

**Board of Directors Meeting 14 February 2013 (January Board)  
Extract of approved minutes**

Time: 12 noon

Location: Chelsea and Westminster Hospital NHS Foundation Trust - Boardroom

**Present**

<b>Non-Executive Directors</b>	Prof. Sir Christopher Edwards	CE	Chairman
	Prof Richard Kitney	RK	
	Karin Norman	KN	
	Sir Geoffrey Mulcahy	GM	
<b>Executive Directors</b>	Tony Bell	TB	Chief Executive
	Lorraine Bewes	LB	Director of Finance
	Therese Davis	TD	Director of Nursing
	<b>In attendance</b> Catherine Mooney	CM	Director of Governance and Corporate Affairs
	Mark Gammage	MG	Director of Human Resources
	Debbie Richards (in part for item 2.2)	DR	Divisional Director of Operations Medicine and Surgery
	Jen Allan (in part for item 2.2)	JA	Head of Performance Improvement
	Fleur Hansen	FH	General Manager for the CEO

**1 GENERAL BUSINESS**

**1.1 Welcome and Apologies for Absence CE**

Apologies were received from Dr Mike Anderson, Sir John Baker, Jeremy Loyd and David Radbourne.

Thanks were recorded to Nicholas from Tray Gourmet for lunch.

CE apologised for changing the date of the meeting due to technical difficulties.

**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 29 November 2012 CE**

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

- p.1 section 1.4 Matters Arising, 3<sup>rd</sup> line change 'Academic Health Sciences Network (AHSN)' to 'Academic Health Science Partnership (AHSP)' and insert 'Imperial College Health Partners (IHP),'
- p.1 section 1.4 Matters Arising, 5<sup>th</sup> line change 'AHSN' to 'IHP'.
- p.2 section 1.4 Matters Arising, 1<sup>st</sup> line change 'Network' to 'Partnership'.

- p.3 section 2.1 Finance Report last sentence should read: 'A meeting with Total (gas supplier) had happened at which the credit was agreed.'
- p.4, section 2.2 Performance Report, line 10, insert 'lack of' before 'cleanliness on the maternity wards'. It was agreed that this needed to be followed up.

**TD to report on cleanliness on the maternity wards at the next meeting.**

**TD**

#### **1.4 Matters Arising**

**CE**

Ref. Reviewing Directors' indemnity arrangements to assess whether we have sufficient coverage – specifically indemnity arrangements for the Chief Executive as part of the Academic Health Sciences Network (AHSN)

It was confirmed that this is being addressed by the Academic Health Sciences Partnership (AHSP).

3.11/Oct/12 Revised finance paper

This will be presented at the next Finance and Investment Committee.

#### **1.5 Chairman's Report**

**CE**

The simulation workshop run by ICHP was described and noted to be a good and helpful exercise. A further session is scheduled to consider the lessons learned.

DK left at 1.35pm.

GM left at 2pm.

#### **1.6 Chief Executive's Report**

**TB**

Francis Report

This will be scheduled for the next meeting to discuss in more detail. The issue of accountability of the Board and governors was raised, particularly when the centre is determining strategy and budgets and how they can both be held accountable for the consequences.

The Department of Health response is awaited. A strategy for discussion with the governors is required. The issues include how the organisation is run, liability for the Board of Directors and assurance to the Board.

The question of whether the Board has a mechanism to provide adequate access to what is happening on the 'shop floor' was discussed – a 'Board to ward and ward to Board' approach. This also applies to the Council of Governors and it may mean that open access for governors to clinical areas should be provided. The importance of ensuring governors are linked into their constituencies was also noted.

#### **1.7 Council of Governors Report including the Membership Report\***

**CE**

This paper was starred and therefore taken as read.

#### **2.1 Finance Report – December 2012**

**LB**

The key points were highlighted. There has been a £200k decrease in month and the Trust is £900k behind plan YTD. The main cause for the decreased

performance is elective work and outpatients. In future planning, the Christmas period needs to be taken into account.

The commissioners want to take £5.6m via the quality, innovation, productivity and prevention (QUIPP) initiatives. The contract agreement process is behind compared with last year.

CIPs are fully achieved for 12/13, with 100% achievement reported last month and 45% of next year's CIP has been identified.

## **2.2 Performance Report – December 2012**

Debbie Richards, Divisional Director of Operations Medicine and Surgery attended for David Radbourne.

Chelsea and Westminster is the only trust in England to achieve the 98% target in A&E in Q3. Nationwide there has been a drop in achieving the 98% target for A&E. In Q4 all performance indicators are showing good progress towards achievement of the CQUINs. Patient experience and end of life care CQUINs have been achieved.

TD confirmed that maternity were not getting worse. She noted that rounding is now taking place in all Medicine and Surgery wards. The patient experience report has been changed and will include patient feedback.

It was noted that there were three concerns raised about privacy and dignity but there is no actions recorded and this should be done. Although there is still concern about complaints relating to over 75s the trend is downwards. It was noted that incidents and complaints do not go on staff records currently but are on Datix. A report of claims, complaints and incidents is prepared for doctors undergoing revalidation. For other staff the link to trends of staff being involved in complaints and incidents is informal. For example, the complaints team do log names and are very proactive in identifying previous complaints.

## **3.1 Assurance Committee Report – November 2012**

The main points highlighted were the involvement of Setters in the St. Stephens incident, the focus on never events and the situation with recording incidence of VTE.

Good work is being done on implementing rounding and on dementia.

## **3.2 Report on Serious Incident CM**

This was noted

## **3.3 Quality Awards\* CM**

This paper was starred and therefore taken as read.

## **3.4 Safeguarding Children Declaration 2012\* TD**

This paper was starred and therefore taken as read.

## **3.5 Clinical Excellence Awards\* MG**

This paper was starred and therefore taken as read.

**3.6 Francis Inquiry Report** **APB**

This will come back to the next meeting.

**3.7 A Framework for Senior Team Members, Non-Executives and Governors to undertake visits to clinical areas** **TD**

This paper is also on the Council of Governors agenda. The senior nurses are there to support people because it can be daunting to go in to clinical areas alone. However, it was noted that it will be important for directors and governors to get to know the ward and staff and have the ability to talk to patients without feeling supervised by staff. Each person will feed back to senior nurses and the Non-executive Directors will tell the stories at the Board.

The point about regulatory input with doctors was raised. How do doctors raise concerns? They meet with unions but it is important to ensure that there are systems in place and that they do not need to use whistleblowing. It was noted that 'ward to Board' was more preferable to 'Board to ward'.

**3.8 Review of Strategic Objectives, Board Assurance Framework Report and Risk Report Q3** **APB**

The risks were noted and in particular that the red risk relating to the loss of A&E has been mitigated.

**3.9 Strategy Development – Clinical Summit** **APB/AH**

This was agreed to be a useful summary of a helpful day.

It was noted that there was a great deal of discussion about several important areas and the question is how we take this forward. Discussions with the specialities are now taking place and the challenge is to get them to think more than a year ahead as planning ahead for 5-10 years is an unfamiliar process.

Regarding keeping in touch with innovations and any relevant work undertaken by the Charity, it was noted that we meet frequently with them and are well informed.

**3.11 Financial and Capital Plans for 'Shaping a Healthier Future' (SaHF) Reconfiguration** **LB**

It was agreed that it is important to ensure that the Board is sighted on the key financial aspects for SaHF. There is still work to be done on our plans. It is now expected that all trusts will be undertaking a process for preparing an outline business case (OBC) for April 2013 to be completed in January 2014.

It was noted that the Chelsea and Westminster build needs to be aligned with St Mary's otherwise there is not enough decant space.

The business case for local hospitals alternative options will be more costly. Early plan suggests buildings need to be six times larger.

	<b>It was agreed it would be helpful if this paper came to a future Board to have the opportunity to debate further.</b>	<b>LB</b>
<b>3.12</b>	<b>Notes from 13 December Away Day and next steps</b>	<b>CM</b>
	It was raised that the Council of Governors would like to meet with the Board informally but it was emphasised that this must be done formally.	
<b>3.13</b>	<b>Register of Seals Report Q3*</b>	<b>CM</b>
	This paper was starred and therefore taken as read.	
<b>3.14</b>	<b>Register of Interests Review</b>	<b>CE</b>
	This is to be updated.	
<b>3.15</b>	<b>Remuneration Committee Terms of Reference*</b>	<b>CE</b>
	It was noted that the Non-executive Directors do not input into the Executive Directors appraisal in any formal way and this needs to be considered. It was also noted that there may be implications from the Francis Report. This will be considered in the next review of the terms of reference.	
	<b>The terms of reference were approved.</b>	
<b>3.16</b>	<b>Open Day 2013 - proposal</b>	<b>KD-D</b>
	The paper was noted.	
<b>3.17</b>	<b>Trust Annual Report Process</b>	<b>APB</b>
	It was agreed that the Non-executive Directors need to be involved earlier in the planning of content.	
<b>3.18</b>	<b>35 Dean Street Lease</b>	<b>LB</b>
	The lease for premises for the operation of the Dean Street Express was approved by the Board.	
<b>4</b>	<b>ITEMS FOR INFORMATION</b>	
<b>4.1</b>	<b>Audit Committee Minutes – no minutes available</b>	<b>JB</b>
	This item was taken as read.	
<b>4.2</b>	<b>Assurance Committee Minutes – no meeting</b>	<b>KN</b>
	This item was taken as read.	
<b>4.3</b>	<b>Finance &amp; Investment Committee Minutes – 22 November final and 20 December 2012 draft</b>	<b>CE</b>
	This item was taken as read.	
<b>5</b>	<b>ANY OTHER BUSINESS</b>	

**6 DATE OF NEXT MEETING – 28 March 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**