from the Department of Health.** **TD**

The CQUIN targets for PPI prescribing were achieved last year. A team goes daily to all the wards to monitor patients including those with *C. Difficile*.

CE asked if we need to treat patients on PPI as immunocompromised with respect to their risk of getting an infection? HL asked if we can do stops on PPIs like we do for antibiotics?

MA to follow up possibility of putting 'stops' on PPIs in a similar **MA**

way to antibiotics.

BA outlined the role of the water assurance committee. He also described hand hygiene audits and noted that we are now achieving 90% hand hygiene compliance.

3.2 Screening Emergency admissions for MRSA **TD (BA)**

BA outlined the requirements of the Department of Health in relation to screening and said that the paper presents the current position and various options.

HL said that previously she would have said that this was not the best use of our resources, but the rate has now gone up.

With respect to which test to use, BA said that it depends on the clinical situation. If it is critical then the Polymerase Chain Reaction (PCR) test is the solution. However he noted that in practice a result is not available in 2 hours, but more likely to be in 9 - 12hrs taking into account the overall process rather than just the result time. The delay for the test costing £19 is because of batching, i.e. done once a day. The other issue is that if result is received at 3am in the morning, the decision will be to tell the Infection Control Team once the proper working day starts. A caveat is that one must have a rapid response for a rapid test, and also would need side rooms and decolonisation processes to be put in place.

CE said another paper was required as the situation was more complicated than outlined. A laboratory perspective on testing was required and a consideration of the implications in practice. If you have a symptomatic patient who is febrile a non batched rapid PCR test costing £19 is because of batching i.e. done once a day therefore there is a delay. However for another patient who is asymptomatic, a different approach may be required. It may not be appropriate to have a blanket approach where we could spend a lot of money with no benefit.

BA said that a third of people carry MRSA, but this could be 10 times higher in a nursing home. A nasal swab is the most accurate way to diagnose MRSA colonisation but MRSA will be present on the skin and mucous membranes.

AH asked if it was a serious option to buy the machine on site? BA said it would be expensive unless there is a large quantity to test.

BA to bring a further paper back to the next Board meeting. **TD**

CE congratulated BA and RW and said it was recognised that we get a good service from the Infection Control Team, however, we could do even better.

3.5 Assurance Framework Report and Review of Corporate Objectives Report Q2 **CM**

CM presented the highlights and noted some corrections to data. These were that the number of VTE last year was 13 and not 9 (objective 1). The number of falls reported was 5 and not 3 (objective 2) and the

increase in cardiac arrests from last year was 4 in the same period (there were 28 in total) (objective 4).

She also presented an update to the HSMR position which showed that our HSMR was now 76.28.

CE said that it was an interesting paper but needed more of a critical analysis. We need to think more seriously about our targets and choose something we can measure e.g. cardiac arrest rates are so variable and difficult to determine impact. We should think about what interventions we can make and should have data collection for a year before we choose an objective.

CM said that a lot of thought and planning had gone into selecting the objectives which perhaps was not clear from the summary. CE suggested a meeting to discuss further.

AH said the lack of data for some of the objectives was fully recognised at the time and it is important that we do not choose something because it is easy to measure.

3.6 Proposed draft Corporate Objectives 2010/11 **HL**

HL introduced the corporate objectives and LH presented the paper. She said it was an update on the context for planning and some was a repetition of what was said before.

The current four aims have served us well and she does not recommend a change as this diverts energy. She said that the top level objectives and everything everyone else does is not aligned as well as it could be.

CE said that we need to use this paper as the start of process at the joint Council of Governors/Board of Directors Away Day. The governors need to see the paper and be able to influence the start of the process.
HL said it was important to know what the CIPs are.
Amend the proposed draft Corporate Objectives 2010/11 paper to be circulated to governors and used as part of Away Day. **LH**

3.7 Specialist paediatric surgery unit update including Netherton Grove **HL**

HL commented that paediatric surgery is progressing well and the network is working well but activity is less than predicted and we need to focus on other areas such as paediatric medicine.

With regards to Netherton Grove HL said that there are some significant risks relating to ducting work that could not have been predicted. She feels that the project management is very good and have been able to come up with innovative solutions within the budget.

3.8 Capital Projects Review **HL (LB)**

HL outlined the paper and said that she thinks we can do better regarding delays.

CG highlighted spend of £15m on Netherton Grove. CE said this was

why it was discussed in depth at the Away Day.

KN noted p.3 which relates to return on assets.

CG commented that the Board spent an hour discussing a proposal to spend £300k where Non-executive Directors could not contribute and was presented with a tabled paper for expenditure which was 10 times that amount. HL clarified that the paper was available with the other papers but it was an update that was tabled.

CE reiterated that he would like the NEDs to be more involved in initiatives prior to the Board meeting. KN agreed and said she would like more input into initiatives such as Dean Street. AP said a focus on benefits realisation was important.

HL said that this paper contains the approved capital projects. It is important to clarify what needs to come to the Board as this can introduce delays.

KN said she would like the emphasis to be that IT should be seen as an opportunity. It would be interesting to see what would make a difference in terms of efficiency and investment for significant gains. She noted that we seem to carry forward a lot of capital projects.

CG left at this point. He thanked everyone and said that he had really enjoyed his time as a NED and had learnt a lot.

3.10 Approval of the Terms of Reference of the Audit Committee* **AH**

This item was taken as read.

3.11 Monitor In-Year Reporting & Monitoring Report Q2* **HL (LB)**

This item was taken as read.

3.12 Risk Report Q2 **CM**

This item was taken as read.

3.13 Register of Seals Report Q2* **CM**

This item was taken as read.

3.16 Medical illustration Contract 2010/11 **HL (LB)**

HL said that the contract was more complicated than originally envisaged with an additional £70k in year.

She highlighted that the contract excludes non clinical photography and confirmed that if Medical Illustration UK do not win the tender they would vacate space.

CE confirmed he is happy with a six months contract but thinks it is an expensive service. The Board supported the six month contract and delegated authority to the Director of Finance to sign subsequent

contracts.

4 ITEMS FOR INFORMATION

4.1 Assurance Committee Minutes – no meeting **CW**

4.2 Audit Committee Minutes – 21 September 2010 **AH**

This item was taken as read.

4.3 Finance & Investment Committee Minutes – 17 August 2010 **CE**

This item was taken as read.

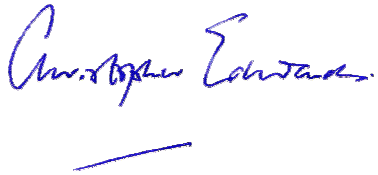
5 ANY OTHER BUSINESS

None.

6. DATE OF NEXT MEETING – Thursday, 25 November 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



Prof. Sir Christopher Edwards
Chairman