Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting 28 July 2011
Extract of approved minutes

Present

Non-Executive Directors	Prof. Sir Christopher Edwards	CE	Chairman
	Charlie Wilson	CW	
	Andrew Havery	AH	
	Prof Richard Kitney	RK	
	Karin Norman	KN	
	Sir Geoffrey Mulcahy	GM	
	Sir John Baker	JB	
Executive Directors	Heather Lawrence	HL	Chief Executive
	Amanda Pritchard	AP	Deputy Chief Executive
	Lorraine Bewes	LB	Director of Finance
	Mike Anderson	MA	Medical Director
	Catherine Mooney	CM	Director of Governance and Corporate Affairs
	Mark Gammage	MG	Director of Human Resources
In attendance	Liz Revell	LR	Interim Foundation Trust Secretary

1 GENERAL BUSINESS

1.1 Welcome and Apologies for Absence — CE

The Chairman welcomed everyone to the meeting. Apologies were received from Therese Davis and Jeremy Loyd.

1.2 Declaration of Interests — CE

There were none.

1.3 Minutes of the Meeting of The Board of Directors held on 30 June 2011 — CE

The minutes of the meeting were accepted as final except for the following amendments:
Section 2.1, last sentence, AH confirmed that he had not been at a meeting and that sentence should be deleted.
On page 5 point 2.2: second paragraph, the third sentence refers to re-attendance rate and should be part of the paragraph above.
The Chairman noted that the reference to the Royal Free should be that 50% of inpatients are on proton pump inhibitors.
Action: To amend minutes in line with comments received. — **LR**

1.4 Matters Arising — CE

The updates as described in the paper were noted. CW asked whether there was any

news on Doughty House. HL confirmed that there had been no further developments.

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

CE said that the items he wished to cover were in papers elsewhere on the agenda.

1.6 Chief Executive's Report **HL**

Regarding the Stepping Hill incident HL had asked for a systematic check of security of medicines and a paper by the pharmacy department was tabled. She confirmed that all areas that should be locked will be locked with the exception of labour ward, neo-natal unit and resuscitation room in A&E where rapid access is needed to drugs. The Trust will eventually move to swipe cards.

JB asked whether it was worthwhile for internal audit to undertake a review. CM said that Pharmacy undertake regular security checks although this had not been done in the last 18 months.

CE asked about using Facebook to identify individuals who are 'odd' as it was acknowledged that medicine security measures would not prevent such an individual obtaining medicines. MG said that Facebook is being increasingly used for recruitment but is not without its problems. GM said that it was about management and if one is close to one's staff one should know about 'odd' individuals. Risks fatal to an organisation do not get identified by risk assessment processes. This is a flaw of the risk assessment process which is very systematic and there is a need to take a step back and think laterally.

JB wanted to confirm that the Board is clear that there would be confidence in the security of medicines but the Board cannot be assured that a similar incident to Stepping Hill would not happen here. HL noted that this assurance keeps us free from any allegation regarding corporate manslaughter and these measures are a deterrent. HL noted that the concept of double-checking was no longer in place. With regard to recruitment she agreed that curious behaviour was a very important consideration and managers should be encouraged to go back to previous employers for further information.

GM described a suggestion scheme at Wal-Mart where anyone in the organisation could make suggestions. He also described the Chairman being available for one hour per month on a hotline.

KM said that fraud relating to recruitment had been discussed at the Audit Committee. and one cannot always be assured on references. AH said that there are only two methods of stopping such behaviour: to not employ individuals in the first place and, secondly, to have two sets of eyes and hands; there is no substitute for checking. He also noted that every person has the potential for bad behaviour.

CE summarised by saying that the potential problem was noted, and the Board has been reassured where it can be that appropriate mechanisms have been put in place.

HL reported on the visit from the Chief Executive of the Royal Pharmaceutical Society. This had been a good visit and had demonstrated that we have an exceptional Pharmacy in a variety of ways. Three clinical areas were visited which were very interesting, one in particular where a one year old girl had been fed intravenously

since she had been born. There were all sorts of issues including the complexity and cost of her care including the preparation of her feeding solutions. She also noted good coverage in the Pharmaceutical Journal.

HL described a number of commercial opportunities that we are pursuing. Professor Brian Gazzard was interested in the joint project with the BMJ to develop educational modules in HIV co-branded as Chelsea and Westminster and BMJ. HL noted the need to revisit the relationship with St Stephen's Aid Charity.

She described the maternity health spa initiative. No health care would be provided but a woman could go and get post-natal care there. It would be in the old Heals in Kings Road. The issue is whether it would take away from our amenity beds and private patient income. An idea from us was that following a normal delivery and after six hours we would issue women with a voucher to use for a doula or other help. CE said that this fits in with the non-medicalisation of maternity.

The issue of how the Trust can act as an entrepreneur and be safe was discussed.

HL noted that she had asked the Assisted Conception Unit (ACU) to get a partner and that the ACU in Oxford have approached us to take us over. However, we have a unique selling point in that we have the only Discordant Couples Unit in the country.

She also noted an approach from an IT company, "Health Systems". This is a firm that the Assistant Director of IT had used to help us review the IT systems available.

JB suggested Axel Heitmueller obtained ideas and presented them to a panel of relevant executive directors and non-executive directors.

HL said that AHe will not know the health story or the relevant background and this would need to be taken into account. We do get ground down a lot in our internal processes. GM said we also need to encourage people to think about ideas. AP said that there are often ideas but working them up further is difficult. JB asked how one could enthuse the organisation as a whole. HL said that partly due to extensive and focused training, doctors have problems when asked to describe a vision.

HL noted the progress with EDM and said that an update paper would come to the next Board. She emphasised the link with the IT Strategy. LB said that she had been advised that the Royal Marsden Hospital would be interested in EDM. However, HL said we cannot afford to lose any time.

AP noted the cycle race on 14 August and the risk. 40,000 cyclists will be going past the hospital which will be closed for certain parts of the day. This was being used as a practice run for the Olympics next year.

2.1 Finance Report Commentary **LB**

LB reported that the forecast had improved and the risk rating was yellow. The main risk was pathology where the full activity costs had not been factored in. 99% of CIPs had been identified. Pathology demand management plans have not been delivered. She noted the income position.

Regarding the capital programme we propose to rephase this in the light of three

pressures which are: Netherton Grove development of a diagnostic suite and the bid for the Children's Burns Unit. The Capital Board are confident that there was sufficient slippage in the programme to accommodate this.

LB noted disagreement with the Commissioners regarding the HIV contract and is considering going to mediation.

KN asked about the reference to trolley beds in AAU and whether that was a reputational risk. MA said that trolley beds are used during the day for assessment and this was to note that they are also being used at night.

2.2 Performance Report Commentary **AP**

AP outlined the paper and said that Section 2 identified areas of concern. The Department of Health requires two out of the five new A&E indicators to be achieved but Monitor requires that three out of five are achieved. She believes that there are still data quality problems but noted that re-attendances are significantly off-track. This is complex because some patients are here for social reasons in many cases and primary care engagement is needed.

She noted the areas of importance to GPs which are slot issues e.g. the number of times a GP attempts to make a booking and is unable to, discharge summaries and outpatients letters. She noted that these are all about communication. She will work with MA and the Divisions in the next few months to address this. GM asked what the major impediment was and MA said it was different in each case but in some cases could be related to consultant ownership.

CE said that he found it unacceptable that there was this delay in outpatient letters and discharge summaries going to GPs when it was clearly an area of major concern for them. AP said there was a plan in place for outpatient letters which was robust and included having digital dictation rolled out from October and November onwards. We will then achieve a turnaround of five days by the end of the financial year. The plan addresses work flow issues as well. HL noted that this was a cultural change. The Board asked whether additional resources would speed up the roll-out. However, HL said that we would not get the change we were looking for if we simply provide additional secretaries. AP agreed to look at the initiative and the possibility of providing extra support while digital dictation is being introduced. AH asked whether there was increased scope for error and whether this had been factored in. AP said they will work in teams and the consultant will sign-off the letter which they can do electronically. This is how the consultant will know that the job is done.

Action: It was agreed that AP/HL and MA would work on this and report back. **AP/HL/MA**

RK noted that our length of stay is below average and AP confirmed that this was correct. She did note that we have seen an increase in elective length of stay over time, in particular in orthopaedics.

CE noted that figures had been published about deaths over the weekend and during the week. Figures were available for this hospital. It was agreed that these would be provided to the Board.

Action: MA to obtain data for deaths over the weekend and during the week. **MA**

3.2 Assurance Committee Report **CW**

This item was starred and therefore taken as read.

3.4 Quality Awards (Council of Governors) **CM**

CM noted that this had been discussed at the Council of Governors meeting and many of the Board had been there. She outlined each award.

A question was raised as to whether the SWISH service was economical as it worked out that 228 patients a year was 4.4 patients per day although it had increased our HIV referrals and was a beneficial health promotion/public health activity. The question of whether there were plans for elsewhere e.g. Knightsbridge was raised.

The Tissue Viability nurse has been successful in increasing the awareness of pressure ulcers and in reducing the rate. The communications team had been successful in increasing the vaccination rate by using constant messages. It was good to recognise 'back room' support for safety.

3.5 CIPs – impact on quality (see 2.2 and Board Seminar) **HL**

See item 2.2 and to be discussed at the Board Seminar.

3.6 Strategy Update **HL**

HL outlined some strategic issues. The Royal Brompton Hospital are attempting to acquire a plot of land in Hammersmith and plan to move there.

Axel Heitmueller is keeping a record of external groups to ensure that the relevant staff participate.

CE noted that Claire Perry, Managing Director Imperial Healthcare is going to the Kings Fund.

GM said that although the strategy is affected by a lot of external influences he wondered if we could take more control e.g. scenario planning. HL said we know what we want to be but there are things we can do nothing about. GM commented that he thought nothing should be out of our control. There are some things that we know are going to happen and there are some things we can pursue. JB felt it was important we had a well-articulated vision statement about what we think we can do. It was suggested that there could be a session with GP Commissioners on the Away Day. GM commented that it was not unique to the NHS to feel behind where we wanted to be. KN wondered whether we could be doing more about sounding out our community.

CE and HL had both met with Lord Darzi recently regarding Academic Health Science Centres. He indicated that he would like to come and meet with the Board and this is will be arranged for September. CE said that it would be useful to have a late Autumn Away Day to discuss the White Paper. Ruth Carnall is also coming to visit.

3.7 Netherton Grove update (provided in Chief Executive's Report) **HL**

3.8 Assurance Framework 2011/2012 **CM**

CM outlined that at the last Board the risks were presented and a draft Assurance Framework. The risks had been reviewed with the executives and the Risk Assessment Framework has been completed with controls, assurances and gaps and the risks have been appropriately graded. She apologised that the full Assurance Framework and Risk Assessment Framework were not circulated with the papers. It is important that the Board takes note of this and confirms that all the risks have been appropriately graded. She will circulate this early next week. The paper presented to the Board contained orange risks only.

Regarding agency staff MG noted that this was high a number of years ago and a nurse quota system was introduced. Agency use is now quite low. We are looking to develop a similar system for doctors.

JB commented on the change of culture required regarding patient experience and suggested working on engaging champions in areas.

LB noted that the lead for procurement had not been effective and has now left and the next in line who was covering has also left. She said we need a fundamentally different skill set if we are to succeed in this area.

Action: CM to circulate full Assurance Framework for Board to comment. **CM**

3.9 Monitor Q1 Report **LB**

LB said that this is the same information as in the Finance Report. We are ahead of the plan against the Monitor baseline. We have triggered three financial risk indicators. The governance declaration is Green. The rest of the return contains changes in membership. She noted some validation errors as a result of flaws in Monitor's template.

It was agreed that the Monitor return could be submitted.

CE noted that the rest of the papers were starred.

3.10 Risk report Q1 **CM**

This item was starred and therefore taken as read.

3.11 Register of Seals Q2 **LR**

This item was starred and therefore taken as read.

3.12 Finance & Investment Committee Terms of Reference **CM**

This item was starred and therefore taken as read.

4.1 Assurance Committee Minutes – 20 June 2011 **CW**

This item was taken as read.

4.2 Audit Committee Minutes – 24 May 2011 **AH**

This item was taken as read.

4.3 Finance & Investment Committee Minutes – 23 June 2011 **CE**

This item was taken as read.

5 ANY OTHER BUSINESS **CE**

Following some adverse publicity regarding the use of staff credit cards HL confirmed that the Trust does not have staff credit cards apart from a government purchasing card held by LB.

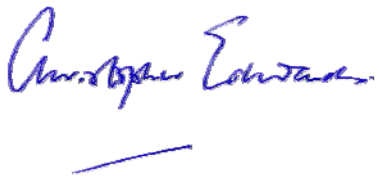
AH commented on a Private Eye article on whistle-blowers in the NHS which was worth reading.

CE noted that it was LR's last Board meeting as Interim Foundation Trust Secretary and thanked her for covering Vida Djelic's role.

6 DATE OF THE NEXT MEETING – Thursday, 29 September 2011 **CE**

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