

## Board of Directors Meeting 24 September 2009 Extract of approved minutes

### Present

|                                |                                       |           |   |
|--------------------------------|---------------------------------------|-----------|---|
| <b>Non-Executive Directors</b> | Prof. Sir Christopher Edwards         | CE        | <i>Chairman</i>                                     |
|                                | Andrew Havery (from Item 3.5 onwards) | AH        |   |
|                                | Charles Wilson                        | CW        |   |
|                                | Karin Norman                          | KN        |   |
| <b>Executive Directors</b>     | Heather Lawrence                      | HL        | <i>Chief Executive</i>                              |
|                                | Amanda Pritchard                      | AP        | <i>Deputy Chief Executive</i>                       |
|                                | Lorraine Bewes                        | LB        | <i>Director of Finance &amp; Information</i>        |
|                                | Mike Anderson<br>Andrew MacCallum     | MA<br>AMC | <i>Medical Director<br/>Director of Nursing</i>     |
| <b>In attendance</b>           | Catherine Mooney                      | CM        | <i>Director of Governance and Corporate Affairs</i> |
|                                | Dianne Holman                         | DH        | <i>Interim FT Secretary</i>                         |

The meeting was called to order shortly after 1.00pm instead of the scheduled 2.00pm start due to postponement of the seminar.

CE started the meeting by formally noting his pleasure at the re-appointment by the Members' Council of Charlie Wilson for a further year and Karin Norman for a further three years.

- |            |   |           |
|------------|---|-----------|
| <b>1.1</b> | <b>Apologies for Absence</b>  | <b>CE</b> |
|            | Apologies were tendered by Colin Glass and Richard Kitney. Andrew Havery was expected to arrive late. |           |
| <b>1.2</b> | <b>Declaration of Interests</b>   | <b>CE</b> |
|            | None were tendered.   |           |
| <b>1.3</b> | <b>Minutes of the Meeting of the Board of Directors held on 30<sup>th</sup> July 2009</b>             | <b>CE</b> |
|            | The Board agreed the revised version of the minutes as an accurate record of proceedings.             |           |

- 1.4 Matters Arising** **CE**
- The meeting noted the actions taken as outlined in the paper and further updates:
- 1.7/Sept/09 Care Quality Commission performance indicator access to healthcare for people with learning disabilities**
- AMC confirmed that contact had been made with the member of public who suggested a DVD and that this would be explored.
- 1.4/July/09 Paper written by CE on the organisation of meetings To be discussed at next Board Meeting.** **CE**
- 3.2/Jul/09 Using the Patient Experience Tracker for ‘live’ feedback at the Annual Members’ Meeting**
- CE noted that the feedback circulated was very helpful. AMC said that following the AMM, he made contact with the relevant person regarding the DVD and was exploring the possibility of working in different media.
- 3.4 Sept/09 Assurance Framework and review of objectives**
- The swine flu risk assessment continues to be updated. To report at next Board meeting as part of quarterly risk report.** **AMC**
- 1.5 Chairman’s Report (oral)** **CE**
- CE also attended the annual meeting of Wandsworth PCT. Wandsworth PCT were interested in introducing and implementing polysystems and planned to open a walk-in centre at Clapham Junction in conjunction with a private enterprise. CE suggested that there was some scope for links in sexual health in light of the collapse of the service at the Wandsworth prison.
- 1.6 Members’ Council Report** **CE**
- The meeting noted demographics for the public constituency and noted how few members belonged to the 17-21 age group. It was suggested that sixth-formers and Imperial College graduates could be recruited. Associated membership was suggested for young people or a junior club for those under 16. AMC reported on initiatives to recruit placement students from neighbouring Kensington & Chelsea College. KN suggested that the Trust should quantify the benefit of recruiting to this age group against the costs involved. MA suggested targeting Imperial undergraduates. **CE agreed to speak to the headmaster at Westminster School about links with the Trust.** **CE**
- It was also noted that there was no statistics for staff membership. **To provide statistics for staff membership for the next report.** **AMC**
- 1.7 Chief Executive’s Report** **HL**
- With respect to the concerns around data quality on ethnic coding, AP thought that the main issue was not patients refusing and the focus

should be on the operational teams at the frontline to emphasise the importance of collecting this data. AP also thought that medical leadership was required to improve the discharge summary performance.

HL reported that there was a fifth MRSA case. Training on sampling blood was being checked. Two are community acquired. CE expressed concern about cases being inappropriately counted as MRSA bacteraemia. **It was agreed that the circumstances of the fifth case should be discussed outside of the meeting to evaluate the cause and determine the appropriate classification regarding internal/external source.**

AMC

HL asked the meeting to consider a mechanism for agreeing to naming rights and the value of donations. KN thought that the Trust should proceed cautiously to ensure that valuable rights are not surrendered for small sums of money but it was also necessary to work with the Charity in managing expectations of donors. The meeting agreed the following in principle:

- Designated areas and items of equipment can carry names of donors for a pre-determined length of time in return for a one-off gift.
- Donors associated with tobacco or other products and services contrary to the promotion of health and wellbeing are unacceptable.
- Donors may be subject to due diligence to ensure that their association will not compromise the reputation of the Trust.
- The Board will adopt a clear process for the consideration of applications.
- The Board will use its judgement to determine the appropriateness of the size of the gift.
- The Board reserves its right to a final decision on the surrender of any rights.

**HL to write to the charity.**

HL

## **2.1 Finance Report Commentary – July & August 2009**

LB

LB reported that this had been discussed at some length at the Finance and Investment Committee. She explained that front loading of clinical activity did not materialise and the Trust failed to deliver the agreed plan. CE expressed concern about increased agency costs in administration and medical staff. LB said some of it relates to implementation of the finance restructure and that medical locums are very variable. The quota system has not been applied to all staff and it should be. HL believed that poor recruitment was a contributing factor to the level of vacancies and AP noted that some areas had been creative in the last six months and the same sort of engagement needed to be extended across the Trust.

**LB reported on the change in the case mix for the Pathology SLA and agreed to circulate further analysis on the resulting variance.**

LB

LB said that a CIP shortfall was projected and a more corporate

approach was needed to make it up.

- KN asked about the likely impact of Flu and LB agreed to factor in Flu in Month 6.** So far modelling the most realistic worse-case indicates that the loss in elective income could cost the Trust £1million. HL said that the Board also needed to consider that the Flu will affect mostly children and suggested that commissioners should be told to pay the full tariff on critical care due to the loss of income. **LB**
- 2.2 Performance Report Commentary – July & August 2009\*** **LB**
- The Board noted this report.
- 3.2 Annual Auditors' Letter to Management\*** **LB**
- This report was noted.
- 3.3 Flu Plan** **AMC**
- AMC gave an update on the current progress against milestones for the Flu and Winter Resilience Plan and the current operational response.
- AMC described other refereed systems like the emergency bed service for critical care support and said that this was a well worked through and well rehearsed system. AP circulated an article on the use of the SOFA score in pandemic influenza to give further assurance on the tool.
- The board agreed that it had an appropriate plan in place and congratulated AMC's team on being the first in London to produce a report that was rated green.
- 3.4 Infection Control Annual Report\*** **AMC**
- This report was noted.
- 3.5 Child Safeguarding Annual Report** **AMC**
- AMC gave an update on the national safeguarding issues. AMC reported that a declaration for Monitor was due in November and was satisfied that all the audits were in place to enable to Board to be assured that its systems and processes are in place by November.
- AMC noted the main problems were around attendance at training and monitoring of attendance, and the lack of a comprehensive training plan. The swapping loss of data from the swapping of databases was a secondary problem.
- The Board agreed that the assurance report and declaration is to come back to the Board in November 2009.** **AMC**
- AH joined the meeting at this time.
- 3.6 Complaints Policy** **AMC**

AMC reported that the Trust would no longer differentiate between enquiries and complaints and the new policy would allow for complaints to be differentiated by type and severity and for devolution of the functions of the signatory.

LB asked if the Trust would continue to monitor timeliness of responses now that we no longer have an easily determinable time line. AMC said that the Trust now needs to evaluate the quality of the response and whether it matches the expectations of the complainant.

KN felt that the document was unworkable because of its length and a flow chart could better capture the decisions and responsibilities. CE sympathised as he felt that there was a need for a shorter crisper document as sometimes important issues can be hidden in long documents.

AH asked if the Trust employed skilled investigators and how staff recognised issues. CM described the close link between complaints and incidents and said that incident investigators were trained in root cause analysis.

In response to KN, HL said that there would be no impact for the Trust as it had always considered financial compensation.

The Board approved the policy.

### **3.7 Maternity Service Review & Update**

**AP**

AP reported on the key risks that were identified as root causes of the problems within the service and the progress made to date. AP noted the agency use on page 4 and complaints on page 5 and warned that that in looking at the downward trend in complaints, there may be a long time lag for maternity complaints.

CE congratulated AP on the work done which he said was complex and required a lot of input. He noted that the Trust still has a long way to go. There were some excellent consultants appointed recently which would further assist.

HL thought that there should be better balance of the mother's 'choice' against clinical judgement.

MA suggested that the survey should cover mothers who have been through more than once. AP explained the rationale for using the McKinsey group and confirmed that it had included repeat births.

AH asked for assurance on 4 points:

- The risk that the vacancy factor is a blip
- Whether 11% is a realistic vacancy factor
- The ratio of midwives
- Improvements in rostering

AP was confident that there would not be a return to very high vacancy levels but acknowledged that it does need constant

attention. The vacancy factor was presently higher than 11% and there were variations due to the cyclical nature of recruitment. She explained that the ratio 1/28 refers to the ratio of midwives (midwife to pregnant women) but at birth it is 1:1 that matters. Because the Trust is short-staffed there is a prioritised 1:1 ratio in Labour with clinical support and some of the strain falls over into post-natal. Rostering bank/agency at night has not been resolved but the situation will improve when substantive staff come into post. AP said that unsocial hours had been built into the roster but she needed to check if they had been built into the contract.

In response to CE, AP confirmed that the electronic alarm for baby-tagging was not yet in place although there were security arrangements in place.

KN congratulated AP on an incredible job of defining the problem and developing a work plan.

**3.9 Risk Management Annual Report\* CM**

This paper was noted.

**4.1 Assurance Committee Minutes – July 2009 CW**

This paper was noted.

**4.2 Audit Committee Minutes – June through July 2009 AH**

This paper was noted.

**4.3 Finance & Investment Committee Minutes – April through July 2009 CE**

This paper was noted.

**5 ANY OTHER BUSINESS**

LB reported that the downside scenario which is due to Monitor on 30<sup>th</sup> September needed to reflect work from HL. A process for sign off needs to be agreed. **It was agreed that LB would circulate an email the following day and indicate a deadline for questions or comments.** LB

**6 DATE OF THE NEXT MEETING – Thursday 29<sup>th</sup> October 2009 – Seminar begins at 12 noon**

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**