

Council of Governors Meeting Minutes, 19 September 2013

Prof Sir Christopher Walter	Edwards Balmford	Chairman Patient		CE WB
Chris Christine Nicky	Birch Blewett Browne	Patient Public Appointed	Hammersmith and Fulham 2 The Royal Marsden NHS Foundation Trust	CBir CBle NB
Anthony Tom Edward Jenny Prof Brian Anna	Cadman Church Coolen Higham Gazzard Hodson- Pressinger	Patient Patient Public Appointed Staff Patient	Kensington and Chelsea 1 Medical	ACa TC EC JH BG AH-P
Melvyn Martin Kathryn William Susan Wendie Sandra Charles Frances	Jeremiah Lewis Mangold Marrash Maxwell McWatters Smith-Gordon Steel Taylor	Public Public Staff Patient Patient Patient Public Patient Appointed	Westminster 2 Westminster 1 Nursing and Midwifery Kensington and Chelsea 2 Royal Borough of Kensington and Chelsea	MJ ML KM WM SM WMW SS-G CS FT
Maddy Alison Steve	Than While Worrall	Staff Appointed Public	Support, Admin & Clerical Kings College Wandsworth 2	MT AW SW

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	APB
Lorraine Bewes	Chief Financial Officer	LB
Elizabeth (Libby) McManus	Executive Director of Nursing and Quality	LM
Zoe Penn	Medical Director	ZP
David Radbourne	Chief Operating Officer	DR
Susan Young	Director of Human Resources and Organisational Development	SY
Rakesh Patel	Director of Finance	RP
Catherine Mooney	Director of Quality Assurance	CM
Fleur Hansen	Interim Director of Corporate Affairs and Company Secretary	FH
Patricia Gani	Healthwatch representative	PG
Holly Ashforth	Divisional Nurse, Medicine and Surgery	HA
Sian Nelson	Membership and Engagement Manager	SN
Vida Djelic	Board Governance Manager	VD

1 GENERAL BUSINESS

1.1 Welcome & Apologies

CE

CE welcomed Patricia Gani to the meeting.

CE welcomed Elizabeth (Libby) McManus, Chief Nurse and Director of Quality and Susan Young, Director of Human Resources and Organisational Development.

CE noted that James Dennis is leaving the Trust and therefore the Council of Governors.

Apologies were received from Cyril Nemeth and Dominic Clarke.

CE reminded governors that a joint Board and Council of Governors Away Day will be held on 17 October at the Queen's Club from 9.30 – 5pm. Governors noted that the discussion will focus on significant transactions. BG queried the timing of the decision on an acquisition West Middlesex University Hospital NHS Trust and asked if this would happen before the Away Day. CE responded that the due diligence was on-going and that as it would represent a significant transaction, approval by the Council of Governors would be required. CE suggested a special Council of Governors meeting may need to be convened to ensure the Governors had sufficient time to consider the proposal but that some of the detail would be discussed at the Away Day.

1.2 Declaration of Interests

CE

None.

1.3 Minutes of Previous Meeting held on 18 July 2013

CE

The minutes of the previous meeting were accepted as a true and accurate record of the meeting.

CE addressed some main points from the minutes of the previous meeting.

Mary Seacole plaque

FH noted that she understands that the plaque is with Hospital Arts.

Ron Johnson Ward

FH said she was seeking an update from Hospital Arts and the Ward as to the progress with Jim's Kitchen.

BG confirmed that Annie Lennox has agreed to open the Ron Johnson Ward.
(Please note Annie Lennox regrettably can no longer undertake this – APB has approached an alternative – FH)

CQC report on working together with governors

FH responded that a meeting will be arranged soon. Those governors interested in attending the meeting to let VD know. **All interested governors to let VD know.**

All

Memorial service for Tera Younger

CE noted that a memorial service for Tera Younger, a patient governor, was held earlier in the day and that it was a very moving event.

CBle queried if dates are available for involvement in the A&E redevelopment. FH responded that this will be checked with Dominic Clarke.

Governor presentation at the Annual Members' Meeting – 19 September 2013

CE confirmed that due to the fact that James Dennis has resigned BG will present at the Annual Members' Meeting on behalf of the Council of Governors.

Quality Awards

ML noted that the quality awards should be called the Council of Governors Quality Awards as they are initiated, supported and funded by the Council of Governors.

FTGA/NHS Confederation joint event – NEDs and Governors: How to build effective working relationships – 22 April 2013

SM drew attention to the FTGA/NHS Confederation event held earlier in the year and suggested it would be useful for governors and NEDs to look at this as a group.

1.4 Matters Arising

CE

Cost Improvement Programme (CIP) Clinical Quality Risk Assessment and Mitigation

FH noted that the CIP Clinical Quality Risk Assessment and Mitigation template is available and was planned to be circulated at the recent Quality Sub-Committee meeting. However in part due to the meeting overrunning, and the fact that FH thought this would be of interest to all governors, a copy will be circulated following this meeting.

In response to a question from BG whether the template would be populated, FH responded that it was aimed to provide governors with the template so that they can understand what was considered in CIP planning and that due to the content, it would not necessarily be appropriate to provide a populated version.

CBle commented that the focus for governors should be assurance that an appropriate process is in place and that all relevant risks have been considered. FH agreed and said she would add detail of the process involved to the email.

FH to circulate email re CIP Quality Risk Assessment template.

FH

APB noted that at this stage the template is useful to see what elements have been considered and proposed that governors are taken through a worked example at the end of the financial year. **VD to add worked CIP quality risk assessment to the agenda for the first meeting following the end of FY 2013/14 (15.05.14).**

VD

CE reassured governors that the CIP has not had any adverse effect on patient care.

1.5 Chairman's Report (oral)

CE

Nothing to report on.

1.7 Chief Executive's Report (oral)

DR

Shaping a Healthier Future (SAHF) update

APB noted that the Independent Reconfiguration Panel is expected to announce their decision later this month. C&W is proceeding with the capital redevelopment of the A&E department worth £10m.

West Middlesex University Hospital NHS Trust (WMUH) update

APB noted that considerable analysis is on-going in relation to a potential partnership with West Middlesex and that updates would continue to be provided regularly.

Royal Brompton Hospital (RBH) update

APB noted that a Steering Group met earlier in the day to consider the timescales and the aim of what is to be achieved i.e how we shape children cardiac services for the future. Updates will be provided to the Council of Governors as this vision develops.

Estates update

It was noted that the hospital drainage system has been a problem in both the car park and other areas and apologised to any governors who had been subject to this. APB noted the problem is mostly due to inappropriate items being flushed and that the Trust was looking to introduce dissolvable hand towels and would be undertaking a communications campaign with staff and patients.

Adult and children burns refurbishment is proceeding on schedule.

The Dean Street Express development is underway and completion is planned at the end of November with the new service fully up and running in the new year.

We are working on keeping the signage of where the facilities are located up to date as well as ensuring reception staff are kept fully informed of any moves.

DR noted that there has been discussions with NHS England regarding winter planning and the final plan is about to be finalised. He highlighted that some additional investment is needed and that it was expected this would come from the CCG.

It was noted that work has been undertaken and some improvements still to be made in relation to discharge.

APB congratulated staff who were shortlisted for the Health Service Journal Award

- Acute care innovation: Development of the Chelsea Critical Care Physical Assessment Tool (Eve Corner, Physiotherapy)
- Improving Care with Technology: Dean Street @ Home (56 Dean Street team)

The winners will be announced at the awards ceremony on 19 November.

APB also congratulated the 56 Dean Street staff finalists in the Best Use of Social Media in Healthcare category of the 2013 eHealth Insider Awards, which will take place on 10 October.

In response to a question from WB regarding discussions with the Royal Brompton Hospital, APB said that they are focusing on working together to accommodate paediatric services only.

SS-G noted the importance of involving governors at an early stage in any strategic planning, so that they have sufficient knowledge about any possible merger, acquisition or significant transaction. She suggested a meeting is arranged other than the ordinary Council of Governors meeting designed to update governors on the strategy. CE responded that the Board will discuss the strategy first and then a special meeting could be organised to update governors but that updates would be given at the Away Day.

1.8 Feedback from Board

CE

CE noted that the public Board meetings present an opportunity for governors to interface with the Board particularly the Non-executive Directors.

CE outlined the Non-executive Directors area of interest and specialities and that it would be useful to provide updates on these in this section of the meeting. CE asked GM to provide an update on the Accountable Care Organisation (ACO) model which is being considered.

GM noted that a small team of commissioners, Trust executives and community partners had visited Valencia in Spain to look at their successful ACO model.

GM said the model works as it has one hospital at its centre and IT is fully integrated across all parts of the system. GPs have access to patient records and real time information is available. The Valencia model has been up and running for three years and GM noted that the cost of having this system is lower compared with the rest of Spain. The system deliver incentivises GPs to keep patients out of hospital where possible.

Since the visit there have been several meetings with local GPs and care organisations and a set of principles including objectives have been agreed to explore an ACO model further.

SW expressed a concern about patient records to be shared between GP and hospital and felt that patients should be consulted. CE commented that this is one example of involving and empowering patients to own their own records.

GM highlighted that the main focus is on improving quality for patients and currently it is at the development stage. Governors will be updated regularly on developments.

ML said that the update from GM was very useful. He noted that when attending the FTGA events he gathered that governors from other Foundation Trusts meet

regularly with their Non-executive Directors and queried if Chelsea and Westminster governors can meet the Non-executive Directors regularly. CE responded that this could be arranged. **FH to follow up on this.**

FH

2 ITEMS FOR DECISION/APPROVAL

2.1 Council of Governors Standing Orders - Report of the Task & Finish Group MJ

MJ noted that following on from the last meeting of the Council of Governors a Task and Finish Group was set up to complete the drafting of Standing Orders for the conduct of Council of Governors meetings. A final draft of the Standing Orders agreed by the Standing Orders Task and Finish Group was outlined.

It was highlighted that once the constitution has been revised the Standing Orders will be attached to it as an annex. Meanwhile, the Standing Orders will form a working basis for the future meetings.

MJ moved a motion and CBir seconded. **With the exception of one governor all governors agreed.**

CE queried section 1.2 and what the word 'terms' mean. It was agreed that word 'terms' be removed.

CE queried section 8.2 and noted this could conflict with the suggested quorum and potentially result in one public governor holding a right of veto. MJ responded that it was based on the wording in the current constitution and this will be considered as part of reviewing the constitution. CE said that this will require further discussion and it needs to ensure that a situation could not arise where a decision could be taken by a single person.

CE commented on section 8.1 regarding a written poll of the governors present. MJ responded that this should be done at the Chair discretion.

NB noted that a situation could arise where some (or a number) or appointed governors may need to remove themselves from the discussion due to a potential conflict of interest.

CE highlighted that a decision on who chairs the Council of Governors meetings when the Chair is not available and quoracy will be part of the review of constitution.

CBir made a point that the content of written paper should not be repeated and the author should give a brief introduction only and any updates. This should enable meetings to be productive and shorter.

2.2 Update on election of a new governor CE

CE noted that a vacancy was created in the patient constituency following a resignation of Alan Cleary and that in line with the constitution the Council could consider the candidate who had the next highest polling in the last election who was Dr Andrew Lomas.

It was noted that governors who met Dr Lomas as part of the last election process for nominated candidates to meet governors felt that he was very impressive and supported the proposal that he joins the Council of Governors.

The Council of Governors unanimously agreed that Dr Andrew Lomas fills the vacant patient seat.

3 ITEMS FOR DISCUSSION/UPDATE

3.1 Nominations Committee – update

CE

CE updated the Council of Governors on the recruitment process and noted that the Nominations Committee had met to select a recruitment firm to facilitate the selection of a Non-executive Director and the Chairman. Saxton Bampfylde was selected following on a competitive procurement process. BG commented that there was unanimous agreement on the recruitment firm.

It was clarified that Sir John Baker, the Vice Chairman of the Board of Directors will chair the Nominations Committee for the appointment of the Chairman.

JB noted that the Nominations Committee also discussed in which order appointments will be made.

3.2 Governors' Questions

The Council of Governors noted responses provided.

SM conveyed her thanks to Alison Heeralall, Deputy Director of HR for her email and comments in relation to the Whistleblowing Policy and said that a revised wording had been agreed. SS-G queried if governors have access to the Trust's Intranet. CM responded that they do not and confirmed that the fact that the revised Whistleblowing Policy is on the intranet is assurance for governors that staff have access to it. FH noted that she is looking into governors having access to the Trust's Intranet.

SS-G said in relation to her question regarding the senior medical staff working out of office hours she clarified that she felt it would be beneficial to both patients and the hospital if its services were available 24/7. CE responded that this would require a significant investment in training given there was just not the doctors available to provide 24/7 consultant-led care for all services.

PG reported on a patient who was having chemotherapy and transferred here and there was no senior consultant available to sign it off and she had to wait until Monday. The issue had been followed up by Tony Pritchard, Deputy Chief Nurse.

APB noted that the Shaping a Healthier Future programme aims to improve the way healthcare services are operated and that a full 24/7 model could only be provided if there are fewer hospitals, due to the staffing issues highlighted by CE. APB said this presupposes integrated care, hence why the Trust is looking at an ACO model to try and ensure only the patients who really require it are treated in hospital. APB said given this model is not currently available the Trust

would invent it.

3.3 Senior Team Visits to Clinical Areas

HA

HA outlined the paper and noted that governors have recently been invited to join the visits to wards which should help improve patient experience and patient care. She invited those governors who have not yet joined the visits to let her know.

As a result of feedback on visits the some improvements have been made one of which is a staff photo board on wards so that patients and family know who looks after them. Patients are also being involved in the staff handover process.

Another positive improvement is a 'good night' project which aims to help reducing level of noise from both staff and patients. Tony Pritchard, Deputy Chief Nurse is the project lead. Staff and governors are also involved in the project.

JL pointed out that the level of noise impacts on satisfaction with the clinical services and the statistics show that the noise level has doubled in the last 20 years. Some actions are to be taken to reduce the trend.

Other positive improvements were noted and these include:

- Better management of patient pain
- Work on reducing proportion of agency staff

CBir said that in addition to his palliative care ward rounds he had visited the Ron Johnson ward, where he had had a useful discussion with the matron and staff, but it had not been possible to speak to any patients on that occasion.

CBir queried the point regarding governors refraining from visiting clinical areas by themselves without making the nurse in charge know. The chairman said in principle governors should let the nurse in charge know but they should be able to meet with patients in private. FH noted this should be subject to DBS clearance. CBir so queried the progress with the DBS checks and whether governors would get a clearance certificate. VD said that she processes applications and that she will check with TP if governors are issued with DBS certificates. **VD to check with TP.**

VD

CBle suggested that word 'refrain' should be changed to 'you must not' in the Guidance for Governors Visits to Clinical Areas. **TP to change this in the guidance.**

TP

SW noted that he expressed interest in visiting the Ron Johnson ward and has not been contacted yet. **HA to organise.**

HA

3.4 Council of Governors Funding Report – update

The Council of Governors noted the funding report.

It was noted that in future proposals for funding would be the subject of a specific motion, which would be submitted through the Agenda Sub-Committee

for consideration at the next Council meeting.

3.5 Quality Sub-Committee report (oral) CM

CM noted that the sub-committee received an update on complaints in Q1. Appointment arrangements were discussed and it was agreed to invite Mike Delahunty, Head of Booking and Outpatient Services to the next meeting to address the issue of patient appointment letters.

An update on the position at Q1 for the Quality Account priorities and quality indicators was noted by the sub-committee.

The sub-committee received an update on discharge planning and medications.

3.6 Membership Sub-Committee – update CBir

CBir said that the Membership subcommittee was a particularly important and interesting committee, that it had been severely weakened by recent resignations, that it urgently needed strengthening and that it also needed a new chair to replace ML. He recognised that some governors had full-time jobs and others had other commitments, but he appealed to the other governors to consider if they are able to help strengthen the subcommittee by joining it.

CBir invited interested governors who would like to join the sub-committee to let him or VD know. **All interested governors to let VD know.**

All

3.7 Membership engagement and communication – update (oral) FH

FH noted that the preparations for the upcoming elections are under way and the key focus is on encouraging members to nominate themselves for election and at the later stage encouraging members to vote. FH asked governors to encourage people to put themselves forward for election and to let her and VD know. **All governors to encourage people to put themselves forward for election and to let her and VD know.**

All

FH noted that we will undertake proactive campaigning with governors and the communications department will assist those interested candidates with writing a more detailed candidate statement.

FH highlighted that there is a plan to provide the public and the patient members to vote electronically. A meeting with the Returning Officer to discuss this provision was arranged for the following week.

Those members who do not have an email address will receive the ballot pack via post.

A copy of election timetable was tabled.

CBir noted that the election timetable was helpful but asked that dates be included – FH said this would happen once the Returning Officer had been appointed. CBir also suggested that those members interested in putting a nomination forward should have the opportunity to meet governors beforehand.

VD to adjust the election timetable accordingly.

VD

SS-G said that potential governors need to be made aware that they will be expected to commit and attend more than five meetings per a year. Their involvement in sub-committees and committees is very important.

3.8 Membership Report

SN

SN noted that Equality Act 2010 requires all CCGs to comply with the Public Sector Equality Duty and that going forward they would be asking trusts to provide data for a number of different components of the diversity agenda, including sexual orientation and religious belief. FH added that given this it would seem appropriate to collect this data for the membership given it was likely we would be asked to do this in the future.

FH noted that the membership application form will be updated accordingly in consultation with the Membership Sub-Committee but that we would use up the forms we have in stock first.

CBir queried why the Trust focuses on recruiting members when the membership number is high and suggested that the focus should be more on engaging better with existing members. CE commented that the membership figures are steady and we aim to have a more active membership.

WMW noted that one of ways of engaging with members is via 'meet a governor' session but otherwise it is difficult to achieve it in practice.

SN noted that the Trust is going to work closely with Heathwatch and Clinical Commissioning Groups moving forward.

SN noted that a listening event will be organised to engage with the community in order to identify their needs and expectations from the Trust which should inform the Council.

FH noted that the communications department is being asked to explore the opportunities for governors to update members on their activities electronically.

4 ITEMS FOR INFORMATION

Noted.

5 ANY OTHER BUSINESS

CE

CBir thanked both FH and VD for sending though a lighter pack of papers for the meeting.

6 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 12 December 2013.