

# LONDON NORTH WEST HEALTHCARE NHS TRUST

## Approved Minutes of a Public meeting of the Trust Board held on Wednesday 30<sup>th</sup> September 2015 at 10.30am Postgraduate Lecture Theatre, Level 3, Ealing Hospital

### Present

Mr Peter Worthington	Chairman
Jacqueline Docherty DBE	Chief Executive
Ms Patricia Williamson	Non-Executive Director
Mr Martin West	Non-Executive Director
Mr Andrew Farrell	Non-Executive Director
Dr Charles Cayley	Medical Director
Ms Tina Benson	Acting Chief Operating Officer
Mr Simon Crawford	Chief Finance Officer
Ms Amanda Pye	Chief Nurse

### In Attendance

Mr Mark Gammage	Human Resources Consultant
Mr Nigel Myhill	Director of Estates and Facilities
Mr David James	Board Secretary

### Apologies

Ms Stella Dutton	Non-Executive Director
Professor David Taube	Non-Executive Director
Mr Ruwan Weerasekera	Non-Executive Director

Item	Discussion	Action
<b>1.</b>	<b>Welcome and Declarations of Interest</b>	
1.1	There were no new declarations of interest	
<b>2</b>	<b>Minutes of the previous Meeting(s), Ref. 15/09/01</b>	
2.1	The minute 8.1.7 was amended to read 'Mark' and then the minutes were approved as a true and correct record and were authorised for signature by the Chairmen.	
<b>3</b>	<b>Matters Arising,</b>	
3.1	There were none	

	<p><b>Patient Story Presentation</b></p> <p>The Board were shown a video of the experience of a St Marks patient. Patricia Williamson approved of this style of presentation as personal attendance could be intimidating. Jacqueline Docherty added that the presentation and others like it could be used as divisional training aids.</p> <p>Discussions after the presentation by executives clarified that bathrooms were being improved and wet rooms installed to improve facilities within St Mark's.</p> <p>Martin West asked if all necessary permissions had been received from the participant to allow public broadcast and he was assured this had been addressed.</p>	
<b>4</b>	<p><b>Action Points</b></p> <p>4.1 The Board action points were addressed and the updated list will go to the next Board</p>	
<b>5</b>	<p><b>Chairman's Report, Verbal</b></p> <p>5.1 The Chairman advised the Board he had attended a number of meetings including the 100,000 Genomes Project Launch evening; Transformation sub-committee meetings and the Patient and Staff committee.</p> <p>5.1.1 He had also Chaired the appointment panels for: Chief Operating Officer, Director of Strategy, Interim CFO, and the Director of Human Resources and Organisational Development.</p> <p>5.1.2 The Chairman also attended: the TDA/Trust Board to Board; Finance and Performance Committee and met with Brent, Harrow and Hillingdon CCG chairs/designates to discuss clinical engagement.</p> <p>5.1.3 Discussions were held with Brent, Harrow and Hillingdon CCG chairs/designates with a steering group of Chairs/CEOs to oversee intensified clinical engagement organised along the broad work stream themes of the Transformation Board, namely Unscheduled Care /Emergency Pathway, Cancer, Frail and Elderly Care, and Orthopaedics</p> <p>5.1.4 The Chairman also conducted with Ruwan Weerasekera and Andrew Farrell reviews of the following Transformation Board work streams: emergency care, cancer and surgery.</p> <p>5.1.5 Looking ahead the Chairman advised that specific issues are: the CQC inspection; Completing executive director level appointments; Opening additional bed capacity on budget/schedule to provide some assistance to emergency pathway pressures; Financial recovery – especially delivery of CIPs and transformation gains, reduction in agency (all clinical and non-clinical) and improvement in recruitment /workforce outcomes; SaHF and impact on both Ealing and CMH sites – which is making more urgent the clinical strategy work related to both sites and approaching community tenders more strategically</p> <p><b>The Board</b></p>	

	<b>Noted the Report</b>	
<b>6</b>	<b>Chief Executives Report. Ref 15/09/02</b>	
<b>6.1</b>	Jacqueline Docherty reported the Care Quality Commission (CQC) inspection will look at both the acute and community sectors of the Trust in week commencing 19 <sup>th</sup> October. Eight teams will be visiting the acute areas of the organisation and four teams will be visiting the community sites.	
<b>6.1.1</b>	This will be the second inspection for Central Middlesex, Northwick Park and St Mark's Hospitals using this new style of inspection and the CQC will be expecting to see improvements made from their recommendations last year.	
<b>6.1.2</b>	Flu vaccination sessions are being rolled out across the Trust during the last week in September. Staff have also been trained as vaccinators to help aid the campaign. Details of vaccination clinics will also be available on the intranet. Clinicians were reminded they have a duty of candour to protect patients throughout the winter and having the flu jab was important part of this duty.	
<b>6.1.3</b>	A warm welcome was extended to Amanda Pye the new Chief Nurse and Nigel Myhill the new Director of Estates and Facilities. Both Amanda and Nigel Joined the Trust in September. Amanda has a breadth of experience from across the NHS and has worked as a Chief Operating Officer and Chief Nurse in both acute and community trusts. She has a real passion for patient care and staff engagement and joined us from Liverpool Community Health NHS Trust. Nigel has more than 20 years NHS experience and has held many senior roles across acute, community and most recently private healthcare settings. Last year Nigel swapped the North East of England for Australia where he spent twelve months as Hard FM Director at the Fiona Stanley Hospital near Perth.	
<b>6.1.4</b>	The nominations for the 2016 staff awards are now officially open. This will be the second year the Trust celebrates 'The Pride in Our Staff - LNWH Staff Excellence Awards.'	
<b>6.1.5</b>	High standards are expected of anyone who works for London North West Healthcare NHS Trust, but certain employees go above and beyond those expectations – and they deserve recognition for their achievements. To make these awards a success, nominations will be required. If in an outstanding team or there is an individual who you think deserves recognition make sure you fill in a nomination for them. Members of the public can also put staff forward for an award details are on the homepage of the Trust's website.	
<b>6.1.6</b>	The closing date for applications is 31 <sup>st</sup> December 2015, so there is plenty of time to think about who you would like to see recognised in the 2016 awards. The awards event will be held on 18 <sup>th</sup> March 2016 to celebrate the shortlisted nominees and winners.  Earlier this month our stroke team in collaboration with Brent CCG have launched a new early supported discharge stroke pathway. The new service has been set up to help patients return home as soon as is clinically possible following a stroke. The service will provide all of the care and rehabilitation that patients would normally receive in hospital,	

	<p>but in their own home. This is an excellent example of how acute services can be reconfigured to offer care closer to home and evidence shows that patients who are able to take advantage of this type of service have a more effective recovery following a stroke.</p>	
<b>6.1.7</b>	<p>As an organisation the Trust is investing in the IT infrastructure to make sure that our patients' records are readily accessible for all staff at the point of care. This month community staff in Harrow and Brent have started using SystemOne instead of RIO to manage patients' records. This new system can be accessed through tablet computers and will provide community staff with better and timelier access to records. Ealing community staff will start using the system from 7<sup>th</sup> October.</p>	
<b>6.1.8</b>	<p>Thanks to all for the enthusiasm and support for the pending CQC inspection. The call-to-action for volunteers to support the mock TDA clinical review of acute areas was phenomenal. More than 60 volunteers put themselves forward to help coordinate today's review and the findings and feedback will be available very shortly. A review for community teams will also be following in the next few weeks.</p>	
<b>6.1.9</b>	<p>Many others supported the CQC submission providing documents and compiling evidence and thanks were given to them as well.</p>	
<b>6.1.10</b>	<p>This month the Chief Nurse Amanda Pye and Chief Executive have discussed the theme of celebrating excellence at the 'Ask Jacqueline' staff forums.</p>	
<b>6.1.11</b>	<p>A great deal of time has been spent on what we can do better and not enough on our successes. The forums provide a great opportunity to get feedback on areas of the organisation that are not always celebrated and to discuss staffs thoughts on what we can be doing better.</p>	
<b>6.1.12</b>	<p>The Chief Executive attended the launch of the Trust's participation in the 100,000 Genomes project on Tuesday 8<sup>th</sup> September, organised by the Research and Development and genetics department. The Trust is one of only 11 organisations in the country taking part in this innovative project, which will be looking into future diagnoses and treatments for patients with rare diseases and cancer. The event was packed and had great support from the local community. All three of the Mayors from Brent, Ealing and Harrow were in attendance, along with councillors, patients and GPs.</p>	
<b>6.1.13</b>	<p>One of the St Mark's patient representatives provided the audience with a very moving and poignant reminder of why innovation and research is so important in improving patient care.</p>	
<b>6.1.14</b>	<p>The Trust's volunteers enjoyed a summer party at Northwick Park Hospital this month. This was a wonderful afternoon enjoyed by all who attended and a huge thank you was given for all the hard work and years of dedication.</p>	
<b>6.1.15</b>	<p>Meadow House Hospice held a 'Golden Oldies' fundraising event at The Viaduct pub in Uxbridge on Saturday 26 September. By all accounts this was a fun evening and a great fundraiser.</p>	
	<p><b>The Board</b></p>	

	<b>Noted</b> the Report	
	<b>Items for Approval</b>	
<b>7</b>	<b>LNWH Charitable Fund Charity, A proposal for Research Funding from The Regional Rehabilitation Charitable Funds. Ref 15/09/03</b>	
<b>7.1</b>	Simon Crawford reported to the Board. A funding proposal was presented on behalf of Professor Turner-Stokes, Director of Regional Rehabilitation Fund to the LNWH Charitable Fund Management Committee on 10th July 2015 to amalgamate the remainder funds accumulated from six past rehabilitation research projects at Northwick Park into a single Trust Fund totalling £268K to support a 5 – year programme of clinical and Health Service Research in Rehabilitation based in the Regional Rehabilitation Unit.	
<b>7.1.1</b>	On 10th July 2015, the LNWH Charitable Fund Management Committee agreed to support the proposal presented by Professor Turner-Stokes	
<b>7.1.2</b>	The Board were asked to approve the proposal to fund the 5 – year programme of clinical and Health Service Research in Rehabilitation from the Regional Rehabilitation Trust Fund.	
<b>7.1.3</b>	The Board suggested that the paper needed to reflect that the location of the unit could be somewhere within the Trust as a whole and not just one site over the period of the funding. Also there was a need to be clear what the proposed deliverables were within the 5 year programme.	
<b>7.1.4</b>	Martin West if there were any estates issues that might cause concern and he was assured there were none.	
<b>7.1.5</b>	Jacqueline Docherty requested that the Board should receive an update on the deliverables of the research at the October Board. This was agreed	<b>CFO</b>
	<b>The Board</b>	
	<b>Approved</b>	
	The proposal to fund the 5 – year programme of clinical and Health Service Research in Rehabilitation from the Regional Rehabilitation Trust Fund.	
	<b>Agreed</b>	
	That at the October Board should receive a report on the intended deliverables.	
<b>8</b>	<b>Medical Revalidation and Annual Organisational Audit Statement of Compliance Ref 15/09/04</b>	
<b>8.1</b>	Charles Cayley introduced the paper.	
<b>8.1.1</b>	Charles Cayley apologised to the Board that the audit of compliance had been sent to NHS England prior to the Board due to a change of the	

	submission date requirement.	
<b>8.1.2</b>	Compliance was slightly down on last year at 87.5%. Software had been purchased to assist with the process now and in the future and this it was hoped will support an increased compliance rate.	<b>Medical Director</b>
<b>8.1.3</b>	The Chairman pointed out that questions 1.6 'In the opinion of the responsible officer, sufficient funds, capacity and other resources have been provided by the designated body to enable them to carry out the responsibilities of the role' and 1.8 'The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role' the answer inserted was "No".	
<b>8.1.4</b>	A paper is to be brought back in January 2016 to see if the issues given a negative response had been addressed.	
<b>8.1.5</b>	The Chairman observed that non Consultant doctors did not seem to have a lead. Charles Cayley replied that an Associate Director if Education was now designated as their lead and was in place to support and assist with their training.	
<b>8.1.6</b>	Amanda Pye informed the Board that nursing validation was planned to start soon and NMC guidance is due. This will be a major enterprise due to the numbers involved. Patricia Williamson asked if the process might lead to mature nurses near the end of their career leaving the profession.	
<b>8.1.7</b>	Jacqueline Docherty stated if the process was non-threatening it should not lead to a loss of nursing expertise.	
<b>8.1.8</b>	Patricia Williamson asked what was done with doctors who did not, or would not go through the appraisal process. Charles Cayley responded he oversaw the process and the doctors' career was at risk if appraisal was avoided or refused. But deferment was allowed in the case of illness or pregnancy.	
	<p><b>The Board</b></p> <p><b>Approved</b></p> <p>The Medical Revalidation &amp; Annual Audit Statement of Compliance</p> <p><b>Noted</b></p> <p>Report update to come back to the Board in January 2016</p>	
	<b>Items for Discussion</b>	
<b>9</b>	<b>Patient Safety and Serious Incident Report. Ref 15/09/05</b>	
<b>9.1</b>	Amanda Pye reported to the Board. There was one 'Never' event in August involving a misplaced Nasogastric Tube. Martin West observed this was a recurring issue and sought assurance that staff were complying with established protocols. Jacqueline Docherty responded that an external review of Trust practices had been commissioned.	

<p><b>9.1.1</b></p> <p><b>9.1.2</b></p> <p><b>9.1.3</b></p> <p><b>The Board</b></p> <p><b>Noted</b></p> <p>The new SI's reported.</p> <p>The completed SI investigations and the actions implemented to reduce the risk of reoccurrence.</p>	<p>Simon Crawford suggested perhaps a specialised team should be established to ensure good practice. Charles Cayley advised there was no separate team but to help prevent further 'Never' events in this area NG tubes were not now being replaced by staff at night.</p> <p>The Chairman asked how issues were being communicated back to the front line staff. Amanda Pye noted that suggestions and improvements should be part of the lessons learnt additions to the report.</p> <p>There were 15 Serious Incidents reported for August 2015, 30 were reported for the previous period. A total of 10 of the 15 SI's were reported to Commissioners, within the 2 working days' time frame, as required in the National Serious Incident Framework. Five SI's were reported more than 2 days from the date the SI was identified. One of these was reported in 21 days, one in 12 days; one in 8 days and a further two were reported 3 days post SI identification.</p>	<p><b>Chief Nurse</b></p>
<p><b>10</b></p> <p><b>10.1</b></p> <p><b>10.1.1</b></p> <p><b>10.1.2</b></p> <p><b>10.1.3</b></p> <p><b>10.1.4</b></p> <p><b>10.1.5</b></p>	<p><b>Integrated Performance Report, Ref 15/09/06</b></p> <p>Tina Benson and Simon Crawford spoke to the paper.</p> <p>Tina Benson reported A&amp;E: All types' year to date performance is at 90.4% (dropping from 90.8% at end of July) across all sites. The Ealing site is performing well at 97.3% and the Northwick Park Hospital (NPH) site is currently performing at 84.9%.</p> <p>In regard to referral to treatment (RTT) the Trust met the incomplete performance target for August 2015 but was short of both national and Trust trajectory targets for admitted and non-admitted targets. Work continues to ensure that all patients over 18 weeks have a plan, backlogs are reducing and specialities are focussed on ensuring capacity is available for patients to be treated before 18 weeks.</p> <p>The Northwick Park site A&amp;E has faced high levels of ambulance attendances and both acute and community beds were being used to full capacity. Performance is stable but not improving. New bed capacity on the site from November is expected to reduce pressure on the department as the acute bed capacity at NWP remains sub-optimal given the level of emergency admissions and lack of capacity 'headroom'.</p> <p>Cancer (reported one month in arrears): All standards were met in July 2015 with the exception of 62 day screening to treatment and 31 day second or subsequent treatment. August 2015 figures are reported as un-validated due to the specific cancer reporting timetable.</p> <p>Jacqueline Docherty reminded the Board that a 'breaking the cycle' week</p>	

	is planned in November before the winter pressures build up on the Trust.	
<b>10.1.6</b>	The Chairman expressed concern that the dementia screening pages at the front of many patient notes was blank when he recently did an acute ward ‘walkabout’. It was noted that task is the responsibility of the supervising doctor– an exercise that should take about 4-5 minutes. .	
<b>10.1.7</b>	Patricia Williamson asked if there were any distinct mandatory training problem areas. Mark Gammage advised that some reported areas were showing low figures but they were not national requirements and that issue is being addressed.	
<b>10.1.8</b>	Mark Gammage advised that in future the workforce information would come to the Board as part of the Integrated Performance Report.	<b>Human Resource Consultant</b>
<b>10.1.9</b>	Amanda Pye asked it be noted that there had been three Never Events and not two as had been reported. This was noted.	
<b>10.1.10</b>	Simon Crawford reported the financial position as at 31st August (Month 5) shows a favourable variance against plan in month of £0.5m. The cumulative year to date deficit of (£38.2m), gives an adverse variance against plan of (£2m), as a result of CIP under-achievement, where the shortfall stands at (£1.4m). Overall the forecast outturn for the year remains unchanged at £88.3m deficit, although this requires a material improvement in performance to be achieved by all budget holders for this target to be delivered.	
<b>10.1.11</b>	Pay costs were overspent by (£4.5m) year to date, with an in-month variance of (£1.6m). The Annual Plan assumptions included an expected cost reaction/reduction (£0.75m) per month from July 2015, for Commissioner QIPP. Undelivered pay savings in August account for (£0.4m) of the pay overspend this month.	
<b>10.1.12</b>	The Board were informed that there is a review by the Chief Nurse of the nursing establishment, in process which would report to the October Board. There was a concern that the Trust was over established and over graded.	
<b>10.1.13</b>	Jacqueline Docherty stated the historic move by the Trust to a 1 to 6 nurse to patient ratio had been too generous in comparison to the NICE guideline of 1 to 8, especially when additional nursing occasioned by one to one and specials were taken into account, and this had led to financial pressure on the Trust.	
<b>10.1.14</b>	The Board were informed the Trust was seeking to address financial pressure in part by a reduction in the use of excessive high cost agency staffing, as was the case in the whole of London and nationally.	
	<b>The Board</b>	
	<b>Noted</b>	
	The Report, the forthcoming ‘breaking the cycle week and the focus on reducing agency staff use; the expected October Board report on nursing establishment and costs; and the work towards an ‘agency free’ workforce.	

	There has been one reported “Never” event in August 2015.	
<b>11</b>	<b>Transformation Programme Report: Ref 15/09/07</b>	
<b>11.1</b>	Simon Crawford introduced the paper.	
<b>11.1.1</b>	It was reported all clinical work streams have made good progress over the past month, with notable achievements having been made. The overall programme continues to be RAG-rated as red to reflect the current shortfall against the current year target of £5m and the continued need for validated plans to deliver recurrent savings of £15m in the next financial year as a consequence of transformational changes.	
<b>11.1.2</b>	Ownership of the transformation agenda; alignment and co-ordination of the staff responsible for delivering change; the ambition (and impact) of the overall programme; and engagement (and support) of partners are the principal programme risks.	
<b>11.1.3</b>	In addition to developing granular plans, priorities for the coming month include: launching learning events to raise the profile of transformation, commencing stakeholder interviews to inform the Trust’s strategy development and planning of the end of life strategy implementation.	
<b>11.1.4</b>	The Chairman reiterated his impression, from discussions with workstreams, that there was a lack of clarity and understanding about the difference between CIP initiatives and transformation initiatives that needed to be addressed.	
<b>11.1.5</b>	Jacqueline Docherty advised the Board that whilst she was away in early October Andrew Murphy, Improvement Director will look and the Transformation programme and report on how greater progress could be made.	
	<b>The Board</b>	
	<b>Noted</b> the Report and the review of the programme by the Improvement Director	
<b>12</b>	<b>Board Assurance Framework, Ref 15/09/08</b>	
<b>12.1</b>	David James introduced the Board Assurance Framework (BAF) which is required to identify the principal risks to the delivery of the Trust’s strategic aims and the mitigations put in place to address these risks.	
<b>12.1.1</b>	The London North West Healthcare NHS Trust (LNWHT) Board Assurance Framework (BAF) was last reviewed by the Board in March 2015.	
<b>12.1.2</b>	The paper presented the current position in respect of the BAF. Executive Directors were invited to update the contents of the BAF in August and early September 2015.	
<b>12.1.3</b>	Jacqueline Docherty commented that due to the poor PLACE results	

	<p>received by the Trust the risk rating for section 1.3 would need to be reassessed. It was thought there was an excess of detail in the BAF and the main focus of the organisation presently was: Recruitment and Retention; Quality and Safety and Governance and Risk.</p>	
<b>12.1.4</b>	Martin West offered to discuss with the Board Secretary a different layout from the present which he had seen used in social care.	
<b>12.1.5</b>	Andrew Farrell expressed a view that the format was not such an issue but rather the content. David James agreed to speak to both Martin West and Andrew Farrell to understand their concerns.	<b>Board Secretary</b>
<b>12.1.6</b>	<p>It was agreed that a Board workshop would be scheduled to consider the BAF and Risk Registers in detail for 2016/17. The Chairman suggested that a proposed half-day Board workshop on Strategy be expanded to a full day encompassing Risk (BAF/Risk Registers).</p> <p><b>The Board</b></p> <p><b>Noted</b> the Report and the agreement to hold a workshop covering Risk and Strategy.</p>	<b>Board Secretary</b>
<b>13</b>	<b>Risk Register. Ref 15/09/09</b>	
<b>13.1</b>	Amanda Pye spoke to the paper.	
<b>13.1.1</b>	The Board noted the changes proposed in next steps. The Chief Nurse and the Head of Governance will work closely with divisions to ensure that as risks are removed, reduced or increased there is a clear process and audit trail from the ward/service to the Board. It was proposed this will be through exception reports to the Corporate Quality and Risk committee.	
<b>13.1.2</b>	A new report will be presented in November 2015	<b>Chief Nurse</b>
	<p><b>The Board</b></p> <p><b>Noted</b> the Report</p>	
	<b>Items for Information</b>	
<b>14</b>	<b>Children Safeguarding Annual Report. Ref 15/09/10</b>	
<b>14.1</b>	The paper was introduced by Amanda Pye and taken as read.	
<b>14.1.1</b>	Jacqueline Docherty expressed concern that figures for staff numbers in the Trust within the report fluctuated between 1200 and 12,000. In relation to the MASH audit for Ealing on page 15 a greater focus on actions was required.	
<b>14.1.2</b>	It was confirmed that the Board did require safeguarding training to a level one standard. This had been delivered to the Trust Board in April 2014 but new members of the Board needed to be trained. It was agreed to schedule such training prior to the end of October	<b>Chief Nurse</b>

14.1.3	<p>It was agreed an update on the report would come to the January 2016 Board.</p> <p><b>The Board</b></p> <p><b>Noted:</b> The contents of this report and the agreed action</p>	<b>Chief Nurse</b>
15	<p><b>Approved Sub Committee Minutes</b></p> <p><b>15.1 Charitable Fund Management Committee Approved Minutes of Meeting held on 10 July 2015.</b></p> <p><b>The Board</b></p> <p><b>Noted</b> the Minutes</p> <p><b>15.2 Audit ,Governance &amp; Risk Approved Minute for 27th May 2015</b></p> <p><b>The Board</b></p> <p><b>Noted</b> the Minutes</p> <p><b>15.3 Finance, Investment and Estates, Approved Minute 27th July 2015</b></p> <p><b>The Board</b></p> <p><b>Noted</b> the minutes</p>	
16	<p><b>AOB</b></p> <p><b>16.1</b> The Chairman thanked Patricia Williamson, who has stepped down as a Non-Executive Director of the Trust, for her commitment both previously at Ealing Hospital NHS Trust and at the merged Trust. He wished her well for her future. A small presentation was made to her.</p>	
17	<p><b>Questions from the Public</b></p> <p><b>17.1</b> One member of the public asked about the recent TV documentary featuring the Urgent Care Centre on the Ealing hospital site. It was made clear by the Board that the service although on the Ealing site was run by Care UK and the contract was overseen by Ealing CCG.</p> <p><b>17.1.1</b> Jacqueline Docherty added this was a commissioner issue and the CCG manage the contract. However she was led to believe that Care UK would not bid for the contract again when it came up for renewal.</p> <p><b>17.2</b> A member of public queried the outsourcing of surgery mentioned in the Integrated report (item 10). Tina Benson advised this was to meet the demand faced by the Trust, and about 40 patients per month were being sent to the Churchill Clementine hospital. It was the intention that in</p>	

<p><b>17.3</b></p> <p><b>17.4</b></p> <p><b>17.5</b></p>	<p>future the Trust would meet the demands for surgery ‘in house’.</p> <p>A member of the public asked if it would be possible for representatives of the community who attend the Board regularly to meet with the Chief Executive. Jacqueline Docherty stated that would not be a problem and her PA would be able to make the necessary arrangements.</p> <p>One member of the public asked if the Clayponds site was now being used to care for mentally ill patients. They were advised this was not the case, but the West London Mental Health Trust had won the contract to run a service for intermediate care and they would be using part of the Clayponds facility.</p> <p>The last question referred to the Board supporting the proposal for a local hospital on the Ealing Hospital site. Jacqueline Docherty replied this development is part of the Shaping a Healthier Future plan for north west London, which still required Treasury approval for its proposed capital spending. But even without SaHF Jacqueline Docherty stated the Trust would support Ealing being a local hospital serving the specific needs of the local community.</p>	
<p><b>18</b></p>	<p><b>Date and time of next meeting:</b></p> <p><b>Wednesday, 28th October 2015, 10.45am to 1.00pm,</b></p> <p><b>Research &amp; Development Boardroom, Level 7 ,Maternity Unit, Northwick Park Hospital</b></p>	

<p>Approved as a true and correct record.</p>
<p>Signed</p> <p>-----</p> <p>Peter Worthington, Chairman</p>
<p>Date:</p>