

Council of Governors Meeting Minutes, 3 December 2009

PRESENT:

Prof. Sir Christopher	Edwards	Chairman		CE
Walter	Balmford	Patient		WB
June	Bennett	Patient		JB
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith and Fulham 2	CBle
Nicky	Browne	Appointed	The Royal Marsden NHS Foundation Trust	NB
Cass J.	Cass-Horne	Patient		CC-H
Alan	Cleary	Patient		AC
Carol	Dale	Staff	Management	CD
David	Finch	Appointed	NHS Wandsworth	DF
Brian	Gazzard	Staff	Medical and Dental	BG
Rosie	Glazebrook	PCT	NHS Hammersmith and Fulham	RG
Jesus	Jacinto	Staff	Contracted	JJ
Martin	Lewis	Public	Westminster 2	ML
Catherine	Longworth	Appointed	Westminster PCT	CL
Duncan	Macrae	Appointed	Royal Brompton and Harefield NHS Trust	DM
Susan	Maxwell	Patient		SM
Wendie	McWatters	Patient		WMW
Ann	Mills-Duggan	Public	Westminster 1	AMD
Cyril	Nemeth	Appointed	Westminster City Council	CN
Jim	Smith	Patient		JS
Sue	Smith	Staff	Nursing and Midwifery	SS
Sandra	Smith Gordon	Public	Kensington and Chelsea 2	SSG
Mary	Symons	Public	Wandsworth 1	MS
Alison	While	Major Education Provider	King's College	AW

IN ATTENDANCE:

Charles Wilson	Non-Executive Director	CW
Mike Anderson	Medical Director	MA
Heather Lawrence	Chief Executive	HL
Andrew MacCallum	Director of Nursing	AMC
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Sian Nelson	Membership and Engagement Manager	SN
Vida Djelic	Interim FT Secretary	VD
Matt Akid	Head of Communications	MA

1 GENERAL BUSINESS

1.1 Welcome and Apologies

CE called the meeting to order and welcomed newly-elected governors and newly-appointed stakeholder representatives.

Apologies were received from Lucy Ball, Edward Coolen, Colin Glass, Sinead Jones, Catherine Longworth, Duncan Macrae, Frances Taylor and Taryn Youngstein.

1.2 Announcement of results of elections

CE announced that the following were newly elected governors:

Public Governor:

Hammersmith and Fulham 2 – Christine Blewett (re-elected)

Patient Governors:

Cass.J.Cass-Horne

Alan Cleary

Edward Coolen

Susan Maxwell

Wendie McWatters

Jim Smith (re-elected)

Taryn Youngstein

Staff Members:

Allied Health Professionals, Scientific and Technical – Lucy Ball

Contracted – Jacinto Jesus

Medical and Dental – Brian Gazzard (re-elected)

Management – Carol Dale

Support, Administrative and Clerical – Sinead Jones

CE also welcomed two newly-appointed stakeholder representatives, Rosie Glazebrook of NHS Hammersmith and Fulham PCT and Alison While of King's College.

CE thanked both the current and new governors who attended the induction held on 24 November 2009 and said that he hoped that those who were unable to attend would have the opportunity to do it in the future.

CE asked those governors who attended the induction to complete the feedback form and return to VD so that she can process responses received and work on improving the future induction sessions.

CE added that VD will be arranging meetings with the Chief Executive and himself for new governors.

Vida Djelic to arrange.

VD

1.3 Code of Conduct Acceptance

Members were asked to sign that they accepted the Code of Conduct upon arrival. **Those who were not in attendance will be contacted by VD to ensure all Governors have accepted the Code.**

VD

1.4 Declaration of Interests

The Chairman gave a brief explanation about what the declaration involves and that any governor who has a material interest in any of the items that appear on the agenda should declare such interest to the Council of Governors and should withdraw from the meeting if relevant. This was in addition to the register of interests held by the Foundation Trust secretary.

The Chairman invited declaration of interests. None were tendered.

2 FOCUS ON QUALITY

2.1 What is Quality? – presentation

CE introduced the presentations. A task and finish group reviewing meetings had agreed amongst other things that a sub-committee of the Council be formed to address this issue.

CE said that Lord Darzi in 'High Quality Care for All' published by the Department of Health in 2008 focused on quality and identified three domains, safety, effectiveness and patient experience.

CM outlined the importance of quality as it saves lives, gets patients out of hospital quicker, makes being in hospital a better experience and is cost effective, allowing us to treat more patients. CM said that it is important that the Trust involves governors in the quality agenda in ensuring we get the priorities right, put initiatives in place in the right way, and communicate well. She said that quality accounts will be a legal requirement from April 2010. The format is not published yet due to ongoing consultation. Foundation Trusts were required by Monitor to include quality indicators in their annual reports this year.

MA focused on the Trust safety objectives and explained the importance of reducing preventable venous thromboembolism rate by 15% in the next year. He

described the challenge of collecting data. Another objective was reducing in-hospital cardiac arrest and mortality through earlier recognition and treatment of the deteriorating patient, and the final objective was about reducing harm from certain high risk medicines.

MA described the objectives relating to clinical effectiveness. He explained the Hospital Standardised Mortality Ratio (HSMR) and our objective to reduce it by 10%. MA pointed out that an average hospital has 100 deaths and that if the figure is below 100 that would indicate that the hospital concerned is having less deaths than expected.

2.2 Registration with the Care Quality Commission

CM informed the Council of Governors that registration replaces a declaration on compliance with core standards. CM said that the full guide regarding registration is not published yet.

2.3 The assessment of quality (patient experience)

AMC presented on patient experience as a part of Trust quality objectives. He said that the Trust needs to ensure that 90% of women have an excellent experience of its maternity services. It is also important to achieve a progressive improvement in key issues identified in the annual patient survey and to reduce the number of complaints relating to appointments and admissions.

AMC said that the Trust has a number of steering groups which will make sure that the Trust moves in the right direction. He emphasised that it is important to identify patients' opinions. Last year, overall 94% patients rated their care as good, very good or excellent. However, we wished to do better. An example of acting on concerns was addressing noisy wards at night, but on further consideration it was identified that the real issue was a good night's sleep.

He described the patient experience tracker which was an electronic console which allows patients to answer up to 5 questions. The answers get collected electronically and the advantage of using the patient experience tracker is getting the real time feedback.

AMC pointed that in addition to the national patients survey the Trust also surveys patients about specific services, and the Trust has a comment card scheme. Comment cards are distributed throughout the Trust.

AMC emphasised that the Trust is committed to capturing the patient's experience. The Chelsea and Westminster Hospital now records and tracks actions taken in response to complaints to ensure that changes are made.

CE invited questions and comments.

AC expressed doubt about whether patients' responses were likely to be an honest reflection of their experience. AMC pointed out that information from the patient tracker was anonymous.

MA said that for a long time specialities looked at quality individually but now the issues that are being picked up are Trust wide and if we get them right we will save lives. As an example he described the enthusiasm and commitment of the consultant haematologist who was addressing issues around blood clots.

2.4 Quality Sub-Committee Terms of Reference

CM said that Quality Accounts will be required as part of legislation from April 2010 and that stakeholder involvement was key. The aim of the Quality Sub-Committee was to take on board the views and expertise of the Trust governors. She outlined the terms of reference and asked for comments.

It was suggested that developing agreed metrics was an important function of the Group. MS queried why the terms of reference were so inflexible i.e. they could not be changed without the Council approving. CE said this should not limit innovation in practice if a pragmatic approach was taken.

HL noted that an important link was to the Assurance Committee who considered quality on behalf of the Board.

CE said that as a principle, non Council members should be in attendance rather than members. CM said that this had been agreed by the Communication sub group but it was not a principle that had been agreed for all sub-committees. CE felt that key people would be disenfranchised if not members of the group.

WB raised the question if the Chairman of this group should be a member of the Council of Governors. CM said that it was suggested that the meeting is chaired initially by one of the Executive Directors to provide the necessary insight into the quality legislation and relevant background from the Trust and then a governor could take over once the sub-committee is fully established.

CE noted that the quorum will comprise of three Governors and at least one Director.

JS felt that it is very important to have a patient representative on the quality sub-committee. NB agreed that the patient representative is important and that other stakeholders such as the PCT have other mechanisms of providing input. CM pointed out that it would also be good to have a PCT representative as this will be the key sub-committee.

CE then invited governors to volunteer and send their responses to VD.

Volunteers to e-mail VD.

All

SSG said that everybody from the Council of Governors is welcome to attend these meetings and that there should not be a limit to the number on each committee.

AC asked if this sub-committee would vote. CE explained that the sub-committee make proposals but they do not vote.

The Terms of Reference were agreed subject to incorporating the suggestions above.

3 PREVIOUS MEETING

3.1 Minutes of Previous Meeting held on 17 September 2009

These were agreed as a correct record of proceedings. CE pointed out a typo on

the p.7 '18 Dean Street' should read '56 Dean Street'.

3.2 Matters Arising

The meeting noted the actions and subsequent outcomes.

CE explained to new governors that at the last meeting there was a particular issue regarding the start time of meetings as CBir had noted that the meeting times might disadvantage some governors. The FT Secretary surveyed governors after the September Council of Governors meeting. CM said that VD will survey both new and existing governors to establish what would be the most preferred start time of meetings. She will offer 4.30pm and 6pm. Once the exercise has been completed VD will confirm the final dates and times.

VD to survey members to determine the start time for the future meetings. VD

4 REPORTS AND OTHER ITEMS FOR DISCUSSION/DECISION/APPROVAL

4.1 Chairman's Report (oral)

CE said that he wanted to congratulate staff, in particular HL for getting an excellence rating for both quality of services and financial management. CE also expressed his thanks to the Trust for getting a top banding of 5 out of 5 for patient safety by the Dr Foster Hospital Guide and for being ranked as the 4th best NHS Trust in England. CE said that the Chelsea and Westminster Hospital has done very well and that the Trust is in line with Royal Marsden and Royal Brompton and Harefield Hospital which also scored double excellence. He said that the Trust should be proud of its achievements.

4.1.1 Election incident

CE reported to members on an incident relating to the election of a governor in November 2007, further details of which were in the paper. CE said that a number of errors occurred, none of which were anticipated. As a consequence one of the governors had to leave the Council of Governors as he was not eligible.

CBle arrived.

CE said that there were two options. One is that the Trust undertakes a further election for a governor for Hammersmith and Fulham 1 next year and the other is to take the highest polled candidate to join the Council of Governors. CE suggested the Trust includes an election for a governor for Hammersmith and Fulham 1 next year when it holds elections for Wandsworth 2 and Kensington and Chelsea 1.

CBir said that the Trust should write to MB and to explain the mistakes that had occurred. CE said that we had apologised profusely and unreservedly to MB, had explained the errors that had occurred and had thanked him for his contribution over the last two years. In addition CE had met with MB.

The Council agreed to the election of a governor for the three areas in 2010.

4.2 Election of Deputy Chairman of Council of Governors

CE introduced the paper.

The role of the Deputy Chair is described in the constitution in section 10.11. CM clarified that Deputy Chairman of the Council of Governors may deputise for the Chairman at an annual members' meetings but that the Vice Chairman of the Board would deputise at the Council of Governors meetings. The latter is part of the model constitution but the former could be changed.

CM also said that Monitor had written to all chairs of FTs regarding the lead governor and the role was described. She suggested that the Deputy Chairman could also be the lead governor.

CE clarified that if the Chairman of the Council of Governors was unwell then the Council meeting would be chaired by the Vice Chairman of the Trust Board (Charlie Wilson); but in a similar situation at the annual members meeting, then the Deputy Chairman of the Council would chair the members' meeting.

CBir congratulated CM for being able to make this clear but it seemed crazy and he suggested that this should be considered in a review of the constitution

JB suggested that if we were looking at the constitution we should also look at the need to have two members for each borough.

CW pointed out that he thought that the constitution was a matter for the Trust Board. CE said there was a need for a dialogue between the Board and the Council.

Nominations for a Deputy Chairman should be forwarded in writing to the Chair (or via email to vida.djelic@chelwest.nhs.uk) by 31 December 2009.

All

4.3 Report back from sub-committee

4.3.1 Communications sub-committee report

CBir said that there were two minor mistakes on the cover sheet of the draft minutes. In the paper section it should read 'Council of Governors' and in the decision/action section it should read 'for information' as the draft minutes get accepted by the Communications Sub-Committee.

CBir outlined some of the proposals from SN e.g. updating contact details and the idea of creating a young person's governor which is at a very early stage.

CBir pointed out that the Trust has a very small number of young patients and he hoped that with the expansion of the building the Chelsea and Westminster Hospital can develop more interest from young people. CBir asked if there was restriction as to the age in the constitution. CM said it was 16.

4.3.2 Membership report

SN introduced the membership report. She said that there was a strong representation between the age 41 and 65 but not so much in other areas. She noted the ethnicity in the public constituency and as in the previous reports the white ethnicity dominated.

SN reported that the Trust had successfully completed the election process. She

pointed out that the table under 3.2 should read Hammersmith and Fulham Area 1. SN said that all of staff seats were successfully filled.

SSG pointed out that the figures on table 1 did not add up correctly. There was also a query on the socio-economic groupings. SN said that these were based on post codes. Socio-economic grading is assessed by occupation. Capita uses the dominant social grade for a postcode area based on the Census Output Area for Great Britain. This is accepted by Monitor.

RG said that the ethnicity groupings are not the same as is used elsewhere in the Trust and was interested in how we are targeting black and Asian members. SN said some were unknown and that the Trust is encouraging members to complete their ethnicity. WMW felt that it was very important to use the media, local press and other opportunities to make the hospital prominent.

SN to clarify figures and ethnicity groupings.

SN

4.3.3 Membership development and communication work plan

SN said that she has developed an annual work plan with the intention to continue to achieve an increase in membership. The annual work plan had been presented to the Council of Governors and was approved at its September's meeting.

SN outlined a number of ways in which the Trust engages members interest and in particular that the Trust had rebranded PALS to M-PALS, the use of comment cards, and improved collaboration with Chelsea and Westminster Hospital Healthcare Charity

NB said she had had an informal meeting with the Healthcare Charity. The Trust uses their resources but they cannot use ours. SN suggested that there should be one governor who should explore the ideas of working together with the Charity. CE suggested that the Trust should invite the Healthcare Charity to its meeting next year.

SN said that Annual Members' Meeting held in September was successful overall and that the Trust was able to inspire members to stand for elections.

AW suggested that the Trust get a small card asking outpatients if they want to be a member. SN said that the MPALS Officers have taken leaflets to out-patients areas and encourage staff to promote membership.

4.4 Term of office of Chairman

This item was taken as read and agreed.

4.5 Terms of Reference Communications Sub-Committee

A tabled version of the paper including the track changes was circulated.

CBir clarified that Membership Development Sub-Committee used to be called the Membership Development and Communications Sub-Committee. He suggested it be called the Membership Sub-Committee. The Council of Governors agreed.

4.6 Agreement on Meeting Dates and Time

SOG asked if there should be a Council of Governors meeting in September and December. It was agreed that VD will send the final dates to the Council of Governors.

VD to send final dates.

VD

4.7 Council of Governors Funding Report

CM said that there is an additional charge of £115 for the computer items which relates to VAT, that was not originally factored in when the report was agreed by the members at its meeting on 17 September 2009. It was agreed that this was funded.

The Council of Governors approved £15,000 funding for Open Day 2010.

5 ITEMS FOR INFORMATION

5.1 Membership of Sub-Committees and Trust Groups

This item was taken as read.

5.2 Agreement of Annual Cycle of Business

This item was taken as read.

5.3 Finance Report – October 2009

This item was taken as read.

5.4 Performance Report – October 2009

This item was taken as read.

5.5 Notes from Chief Executive's Strategy Workshop

This item was taken as read.

5.6 Foundation Trust Governors' Association Annual Report 2008/09

This item was taken as read.

5.7 Who is who on the Council of Governors?

This item was taken as read.

5.8 Invitation to work with the Care Quality Commission

This item was taken as read.

6 ANY OTHER BUSINESS

CBir said that he wished to highlight the extent to which the medical staff is involved in the decision making process, strategic planning and developing of the Trust. HL said that the Medical Staff Committee will discuss these issues.

7 **DATE OF THE NEXT MEETING**
11 February 2010

Post-meeting note: Since the last meeting it has become necessary to rearrange the next meeting to 3 February 2010.