Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting 28 June 2012
Extract of approved minutes

Time: 1.30pm
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	
	Karin Norman	KN	
Executive Directors	Heather Lawrence	HL	Chief Executive
	Mike Anderson	MA	Medical Director
	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
	Matt Akid for part 2.4	MAk	Head of Communications

1 GENERAL BUSINESS

1.1 Welcome and Apologies for Absence — CE

Apologies were received from Sir Geoff Mulcahy.

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 May 2012 — CE

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

- Item 1.4 first sentence should read ‘Managing Director’ not ‘Chief Executive’.

1.4 Matters Arising — CE

<u>NWL Reconfiguration Consultation</u>

A programme of engagement and communication has been prepared for the NWL reconfiguration consultation.

<u>Private income – increasing activity without capital</u>

This is on the agenda. It was clarified that this meant without a capital scheme and not without capital 'spent'.

AHSP – to discuss implications of an Academic Health Sciences Network with Lord Darzi

CE reported that he had attended a meeting of the AHSP and Lord Darzi has been approved as Chair of the Partnership.

2.2/May/12 Performance Report – April 2012

The Infection Control Annual Report will be presented to the next Board and this will highlight the view of the Director of Infection Prevention Control as to which other organisms we should be monitoring.

3.4 & 3.5/May/12 Shaping a healthier future – NWL pre-consultation letter of support
The letter of support was rewritten and had been re-circulated to the Board.

3.6.1 Monitor Annual Plan Sign-Off

This was amended and submitted to Monitor. It was reported that Monitor were very congratulatory on the business plan which they said was very clear. It will be noted later on in the Board that the C*.difficile* target is 31 not 12 and therefore our governance rating is green rather than green/amber.

Annual Report including Quality Report Sign-Off

This was noted and put on the schedule for January next year.

3.12/May/12 Sexual Health Development Proposals

It was noted that options for 'pop up' clinics are being worked up. A shop front has been identified and the staffing arrangements are being considered. It was confirmed that sexual health will be involved in a mobile health clinic at the Olympics.

1.5 Chairman's Report **CE**

The success of the tea party for the Chief Executive the day before was noted and that the portrait would be hung in the Hospital Boardroom.

The Chairman wrote to Andrew Lansley, Secretary of State for Health in connection with the private patient cap, emphasising the importance of being able to increase the cap from October 2012 rather than next year. The concerns regarding the implications for cost improvement programmes were noted.

1.6 Chief Executive's Report **HL**

Board of Directors Assurance on the Olympics
Assurances on planning for the Olympics were noted.

It was noted that the infrastructure project has prepared the organisation to support emergency planning and the executive team is confident that this will work

well if it is required. £52k has been provided by NHS London for the Olympics period. The arrangements for the cycle race were clarified.

The chemical response process was discussed and the arrangements should there be a major incident. It was also confirmed that the Trust has a robust burns plan. The Executive confirmed that they had no concerns about the Olympics planning.

The issue of Underground failures was raised and the Board was assured that staff are being made aware of transport arrangements.

Academic Health Science Partnership (AHSP)
It was confirmed that the AHSP should be referred to as 'Imperial College Health Partners'. It was noted that AHSPs will eventually become Academic Health Science Networks.

NWL Local Educational and Training Board (NWL LETB)
The involvement of the Chief Executive in setting up the NWL LETB was noted and the importance of the Trust remaining involved. The aim is that the LETB will run in shadow form from October 2012.

National Awards
The Board noted the national awards and were particularly pleased with the gynaecology award which demonstrated working with the community.

Doctor's Day of Industrial Action
It was noted that approximately 7% of doctors participated in industrial action which is similar to the national figures.

It was clarified that four operating lists were cancelled and a small number of outpatient clinics were cancelled. It was advised that all patients had been rebooked.

Finally, it was reported that the Chief Executive had set a challenge to meet 50% of the CIP by June 2012 and in fact 54% has been achieved. The next challenge is to achieve 75% by September.

2.1 Finance Report – May 2012 **LB**

It was confirmed that the in month position has improved and the Trust is now £250k behind plan. Elective work is still behind plan although most of this can be explained by absences (excluding plastic surgery).

The decrease in elective work in HIV is still unexplained and this will be addressed in the next report.

Overall, there is a 13% EBITDA. Regarding staff costs, compliance with quotas for agency staffing is drifting slightly and this will be addressed. The pharmacy budget had been reviewed and has been amended as not all training costs were included in the budget. The increased costs in HIV is due to stocking up of drugs prior to the Olympics.

The Private Patient Cap and the Foundation Trust financial loan has already been noted.

There was a discussion re the merits of accepting the new sexual health tariff. The Clinical Director for Sexual Health is on the Specialist Commissioning Group. The Trust is ready to move to the London tariff and there may be some advantage in doing this ahead of competitors.

In relation to maternity it was noted that a joint audit in October has been agreed and this will look at the case mix and identify normal, medium and high risk pathways.

2.2 Performance Report Commentary – May 2012 **DR**

It was noted that the Monitor target for *C.difficile* was 31 and not 12 as previously reported. The Trust is compliant with the key performance targets. Although some specialties are over 18 weeks we are compliant overall. Referral rates and 'choose and book' slots are being reviewed.

Clarification was sought on the overall A&E time to treatment and time to assessment. It is the time to treatment which is currently red. **A more detailed report is available and this will be circulated.** **DR**

It was agreed that the annual complaints report would go to the Assurance Committee in September and subsequently to the Board. Complaints data by ward, focusing on outliers, could be included in this report. This will identify what areas should be reviewed.

Complaint report to include data on complaints by ward identifying outliers. **TD**

3.2 Wayfinding Strategy Update* **TD**

This was noted for information

3.4 Annual Members Meeting – proposal **HL**

It was noted that this will occur during the public consultation on the NWL reconfiguration and it was agreed that it would be helpful if the presentation by the governor included addressing support for the Trust.

The proposal for structuring the meeting was agreed.

The two presentations suggested were VTE and wellbeing rounds. It was noted that despite not achieving our objectives yet with VTE we were awarded exemplar status.

It was suggested that the wellbeing round presentation could focus on the care of older people and the link to dementia and the dementia strategy.

It was agreed that we should also take the opportunity to promote the excellent achievement with the Dr Foster mortality indicators.

The proposal was agreed subject to further discussion with the clinicians presenting and the topic.

3.3 Electronic Document Management – update **DR**

The paper outlined the progress to date. The budget is slightly overspent but there

are plans to address this. Most risks identified at the last meeting have been mitigated.

It was agreed that the signing of the contract could be delegated to the Finance and Investment Committee meeting in July.

3.5 Director–Governor interaction in NHS Foundation Trusts **CE**

This is noted to be a very important document and showed the way in which the new Act defined relationships between the governors and the Board.

It was agreed that a Board/Council of Governors Away Day would be set up to agree how this would work in practice.

A concern was expressed that some of the governors may not have the experience or ability to cope with the new role required of them.

Several areas of work were outlined, including a review of the size and membership of the Council of Governors, the staff constituency, and a review of the constitution.

4 ITEMS FOR INFORMATION

4.1 Audit Committee Minutes – 23 May 2012 **JB**

This item was taken as read.

4.2 Assurance Committee Minutes – no meeting **KN**

4.3 Finance & Investment Committee Minutes – 22 May 2012 **CE**

This item was taken as read.

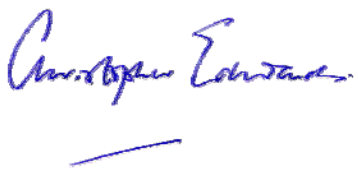
5 ANY OTHER BUSINESS

The Board formally noted thanks to HL for her amazing contributions over 12 years.

6 DATE OF NEXT MEETING – 26 July 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