Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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

Present:

Non-Executive Directors:	Christopher Edwards (CE) (Chairman) Charles Wilson (CW) Colin Glass (CG) Richard Kitney (RG) Andrew Havery (AH) Karin Norman (KN)
Executive Directors:	Heather Lawrence (HL), Chief Executive Mariella Dexter (MD), Interim Director of Service Integration and Modernisation Amanda Pritchard, Deputy Chief Executive Andrew MacCallum (AMC), Director of Nursing Mike Anderson, Medical Director
In Attendance:	Catherine Mooney (CM), Director of Governance and Corporate Affairs Julie Cooper (JC), Foundation Trust Secretary/Head of Corporate Governance Amit Khutti (AK), Director of Strategy and Service Improvement

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies were received from Lorraine Bewes.

1.2 Declarations of Interest

No declarations were recorded.

1.3 Minutes of Previous Meeting held on 29 April 2008

The minutes were agreed as an accurate record of the meeting.

1.4 Matters Arising

Members' Council Report (3.1/Apr/08)
Leaflets to be sent to all borough libraries together with display stands. Directors visited all stands on the Open Day.

18 Weeks (3.3/May/08)
A paper on data completeness has been prepared and will be discussed under agenda item 2.4.

Q4 Risk Review (3.7/Apr/08)
The SLR coding risk was changed to amber.

End of Year Review of Objectives 07-08 (3.2/May/08)
AMC said a range of options around universal screening are being discussed including swabbing patients who come through A & E and also piloting the screening of staff.

Engagement Strategy (3.6/May/08)

A high-level engagement steering group is being set up.

Maintenance of IT System (3.11/Jan/08)
A paper on the IT situation has been prepared and will be discussed under agenda item 3.5.

1.6 Members' Council Report

CE noted that over 400 members were recruited following the membership week and open day, but there is an attrition rate so work must continue to grow the membership and achieve the targets as set out in the annual plan.

1.7 Chief Executive's Report

MARTIN KELLEY
HL noted the very sad news about Martin Kelley. Discussions must take place with the other clinicians to ensure the cranio-facial service is maintained.

APPEAL AGAINST REDUNDANCY
HL noted the appeal and said that there were lessons to be learnt and a system had been set up to do that.

2. PERFORMANCE

***2.1 Finance Report Month 11**

This paper was taken as read. CE said that the financial situation is very good news. CW noted the tremendous progress on savings.

***2.2 Performance Report**

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

2.3 18 Weeks

MD presented the report and said that the official results came out today. We came second in London and we achieved our April target and want to sustain it for May. We achieved 95% on data completeness. We continue to have a risk regarding patient tracking and hope to have a new system soon. HL has spoken with GE and requested a meeting together with LB and MD. The issue of recognition of our achievement and thanking those staff who worked to achieve this was discussed. KN asked if we were still sending patients to private hospitals. MD said no, that only in plastics and paediatric dentistry were we seeing demand exceeding capacity but we are dealing with that internally. She said there is still a financial risk as there is some pay pressure and this may be related to late invoices relating to 18- week work.

Action: Executive team to consider a way of recognising staff effort around achieving the 18 Week Wait Target.

The Board thanked Mariella for her excellent work.

3. ITEMS FOR DISCUSSION/APPROVAL

3.1 Self Certification

CM drew attention to the Monitor briefing attached with the papers which explains the background to the increase in focus on clinical quality and service performance. Clinical quality was discussed at the Clinical Governance Assurance Committee and there was one amendment. CM outlined the areas highlighted by Monitor for service performance and the evidence that was available to meet the requirements. In addition risk assessments had been undertaken for the new cancer targets and MRSA

and *C.Difficile*. The Board confirmed they have enough information on actions plans. The Board confirmed that it was confident that they receive appropriate information.

THE SELF CERTIFICATION FOR CLINICAL QUALITY AND SERVICE PERFORMANCE WAS APPROVED

3.2 Annual Plan – Sign Off

HL reminded the Board that they had seen an earlier draft. She highlighted the key points in the summary and the income and expenditure section. A small demographic growth is assumed and the loss of the Market Forces Factor. CG asked if the decrease in creditor days from 19 to 13 was realistic. HL said she was confident they could achieve that but the Board may want to review on a monthly basis. CG queried why the drug price inflation had increased from 2.5% to 7.32%. The decrease in SIFT is shown in appendix 3. The increase in pay costs is due to the European Working Time Directive and some developments in year. Appendix 5 outlined the risks. The greatest risk is not delivering the cost efficiency programme. The final two pages outline the opportunities to mitigate the risks. The maternity risk is realistic if the private patient cap was changed. CG clarified that there will be developments in sexual health off site and maybe in other areas. HL highlighted the lack of commercial skills and this is an area that might require investment.

THE BOARD APPROVED THE INCREASE TO THE WORKING CAPITAL FACILITY
THE BOARD APPROVED THE PLAN.

3.3 Trust Governance Arrangements

CM presented the paper outlining the reasons for a change in the structure and the two options. CE commented that he was concerned at the numbers of committees and management needs to look critically at this. He therefore favoured one committee. HL said it was important to separate management from assurance. CW said he thought we needed two committees as the remit is huge. The non-medical patient experience is very important and this is mainly what the Facilities Assurance Committee does. He is concerned that if this is absorbed elsewhere it would send the wrong message to Haden and ISS-Mediclean.

AH agreed that there should be one committee, but not now and we needed a clear action plan to move to one. KN said there had been a continual improvement process, but the executive needed to be strengthened first.

CE summarised that one committee would be preferred but initially we needed to retain two and work towards one. HL said an electronic system which kept all documents would be very helpful. CE asked CM to come back with a proposal to move towards one committee.
It was agreed that a representative from the Member Council be invited to join.

THE BOARD AGREED TO HAVE A MEMBERS' COUNCIL REPRESENTATIVE ON THE ASSURANCE COMMITTEE

THE BOARD AGREED TO EVENTUALLY MERGE THE TWO ASSURANCE COMMITTEES INTO ONE

ACTION: CM TO PREPARE PROPOSAL TO MOVE TO ONE COMMITTEE.

5. ANY OTHER BUSINESS

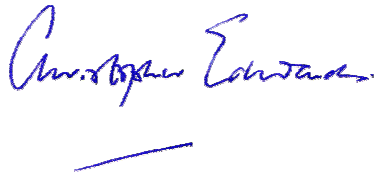
There was no other business.

6. DATE OF THE NEXT MEETINGS

13 June and 26 June 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



Prof. Sir Christopher Edwards
Chairman