Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 29 January 2009
Extract of approved minutes

Present:

Non-Executive Directors:	Prof. Sir Christopher Edwards (CE) (Chairman) Colin Glass (CG) Richard Kitney (RK) Andrew Havery (AH) Karin Norman (KN)
Apologies:	Charlie Wilson (CW) Heather Lawrence (HL), Chief Executive
Executive Directors:	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 Louise Starkey (LS), EA to CEO and Chairman

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies were received from Charlie Wilson (CW) and Heather Lawrence (HL)

1.2 Declarations of Interest

No declarations were recorded.

1.3 Minutes of Previous Meeting held on 27 November 2008, minutes of the Board to Board with the Kensington and minutes of the Special Board held on 16 December 2008

Minutes of Previous Meeting held on 27 November 2008
CE advised an amendment on Page 4 relating to THOTH. This will be presented at the February 2009 Board.

Item 3.4, to get an update on tax advice. LB advised this is now not relevant but to note that private patient income may be subject to corporation tax in the future.

THE MINUTES WERE APPROVED.

1.4 Matters Arising

CEO Report (1.7/Nov/08)
HL to sign registration form for Board to approve in January. SIGNED
A report on Child Protection was presented to the Board.

Finance Report 2.1/Nov/08
LB to reassess the balance between payment and collection.

LB advised that the reported 15 days is not an accurate representation and the actual cycle was as follows for Dec:

32 creditor days in December
18 days debt collection on NHS
8 days debt collection non NHS

HIEC

CE has attended two meetings this week at the DoH. The first with Lord Darzi and his team. Lord Darzi was concerned about problems within the Department in taking HIECs forward.

The second meeting was much larger with representatives from all over the country. The importance of HIECs as a vehicle for joining up academia, the NHS and other partners was recognised.

The bidding process for HIECs will be led by the SHA.

56 Dean Street
CE wrote to Lord Darzi inviting him to open 56 Dean Street. Lord Darzi has kindly agreed. This is a real opportunity. Proposed date of opening is 29th April. All to block the morning in their diaries. The afternoon is the Board meeting, which we may hold at 56 Dean Street.

Chair - Medical Education England

CE formally announced to the Board that he has been appointed the Chair for Medical Education England. This is a new body, which covers post-graduate medical, dental and pharmacy education.

CE explained his responsibilities. He attended his first meeting on 28th Jan where approx 40 people attended. CE does not believe that this post presents a conflict of interest. In fact, there should be benefits for both the Trust and Medical Education England as a consequence of holding both chairmanships.

1.6 Members' Council Report

CE noted the summary of the agreed actions from the Joint Members' Council/Board Away Day. He said it was important to keep the momentum going.

CM explained the process for staff membership. All staff will have had the opportunity to opt out in a few weeks time and a process will be in place for new staff going forward. The revised membership numbers will be in the membership report shortly.

CM confirmed that we have made an offer to an existing member of staff for a 6 months secondment into the Company Secretary role. This time period allowed us time to review the post. One change is that the membership part of the role will become part of a PALS/membership post.

Action: Ensure action is taken as agreed following the Members' Council Away Day — **As per action list**

1.7 Chief Executive's Report

AP explained this paper had been put together jointly between HL and herself.

1.7.1 NHSLA Risk Management Standards

AP wanted to record thanks to Cathy and a range of staff for this achievement.

1.7.4 London / Northwest Strategy Update: Major Trauma Centre
AP said since writing this part of her report, NHS London has confirmed the configuration that it is recommending for consultation. It will be four networks based on the three centres already approved plus St. Mary's. Consultation begins at the end of January and runs for three months.

1.7.5 London / Northwest Strategy Update: Stroke Care
AP explained that neurosurgery is only at Charing Cross but will be provided at St Mary's as part of the major trauma development (if successful). If St. Mary's is successful with the trauma bid then the hyper-acute unit would be relocated to St. Mary's. Moving neurosurgery from Charing Cross to St. Mary's would be a significant cost implication. Importantly, it also means that St Mary's would end up with a HASU despite not being assessed as part of the process all other organisations went through.

2. PERFORMANCE

2.1 Finance Report Month 9

LB presented her report and highlighted key points. The position overall was positive. The forecast is now a £9.55m surplus against a plan of £7.9m. She noted the exceptions in month which are detailed in her report. LB noted that the underlying position had deteriorated due to the premium cost of temporary staff and drug costs relative to income and rising energy costs. This position has been offset by a release of £3M provision.

Our position is driven by continued over performance against NHS contract income in certain areas. She noted certain areas of overspend. Details of the expenditure are provided in the report.

CE asked LB to explain the energy overspends. LB explained that electricity is provided by Southern Electricity and the price was fixed until September 2008 and since has increased. It is not due to increased consumption but price. For electricity it was assumed that there would be a 7% increase and it was 81% and for gas it was assumed there was a 37% increase and it was 55%.

AH asked to review the underlying contractual information for energy.

CG asked why in the forecast cash flow graph shown in item 11.5 there was a lull in months March – June. LB said it was a function of the finance of the capital programme ie the plan assumed draw down of the loan for paediatrics which boosts cash flow and expenditure phased over successive months. Also year end dividend is paid in March.

RK asked for clarification on the IT costs in section 13.3. LB said this was mostly the costs of the buy out from GE and software enhancements.

Action: LB to review the underlying contractual information for energy. LB

2.2 Performance Report Month 9

LB highlighted that we had achieved our 18 week referral target in December but our performance on admitted care had deteriorated to just above the 90% performance threshold. The Healthcare Commission will assess our performance on this key target based on actual performance in Jan – Mar 09. LB confirmed that we will reach 90% for January. She confirmed that the rapid access pain clinic target breach has been validated and it is not a breach. CE asked that the report was updated to reflect this.

Regarding the cancer 2 week wait target, CG asked how we can be measured on something that we have no control over. MA confirmed that this was the case. CG suggested it might be an educational issue, for instance our results might be higher than that of a more poorly educated area. We should educate our patients in the importance of an appointment. MA advised it is the responsibility of our GPs to make the patient aware of the importance of attending and keeping their appointment. We are looking at nurses calling patients to encourage them to come in. KN suggested that we looked at how other Trusts addressed this.

LB

Action: To update report with latest rapid access figures

1.3 Emergency Department Survey 2008

AM felt this was an overall positive report. We scored in the top quartile in London for the administration of pain relief following patient request and none of the scores we achieved placed us in the worst performing 20%.

AM confirmed that we would be using these reports as part of our ongoing assessment of patient experience.

3. ITEMS FOR DISCUSSION/APPROVAL

3.1 Registering with the Care Quality Commission in relation to healthcare associated infection

AM outlined the paper.

KN questioned item 3.9 considering the recent TB incident. MA confirmed that TB was mainly a community acquired infection and we screen for TB in occupational health. AM said that training in HCAI was covered in the recent NHSLA risk management standards assessment and we passed in this area.

CE said that as the Care Quality Commission was a new body there was the opportunity to make a few points about infections being acquired in private sector and there being no system to allocate to them and greater clarity about infections being present when patients are admitted.

CE asked how many patients with *C.Difficile* were on proton pump inhibitors (PPIs). MA replied that pharmacy would be querying the use of PPIs as they do for antibiotics. CE suggested it would be useful to look at the rate of *C.Difficile* before and after pharmacy intervention.

Action: To seek clarity on position where a patient is admitted with an infection and particularly infection acquired in private hospital and not being able to allocate to them **HL**

Confirm the number of C.Diff patients on PPIs **MA**

Discuss with Pharmacy monitoring before and after controls for PPI prescribing introduced **MA**

3.2 Business Planning Update

LB summarised the paper. The following amendments were noted:

- "Quality" should cover all 3 objectives and their subsequent deliverables.
- Improve patient experience "90% of women have an excellent experience in maternity services as measured by the exit survey".
- Deliver excellence in teaching and research. CE suggested it should read "Establish the Research Board to enhance the research profile and income and deliver the CLARHC programme". He also suggested an objective around the simulation centre.

Action: Amend objectives as per discussion **LB**

3.3 Safeguarding Children

The meeting commenced with a seminar by AM / MA.

3.5 Q3 Monitor Report

THE BOARD NOTED THE PAPER AND CONFIRMED THE DECLARATION.

3.6 Quarterly Risk Report December 2008

THE BOARD NOTED THE PAPER.

3.7 Assurance Framework 2008/09 and progress on objectives Dec 2008

CM outlined the changes to the report. The Board confirmed that they were happy with this format. She noted that the main themes had been highlighted in the first section. She clarified that progress around clinical performance indicators had been slow but that the VTE group are doing well.

3.8 Register of Seals

Action: To confirm details of use and record appropriately CM

3.9 Annual update of Register of Interests

CM would circulate details of what to declare to CG. All to provide updates to CM.

Action: Provide CM with changes to interests All
Advise CG of interests to be declared CM
To update register CM

3.10 Tender for the Provision and Delivery of Patients Survey and Reports

AM outlined the process. The award contract was agreed. The Board agreed that this was a good outcome.

Action: Contract agreed

3.11 Updated Treasury Policy

KN raised some concerns and it was agreed to discuss this further outside the meeting.

Action: LB to discuss treasury policy further with KN and AH **LB/ KN/AH**

4. ITEMS FOR INFORMATION

4.1 Audit Committee Minutes

THE MINUTES WERE NOTED.

4.2 Finance and Investment Committee Minutes

THE MINUTES WERE NOTED.

4.3 Assurance Committee Minutes

THE MINUTES WERE NOTED.

5. & 6. ANY OTHER BUSINESS & DATE OF THE NEXT MEETING

There was none. Next meeting 26th February 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