

Board of Directors Meeting 29 March 2012
Extract of approved minutes

Time: 1pm

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 (from 4.30pm)	RK	
	Sir Geoffrey Mulcahy	GM	
	Karin Norman	KN	
Executive Directors	Heather Lawrence	HL	Chief Executive
	Amanda Pritchard	AP	Deputy Chief Executive
	David Radbourne (shadowing the Deputy Chief Executive)	DR	Chief Operating Officer
	Lorraine Bewes	LB	Director of Finance
	Therese Davis	TD	Director of Nursing
In attendance	Mike Anderson (until 4pm)	MA	Medical Director
	Catherine Mooney	CM	Director of Governance and Corporate Affairs
	Mark Gammage	MG	Director of Human Resources
	Bill Gordon (in part)	BG	Acting Director of IT

1 GENERAL BUSINESS

1.1 Welcome and Apologies for Absence CE

Apologies for late arrival 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 23 February 2012 CE

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

1.4 Matters Arising CE

Progress on these was noted.

1.5 Chairman's Report CE

The Academic Health Sciences Partnership is on track to go live in May 2012. The likely

name of the partnership is Imperial College Health Partners.

The recruitment process for the Chief Executive is under way and the members of the Appointments Committee were noted.

Professor Mike Levine, Consultant in Infectious Diseases, St. Mary's Hospital (Imperial Healthcare Trust) visited the Chelsea and Westminster Hospital recently and he was very impressed with the facilities. It has been suggested that he and their Clinical Director meet with their counterparts here to discuss joint working in paediatric medicine and surgery.

It was noted that the Foundation Trust Network (FTN) is now independent from the NHS Confederation and we will not continue to be a member of the NHS Confederation.

The changes in NHS London as a result of the new Health and Social Care Act were outlined and how the roles of the current SHA would be changed, for example the management of the Deanery to be devolved to the Local Education and Training Boards (LETBs). The GP commissioners will be accountable to the London Commissioning Board and the new body will also manage non Foundation Trusts.

Clinical Commissioning Groups will be authorised throughout the summer in preparation to start next year. They are small organisations of about 20 people and will commission jointly where possible. It was confirmed that the NWL work would continue.

It is still not clear what the flexibility is relating to the Private Patient Cap and advice has been sought from Monitor. It was noted that this could lead to a fundamental change in a way the Trust operates and there was some discussion on how it can be used to the advantage of patients and the Trust. Long term private patient options are being considered. It was noted that there may be the limited opportunity to take advantage of the private patient cap increase for political reasons.

The Chairman recorded special thanks to Therese Davis for the good response from the Care Quality Commission following the unannounced visit and for the infrastructure undertaken over the past 6 months. He asked TD to convey many thanks to those involved in both of these areas.

1.6 Council of Governors Report

CE

This outlined the issues discussed at the Council of Governors meeting on 9 February and updates where appropriate.

An excellent presentation by Dr Sarah Cox was noted. Also of note was the indication that some governors wished to speak directly to patients more than they have been doing. Some governors are already taking the opportunity to speak to patients and such opportunities need to be made clear to the governors so they feel able to do this if they wish.

1.7 Chief Executive's Report

HL

The excellent Monitor rating was noted of 5 for financial risk and green for governance and that not many foundation trusts are in this position.

The Health and Social Care Bill had previously been discussed under the Chairman's report.

The NWL reconfiguration was discussed and the different Service Delivery Models (SDM) were outlined. It was emphasised that the choice was between SMD1 or SMD3 and if we are not an SDM3 many services will be lost. The importance of the decision as to which Trust has the A&E was emphasised. The probability of the A&E services coming to the Chelsea and Westminster is high but this will place considerable pressure on us re capacity.

The importance of out of hospital care was emphasised and the possibility of considering whether the treatment centre should be run privately. The importance of the purchase of Doughty House property was noted.

3.3 Strategic priorities and scenario modelling

The Board agreed to consider item 3.3. strategic priorities and scenario modelling at this stage.

Chief Executive's Report continued

The good results of the staff survey were noted. However, this does not appear to be reflected in the inpatient survey.

The CQC report was very positive and they noted that both staff and patients were happy. The work around values was described and how this will help improve the staff patient survey.

It was agreed to investigate further the 20% of staff who said they would not refer this hospital to their relatives. It was pointed out that this could simply be a matter of geography i.e. staff who live a long way away.

It was noted that the correct term in section 7.1 is termination rather than medical miscarriage.

Other items on the Chief Executive's Report were noted.

Further information on the staff survey to be provided.

MG

2 PERFORMANCE

2.1 Finance Report – February 2012

LB

Finances are still on track. The Audit Committee discussions with external and internal Audit were highlighted which confirmed that at this stage the assurance processes for end of year reporting were set up. The Chairman congratulated the Executive on this excellent performance.

2.2 Performance Report – February 2012

AP

The performance improvement in the A&E was noted and credit was given to the A&E staff and the rest of the hospital for this excellent performance. This is expected to be sustained. A complication arises from the different computer systems in use between the Urgent Care Centre and A&E which affects the ability to have an overview. IT are working on an interface to resolve this.

An error in the figures for referral to treatment times was noted and will be corrected.

It was noted that the complaints response time is not meeting the target. However, reopened complaints have decreased from 10% to 4% so although we are slower our ability to respond appropriately is improving. It was also noted that the Ombudsman has not upheld any complaints.

The processes around patients who 'do not attend' was described to the Board.

The Board was concerned about the high volume of indicators that the Trust is expected to measure and emphasised their commitment to support any influencing of these targets. It was suggested that the FTN was the place to help highlight these issues. The development of local performance indicators within specialities was described.

3 ITEMS FOR DECISION/APPROVAL

3.1 Assurance Committee Report – February 2012*

CM

The report was starred and therefore taken as read.

3.3 Strategic priorities and scenario modelling

HL

This item was discussed under the Chief Executive's Report.

3.5 Trust Values

TD/MG

The process and outcome was noted. The Board also discussed an additional paper provided to the Board. Values champions were described and how these were the opportunities to create communities and share the interest. The importance of work examples was emphasised and a model of sharing experiences.

The Board agreed to the values as described with 'compassionate' being replaced with 'kind'.

It was confirmed the Divisional Medical Directors need to be committed to this process as well as a bottom up approach.

The need for slightly different value statements within professions was described and the importance of making them personal in order to work. It was noted that groups will be set up to work this through by the end of June. Values and behaviors could also be linked to national professional standards.

3.6 Trust Budget and Business Plan 2012/13

LB

It was noted that contrary to usual practice for a paper on the Trust budget and business plan a very detailed report had been provided for continuity purposes. This was in three parts.

Part one outlined the commissioner negotiations update, part two was the formal devolvement which is required to be authorised by the Board and part three was the summary of business plans for each of the divisions and corporate areas.

The current gap of £18.5million was noted and the main contributing factors described. The Trust is planning for £140million income and this is unaffected by the gap in contract negotiations. It is still the view of the executive that a £16m CIP should be planned for, much of this has been identified but the level of risk is higher than previous years.

Within the £16million the Trust has achieved 4% Gershon savings and the balance is mainly income generation. Formal budget were noted on p.20 and appendix 4. The overall plan is to achieve a CIP of 8% of controllable cost against 6% of overall income.

It was noted that there is a shortfall of £700k on the EDM capital.

The Board was asked to delegate the management of the schemes outlined on p.22 to the Executive.

The Board approved the delegation of the 2012/13 income and expenditure and capital budget.

3.7 Single Sex Accommodation Declaration TD

This was approved.

3.10 Trust Annual Report Process Content and Design HL

This was agreed. The design which had been developed for the Quality Account and which would be used for Annual Report was demonstrated to the Board.

The point was made that the Quality report needs to be developed in conjunction with the Council of Governors and other stakeholders, but it nevertheless remains the Trust Report. The Annual Report is also the Trust Report. The importance of making a document attractive and readable was emphasised.

3.11 Monitor Code of Governance Compliance CM

The areas of partial compliance were described and the reasons why these were partially compliant. It was agreed that these would not be declared in the Annual Report.

The areas of non-compliance were agreed and the paragraph to be inserted in the Annual Report was agreed.

3.12 Third Party Stakeholder Schedule* CM

This item was starred and therefore taken as read.

4 ITEMS FOR INFORMATION

4.1 Register of Interest CE

This item was taken as read.

4.2 Audit Committee Minutes – 31 January 2012 JB

This item was taken as read.

4.3 Assurance Committee Minutes – 27 February 2012 KN

This item was taken as read.

4.4 Finance and Investment Committee Minutes – no meeting CE

5 ANY OTHER BUSINESS

None.

6 DATE OF NEXT MEETING – 26 April 2012

The Chairman recorded thanks to Amanda Prichard, Deputy Chief Executive who attended her last Board. He expressed delight in the way she has contributed to the Board, to the very happy Executive Team and in the way she worked so well with the Chief Executive. He said how much the Board had enjoyed working with her.

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