Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting 29 November 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	
	Prof Richard Kitney	RK	
	Jeremy Loyd	JL	
	Karin Norman	KN	
	Sir Geoffrey Mulcahy	GM	
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

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 27 September 2012 — CE

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

1.4 Matters arising — CE

Ref. Reviewing Directors' indemnity arrangements to assess whether we have sufficient coverage
It was reported that we have reviewed activities which we were not doing when we first become a Foundation Trust and have checked insurance arrangements. A potential issue is that the Chief Executive sits on the Board of the Academic Health Science Partnership (AHSP), Imperial College Health Partners (ICHP) and extra cover may be required for that. However, this may have been addressed by the AHSP Board.

There appears to be nothing in the Health and Social Care Act 2012 in itself which creates a new exposure.

To confirm indemnity arrangements for the Chief Executive as part of the Academic Health Sciences Partnership (AHSP). **LB**

1.7/Oct/12 Chief Executive Report

The press statement was sent to the Board as requested. It was noted that there was further publicity on the same topic at the weekend. Potential actions regarding the individuals involved were discussed.

3.3/Oct/12 NWL Collaboration of CCGs Strategic Commissioning Intentions for 2013/14

Some further information has been provided.

3.11/Oct/12 Proposed Board meeting dates for 2013

It was noted that there would be more discussions around this at the Away Day including a debate on interaction between the Board and governors and the rules of engagement. It was agreed after some discussion that the order of the meeting should be the closed session followed by the open session, rather than open followed by closed as previously agreed.

To advise governors. **CM**

The issue of circulation of papers for open vs. closed meetings will be covered in the Trust Standing Orders.

It was agreed that the current paper to the Board on finance is too detailed and it was more appropriate for the Finance and Investment Committee. A more high level report would be produced for the Board. A draft on this would be circulated.

LB to circulate proposal for a revised finance Board paper. **LB**

It was agreed that open Board meeting papers would be published on the internet. The possibility of another room being required for open Board meetings was discussed and this will be reviewed again once it is clearer what the level of attendance will be.

1.5 Chairman's Report **CE**

CE reported on a meeting with clinicians from St Mary's regarding paediatrics and also on discussions with the Royal Brompton Hospital.

1.6 Chief Executive's Report **TB**

There was no Chief Executive's written report.

Attendance at the public meeting on 'Shaping a Healthier Future' was reported. About 200 people attended. The panel consisted of NHS London, Ipsos MORI who conducted the survey and the Commissioning Group leads, and a number of staff from the Trust attended.

The strength of public feeling against some of the proposals in the consultation was noted at the meeting. NHS London and CCG leads are now to work on actions to be taken following the meeting. It is likely that there will be a decision made in February. Option A was supported and also the option of no change. Alternative options were not suggested.

A concern was expressed around the public's perception about emergency care. It was not well known that 75% patients could be seen in an Urgent Care Centre (UCC). It was noted that one of the work streams from the consultation is a description of how each UCC works. Currently there are 9 UCCs with 9 different models.

2.1 Finance Report – October 2012 **LB**

The key points were outlined. The major recovery challenge following the decrease in the summer is in Women and Children's. A robust plan is now in place. There are issues regarding middle management and the clinician lead. A senior nurse has been seconded and the clinician lead has been changed. Assurance was provided that plans were in place although the full deficit will not be recovered. Other Divisions have confirmed their ability to recover.

The capital expenditure was questioned. £5.5m has been spent in 7 months and the question was whether we could spend £34m in 5 months.

The slippage on the capital was noted, and that an element of this is that a significant part of the paediatric project completion is outstanding.

2.2 Performance Report – October 2012 **DR**

Performance remains strong and a number of areas have moved from red to green including choose and book availability.

There is some dispute around GP real time communication following a meeting with commissioners yesterday. They identified that they would like a system that fully integrates with GPs. However, the contract relates to electronic delivery which we believe we have met.

It was noted that the update on the patient experience on p.3 does not cover multi-professional communication. It was confirmed that values work has been undertaken with teams and more real time feedback is now in place. Some individuals presented with complaints do recognise how their behavior might impact upon patients and others do not. It was agreed that there will be less specific information in future reports that may be presented at an open meeting as there is a risk of patients being identified. It was confirmed that this part of the report was being redesigned. The perception of lack of cleanliness on the maternity ward comes up frequently and this is being closely monitored.

3.1 Strategy **TB**

Discussions at the strategy meeting were noted.

3.2 Assurance Committee Report – October 2012 **KN**

The key issues were noted to be health and safety and never events. Since this report there has been further discussion on health and safety.

It was noted that the health and safety paper produced for the last Assurance Committee was an excellent report. The picture painted was not a happy one but the openness was valued by the Non-executive Directors and this particular approach was welcomed.

Further important areas were emphasised including a continued focus on mandatory training and preventing never events.

3.4 Remuneration Committee Report

This was noted.

3.5 Standing Orders*

This item was taken as read.

3.6 Standing Financial Instructions*

This item was taken as read.

3.7 Reservation of Powers to the Board and Scheme of Delegation*

This item was taken as read.

4 ITEMS FOR INFORMATION

4.1 Audit Committee Minutes – 18 October 2012 **JB**

This item was taken as read.

4.2 Assurance Committee Minutes – 22 October 2012 **KN**

This item was taken as read.

4.3 Finance & Investment Committee Minutes – 16 October 2012 **CE**

This item was taken as read.

5 ANY OTHER BUSINESS

It was noted that this was Dr Anderson's last meeting and gratitude was expressed from the Board for his contribution. The Board agreed that his contribution was very valuable and he will be missed.

A TV programme had focused on a CT scanner in A&E in Kings and the question was raised of the value of this for C&W. It was noted that Kings was a major trauma centre so it more applicable to have a CT scanner in A&E. Currently we run two CT scanners next to each other which is very efficient. If one was put in A&E there would be an increase in cost although the benefit to patents in A&E would increase. If we were to have a third CT scanner we may put it in A&E.

It was confirmed that there are plans for refurbishment of A&E this year and the importance of doing this as part of 'Shaping a Healthier Future.

6 DATE OF NEXT MEETING – 31 January 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

Christopher Edwards

Prof. Sir Christopher Edwards
Chairman