Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting 28 March 2013
Extract of approved minutes

Time: 2pm
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	
	Karin Norman	KN	
	Sir Geoffrey Mulcahy	GM	
Executive Directors			
	Tony Bell	TB	Chief Executive
	Lorraine Bewes	LB	Director of Finance
	Therese Davis	TD	Director of Nursing
	Zoe Penn	ZP	Medical Director
	David Radbourne	DR	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 Prof Richard Kitney.

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 14 February 2013 — CE

Minutes of the previous meeting were approved as a true and accurate record

1.4 Matters arising — CE

Cleanliness on the maternity wards
Weekly cleanliness audits in maternity have been reviewed. These are undertaken jointly by ISS and clinical staff and scores were between 96% to 100%.

1.5 Chairman's Report — CE

It was reported that funds had been raised by the Chelsea and Westminster Children's Charity for a Da Vinci SI-e paediatric robot. Chelsea and Westminster Trust is the only hospital in the country to have this robot dedicated to paediatrics. It enables very small operations to be undertaken in a minimally invasive way. The Trust is working with the Charity to develop the concept of

minimally invasive access surgery rather than just the robot. The business case and procedural issues will be discussed at the Finance and Investment Committee so that the Trust can understand the terms the robot was bought under. It was clarified that the funding is from the Children's Hospital Trust Fund which is separate from the Chelsea and Westminster Charity.

1.6 Chief Executive's Report **TB**

It was noted that the Francis Inquiry Report had previously been discussed by the Directors in a context of the work already undertaken within the Trust. Issues raised by staff were highlighted.

The Chairman has written to Professor Mike Spyer, Chairman NHS London with respect to what the Trust is doing and a copy of the letter had been made available to the Board.

It was noted that the Government has now responded. The Trust's view is that it is important to emphasise that a lot of good work is already in progress and the recommendations from the Francis Report will be incorporated into work we are already doing.

One aspect which may have unintended consequences was highlighted; that of the proposals for nurse training. The Board expressed a great concern that the requirement to undertake a year's training as a Health Care Assistant should go ahead. It was noted that this proposal was also not supported by the professional nursing bodies. It was suggested that it would be better to have a greater period of supervision for band five nurses and the Board stressed that the issue is about appropriate aptitude and selection processes.

The new commissioning changes happening at the beginning of April were noted and that 80% of budgets will now go through the clinical commissioning groups.

The Chief Executive met with the Chair of the Clinical Senate Council and it was noted that we have a good relationship with the commissioners which has been the result of work by Chelsea and Westminster senior staff over the years.

2.1 Finance Report Commentary – February 2013* **LB**

The Board agreed that the financial situation was a major success story. The financial risk rating and EBITDA of 12.9% is good.

2.2 Performance Report Commentary – February 2013 **DR**

The new draft style was noted and comments were welcomed. Part 1 will be high level and at each Board there will be a more detailed review of each area of quality – safety, effectiveness and patient and staff experience. The focus of this meeting was on patients and staff experience. It was noted that the introduction of the positive payroll system had decreased overpayments and improved the accuracy of our data for sickness. This may affect comparisons with other Trusts who may not have such accurate reporting.

The Board welcomed the new report although noted there was some work to do in clarifying figures and text and further feedback would be provided by some Directors.

Data on waiting times was welcomed and it suggested that there should be an in

depth focus on specific specialist areas to facilitate an incremental improvement. Another area to consider in some detail is the booking process. The problems in outpatients booking is partly system and partly IT and the problems with the outpatients scheduling were discussed. It was noted that a new cancellation system has been introduced and a new scheduling system has been agreed.

3.1 Assurance Committee Report – January and February 2013 **KN**

It was noted that there had been three Assurance Committee meetings since the last Board. Concern remains about health and safety. There has been progress but there is still a room for significant improvement and the speed of response to addressing issues is a concern. There were no specific issues of immediate concern but the reactive culture around health and safety needs to be addressed.

The other area of concern is mandatory training where it was agreed that a significant change in approach is required. The Executive are looking at how to deliver it in the best way but it must be seen as more important within the Trust. Linking training to pay increments was being considered.

3.3 NHS Staff Survey – Summary of Results **MG**

The key points were outlined. There were some positive areas, for example communication. It was confirmed that some of the lower scores regarding making a difference to patients were probably senior managers' groups e.g. Finance or HR where links to patient care is less clear.

A concern was expressed regarding bullying. It was noted that the new healthcare assistants feel very supported and are very positive but this group do not undertake appraisals as frequently as other groups. It was agreed that the response on hand washing is puzzling.

In the context of encouraging feedback from staff, an anonymous system of feedback in schools was described.

3.4 Strategy Update **APB**

This was noted.

3.5 Trust Budget and Business Plan 2013/14 **LB**

The Trust business plan was outlined. This is the first of three papers the Trust will be looking between now and May. The three year plan will be brought back.

It was noted that the basis for financial risk rating is changing. Monitor are consulting on a revise risk rating and the Trust has responded suggesting that the threshold is pitched too high.

It was confirmed that the Cost Improvement Programme (CIP) was the highest risk CIP to date and there is only confidence that 50% will be achieved currently.

It was questioned whether there was scope to increase turnover by 10% now in advance of a more significant impact expected as a result of the new commercial director appointment. It was agreed that this will be considered.

The Board approved the overall 2013/14 Income and Expenditure budget

and delegation of approval of final adjustments to the Finance Director and Chief Executive.

The Board approved the overall 2013/14 Capital Expenditure budget and delegation of approval of schemes within the overall capital budget to executive directors

The Board approved the recommendation to not renew the working capital Facility on its expiry on 31st October 2013, subject to review of the final risk assessment framework and review of the cashflow implications of the move from PCTs to CCGs.

The Board noted the remaining points outlined in the paper.

3.6 Policy and procedure for open Board meetings **CM**

There was a debate regarding open/closed minutes. It was agreed that the preferred approach is to have minutes which are useful and that they should not be circulated to the governors.

This will be discussed with the governors.

3.7 Chelsea and Westminster Hospital NHS Foundation Trust Constitution **CM**

The Board approved the changes to the constitution.

3.8 Audit Committee Annual Report 2012/13 **JB**

This was noted. In particular the Audit Committee highlighted the gap in assurance noted by the Assurance Committee.

It was also proposed that the Audit Committee that there should be review of clinical audit by internal audit looking at the quality of data, how it is scrutinised where it gets reported and how it is followed up. It was noted that the Assurance Committee will have a view.

The Medical Director and Chief Executive have already discussed an increased focus by the Medical Director on clinical effectiveness. It has been suggested that the clinical audit programme will be approved by the Audit Committee as for internal audit.

4 ITEMS FOR INFORMATION

4.1 Audit Committee Minutes – 31 January 2013 **JB**

This item was taken as read.

4.2 Assurance Committee Minutes – 28 January 2013 **KN**

This item was taken as read.

4.3 Finance & Investment Committee Minutes – 24 January and 21 February 2013 **CE**

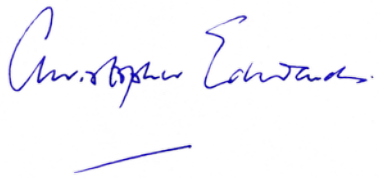
This item was taken as read.

5 ANY OTHER BUSINESS

6 DATE OF NEXT MEETING – 25 April 2013

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