

Members' Council Meeting Minutes, 24 July 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
Brian Gazzard (BG), Staff – Medical & Dental
Duncan Macrae, Appointed - Royal Brompton & Harefield NHS Trust
Christine Blewett (CBT), Public – Hammersmith & Fulham 2
Mervyn Maze (MM), Imperial College
Catherine Longworth (CL), Westminster PCT
Maria-Elena Arana (MA), Patient
Peter Molyneux (PM), Appointed, Kensington
& Chelsea PCT
Jane King (JK), Patient
Alison Delamare (AD), Staff – Contracted
Cathy James (CJ), Staff – A&C
Martin Rowell (MR), Patient
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 Lewis (ML),
Mary Symons (MS)
Ann Mills-Duggan (AMD)
Hugo Fitzgerald (HF)
Sue M Smith (SMS), Staff-Nursing and Mid-wifery

In Attendance: Heather Lawrence (HL), Chief Executive
Amanda Pritchard (AP), Deputy CEO
Andrew MacCallum (AMC), Director of Nursing
Cathy Mooney (CM), Director of Governance and Corporate Affairs
Charles Wilson (CW), Non-Executive Director
Amit Khutti (AKh), Director of Strategy and Service Performance
Lorraine Bewes, Director of Finance
Heather Bygraves (HB), Deloitte and Touche
Colin Glass (CG), NED
Mike Anderson (MA), Medical Director
Julie Cooper (JC), Foundation Trust Secretary

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies for absence were received from:

Prof Salman Rawaf (SR), Appointed,
Sandra Jowett (SJ), Appointed – Thames Valley University
Michael Henry (MH), Patient
Nicky Browne (NBr), Royal Marsden NHS Foundation Trust
Frances Taylor (FT), Appointed - Kensington & Chelsea
Lionel Foulkes (LF), Public – Wandsworth 2
Martin Bradford (MB), Patient
Raymond Levy (RL), Patient
Sue B Smith (SBS), Patient

1.2 Declaration of Interests

None

1.3 Minutes of the Previous Meeting Held 8th May 2008

The minutes were approved with the following amendment:

Add MA to the attendance list.

Remove the sentence on p3, section 2.2 starting with *...but it was felt.*

1.4 Matters arising

The Council congratulated the Chairman on his knighthood.

The Chairman announced that Valerie Arends and Vivian Wood had resigned from the Council.

Financial and Corporate Plan (2.1/May/08)

LB said the Council had asked for further information regarding bank and agency staff. She reported that in June we had 300 bank staff and 110 agency staff. With regards to their rate of pay, in 2005/06 the Trust undertook an extensive benchmarking exercise around our rates and we came out expensive. We made changes to the rates in 2006 by eliminating specialist rates and paying for staff for the jobs they were covering rather than their band when in a substantive post.

The other query was relating to the surgical directorate's business plan regarding the development of the role of nurses. The directorate has a pool of nursing staff who have been trained but are not specifically assigned to one area so that they can be called upon to fill in rather than having to turn to agency staff.

LB said that there was a more extensive glossary of terms attached to the finance paper and that going forward there would be one to accompany the business plan.

Staff Constituencies

The Chairman said that a more substantive issue has arisen with regards to amending the constitution to allow for changes to the staff constituency. Monitor interpreted the constitution to say that we should have held a meeting of all members rather than just members of the staff constituency at which time a vote should have been taken and a majority of the staff members present would have had to vote positively for the change. We will therefore have to bring any proposed changes to the constitution to the annual members meeting and devote a portion of the meeting for these matters. An alternative in future might be to also hold a members' meeting on the open day.

THE COUNCIL AGREED TO TAKE THE PROPOSED CHANGES TO THE ANNUAL MEMBERS MEETING.

1.5 Chairman's Report

CE said he has become increasingly concerned with the situation around paediatrics. There was a danger that the current service review will lead to damage and disruption to services. It was important to examine where services actually fit best. A meeting has now been held by the Chairman with Professor Stephen Smith and it has been agreed to prepare a joint bid for the creation of a 'virtual' paediatric intensive care unit with specific services being provided on each of the three sites and consultants being jointly trained and working across the sites. CE said he had discussed this with Lord Darzi and he was supportive of this type of collaborative approach. DM commended the new model and said it may work but there are risks for all three Trusts.

CE and HL went to see the sexual health outreach clinics. Dean Street is an impressive building and it will allow for an innovative service to be provided out of this site. Debbie Richards the General Manager for this service is to be congratulated for her work on this project. The planning permission has now been granted and there is no longer a concern about a possible judicial review.

1.7 Chief Executive's Report

HL noted that Peter Sharrot was also awarded an MBE. She noted that patient safety was a key priority and Cathy, Andrew and Mike will have key roles in implementing the patient safety first campaign. Regarding MRSA, we have had two cases this year, neither of which originated in the Trust. We are now auditing some aspects of infection control to ensure that we are doing what we say. We are also considering some additional measures around screening but this has been put on hold until the end of the first quarter to have a clear picture of the finances.

We had a successful launch of the CLAHRC: NIHR Collaboration for Leadership in Applied Health Research & Care.

HL said we are pleased to inform the Council that we have been designated an ESMO (European Society of Medical Oncology) Centre of Integrated Oncology and Palliative Care and we are one of the only Trusts in the country to receive this designation.

2. ITEMS FOR DECISION/APPROVAL

2.1 High Quality Care for All and Northwest London Commissioning

CE said the review had been clinically led and focussed on quality. There is a feeling that what is being proposed is a way of getting better value for money. He recapped the key aspects of the proposal and noted a greater focus on prevention. The specific mention of obesity is good for the Trust now that we have a dedicated bariatric service. The same applies to the expansion of sexual health. The proposal also grants greater freedom to frontline staff which is in line with the ethos of Foundation Trusts. The implementation schedule for the proposal was noted. PM said the direction of travel over the next couple years is clear and it should be relatively easy for PCTs to interpret the changes and the PCT welcomes the patient focus. MM noted that the report sites partnership to pioneer new treatments and he sees applying telemedicine to paediatric services as fitting this model. CE said the report supports working in partnership and means of bringing education and research closer together. The creation of HIECs: Health Innovation in Education Clusters would strengthen the health educational aspect of universities. These clusters will be debated over the next months and bids for funding should be submitted in December. There is a significant amount of funding set aside for this purpose. The implementation of HIECs was discussed in relation to Academic Health Science Centres (AHSC). CE said that the AHSC could fit within the HIEC. The key thing is to improve communication and interfaces between the different players in the health arena.

2.2 Monitor Consultation on the Private Patient Cap

CE said when Foundation Trusts were set up one of the requirements for their acceptance was to place a cap on the income to be generated from private patients. Unison is now threatening to take Monitor to judicial review over their interpretation of the legislation. This is not a consultation on the legislation, but rather on the approach Monitor should take in setting the detailed rules to interpret and apply the legislation. HL went through the options as outlined in the paper. The Board will respond to the consultation and the Members' Council might also like to respond or contribute to the formulation of the Trust's response. AK recapped the specific questions being asked in the Monitor consultation document to help the Council formulate their thinking and how they might contribute.

CE suggested that the Trust could partially reduce the risk associated with option 3 whereby donations from the Charity would count towards the Trust PPI cap by gifting the money to Imperial College to channel towards specific research.

Action: To be discussed at the Board meeting on 30th July 2008

2.3 Annual Plan 08-09

CE said that we have previously brought the annual plan in various stages to the Council. The final plan has more detail around directorate-specific plans. CE asked if the process of involving the Council had been appropriate. ML said he would like more detail going forward versus the skeleton plans. It would be difficult to properly engage a group of this size and it was suggested that a dedicated task group might get more involved. However it was also agreed that this

might exclude some important views. BG stressed that he did not want to lose the opportunity for the full Council to get involved in the strategic direction of the Trust and suggested a dedicated meeting might be set up for this purpose. It was agreed to explore the best vehicle for Members' Council involvement.

The situation with LastWord was raised and the fact that GE would not support the system beyond December 2008. HL said that the Trust took an advanced decision 10 years ago to adopt a US system to work in the UK. We have a good interim solution with employing GE staff and any solution going forward will not go back on our overall functionality.

CB raised the issue of named alternates on p25 and that he understood this had not been accepted by Monitor. This was confirmed and the report will be amended.

The issue of the congestion charge was discussed and the possibility of making a plea to the current Mayor to see if an exemption could be made for the Trust. PM said that the PCT will also be looking at the congestion charge but they must counter any negative impact on the Trust with the public health benefits from the charge.

AMC reported that we are in the process of appointing a provider to assist the Trust in gaining real-time feedback and that this should be in place by December. The GP Liaison manager is now in post and this has been a great advantage for the marketing of the Trust.

It was noted that the Trust exceeded both the 18 Week Target and the Financial Target.

Action: Identify the best format for Members' Council involvement in business planning

Action: Amend annual plan regarding named alternatives

2.4 Membership Report

CB said there were many items on the agenda for the Sub Committee meeting and that he would report on two specifically. First, the group reviewed the Membership Development and Communications Strategy. The strategy is now divided into three sections: 1/Building Membership, 2/ Engaging with our Membership and 3/ Ensuring Diversity. The paper is much tighter and more focussed now. Roz Wallis, Nurse Consultant for Infection Control also joined the meeting to discuss how we might use the Trust website to share information on infection control. This will be done soon. It was agreed that the best advert for the Trust is figures showing low rates of MRSA. CBT queried the target for members leaving. JC said that this was an estimate based on previous years and she would either explain it or remove it in future reports.

2.5 Revision of the Membership Strategy

CM said we have now grouped the strategy into three sections as CB outlined and the fourth section looks at evaluation. CM reviewed the content of the three sections and highlighted what had changed. We are still working on better understanding the diversity of our membership. We are currently getting figures from the information team on our patient population which will serve as an important benchmark. We also want to work more closely with our existing Patient and Public Involvement structures to engage with our members. We intend to create a database for the feedback we receive so we can audit progress and feedback both to the individuals as well as to the Council and the Board. It was suggested that we have individual business cards for Council Members with a central point of contact. It was suggested that PALS might be used to channel some of the input from the Membership. BG said we should have more working councils within the staff and he suggested that the themes coming out of complaints be shared with the Council. It was suggested that some examples of how membership had been valuable might help with recruitment.

Action: Explore possibility of having business cards for Council Members as well as using PALS to collect feedback.

Action: Make a schedule of the Membership Surgeries and promote meeting point.

Action: Make complaints and the results of patient satisfaction surveys more available to Council

THE REVISED MEMBERSHIP STRATEGY WAS AGREED

2.6 Members' Council Funding Report

JC presented the report and noted that the actual costs were slightly higher than the estimates. In light of some of the agreed objectives in the Membership Strategy she proposed an annual budget be agreed for certain activities relating to membership engagement and recruitment. This includes the following: 1/a bi-annual membership week leading up to the Open Day and the AGM, with external support from recruiters at a cost of circa £6,000. 2/ The development, design and printing of a discharge leaflet for all patients which includes information on infection control and membership with a detachable membership application at a cost of £8,000 for £65,000 and 3/ the possibility of training Council Members to be mystery shoppers for which JC has requested a quote.

It has been suggested that the membership leaflet be tailored to target users of specific services to make the offer of membership more meaningful e.g. sexual health, maternity. The cost for the design and printing of 5000 tailored leaflets would be c£2,500 per leaflet. MS said we must look at the return on investment for tailored leaflets as the gain might not justify the cost. It was noted that the quote was high and could be done more cheaply.

The Membership Development and Communications Sub Group has suggested the creation of a membership area to help Council Members communicate with their constituents whilst promoting future membership at the same time. We have now secured a supplier via the supplies department with whom there are no caveats to allow for advertising. We will buy the screens and necessary equipment outright and the cost is within the estimated budget of £10-£15,000. PM said we must look at different methodologies for communicating with different groups of members.

THE MEMBERS' COUNCIL AGREED WE THE PROPOSAL TO FUND THE ACTIONS IDENTIFIED ABOVE AS REGULAR BUDGET ITEMS ON AN ANNUAL BASIS.

2.7 Members' Council Performance Evaluation Report

CE thanked those who completed the evaluation. He gave an overview of the results and comments. He highlighted those results where there was a strong view in one direction or great discrepancy. The first issue was difficulty in contacting and engaging with constituents. CE said we are now trying to address this with some of the activities noted under the funding report. The membership area will also help in getting 'Meet your Council Representative' sessions off the ground. The issue of contact with Directors was raised as at least one member felt this did not exist. CE pointed out that directors attend every Council Meeting and going forward we may have one Board meeting where Council Members might attend.

2.8 Nominations Process

CE said we have two vacancies on the nominations committee at present. He has asked PM if he would be interested to get involved as his predecessor had been on the committee. He said we needed one elected member from either a public or patient constituency as BG is already a member from the staff constituency. It was suggested that those who are interested let JC know. If there are many interested candidates than CE will hold informal interviews to make an appointment. MS confirmed that the proposed change with regards to the policy for maintaining the composition of the NEDs will have to be voted on at the Annual Members' Meeting.

The Council approved the appointment process for the new Non-executive Director; agreed the policy for maintaining the composition of the Non-executive Directors and approved the updated terms of reference for the Nominations Committee.

Action: Take the proposed change to the constitution with regards the maintenance of a policy for the composition of the non-executive Directors to the annual members meeting.

2.9 Annual Report and Annual Members Meeting

MA said the annual members meeting is a key event for both the Members' Council and the Membership during the year. It is a chance for members to present questions to the Board and we must allow plenty of time for this. There are also some statutory requirements for information that must be included in the membership report. Once the required information is presented there is flexibility in what other information is presented and how. We are looking for a nominated spokesperson to present the membership report as Martin Rowell did the first year. The issue of time was discussed and whether holding the meeting in the evening made it difficult for mothers to attend. It was suggested that we might hold specific sessions on key services at different times throughout the day or perhaps provide a crèche if the meeting is held in the evening. It was agreed that this would be considered in future but it was too late now to change the time significantly although changing the AMM and Members' Council meeting around would be considered.

Action: Investigate the possibility of holding the annual members meeting at a different time of day as well as the possible provision of childcare.

Action: Nominate a spokesperson to present the membership report. Interested people to inform JC.

2.10 Involvement in the Assurance Committee.

CM explained that a review of the governance arrangements had been agreed and one assurance committee would be created. It was agreed that a representative from the Members' Council would be very valuable. Assurance is important and the work of this committee does not duplicate the work of the executive but rather compliments it and provides outward challenge and objectivity. It is a challenging committee. The time commitment would be a two-three hour meeting quarterly and all of the necessary preparation work for this including reading the papers.

Action: Council Members who are interested in joining this committee to inform JC.

2.11 Year End Accounts

HB said this is an update on the audit of accounts for the financial year 07-08. The Trust met their deadline for submission to Monitor and we reported a healthy surplus. We have invested over £10M in fixed assets. The auditors will be issuing an unqualified audit and there were no areas for adjustments.

We will also be required to introduce International Accounting Standards from 2010 and next year will be a transition year.

THE COUNCIL NOTED THE ACCOUNTS.

3.1 Finance Report – Month 3

The Council noted the report.

3.2 Performance Report – Month 3

The Council noted the report.

3.3 Code of Governance

The Council noted the report.

3.4 Trust Board Open Minutes May 29 2008

The Council noted the report.

QUESTIONS FROM THE PUBLIC

None

4. ANY OTHER BUSINESS

CB said he had a spare copies of the service to celebrate the 60th Anniversary of the NHS.
Add NB to minutes of last Communications Sub Group meeting.

5. DATE OF NEXT MEETING

18 September 2008 from 3:00 -5:00

Signed by



**Prof. Sir Christopher Edwards
Chairman
18th September 2008**