Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting 27 October 2011
Extract of approved minutes

Present

Non-Executive Directors	Prof. Sir Christopher Edwards	CE	*Chairman*
	Sir John Baker	JB	
	Richard Kitney	RK	
	Jeremy Loyd	JL	
	Sir Geoffrey Mulcahy	GM	
	Karin Norman	KN	
	Charlie Wilson	CW	
	Andrew Havery	AH	
Executive Directors	Heather Lawrence	HL	*Chief Executive*
	Mike Anderson	MA	*Medical Director*
	Lorraine Bewes	LB	*Director of Finance*
	Therese Davis	TD	*Chief Nurse and Director of Patient Experience and Flow*
	Amanda Pritchard	AP	*Deputy Chief Executive*
In attendance	Mark Gammage		*Director of Human Resources*
	Catherine Mooney	CM	*Director of Governance and Corporate Affairs*

1 GENERAL BUSINESS

1.1 Apologies for Absence **CE**

The Chairman welcomed everyone to the meeting.

There were no apologies received.

JB noted that NEDs had met prior to the Board meeting. One item discussed was a preference for cabinet style minutes where the minutes reflect the key points discussed and the conclusions and are non-attributable. This will save time in reading minutes and allow the Board to concentrate on key arguments.

CE noted that this had been discussed before, and that some people like contributions noted. HL said that there needs to be evidence of Board challenge. AH asked that this was also considered for other meetings, e.g. Audit Committee.

It was agreed to change the minutes as discussed.

The death of a 24 year old laboratory technician at the Trust was noted with sadness. The cause of death is unknown. The Police and HSE are very closely involved. The Chief Executive has spoken to the family and a press release has been prepared.

1.2	**Declaration of Interests**	**CE**

None.

1.3	**Minutes of the Meeting of the Board of Directors held on 29 September 2011**	**CE**

The minutes of the previous meeting were accepted as a true and accurate record.

1.4	**Matters Arising**	**CE**

Progress on these was as noted in the paper.

2.2/Sep/11/ Performance Report Commentary – August 2011
Regarding the Care Quality Commission (CQC) and caesarean section rate the Trust has subsequently had a response from the CQC and there are no additional requirements at this time. The changes the Division are making were noted and it was confirmed that none of these would increase the risk to the mother or baby. Some issues are related to 24 hour consultant cover and a midwife led unit would correct the statistics.

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

The agenda for the Away Day was outlined, including the invitation to Ruth Carnall.

Board members were invited to advise the Chairman of any specific requests for items to be discussed.

1.6	**Council of Governors Report**	**CE**

There was no meeting to report on.

1.7	**Chief Executive's Report**	**HL**

Never Events

The reporting of three 'never events', all of retained vaginal swabs was noted. It was confirmed that there had been no harm to the women involved. The implications are that the commissioners can withhold payment for these cases.

The importance of awareness of the list of 'never events' by staff, which has considerably expanded since April 2011, was noted.

It was confirmed that there was no specific requirement to inform Monitor, other than via the quarterly return. Robust actions have been put in place by the Division.

New Generator Installation

The planned move to new generators on the weekend of 1st/2nd October did not occur as the new generators did not take the load. The reason is being investigated. A serious incident review will be undertaken, which JB will chair. The Terms of Reference have been agreed and they focus on the technical issues, rather than the response to the emergency.

It was noted that the switch gear work did take place.

Netherton Grove Update

It will be agreed by 8 November whether we are on schedule or not, and the importance of the 1st floor has been emphasised.

The number of compensation events is going down. BAM have produced extensive information on rationale for the duct work.

The Trust needs to decide on the next steps as a result of this. The quality of work is still good.

Provision Contract Dispute Update

It was noted that the advice from the solicitors is that the Trust does not have a strong case, and the costs could increase if we decide to defend. It was agreed that there is a need to make sure our own procurement processes are more robust.

Issues with the NHS procurement process were discussed, and the importance of the right individual to lead procurement. The salary for such an individual was discussed and the need to compete with the private sector. There is a need to increase understanding of legal risk generally in the Trust.

The Board agreed to adopt the proposals in the paper as outlined.

The Board agreed that the work LB and KN were undertaking in developing a model contract would come to the Board.

Although great efforts had been made to get support from other Trusts who had contracts with Provision this had not been successful, due to a number of reasons, including the timescale since the contracts were signed and the difference positions Trusts were in, some of whom were unaware that they had such a contract.

The Trust met Provision through a trade fair. The nurse who signed the contract did not recognise it was a contract. A disciplinary hearing was held and this identified some gaps in our procedures.

Standing Orders and Standing Financial Instructions need to be clear but also staff need to read them.

Proposed Industrial Action

The main healthcare unions including Unison are balloting at the moment and are likely to take industrial action.

The main problem is staff travel and there have been discussions on how to manage this.

Medical Education England

HL and MG met with the Managing Director of Medical Education England. Medical Education England are discussing how to take recommendations from two reports forward.

The Temple Report is about the impact of the European Working Time Directive (EWTD) on quality of training. The main theme is consultant presence. The Collins Report is about the first two foundation years. Fifty five percent of doctors on day one do not know what they are doing for the next two years and there is very little exposure to general practice. The Trust is aiming to be an acute Trust pilot site.

2 PERFORMANCE

2.1 Finance Report Commentary – September 2011 LB

The finance report format will be reviewed to make it shorter. It has been discussed by the Finance and Investment Committee.

The main points were outlined, including the review of critical care pricing with commissioners as we have a higher number of organs supported than expected. We are at the private patient cap threshold.

Pay is broadly on plan.

2.2 Performance Report Commentary – September 2011 AP

Readmissions is a big focus because there is clear evidence that quality can be improved in this area. Commissioners are expecting a 25% reduction in readmissions and the Trust is on track to achieve this. Commissioners are expecting zero readmissions post surgery, which is not realistic but we need to evidence what we believe the correct number is.

We want to benchmark at speciality level. Historically, data quality around readmissions is not good, however it is better now.

Evidence for this target was discussed. The stated intent is to prevent poor discharge and promote integration of acute and community services.

There is a lot of improvement is around data quality but there are some pathways that could be improved. Some genuine improvements are possible.

The question was posed that if professional people feel targets can be improved, can this be publicised? Readmission target is currently meaningless, and there is a concern that clinical decisions could be influenced by the target.

It was felt that If there is a good clinical reason for readmission, it should be excluded from the figures in the future. The Trust will continue to lobby for amendments to the construction of the readmission targets.

Discharge summaries have seen significant improvement but continued pressure is required particularly in paediatrics.

C. difficile and MRSA targets are very low, and we are projected to be amber/green as the *C.difficile* target is so tight.

It was clarified that cellulitis admissions are a target as it is believed that it should be treated in the community.

More information is required on how the pink and green bands are set within the reports and that scales might help with interpretation. It was noted that the appendices contain the actual data

3 ITEMS FOR DECISION/APPROVAL

3.1 Assurance Committee Annual Report (Dec 09 to March 11)* CW

This item was starred and therefore taken as read and that action agreed (that this report meets the Board requirements for assurance on the activities of the Assurance Committee)

3.2 Assurance Committee Report July and Sept 2011* CW

This item was starred and therefore taken as read.

3.3 Assurance Framework Report Q2 CM

It was noted that although there was progress on action plans, risk ratings had not changed.

After some discussion it was concluded that despite the decrease in agency staff, the lack of a robust mechanism to ensure training of temporary staff meant this was an orange risk.

It was agreed that the progress would be colour coded to indicate if on track to deliver.

The Board noted the progress overall.

3.4 Annual Claims Report 2010/2011 MA

It was highlighted that in 2010/11 the NHSLA paid out £5.5m of which £3.5m was obstetrics.

There is a delay of 3 – 11 years between the incident and date settled. Table 1 demonstrates that overall we do not rate particularly well.

The importance of CTG recordings was highlighted and the proposal to have a centralised monitoring system, which will also store data. The importance of such a system was agreed including that it needs to address peaks in workload and that it could be used to market our services by emphasising improved safety.

The relationship between claims and incidents was discussed and the difficulty in measuring impact of change given the long lead in time.

Proceedings at a meeting at the Royal Collage of Obstetrics and Gynaecologists regarding foetal monitoring was noted and it was agreed that this would be considered.

The Board encouraged prompt action to be taken around the initiative for central monitoring of CTG.

3.5 Complaints Policy 2011/2012 **TD**

The importance of meeting targets was emphasised and it was agreed that the practice of ringing patients and keeping them informed re complex complaints should be written into the policy.

It was also agreed to add in the role of the Divisional Medical Directors.

The Policy was approved subject to the above changes.

3.6 Annual Risk Management report 2010/11* **CM**

This item was starred and therefore taken as read.

3.7 Netherton Grove – update (provided in the CEO Report) **HL**

3.9 Paediatric Burns Proposal **HL**

The paper explains a proposal for a dedicated burns unit on the first floor of the hospital. The proposal was noted to be complex. If we do not get designation for adult burns we cannot get designation for children. We are proceeding at risk because the designation process is not complete until next summer but this proposal will strengthen our case. Dr Eccles is doing well with increasing our profile.

It was noted that members from the Burns consortia were on a tour of the hospital today. We have reapproached the Burns Consortia for £1.5m capital and £374k revenue.

We are confident the revenue will be there for alternative usage should we not be successful in the designation for Burns, which includes use as a PICU or for private patients.

It was noted that we are still proceeding at some risk because of the uncertainty of the designation. Regarding capital funding, we have slipped on the IT strategy investment budget so capital can be re-allocated. It was confirmed that this is not limiting our IT implementation as there was a generous allocation.

The Board was supportive of the opportunity to build our ability to differentiate ourselves and noted that this is contingent on getting adult burns. Chelmsford and East Grinstead are the nearest Burns centres currently. There was support from the Board for the Trust to develop burns as neither Great Ormond Street Hospital or Evelina (Guys and St. Thomas') do burns and this would be part of our differentiation.

More information on what is affected in the IT strategy was requested and GM and RK will discuss this with Bill Gordon.

The Board agreed to the diversion of £3.634m from this year's capital programme to fund this development.

3.12 Working Capital Facility Renewal **LB**

The proposed renewal facility with Lloyds was discussed and the proposal to spread money over three banks including HSBC.

The Board agreed the extension of the current working capital facility with Lloyds TSB for another year.

3.13 Monitor In-Year Reporting & Monitoring Report Q2* **LB**

This item was starred and therefore taken as read.

3.14 Risk Report Q2* **CM**

This item was starred and therefore taken as read.

3.15 Register of Seals Report Q2* **CM**

This item was starred and therefore taken as read.

3.16 Board meeting dates for 2012 **CE**

It was agreed that the Board of 31 May would be moved to 28 May in order to be able to sign off the annual accounts.

4 ITEMS FOR INFORMATION

4.1 Assurance Committee Minutes – 26 September 2011 **CW**

This item was taken as read.

4.2 Audit Committee Minutes – no meeting **AH**

There was no meeting.

4.3 Finance & Investment Committee Minutes – 29 September 2011 **CE**

This item was taken as read.

5 ANY OTHER BUSINESS

None.

6. DATE OF NEXT MEETING – Thursday, 24 November 2011

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

Christopher Edwards

Prof. Sir Christopher Edwards
Chairman