

Members' Council Meeting Minutes, 4 December 2008

Present:

[Quorum: 12 Council Members with a minimum of 4 public/patient, 1 Staff and 2 appointed]

Council Members: Prof. Sir Christopher Edwards (CE), Chairman
Jim Smith (JS), Patient
Christine Blewett (CBT), Public – Hammersmith & Fulham 2
Peter Molyneux (PM), Appointed, Kensington & Chelsea PCT
Alison Delamare (AD), Staff – Contracted
Cathy James (CJ), Staff – A&C
Ann-Mills Duggan (AMD), Public – Westminster Area 1
Nathan Billing (NB), Staff-Allied Health Professionals
Chris Birch (CB), Patient
June Bennett (JB), Patient
Walter Balmford (WB), Patient
Martin Bradford (MB), Hammersmith and Fulham area 1
Nicky Browne (NBr), Royal Marsden NHS Foundation Trust
Mervyn Maze (MM), Imperial College
Brian Gazzard (BG), Staff – Medical & Dental
Lionel Foulkes (LF), Public – Wandsworth 2
Martin Lewis (ML), Public
Sue M Smith, Staff, Nursing and Midwifery
Lady Sandra Smith-Gordon (SSG), Kensington and Chelsea area 2
Christine Blewett (CBT), Hammersmith and Fulham
Martin Lewis (ML), Public, Westminster Area 1

In Attendance: Heather Lawrence (HL), Chief Executive
Andrew MacCallum (AMC), Director of Nursing
Cathy Mooney (CM), Director of Governance and Corporate Affairs
Charles Wilson (CW), Non-Executive Director
Lorraine Bewes (LB), Director of Finance
Julie Cooper (JC), Foundation Trust Secretary
Amanda Pritchard (AP), Deputy CEO
Colin Glass, NED
Andrew Havery (AH), NED
Mike Anderson (MA), Medical Director
Karin Norma (KN), NED

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies for absence were received from:

Martin Rowell (MR), Patient
Prof Salman Rawaf (SR), Appointed,
Sandra Jowett (SJ), Appointed – Thames Valley University
Duncan Macrae, Appointed - Royal Brompton & Harefield NHS Trust
Michael Henry (MH), Patient
Hugo Fitzgerald (HF)
Richard Kitney (RK), Non-Executive Director
Amit Khutti (AK), Director of Strategy and Service Performance
Hannah Coffey (HC), Director of Operations

Catherine Longworth (CL), Westminster PCT
Maria-Elena Arana (MA), Patient
Jane King (JK), Patient
Frances Taylor (FT), Appointed - Royal Borough of Kensington & Chelsea
Mary Symons (MS), Public, Wandsworth Area 2
Sue P Smith (SPS), Patient

1.2 Declaration of Interests

None

1.3 Minutes of the Previous Meeting Held 18 September 2008

The minutes were approved with the following amendment:

Sue M Smith was present.

1.4 Matters arising

Matters Arising/Membership Surgeries (1.4/Sept/08)

Many Council Members have expressed their interest to be involved in surgeries.

Matters Arising/Assurance Committee

The selection process for the Assurance Committee has been decided.

Public Consultation on Congestion Charge (2.3/Sept/08)

Individual members were encouraged to respond to the consultation. The outcome of the consultation has been positive for the Trust and the majority of respondents want the western extension abolished.

Membership Report

JC asked for volunteers to distribute leaflets to pharmacies.

FT Membership Area

The membership area is now a regular agenda item for both the Council meeting and the Communications Sub Group.

Developing the Role of Governors

Business planning is on the agenda.
The Joint Board Away Day has been organised.

Yellow/Red Alerts

Council Members will be involved in the appeal process for red and yellow cards. Three members have expressed an interest.

LB confirmed that at present Council Members are not covered and we would need additional insurance for this purpose.

NHS Constitution

HL said there was nothing significant in the consultation so the Trust did not formally respond.

1.5 Chairman's Report

CE said that Sir Robert Finch is the new Chairman of the Royal Brompton Hospital. CE has written him a letter seeking collaboration. We are about to receive further information on Health Innovation Education Clusters (HIECs). We see the creation of HIECs as an opportunity in NW London for the Academic Health Science Centre to come together with Fulham Road partners to address a number of key issues surrounding post graduate medical education. We are fortunate to have the CLAHRC and it will allow us to focus within the HIEC on how to build bridges

between research and health. The process for HIECs and the creation of an Academic Health Science Centre will now move in parallel.

2. ITEMS FOR DECISION/APPROVAL

2.1 Business Planning

LB said that we have taken the views on board from the last meeting with regards to the involvement of the Members' Council in the business planning process. We are now organising three workshops for staff to share their views. All Council Members are invited to attend these business planning workshops which will be held during the second half of December. The workshops will be dedicated to different aspects of business planning with the sessions being repeated at different times of the day to maximise attendance for both staff and Council members. The topics of the workshops will be as follows:

- Workforce (led by Mark Gammage, interim director of HR)
- Strategy and the PCT environment (led by Heather Lawrence and Amit Khutti, Director of Strategy)
- Finance (led by Lorraine Bewes, director of finance)
- Quality and Governance (led by Mike Anderson, medical director, Andrew MacCallum, director of nursing and Catherine Mooney, director of governance)

At this stage the timings are still being finalised and a schedule of the meetings will be distributed by Julie Cooper as soon as they are available. A dedicated workshop for Council Members' only can also be arranged if this is preferred? The Council felt that this was not necessary.

Action: JC to circulate business planning workshop schedule and sign up interested Council Members.

2.2 Membership

CE said that we remain focussed on increasing our patient membership. We are now interfacing with GPs and we have included the membership application in the back of the new discharge leaflet which will go to every patient. We are also continuing to explore the best ways of using the kiosks to recruit and involve members. NBr said that the Royal Brompton has asked Kensington and Chelsea Council to help increase membership. She suggested that we work together on this as membership to Foundation Trust's is not exclusive. JC said that she had met Nell Davies from Kensington and Chelsea Council and they agreed to fix a meeting to discuss ways of working together. PM said they are exploring the use of 2nd life for health. CG has agreed to meet with interested Council Members to discern the best model for constituent meetings.

Action: Develop a set of specific proposals on how to take engagement forward.

2.3 Members' Council Funding Report

CE recapped the spending to date as noted in Table 1 in the paper as well as the agreed future activities outline in Table 2. He said we will have approximately £30K remaining for this financial year. He invited HL to speak to the first proposal regarding the creation of a DVD promoting our paediatric services from the perspective of a child. HL said that we have just created a Paediatric Service Directory, but we would like to go further in our efforts to promote the service. The DVD could be used for parents, commissioners or children themselves to give more insight into the services we provide here at Chelsea and Westminster Hospital. CB asked if there was hospital budget to do this? HL said not this year as we are into Month 9 of the financial year. The Council was in support of the DVD. CE said the second suggestion was to either fund the membership to the Consultation Institute or to set aside some money for Council Members to attend their workshops on engagement. The Consultation Institute seeks to promote the highest standards of public, stakeholder and employee consultation by initiating research, publications and specialist events in order to disseminate best practice. It was agreed that JC would circulate more information on the institute and the types of workshops they offer.

The Council noted that people are using the screens and we need to now go further in using

this area to increase membership and engage with our existing members.

Action: Use the Members' Council funds to create a DVD on our paediatric services.
Action: JC to circulate more information on the Consultation Institute.

2.4 Membership Area

The Council noted that people are now using the screens and that this initiative is off to a good start. We must now take this area to the next phase and ensure that the area is appropriately staff and used. This work will be led by the Communications Sub Committee.

2.5 Chair Appraisal

CW said he will lead the process for the evaluation of the Chairman. He has spoken with Brian Gazzard, the Deputy Chairman of the Members' Council, and they have agreed the process which is outlined in the paper. BG proposed that the chairman come a half-hour later to the next Council meeting to allow time to seek the views of Council Members.

THE COUNCIL AGREED TO THE CHAIR APPRAISAL PROCESS.

2.6 Nursing and Midwifery Seat

AMC said that we are now in talks with two organisations to take up the role of education provider for nursing and midwifery. Once this process is concluded we will choose who our major partner will be and which organisation should have a representative on the Council.

2.7 Northwest London Strategy

HL said she can now confirm that three of the five bids have been approved for major trauma centres which are St George's, Kings and the Royal London. They have been asked to resubmit their bids to cover a wider geography. HL said that major trauma patients represent less than 1% of the population and stressed that we will still receive trauma patients here. PM said that this is not the end of the designation process. There are further discussions to be had in terms of distance and journey times and whether some other arrangement needs to be decided.

With regards to Stroke, we have an excellent Stroke service and we took the decision to submit a bid to NHS London to become a Hyper Acute, Acute and Transient Ischemic Attack (TIA) centre. Each of the three elements had to stand alone and together. The PCTs would like to see two in North West London. We will know on the 19th December if we will go to the next stage. HL said she has also been advised that we will be briefed on paediatrics on the 15th December. ML asked if there had been an increase in A & E attendance. HL said it was constant at the moment and the Chairman added that there was an increase of 20% in outpatients. CE mentioned the timing for paediatrics which could be a key issue for the next Council meeting on March 19th. We must be ready to consult with our membership and be prepared to hold any additional meetings necessary. NBr said she was happy to put time aside to work with the Council to agree a way forward once the specification is clear. MM suggested that the Communications Sub Group might take the lead responsibility for mobilising the membership. PM asked that any plan include an opportunity for dialogue with PCTs and commissioners.

2.8 Quality Care Commission

HL said that this is a new body that will incorporate three inspectorates. This paper sets out the new powers and principles for the agency. What is important to note is that we will now have to register with the commission. The question for now is do we agree with the principles? CE said there are so many bodies out there with a remit for quality which could mean we find ourselves answering to many bodies.

THE COUNCIL NOTED THE REPORT

2.9 MedMedia Ltd

HL said that she had been introduced to Medmedia by a consultant. She and the Chairman met with the founder of the company, James Frost, the previous week. He is a banker who has now sold his previous company and created Medmedia six months ago with a view to provide aesthetic forms of health promotion in hospitals which can also deliver revenue. CE shared some of the mock art work as an example of the type of messaging that would be developed and stressed that we would drive content. We would then receive 100% of the revenue from each panel of which we would pay them 50% and reinvest 50% into our services. CE said they made no guarantee on minimum income. They would go out and effectively sell the space. CE said the key issue is whether the sponsor would pay less as the message became less branded. JB raised her concerns about the legitimacy of the company and that she had looked into the company and it seemed they had links with an American firm. She also asked what the sponsor would expect from us at the end of the year. CE said it was the benefit of the space to promote key health messages. WB asked if they would move or be static. CE said they were static but that we would insist the messages change throughout the year. CB asked what Matt Akid, the Head of Communications (MA) thought. CE said that he Board had discussed this opportunity briefly and that MA would now be consulted. SGS said that the walls were already covered in lovely art and queried why we would change this. HL explained that there were many blank walls within clinics. BG said that he was very supportive. AMD asked what types of sponsors we might not allow e.g. pharmaceutical companies. SMS said she is in charge of a ward and outpatient area and that she would find this very beneficial. CBT said that we would need clear sponsorship guidelines but if the concerns aired could be addressed satisfactorily then why not. PM asked that we work together with PCT on the messaging. HL said that this is in line with the thinking expressed in Lord Darzi's health reform with regards health promotion. She said that we would of course have a strict fire wall for procurement.

CE summarised his understanding of the discussion and the way forward as follows:

1/ We need reassurance about the provenance of the company. We will need to do a company search to this effect.

2/We need to differentiate this type of health promotion from advertising and check that this is permissible under the advertising code.

3/If we have appropriate messages in appropriate areas than we are in agreement to proceed.

4/ If they can sell the space and we can control the messages than the Council feels this is a good concept to pursue.

3.1 Finance Report – Month 7

LB said that we are continuing to do well against plan. The Trust is reporting a £7.34m income and expenditure surplus for the 7 months to 31st October 2008 (£1.15m above plan).

The current month's performance shows an income and expenditure surplus of £1.31m which is £0.49m above plan. This includes some exceptional costs and income which are detailed in the report.

The Council noted the report.

3.2 Performance Report – Month 7

HL reminded the Council of the Healthcare Commission ratings. We got excellent for 'use of resources' and 'good' for quality of services. We missed a 'double excellent' by 1 point. We have appealed but do not yet know the outcome.

The Council noted the report.

3.3 Corporate Objectives

The Council noted the report.

4. ANY OTHER BUSINESS

CB raised the issue of the size of the Members' Council and if we should have more sub committees doing the detailed work. AMC said we host a seasonal conference three times per year to discuss clinical issues, training and performance. We would like to involve the Members' Council and possibly the membership in this meeting. The next meeting is provisionally booked for 27 March. AMC will circulate further detail once it is available.

5. DATE OF NEXT MEETING

19 March 2009

Signed by



**Prof. Sir Christopher Edwards
Chairman
19th March 2009**