Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting 26 July 2012
Extract of approved minutes

Time: 3pm
Location: Chelsea and Westminster Hospital NHS Foundation Trust - Boardroom

Present

Non-Executive Directors	Prof. Sir Christopher Edwards	CE	Chairman
	Sir John Baker	JB	
	Jeremy Loyd	JL	
	Prof Richard Kitney	RK	
	Sir Geoffrey Mulcahy	GM	
Executive Directors			
	Mike Anderson	MA	Acting Chief Executive
	Lorraine Bewes	LB	Director of Finance
	Therese Davis	TD	Director of Nursing
	David Radbourne	DR	Interim Chief Operating Officer
In attendance	Catherine Mooney	CM	Director of Governance and Corporate Affairs
	Mark Gammage	MG	Director of Human Resources

1 GENERAL BUSINESS

1.1 Welcome and Apologies for Absence — CE

Apologies were received from Karin Norman.

1.2 Declaration of Interests — CE

There were no declarations of interest.

1.3 Minutes of the Meeting of the Board of Directors held on 28 June 2012 — CE

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

- Section 3.5, 3rd para to be removed.

1.4 Matters arising — CE

Regarding the Electronic Document Management it was agreed that we would proceed. We have been advised that there is no risk to the contract and this is a phasing of the contract process.

Performance Report Commentary – May 2012
Re 2.2 it was confirmed the complaint report which will include data on complaints by ward would be would be presented to the Assurance Committee in September. Circulation of the A&E clinical quality indicators was noted and it was confirmed

that staffing capacity is routinely increased at certain times of the day rather than the time of the year. The importance of recording the time to complete a consultation needs to be reinforced especially with GPs who have no incentive to do this. The A&E medical staff establishment has been increased through business planning.

1.5 Chairman's Report **CE**

There was no report

1.6 Council of Governors Report including the Membership Report **CE**

The membership report was noted, and the under representation in some categories.

It was confirmed that total membership numbers are acceptable.

1.7 Chief Executive's Report **MA**

The key points were outlined. It was confirmed that London Ambulance Service will divert away from the hospital at two periods of time each day during the cycle race.

It was clarified that under item 3.3 the Board has not agreed the investment to upgrade the private wing.

The revalidation issues were noted.

The ICHP is still in the start up phase. MG will request that Tony Bell will be on the Appointment Committee for the Managing Director.

The arrangements for the Local Education and Training Board (LETB) were noted.

It was confirmed that the Chairman had written to David Nott, Consultant, Vascular Surgeon on behalf of the Board congratulating him on his outstanding achievements and the award of OBE in the Queen's Birthday Honours List in June 2012.

2.1 Finance Report – June 2012 **LB**

It was noted that the financial report was broadly on plan but there had been an unexpected cost pressure on the energy bill. The Trust had inadvertently come off the framework contract and lapsed onto a commercial contract with commercial prices. Staff had been working on the assumption that there had been no extension to the contract.

The investigation is ongoing. Urgent action was taken to mitigate the risk but we are unable to get back on the contract until mid-August which has resulted in a cost pressure of £750k. We will be seeking recovery and may involve the energy regulator (OFGEM).

Regarding CIP delivery it was noted that 68% has been achieved by the end of last week and we are on track to deliver 80% by the end of August.

The current financial risk is graded orange as the forecast is off plan by £1.6million

though the Finance Director highlighted that she thought this was due to pessimistic income forecast which would be reviewed.

It was confirmed that the contract with North West London has been signed. The contract with London Specialist Commissioning Group has not been signed and mediation papers were issued which prompted a call and a possible solution. The commissioners have proposed that they accept our methodology and we agree an additional CQUIN in relation to medicine waste. This is being discussed. If we lost after mediation we could lose £300k and it is considered better to see if we can earn that CQUIN during the year.

There are two contracts to go to the Finance and Investment Committee for approval in September. The first one is pathology which is a new three year contract and the overall value has been agreed.

2.2 Performance Report – June 2012 **DR**

The potential risk regarding VTE risk assessment was noted and the new process has been implemented which will remove some of the barriers to completion.

More information on sickness in adult outpatients was requested. It was reported that the sickness rate is high in outpatients, there are some resignations and some dismissals. Outpatients was reorganised and some staff have been performance managed and in some cases this has the consequence of increasing sickness. This is affecting the administrative staff generally. The Board was reassured that actions are in place.

The CQUIN progress was noted and that a third of this value is about communication with primary care and especially GPs.

It was noted that GPs will be trying to reduce their spend on referrals and it would be to our advantage to have short waiting times which will encourage GPs to refer to us.

It was noted that the Divisions are now tracking market share and referral patterns. It was confirmed that appointments of new consultants, such as the new ankle surgeons are being communicated to GPs via the GP Liaison Manager.

The Board queried the patient experience data on the number of complaints relating to patients over 75 years. It was explained that we did not measure this for all of last year and commenced at the end of quarter 2. We are looking at themes from the data.

The Board commented that the Performance Report colours rarely change and wondered how effective the management is and whether there is consistent movement towards green. It was noted that the fractured neck of femur data has gone green.

The aim is that by 31 March there will be decrease in waiting times in certain specialties where there is a market share risk. The Board will be informed what these areas are.
It was noted that the performance report structure is being reviewed.

3.1 Assurance Committee Report – June 2012 **KN**

The result of the inpatient survey and the comparison with London teaching hospitals was discussed. It was confirmed that each ward now has a ward routine which is given to every patient. This includes tips for patient, for example to encourage them to ask about medicines when they go home.

The next inpatient survey will be issued to patients who are inpatients in August, and targeted work is being undertaken to encourage patients to respond to this for example with a prize, and to increase awareness amongst staff. For example, nurses have been given a script for hand-over identifying the key areas to remember. Throughout August the senior nurses will be undertaking clinical rounds twice a day.

It was confirmed that work to implement the Trust values will be discussed at the Patient and Staff Experience Committee which is meeting next week. Behaviours have now been identified for each value and these have been split into three levels based on the seniority of staff. An occupational psychologist is working with the HR department on how these might be used in practice.

UCLH was visited last week as they have the best results from the inpatient survey. It was confirmed that the Trust activities are in line with those undertaken by UCLH.

It was emphasised that it is important to make it clear through the recruitment process how important our values are. It was noted that we are at the bottom 20 of foundation trusts regarding patient experience. The idea of having DVDs as a way of getting the Trust message across was discussed.

It was noted that this will be a long term action because so much is due to good recruitment.

It was questioned whether any analysis of the cultural differences of staff and the impact on patients had been undertaken and it was confirmed that this will have to be addressed at some point on an individual basis.

The discussion around never events at the Assurance Committee was highlighted and it was confirmed that the Divisional Medical Director for Women and Children's had attended the Assurance Committee meeting to discuss retained vaginal swabs and had reassured the committee that this is a priority.

There was some discussion regarding health and safety and the concern that this did not have high enough profile at the Board. Some organisations have a Non-executive Director with a special remit for health and safety. There was a concern that not enough has been done proactively regarding health and safety. The H&S has its own specific legislation and it is important that we demonstrate that the Board has taken health and safety seriously.

It was agreed that the Assurance Committee would consider health and safety on behalf of the Board and the Assurance Committee report to the Board would highlight the key issues around the health and safety. It was also agreed that the Health and Safety Annual Report would be presented to the Board via the Assurance Committee.

It was noted that the Risk Strategy and Policy and the Health and Safety Policy will

come to the Board in September.

3.4 Board Assurance Framework Report and Review of Strategic Objectives and Risk Report Q1 **MA**

The outline of the Board Assurance Framework was reported. This is now a combined report which focuses on performance against the three strategic objectives, the Board Assurance Framework which contains risks associated with the objectives, and the risk report which includes risks identified from the Board papers, the risk register and those in the Monitor plan. It was noted that once the risks have been agreed the yellow risks will be removed from the report. The Board's attention was drawn to the risks in the Monitor plan which were all deemed to be yellow.

The Board was asked to agree the risk ratings. **After some discussion it was agreed that the risk of loss of A&E was red as the likelihood was low but the consequence was catastrophic.**

Progress with each of key objectives was highlighted noting that for some the progress was slightly off trajectory. It was agreed that the format of the report was an improvement and will increase the likelihood that we can identify the risks that matter.

3.5 Monitor in Year Reporting & Monitoring Report Q1 **LB**

It was reported that the Trust is declaring green for governance and a financial rating of 4 against the plan of 3.

It was confirmed that the loss from the decrease in medical students was marginal and within the year normal year on year variations.

3.6 Remuneration Committee Report* **CE**

This item was starred and therefore taken as read.

3.7 Assurance Committee Terms of Reference* **KN**

This item was starred and therefore taken as read.

3.8 Register of Seals Report Q1* **CM**

This item was starred and therefore taken as read.

4 ITEMS FOR INFORMATION

4.1 Audit Committee Minutes – 6 July 2012 **JB**

This item was taken as read.

4.2 Assurance Committee Minutes – 25 June 2012 **KN**

This item was taken as read.

4.3 Finance & Investment Committee Minutes – 21 June 2012 **CE**

This item was taken as read.

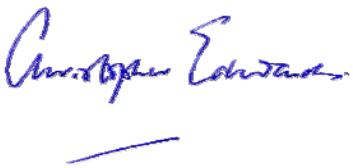
5 ANY OTHER BUSINESS

There was a discussion about the area outside the hospital building and the Executive were asked to investigate whether this could be cleaned on a regular basis as it presents a bad first impression. **TD to discuss with ISS.** **TD**

6 DATE OF NEXT MEETING – 27 September 2012

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