

Council of Governors Meeting, 16 September 2010

AGENDA ITEM NO.	1.4/Sep/10
PAPER	Final minutes of the meeting of the Council of Governors meeting held on 21 July 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, 21 July 2010

Prof. Sir Christopher	Edwards	Chairman		CE
Eddie	Adams	Public	Kensington and Chelsea 1	EA
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	CBlew
Cass	Cass-Horne	Patient		CC-H
Alan	Cleary	Patient		AC
Edward	Coolen	Patient		EC
Samantha	Culhane	Public	Hammersmith and Fulham 1	SC
Carol	Dale	Staff	Management	CD
Duncan	Macrae	Appointed	Royal Brompton and Harefield NHS Trust	DM
Brian	Gazzard	Staff	Medical and Dental	BG
Jacinto	Jesus	Staff	Contracted	JJ
Martin	Lewis	Public	Westminster 2	
Catherine	Longworth	Appointed	Westminster PCT	CL
Susan	Maxwell	Patient		SM
Charlotte	MacKenzie Crooks	Staff	Support, Administrative & Clerical	CMC
Wendie	McWatters	Patient		WMW
Sandra	Smith Gordon	Public	Kensington and Chelsea 2	SS-G
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT
Alison	While	Major Education Provider	King's College	AW
Taryn	Youngstein	Patient		TY

IN ATTENDANCE:

Heather Lawrence	Chief Executive	HL
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Mike Anderson	Medical Director	MA
Matt Akid	Head of Communications	MAk
Vida Djelic	Interim FT Secretary	VD
Sian Nelson	Membership and Engagement Manager	SN
Richard Kitney	Non-Executive Director	RK
Charlie Wilson	Non-Executive Director	CW

1 GENERAL BUSINESS

1.1 Welcome & Apologies

CE

CE opened the meeting with a minute's silence to commemorate the death of Jim Smith, patient governor. BG said that the new cafe will be named after him.

CE welcomed newly elected governors to their first meeting of the Council of Governors and invited governors to introduce themselves.

CE noted apologies tendered: Paul Baverstock, Nicky Brown, Del Hosain, David Finch, Edgar Moyo, Cyril Nemeth and Sue Smith.

1.2 Announcement of results of elections

CE

CE welcomed five newly elected governors and noted that CB was re-elected for another term. The new governors are:

Public Governors

Hammersmith and Fulham 1 – Samantha Culhane

Kensington and Chelsea 1 – Eddie Adams

Wandsworth 2 – Del Hosain

Patient Governors

Paul Baverstock

Chris Birch – re-elected

Staff Governors

Support, Administrative and Clerical – Charlotte Mackenzie Crooks

1.3 Declaration of Interests

CE

None.

1.4 Minutes of Previous Meeting held on 21 April 2010 **CE**

The minutes of the previous meeting held on 21 April 2010 were agreed as a correct record of proceedings with the following changes:

- SM said it had not been minuted that the Council of Governors would discuss the strategy further and it was agreed that this should be added.
- P. 9, 1st para, 4th line, remove 'and Chelsea' from 'Kensington and Chelsea Town Hall'.

VD to correct the minutes in line with comments received. **VD**

AC said he had referred to a report to the Department of Health dated 30 January 2008 entitled "Quality Oversight in England – Findings, Observations and Recommendations for a New Model" and was disappointed that it was not on the agenda and had not been circulated. CE said that we will be having a discussion on the White Paper at the next meeting and it will be addressed then.

FT explained the delay to work at the front of the hospital. The contractors had run out of white paving. Completion of the work was being pursued. Concern about people smoking at the front of the hospital was expressed and there was a suggestion that there should be a smoking area at the back of the hospital.

1.5 Matters Arising **CE**

2.1.2/Apr/10 Lower Ground floor

CM said she had confirmed with Matt Akid, Head of Communications that the Trust Newsletter is sent to all governors.

2.3.1/Apr/10 Membership Sub-Committee

CM reported that the newsletter for August/Sept will be featuring the Council of Governors in the regular 'focus on' section. This includes included articles by some of the governors on their roles as governors.

We will take forward the idea of including what was covered at the meetings and further develop sections on how governors make a difference, including examples of projects that the governors have funded or been involved in e.g. the open day.

All other matters arising were as in the matters arising paper.

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

EC said he wanted to apologise for submitting his rough notes for discussion under any other business at the previous meeting but emphasised that the points raised were also views of other patients.

CE emphasised that as a general point we should discuss adverse experiences that we can learn from and not use the meeting to promote individual complaints.

EC said he had put forward an item on the role of the patient governors to the Agenda Sub-Committee and queried why it is not on the agenda. The Chairman confirmed that this would be discussed at the next meeting.

AC referred to the Monitor publication 'your statutory duties. A reference guide for NHS foundation trust governors'. ref. p.34 'what are the legal requirements?' The document says that it is for the Board of Governors as a whole to appoint or

remove a non-executive director, rather than a committee. This could leave our process open to challenge.

CE reported on the Nominations Committee. The committee had met on 16 July and that Cyril Nemeth, Sandra Smith-Gordon and he attended. Eleven candidates had been selected for a long-list. He asked that governors e-mail him or write to him if they are not happy with the process.

CE said that the FTGA Development Day on 23 July will be attended by the following governors: Edward Coolen, Carol Dale, Sue Smith, Edgar Moyo and Sian Nelson.

CE updated governors on the chelwest e-mail account progress and said that there has been a problem with the remote server and it should be resolved by end of the week. He reminded governors that this aims to facilitate contact between governors and members of their constituencies.

CE said there will be more detailed discussion at the next Council of Governors meeting regarding the White Paper and how we are going to be affected by GP commissioners, what it means and how the new NHS National Commissioning Board will work.

2 ITEMS FOR DISCUSSION/DECISION/APPROVAL

2.1 Strategy Update

HL said that she had the opportunity to meet with Andrew Lansley, Secretary of State for Health.

The three year Corporate Plan was agreed by the Board in May. Our vision is to provide a high quality patient-centred care to those using the specialist services. The Board agreed the Netherton Grove project and are expanding and modernising the hospital, and in particular the focus is on HIV and children.

In the future we will need to be 10% more efficient. We are looking at and winning work in new markets, e.g. specialist children's services, dermatology out of hospital. We are doing well and our reputation is growing and we need to continue this work.

The emphasis is on integrated care pathways and care close to home. There is a greater emphasis on competition and there are many hospitals in North West London. There is uncertainty around the structural transitions ahead.

Andrew Lansley wants the public to be given choice, with a system dedicated to improving quality and outcomes, with ring-fencing for public health. There will be more autonomy, accountability and legitimacy of commissioning at local level by GP consortia and local authorities. SHAs and PCTs will go.

There will be greater freedoms for Trusts and clinicians as social enterprises with more open but regulated NHS market system, e.g. removing the cap on private patients.

The emphasis is on exercise/fitness and early diagnosis.

The population of North West London is circa 400,000 and there are 14 hospitals. The plan is that by 2013 all NHS trusts either become or get managed

by Foundation Trusts. Only Hillingdon Hospital is close to becoming a Foundation Trust so there are some challenges.

Regarding strategic options – although we want to provide care to the local community we also want to remain a specialist services hospital. We are collaborating with the Royal Marsden Hospital (RMH) and the Royal Brompton Hospital (RBH). The future is about new relationships and we are working with Great Ormond Street Hospital and St. Thomas and Guy's Hospital for paediatrics.

There is feeling that GPs commissioning will lead to more polysystems.

We have looked at acquiring another hospital and we considered it together with the RMH and the RBH.

HL believes that no radical changes are needed to our strategy but we need to place greater emphasis on clinician driven management and leadership skills. We need to engage more with patients and GPs.

In terms of next steps, we are reviewing how we are delivering on the corporate financial plan. We have planned to engage with GPs and find out what they need and how we can help. We also need to explore the opportunities and how we can help with the North West London strategic plan.

In response to CL's question regarding the 10% cost reduction HL responded that our management costs are low in comparison to most similar hospitals and this will be addressed in more detail in the next agenda item.

EC said there must be severe cuts in administration. CE responded that the problems in the health service are different from other public organisations and we will be relatively protected. Our funding will go up slightly while other public organisations will have reduced funding. The challenge is the increased need and advances in technology, which is costly.

AC asked HL to comment on the page 27 of the White Paper 'Liberating the NHS'. HL responded that our staff do feel liberated and we are rated in the top 20% of trusts in the staff survey for engagement. She pointed out that our paediatric and HIV services had been designed by clinicians. As for social enterprise she looked at this in South Africa a number of years ago but has only seen it in health visiting and district nurses in the NHS. She said she does not think it fits well with Foundation Trusts and may be more relevant to community services.

ML pointed out that we were in the top hospitals in the Dr Foster rating. He had been part of the clinical excellence award panels and was very impressed with some of our clinicians and what they had achieved.

BG said that staff are involved in quality of care we provide to patients. He said that there are great opportunities for providing joint pathways of care and his worry is that there will not be enough management available to support this. CB expressed concern about management being targeted as we cannot successfully do many things without managers. CE said he agreed that most organisations which are successful have very good management. EC asked what our management costs were. HL said it depended on how it was defined but it was about 4%.

In response to EC's questions HL responded that the hospital's consultancy fees are very low. CE said that the Trust had been asked to contribute £188k for funding for a project by McKinsey and had declined.

2.2 CIP Strategy Update

HL said that this had been partly covered. She said some savings were about improving productivity and some are about realising savings.

CBlew asked about the nursing skill mix. HL said that we need to review this and are looking at specialist nurses and management 'layers'.

HL said that we have communicated to all staff on why we need to make savings and to encourage their active involvement.

2.3 Council of Governors/Board of Directors Away Day

CE

CE announced that we will have an Away Day in December. He said that there will be the opportunity to meet with the Board of Directors as some governors raised concerns that there is a lack of interaction between governors and Board members.

2.4 Quality Sub-Committee report

CM

CM highlighted the main points of the draft minutes of the Quality Sub-Committee meeting held on 9 July.

She said that the Discharge Group has been refreshed and that governors, in particular, Jim Smith had been very keen for effective discharge to be one of our quality objectives. It had been agreed that governors will be represented on this group.

The governors had reported on patient experience and as a result we were able to make some immediate changes.

She said that we had conducted a staff survey earlier this year in order to obtain information for the quality account e.g. priorities. It was very successful and we plan to continue with this.

AC said he had mentioned at the last meeting the risk of intravenous injections being given via the spine and since the meeting he had been talking to various patients who would be undergoing a spinal procedure. He queried if there has been any progress in preventing this happening. MA responded that there were very tight controls in place on who can give such injections and how. A device to prevent this happening is not yet available. CE asked if we can look in to it.

MA to update re progress on spinal devices.

MA

2.5 Patient Experience

HL

HL outlined the results from the inpatient survey. The survey response rate was less than the average. Issues raised included the noise level and we are taking actions to improve it.

Jacinto Jesus organised a patient lunch for the executive team recently. Some suggestions were made but the overall assessment was that the quality of food

was good. HL said we pay less for food than some Trusts and to improve we may have to pay more.

HL said that our target is to be above the national average on five questions from the inpatient survey. These have been chosen as national indicators as part of the Commissioning for Quality and Innovation (CQUIN) payment framework.

CE said that it is unfortunate that there is a gap between conducting the survey and getting the results. The point of having the Patient Experience Tracker is getting the responses back quickly. HL said that we are aware of the issues highlighted in the survey.

2.6 Membership Sub-Committee report

CBir

CBir said he was re-elected as a patient governor and carries out his duties as the Chair of the Membership Sub-Committee. He said that after the Annual Members' Meeting governors will have the opportunity to choose a new chair.

He pointed out that the membership of the sub-committee is open to any governors interested in joining and added that CMC has already joined and attended the previous meeting of the sub-committee on 8 July.

He noted that at the last meeting a tribute was paid to Jim Smith.

CBir said the Council of Governors received draft minutes of the sub-committee meeting held on 8 July and final minutes of 13 May meetings. The main discussion was around the strategy work plan which was more detailed and specific than before and more priorities focused.

2.7 StartHere – Piloting Patient Information System

CE

CE referred to HL's earlier point about the government plans to dramatically improve information to patients.

StartHere is a charity which wants to work with a pilot organisation on their technology-based information service that acts as a single starting point from where people choose to access the information and services they need. It provides information on a wide range of health, care-related and other social issues.

CE said that there will be a presentation to the Membership Sub-Committee at its meeting on 2 September and we will involve a governor on the steering group which will be set up soon.

The Council of Governors agreed to support a pilot of this system.

2.8 Membership and Engagement Strategy/Work Plan update

SN

SN outlined the main points in the strategy and said that the revised strategy defines the membership community and describes how the Trust will grow the membership, ensure diversity and encourage engagement.

She outlined the work plan and said that 14 objectives have been agreed by the membership sub-committee. She noted that this was quite ambitious and encouraged more governors to join the committee. She highlighted some of the objectives.

Information Zone

SN said that we have organised a drop in sessions for members and potential members to meet governors according to their availabilities.

One governor said she felt that the Information Zone is not located in a prominent position and that we may want to change it in the future. Other governors disagreed. SN said that a funding request for the Information Zone will be made to the Council later in the meeting.

Recruitment campaigns

SN said that the sub-committee review the work plan bimonthly. There is a mobile health clinic which aims to address some local health issues and access hard to reach groups. There is the opportunity for governors to help with recruiting new members in conjunction with this clinic.

CL asked how successful these campaigns are. SN responded that focused community campaigns are very successful. The Chelsea Football Club (CFC) was a project which visited the CFC seven times in the winter/spring session. There was positive uptake of users and user feedback was encouraging. Approximately 200 new members were recruited.

CBlew wondered about the logistics of governors trying to promote membership when the clinic is about a personal consultation. SN said that we are about to purchase an awning so that we have our own area rather than interfering in the patients health issues.

CE said that in the due course we will look at the funds spent and whether it is worthwhile.

Email communication with Members

SN said that we obtained 3000 e-mails following the request put in the Trust News letter in April. We used these e-mails to ask members to support the proposed abolition of the Western Extension of the central London Congestion Charging Zone and it has worked very well.

CE said it is very important that we now have e-mails of some of our members and we will be using it to communicate with them.

Website

SN said we are developing a webpage on the hospital's website on which we will publish results of the in-patient survey and we can also use it as an area where we promote information about governors.

2.9 Membership Report

SN

SN outlined the main points of the membership report.

CB said that some figures in the report are worrying and some are puzzling. The good news was that in nine and a half months we had increased our patient membership by 107, from 6006 to 6113, but the bad news was that staff membership had gone down by 293, from 3340 to 3047, and public membership had dropped from 6135 to 6052, a decline of 83.

SN said there were problems with the confidential data transfer between HR and Capita which resulted in the membership database not being updated regularly.

She said this will be dealt with promptly.

SN said that the totals for analysis by age do not add up due to 'unknowns'. CE asked that this was included.

SN to include in the age group analysis how many are unknown age group patients, i.e. those who preferred not to disclose their age. SN

2.10 New Code of Governance and Trust Position CM

CM said that an analysis of the Trust's compliance status with the Code of Governance (the 'Code') was attached in Appendix 1. There is a requirement to publish a statement of compliance with the Code in the Annual Report.

The particular attention of governors was drawn to the following sections of the Code: B1.8, B1.5 and D.1.6.

AC said that most of the information in the Trust's constitution predates the blue book guide 'Your statutory duties: Reference guide for NHS foundation trust governors' and questioned the validity of it.

CE said that we have discussed the need for changing the constitution and there is an established procedure. There is also a time issue as changes have to be agreed by the members and this is usually done at the Annual Members' Meeting.

AC asked if the Code is a legally binding document. CM said that it is not, it is a Code and we seek to comply and are required to declare in our annual report where we do not comply. CE said that last year we publicly stated that we were not prepared to comply with one point of the Code (fixed term contracts for executive directors) and we had good reasons for not doing it. This has been removed in the revised Code.

CE clarified that we are responsible to Parliament but not to the Secretary of State.

2.11 Funding Report CM

VD said that part A of the funding report provides up to date information on projects to which money has been allocated and that there is approx. £48k left to be spent for the remainder of the financial year.

SN said that part B of the funding report relates to the Information Zone and a request to install an electronic message board and picture board.

WMW and SM said that they have done four hours in the Information Zone and it did not work to their expectations as the location is not right. People who come to the hospital are busy and they suggested it should be located in front of the escalators. SM said they managed to complete two to three membership forms.

CB said he disagreed as he felt the location was right but it has not been publicised as yet. He felt that once the electronic board was up and running it would begin to work. We need to publish dates on the website and on the screen in the information zone.

EC suggested an e-mail to members informing them about meeting governors.

SM suggested we should put a leaflet in the next mail out so that all members are aware.

CE thanked the governors for trying out this process.

The Council agreed to the funding request for a total of £2,158.48

CM said that part C of the budget report provides information about a quality award which was discussed and approved by the quality sub-committee.

The award aims to raise awareness of the three strands of quality i.e. patient safety, effectiveness and patient experience, and to reward achievements.

She asked that that in addition to £2k the governors approve an additional £400 for a prize for the staff survey, assuming £100 every quarter.

ML said that it is very good idea and wondered if we could link this to the seasonal conference and the award could get presented at the end of conference. CMC expressed concerns that we might possibly be limiting the attendance as the conference is mainly aimed at nurses. HL said this could be reviewed. ML suggested that it is called the 'council of governors quality award'. CC-H suggested we have a statue.

CE concluded that it is worthwhile doing and we can discuss at a later stage where it gets presented.

HL emphasised that the award is open to anyone to contribute no matter who the employee is.

The Council approved funding of the quality award.

2.12 Annual Members' Meeting - Proposal 2010 Report **MA**

MAk said that the Annual Members' Meeting (AMM) will be held on 16 September in the restaurant canteen. The hospital school is relocating to the 1st floor and the plan is to have an official opening at 2pm on the same day and to invite governors to attend.

The format of the AMM is set as a presentation by the Chairman, Chief Executive, Director of Finance and one governor.

MAk invited governors to volunteer and send their responses to VD. **All**

MAk pointed out that in the last 2 years we had done a paediatric DVD for children's surgery and we would like to do something similar this year. HL pointed out that it is good to show other expertise we have e.g. sexual health and HIV.

It was agreed to have a DVD but the topic remains to be decided.

VD said that WB who left the meeting earlier wanted to suggest use of the PET as he felt it worked very well with at the Open Day. MAk responded that this has already been arranged.

2.13 Council of Governors Performance Evaluation Report **CE**

CE thanked governors for their comments on the performance and said that there are some that he needs to take into account as Chair although he noted some contradictory comments.

AC said that time allocation for reports should go. CE responded that the time allocated is purely indicative but if there is no time allocation it means the meeting could massively over run.

AC said that governors should have the right to put something on the agenda e.g. the Joint Commission International Report 2008 to the Department of Health titled 'Quality Oversight in England – Findings, Observations and Recommendations for a New Model' he requested to be put on the agenda for July's meeting.

CE responded that we have moved away from the previous arrangements where the Council of Governors did not own the agenda. Now we have the Agenda Sub-Committee who meet and agree the agenda. We try to manage it so that there are not too many items for discussion and to be able to complete them within the time given for the meeting. He emphasised that the agenda sub-committee is open, to anyone who can come or submit an item.

EC asked about an issue he raised under any other business at the last meeting relating to governors visiting patients. CE responded that this was discussed by the Executive and they take the view that we cannot allow random visits which can affect functioning of wards and a system is needed.

EC suggested that we might save money by decreasing the circulation of Trust News to members.

HL said it is fundamental to have ability to communicate with staff to have a monthly trust news and feedback is that it is very good. CBlew said that the role of the Council is to hold the Trust executive to account, this is not our decision to make, our role is not about the detail but about having a strategy and this is an important principle. It is for the executive to make decisions but not the Council of Governors.

FT asked if governors can suggest items for Matt Akid to include and CE confirmed this.

CE said that there will be the opportunity for more interaction between the Board members and governors at an Away Day which will be organised in the autumn. He said we needed to consider the report and whether we can do some things better.

CE noted Walter's points relating to the performance report as Walter had to leave earlier.

2.14 Appraisal of the Chair and NEDs* CE

This item was taken as read.

2.15 Open Day Evaluation Report MA

MAk outlined the report and said that over 1,500 people visited the hospital on the Open Day. We used the Patient Experience Tracker (PET) to evaluate the event and had asked visitors, staff and the Council of Governors to rate it.

MAk pointed out that the Council of Governors generously supported the event and funded it from its budget.

CE said everyone felt the event was excellently organised.

AC asked if we keep a box of suggestions for improvement for the future events. MAk responded that we do and consider both positive and negative comments.

CBir said he was misquoted in his response and that he said that there were 'slightly fewer governors' rather than 'slightly less'.

2.16 Proposed abolition of the Western Extension of the Congestion Charge Zone

MAk outlined the background to the paper.

He said that we have e-mailed all Trust members and raised awareness with staff and stakeholders about the consultation process on the proposed abolition of the Western Extension of the central London Congestion Charging Zone.

EC said he felt that the congestion has increased as a result of the extension of charging zone.

CE noted that there are different opinions. The Members' Council (now called Council of Governors) supported the abolition in 2007 but he noted that there are some individual views. From the hospital's perspective the extension of the congestion charging zone has an adverse impact on its services, and there will now not be any exemptions.

EA said he feels that putting congestion is more of a political than environmental issue and there should be an alternative.

EC queried if governors can express their individual views over this. CE responded that in responding to the consultation as a Trust we should be considering the perspective of the hospital.

CBir said he agreed with the EC and EA and felt that imposing the congestion charging resulted in less air pollution and less congestion. The hospital is well served by public transport.

CE said that if one looks from the perspective of a parent with a sick child who needs to get to a hospital you would disagree with the extension. CBlew said she agrees with the Chairman and said that we need to look at what is best for patients, parents, carer, etc

CE said that on balance the western extension is not a good thing for the hospital especially in the increasingly competitive environment.

3 ITEMS FOR INFORMATION

3.1 Finance Report – May 2010

LB

This item was taken as read.

3.2 Performance Report – May 2010

LB

This item was taken as read.

3.3 Annual Report including Quality Report (Account) MA

A copy of the Annual Report including the Quality Report was handed to governors on the arrival to the meeting.

4 ANY OTHER BUSINESS CE

CBlew said that the PCTs have a list of procedures that they will not fund. This issue was brought to the Maternity Services Review Committee with respect to caesarean sections. She wondered if the Board had a position on this. She also was interested to know where the evidence for the list comes from and whether patients had been consulted.

CE said we need to understand the need to save money. PCTs have to decrease staff by 66% and will not be prepared to discuss this. We need to work with GPs going forward.

HL said that Zoe Penn, Divisional Medical Director, is actively involved in discussions. She is confident that when we exclude high risk pregnancies there will not be a problem.

SM said that exclusions for high cost drugs was mentioned in the contract summary. She was concerned that this may impact on safety and patient experience if patients are put on less effective drugs. CM said that this referred to exclusions from Payment by Results rather than exclusions for prescribing. **Further information would be provided to SM.**

CM

EC made a reference to a number of papers governors receive prior to the Council meeting and that it is time consuming to read them and suggested that it gets cut down.

CE said that WB had suggested that the meeting time is extended. CE suggested that governors are consulted on this and the preferred start time of the Council meetings.

VD to consult governors.

VD

5 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 16 September 2010 at 3pm and will be followed by the Annual Members' Meeting at 5.30pm.