

Council of Governors Meeting Minutes, 23 May 2013

Prof. Sir Christopher Walter	Edwards	Chairman		CE
Chris	Balmford	Patient		WB
Christine	Birch	Patient		CBir
Nicky	Blewett	Public	Hammersmith and Fulham 2	CBle
	Browne	Appointed	The Royal Marsden NHS Foundation Trust	NB
Anthony	Cadman	Patient		ACa
Alan	Cleary	Patient		ACle
James	Dennis	Staff	Allied Health Professionals, Scientific and Technical Medical	JD
Brian	Gazzard	Staff		BG
Jenny	Higham	Appointed	Imperial college	JH
Melvyn	Jeremiah	Public	Westminster 2	MJ
Martin	Lewis	Public	Westminster 1	ML
Kathryn	Mangold	Staff	Nursing and Midwifery	KM
William	Marrash	Patient		WM
Susan	Maxwell	Patient		SM
Harry	Morgan	Public	Wandsworth 1	HM
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
Alison	While	Appointed	Kings College	AW
Steve	Worrall	Public	Wandsworth 2	SW

IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Sir Geoffrey Mulcahy	Non-executive Director	GM
Karin Norman	Non-executive Director	KN
Tony Bell	Chief Executive	APB
Therese Davis	Chief Nurse and Director of Patient Experience and Flow	TD
Lorraine Bewes	Director of Finance	LB
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Zoe Penn	Medical Director	ZP
Katie Drummond-Dunn	Communications Manager	KD-D
Layla Hawkins	Head of Communications and Marketing	LH
Vida Djelic	Foundation Trust Secretary	VD
Patricia Gani	Healthwatch representative	PG
Paula Murphy	Interim Director Healthwatch	PM
Mark Harris (in part for item 2.5)	Business Development Lead	MH
Paul Morris (in part for item 2.10)	Lead Nurse, Mental Health	PM

1 GENERAL BUSINESS

1.1 Welcome & Apologies

CE

CE welcomed Layla Hawkins, new Head of Communications and Marketing to the meeting.

CE welcomed PG and PM from Healthwatch to the meeting and noted that they will present item 2.12. CE also welcomed the members of the public to the meeting.

CE expressed sadness at the sudden death of Tera Younger, patient governor. He expressed appreciation for all her hard work and would like the contribution she made to be minuted.

Apologies were received from Julie Armstrong, Tom Church, Sam Culhane, Anna Hodson-Pressinger and Wendie McWatters.

CE noted that he had received Dr Cadman's view on mergers/acquisitions via the FT Secretary. He confirmed that any acquisition would have to be approved by the Council of Governors.

APB noted that the Trust is undertaking due diligence in relation to the acquisition of West Middlesex Hospital and will include consideration of the consequences of not acquiring it i.e. that Imperial Healthcare might merge with West Middlesex Hospital.

HM queried if patient care has been considered as part of due diligence. CE confirmed that Monitor has clear guidance on this and any acquisition has to be financially viable and of benefit to the patients. He also confirmed that there would be one budget.

CE proposed that the item 2.1 Re-appointment of the Chairman and NED should be discussed at the end of the meeting. **This was agreed.**

1.2 Declaration of Interests

CE

None.

1.3 Minutes of Previous Meeting held on 14 February 2013

CE

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

- p.4, section 2.3 change 'corporation' to 'Trust'

1.3.1 Agree style and format of minutes

The governors discussed the style and format of minutes and agreed that it is important that the minutes record who said what and as they represent the patient and public members it is important to be able to identify individual contributions. It was also agreed to keep minutes shorter.

CE concluded that minutes must record all decisions and the main points especially if controversial and a summary of the main points on which decision was made. This was agreed.

HM suggested that the papers for the Council of Governors meetings should be simpler and smaller in size. CE agreed that whenever possible the papers should be simplified.

NB commented that when responding to emails there is no need to copy all members in a response.

1.4 Matters Arising

CE

Ref 2.4.2 Nominations Committee of the Council of Governors for the Appointment of NEDs – expression of interest

CE noted that at the February Council of Governors meeting it was agreed that the membership of the Nominations Committee for appointment of Non-executive Directors and Chairman would consist of two elected governors and one appointed governor. CE noted that following on the interviews held earlier in May, TC and BG have been selected for the membership of the committee. Jenny Higham had subsequently been invited to be an appointed governor representative and Jenny Hill, a NED at the Royal Brompton Hospital to be an external assessor.

Ref 2.17 Membership Report

It was noted that this update was misleading as it suggested that there was no further action but in fact it will be discussed again at the next membership meeting.

CE noted following on C&W being selected as a preferred provider of A&E, under the Shaping a Healthier Future consultation, the Trust is at the planning stage of refurbishing A&E facilities.

SS-G asked for an update on the role of PALS. **APB to provide an update at the next meeting.**

APB

CBir queried the timeline for further review of the constitution and that the Away Day notes and Board minutes record it would be done in May. CM responded that the timeline had been overly optimistic and that a date needed to be agreed.

1.5 Chairman's Report (oral)

CE

CE reported on a recent meeting with Prof Sir Brian Jarman who runs the Dr Foster Unit at Imperial and who is an expert on producing quality data. CE outlined the importance of data and if more patients move to the community we must have an idea of what is happening to them.

He also noted that a successor to Prof Kotch would be announced soon and that Jane Lawson, Director of Development at the Victoria & Albert Museum agreed to support Chelsea and Westminster Hospital Charity.

It was requested that the next Away Day should not be just before Christmas.

1.6 Chief Executive's Report (oral)

APB

APB noted that the previous financial year accounts were good and congratulated the finance team and other staff who made it possible.

APB noted that the Star Awards event held on 18 April was very positive and the governors' award a vital part of it. Other awards were described in Trust News.

APB recorded thanks to governors for the support with organising the Open Day and noted Wendie McWatter's contribution regarding the special guest invitation and Sandra Smith-Gordon, Frances Taylor, Martin Lewis and Susan Maxwell, for their particular contribution on the day.

APB noted that the work on strategy continues and the paper which relates to the Trust plan for submission to Monitor will be presented later in the meeting.

It was noted that the Shaping a Healthier Future is awaiting the Secretary of State for Health's decision.

A&E has been in the news recently; we remain top of London Trusts for A&E performance.

The Royal Brompton Hospital partnership work continues.

In response to a question from ML re the timeline for official opening of the Chelsea Children's Hospital, APB responded that it is likely to be early next year.

In response to a question from HM re the da Vinci robot, CE responded that the Trust is aiming to maximise the use of da Vinci robot and plans to extend its use to other parts of the hospital.

1.7 Feedback from the April Board

CE/ML

It was noted that this was the first open Board and an opportunity for the public to attend.

CBir commented that he did not get the impression that the Board works as a team, the Chief Executive talked and the other executive directors did not take part in discussions and it looked as if they only responded to questions from the Non-executive Directors. ABP responded that there is executive contribution and that the perception from the public about the Board meeting might be slightly different, as it is just one point in time.

In response to a comment on the venue of Board meetings from ML, CM said that the May Board will be held in the Hospital Restaurant and the venue for future Board meetings will be considered further depending on attendance.

2 ITEMS FOR DISCUSSION/DECISION/APPROVAL

2.1 Re-appointment of the Chairman and NED

JB

There was a brief discussion regarding the Nominations Committee for

appointment of Non-executive Directors and a Chairman.

JB noted that a proposal has been put forward to governors that a Non-executive Director sits on the Nominations Committee for the appointment of Non-executive Directors and Chairman. The NED would have an advisory role and would not have any voting rights. This was to be discussed later in the meeting.

SM quoted Governance on the external adviser not being a voting member. (It was clarified later in the meeting that the external advisor would not have a vote).

CE confirmed that the appointment of NEDs is the remit of the Council of Governors through the Nominations Committee and it was entirely up to the Council of Governors to accept or not accept any process proposed.

2.1 Re-appointment of the Chairman

JB

The following discussion took place at the end of the meeting without the Chairman present

JB presented a proposed plan for the recruitment of new Non-executive Directors and a Chairman Designate. It was also proposed that the term of the office of the Chairman and Non-executive Director Karin Norman is extended for one further year.

The Council of Governors discussed the proposal.

It was confirmed that the first stage would be to select a recruitment agency. As previously they would produce a longlist and then a shortlist would be agreed.

ML queried a possible conflict regarding Jenny Higham being a member of the Nominations Committee and being a Non-executive Director of the West Middlesex Hospital. There was some confusion regarding the appointed governor representative and the external assessor and this was agreed to be clarified and any conflict of interest to be determined. (This is as reported earlier in the minutes ref matters arising ref 2.4.2).

It was confirmed that the external advisor would not have a vote.

JB said that in relation to voting, if that was necessary then the process will have failed as he would work to achieve a consensus. However, the governors have a clear majority on the Nominations Committee and will decide the outcome.

It was confirmed that the Board had not agreed a person specification and that a skills analysis was being undertaken of the Board currently to identify gaps. This would be used to inform the Nominations Committee what type of person was appropriate.

The Council of Governors agreed to an extension of Prof Sir Christopher Edwards' and Karin Norman's office for a term of one year ending on 31 October 2014.

The Council of Governors also agreed to a Non-executive Director attending

and providing advice to, the Nomination Committee meetings.

The Council of Governors also agreed to the proposal that all the shortlisted candidates should have been seen by the Chief Executive and NEDs prior to the final interview process, with their comments on the short listed candidates being available to the Nominations Committee.

2.2 Francis Inquiry Report

TD

CE highlighted positive views received from a governor on a recent experience of our A&E department which were that the staff and service were excellent.

TD noted that the paper provides a summary of the Francis Inquiry which has made 290 recommendations designed to change the culture and make patients come first by creating a patient centered culture across the NHS.

TD highlighted that the Trust has held some listening events, to listen to front line staff. Following the listening events themes will be identified and fed back to the Quality Committee and an action plan will be developed. A copy of listening events dates organised for May and June was tabled. All governors were invited to attend.

In response to a question from ML on feedback from the listening sessions held, TD said that these were about how we can create a zero tolerance over issues such as bullying, Never Events and also about challenging poor behaviour.

In response to a question from SM on whether the values have had an effect TD said that a change of culture takes time and it has been recognised that some areas already provide excellent patient care. It was noted that the Trust has had meetings with professionals from the commercial sector regarding 'good customer care'.

ML commented that he has recently had experience of A&E at the Chelsea and Westminster Hospital. His experience at the reception desk suggested some improvements were necessary. TD said that the Trust is doing some work with Disney and McKinsey on outpatients in order to improve patient experience. NB commented that the first impression is very important and this is often achieved with the lowest grade staff so these staff should be supported with training.

In response to a question from CN, CE confirmed that a GP service is available in A&E.

CE noted that he has recently sent a letter to Mike Spyer, Chairman of NHS London outlining the steps taken by the Trust to ensure that staff and patients views are listened to and to inform Trust's views on the quality of its services. WB congratulated CE on the letter.

CE noted that TD is leaving the Trust in June and joining the Local Education and Training Board (LETB). He thanked her for all hard work and contributions to the Trust.

2.3 Quality Account Update **CM**

This item was starred and therefore taken as read.

2.3.1 Approval of the Commentary **MJ**

MJ explained that the Quality Account forms part of the Quality Report which is submitted to the Department of Health. MJ said this was an enormous piece of work and we owe CM and Melanie van Limborgh a tremendous vote of thanks for producing the report. He highlighted that the Council of Governors commentary features as an annex at the end of the report. The commentary was produced by the Council of Governors Quality Sub-Committee and the whole Council of Governors was asked to endorse the commentary. **This was agreed.**

APB said that mandatory training is also of concern to the Board and noted that it features on weekly and monthly performance reports. Appraisal rate is also something that is closely monitored.

2.4 Quality Sub-Committee Report **CM**

This item was starred and therefore taken as read.

2.5 Annual Plan 2013/14 **APB**

MH outlined the background of the paper and noted the strategic context within which the Trust operates, the main priorities and actions underpinning the clinical strategy.

It was noted that the overall demographics is staying consistent and A&E attendances and emergency admissions will keep increasing.

The Trust is working on reducing follow-up appointments and some specialist procedures.

WM queried if the increased A&E attendances relate to the same issue as recently written in the press. MH said that the Trust has noted an increase in A&E attendances and there is a range of factors impacting on this and the full picture needs to be clarified.

In response to a question from ML regarding income generation, CE responded that the Trust is going to appoint a Commercial Director to assist with this and that more innovation rather than investment was required.

The Council noted the contents of the annual plan which will be signed off by the Board on 28 May 2013 and submitted to Monitor on 30 May 2013.

CE thanked MH for presenting a very useful paper.

2.6 Governors' Questions

A written response to the questions from governors was provided with the exception of 2.6.1.

APB noted that the Trust has approached another VIP in relation to the official opening of the Ron Johnson ward. The official date will be confirmed in due course.

BG said in relation to the memorial plaque that there had been a meeting of volunteers but no agreement had been reached. In relation to perpetuating the name of Thomas Macaulay ward BG confirmed that the conservatory on Ron Johnson ward will be redesigned and a plaque will be put up to commemorate special contributions.

APB confirmed that the new plaque for Jim Smith will be commissioned to replace the missing one.

ML queried how far we are with health tourist income? LB replied that we do not charge for A&E and the Finance and Investment Committee has taken a strong interest in maximising what we can recover. We have taken steps to put in credit card facilities and some areas need specific information relating to whether a patient is eligible for NHS care. We expect to see an increase in income.

ACle noted his dissatisfaction regarding his request for background information.

2.7 Council of Governors Performance Evaluation Report – response to questionnaire **CE**

CE thanked those who responded and noted that the results were compared with Monitor results. Most of results were similar to Monitor results and the area, for improvement was highlighted.

The Council of Governors was asked to consider and identify actions to be taken forward. **All**

2.8 Report on Senior Nurse/Governor Rounds **TD**

TD noted that Tony Pritchard, Deputy Chief Nurse met with some governors to discuss the format of governors' visits to clinical areas.

CE highlighted that a CRB check will need to be completed in order to be able to visit clinical areas.

A list of clinical areas and specialties was tabled for governors to note their areas of interest. GU Clinics had been left off by mistake.

2.9 Open Day 11 May – feedback **KD-D**

Highlights of the Open Day included that circa 2,049 people attended and circa 107 members were recruited. 98% of those attending said it was an excellent event and 98% would recommend it to friends and family.

ML congratulated the communications team on organising a successful Open Day.

2.10 Funding Report

The Council of Governors funding report was noted.

Paul Morris, Lead Nurse, Mental Health presented a proposal to purchase MyLife Reminiscence Software which is touch screen technology that enhances the life of those with dementia. It helps learning and creating life stories/experience and photographs can be uploaded. It also helps carers and family members communicate more effectively.

The initial proposal is to purchase two units and two trollies to enable patients who are bed bound to participate in the activities at the cost of £5,370.

The Council of Governors discussed the proposal and whether the Council of Governors should fund it. BG said that it should not necessarily get priority over other schemes because it had been brought to the Council of Governors.

SS-G suggested that this project could be funded by Friends.

CE concluded that the Council of Governors support the proposal in principle and the funding will be discussed further with the APB. **CE to discuss funding source with APB.** CE

2.11 The tenth FTGA National Development Day 14 March 2013 – feedback ACle/SM

The report was taken as read.

In response to a question from SS-G regarding including copies of a long presentation in the governors pack SM responded that she felt that the detail was very useful.

2.12 Healthwatch Kensington and Chelsea Report PM

Paula Murphy, Interim Director, Healthwatch Central West London updated the governors on the recent change from the Local Involvement Network (LINK) to Healthwatch. Healthwatch is a legal entity which LINK was not and will be known as Healthwatch Central West London.

It was noted that Healthwatch will continue engagement with the Council of Governors, Council of Governors Quality Sub-Committee and the Council of Governors Membership Sub-Committee.

It was also noted that Healthwatch has a statutory seat on the Health and Wellbeing Board and on relevant scrutiny committees. It has membership of circa 3,000 members and aims to expand across the borough.

SW asked how it relates to Wandsworth and that we might want a relationship with another Healthwatch as well.

CE said we need clarity on what organisations will be doing in order to avoid duplication.

CE concluded that he was looking forward to the Trust and Healthwatch working together and thanked PG and PM for presenting.

2.13 C&W Election to the Council of Governors **CBir**

This paper was noted.

2.13.1 C&W Election to the Council of Governors – communication plan **VD/LH**

Governors noted the election timetable.

VD highlighted that since the election process started one more patient seat has become vacant and as suggested by CBir at the Membership Sub-Committee it was proposed that the Trust takes on the next highest polling candidate for that seat. **This was agreed.**

LH noted that a draft communication plan was presented to the Membership Sub-Committee at its meeting held on 16 May 2013. The communication plan was endorsed by the sub-committee.

2.14 Membership Sub-Committee report **ML**

This item was starred and therefore taken as read.

2.15 Membership Engagement and communication – update **KD-D**

This item was starred and therefore taken as read.

2.16 Membership Report **TD**

This item was starred and therefore taken as read.

3 ITEMS FOR INFORMATION

Noted.

4 ANY OTHER BUSINESS **CE**

SS-G complained about the signage in the front of the hospital using 'hideous' fake wood surround.

In relation to a question from a governor regarding the kinesiology offer to staff via the daily bulletin it was confirmed that this should not have been included.

A member of the public raised the question of where the plaque of Mary Seacole had gone. **It was agreed that this would be investigated.**

FTN Training Courses

VD emphasised the importance of governors attending the FTN training courses and that foundation trusts are required under the Health and Social Care Act 2012 to take steps to ensure that governors are equipped with the skills and knowledge they need. A copy of the FTN training courses dates for 2013 was tabled.

5 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 18 July 2013.