Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting 29 July 2010
Extract of approved minutes

Present

Non-Executive Directors	Prof. Sir Christopher Edwards	CE	*Chairman*
	Andrew Havery	AH	
	Colin Glass	CG	
	Prof Richard Kitney	RK	
	Karin Norman	KN	
	Charlie Wilson	CW	
Executive Directors	Heather Lawrence	HL	*Chief Executive*
	Lorraine Bewes	LB	*Director of Finance*
	Mike Anderson	MA	*Medical Director*
In attendance	Catherine Mooney	CM	*Director of Governance and Corporate Affairs*
	Lucy Hadfield	LH	*Interim Director of Strategy*
	Heather Bygrave for item 2.10		*Partner/Audit Deloitte LLP*
	Paul Hutt for item 2.10		*Senior Manager/Audit Deloitte LLP*

1 GENERAL BUSINESS

CE outlined some concerns regarding Board papers. He said that for this meeting, the average length of papers was 25 pages and the largest document was 65 pages. This is also an issue for the Council of Governors. We had previously discussed using iPads and this should be progressed. He emphasised that papers should be a maximum of 4 sides. This will require more work and thinking, but he thought it would be worth it as it would free up more time to look at bigger issues. Supporting information may be required for those who wish to have more information.

RK said the iPad must have 3G and suggested also that a folder which allows it to stand should also be purchased. KN asked about encryption or a password. CE said this would need to be discussed with the IT Director.

Progress with purchase of iPads for the Board as outlined above. **CM**

1.1 Apologies for Absence **CE**

Apologies were received from Mark Gammage and Therese Davis.

1.2 Declaration of Interests **CE**

RK said that he was the main founder and one third shareholder of Visbion – a medical imaging software company which produces an image cube. RK said it came to his attention that St. Mary's Hospital approached Visbion and as a result two image cubes (£10k) were purchased by this Trust to be used by the paediatric network. Bill Gordon, Director of IT, thinks the image cubes may have some other uses and is having some discussions with the Chief Executive. CE said that item 3.12 refers to Visbion image cubes and suggested RK should not contribute to the discussion or be in the room at the time. KN said the costs were not material and RK's input might be valuable. HL said that it depended on the discussions.

The interest was noted.

1.3 Minutes of the Meeting of the Board of Directors held on 24 June 2010 **CE**

Minutes of the previous meeting were approved as a true and accurate record of the previous meeting with the following changes:

- p.4 item 2.1 add to the first line 'with EBITDA' and remove 'but net' and add 'ahead' after £600k
- p.4 2nd para, second line, replace 10/11 with 09/10
- p.4 2nd para, fifth line add 'completely' after 'being'
- p.6 item 3.1 last para add '£', 'the CIP partnership' and 'in minor attendances'
- p.7 add 'tariff' instead of 'pay'
- p.7 item 3.2 add 'room' to the 'bath'
- p.8 item 3.4 add 'The Board agreed these changes'
- p.9 item 3.8 replace 'consultant' with 'doctor' and add 'KN left the meeting'
- p.9 item 3.9 second para, 1st line replace 'publicity' with 'publicly'

1.4 Matters Arising **CE**

3.1/June/10 Impact of CIPs

MA reported that the Chief Pharmacist is trying to meet the CIP relating to outpatient dispensing in another way. CM noted that the paragraph against this item referred to the item above.

All other actions and outcomes as outlined in the paper were noted.

1.5 Chairman's Report

CE highlighted a number of issues from the White Paper. As the Chairman of Medical Education England he may have a major role in commissioning education in England, so there is a potential conflict of interest.

1.6 Council of Governors Report including Membership Report

CE said that there was an unsatisfactory discussion at the Council of Governors meeting on 21 July e.g. governors pointed out that the numbers in the patient column did not add up. This was explained orally but an explanation should be included in the report in the future. KN said there were two references to decreasing numbers due to deaths and she thought we could word this a bit more sensitively. She asked why there was only one new member of staff. CM said this was probably due to the information not being provided by HR at the time of the report. CE said this was not satisfactory and should be addressed. KN said that in section 2.2 - public constituency that this should be compared with the population so it is meaningful. She emphasised that she has asked for this before.

Revise membership report as discussed. **TD**

CE reported that there were some interesting new governors and we should think about how we could improve links with the governors. It was confirmed that HL will meet the new governors.

1.7 Chief Executive's Report

2. HR Excellence Awards

HL noted the HR Excellence Award. CE said he would like to read the submission and commented that it would be useful for recruitment. The Board noted this impressive achievement.

HL reported that 56 Dean Street has been shortlisted for an award for work they have been doing with the Chinese Community in London.

HL reported an increase in activity in the West London clinic after the programme on Channel 4. It was suggested that we let the TV company know about response to the programme. She commented that this demonstrates that effective marketing does make a difference.

3. Appointments

HL reported that a GP will chair the North West London Clinical Strategy Group and a hospital doctor will be the deputy chair. David Taube is the hospital doctor.

5. Awards for Teaching Excellence for NHS Teachers 2009/10

HL said she was delighted to note this.

6. The NHS challenge

This was noted. HL suggested that we come back to this. The bicycle scheme in London was discussed and whether we could influence where the bikes were sited. It was thought that this had already been agreed but we would follow up. HL said we needed to look at physiotherapy support for staff.

KN asked if we have an analysis of reasons for sickness.

MG to provide data on reasons for sickness. **MG**

7. Chelsea and Westminster Hospital Health Charity appointing a Chairman
Chelsea and Westminster Health Charity hopes to ratify the appointment of a new chairman shortly.

8. Non-Executive Directors areas of interest
HL suggested that we needed to consider how this might work in practice and outlined an approach.

CE reported that there is a new Rector of Imperial. HL, CE and RK have arranged to meet him as part of our strategy for learning, training and research.

2 PERFORMANCE

2.1 Finance Report – June 2010 LB

LB asked the Board to note that the highlighted forecast was a red risk. This represents a worse case scenario of being £5m adrift, but the most likely case is £2 - £3m. She said it would be helpful to have a strong message re the CIP gap from the Board. She reported that we are ahead at Q1 with a £800k positive variance but there is a one-off benefit in this, which was highlighted at the last Board. If we normalise for this then we are on target. The pay position is very good compared with last year and we are on plan, notwithstanding some pay CIPs not being delivered. Non-pay is worse with more than a £1m variance of the plan.

Doctors prescribing antiretroviral drugs have increased the supply in the interests of patients, and we are looking to see with the auditors if this can be categorised as deferred expense. CE said he would like to understand this. MA said that the impetus came from the clinicians and was as a result of a move to 6 monthly rather than quarterly reviews. There could be benefits such as less visits leading to more space in the clinic, which can be used to see more patients. CE said that individuals should not have freedom to do things with major cost implications. An alternative is to give prescriptions for three months and then another 3 months. HL said that HIV is always innovative and save money.

LB reported that the EBITDA plan is 9% and we are at 9.4% and net surpluses are ahead. We have identified 81% CIP in year so there is still a gap to cover and the forecast assumes that we do not recover that gap. HL said she has mandated that by mid August we are clear on the gap.

HL said that it had been discussed at the Finance and Investment Committee if the risk was red or not. The real risk is probably orange. We recognise good budget control but it is an important message that we cannot have a red risk.

CG asked if we were doing enough on debtors and creditors. LB said she will introduce a table to illustrate the position. Debtors have increased but they are current debtors. She will provide more

information next time.

LB confirmed debtors have increased by 5 days. CG noted a loss of £5m there. LB agreed to look at this in more detail. LB clarified 8.2 in response to a question from KN.

Further information on debtors to be provided. **LB**

2.2 Performance Report – June 2010 **LB**

HL emphasised that we still have a contractual responsibility for indicators and reported that we now have 3 MRSA cases.
She said that we do need to work on slot availability, but this will give us financial problems as more open slots will need more clinics, consultants etc. She reported that discharge letters are not at 100%.
MA said some discharge summaries are for people who come in several times for the same thing e.g. chemotherapy and the system requires four discharge letters which is not appropriate and needs to be resolved.

KN asked if a shift from national to local providers will provide us with more room to focus our indicators. HL said that for the foreseeable future the commissioner will be the same, so any change will be slow. MA said that the current commissioner is a group of 8 PCTs.

3 ITEMS FOR DECISION/APPROVAL

3.1 Report from the Assurance Committee May and July 2010 **CW**

CM introduced the paper and the new approach of highlighting the main areas discussed at the committee and the level of assurance for each. CW said that he thinks this is the way we should proceed with reporting to the Board. He drew the attention to the discussions on food and the cost of food and thought the comparison with others was remarkable.

MA clarified that a 'dead-leg' was a blind end water pipe which could lead to stagnant water.

AH said that this was a very helpful report. He noted that there was a focus on getting better data and asked if that was because we do not like the data we are getting. CM confirmed that it was lack of data.
The Board agreed to continue with the report from the Assurance Committee in this format.

3.2 Risk Management Annual Report **HL**

CM introduced the paper noting that it had been to the Assurance Committee and that quarterly reports were also received and discussed in detail. LB said she thought that lessons learnt could be clearer. The Board noted the report.

3.3 Claims annual report **MA**

CE said he thought that claims report was quite worrying considering our size compared with UCLH, even taking into account large one-one payments. MA said that the time lag between the event and payment may be prolonged and the numbers and claims in a year could not be related. The number of claims have gone up and this has been replicated across the country. It was suggested that for obstetric claims, cost and number per 1000 births may be useful to allow comparison and the year in which the incident occurred for all claims would be helpful.

CE drew attention to the analysis of trends e.g. delays in performing caesarean sections and questioned what action was being taken, and was there enough consultant cover? MA said that there was not enough consultant cover in the country and that a claim settled today can relate to an incident 5 years ago and emphasised that claims numbers related to allegations.

In response to LB's question CM confirmed that 9/10 data is not available yet. MA said that he concurred with the concerns and that we needed to understand more. CE said that he wanted to be reassured about obstetrics.

HL said she was also concerned re increased complaints and claims in A&E.

Investigate claims, complaints and incidents in A&E for any trends.

HL also expressed concern about complaints relating to neonatal care. **CM/MA/TD**

Further analysis of claims to be brought back to the Board. **MA**

3.4 Risk Policy and Strategy **CM**

CM outlined the strategy and the main changes. The Board confirmed the objectives for 2010/11.

The risk strategy and policy was agreed.

3.5 The Vision for Outpatient Services at Chelsea & Westminster **HL**

HL introduced the paper. She said RK has looked at the specification and thinks it is acceptable. She noted that it was important to get appropriate interfaces.

Touch screens at 56 Dean Street have not been very successful and we need to be assured that we have robust IT systems. The problem with 56 Dean Street was with Imperial interface and pathology.

CG said he was unclear about how this fits in with rest of the system. HL said that document management is the key. KN expressed concern with 'purpose built' and questioned whether we are in a position to best choose a system. LB said she was not clear on patient involvement and whether we had tested patient reactions

CG said bar code technology can be very cheap. LB asked if the pre-wait areas are sized properly? CE said that he would like some facts with respect to the waiting times for the current and proposed system. We need to start valuing patients' time.

HL said waiting for phone calls to be answered was an average of 7mins and is now down to 2mins and we must get this to 30 sec.

KN asked where we get assurance on the specification. HL said she had sent it to RK. RK suggested that we send out the specification and once we have had replies, look at this in more detail. **The Board agreed.**

3.7 Strategy Update **HL**

KN left.

HL said that the white paper confirmed that our direction of travel is correct e.g. the need to undertake more specialist work and transfer more work into polysystems. She outlined the main areas in the paper. LH asked if the Board agreed with the implications outlined in section 4 and to agree the actions outlined in section 5.

CE asked about the position re dermatology. HL replied that integrated care focus will be on diabetes and frail elderly pathways.

5.45pm CG left. KN returned.

CE said that we need to look at the GP commissioning model. GPs are more powerful now, so how do we effectively work with them and can we use the poly-system model in a way that they see as a partnership and something they want to invest in.

CW pointed out that 56 Dean Street is one of our most successful projects and was not very expensive and was done quickly and we did it on our own.

KN noted bullet point four in section 5 and suggested we should be increasing work on branding and marketing. She also emphasised section 3.2 and that better data is essential. LH confirmed that that was covered in the third bullet point in section 5.

3.8 Feedback from the Future Workforce Sub-Group

CE said that this was a very helpful paper by MG and requested that a discussion was deferred to September when MG will speak

to it.
RK left.

3.9 Monitor In-Year Reporting & Monitoring Report Q1 **LB**

The declaration was noted. **This was approved for submission to Monitor.**

3.10 Report on the external assurance dry run audit of the Quality Report year ended 31/03/2010 **LB/CM**

AH reiterated that this had not been to the Audit Committee meeting in July as it was cancelled. LB emphasised that this was a dry run audit of the Quality Report and introduced the requirements stipulated by Monitor. She said that overall arrangements were fine, but there were some inconsistencies.

HB said that Monitor is very prescriptive about what is reviewed. They intend to review and assess what assurance is required for the next year.

She said that of 25 pathways reviewed for the 62 day cancer target, there were errors in 7, one with a negative impact, and three with a positive impact and three with no impact. In five pathways the information could not be found. She said that specialist Trusts' data have a lower error rate, but acute trusts are similar to us. We do need to improve to avoid qualification in the future. CE queried why five records were not available. HB responded that timelines are very tight and that was possibly the reason.

PH said that the meeting re MRSA was late in the process so there was an even tighter timeline. A telephone interview with Bill Gordon, IT Director had been undertaken to help understand the processes.

AH said there have been a number of audits by internal audit on these indicators, and we were given assurance and we needed to follow up on these. It is possible that it was not as detailed as this audit. One audit had been on the arrangements that were in place rather than testing the process.

LB noted that we reported to 2 decimal points in the Quality Report and had we rounded it up there would be no differences, but she confirmed that this did not affect the recommendation and findings.

KN expressed her concern about the rest of data and HL said she was concerned about the interpretation by the governors. CG emphasised that the purpose is a dry run. CE said it is a process to understand the issues and learn for next year. He said the problem is what the government will do with performance targets.

HB said a further uncertainty is about what Monitor will do, and we are half way though the year already.

MA noted that the report states that if data is available electronically but the notes are not there to back this up, the assumption is that this is not good, but the electronic record is the record e.g. if it is recorded on LastWord that a patient has MRSA then the patient has MRSA.

AH said he had read that differently, to mean that the auditors could not find the source data. PH confirmed that that was correct. LB asked what the auditors were seeking to assure by going to the notes and emphasised that as far as we are concerned LastWord is our notes and we do not want to be penalised for moving away from paper. HB agreed to check on this and amend if necessary before tomorrow.

Areas highlighted by the Board to be discussed in more detail and a final report agreed for submission to Monitor before the deadline of tomorrow. **LB**

RK left.

3.11 Chairman and NEDs Appraisal Process* **CM**

This item was taken as read and approved.

3.12 Electronic Document Management **HL**

HL reported that RK had advised her that he is happy with the proposed approach.

The Board agreed to proceed with a variant of option 5, EDM with outsourced bureau scanning for all offsite documents and internal 'just in time' scanning.

3.13 Register of Seals Report Q1* **CM**

This item was taken as read.

3.14 Infusion Pump Project **LB**

The Board ratified the award of an infusion pump contract to B Braun.

4 ITEMS FOR INFORMATION

4.1 Audit Committee Minutes - no meeting **AH**

4.2 Finance & Investment Committee Minutes **CE**

This item was taken as read.

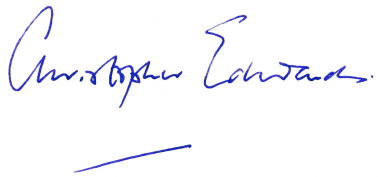
5 ANY OTHER BUSINESS

None.

6 DATE OF THE NEXT MEETING – Thursday, 30 September 2010

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