Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting 30th July 2009
Extract of approved minutes

Present

Non-Executive Directors	Prof. Sir Christopher Edwards	CE	*Chairman*
	Andrew Havery	AH	
	Charles Wilson	CW	
	Colin Glass	CG	
	Karin Norman	KN	
	Richard Kitney	RK	
Executive Directors	Heather Lawrence	HL	*Chief Executive*
	Amanda Pritchard	AP	*Deputy Chief Executive*
	Lorraine Bewes	LB	*Director of Finance & Information*
	Mike Anderson	MA	*Medical Director*
	Andrew MacCallum	AMC	*Director of Nursing*
In attendance	Catherine Mooney	CM	*Director of Governance and Corporate Affairs*
	Dianne Holman	DH	*Interim FT Secretary*

The meeting was called to order following a seminar on Strategy.

1 GENERAL BUSINESS

1.1 Apologies for Absence **CE**

There was full attendance.

1.2 Declaration of Interests **CE**

None were tendered.

1.3 Minutes of the Meeting of the Board of Directors held on 25th June 2009 **CE**

These were approved as an accurate record of proceedings.

1.4 Matters Arising **CE**

2.1/Jun/09 Finance Report Commentary – May 2009

LB noted that the Trust had received assurance about the revised retail arrangements of the Postmaster General Office. LB explained that this decision was made in 2004 and HMRC were also moving towards similar arrangements. The money is cleared every 15 minutes, insurance is in place and the Government Banking service assumes the risk.

4.2a/Jun/09 Local Supervising Authority Interim Audit Report

HL reported that she had raised the issue of statutory supervision with the General Secretary of the Royal College of Midwives and that she agreed that she will take it up with the regulatory authority (the issues would be escalated for discussion at the Prime Minister's Commission).

1.5 Chairman's Report (oral) **CE**

CE reported on the proceedings at the Members' Council Task and Finish Group on 29th July.

The Task & Finish group discussed a paper written by CE on the organisation of meetings. This paper was accepted by the group and it would go to the Members' Council. **CE said that it dealt with many issues which were also relevant to the Board of Directors and agreed to circulate the paper to the Board for information.** **DH**

The Task & Finish group also discussed the title of the Members' Council which was be discussed at the general meeting convened in June but was aborted due to the premature termination of the meeting when it became inquorate. CE believed that it was helpful to have this discussion with the Board because although the approval of the Board was not mandatory, it was preferable.

The group had looked at the range of options and the title 'Council of Governors' was the most popular, being used by 53 Foundation Trusts. The most popular title for individuals was 'Governor'. There was a clear motion put forward at the group that the Members' Council should be called 'The Council of Governors' and individual Council Members should be called 'Governors'. CE noted the Board's concerns and reminded the Board that Monitor refers to them as Governors and considered that it would be difficult to continue as part of a small minority which did not use this term. The Task & Finish Group recommended that the change was put to a vote at the Annual Members' Meeting.

CM informed the Board that the agreement of the Members' Council was not required to put a change to the membership but, as a courtesy, an email would go out to them informing them that the proposed change would be taken to the Annual Members' Meeting unless there was a serious objection.

CM also explained the other proposed changes which were:

- requiring eligible members of the staff Constituency who were not employed by the Trust to join by making an application; and
- replacing the independent assessor invited to the Members' Council Nominations Committee with 'another person

nominated by the Nominations Committee'. Presently, the Constitution requires the independent assessor to be the Chairman of another Foundation Trust.

CG suggested that we should be more demanding of the Members' Council. CE said that the changes discussed at the Task and Finish group would help achieve that. AMC reported that the new Membership & Engagement Manager would prepare an annual work plan for the Members' Council Communications Sub-Committee and produce a list of opportunities for involvement by individual Council Members for approval at the Members' Council.

The Board supported the increased involvement of the Members' Council and the proposed name change to 'Council of Governors' to enable effective representation and engagement of the membership.

1.6 Members' Council Report **CE**

CE reported that the inaugural term of office for the elected Council Members will soon come to an end and the vacancies will be filled by an election. **The board was asked to put 26th November 6:00pm into their diaries for a reception for the incoming and outgoing Council Members. This will be immediately after the Board Meeting and the arrangements for the venue would be confirmed.** **ALL**

1.7 Chief Executive's Report **HL**

Swine Flu

CE informed the Board that AMC had been appointed the designated Lead Director for Swine Flu. AMC would be supported by Scott Bennett, General Manager for Operations, who is already responsible for Winter Planning. The Flu escalation Plan is due to be signed off next week. The number of staff and patients with H1N1 is currently zero. There was the expectation that there will be a surge in cases in late September, but at the present time the situation was very calm.

KN asked if in the event of a pandemic, there would be a reduction in elective activity and what would be the likely impact on achieving the plan. HL considered that both income and agency spend would be reduced in general although maternity activity will continue. HL confirmed that it was not yet well understood what the financial impact would be and what the risk was of staff not being able to get to work. Detailed plans for each area and staffing are being developed.

CW asked if the Trust would be a Tamiflu distribution point. MA confirmed that the Borough's distribution point was St. Charles' Hospital.

Care Quality Commission

HL noted that there was a new performance indicator for access to healthcare for people with learning disabilities. AMC was the Lead Director and would report to the Assurance Committee at its next meeting about performance standards and prepare a gap analysis and

an action plan. **AMC**

NWL Provider Landscape

This was discussed in the seminar.

New Chief Executive for Host PCT

HL reported that NHS Kensington & Chelsea had appointed Patricia Wright as its new Chief executive. Patricia Wright has formerly been the lead for the North West London Collaborative Commissioning Strategy programme.

2 PERFORMANCE

2.1 Finance Report Commentary – June 2009 LB

LB reported that the 2008/09 audit adjustment had been booked in Q1 of 2009-10. Income was offset by expenditure and there was no material impact on the bottom line.

LB noted that more work was needed on controlling agency spend and making sure that the quota system was in place and that the accrual reflected complete spend. This was being assured by reconciliation of supplier statements. It was noted that there was a continued reduction in agency spend month-on-month.

LB reported that the Trust has made progress on the corporate CIP targets. There was further work required on procurement and the income coding target is at risk.

HL noted that there were still some other significant risks. LB and AP have done a very good job on challenging the relevant staff in relation to budget control and CIP delivery.

CW noted that Sexual Health was below plan and new HIV Patients was above Plan and asked if this was linked to Dean Street. LB confirmed that this was the case because Dean Street opened two months late but it was expected that the Trust would catch up and meet the plan. HIV patients were being identified through Dean Street.

CE noted that capital plan was as important as the revenue plan and both needed to be closely reviewed.

2.2 Performance Report Commentary – June 2009* LB

This report was taken as read.

3 ITEMS FOR DECISION/APPROVAL

3.2 Annual Members' Meeting - Planning HL

HL discussed the contents of the paper and also said that it would be good to use the Patient Experience Tracker for 'live' feedback. CM reported that MA had looked at this but it was costly. **RK agreed to** **RK**

find out if it would be feasible to do this for 200 attendees.
The board was also in favour of showing the Paediatric DVD at the Annual Members' Meeting. HL also said that there would be other events for mothers and children in that week.

3.3 Monitor Q1 Report **LB**

LB explained that this report covered the same material as the Finance Report, however, there were minor changes to the phasing of the plan for CIPS.

LB noted that the performance report highlighted two (2) specialties on 18-weeks where the Trust did not meet its targets but this was still a pass and allowed the Chief Executive to declare that all targets have been met.

The Board approved Declaration 1.

3.4 Assurance Framework and Review of Corporate Objectives Q1 **CM**

CM said that this had been to the Audit Committee but at that time not all objectives had been finalised. Since then it had been circulated to the Audit Committee and there had been no further comments.

CM highlighted areas where risk had been mitigated including the deliverable of 90% of women having an excellent experience in maternity services which had been reduced from red to amber due to the decrease in the use of agency staff. This was also noted in the risk report to the Board. It was felt that this aspect of the risk assessment was the most important. There was an additional risk of having so many new staff at once but this would be mitigated by recruiting in two tranches. HL confirmed that the amber rating was acceptable so long as it was kept under review. CM confirmed that orange risks remain on the report to the Board for 6 months to ensure the risk remains reduced. CM also highlighted the challenges of the objectives on safety and clinical effectiveness.

HL proposed that Swine Flu should be addressed in next quarter's review. **CM**

CW asked for clarification of the principal risk associated with, 'reduce urinary catheter days'. AMC said that this referred to identifying measurement and a baseline measure would be established by September and reductions could be considered from there.

3.5 Risk Report Q1* **CM**

This item was taken as read.

3.6 Register of Interests – Review* **CE**

This item was taken as read.

4 ITEMS FOR INFORMATION

4.1 Assurance Committee Minutes - June 2009 **CW**

This item was taken as read.

4.2 Register of Seals Q1* **CE**

This item was taken as read.

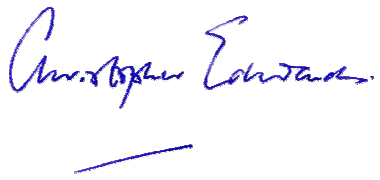
5 ANY OTHER BUSINESS

CG complimented HL and her team on the Annual Report and Accounts 2008/09. He said it was very good and very well put together.

6 DATE OF THE NEXT MEETING – Thursday 24th September 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