

Board of Directors Meeting 26 January 2012
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	
	Prof Richard Kitney	RK	
	Sir Geoffrey Mulcahy	GM	
	Karin Norman	KN	
Executive Directors	Heather Lawrence	HL	Chief Executive
	Amanda Pritchard	AP	Deputy Chief Executive
	Lorraine Bewes	LB	Director of Finance
	Therese Davis	TD	Director of Nursing
	Mike Anderson	MA	Medical Director
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

There were no apologies received.

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 24 November 2011 CE

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

Minutes of the Away Day were circulated. These were approved with the exception that 'Medicines' should read 'Medicine'.

The franchising group was discussed and some concern expressed regarding whether 'franchising' was the right description. It was suggested that the group should take a wider perspective including looking at strengths and at integrated care.

The importance of the North West London 'Case for Change' in developing the Trust strategy was noted.

The Non-executive Directors were asked to consider keeping the whole day of the

Board free in order to facilitate the arranging of meetings.

It was noted that RK had circulated the document described.

It was agreed to consider the implications of the North West London document and to take forward the three groups as agreed. HL

1.4 Matters Arising CE

1.4/Nov/11 Matters Arising

3.8/Oct/11 Doughty House Options

Doughty House Options to be reported at future meeting. KN

3.9/Oct/11 Paediatric Burns Proposal - More information on impact of reallocation of capital on the IT strategy.

IT Strategy sub-group meeting to be arranged. HL

1.4.1 Sexual Health Tariff and impact LB

The assessment change to the tariff and impact of this was explained and that the concern was about the implementation rather than the principle. This area would still remain profitable, although the point was made that the Division should have plans in place to recover the loss.

The paper was noted.

1.5 Chairman's Report CE

A joint approach to the setting up of the AHSP has been suggested to Sir Richard Sykes covering three main areas; IT and telephony, Human Genomics (the UK genomics Strategy was published yesterday) and Local Education Training Boards (LETB).

1.6 Council of Governors Report including the Membership Report CE

This was noted.

BME groups continue to be under-represented.

1.7 Chief Executive's Report HL

The agreement with BAM was noted and confirmation that there would be no more payments. Visits to the new area will be arranged.

The work regarding the new switch gear was discussed and the success of managers, estates staff and clinicians working together. All work will be completed in March. This development is part of the strategic approach to savings which will be realised in 2012/13.

The central foetal monitoring system was noted to the Board, as foetal monitoring has previously been raised as a concern.

CE confirmed that he had written to Janette Steel, Head Teacher of the Chelsea Community Hospital School on behalf of the Board, congratulating her on the OBE.

2.1 Finance Report – December 2011 **LB**

The breaching of the Private Patient Cap was discussed and that despite the small breach it is considered material by Monitor. It will be assessed over a year rather than just one quarter and a way to manage it has been agreed with the auditors.

Whilst the Trust has been successful overall in achieving the CIP it was noted that Medicine have been unable to do so and is a focus of management.

2.2 Performance Report – December 2011 **AP**

It was noted that the target for C.difficile is 31 and there has been 14 to date. It is still included as a risk because of the winter months but we are confident we will achieve the target.

The additional activity being undertaken was noted and that this means an additional 258 patients being treated by the end of the year.

A new target for 2012/13 was noted which will ensure that there are no patients on the waiting list who have been waiting indefinitely due to an incomplete pathway.

It was confirmed that at the Chelsea and Westminster we do not have patients waiting a year but this needs to be validated. Appendix 1 of the supplementary papers provides the actual numbers, and it was noted that although we may wish to adjust the targets to increase our performance the commissioners will not fund it. It was confirmed that our medium wait time is 8.3 weeks.

The three mixed sex breaches noted were a specific incident rather than reflecting a problem.

The outbreak of diarrhoea and vomiting in the hospital was noted and that it was thought to be norovirus.

One of the wards is closed to admissions as per routine practice in cases of outbreaks. The earliest it is planned to open it fully is Monday and this means effectively that there are 15 beds out of action. There have been two small outbreaks but these have been contained. Norovirus is affecting both staff and patients.

3.1 Quality Awards* **CM**

The report was noted.

3.3 Low mortality – Dr Foster Hospital Guide **MA**

The key areas where we believe we have contributed to our good results were outlined including our priority objective to decrease waiting time for emergency surgery.

It was noted that there are lower death rates in teaching hospitals and that the excess deaths for patients admitted over the weekend did not apply to Chelsea and Westminster. This was thought to be due to the increased consultant cover which is gradually increasing in each speciality.

The study in Sheffield was described where there had been discussions with relatives and patients regarding their survival in only 20% of cases and it was felt that we should be more proactive in this area.

It was noted that we had demonstrated a decrease in cardiac arrest calls and more people had been put on the Liverpool Care pathway. The patient passport that had been previously discussed was noted.

The Board noted that work to understand contributions to safe care should continue.

3.4 Safeguarding Children Declaration 2011* **TD**

This item was starred and therefore not discussed.

3.5 Outpatient Department Survey* **TD**

This item was starred and noted for information.

3.6 Netherton Grove – update (provided in the CEO Report) **HL**

This item was noted for information.

3.7 Review of progress on strategic and corporate objectives **HL**

The Board noted the update.

3.7.1 Strategy Update **HL**

This was outlined and the issues were discussed.

It was agreed that the North West London document ‘Shaping Health in the Future’ would be circulated. Key points for discussion included the impact of disbanding of the SHA in April 2013 and the new commissioning structure. **HL**

Critical inter dependency mapping would help to understand the background and allow us to look at different scenarios.

3.7.2 Vision, Strategic Priorities, and Corporate Objectives 2012/13 **HL**

This was presented.

It was agreed that dementia should be specifically addressed under care of elderly and that more could be added in regarding the workforce generally.

It was suggested that integrated care models were more specifically addressed and agreed that more work would be undertaken on the section on the opportunities for growth. It was noted that there was no mentioning of opportunities from overseas work but it was confirmed that we do a lot of work overseas and this was not priority.

The role of volunteers should be considered.

Regarding the values outlined under section 1.3, it was agreed to review this once the values work was finished. It was confirmed that the focus groups working on

values would include doctors.

It was also agreed that the patient passport was very important specifically relating to relatives and carers etc and this should be built into the objectives.

There was a discussion regarding recruitment and the importance of an academic background and interest for clinicians.

Additions to the objectives as agreed at the Board.

HL

3.8 Academic Health Sciences Partnership

HL

This paper brings the Board up to date on progress including governance arrangements and funding.

3.9 First Cut Trust Financial Plan 2012/13 - 2014/15

LB

This was described as a very early view of the financial plan and set the background to a further paper coming in the next few months. The main message was that there is a very significant CIP over the next three years.

P.5 outlined the assumptions and P.7 outlined the detail on progress with the private patient cap.

It was explained that the flat year in 12-13 was because of Netherton Grove. Also the increased delivery of 1,000 births per year will take effect from then. It was confirmed that the capital had been refreshed and noted that we have always planned for minimum of a financial risk rating of 4 but we could plan for a lower level of surplus.

It is important to determine at what level of the CIP there would be no impact on patient experience.

This discussion highlighted that the only way for major change is system reengineering or technical investment and the capital programme would need to be more aggressive in order to do this.

It was noted that the investment in IT is significant (p.7). A financial risk rating of 3 is acceptable and it is becoming increasingly unusual for Trusts to be at a financial risk rating of 5.

It was confirmed that the financial risk rating is important because it impacts on how much we can borrow.

It was noted that this would be presented to the Board again.

3.10 Electronic Document Management Update*

AP

This was noted.

3.11 Proposal for shared IT and Telephony across the Fulham Road

LB

This has been considered by the Finance and Investment Committee and significant savings were noted. There would be a significant capital investment. The Finance and Investment Committee were supportive. It was confirmed that the Director of IT has been fully involved as well as the lead Non-executive Director for

IT, Professor Kitney.

The Board agreed that this was strategically in right direction. The recommendations outlined in the paper were agreed.

It was noted that the Head of Computer Sciences at Imperial may be interested in helping us and it was important to have sight of the arrangements where this has been implemented at other trusts. The need to consider the long term tax implications was highlighted.

The Board meetings of other Trusts are happening within a week of each other.

3.12 Diagnostics Centre Business Case **AP**

It was noted that the full business case was discussed at the Finance and Investment Committee and this paper required ratification by the Board.

It was confirmed that there was no shortfall in the capital requirement.

It was noted that the business case had been approved in principle previously and this paper provided the detail. There had been no changes from the previous paper.

Should personalised medicine develop we would have to review the space and that may not be something we do on site. We do have the clinic space in order to support personalised medicine.

3.13 Board meetings schedule for 2012 **CE**

This was agreed as well as delegation to other committees although it was confirmed that some papers would need to be ratified by the Board after the consideration by the Assurance Committee.

3.14 Nominations Committee Terms of Reference **CE**

It was confirmed that this was discussed at the Remuneration Committee and Non-executive Directors approved the proposal.

The Terms of Reference of the Nominations Committee were approved.

3.15 Assurance Framework Update Q3 **CM**

The main changes to the risks were noted.

3.16 Monitor In-Year Reporting & Monitoring Report Q3 **LB**

This was noted.

3.17 Risk Report Q3* **CM**

This item was starred and therefore taken as read.

3.18 Register of Seals Report Q3* **CM**

This item was starred and therefore taken as read.

- 3.19 Register of Interests Review*** **CE**
This item was starred and therefore taken as read.
- 3.20 Remuneration Committee Terms of Reference*** **CE**
This item was starred and therefore taken as read.
- 3.21 Open Day 2012 – proposal** **MAk**
This was noted.
- 4 ITEMS FOR INFORMATION**
- 4.1 Audit Committee Minutes – no meeting** **JB**
- 4.2 Finance & Investment Committee Minutes – 17 November and 22 December 2011** **CE**
This item was taken as read.
- 5 ANY OTHER BUSINESS**
None.
- 6 DATE OF NEXT MEETING – 23 February 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