

## Council of Governors Meeting Minutes, 6 December 2012

Prof. Sir Christopher Edwards	Chairman		CE
Julie Armstrong	Staff	Contracted	JA
Walter Balmford	Patient		WB
Chris Birch	Patient		CBir
Christine Blewett	Public	Hammersmith and Fulham 2	CBle
Nicky Browne	Appointed	The Royal Marsden NHS Foundation Trust	NB
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
Anna Hodson-Pressinger	Patient		AH-P
Kathryn Mangold	Staff	Nursing and Midwifery	KM
William Marrash	Patient		WM
Susan Maxwell	Patient		SM
Wendie McWatters	Patient		WMW
Henry Morgan	Public	Wandsworth 1	HM
Cyril Nemeth	Appointed	Westminster City Council	CN
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
Tera Younger	Patient		TY

### IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Jeremy Loyd	Non-executive Director	JL
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
Matt Akid	Head of Communications	MAk
Katie Drummond-Dunn	Communications Manager	KD-D
Axel Heitmueller	Director of Strategy and Business Development	AH
Melanie van Limborgh	Head of Quality and Assurance	MvL
Vida Djelic	Foundation Trust Secretary	VD
Patricia Gani	LINK representative	PG
Carol Dale (in part for item 2.1)	Former Staff Governor – Management	CD
Dr Sarah Cox (in part for item 2.2)	Consultant Palliative Care	SC

## **1 GENERAL BUSINESS**

### **1.1 Welcome & Apologies**

**CE**

Apologies were received from Anthony Cadman, Fergus Cass, Brian Gazzard, Rosie Glazebrook, Melvyn Jeremiah, Martin Lewis, Alison While and Steve Worrall.

CE noted that both Fergus Cass and Rosie Glazebrook have refrained from attending due to a potential conflict of interest.

Apologies were also received from Mike Anderson, Lorraine Bewes and Richard Kitney.

It was noted that Mike Anderson was attending the JCPCT Board meeting and was therefore unable to attend the Council of Governors meeting. CE said it would have been Mike's last Council of Governors meeting as he is leaving the Trust Board of Directors at the end of January 2013. He said we were fortunate to have such an excellent Medical Director who has the confidence of the staff, governors and the Board. He expressed his gratitude on behalf of the Council of Governors and wished him well for the future.

### **1.2 Announcement of election results**

CE said he was delighted to hear that some governors were re-elected and welcomed newly elected governors.

A governor suggested that the number of votes for each governor should be published.

**VD to publish.**

**VD**

### **1.3 Declaration of Interests**

**CE**

None.

### **1.4 Minutes of Previous Meeting held on 13 September 2012**

**CE**

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

- Add JH and NB to the list of attendees
- p.3 re Chelwest email account replace 'tree' with 'three'
- p.6 re CQC an unannounced inspection – July 2012, 3<sup>rd</sup> line should read 'patients' instead of 'patient'.

### **1.5 Matters Arising**

**CE**

#### A&E estate

It was noted that a plan had been agreed for short term work to refurbish A&E. A bigger capital plan is waiting for the outcome of the Shaping a Healthier Future Review.

#### FTGA/CQC project

It was noted that the main criteria used for the selection process for the FTGA/CQC

project was based on having a balance of acute and mental health foundation trusts as well as an even spread across the strategic health authorities. The project intended to work with 8 trusts and it was extended to 10 to try to accommodate more trusts as the interest in the project was great.

## **1.6 Chairman's Report (oral)**

**CE**

CE thanked all governors who took part in the 'Shaping a Healthier Future' consultation and highlighted how appreciative the Trust is of governors' support.

Governors noted that a joint Board/Council of Governors Away Day will be held on 13 December from 9.30-4.30pm in the President Room of the Queen's Club.

CE informed governors that the Trust has made an expression of interest in the West Middlesex University Hospital and we have been invited to present the bid to the West Middlesex University Hospital Board.

## **1.7 Chief Executive's Report**

**TB**

TB highlighted the recent media attention in relation to the Liverpool Care Pathway and the results of the survey re the 'Shaping a Healthier Future' consultation which were presented by Ipsos MORI at a public meeting on 28 November 2012.

TB emphasised that emergency admissions continue to increase and this is concerning as winter approaches. The UCC is a great benefit. The need to refurbish A&E was recognised.

TB highlighted that the Trust has set up a clinical engagement process and a meeting is taking place on 14 December to consider the future clinical strategy and to get clinicians' view on how to develop future of Chelsea and Westminster Hospital NHS Foundation Trust.

TB also highlighted that there would be the opportunity to get governors perspective on the key objectives for the future at a joint Board/Council Away Day to be held on 13 December.

One governor asked whether something could be done about the front of the hospital. CE responded that Jeremy Loyd, a Non-executive Director has a particular interest in this and the Trust has instituted a regular programme of cleaning. It was noted that the responsibility of the front of the hospital is with the Royal Borough of Kensington and Chelsea.

## **2 ITEMS FOR DISCUSSION/DECISION/APPROVAL**

### **2.1 Quality Awards**

**MvL**

The six team winners were welcomed and the high quality of services they provide noted. This is an opportunity to thank people publically and the Council of Governors fund a small reward.

Governors noted an appendix circulated prior to the meeting which provided details of each award.

The Council of Governors received a report from governors who visited each winner's area and representatives received a Quality Award certificate from the Chairman.

The winners were:

- Rapid discharge pathway for terminally ill patients who wish to die at home.
- The Friends Patient Support Project
- Excellent Patient Experience in the Emergency Department
- Maternity Team initiative
- Rapid Access Occupational Health Physiotherapy Service
- Excellence in Clinical Education

The three teams commended for their work were:

- Carpal Tunnel Clinic Team
- Medical Day Unit Team
- Acute Admissions Unit

## **2.2 Liverpool Care Pathway (LCP)**

**SC**

Dr Sarah Cox gave a presentation on end of life care linking it to the recent media publicity, public concerns about end of life care initiatives and the Trust's response. She highlighted the impact this has had on the patient experience.

It was noted that the public was concerned that some relatives did not believe patients put on the LCP were close to the end of life and that some patients on the LCP died because of the lack of food supply or dehydration, which was incorrect.

SC was of opinion that the LCP was very valuable and that the recent blog from the Chief Executive was very educational and helpful. There is also an article in the December Trust News to members and it is planned that the LCP is a topic of the upcoming medicine for members' event.

The importance of understanding the LCP was highlighted and noted that doctors record decisions rather than making decision; this is done in communication with patient and family. Should the patient or family object to a patient being put on the LCP this is recorded and respected.

One governor expressed the view in relation to the BBC programme which was to be broadcasted in the evening re some hospitals failing financially and believes that hospitals have to deal with death and should not attempt to be social services.

A governor said patients potentially might be at disadvantage. SC responded that the LCP brings together lot of things which otherwise might be forgotten i.e. free parking for family, next of kin, etc.

One governor expressed the view that there is a perception that in relation to end of life care there is a target of patients being on the LCP and the media are not particularly helpful.

One governor suggested that the LCP document circulated is not easily readable

for an ordinary person and suggested the use of simple language and a shorter version. SC responded that that the document presented to governors is for clinical professionals and emphasised that it contains what is required to achieve a good death.

The governor also noted that in the USA half of expenditure on medical treatment is in the last six months. SC noted that patients and family should be involved in the advance care planning at an early stage.

A governor said that at the Royal Marsden Hospital NHS Foundation Trust they have been trying to work early with patient and family and noted that getting family involved helps both patients and relatives. SC responded that the Trust has recently been focusing on the advance care planning.

**2.3 \*Quality Sub-Committee report** **CM**

This item was taken as read.

**2.4 Health and Social Care Act 2012 implications** **CE**

CE highlighted the key issues and noted that implications of the Act 2012 will be presented by Ray Tarling, Governance Adviser at DAC Beachcroft at a joint Board/Council of Governors Away Day.

It was noted that the main focus will be on the Non-executive Director accountability and director/governor interaction and the governors representing interest of the members as a whole and the interest of the public. This is part of a longer piece of work reviewing the implications of the Act.

Governors noted that positive and negative quotations will be provided to enable workshop discussions.

The afternoon session will focus on strategy and understanding the strategy issues and how governors will influence strategy.

In response to a question re governors holding the NEDs to account it was noted that there is no guidance on how this is to be achieved.

A governor suggested that governors are rotated around the tables during the breakout sessions. **VD to arrange.**

**VD**

**2.5 Shaping a Healthier Future - Update** **CE**

Governors noted the positive results of the survey for the Chelsea and Westminster Hospital - 83% agreed with the recommendation that Option A is the best way of organising future hospital which means that the Chelsea and Westminster Hospital would be designated as a 'major hospital' with a full A&E service.

The Council of Governors noted that the JCPCTs in North West London will make the recommendation and a final decision will be made by the Secretary of State for Health.

**2.6 Report on appraisal of the Chairman** **JB**

The Council of Governors noted the process which involved a self appraisal, the feedback from governors, Executive and Non-executive Directors.

It was agreed that that there is a lot of enthusiasm for the Chairman and his commitment and he was approachable and pleasant. Some points for development were highlighted which included interaction between the governors and the Board members, both NEDs and EDs and having a very clear vision. It is important that the Board and Council of Governors work together and the Chairman has to ensure that this happens.

JB said that CE responded positively to comments and wholeheartedly embraced all points.

A governor asked for clarification re a point on the unitary Board and the NEDs and EDs. Another governor agreed that it is important that the Board acts as a unitary Board.

**2.7 Lead Governor** **CE**

CE outlined the paper and highlighted that the aim is to select one governor to become a Lead Governor.

It is proposed that 'Deputy Chair' of the Council of Governors will be replaced by 'Lead Governor' to avoid confusion with the Vice Chair of the Board of Directors. **This was agreed.**

**Interested governors were invited to send expression of interest to VD by 28 December 2012.** **All**

It was noted that the successful lead governor may not have 3 years term.

A governor suggested that if more than one governor interested in the role each candidate should produce a statement. **This was agreed.**

**2.8 Trust Media Policy** **MAk**

The updated Media Policy was outlined and governors noted the Trust process for providing the press cuttings and the process on advising the Board and the Council of Governors in advance of media release. The meaning of VIP was defined.

One governor suggested that the same update for the Board is sent to the Council of Governors. **This was agreed.**

One governor queried if a replacement for the Head of Communications has been identified. TB responded that the active recruitment process is in place and should the need arise to have an interim arrangements this will be organised.

CE expressed his appreciation to Matt Akid for all his hard work and wished him well. He has been a very effective head of Communications.

In relation to a question on governors media training it was noted that it is not appropriate for governors to receive media training and to talk to the press.

It was agreed that this should be made widely available and include 'dos and don't' for staff. It was asked whether governors are in a position to be involved in the decisions about documentaries. It was pointed out that governors were involved in the decision regarding junior doctors programme although one governor felt this was at a very late stage.

**2.9 \*Council of Governors Membership Sub-Committee Terms of Reference CBir**

This item was taken as read.

**2.10 Governors questions**

Governors noted the corrected paper relating to q.2 re the number of medical staff which were incorrect in the original version.

Governors also noted responses provided in the paper in relation to other questions.

**2.11 Council of Governors Funding Report CM**

The Council of Governors noted the budget report.

**The Council of Governors approved the funding request of £250 for a pop up banner for Information Zone as outlined in part A of the report.**

**2.12 \*Senior Nurse/Governor Rounds TP**

This item was taken as read.

**2.13 \*Membership Sub-Committee Report SN**

This item was taken as read.

**2.14 Membership Engagement and Communication - update MAk**

MAk highlighted the success of the event on dementia and noted that the subject of the January Medicine for Members seminar will be end of life care.

Governors were invited to suggest topics of interest for the future Medicine for Members seminars in 2013. One suggestion included a pharmacy project to stop elderly people taking so many drugs called 'stop it!'.

**2.14.1 Christmas at Chelsea and Westminster event KD-D**

KD-D introduced the paper and highlighted the event as a way to link with the community.

Governors noted that Chelsea Pensioners will turn the tree lights on and there will be two performances and stalls.

The event will be publicised in the Kensington and Chelsea Chronicle and there will be a leaflet drop to primary schools.

Governors were invited to take away some posters and advertise the event in their community and between friends.

PG from LINK suggested that they advertise the event on their website.

#### **2.14.2 Open Day 2013**

**KD-D**

The Council of Governors noted the paper.

CE commented that the paper did not include the success of young people being attracted to the NHS at the Open Day 2012 and suggested this is included.

KD-D said that an operational group will be set up to help with planning of the Open Day.

#### **2.15 \*Membership Report**

**SN**

This item was taken as read.

### **3 ITEMS FOR INFORMATION**

#### **3.1 Finance Report – November 2012**

**LB**

This item was taken as read.

#### **3.2 Performance Report – November 2012**

**DR**

This item was taken as read.

### **4 ANY OTHER BUSINESS**

**CE**

A governor asked about provisions re the Mental Health Act re a specialist mental health assessment at night.

[Look at the provisions of the Mental Health Act.](#)

**CM**

The issue of food at the night for patients and staff was raised.

[CM to find out.](#)

**CM**

### **5 DATE OF THE NEXT MEETING**

The next meeting of the Council of Governors will be held on 14 February 2013.