

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

Present:

Non-Executive Directors: Prof. Sir Christopher Edwards (CE) (Chairman)
Karin Norman (KN)
Charles Wilson (CW)
Colin Glass (CG)
Richard Kitney (RG)
Andrew Havery (AH)

Executive Directors: Heather Lawrence (HL), Chief Executive
Lorraine Bewes (LB), Director of Finance and Information
Andrew MacCallum (AMC), Director of Nursing
Amanda Pritchard (AP), Deputy Chief Executive
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 Affairs
Alex Geddes (AG), Director of IT for item 3.13
Amit Khutti for item 3.2 and 3.3

1. GENERAL BUSINESS

1.1 Apologies for Absence

There were no apologies.

1.2 Declarations of Interest

No declarations were recorded.

1.3 Minutes of Previous Meeting held on 26 June 2008

The minutes were agreed as an accurate record of the meeting with the following amendments:

P3 paragraph on MRSA should read *We currently budget £82k for screening and we have spent £130k...the further screening would increase costs to £470K.*

AH agreed to clarify his point about item 3.5 on clinical quality outside the meeting.

1.4 Matters Arising

Chief Executive Report (1.7/Jun/08)

Monitor

The Monitor consultation was circulated to all Board members.

MRSA

Infection control measures were discussed later in the meeting.

Risk Management (3.1/Jun/08)

CM said that she will incorporate potential Members' Council actions and involvement into the planning for the Patient Safety First initiative.

Focus on Clinical Quality (3.5/Jun/08)

RK will make introductions to Sir Brian Jarman for MA to contact. MA highlighted that the other actions he proposed had been agreed and he would incorporate them into the agenda of the Trust Executive for Clinical Governance.

Facilities Assurance Committee Minutes (4.4/Jun/08)

Covered under agenda item 4.4.

1.5 Chairman's Report

CE reported that he and HL had had a good visit to the three sexual health clinics. They are doing impressive work and the Dean Street facility will be an excellent space for this clinic. The West London staff, led by Dr. Catherine Jones, have now set up a Saturday clinic which has been very popular. He said it was a good example of a clinician led initiative. The possibility of a judicial review in relation to the development on Dean Street was no longer seen to be a risk.

CE had lunch with Baroness Young who will head up the newly created Care Quality Commission.

CE said that there had been a useful and successful launch of the CLAHRC. It was well organised and a large number of people attended the event including the Chair of Imperial Healthcare Trust.

1.6 Members' Council Report

The Members' Council was held last Thursday. It was a successful meeting. Engagement with the membership remains an issue and this came through in the Members' Council self-evaluation. Members reported feeling frustrated that they do not have the proper channels to engage with their respective constituencies. The Council was updated on progress with the membership area. The Council agreed to some annual budget items such as the membership week and the production of key patient information including a new discharge leaflet and the reprinting of the membership recruitment leaflet. The proposal to change the constitution to an opt-out system for staff and other changes was discussed. This will be brought to the annual members meeting for a vote as stipulated by Monitor.

1.7 Chief Executive's Report

Finance and Performance

Month 3 report shows the Trust is on plan to deliver our surplus.

Dean Street

The Chairman has given the go ahead to sign the contract with a contractor to refurbish the building.

IM&T Update

Due diligence on the source code to transfer from GE to the Trust is nearly finished. The Director for IT has negotiated directly with FDB to maintain our current ability. RK endorsed the chosen path and said he thinks we are moving rapidly into a good position. We are more in control now which means our risk goes down.

Infection Control

HL reported that the Trust will have an unannounced hygiene visit in the next month. AMC reported that the Trust was awarded a 5 on the last PEAT inspection which is the top score. We have seen clear improvement in cleanliness and catering.

ISS

The Chief Exec of ISS and HL did a joint letter to present our offer as agreed at the last Board. 57% of ISS staff said that they would accept the offer.

Nursing and Midwifery Clinical Placement Update

AMC updated the Board on the situation. In January, the Board was advised of the Trust's decision to cease our contract with Thames Valley University for clinical placements. A solution is being developed to keep students until August 2009. We have now put out our expression of interest to other universities and there has been a large amount of interest. We will be able to offer placements to students in partnership with the Royal Marsden and Royal Brompton Hospitals. We have maintained good relations with NHS London and we are participating fully in the work stream around education and training.

2. PERFORMANCE

2.1 Finance Report Month 3

LB noted that the Finance and Investment Committee had considered the Finance Report in detail. LB reported that a detailed reassessment of the approved budget had been carried out, following some staffing issues that had now been addressed.

She reported that the outcome was that the Trust was still on track for a budgeted surplus of £7.9m but the contingency of £2.2m set aside for future losses in SIFT and MFF income was not available. This had been made up this year with an element of non-recurrent funding. The Trust needed to work on replenishing this reserve recurrently. The contingency had been prudent planning and the Trust would have been ahead of other Trusts as most FD colleagues reported they had not provided for this loss. Fortunately the DH has confirmed that the SIFT review will not impact before 2010/11.

LB noted that the Trust is on target for a small favourable variance against plan of £300k for the full year forecast and explained the key drivers of the position and risks within the forecast outlined in the report. It was noted that cash flow was behind plan but was expected to revert to plan in August.

2.2 Performance Report Month 3

The performance report was noted by the Board.

3. ITEMS FOR DISCUSSION/APPROVAL

3.1 High Quality Care for All

HL presented the paper. Lord Darzi has been focussing on quality whilst taking into account the changing demographics of the population. The paper notes six goals which include reducing obesity and sexual health. These are both in the strategic interest of the Trust. The report also seems to have a clear implementation programme. The creation of Health Innovation Education Clusters (HIEC) was noted and it was agreed that the Trust should write to the potential members in West London with a view to creating a core group.

3.3 Monitor Consultation on the Private Patient Cap

AK explained the background and the key principles being debated within the Monitor Consultation. Unison have challenged Monitor's interpretation of the legislation around the private patient cap. Unison claims the interpretation of 'net' should be much broader to include any income generated from private patients.. Monitor has set out proposals on how private patient income should be counted. Of the three scenarios presented in the paper, only the third has a potential impact on the Trust. The Board agreed that option 3 was not workable in practice. The Foundation Trust Network (FTN) discussions were that option 2 and 3 were not acceptable and would be very difficult to monitor. They felt 3 was unlikely and they should concentrate on not having option 2. AH advised that option 2 is not seen as a compromise because option 3 is so bad and there should be strong support for option 1.. There will be consultation response from the FTN. However, the Trust

should also submit its own response. CE said the Trust has been asked if we would like to serve as a case study for the success of the private cap and it was agreed that a decision on this should wait. It is important to emphasise the gain to the NHS from private income.

ACTION: AK to draft response and confirm with the Chairman.

3.4 Q1 Assurance Framework, Risks and Objectives Review

HL presented the objectives review. She highlighted that there had been additional risks added to a number of objectives and some revisions in gaps in control and assurance for other objectives. These changes should be expected as progress on objectives and risks is always changing. The Board noted the report.

3.5 Q1 Monitor Return

The Q1 report is due to Monitor tomorrow. Finances have now been reviewed. LB said she wants to be sure that the Board is content to sign both parts of the declaration. CM asked if the financial risks in section 3 were temporary and will be mitigated and thus did not need to go on the assurance framework. LB said that the first one was covered in the Trust forecast. The second risk was reflecting a prudent position on income provision. The HIV position was always very variable but was on track. She did not think these risks needed to be reflected in the Assurance framework.

THE BOARD APPROVED THE Q1 REPORT TO MONITOR.

3.6 Audit Committee Report to the Board

AH presented the report which summarises the work of the committee. It was noted that this was a good report and credit should be given to LB. The Board was asked to note the opinion of the Committee and the summary of their conclusions for the Board. The Board queried why we cannot do better than level 2 for fraud. LB explained that we get scores for the number of investigations. Last year we did not have as many. This coming year we will have more investigations which should lead to level 3. We could increase this by funding more anti fraud activity but AH does not believe that this is necessary. LB also noted that we are under no obligation to score 3.

The distribution is to be changed to Trust Exec.

THE BOARD NOTED THE REPORT.

3.7 Annual Workforce Report

HL presented the report. In terms of equality and diversity we have made progress. The Board asked for clarification on the sickness figures on p10. The vacancy rates on p11 were discussed. HL explained that this was due to reconciliation between finance and HR. Further information was requested, as this increase seemed too large for this reason. In addition the question was asked whether the figures up until Dec are wrong. It was confirmed that use of bank and agency staff had increased due to 18 weeks work.

Action: Follow up on queries identified above.

3.8 Child Protection Annual Report

The paper outlines the arrangements for child protection with the Trust and two changes have been highlighted for the Board. The Board noted these changes and the creation of rapid response panels to follow the death of a child.

3.9 Annual Members Meeting

CE said HL had raised a concern at the Members' Council regarding the timing of the meeting as this might be inconvenient for mothers and children which is a key audience.

It was agreed that supplementary sessions be run in the morning targeting mothers and children around topics such as child nutrition and first aid. These sessions would be advertised via schools and other relevant places within the community. The question of whether to have patients speak was raised. The Board agreed the mix of doctors and patients speaking was positive. This idea will be pursued.

3.10 Q1 Register of Seals Report

THE SEAL HAD NOT BEEN USED IN THE LAST QUARTER.

3.11 Approval for Replacement of GU/HIV Information

The HIV/GUM Directorate is currently undertaking a project to identify a replacement system to support sexual health services and identify patients who are HIV positive. The most expensive supplier was selected after a competitive tendering process. AG explained the rationale and motivation for this choice as was laid out in the paper.

THE BOARD SUPPORTED THE DECISION AND APPROVED THE RECOMMENDED SUPPLIER.

3.12 NED Skills and Experience

CE presented this paper which includes a table outlining the desired skills and experience for the Board which was derived from various sources. He said we needed to look at skills currently on the Board and identify the gaps taking into account future changes i.e. CW leaving in Oct 09. The Board asked that the table be amended to include both knowledge as well as expertise. The Board was asked to first comment on the skills and experience in the table. Second, the Board was asked to do a self – assessment once the revised table was re-circulated to give a clear picture for future recruitment.

Action: Comments on the table to JC, who will then re-circulate for the Board to do assessment.

4. ITEMS FOR INFORMATION

4.1 Audit Committee Minutes

THE BOARD NOTED THE MINUTES.

4.2 Clinical Governance Assurance Committee Annual Report

THE BOARD NOTED THE ANNUAL REPORT

4.3 Facilities Assurance Committee Annual Report

THE BOARD NOTED THE ANNUAL REPORT

5. ANY OTHER BUSINESS

Lastword

HL reported that we have agreement to buy the production machine and we are expecting to be on track to do the last piece of work on referrals around 18 week target. We are looking at integrating the new product into Lastword.

6. DATE OF THE NEXT MEETING

25 September 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

A handwritten signature in blue ink that reads "Christopher Edwards". The signature is written in a cursive style with a large initial 'C'.

Prof. Sir Christopher Edwards
Chairman