

Council of Governors Meeting Minutes, 14 February 2013

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|-------------------------------|-----------|-------------------------------------------------------|------|
| Prof. Sir Christopher Edwards | Chairman | | CE |
| Julie Walter | Staff | Contracted | JA |
| Chris Balmford | Patient | | WB |
| Christine Birch | Patient | | CBir |
| Nicky Blewett | Public | Hammersmith and Fulham 2 | CBLe |
| | Appointed | The Royal Marsden NHS Foundation Trust | NB |
| Anthony Cadman | Patient | | ACa |
| Tom Church | Patient | | TC |
| Alan Cleary | Patient | | ACLe |
| Samantha Culhane | Public | Hammersmith and Fulham 1 | SC |
| James Dennis | Staff | Allied Health Professionals, Scientific and Technical | JD |
| Jenny Higham | Appointed | Imperial College | JH |
| Martin Lewis | Public | Westminster 1 | ML |
| Kathryn Mangold | Staff | Nursing and Midwifery | KM |
| William Marrash | Patient | | WM |
| Susan Maxwell | Patient | | SM |
| Wendie McWatters | Patient | | WMW |
| Harry Morgan | Public | Wandsworth 1 | HM |
| Sandra Smith-Gordon | Public | Kensington and Chelsea 2 | SS-G |
| Frances Taylor | Appointed | Royal Borough of Kensington and Chelsea | FT |
| Maddy Than | Staff | Support, Admin & Clerical | MT |
| Alison While | Appointed | Kings College | AW |
| Steve Worrall | Public | Wandsworth 2 | SW |
| Tera Younger | Patient | | TY |

IN ATTENDANCE:

| | | |
|----------------------|----------------------------------------------|------|
| Prof Richard Kitney | Non-executive Director | RK |
| Sir Geoffrey Mulcahy | Non-executive Director | GM |
| Karin Norman | Non-executive Director | KN |
| Tony Bell | Chief Executive | TB |
| Catherine Mooney | Director of Governance and Corporate Affairs | CM |
| Lorraine Bewes | Director of Finance | LB |
| Mark Gammage | Director of HR | MG |
| Katie Drummond-Dunn | Communications Manager | KD-D |
| Anthony Pritchard | Deputy Chief Nurse | TP |
| Vida Djelic | Foundation Trust Secretary | VD |

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| Patricia Gani | LINK representative | PG |
| Sian Nelson | PALS Manager | SN |
| Caroline Thomsett | Interim Head of communications | CT |
| Mark Harris (in part for item 2.2) | Business Development Lead | MH |

1 GENERAL BUSINESS

1.1 Welcome & Apologies

CE

Apologies were received from Fergus Cass, Anna Hodson-Pressinger, Melvyn Jeremiah, Cyril Nemeth and Rosie Glazebrook.

1.2 Declaration of Interests

CE

None.

1.3 Minutes of Previous Meeting held on 6 December 2012

CE

Minutes of the previous meeting were accepted as a true and accurate record of the meeting with the following changes:

- p.3 section 1.7, last para final paragraph should read: 'It was noted that the responsibility of the pavement in front of the hospital'
- p.4 section 2.2 change LPC to LCP
- p.4 section 2.2, 3rd para change educating to educational
- p.5 section 2.2 change advanced to advance

SM commented that there was a mixture of names being recorded and comments being unattributed. It was agreed that there should be consistency.

CE clarified that Dr Mike Anderson, Medical Director was stepping down from the Board of Directors and that he remains with the Trust as a Gastroenterology Consultant.

CE noted, with reference to the A&E estate, that the final decision regarding reconfiguration of healthcare services across North West London is expected in the following week.

1.4 Matters Arising

CE

Ref. 4/Dec/12 Any other business - Provision of a specialist mental health assessment at night, it was reported that feedback had been provided to CBlew about general provision of mental health services and that CBlew has a specific issue and this will be addressed outside the meeting.

Ref. 4/Dec/12 Any other business - Food at night availability, it was noted that staff could use the restaurant which is open till 4.30pm and the Costa Coffee shop which serves hot and cold beverages, sandwiches and panninis is open until 7pm. Outside these hours hot and cold vending is available on the ground floor. The restaurant closure time was introduced a year ago due to low uptake at night and once the refurbishment of the restaurant is completed extended opening hours may be considered. It was noted that staff normally bring their own food at night and that

most of staff would not normally want a hot meal. It is common that canteens are not open at night and light snacks are available from vending machines. .

1.4.1 Lead governor announcement (oral) CE

It was noted that following on the expression of interest received from three governors voting had taken place and Brian Gazzard, staff governor received the most votes. BG was congratulated on being the Lead Governor.

In response to a query from a governor whether his points were taken into account it was confirmed that these were considered.

1.5 Chairman's Report (oral) CE

Discussions have been taking place with the Royal Brompton Hospital re the possibility of paediatric cardiac surgery and respiratory surgery being transferred to the C&W. The Board has signed a Memorandum of Understanding. The Chairman had met with Councillor Christopher Buckmaster earlier in the day to discuss the issues. The risks are low as RBH would be responsible for the capital costs.

In response to a question if any merger would need the approval of Brussels it was confirmed that there was no suggestion of merging the two Trusts; it was proposed RBH would run some services at C&W site. There is a timetable for the development of the model of care; business plan etc. which will be discussed by the respective Boards and this should be agreed in May.

Governors were invited to raise any concerns directly with the Chairman.

In response to a query re the transfer of paediatric cardiac surgery it was noted that this will be discussed in detail at the upcoming strategy meeting.

1.6 Chief Executive's Report (oral) APB

This was addressed in the strategy section of the meeting.

2 ITEMS FOR DISCUSSION/DECISION/APPROVAL

2.1 Strategy Update (oral) APB

It was noted that the final decision by the Joint Committee of Primary Care Trusts (JCPCT) re 'Shaping a Healthier Future' consultation is expected on 18 February. Eight Accident and Emergency departments will become 5 and a business plan is being prepared on how to address that. The plan needs to look at what we need to do to accommodate the increase in A&E flows. Solutions need to be considered with primary care and the community. A&E is different across the country and C&W is the best performer in NWL.

It was noted that 25,000 people signed against the proposed changes for reconfiguration of the healthcare services in the consultation.

The future of Charing Cross Hospital has been a particular issue and it now looks like there is a solution although it is not clear what this will be. The JCPCT and SHA

need to find a solution for local residents, and it is likely that the solution will try and address the aging population. A combined health and social care response is likely.

Another key area of discussion is West Middlesex Hospital.

2.2 High Quality Planning 2013/14 – update

AH

Mark Harris, Business Development Lead set out the background of the High Quality Planning. Actions to date were outlined and actions for the coming months were highlighted.

It was confirmed that the paper outlined the process rather than the outcomes but that these would be shared. Governors had had the opportunity to contribute at the away day in December. Governors emphasised the need for early involvement and the value of governors on rounds was emphasised so that they can be better informed about the Trust. It was suggested that governors who have interest in particular area of the hospital should be linked to that area.

It was noted that the Trust is developing a clinical strategy for the next 5-10 years

A paper describing the outputs of the planning process will be brought back to the next meeting for discussion with the governors.

2.3 Notes from 13 December 2012 Away Day and next steps

CM/CE

The areas discussed at the away day were outlined. The paper later on the agenda titled 'A framework for senior team members, NEDs and governors to undertake visits to clinical areas' will assist with director/governor interaction.

It was agreed that the Membership Sub-Committee will take forward discussions on how to meet the requirement of the duty of governors to represent interests of the members of the Trust as a whole and the interest of the public, and report to the Council of Governors.

A facilitated workshop which will involve governors and Board members will be set up to take forward significant transactions and the composition of the Council of Governors.

Governors' informal visits to wards will be very helpful in light of the Francis Report and this should be seen as opportunity for governors to contribute. We may need to be more structured to ensure all areas are covered. The idea is to have individual governors and NEDs to relate to certain areas of the hospital which should make it easier to act as a proper accountable interface. This should help with governors being better informed. The Chairman confirmed the policy of the Trust is to be as open as possible.

The role of PALS is being considered with a view to more immediate complaints being dealt with by the areas concerned rather than directing patients to PALS. A governor commented that he has recently visited Guys and St Thomas' Hospital and Charing Cross Hospital and noted that both hospitals have an open style of PALS office which he felt was more welcoming and friendly. It was highlighted that some patients like the anonymity of a survey. It was confirmed that comments

picked up by governors could be passed to PALS.

In response to a question regarding whether the Trust has set a timetable to look at the Francis Inquiry Report it was noted that this was discussed by the Board earlier in the day. The Department of Health need to respond first and the report will subsequently be discussed by the Board and the Council of Governors.

Governors agreed that it would be very useful for them to be more involved and should feel encouraged to join various committees, participate in meet a governor session and visits to wards in order to learn how the hospital functions.

2.4.1 Terms of Reference of the Nominations Committee of the Council of Governors for the Appointment of NEDs **CE**

The paper was noted.

Governors agreed that that quoracy should be 2 governors present, one appointed and one elected, instead of three as previously stated and that the terms of reference are reviewed annually. The period of being a member of the Nominations Committee was agreed to be normally 2 years and max of 4 years.

The point 3.1 re 'Another person nominated by the Nominations Committee is invited to act as an independent assessor to the Nominations Committee' was queried. It was noted that it is extremely important to get an external expert view during the selection process and this has worked well in practice.

2.4.2 Nominations Committee of the Council of Governors for the Appointment of NEDs – expression of interest **CE**

The plan outlined in the paper was noted.

Governors should send expressions of interests for the membership of the Nominations Committee to Vida Djelic by Thursday, 28 February 2013. It was noted that should more than two elected governors and one appointed governor express interest the Chairman will interview interested governors.

Governors to send expressions of interest to VD by Thursday, 28 February 2013. **All**

2.5 Governors' Questions

Governors noted questions and responses provided in the paper.

Governors discussed possible invitees for the official opening of the Ron Jonson ward.

2.6 Council of Governors Performance Evaluation **CM**

Governors discussed the draft questionnaire and it was agreed that Q2 should read 'How long have you been a governor?'. VD to amend the questionnaire and circulate to governors to complete by 1 March 2013.

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| 2.7 | Open Day 2013 | KD-D |
| | <p>The proposal for the Trust Open Day 2013 to be held on 11 May was noted.</p> <p>The idea of a careers event for young people aged 14-17 was extremely well received last year and it is an excellent opportunity for young people interested in healthcare profession.</p> <p>In relation to a query re point 6.1 of the paper regarding a VIP to open the event it was suggested that a 'star guest' be invited. A list of potential guests would be sent to APB.</p> <p>This was agreed.</p> | |
| 2.8 | Council of Governors Funding Report | VD |
| | <p>Governors noted the funding report as provided in the paper.</p> <p>Governors supported funding of the free-standing banner to display upcoming dates and times of Meet a Governor sessions in the Information Zone for £250 and that extra funding of £28 is required.</p> <p>Governors supported funding of the free-standing banner to promote membership for £250.</p> <p>The funding request of £3,455.74 for gifts for the governors' stand for the Open Day was approved.</p> | |
| 2.9 | Chelsea and Westminster Star Awards 2013 | MG |
| | <p>The star awards process was described. The ceremony will be held on 18 April at the Chelsea Football Club.</p> <p>Different nominations for awards need to be decided. Governors were invited to inform VD about nominations.</p> <p>Interested governors were invited to join the judging panel.</p> <p>Governors to volunteer to join the judging panel.</p> | |
| 2.10 | Report on Senior Nurse/Governor Rounds | TP |
| | <p>This paper was noted.</p> | |
| 2.11 | Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 29 January 2013 | CM |
| | <p>This paper was noted.</p> | |
| 2.12 | Quality Account 2012/13 | CM |
| | <p>This paper was noted.</p> | |

- 2.13 A Framework for Senior Team Members, Non-Executives and Governors to undertake visits to clinical areas** **TD**
- The paper was outlined and it was noted that the paper provides a formal structure for governors and NEDs to undertake visits to clinical areas. This should enable them to have a comprehensive understanding of clinical areas.
- TP will liaise with governors re areas to visit and dates. The visits are not an inspection but an opportunity for a critical friend to help and support. Visitors should be aware that they are entering a working area with a lot going on and some 'ground rules' need to be agreed, including an explanation for patients. The primary concern is privacy and dignity of patients.
- There was a discussion about whether governors should go to wards unannounced and it was emphasised that governors do have the opportunity to speak to patients alone even on the senior nurse rounds which take place every two weeks to which governors are also invited.
- The proposal was agreed.**
- 2.14 Francis Inquiry Report** **APB**
- The publication of the Francis Inquiry Report and the importance of considering all recommendations were noted. However, this will be done once the Department of Health has published their response.
- Robert Francis will talk at the FTGA event on 14 March and it was suggested that governors attend and if there is more than two governors interested to attend this should be allowed. This was agreed.
- 2.15 Membership Sub-Committee report** **ML**
- This paper was noted.
- 2.16 Membership Engagement and communication – update** **KD-D**
- An update on the current engagement activities of 2012/13 and the proposal for membership engagement for 2013/14 was provided.
- The Council of Governors agreed to fund the proposed engagement and communication activity 2013/14 for £30,600.
- 2.17 Membership Report** **SN**
- This paper was noted.
- It was suggested that members should be asked about sex and disability on joining and this should be provided in the report. **SN to discuss this with Priti Bhatt, Equality and Diversity Manager.** **SN**
- 3 ITEMS FOR INFORMATION**

3.1 Finance Report – December 2012 **LB**

This item was taken as read.

3.2 Performance Report – December 2012 **DR**

This item was taken as read.

4 ANY OTHER BUSINESS **CE**

KD-D provided a summary of the Francis Inquiry Report recommendations and invited all governors to take a copy.

5 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 23 May 2013.