Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting 27 September 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			
	Tony Bell	TB	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
	Helen Elkington for item 3.6	HE	Head of Estates & Facilities
	Simon Eccles for item 3.12	SE	Consultant Paediatrician
	Robert Hodgkiss for item 3.12	RH	Divisional Director of Operations Division of Women's, Neonates, Children's and Young People, HIV/GUM and Dermatology Services

1 GENERAL BUSINESS

1.1 Welcome and Apologies for Absence — CE

None.

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 26 July 2012 — CE

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

- The minute regarding the health and safety consultant to be clarified to reflect that the need to be more proactive and that our health and safety advisor is a consultant are not linked. The emphasis was on the danger of externalising health and safety and there was no comment on the

individual personally.

1.4 Matters arising **CE**

The Chairman noted the impact of the Olympics cycle race which resulted in 40 empty beds and cost the Trust a significant amount of money.

It was noted that Marcia Saunders has been appointed as Chairman of NWL Local Education and Training Board (LETB).

It was noted that further cleaning had taken place outside the hospital but it was considered that this might not be frequent enough. It was noted that if the plans for A&E development involve access through the front this would have a significant impact on the front of the hospital.

1.5 Chairman's Report **CE**

It was reported that the Interim Director of Operations and the Chairman had been to the Hammersmith and Fulham Scrutiny Committee meeting relating to the NWL 'Shaping a Healthier Future' consultation. There was some criticism of the Trust for spending money on the campaign.

The potential future of Charing Cross Hospital was discussed and the implications for the Trust. The news that West Middlesex Hospital had been instructed to seek a partner was also noted.

There was a considerable discussion about the need for a vision of what the Trust wants to deliver and a strategy that focuses on what is best for patients. The strategy needs to take into account demographics, be flexible and attempt to break down barriers between community and hospital care. Once the strategy is defined the Trust will be in a better position to consider the options available.

It was noted that there are 24% single handed GPs in London, most of which are in deprived areas of London and an integrated healthcare organisation is key. The strategy has to be clinician led and supported by a process.

The executive team will be discussing shortly what needs to take place to move forward. It is important to integrate what is known now, with future plans e.g. outcome of the consultation and the abolishment of the Strategic Health Authority. The need to be proactive rather than reactive was emphasised. The strategy needs to be sufficiently high level and start with strategic choices. It was anticipated that in three months these choices could be identified. The principles would be to have an 'end to end' organisation and to be preventative as well as curative. It is anticipated that there would be two to three options so that there could be an informed view on what health care models we wish to pursue.

It was agreed that a plan and timetable for development of the strategy would be outlined at the next Board meeting. **TB**

It was confirmed that the NWL consultation would finish on 8 October with feedback in early January 2013.

1.6 Chief Executive's Report **TB**

Regarding the utilities contract it was reported that the Trust is now on the new

contract and advice is being taken from an energy expert regarding the process. The other question being considered is the dramatic increase in price.

Of particular note was the Trust award for top employers for working families.

2 PERFORMANCE

2.1 Finance Report – August 2012 LB

The key points were outlined.

2.2 Performance report – August 2012 DR

The key points were outlined.

The Board discussed the approach to improving access outlined in paper 2.2.1 and commended the paper.

The importance of communication with GPs was emphasised and looking at Choose and Book from a GP perspective as it can then be clear why it might be difficult to select this Trust. Data is publicly available on Dr Foster and it is important to be aware of that.

It was confirmed that non elective waiting times will also be reviewed.

3 ITEMS FOR DECISION/APPROVAL

3.1 Assurance Committee Report – July 2012 RK

An error was noted under 3.4 Health and Safety Report final paragraph where HSE should read HSC for Health and Safety Committee.

The last two meetings of the Assurance Committee have been more focused on identifying the key issues of concern and this was acknowledged to be a good trend. The challenge of ensuring that the right information is brought to the attention of the Non-executive Directors was noted.

The importance of understanding systems and auditing processes was noted and that the Assurance Committee (and hence the Board) needs to be more aware of the areas that the Executives are working on, and would like to see more key performance indicators.

Regarding the workforce report, the number of appeals against dismissal was noted and it was questioned whether this was a recruitment issue and to what extent assessment centres are used. It was noted that increasingly mechanisms other than interviews are being used. However, it is important to be critical of people we employ and a contributing factor is diligence in picking up and addressing problems.

3.3 Quality Awards* CM

This item was starred and therefore taken as read.

3.4 Quality in the new health system (National Quality Board) CM

This paper was noted and that it was draft subject to the outcome of the Francis Enquiry Report.

3.5 Shaping a Healthier Future – Trust Communications & Engagement Plan update **MA**

The consultation meeting held at Ealing was reported on and it was noted that the level of political opposition was immense. The Ridout Report which accepts the case for change was noted at the meeting.

The need to send a letter from the Trust Board regarding the consultation was noted. A draft letter was circulated and further additions were suggested. The Board agreed that comments would be sent to the Chief Executive for collation. **All**

3.6 Estate Strategy – presentation and discussion **TD**

The Board was reminded of the three main Estates development scenarios presented at the last Board and the potential plans to expand A&E. This would involve relocation of some other areas, for example the fracture clinic, antenatal and children's outpatients. It was emphasised that plans are illustrative of what can be achieved and practicalities have not been considered.

It was noted that the post office lease expires in 2014. **It was agreed to pursue the option to acquire that area.**

It was also agreed that the plans for A&E should be included in the consultation letter to ensure that it is clear we have a picture of the space and we have a model which allows an increase of 80 beds. Other important issues are that the national recommendation for the number of consultants in A&E is 10 and we exceed that. We need to use the paediatric development to demonstrate the quality we could achieve and to note that we have £6m in the capital plan for the A&E development and ward reconfiguration. **To include the above points in the response to the NWL consultation.** **TB**

It was noted that there would be short term improvements in A&E and the plans will be available at the end of November.

3.7 Constitution changes required by the Health and Social Care Act 2012 – to come into effect on 1 October 2012* **CM**

This item was starred and therefore taken as read.

3.8 Constitution Review – other changes required by the Health and Social Care Act 2012 **CM**

This was noted and it was emphasised that this referred to non NHS income not just private. It is currently £12m and we plan another £12m of income. The importance of the governors understanding the benefit of private income to the NHS was stressed.

3.9 Proposal for open Board meetings

The options presented in the paper were discussed. The preferred option was to have open Board meetings alternating with the strategy meetings which would not

be Board meetings i.e every other month there would be a Board meeting with an open and closed session.

It was noted that strategy needs to be discussed with the governors at the Away Day.

3.10 Risk Management Strategy and Policy 2012/13* **TB**

This item was starred and therefore taken as read.

3.11 Health and Safety Policy 2012/13 **TD**

It was clarified that the Health and Safety Policy in future will be approved by the Audit Committee at the same time as the Risk Management Strategy and Policy but in this case the Board is being asked to approve it.

It was confirmed that senior staff have had a letter emphasising the importance of the Health and Safety Policy and their responsibilities. Representatives from across the Trust are members of the Health and Safety Committee.

The importance of having channels for issues regarding health and safety to be raised at the Board was emphasised. It was noted that accountability is outlined in red at the flow chart at the back of the policy and that serious incidents are escalated and brought to the attention of the Board.

3.12 Business Case – Consultant Delivered Service for Acute Paediatrics **MA**

Rob Hodgkiss Divisional Director of Operations Division of Women's, Neonates, Children's and Young People, HIV/GUM and Dermatology Services and Simon Eccles, Consultant Paediatrician attended for this item.

The purpose of the paper was outlined and the cost implications. It was confirmed that there is a sufficiently good market of consultants and this will provide excellent training experience. It would not be a role for life but more a job that will attract consultants who will stay for several years. It may also attract women through part time posts. It was suggested that the new appointments would be phased in.

The paper had not noted the benefits which are expected to include an increase in the number of patients admitted for less than 24 hrs and a decrease in admissions.

Regarding where the consultants will be based this will have to be flexible. The cost of secretarial support is not included and this will have to be found from the decrease in administrative staff as part of Big Hand i.e. redeployment.

It was emphasised that the CQUIN target is 75% patients being seen within 12 hours and 15% being seen within 12 hours at the weekend, whereas the standard we are working to is all patients within 12 hours. It was also noted that this is the end point rather than the mean and most patients will be seen before 12 hours.

Caution was expressed over using the term 'junior consultant', Although it is recognised that there are some posts that doctors will do early in their carers and some that they will do later. This needs to be treated carefully in the public domain. The costs around administration were not clear and additional PA cost are not included. It was confirmed that there are no income consequences currently

but this will avoid extra cost if we do expand.

Regarding whether we could set ourselves a target less than 12 hours it was not clear if there will be extra cost associated with this It was suggested that the target of less than 12 hours would be better expressed differently for example to reflect the distribution curve i.e that many patients would be seen in a much shorter time and only a few patients will be seen up to 12 hours.

The Board approved the business case.

4 ITEMS FOR INFORMATION

4.1 Audit Committee Minutes – no meeting JB

4.2 Assurance Committee Minutes – July 2012 RK

This item was taken as read.

4.3 Finance & Investment Committee Minutes – no meeting CE

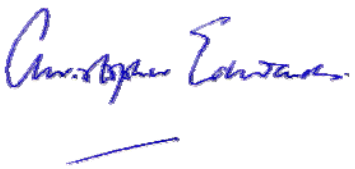
5 ANY OTHER BUSINESS

None.

6 DATE OF NEXT MEETING – 25 October 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