

## Council of Governors Meeting Minutes, 15 September 2011

Prof. Sir Christopher Lucy	Edwards Ball	Chairman Staff		CE LB
Chris Christine Anthony	Birch Blewett Cadman	Patient Public Patient	Allied Health Professionals, Scientific and Technical Hammersmith and Fulham 2	CBir CBle ACad
Fergus Cass J.	Cass Cass- Horne	Appointed Patient	NHS Kensington &Chelsea	FC CC-H
Alan Carol Brian Rosie	Cleary Dale Gazzard Glazebrook	Patient Staff Staff Appointed	Management Medical and Dental PCT NHS Hammersmith and Fulham	ACle CD BG RG
Jenny Melvyn Jacinto Martin Charlotte	Higham Jeremiah Jesus Lewis MacKenzie Crooks	Appointed Public Staff Public Staff	Imperial College London Westminster 2 Contracted Westminster 1 Support, Administrative & Clerical	JH MJ JJ ML CMC
Kathryn William Susan Henry Sandra	Mangold Marrash Maxwell Morgan Smith- Gordon	Staff Patient Patient Public Public	Nursing and Midwifery Wandsworth 1 Kensington and Chelsea 2	KM WM SMax HM SS-G
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT
Alison Taryn	While Youngstein	Appointed Patient	King's College	AW TY

### IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Richard Kitney	Non-executive Director	RK
Jeremy Loyd	Non-executive Director	JL
Sir Geoffrey Mulcahy Karin Norman	Non-executive Director Non-executive Director	GM

		KN
Charlie Wilson	Non-executive Director	CW
Heather Lawrence	Chief Executive	HL
Mike Anderson	Medical Director	MA
Lorraine Bewes	Director of Finance	LB
Mark Gammage	Director of HR	MG
Bill Gordon – in part	Acting Director of IT	BGor
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Axel Heitmueller	Director of Strategy and Business Development	AHe
Matt Akid	Head of Communications	MAk
Sian Nelson	Membership and Engagement Manager	SN
Anthony Pritchard	Interim Deputy Chief Nurse	TP
Vida Djelic	Foundation Trust Secretary	VD

## **1 GENERAL BUSINESS**

### **1.1 Welcome & Apologies**

**CE**

The Chairman welcomed members to the meeting.

Apologies were received from Nicky Browne, Edward Coolen, David Finch and Wendie McWatters.

The Non-Executive Directors (NEDs) present introduced themselves.

### **1.2 Declaration of Interests**

**CE**

None.

### **1.3 Minutes of Previous Meeting held on 14 July 2011**

**CE**

CB referred to p.3 of the minutes of the previous meeting and said he did not refer to names of the Council of Governors but to photographs.

Re section 1.4.1 the fourth video referred to should state 'becoming a Foundation Trust member'.

P.6 ref 2.1 Findings and Recommendations from the 2011/11 NHS Quality Report – it should read 2010/2011, not 2011/11

P.10 ref 2.11 Council of Governors Funding Report - the last sentence of the

second paragraph should read: "The Council of Governors agreed to support the funding of the Annual Members Meeting and associated events for £5,000." p.11 ref 2.14 Governors/Senior managers Patients Rounds Update - the first sentence should read: "CBI reported on a 4½ tour of all the hospital's HIV and sexual health clinics."

**Action: VD to amend minutes in line with comments received.**

**VD**

#### **1.4 Matters Arising**

**CE**

SMax asked for a room for the governors. CE explained that there was no spare space and a significant number of staff worked offsite e.g. Harbour Yard to free up space on site. CM explained that off site staff often had problem with space when working here and she had asked CD to consider 'the Hub' for governors as this is where staff can work. CD explained the 'Hub' and how it could be used for working and for meetings for small numbers. She explained how governors could get access.

CM said they had explored the use of the library to keep resources for governors but the library staff had not thought the library was suitable for this purpose.

SMax clarified that what was required was a space where coats and bags could be left. She suggested there was room opposite paediatrics but several governors highlighted that it was used frequently. MJ suggested a small working party to look into this. HL suggested that Helen Elkington, Head of Estates & Facilities looks into possibilities.

**Action: Helen Elkington to consider governor requests and explore possibilities.**

**HE**

CE noted that Bill Gordon will present later on the problems with email accounts.

CE noted that BG had held a meeting re the Chairman's appraisal. BG said he was impressed by the intellectual discussion and how relaxed the meeting was and suggested that the governors meet a couple of times a year for informal discussions prior to the Council of Governors meetings.

CM noted the update on matters arising regarding the survey. She suggested that the survey is repeated amongst our governors and the results compared with the Monitor results as a benchmark. This would also fulfill the requirement to review the working of the Council periodically.

**This was agreed.**

**Action: CM to repeat the Monitor survey amongst the governors.**

**CM**

CE noted that other actions were complete.

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

**CE**

##### Governors' badges

CE confirmed that all governors have been issued with a badge.

##### Election

CE informed governors that there is going to be expiration of the office of one public governor at the end of October and noted that in addition there are two

vacant seats currently (one public and one patient).  
CE noted that the letters of notification of an election will go out on 26 September to the members of the patient and public constituencies. The nominations must be received by 14 October. The polls will close on 23 November. The results of the elections will be announced on 24 November.

CE asked governors to encourage members from the constituencies coming up for election to nominate themselves and in particular members of hard to reach groups.

#### Joint Board/Council of Governors Away Day - 24 November 2011

CE informed the Council of Governors that there will be a joint Board/Council of Governors Away Day on 24 November. The Board will meet in the morning for their meeting and a joint meeting will be held in the afternoon.

CBir commented that he had attended two away days in the past and he found both very useful but quite structured and there was not much opportunity for mixing. He felt that governors need to know the Non-executive Directors better and this should be allowed for. He also requested that we ensure that the heating works properly.

**Action: VD to ensure that heating works in the room.**

**VD**

CE said that Jeremy Loyd, Non-executive Director, is interested in developing the Trust values as part of the patient experience work and he thought that it would be a key area to focus on. He said he will take CBir's comments into consideration. CE confirmed that the Away Day was separate from the meeting and that the Council of Governors meeting would go ahead as normal on 1 December.

CE said he wanted to take the opportunity to thank CW on behalf of the Council of Governors for his time and effort within the Trust which has been remarkable.

CE said he would also like to record his thanks to Andrew Havery, Non-executive Director who is also stepping down and in particular to recognise the onerous and important task of chairing the Audit Committee.

CE informed governors that Sian Nelson, Membership and Engagement Manager is going on maternity leave on 28 September and wished her well.

CE said that SS-G submitted a proposal for governors' skills audit to help the Trust understand the skills governors have and encourage them to get involved where appropriate. CE suggested that the paper goes to the Agenda Sub-Committee for consideration for the Council in December. **This was agreed.**

**Action: VD to put forward the proposal for a governors' skills audit to the Agenda Sub-Committee.**

**VD**

## **2.1 Non-executive Directors Term of Office**

**CE**

CE outlined the paper and said that the Council of Governors is required to formally approve the three Non-executive Directors appointment and noted that their term of office starts on 1 November 2011 for three years.

**The Council of Governors agreed to a three year term of office for the three NEDs commencing 1 November 2011.**

## **2.2 Senior Independent Director (SID)**

**CE**

CE said that Charlie Wilson has been the SID for four years and that his term of office expires at the end of October 2011.

Monitor recommends that the Board should appoint an independent Non-executive Director to be the SID, in consultation with the Council of Governors.

CE added that the SID will deal with issues inappropriate for Board members and the governors to raise with the Chairman.

He said that a survey of foundation trusts indicated that 70% of Trusts, as a matter of practicality, appointed the Vice-Chairman as the SID. We had adopted the same approach when appointing Charlie Wilson and the proposal was to continue this.

CBle queried the process for appointment of the Vice-Chairman and said it must be seen to be fair with all Non-executive Directors having the opportunity to be the Vice-Chairman. CE responded that the Vice-Chairman is appointed by the Board of Directors. He will consult the Board in advance and the Board will make the decision. He confirmed that this is outlined in a paper for the September Board meeting.

MJ commented that he had looked at the Monitor guidance document and said that it states that the Vice Chairman of the Board should be appointed by the Council of Governors and the SID by the Board. CE said that this issue had been identified before, where the Trust's constitution is not compatible with Monitor guidance and emphasised that the constitution takes precedence.

CE reminded governors that the constitution will be reviewed once the new Health Bill has been published and recognised that there are a few important issues which will need to be addressed, for example open Board meetings.

ACle queried if these appointments can be made annually. MJ said that continuity is very important. CE commented that from his experience it is difficult to feel that one can get enough experience in a year.

FC agreed that it is sensible approach that the Vice Chairman becomes the SID.

CE noted that the Trust will proceed with appointing a new Vice-Chairman at the next Board. CE noted that the independence of the Non-executive Director who will be appointed as the Vice-Chairman of the Board of Directors and then subsequently the SID, will be ensured as part of the process.

**It was agreed that the Vice Chairman of the Board would be the Senior Independent Director.**

## 2.3 Council of Governors Funding Report\*

CE

This item was starred.

SS-G suggested that instead of using the term 'to be spent' change to 'available'.  
**This was agreed.**

## 2.4 Governors' Questions

HL

HL said that three governors have submitted the following questions:

Q1. Question from Dr Anthony Cadman

'What negotiations are in hand to raise the permitted sum of Private Patient Income (PPI) for Chelsea and Westminster Hospital NHS Foundation Trust which is currently restricted as shown in the financial accounts at the last meeting?'

HL responded that we are not in the position to negotiate as the Private Patient Cap is in primary legislation. However, it is likely it will be lifted. ACa queried if we are in a position to lobby. HL responded that we are not.

ACad queried the situation with the Royal Marsden Hospital (RMH) and their recent advertising. HL explained that the cap is set on the amount of private income the Trust had when they became a foundation trust. For the RMH this was 30%. The fire would have affected their private income which is probably why they were advertising.

WM said that he found an interesting article on the Internet which reports that 40 NHS hospitals will either have to change radically or close if the Government wants to avoid a £5 billion bailout by 2013.

CE suggested that we need to work more on publicising the benefits of private income to the NHS.

ML queried treatment of patients from abroad. LB responded that if it is an EU patient we have a reciprocity system with countries within the EU, and there are other classified visitors on NHS tariffs.

CE pointed out that there is a problem and a number of people with non preexisting condition get treated in the UK and very often the bill is not paid for.

Q2. Question from Alan Cleary

In 2008 a record claim for damages against an NHS hospital of £5 million was paid out in a case of MRSA superbug infection. More recently two further identified superbugs have been mentioned to me namely S.Kentucky and S.Heidelberg. What measures do we have in place at Chelsea & Westminster Hospital for coping with the effects of these two new threats?

HL clarified that the £5m was paid by the NHS Litigation Authority as part of our insurance. It is a national scheme and the payment does not affect our budget.

HL said that the answer was provided by Dr Berge Azadian, Director of Infection Control. With regard to the first question about MRSA, the Trust screens all elective and clinically relevant non-elective patients admitted to our Trust. All positive cases are decolonised to minimise the risk of infection with this organism. Infection Control measures are in place to prevent transmission. Antibiotics effective against MRSA are available to treat infections if clinically indicated.

Antibiotic resistance in Salmonellae is not new. It occurs in all Salmonellae at some stage. In this case the S. kentucky (in Europe ) and S. heidelberg ( in the US) variants of salmonella bacteria appears to have developed due to the use of antibiotics in chicken and turkey farming, rendering it difficult to treat in infected patients.

All stool samples sent to our Trust are tested for enteric pathogens which includes Salmonella. Antibiotic sensitivities are performed on all isolates and communicated to the clinicians / GPs to assess if treatment is warranted. The great majority do not need treatment.

The positive cultures are sent to the Health Protection Agency (HPA) for further identification and if needed they initiate an epidemiological study to see if there is a common source.

Q3. Question from Alan Cleary

Is the proportion of NHS spending on prevention and public health (believe currently 4-5% of income from taxpayers) regarded by our staff here as sufficient?"

HL responded that this depends on the service, however it would be difficult to indicate whether there is sufficient funding.

Q4. Question from Martin Lewis

Next year 2012 will be a busy year for London, with the Queen's Jubilee in June for 3 days then the Olympics in July and paralympics in August. Will the trust be planning a strategy to cope with the influx of people and as we are in a catchment area that has most of the hotels, the West End etc?

HL responded that we had the cycle race in August as practice. We have a Trust Olympic lead, Dominic Clarke, Cancer Services Manager.

We are also planning for 30 November for possible strike action. We have good relations with the Trade Union and ISS partners.

## **2.5 Governors' generic email account proposal**

**BGor**

CE introduced Bill Gordon, Acting Director of IT.

BGor said he had seen correspondence regarding a lack of continuity in the IT support service. He recognised that governors need an easy and simple system to use.

CE said that governors need to be advised of the possible options and to choose whether they are happy with the existing system or they prefer a generic e-mail.

One option is to have a generic e-mail to which VD will act as distributor. This will work similarly to Google and governors will be notified in their private e-mail box that there is an e-mail in their chelwest account.

Another option is to keep the current system and improve it.

MJ said that it has been nine months now since he joined and he has not had his e-mail account which he requested on joining the Trust. **Action: BGor to ensure that MJ gets a Chelwest e-mail account.** **BGor**

CE asked BGor to provide a timetable and options to the Council.

CE recognised that some governors are more IT literate than others but it would be helpful if everyone had an e-mail account.

ML said that we need to publicise emails further as we have future 'meet a governor' sessions in the Information Zone.

SMax said that she finds the daily bulletin very useful and informative and it updates governors on happenings in the hospital.

CE concluded that BGor will send options to VD to circulate to governors. **Action: BGor to send options to VD to circulate to governors.** **BGor/VD**

## **2.6 Governor/Senior Nurse Patient Rounds Update** **TP**

Anthony Pritchard (TP), Interim Deputy Chief Nurse introduced himself and presented feedback.

Part of TP's role covers coordinating Governor/Senior Nurse Patient Rounds which is an opportunity to meet the senior nursing team and understand day to day hospital business and treatment of patients.

The first round took place on 15 July and the second round took place on 9 August 2011. TP said that the future dates will be organised soon and he will liaise with VD to set up visits.

CE thanked TD for coordinating visits and recognised the benefit of these for governors.

## **2.7 FTGA Development Day 22 July 2011 – feedback** **CBir/ACle**

CBir said that he and ACle attended the same event, but he felt he got more out of it than ACle.

CBir said that he contributed financially to the NHS and is due to have two 'incapacities soothed' (as referred in ACle's report) by the NHS and he was profoundly grateful for this. He does not agree with ACle's comments and found them deeply offensive.

CBir highlighted two points from the day:

1. 56% of Trusts are now focusing on engagement rather than recruitment.
2. Other trusts were envious that we have such good attendance at our Annual Members' Meeting and our Open Days.

ACle said that the attached paper was a 'Fit for the Future' paper but it was not the correct report that he had asked to be circulated. VD confirmed that this was the report he had requested in his e-mail.

**Action: ACl e to confirm which report he requires to be circulated and VD to action accordingly.** **VD**

FC pointed out that governors are asked to note the papers and that we do not necessarily agree with all the comments and do not accept the conclusions.

## **2.8 Quality Sub-Committee report**

**MA**

MA briefly outlined the paper and said that the hydrotherapy pool had been refurbished and reopened and due to one patient who slipped we closed it again due to the potential risk. It is scheduled to reopen shortly. There is patient group referred for therapy and there is also a rehabilitation group who use it.

BG suggested that the quality sub-committee is chaired by a governor as it is a sub-committee of the Council of Governors. MA responded that he would find this acceptable. CM said she did not think it was appropriate for as it was a committee that supported the executive.

CE whether the Council of Governors sub-committee meetings should be chaired by a governor. CM said that this has not been agreed as a principle.

CE suggested that the Chair of the Quality Sub-Committee is discussed outside the meeting.

## **2.9 Membership Sub-Committee report**

**CBir**

CBir commented that minutes produced were in a very draft form.

## **2.10 Membership Report**

**SN**

SN introduced the report.

SN directed governors to p.2 which looks at joiners and leavers and commented that we lost 400 members due to people moving out of the boundaries. We had a recruitment campaign to recruit 900 members by the end of financial year so 600 more members are to be recruited.

We went to Dean St to recruit members but did not get much out of it as the personal addresses had not been provided.

SN pointed out that re ethnicity we are very balanced if compared with the local population. This is outlined in table 3.

CE noted that at one Trust all patients get a letter from the Chairman inviting membership and we should consider doing the same.

CE thanked SN for presenting the report and wished her well.

**3 ITEMS FOR INFORMATION**

**3.1 Finance Report – August 2011** **LB**

This item was taken as read.

**3.2 Performance Report – August 2011** **AP**

This item was taken as read.

**4 ANY OTHER BUSINESS** **CE**

CBlew added to remarks made about Charlie Wilson and emphasised how extraordinarily well he chaired the Assurance Committee meetings. She was in awe of his skills as a Non-executive Director.

TY queried 'choose and book slot issues' in the performance report. HL said that she will ask AP to respond. **Action: AP to respond to TY.** **AP**

RG queried the cancer 2 week wait. **Action: MA said that Catherine Gillespie would respond.** RG said this has been in the press a lot recently. HL said that as part of our quality account this has been looked at quite rigorously. **CG**

CE concluded the meeting and invited all governors to attend the Annual Members' Meeting at 5.30pm.

**5 DATE OF THE NEXT MEETING**

The next meeting of the Council of Governors will be held on 1 December 2011.

**Signed by**



**Prof. Sir Christopher Edwards**  
**Chairman**