

Board of Directors Meeting, 29 April 2008 Extract of Approved Minutes

Present:

Non-Executive Directors:	Chris Edwards (CE) (Chairman) Charles Wilson (CW) Colin Glass (CG) Richard Kitney (RG) Andrew Havery (AH)
Executive Directors:	Heather Lawrence (HL), Chief Executive Mariella Dexter (MD), Interim Director of Service Integration and Modernisation Lorraine Bewes (LB), Director of Finance and Information Andrew MacCallum (AMC), Director of Nursing Mike Anderson (MA), Director of Nursing
In Attendance:	Catherine Mooney (CM), Director of Governance and Corporate Affairs Julie Cooper (JC), Foundation Trust Secretary/Head of Corporate Governance

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies were received from Karin Norman.

1.2 Declarations of Interest

No declarations were recorded.

1.3 Minutes of Previous Meeting held on 3 April 2008

CE said that a slightly updated version of the minutes had been circulated and he noted the key changes. The latest version of the minutes was agreed as an accurate record of the meeting.

1.4 Matters Arising

Staff Survey (3.1/Apr/08)

MD said that Chelsea and Westminster were not worse than the national picture and in fact had a higher return. Part of the issue with the low response rate for managers has probably to do with classification as many staff serve in both managerial and clinical roles and therefore their responses may not have been clearly recorded. Further guidance will be given.

Capital Budget(3.3/Apr/08)

It was confirmed that LB had given RK the list of IT equipment and improvement proposals.

Maternity Action Plan (3.7/Apr/08)

The action plan was updated to reflect comments of the Board and the steering

group has now held its first meeting. MD will confirm that the actions are included in the directorate business plan.

1.6 Members' Council Report

CE reported that we have now put in motion the move to an opt-out system. CG said he had not been directly involved in the development of materials for membership recruitment but that the key theme around 'involvement' had been picked up. JC shared the new membership materials including the new recruitment leaflet with the Board. It was suggested that the font for the leaflet be made larger.

Action: Send leaflets to borough libraries.

Action: Directors to visit all stands on open day.

1.7 Chief Executive's Report

HL said that the Trust had been successful in its bid to become a CLAHRC: NIHR Collaborations For Leadership in Applied Health Research and Care. Only seven of the 12 bids were successful and ours is the only one in London at this stage. The uniqueness of the bid is due to the wide range of partners including Imperial College, which is good for partnership working with Imperial and others. She suggested that the Board should take a particular interest in this work. Professor Derek Bell and his team were congratulated and the Board lent its full support.

The Board noted Maxine Foster's departure and the necessity to now address this situation and look at available opportunities. HL said that she has included a paper under agenda item 3.9 on a possible solution but that this option may be delayed subsequent to some further discussion with one of the potential partners. We need to revisit HR and how it needs to be revamped to help the Trust deliver our strategy. The Board noted the need for innovation in our recruitment and interviewing processes.

We have been successful in our bid to be the provider of choice for bariatric services. It was noted that we need to go public with such news more quickly and we must strengthen our marketing efforts.

CE said in the Monitor response to the Darzi review they focused on the use of commissioning to improve quality. He was not sure that this was valid and that trusts should drive quality and not simply rely on commissioners.

1.8 Register of Seals

The seal has not been used in the past three months.

2. PERFORMANCE

***2.1 Finance Report Month 12**

This paper was taken as read. CE said that the financial results are outstanding.

***2.2 Performance Report Month 12**

This paper was taken as read and no items were raised for discussion.

2.3 18 Week Progress

Performance has been sustained but an issue around data completeness remains. MD explained that there had been a change in the way we collected the data e.g. in quarter 1 we were not recording endoscopies as planned diagnosis procedures. This

impacted on the denominator for elective patients. CE asked that a clear briefing on this data completeness was prepared so the Board could understand and explain the issues to stakeholders. The final announcement will be made on 21 May.

Action: Clear note on data completeness to come to next Board.

3. ITEMS FOR DISCUSSION/APPROVAL

3.2 End of Year Review of Objectives 2007-08

HE said that this is an update on where we are in relation to progress against our targets set out in the annual plan. CE asked for more information on 4.2 regarding reducing mortality. MA explained that we will consider national benchmarks and this objective was deliberately kept vague so we can determine priorities.

CE noted a few information points from the Panorama programme including distance between beds and use of alcohol gel encouraging spores of *C.Difficile*. Our beds are closer than recommended and this would be addressed as part of broader exploration of a move to single rooms. Where significant harm or death is due to healthcare acquired infection it should be recorded. We need to increase the emphasis on a case by case basis to inform our work around saving lives. We should no longer accept that patients get infections. Discharge planning is key as well. AMC reported that we now have a liaison group with the PCT and they want feedback on patients with *C. Difficile*. We have had a 25% reduction in false positives for MRSA since introducing the new procedure for doing blood cultures. CE asked for an update on initiatives such as screening of patients in A & E for MRSA. AH said that he would like to know where there is guidance and whether or not we are complying.

CW suggested that the objective re provider of choice should be 'provider and employer of choice'. This was agreed.

CW asked what the progress was on patient feedback (3.2) and if we had the specification yet for companies providing real-time patient feedback. AMC said that we had agreed a specification and will go out to tender. We had a demonstration from a number of providers and we may choose more than one to in order to receive the service and information we need.

AMC clarified that the nursing strategy (9.1) was focussed on recruitment of new nursing staff and redefining our offer. It is an objective for next year.

Action: AMC to provide an update on infection control initiatives in A and E.
Action: Change objective for 08/09 to be a provider and 'employer' of choice.

3 Q4 Monitor Report

LB said that the Board will have received all of the data included in the report previously and it has now been placed in the format required by Monitor.

THE BOARD AGREED THE Q4 MONITOR REPORT.

3.4 Financial and Corporate Plan

LB outlined the summary and said that next meeting there would be a full business plan with more detail and including research, teaching and governance. HL drew attention to reserves and rebasing. The reserve from 18 weeks has now been released. There is a decrease in current rollover expenditure budget and an increase in cost pressure and development with a total of £6.3M in new developments. We have set up a general reserve against changes to the SIFT levy and MFF while we can. The IT equipment spend has been agreed.

CG asked about the prospect of us providing regional pharmacy training. LB said that currently we have just taking over the contract. We may become a provider of training in future and would market test. We host the service on site so we could remove it off site and release the space. It is not included in the financial plan as we receive income for it.

With regards to the HIV/Sexual Health expansion, this is provided for and there is a planning schedule. We are waiting for planning permission.

3.6 Engagement Strategy

AMC said this paper was a summary of current activity and reflects previous discussions. It looks at the alignment of communication, marketing and engagement. The paper suggests that despite the framework around LINKs we need to develop a true diverse and vibrant membership. We must work to support the Members' Council in their engagement efforts by aligning our activity. Patient feedback should become part of how we manage the hospital. We now need further discussion by way of a high level group involving directors and Council Members. CG agreed to be part of the group.

AMC explained that the operation of LINKs will be overseen by local authorities through a host organisation. The Royal Borough of Kensington and Chelsea has appointed Hestia Housing and Support to operate Kensington and Chelsea LINKs.

Action: The Board agreed to set up a high level engagement steering group.

3.7 Maintenance of IT Systems

Item to be brought to next Board.

3.8 Pathology Contract

HL presented the paper. Debbie Richards (DR) has a Trust-wide brief to take this forward. She explained the process so far. Hammersmith has been in unique position to have the laboratory space (at Charing Cross hospital CXH) to provide pathology services and this was integral to the way the hospital was set up originally when it was built and was aligned with CXH. We originally had difficulty in getting the SLA data from Hammersmith Hospitals Trust. We invited other providers in to explore alternative service design but no-one was suitable, mainly because they did not understand that we did not have our own pathology staff. We now feel that HHNT have a contract to offer and can evidence value for money. We are now recommending that we agree the contract with Hammersmith until 2011. The contract has provision for both over and under activity. If approved, we aim to delegate authority to directorates to track spend. It was confirmed that if we had gone to another private provider we would have to employ our own pathologists. It was also confirmed that a previous paper on the pathology contract and the process for choosing a provider going forward had come to the Board in September 2007. CM to confirm that the process has been noted to ensure 'due process'

THE BOARD APPROVED THE PATHOLOGY CONTRACT UNTIL 2011.
CM TO CONFIRM PROCESS

3.9 Proposal for a Fulham Road HR Service

This item was discussed under agenda item 1.7.

4.1 Audit Committee minutes

This paper was taken as read and no items were raised for discussion.

4.2 Clinical Governance Assurance Committee

There was no meeting.

4.3 Finance and Investment Committee Minutes

This paper was taken as read and no items were raised for discussion.

4.4 Facilities Assurance Committee Minutes

There was no meeting.

5. ANY OTHER BUSINESS

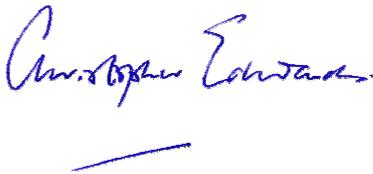
There was no other business.

6. DATE OF THE NEXT MEETING

29 May 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, appearing to read 'Christopher Edwards', with a horizontal line underneath it.

**Prof. Sir Christopher Edwards
Chairman**