

**Board of Directors Meeting 25 October 2012**  
**Extract of approved minutes**

Time: 1pm

Location: Chelsea and Westminster Hospital NHS Foundation Trust - Boardroom

**Present**

<b>Non-Executive Directors</b>	Prof. Sir Christopher Edwards	CE	Chairman
	Sir John Baker	JB	
	Jeremy Loyd	JL	
	Prof Richard Kitney	RK	
	Karin Norman	KN	
	Sir Geoffrey Mulcahy	GM	
<b>Executive Directors</b>	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
	<b>In attendance</b> Catherine Mooney	CM	Director of Governance and Corporate Affairs
	Mark Gammage	MG	Director of Human Resources
	Ray Tarling (in part)	RT	Adviser, Health Advisory Service, DAC Beachcroft LLP

**A Workshop on Implications of the Health and Social Care Act 2012**

The Board received a presentation from Ray Tarling, on the implications of the Health and Social Care Act 2012.

It was noted that there were specific areas for the Board of Directors to consider and specific areas which were best discussed jointly with the governors and there would be an opportunity to do this at the joint Away Day.

It was agreed that the best approach was to avoid confrontation and work with the governors from an early stage.

[Review Directors' indemnity arrangements to assess whether we have sufficient coverage.](#) LB

- 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 with the following exception:

KN was present.

To be noted that we had agreed to seek a period of exclusivity regarding negotiations over Doughty House.

**1.4 Matters arising CE**

1.4/Sep/12 Matters arising

An update on the Electronic Document Management Project was provided in the Chief Executive's Report.

1.5/Sep/12 Chairman's Report

**It was agreed that an extraordinary meeting would take place on 29 November in the morning to discuss the options for the strategy.**

It was noted that the Trust will make an expression of interest regarding the West Middlesex Hospital.

3.5/Sep/12 Shaping a Healthier Future – Trust Communications & Engagement Plan update

The final letter was completed as outlined.

3.6/Sep/12 Estate Strategy – presentation and discussion

It was noted that the Trust's plans for A&E were included in the response to the NWL consultation.

**1.5 Council of Governors Report CE**

This item was noted.

**1.6 Chairman's Report CE**

The Chairman attended the meeting of Chairs in London last week. There was some discussion of the views of Sir Richard Sykes and the future of the Charing Cross Hospital.

**1.7 Chief Executive Report TB**

A few items were highlighted in particular.

It was noted that, in future, any statements that are issued to the press from the Trust will be sent to the governors for information. It was agreed that the distribution list for the Board and governors would be sent separately. It was unfortunate that the impression was given that the incident relating to the Liverpool Care Pathway was recent but it was some time ago and measures had been put in place to avoid a similar occurrence. It was acknowledged that the issues were genuine and our communication could have been better. This is occurring in an environment of campaigning against the LCP by the press. However, the Chief Executive had received a letter from a patient outlining a very positive experience

that her family had had in relation to the Liverpool Care Pathway.

The Board discussed the covert filming and it was confirmed that it is not Trust policy to give preferential treatment to private patients at the detriment to NHS patients. The key issue is the rota and if a consultant is covering NHS and private simultaneously there is a potential conflict. The producer of the programme had written with a series of questions and two press statements have been prepared in response (regarding private practice and the individual case referenced). In relation to the two consultants, this is being investigated using the disciplinary process. A communication plan is in place which will be initiated within 48hrs prior to the programme and which includes briefing staff.

**The press statements to be sent to the Board for information.**

**MA**

**2.1 Finance Report – September 2012**

**LB**

The key points were outlined. It was noted that the issues with the utilities contract had also occurred with other trusts. It was explained that the way in which the contract works means there is not a direct relationship with a named contact and this will be addressed in future.

It was confirmed that there is the capacity to catch up on elective work over the three month period but care is needed so that a premium cost is not incurred. The HIV CQUIN income shortfall has been escalated to the respective Chief Executives.

It was noted that there is considerable slippage in the capital expenditure and this was reported to be due to a number of factors including the IT strategy and phasing of a number of building projects, but that this has been built into the plan.

**2.2 Performance report – September 2012**

**DR**

The highlights noted included that GPs are now getting discharge and outpatient letters through portals via BigHand. It was noted that we do well on MRSA emergency screening but not so well on electives. It was confirmed that MRSA packs being sent to patients is effective with respect to screening.

It was noted that that the 26 weeks target was red. It was explained that this was part of a drive to reduce waiting times and be competitive but overall the Trust remains within target. There are longer waits in trauma, orthopaedics and craniofacial. However, this is because patients wish to be treated by a certain clinicians. There was some discussion on the 62 day cancer wait and it was confirmed that the problem was patients not attending in dermatology.

The demand management approach for the six week target for diagnostic tests was described including aligning capacity, scheduling and forecasting breaches. The breach in the report, in urodynamic studies was an administrative process failure.

**3.1 Strategy Update – ‘Safe in our hands’ campaign report**

**3.1.1 Shaping a healthier future – next steps**

**MA**

The Joint Committee of PCTs Programme Board has been meeting again and is now looking at the financial viability of the plans and manpower issues. The

timetable outlined in 6.1 was important to understand and note.

**3.2 Board Assurance Framework Report and Review of Strategic Objectives and Risk Report Q2 TB**

There were some concerns that the description of progress relating to the values was not specific enough about embedding them and the initiatives that had been taken were described.

A concern was expressed that there appeared to be little development on the sexual health strategy but it was confirmed that action has been taken and a more detailed briefing will be provided at the next Board.

**To provide a more detailed briefing on the sexual health strategy at the next Board. DR**

Implementation of the values had been delayed because of the need to develop associated behaviours. Managers had been written to with instructions about actions to be taken. Individuals have been nominated with dedicated time to help with the implementation, funded by the Charity. It was noted that feedback from staff who were patients at this hospital could be utilised.

It was confirmed that there are weekly surveys in place based on questions from the national survey where we did not do well and there are also quarterly Picker Surveys. Five TV screens will be put around the hospital telling patients stories, which could also be used for staff stories.

The Chief Executive outlined his first presentation at the induction and how he emphasised the values and vision and the belief that this was the most important thing for the Chief Executive to communicate.

It was noted that it is relatively easy to broadcast the values but the real value will come when individuals are challenged.

It was noted that the objective regarding growing income was graded green despite the progress being slow and it was confirmed that this is because progress is as expected at this stage.

The clinical summit initiative was outlined and the Non-executive Directors were welcome to attend.

**3.3 NWL Collaboration of CCGs Strategic Commissioning Intentions for 2013/14 LB/DR**

The paper and risks were outlined. The Board expressed interest in the accountable care organisation approach and requested more information. The principle behind this was explained and the Board confirmed this was a good idea. **More information to be provided on the accountable care organisation approach. AH**

**3.4 Assurance Committee Annual Report 2011/12 KN**

The report outlines the work to March 2012 and briefly outlines the progress with some issues to date i.e. up to Oct 2013. In general the Assurance Committee was satisfied, with the exception of health and safety.

It was noted that some issues that the Assurance Committee have to deal with are very time consuming and more work is needed to ensure that the correct items are brought to the attention of the Assurance Committee.

**The Board noted the report**

- |             |                                                                                                                                      |                |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>3.5</b>  | <b>Assurance Committee Report – September 2012</b>                                                                                   | <b>RK</b>      |
|             | This was noted and in particular the report on complaints.                                                                           |                |
| <b>3.6</b>  | <b>Report on Serious Incident</b>                                                                                                    | <b>JB</b>      |
|             | The report was noted.                                                                                                                |                |
| <b>3.7</b>  | <b>Complaints Policy and Procedure 2012/13*</b>                                                                                      | <b>TD</b>      |
|             | This item was starred and therefore taken as read and approved.                                                                      |                |
| <b>3.8</b>  | <b>Capital Project Review 2012-13*</b>                                                                                               | <b>TB (LB)</b> |
|             | This item was starred and therefore taken as read.                                                                                   |                |
| <b>3.9</b>  | <b>Working Capital Facility</b>                                                                                                      | <b>TB (LB)</b> |
|             | <b>This was approved.</b>                                                                                                            |                |
| <b>3.10</b> | <b>Approval of the Terms of Reference of the Audit Committee*</b>                                                                    | <b>JB</b>      |
|             | This item was starred and therefore taken as read and approved                                                                       |                |
| <b>3.11</b> | <b>Proposed Board meeting dates for 2013</b>                                                                                         | <b>CM</b>      |
|             | <b>Open Board meetings were discussed and it was agreed that a process would be outlined to propose to the Council of Governors.</b> | <b>CM</b>      |
| <b>3.12</b> | <b>Monitor in Year Reporting &amp; Monitoring Report Q2</b>                                                                          | <b>LB</b>      |
|             | <b>This was agreed.</b>                                                                                                              |                |
| <b>3.13</b> | <b>Register of Seals Report Q2*</b>                                                                                                  | <b>CM</b>      |
|             | This item was starred and therefore taken as read.                                                                                   |                |
| <b>4</b>    | <b>ITEMS FOR INFORMATION</b>                                                                                                         |                |
| <b>4.1</b>  | <b>Audit Committee Minutes – not available</b>                                                                                       | <b>JB</b>      |
| <b>4.2</b>  | <b>Assurance Committee Minutes – 24 September 2012</b>                                                                               | <b>RK</b>      |
|             | This item was taken as read.                                                                                                         |                |
| <b>4.3</b>  | <b>Finance &amp; Investment Committee Minutes – 19 July &amp; 18 September 2012</b>                                                  | <b>CE</b>      |
|             | This item was taken as read.                                                                                                         |                |

**5 ANY OTHER BUSINESS**

None.

**6 DATE OF NEXT MEETING – 29 November 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**