

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

Present:

Non-Executive Directors: Prof. Sir Christopher Edwards (CE) (Chairman)
Karin Norman (KN)
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
Hannah Coffey (HC), Director of Operations for item 3.9

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies were received from Charles Wilson (CW). Richard Kitney was absent for the first hour of the meeting.

1.2 Declarations of Interest

No declarations were recorded.

1.3 Minutes of Previous Meeting held on 25 September 2008

P.3 NPET should read MPET

P.4, last paragraph, last line of paragraph 5 should read ... the PCT may begin to introduce this from next year.

3.4 should read Maternity Services Improvement Steering Group

3.1 Add at the end of this section the Board was asked to confirm that it was not aware of any reasons why the conditions presented in clause 5 of the Facility Agreement could be discharged and add the action LB to bring back the necessary paperwork for the working facility with RBS to the next Board.

1.4 Matters Arising

Membership Report (1.6/Sept/08)

CE said that it has been agreed that we will hold the joint away day with the Members' Council on 4 December from 1:30-7:00. The topic will be around quality of care. The topic is also in line with the current direction of travel of the Darzi reforms.

Chief Executive Report (1.7/Sept/08)

JC said that it was not possible to use the kiosks for online responses to the consultation on the Western extension at this stage as we do not have key boards at the moment which we need in order to allow easy internet access. The consultation was promoted on the plasma screen and the Chairman responded on behalf of the Trust. HL confirmed that she had also responded on behalf of the Trust and had liaised with DK's contact.

Performance Report (2.2/Sept08)

Covered in performance report

Infection Control Annual Report (3.5/Sept/08)

MA is working on a proposal for the appropriate use of proton pump inhibitors with the Medicines Committee.

Terms of Reference for the Assurance Committee (3.6/Sept/08)

On agenda.

AP noted a matter arising from the minutes that she wished to report back on. The Director of Human Resources had investigated the variation in % vacancies, which had been substantial and was reported to be due to improved reconciliation between finance and HR. The question was what extent this variation was due to a real rise and to what extent it was improved reconciliation. She confirmed that the increase in % vacancies was substantial but not as great as it looked.

1.5 Chairman's Report

CE said that Renae is contacting all NEDs to arrange a time to meet with him for their appraisal. They will discuss the drop from 'double excellent' amongst other things. CE thought that he should have been better informed about the problem with Choose and Book.

CE said that he had attended a conference on quality together with CM and CW. There had been several presentations on quality and in particular the North West initiative where all acute Trusts were measuring 34 standards in 5 areas that they had identified themselves. Achievement of the standards was linked to incentive payments. HL noted that she had been to an Advisory Board conference and interesting data had been presented on patient feedback including the observation that what patients value is different from staff perceptions.

CE noted that the Trust had been successful on two Industrial Tribunals recently.

CE reported that Monitor had accepted our constitutional changes with a minor caveat.

1.6 Members' Council Report

CE reported that CG had agreed to meet with those Council Members who expressed an interest in holding constituency meetings. It has been suggested that these meetings might take place on 4 December in connection with the joint board away day. CG stated that this would be the only time he could be available for these meetings.

1.7 Chief Executive's Report**Health Care Commission Annual Report**

HL noted that despite the good rating for Quality of Service by the Healthcare Commission 07/08, we remain, together with the Royal Brompton Hospital, the best provider within the North West sector. The Convenience and Choice indicator has been dropped for next year. Actions that need to be taken to bring us back to double excellent will be discussed under the performance report.

Hygiene & Care Inspection Report

HL said that we were compliant with all duties that were inspected this year. CE congratulated the team.

Dean Street Sexual Health Clinic

The clinic will be called 56 Dean Street.

Shelf Development

HL said that we have been given planning approval for the shelf development on the 4th floor but it will take one year. We could possibly use space on Gertrude Street as a mid-term solution.

Specialist Paediatrics Agenda Point 3.8.1

HL said there is no further information available yet. The Trust is however moving ahead with development plans.

Urgent Care – Agenda Point 3.8.2

HL outlined the PCT work on urgent care. We run the risk of losing business if the contract is eventually awarded to another provider. She said the driver for the PCT was that too many patients were attending hospital rather than primary care. This service would be run by GPs so patients would see them rather than junior doctors. The impact on training would be significant as there would be a reduction in hospital training posts. This is in conflict with the national drive to increase GP trainee posts. We would need to be paid more for complex patients to off set the loss of income.

Major Trauma Centre Designation – Agenda Item 3.8.4

AP reported that she attended a designation meeting with Wendy Matthews, A and E lead clinician. This is the first formal designation processes. Stroke will be next. There is an Imperial bid to which we are contributing and it involves tracking patients with major trauma to Imperial. There was no clinical debate but some anxiety re governance and money flows. The assessment team met all five bidding teams on five consecutive days. The decision is expected back on 11 November. Under this arrangement the Trust would expect to continue to be a trauma centre.

2. PERFORMANCE

2.1 Finance Report Month 6

LB reported that the forecast surplus had improved by £0.1m to £8.4m but that within this there were three significant changes. The first related to an increase in energy costs of £0.8m due to an increase of 58% in gas and electricity costs. The second related to a reduction in interest receivable of £0.3m reflecting a review of investments in the light of the banking crisis. The cash flow forecast assumed another 1% drop between now and the end of March. The third reflected an increase in funding from the PCT for maternity improvements and incentive payments and private maternity income. The whole package of maternity funding value was £2.2m. However the Trust would spend this money over two years. Approximately £1m for community midwives is being spent this year and about £0.7m to enable 1:1 care in established labour will be spent next year. The incentive payments are expected to be £0.4m for achieving the top level stretch targets for C.Difficile and MRSA and the 2nd level stretch target for 18 weeks delivery. The forecast delivery for CIPs is 93% of the total. LB noted that the cash flow forecast assumes we are deferring £5.46m until next year for the paediatric specialist centre. In light of the current global financial situation, Monitor has advised FTs to reduce their non-public sector creditor payment to 10 days, which has been assumed in the cash flow position. LB also advised that she anticipated that Foundation Trusts would be subject to corporation tax from 1 April 2009.

2.2 Performance Report Month 6

LB reported that Monitor will be assessing us on two new cancer targets which are expanded in scope from last year and on which the Trust cannot currently report performance. We are on track for all Monitor targets being rolled forward from last year. We do not know the final constructs of the Healthcare Commission targets as yet so it is difficult to give assurance. Two concerns are rapid access clinics and discharge summaries. MA said some of the reasons for low performance with the discharge summaries relates to IT and the fact that maternity uses a different system which does not link to Lastword. Also we have a number of visiting clinicians e.g. in the Treatment Centre who do not use LastWord. LB said section 5.2.2 identifies what we need to do to meet the rapid access pain clinic targets. We expect to meet the target of 28

attendances for October. LB noted that the central bookings office does all bookings in one place now. Data quality on ethnic coding has improved as has coding timeliness. AP said in relation to the predicted 18 week performance we are predicting above the December target for both admitted and non-admitted patients. AH raised the issue of the patient experience surveys and how we might ensure we do not suffer the same complications as last year with regards data. It was agreed that it was difficult to give full assurance on external surveys. CE asked about the status of the real-time feedback project. AMC said they were meeting three finalist companies on 26 November. CE asked why the complaints in Medicine had increased although he also noted Medicine received the highest number of positive comments. AMC said he would follow this up. CE asked about the complaints around admissions. AP said she was leading on a piece of work taking place in the appointments office which should positively affect patient satisfaction with access to clinics. AMC noted that this was an example of an issue which was now being addressed through the executive as a result of the quarterly reports on complaints claims and incidents.

Action: AMC to follow up on Medicine complaints

2.2.1 Brief on Health Care Commission Rating

LB outlined the situation as described in the report. HL has asked LB to follow-up our failure to meet this target as an incident to ensure optimal learning. CE said there were a lot of factors outside of our control but equally wondered whether there was more information that the Board could have had to identify this as a risk. AP explained that the Trust had focused on slot availability because of pressure from GPs and we did miss the point about ensuring a wide variety of slots. She noted the difficulty in trying to address the level of work necessary to meet the 18 week target as well as Choose and Book. HL said one key learning is that a key individual was working very hard on delivering 18 weeks and Choose and Book and there was a question about whether we had sufficient resources in place although acknowledged that a lack of human resources is not a reason to miss a target. CE said that it was never identified as a red risk and not seen as significant in the greater scheme of things. HL noted that 39 other trusts have raised issues with the Healthcare Commission around the targets. MA said looking forward we still have problems with Choose and Book and this causes frustration for GPs. He noted the dramatic increase in referrals and the fact that this is a national issue that has yet to be explained. It was possible that less patients were using private health care as the NHS improves access. LB is chairing a review into the incident which will conclude at the end of November and she will update the Board.

Action: LB to update Board on the findings of the investigation.

3. ITEMS FOR DISCUSSION/APPROVAL

3.2 Q2 Monitor Report

LB said the Monitor return represents information which the Board has already seen. We expect to achieve all Monitor targets. The Trust has scored 5 on all metrics within the financial risk rating for the quarter. The Board might be concerned with self certification on the cancer targets but we are not required to certify as the Healthcare Commission has not provided sufficient information on the construction of the indicator. The Trust is reporting no other significant issues on governance or mandatory services.

THE BOARD AGREED THE REPORT

***3.3 Q2 Risk Report**

This was a starred item.

3.4 Q2 Review of Corporate Objectives and Risks

CM explained that this report outlined progress on objectives and actions in place to mitigate the risks. HL said that progress was good, especially the MRSA target. The

exception was the objective on case management where we were struggling a bit. The staff survey is ongoing at the moment. Paediatrics remained a red risk. CG asked if there is any risk to nursing and midwifery teaching. AMC said that we are finalising scores for the two finalists and will offer different aspects to different providers. CE asked whether this report had to be presented in this format. CM replied that the Assurance Framework part and its construction was determined but the rest of the report could be changed. CE asked for a clearer version to be produced, perhaps with a summary at the front.

Action: CM to revise the structure of the report for Jan 09.

3.5 Terms of Reference for Assurance Committee

CM confirmed what the Board had agreed from the last meeting and outlined the issues to be discussed. She had discussed the proposed structure with the Chairman, HL and CW. AMC said he did not understand the division as to why the two directors with clinical responsibilities were not members. CE noted AMC's point but said we would proceed with this structure and assess in due course. CM pointed out that at the Board in May it was agreed that the committee would focus on monitoring objectives for clinical quality and safety and she proposed that this was made more explicit in the terms of reference. This was agreed.

THE BOARD AGREED TO THE NEW TERMS OF REFERENCE WITH THE ADDITION PROPOSED

3.8.3 Burns

HL said the Board will recall that a business case was brought to the Board for the redevelopment of the burns service to enable us to achieve designation as the burns centre for London. The paper explains the latest position and a proposed way forward. It was likely that Barts will be the host in three or four years. CE said that as long as it does not compromise other developments we should proceed. CG said the community clearly needs this service and the PCT has made more money available so we should proceed. KN asked if this would affect the £354k deficit and LB confirmed that it would.

THE BOARD AGREED TO PROCEED WITH PART A.

3.8.6 Maternity –Quality Pilot with McKinsey

The McKinsey project, 'Improving Patient Experience through Service Line Reporting' will be piloted in the Trust in maternity. We will be looking at innovative ways to get patient feedback whereby we engage emotionally as well as intelligently. If the pilot is successful, we will look to roll it out ourselves across the Trust. CG said that we must ensure there is no copyright on the process.

ACTION: AP to follow up on copyright arrangements.

3.9 Health and Safety

HC presented the paper and highlighted the assessment of the Trust's position against the requirements of the Corporate Manslaughter Act where the assessment was 'orange'. She said that we are low risk with regards corporate manslaughter but we are not exempt. The NHSLA Risk management standards (also known as CNST) had been helpful in encouraging some of the change. One of the issues highlighted was the need to do risk assessments and training is provided. HL said we need to ask the question can we assure ourselves that appropriate steps are being taken. HC said that integrating risk was a challenge and gave the falls group as an example where the risk affects both patients and staff. A comprehensive risk review has been undertaken and this will be used as the basis of a work plan. CE said we are inherently a risky business and most of our risk was clinical. He suggested that patient safety was included in the Health and Safety statement. CM suggested that Health and Safety was included in the Trust risk strategy next year. AH said it is important that we keep our approach similar to what a company might sign up to. CE felt that the Board could benefit from training

in this area.

Action: The Board agreed the Health and Safety Statement with the addition of a reference to patient safety. Board training to be arranged.

3.10 Ratification of Infusion Pump Contract

A formal business case was approved by the Board to expand the stock of the volumetric and syringe infusion pumps. A tender process was followed. Ten companies expressed an interest. Seven were short listed. The contract award is for five years. It is recommended that the Board approve the proposal to go with B. Braun as they represent best value.

THE BOARD RATIFIED THE AWARD OF THE CONTRACT TO B. BRAUN

4. ITEMS FOR INFORMATION

4.1 Audit Committee Minutes

THE BOARD NOTED THE MINUTES.

4.2 Finance and Investment Committee Minutes

THE BOARD NOTED THE MINUTES.

4.3 Clinical Governance Assurance Committee Report

THE BOARD NOTED THE MINUTES.

4.4 Facilities Assurance Committee Minutes

The minutes were noted.

4.5 Q2 Register of Seals

The seal was used once during the last quarter for the Cavaye Place lease.

4.6 Annual Claims Report

The report was noted.

5. ANY OTHER BUSINESS

HL informed the Board about some of our clinician's success in the latest round of academic awards. Prof Derek Bell received a Gold, Dr Neena Modi received a Silver and Dr Pelly a Bronze.

One of our Paediatric emergency nurses has also been shortlisted for an NHS champions award

6. DATE OF THE NEXT MEETING 27 November 2008 at 1:00

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 prominent initial 'C'.

Prof. Sir Christopher Edwards
Chairman