

**Board of Directors Meeting, 26 March 2009**  
**Extract of approved minutes**

**Present:**

<b>Non-Executive Directors:</b>	Prof. Sir Christopher Edwards	CE	<i>Chairman</i>
	Andrew Havery	AH	
	Charles Wilson	CW	
	Colin Glass	CG	
	Karin Norman	KN	
	Richard Kitney	RK	
<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 and Information</i>
	Mike Anderson	MA	<i>Medical Director</i>
	Andrew MacCallum	AMC	<i>Director of Nursing</i>
<b>In Attendance:</b>	Dianne Holman	DH	<i>Interim FT Secretary</i>
	Amit Khutti	AK	<i>Director of Strategy</i> As presenter of Paediatrics Seminar and co-author of Paediatric Business Case
	Fleur Hansen	FH	As contributor to Paediatrics Seminar
	Chris Smith	CS	As contributor to Paediatrics Seminar and Paediatric Business Case

The meeting was called to order following a seminar on Paediatrics led by the Chief Executive and proceeded directly to Item 3.1 on the agenda in order to facilitate the attendance of AK and CS.

### **3.1 Paediatric Business Case**

CE thanked AK and his team for their effort in producing the paper.

AK left and the meeting returned to the order on the agenda.

## **1 GENERAL BUSINESS**

### **1.1 Apologies for Absence**

Apologies were tendered by Catherine Mooney Director of Governance and Corporate Affairs (CM).

### **1.2 Declaration of Interests**

There were no interests to be disclosed.

### **1.3 Minutes of the Meeting of the Board of Directors held on 26 February 2009**

These were agreed as a correct record of proceedings.

### **1.4 Matters Arising**

1.3/Jan/09: LB confirmed action taken.

1.7.8/Jan/09: AP is waiting on replies to letters issued to relevant organisations.

2.1/Jan/09: LB informed the meeting that the contract indicated that the Trust was contracted until 2011 with TOTAL for gas and Southern Electric for electricity. There is a proviso for termination for provider performance. Terminations could be effected in exceptional circumstances in which case the Trust would be liable for forward contractor volumes. LB has asked for benchmarking against market prices in previous years.

CG proposed that energy efficiency is incorporated as a specification in all new capital projects.

3.1/Jan/09: HL will write to the Care Quality Commission on the issues raised regarding patients admitted with MRSA infections.

3.12/Jan/09: LB and KN have set a date to discuss updated treasury policy.

1.5/Feb/09: CE will organise a session on developing and facilitating the research vision.

1.7/Feb/09: With regard to specialist bank rates, AP reported that it was agreed to re-introduce specialist bank rates in designated areas. The qualifying criteria were met in Maternity, Paediatrics, Neonatal ICU, Adult ICU and Theatres. A Recruitment and Retention Plan is to be put in place for each area and there will be monthly tracking by the Performance Board.

2.1/Feb/09: No action was necessary. LB issued an email in explanation.

2.2 Feb/09: The Performance Report is on the Agenda.

3.1/Feb/09: LB confirmed that cost pressures for radiology maintenance costs of £492k included both parts and labour but excluded glass components.

3.2/Feb/09: HL reported that the appointment letters did not contain all required information and supplementary letters would be issued. **CM will report on outcome of other actions in relation to Monitor Code of Governance in April.**

**CM**

3.4/Feb/09: CE reported that the Mayor of London was invited to Open Day and Ms. Bextor-Ellis would be invited to open the Maternity Wing. CG declined the invitation to join the Open Day Steering Group.

3.7/Feb/09: LB has sent copy of contract to KN for review.

## 1.5 Chairman's Report

CE reported that the Members' Council in its recent general meeting expressed its disappointment with the Trauma / Stroke consultation process and agreed to send a collective letter of response to voice its concerns over failure to consult on the preferred option of establishing a site at St. Mary's hospital and moving the neuro-surgery unit there. Prof. Gazzard as Vice-Chairman will sign the collective letter on behalf of the Members' Council and individual council members also informed the meeting that they too had proposed to send in letters in their personal capacities. This will support CE's response on behalf of the Board as it presents the views of the other main organ of the Trust and represents the views of an alternative stakeholder. **Draft letters are to be prepared for the Members' Council.**

CE

A significant number of letters of complaint have been received about maternity care and the discussion of the issue is in the context of all the complaint letters. The Labour Ward is a '*Red Risk*' which is being brought to the attention of the Board. The Board will be informed of the results of the investigation.

AP reported that the performance was seriously unsatisfactory with 45 complaints over the past year on attitudes and behaviour, use of agency staff and other red risk issues. Analysis of the use of agency staff indicates consistent use of more than 40% agency staff during the night shift.

In response to CW, AMC confirmed that over the years there had been a decrease in complaints on post-natal services but an increase in complaints about attitudes and a lack of kindness.

In light of the complaints, KN expressed concerns about mis-reporting given the Maternity Services Steering Committee's report of good clinical outcomes. HL confirmed that the unit was achieving good clinical outcomes.

## 1.6 Members' Council Report

The main issue arising from the last Members' Council meeting was discussed at 1.5 above.

## 1.7 Chief Executive's Report

HL updated the Board on the elevation of Imperial College Healthcare NHST to be an Academic Health Sciences Centre. HL also gave an update on the NWL provider landscape and suggested that while it was likely that Hillingdon would proceed to become a Foundation Trust, it could not yet be known whether the Brompton would also be successful

in its bid.

The meeting noted the report of the Chief Executive and approved delegation of the sign off of the board assurance statement to accompany submission of the 'audited' 1 April 2008 opening balance sheet to the Chair of the Audit Committee.

## **2 PERFORMANCE**

### **2.1 Finance Report – February 2009**

LB summarised the highlights of the Trust's financial position including a reported surplus of £9.44m for the 11 months to February 2009.

The meeting noted the report on the financial position.

### **2.2 Performance Report – February 2009**

LB summarised the highlights of the performance report and commented on the main risks to achieving an excellent rating including the staff survey and the inpatients survey which were to be discussed later in the Agenda.

In response to CG, MA reported that informal feedback had confirmed that the recruitment of a GP liaison manager was having a beneficial effect on performance particularly in the area of Discharge.

The meeting noted the performance report.

## **3 ITEMS FOR DECISION/APPROVAL\***

### **3.2 Business Planning Update**

LB explained that this paper outlines the progress made in completing the draft plan which would be brought to the Board in April for final sign-off in May.

It was confirmed that the analysis of the current membership by age, ethnicity and social groups was also required by Monitor in the previous year.

The meeting noted the business planning update.

### **3.3 Annual Budget 09/10 (Revenue & Capital)**

The meeting agreed that there was not sufficient time to read this paper and agreed to confine its consideration to the Cost improvement Plan (CIP) assumptions in order to allow the Finance Team to progress its work around the plan.

In response to CG, HL confirmed that achieving a Monitor rating of '5' would require an additional £2million of CIPs. AH confirmed that the matter had been discussed at the Finance and Investment Committee which was of the view that there were no projects proposed by the Trust requiring the extra borrowing capacity and necessitating a Monitor rating

of '5'. AH also commented that achieving a financial risk rating of '5' may be frowned on in light of the experience at Mid Staffordshire.

The Board approved the assumption of a CIP target of 3% of Income and will decide on the other assumptions underlying the budget outlined in the paper in April 2009.

### **3.4 Memorandum of Understanding between Chelsea & Westminster Hospital and the Royal Brompton Hospital**

CE reported that the Memorandum of Understanding allowed for a clear and public commitment of collaboration between the Trusts.

**In response to CW, the Secretary was asked to determine whether an MOU had been signed in the past.**

**DH**

In response to AH, HL responded that she was of the view that even if the planned collaboration did not materialise there would be no damage to the relationship.

### **3.5 NHS Staff Survey 2008**

AP informed the meeting that although this paper had been embargoed, the report came into the public domain on 26<sup>th</sup> March 2009 and the paper could now be circulated.

AP reported on an excellent response rate of 61% which gives credence to the responses. AP summarised the key findings and noted that although the Trust had improved in the availability of hand washing materials, it remained in the bottom 20% of acute Trusts for this aspect. With regard to the deterioration in the number of appraisals, AP stated that this was disappointing as this was a corporate objective and directed the meeting to the footnote on page 2 of the paper, which confirmed that 88% of staff had received appraisals. AP explained that this gap may have arisen due to timing differences as many appraisals had been done in the Autumn around the time of the survey.

The meeting discussed the suggestion that the issue of appraisals may be correlated to the problems in Maternity and the wider issues of lack of clarity and lack of standardisation of the process of appraisal. The Board agreed that there was need to be better informed about the discrepancy between the survey and the Trust's records. The Board also acknowledged the need for a more uniform structure and formal recognition of the process.

With regard to survey report for availability of hand washing materials, HL commented that Infection Control outcomes in the Trust did not reflect the survey's results.

The Board will consider the full report when it is available.

### **3.6 Annual Patient Survey**

AMC reported that the response rate for the survey had fallen but the percentage of respondents rating their care as good, very good or

excellent increased to 94%. AMC summarised the main findings indicated in the paper and drew attention the 9 questions on which the Trust scored more than 50%. AMC noted that The Trust should not be satisfied on these findings even when it compared favourably with the national average.

CE commented that, in relation to page 6 of the report which indicated results which were significantly worse than the Picker average, it was not possible to ascertain the statistical significance of the results in relation to the average in the absence of P-values.

The Board will consider the full report when it is available.

### **3.7 Healthcare Commission Standards for Better Health**

CW drew the Board's attention to list of actions which had been implemented post-SUI and commented that had these been in place earlier, the SUI could have been avoided.

The Board agreed to endorse the recommendation of the Assurance Committee to declare compliance with all standards except 13c where it is declared that the Trust is presently compliant but had not been compliant throughout the year.

## **4 ITEMS FOR INFORMATION**

### **4.1 Draft Minutes Assurance Committee Meeting held on 9<sup>th</sup> March 2009**

The minutes were noted.

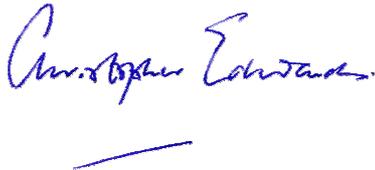
## **5 ANY OTHER BUSINESS**

A non-executive director is needed for an appeal hearing in April. Further information will be circulated.

There being no further business, the meeting was adjourned. The next meeting is scheduled for Wednesday 29<sup>th</sup> April 2009.

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**



**Prof. Sir Christopher Edwards**  
Chairman