

Council of Governors Meeting, 21 April 2010

AGENDA ITEM NO.	1.3/Apr/10
PAPER	Final minutes of the meeting of the Council of Governors meeting held on 3 February 2010
AUTHOR	Vida Djelic, Interim Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper outlines a record of proceedings at the previous meeting.
DECISION/ ACTION	<ol style="list-style-type: none">1. To agree the minutes as a correct record.2. The Chairman to sign the minutes.

Council of Governors Meeting Minutes, 3 February 2010

Prof. Sir Christopher	Edwards	Chairman		CE
Lucy	Ball	Staff	Allied Health Professionals, Scientific and Technical	LB
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
Cass	Cass-Horne	Patient		CC-H
Edward	Coolen	Patient		EC
Brian	Gazzard	Staff	Medical and Dental	BG
Rosie	Glazebrook	PCT	NHS Hammersmith and Fulham	RG
Jacinto	Jesus	Staff	Contracted	JJ
Catherine	Longworth	Appointed	Westminster PCT	CL
Susan	Maxwell	Patient		SM
Wendie	McWatters			WMW
Ann	Mills-Duggan	Public	Westminster 1	AMD
Edgar	Moyo	Appointed	NHS Kensington and Chelsea	EM
Jim	Smith	Patient		JS
Sue	Smith	Staff	Nursing and Midwifery	SS
Sandra	Smith Gordon	Public	Kensington and Chelsea 2	SS-G
Frances	Taylor	Appointed	Royal Borough of Ken & Chelsea	FT
Alison	While	Major Education Provider	King's College	AW
Taryn	Youngstein	Patient		TY

IN ATTENDANCE:

Richard Kitney	Non-Executive Director	RK
Charles Wilson	Non-Executive Director	CW
Heather Lawrence	Chief Executive	HL
Matt Akid	Head of Communications	MAk
Lorraine Bewes	Director of Finance	LB
Mark Gammage	Interim Deputy chief Executive	MG
Amit Khutti	Director of Strategy & Services Planning	AK
Sian Nelson	Membership and Engagement Manager	SN
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Vida Djelic	Interim FT Secretary	VD

1 GENERAL BUSINESS

1.1 Welcome & Apologies

CE

CE noted the apologies tendered: June Bennett, Alan Cleary, Carol Dale, David Finch, Martin Lewis, Cyril Nemeth and Mary Symons.

1.2 Declaration of Interests

CE

CE invited declarations of interest. None were tendered.

1.3 Minutes of Previous Meeting held on 3 December 2009

CE

The minutes of the previous meeting held on 3 December 2009 were agreed as a correct record of proceedings with the following changes:

- Apologies received from Catherine Longworth
- SN attended the meeting
- On p.7 it should read CBir instead of CE
- On p.7 CBir 4th para should read 'crazy' not 'a bit odd'
- On p.9 there should be put emphases on the extent to which the medical staff is involved in the decision making process

Vida to amend minutes in line with comments received.

VD

1.4 Matters Arising

CE

CE noted the actions and subsequent outcomes. He said the meeting with the new governors had been very helpful. He referred to item 1.3 and noted that all of the new governors had signed the Code of Conduct. Re item 2.4 CE said he was pleased at the number of volunteers and from the minutes it looked like a very successful set of discussions. Re item 4.2 election of the Deputy Chairman

of the Council of Governors he announced that Brian Gazzard was elected the Deputy Chairman with a vote of 16. VD added that there were also 2 other governors nominated, one of which received 4 votes and the other received 3 votes. CE congratulated BG.

Re item 4.3.2 Membership report, SN explained that membership ethnic classification is correct, as reported at the last meeting in December, and is the same as the Trust ethnic categories. It is externally set by a national classification - the NHS Data Model and Dictionary. This provides a reference point for assured information standards to support health care activities within the NHS in England. It has been developed for everyone who is actively involved in the collection of data and the management of information in the NHS.

1.5 Chairman's Report (oral)

CE

CE congratulated Heather Lawrence, Chief Executive, on receiving the OBE. He said that not only has she been an outstanding Chief Executive, but she had also made national contributions e.g. she chairs the North West London Critical Care Network and was a lead negotiator on the Staff and Associate Specialist doctors contract.

CE said that it is very important time in the NHS and we need to make sure that interests of C&W Hospital are best represented. He reported a meeting with the West Middlesex Hospital Chair and the Chief Executive Officer regarding working in partnership. He added that the NHS London is predicting difficult times regarding finances and that there will be a significant reduction in the budget. It is still unclear how this reduction in the finances will be dealt with. He pointed out that this will have an effect on the income of C&W and that the new strategy is vital. CE said that HL will talk to it later in the meeting.

CE informed the Council of Governors that Lady Rhys Williams, the Chairman of the Chelsea and Westminster Charity Trust', who was a remarkable lady and a tower of strength, suddenly died on 20 January 2010. He wanted to acknowledge appreciation of her work.

1.5.1 Results of election of the Deputy Chairman

CE

This item was covered earlier in the meeting under matters arising item 4.2.

2 ITEMS FOR DISCUSSION/DECISION/APPROVAL

2.1 Strategy Update – presentation

HL

HL said that following a presentation given to Governors in September 2009 to update them on what was happening in the NHS and what it meant for North West London and for C&W, the feedback obtained from the Council of Governors in response to questions posed was very useful, and helped to inform the discussions.

HL gave a presentation on strategy and business planning.

HL reminded the Council of Governors of the vision for the NHS in London and 5 principles of the future healthcare in Healthcare for London Report (2007):

- Services focussed on individual needs and choices
- Localise where possible, centralise where necessary
- Integrated care and partnership working, maximising the contribution of

- the entire workforce
- Prevention is better than cure
- A focus on health inequalities and diversity

She said that the meeting in September 2009 the NHS London vision for centralising specialist care and for delivering routine care outside of hospitals was discussed and public sector spending cuts accelerating NHS London plans and work by North West London PCTs which was likely to involve changes to hospitals.

HL said that in her view C&W was best considered as a specialist hospital also delivering local services. We are not a polyclinic, however, we have Dean Street, we are a teaching hospital and an elective surgery centre.

HL said that when the governors were asked if C&W should aim to be a specialist and local hospital the feedback was that we should promote the hospital as a specialist hospital for a range of services. Governors supported delivering specialist services, e.g. sexual health, over a broader geographic region.

On the question whether governors support C&W Trust in developing out of hospital care, the feedback was that we should develop services in polysystems. It was felt that acquiring community services was not core business, unless relevant to specific pathways, e.g. for children.

On the question of whether C&W needs to grow, if we should be acquiring a local hospital the feedback was that we would wish to consider this further and to understand the benefits particularly in relation to service synergies.

HL said she had discussed with governors if C&W should possibly acquire another hospital. It is been in the public domain that West Middlesex Hospital needs a partner or possibly to merge with another hospital.

HL said that Northwest London has developed a draft Integrated Strategic Plan and outlined their case for change, and she outlined the North West London sector conclusions so far for acute hospitals.

HL said that C&W had agreed 10% cost improvement for this financial year, which in her view was quite reasonable.

We have to make cuts and staff will find it challenging. We need to keep the double 'excellent' rating. As a result of changes to commissioning of education we might lose some training posts. We might get 30% of our tariff.

HL added that the Trust Board has refreshed the corporate objectives. These are as follows:

- Improve patient safety and clinical effectiveness;
- Improve the patient experience; and
- Deliver excellence in teaching and research.

The Board agreed to add one additional high-level objective for 2010/11 that combines elements of the efficiency and sustainability agendas into a single objective. The provisional title of this new high-level objective is 'ensure financial and environmental sustainability'.

HL asked for comments.

BG emphasised that there are some positive aspects as a consequence of the above changes. It is a great opportunity to improve healthcare and extend services into the community. He said there would be fewer emergency admissions if people were visited more at home.

CE said that he had met with Peter Molyneux, Chairman of Kensington and Chelsea PCT, to discuss the need to have a clear model on how polyclinic system might work. The hospital based approach is very expensive but patients need confidence in GPs and the question is how to build an interface between hospital and the community.

CE said that there is 0% uplift in the national tariff prices. There is also 3.5% efficiency requirement built into the tariff.

AMD asked when the Northwest London strategy was due to be finalised. HL responded that it should be published by March 2010. HL added that C&W is not dependant on North West London for its strategy but is dependant on our commissioners.

CBir asked about the objective on integrated care along care pathways and what that meant. HL responded that an example would be stroke care. For patients who have had a stroke there is care pathway e.g. thrombolysis, CT scan, assessment within 24 hrs, physiotherapy etc. It is multidisciplinary and linked to primary care.

AMD said that in the Westminster there was a huge campaign on prevention due to start in June. CE commented that modern care is about prevention.

SM asked if we could use the Healthcare Charity Trust more. SN responded that she had met with the Charity recently and agreed information to go out in the newsletter. HL confirmed that the money donated to charity goes towards equipment only but not healthcare services provided.

2.2 Business Planning

HL

This item was mainly covered in HL's presentation given earlier in the meeting. (item 2.1).

AK explained that QIPP (Quality, Innovation, Productivity and Prevention) was a DH banner covering what the NHS needed to do.

AMD commented that it is important for staff to understand their value. HL endorsed this and the importance of encouraging innovation.

BG asked if other governors have a role to play in the process e.g. decisions to be made. HL said that we had not had to make any hard decisions yet. She confirmed that when we are getting to crunch decisions, we will want governors to be involved.

HL added that we consult governors, and that an example would be whether we increase the car park charges; governors take the view that it should be free of charge.

FT asked about % of patients with alcohol problems in A&E. HL responded that about 30% of those come on Friday and Saturday night.

HL left the meeting.

2.3 Community Mobile Health Clinic – Projects

SN

SN handed out a copy of the Mobile Health Clinic vehicle and announced the launch of the Community Mobile Health Clinic on 7 February 2010 at the Chelsea Football Club (CFC). She said that the mobile clinic was established with help from a pharmaceutical company, Abbot, who sponsored the project. We have now purchased the mobile health clinic, and the vehicle can be used by any service in the Trust. She added that Hammersmith & Fulham PCT have agreed to pay for clinical activity undertaken in the mobile clinic. We have two consultation rooms, 2 nurses, and some ground staff. The Mobile Clinic will be there for 4 hours. SN said that the aim was to access hard to reach groups in the community and to recruit members that we currently do not represent.

SN added that there will be good media coverage. John Hollins will be coming to the launch with his son Chris Hollins, who is a BBC presenter. An article about the launch was published in the Daily Mail last Thursday. SN said that John Hollins was previously a patient of the C&W Hospital and that that will be acknowledged in the campaign.

SN proposed to use three recruiters from Campaign Company to recruit new members. When asked about measuring the success of the project, SN answered that it would be difficult to prejudge but she felt that it would be worthwhile. She said that feedback and analysis of the project would be available weekly and it will compare static services against the mobile health clinic. She hoped that it should establish the way forward.

CE thanked SN and said this was a good way to explore the interface with the community.

WMW asked about possibility of unintended consequences. She felt that SN should focus on a small number of services to be offered. SN responded that the focus is on well persons screening, diabetes, BMI, smoking, cancer and cholesterol on request.

FT was concerned about the public coming from all over the England and not covering many of members from the local boroughs. SN responded that she talked to the PCT about it and that they were happy to treat patients even though they do not live locally.

WB asked about the use of the vehicle after the launch and where it would be parked. SN replied that there is designated space, it will arrive there prior to the match, and will be available for 4 hours and be removed afterwards. She confirmed that after the launch the vehicle would be taken to a secure area for parking.

WB suggested that the vehicle could be taken to the Duke of York Square.

SN proposed that the Council of Governors support funding of the Campaign Company for the membership recruitment cost of £3,539.10. The Council of Governors agreed.

2.4 Development of the Trust Website – presentation

MAk/GV

MAk gave an overview of the development of the website project which was sponsored by the Council of Governors. He said that 35,000 people access the website every month and the number of users is on the increase. He pointed out that one of the reasons for the increase is that people use the internet to get information and also some areas had encouraged patients to use the website; one example is maternity and HIV which are the most used sections of the website. MAk added that there were two things that we introduced last year; one is to make appointments via the website and the other is a new dedicated section on the website for GPs and healthcare professionals.

GV gave a live demonstration of the new website design. The main points covered included:

- The redesign of the website has given it direction and focus and made it more visually appealing to patients.
- HIV appointments on-line
- Children's DVD
- Council of Governors page more consistent in quality and presentation
- On-line membership application form available – it has been noted that it is still in its old format but will soon be redesigned.

RG felt that on the picture on the front the website looked great. However, she felt that the tone of a picture of a baby in NICU appearing under the maternity section was not appropriate. She also suggested that it would be useful to have some information available about how members made a difference e.g. to the way services are run.

2.5 Membership Sub-Committee

CBir

2.5.1 Membership Sub-Committee report

CBir informed the Council of Governors that at the last meeting of Membership Sub-Committee it was announced that he was elected Chairman of this sub-committee. He said that the sub-committee lost 2 governors and that 2 new governors, namely SM and WMW joined the sub-committee.

He added that SN needs to finalise the newly approved membership leaflet following comments received from the sub-committee. The major point included that the OBE title be added to HL's name.

The sub-committee also discussed the Learning Disability Application Form which SN will draft soon. The Funding of the leaflet was discussed but was declined until draft copy had been received. CBir said that MAk said there were promised three new information screens to go live this week on the ground floor of the Hospital. He added that MAk mentioned the membership newsletter which would go to 15,000 members in April. MAk welcomed ideas on topics for inclusion in the membership newsletter.

CBir said that the sub-committee will have 6 meetings a year as their agenda is very long and that they will have one meeting to discuss membership development and in particular membership engagement. CBir hoped that Colin Glass, Non-Executive Director, would be available to attend that meeting.

NB said that she would like to note what a high quality publication Trust News is. It appeals to a wide range of audience and interests. She gave it whole hearted support; it was money well spent.

2.5.2 Membership Report

SN

SN said that the membership data was stable since the last report given in December 2009. She said that she needs to concentrate on communications and relationship with our current members. She added that in April mailing we will ask for an update on members contact details especially e-mails.

SN pointed out that affiliate members are not included in the total number and that they are not included in elections and therefore do not have voting rights. SN consulted governors whether they should be included in the membership. Some governors felt that they are useful group of members and that they should continue. CE concluded that they continue.

NB said that we have lots of members from the rest of the country and we would want to get wide audience.

WB suggested that it would be useful to have a break down of 22+ and 65+. AMD suggested that it would be useful to apply gender to age groups. **SN to provide.** **SN**

SN said that she will be working on developing a new category of members- Young Persons' Membership.

SSG queried that only 1 member left the membership. SN responded that that was the official information but that there might have been more members of which she is not aware yet.

CE said that he wished to emphasise the point re communicating with constituents which we need to resolve.

2.6 Quality Sub-Committee report **CM**

CM said that the minutes of Quality Sub-Committee meeting held on 20 January 2010 were available and continued that it was their first meeting and she thanked every one who had attended and contributed.

2.7 Funding Report **VD**

VD said that part A of the funding report gave an update of the funds spent in 2009/10 from the Council of Governors budget.

VD updated the Council of Governors that at the last meeting held in December it was agreed that 15,000 would be provided for funding of the Open Day 2010. Also an additional charge of 155 relating VAT for the computer items was agreed.

VD said that approximately £82k was spent to date and that we will have approximately £19K remaining to be spent for this financial year.

CBir asked if money budgeted for the directory of Adults' Services was actually spent. VD responded that according to the report she received from the finance it looked as if it was spent. VD said that she would check this figure with the finance. MAK added that he was aware that some work on the Directory has started but though that hat it is not been completed.

VD to check if money budgeted for the directory of Adults' Services was actually spent. **VD**

SN outlined that the proposal for the Learning Disability Membership Leaflet and informed the Council of Governors that the Trust needs to comply with indicators recently published by the Care Quality Commission with regards to support for people with Learning Disabilities. She added that the leaflet has not been developed yet and that it was discussed in the Membership Sub-Committee meeting and the funding of this leaflet was endorsed by the sub-committee providing SN sends a draft form to review.

It concluded that the Council of Governors will support funding of £1,304 for the development of the Learning Disability Membership Leaflet.

SN also proposed that the Council of Governors support funding of the membership recruitment campaign of £3,539.10 which was linked to the Trust's pilot of a Community Mobile Health Clinic. This was discussed earlier in the meeting item 2.3.

The Council of Governors agreed to report funding of membership recruitment.

3 ITEMS FOR INFORMATION

3.1 Finance Report – December 2009 **LB**

This item was taken as read.

3.2 Performance Report – December 2009 **LB**

This item was taken as read.

3.3 Care Quality Commission Registration **CM**

CM said that we submitted our registration with the Care Quality Commission (CQC). She felt that a suggestion to have it on the website was very good.

4 ANY OTHER BUSINESS

CE said that LB might want to communicate finance and performance reports in a slightly different way to the Council of Governors so that it is narrow and concise. LB said that it would certainly be useful to get some views from the Governors.

LB proposed that the future reports are more contextual.

5 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 21 April 2010 at 4.30pm.