

Council of Governors Meeting, 9 February 2012 Minutes

Prof. Sir Christopher Chris	Edwards Birch	Chairman Patient		CE CBir
Christine Nicky	Blewett Brown	Public Appointed	Hammersmith and Fulham 2 The Royal Marsden NHS Foundation Trust	CBle NB
Anthony Fergus Cass. J	Cadman Cass Cass- Horne	Patient Appointed Patient	NHS Kensington & Chelsea	ACad FC CC-H
Alan Edward Carol Brian Jenny Anne	Cleary Coolen Dale Gazzard Higham Hodson- Pressinger	Patient Patient Staff Staff Appointed Patient	Management Medical and Dental Imperial College	ACle EC CD BG JH AH-P
Melvyn Martin Kathryn William Susan Wendie Henry Cyril Sandra	Jeremiah Lewis Mangold Marrash Maxwell McWatters Morgan Nemeth Smith- Gordon	Public Public Staff Patient Patient Patient Public Appointed Public	Westminster 2 Westminster 1 Nursing and Midwifery Wandsworth 1 Westminster City Council Kensington and Chelsea 2	MJ ML KM WM SM HM CN SS-G
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT
Maddy Alison Taryn	Than While Youngstein	Staff Appointed Patient	Support, Admin & Clerical King's College	MT AW TY

IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Jeremy Loyd	Non-executive Director	JL
Sir Geoffrey Mulcahy	Non-executive Director	GM
Richard Kitney	Non-executive Director	RK
Heather Lawrence	Chief Executive	HL

Amanda Pritchard	Deputy Chief Executive	AP
Mark Gammage	Director of HR	MG
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Axel Heitmueller	Director of Strategy and Business Development	AHe
Matt Akid	Head of Communications	MAk
Melanie van Limborgh	Head of Quality and Assurance	MvL
Bill Gordon (in part)	Acting Director of IT	BGor
Vida Djelic	Foundation Trust Secretary	VD

1 GENERAL BUSINESS

1.1 Welcome & Apologies

CE

CE welcomed Dr Yannis, a member of the public to the Council meeting.

Apologies were received from Rosie Glazebrook and Jacinto Jesus.

CE noted the retirement of Heather Lawrence, Chief Executive and that Amanda Pritchard, Deputy Chief Executive was leaving to be Chief Operating Officer at Guy's and St Thomas' Hospital.

On behalf of the Council of Governors and the community ML thanked HL for her remarkable achievements over the last ten years.

ML also thanked Amanda Pritchard who he said brought other expertise to the Trust which has served the Trust extremely well. He said that groups/committees chaired by Amanda were run well and staff regarded her highly and always appreciated her support and guidance. The Council of Governors wished her well.

1.2 Declaration of Interests

CE

None.

1.3 Minutes of Previous Meeting held on 1 December 2011

CE

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

- p. 1 add Dr Cadman to the list of attendees
- p. 9 item 2.11 second bullet point should read "CBir presented a paper on the Information Zone saying that it has not been managed well and is not fit for the purpose'

AC referred to the previous minutes and commented with ref to the Chairman's report second para second sentence re 'education about the use' should be removed. CE responded that it should read 're-education'.

VD to amend minutes in line with comments received.

VD

1.4 Matters Arising

CE

1.4/Sep/11 Room request from governors

It was noted that governors meeting room is nearly ready. SM said that there are some items which need to be moved and she noted that entry to the room will be controlled with a key pad.

2.5/Sep/11 Governors' generic email account proposal

BGor provided an update on the governors' email account. Governors noted that there are some security issues to be resolved before inviting them to test the solution. BGor confirmed that the current users will not be affected during the time of the switching to a new format email address.

It was agreed that BGor will produce a simple guide for governors' use.

BG to produce a simple guide for use of chelwest email.

BG

CE provided an update on the St Stephen's Centre incident.

All other actions were noted as being completed.

ACle said he was very impressed with the enthusiasm of the participants in the programme about Junior Doctors 'Your life in their hands' but was concerned about the breach of confidentiality filmed. CE replied that this emphasises the importance of information governance and that it was part of the learning for junior doctors. The programme also emphasised the importance of medical students learning to take blood samples which was also good for learning how to develop a relationship with patients.

1.5 Chief Executive replacement

CE

CE outlined the process for the appointment of the Chief Executive which was agreed by the Board on 26 January 2012.

The Chief Executive will be appointed by the Non-executive Directors and the appointment will be approved by the Council of Governors.

CE presented two different options for the approval of the Chief Executive by the Council of Governors. One is to have a special meeting to approve the appointment, or alternatively a sub-group of governors to approve the appointment on behalf of the Council.

In response to CN's query if the Council has any power of veto CE said that they do and if this occurred it would be unusual practice. ML said that the Council would not rubber stamp the appointment.

CE presented options for governors involvement in the process.

The Nominations Committee at its meeting on 26 January suggested a meeting with medical staff and non-medical staff to invite their views. He suggested that governors could be invited to that meeting.

Governors could also be involved by expressing their views on the job description and person specification.

Another alternative is to invite governors to meet with the short-listed candidates over lunch – part of an assessment centre approach. There was some discussion about the benefits or otherwise of an assessment centre.

Governors welcomed the opportunity to be involved at an early stage, especially as this was not required by the constitution.

CBir suggested that the draft job specification was circulated. He also suggested BG could represent the Council under the provision for an additional member as described in the Nominations Committee Terms of Reference.

CE noted that an additional member on the Appointments Committee has been agreed by the Nominations Committee, which will be the new Chief Executive of St George's Healthcare NHS Trust, Miles Scott who will act as an independent adviser.

CBle queried how useful it is for governors to be involved in commenting about the job description as the role of governors is to scrutinise the process.

CE responded that he would like the process to be transparent and therefore felt that governors should be involved. They may not want to contribute but have been asked.

Other governors welcomed the opportunity to be involved and also to participate in an informal lunch with the potential candidates. **This was agreed.**

CE informed governors that the Nominations Committee met on 26 January and considered three recruitment agencies. They decided to appoint Saxton Bampfylde. Instructions were given by the Board as to what qualities the potential candidate should have and Saxton Bampfylde will initiate discussions with potential candidates.

CBle queried who was on the Appointments Committee. CE responded that it is the Chairman, Non-executive Directors and the external adviser.

CE said that the timetable will be circulated to the governors.

The job description/person specification and supporting information to be circulated for comments. VD

The Council of Governors agreed that a special meeting be called if necessary and that the whole Council of Governors should be involved in the appointment of the new CEO.

2 ITEMS FOR DISCUSSION/DECISION/APPROVAL

2.1 Feedback from 24 November 2011 Away Day

CE

The minutes of a joint Board/Council of Governors Away Day held on 24 November were accepted as a true and accurate record of proceedings.

2.2 Who do you think WE are? – developing Trust’s values

HL/MG

CE outlined the paper and said that the themes were developed by the governors at a joint Board/Council of Governors Away Day held on 24 November 2011.

CE informed the governors that the Trust’s values will be agreed by the Board at its meeting on 29 March 2012.

CE invited the governors to give their feedback by attending various sessions organised by Carol Dale. Trust values comment cards were circulated for completion.

2.3 Business Planning 2012/13

AP

AP highlighted the key points from the paper, including the importance of the values work.

This paper set out progress on the strategic priorities and objectives. Our four corporate objectives will remain the same. She noted that we have a £16m Cost Improvement Programme (which was £19m last year).

AP invited governors to attend business planning meetings and dates will be circulated.

CE encouraged governors to fulfill their statutory duty by providing their views on business planning by attending the meetings.

To circulate dates of business planning 2012/13 meetings.

VD

ML asked how we can ensure we maximise private patient income and whether we can set our own fees. AHe said that the original Government proposal was to increase the private patient cap to 49%, but that the opposition has proposed to only increase it to 5%. The Trust is developing a private patient strategy, but it should be noted the market is quite flat and it is unlikely to raise significant income. HL said it was important that we fully utilise our current capacity once the cap has been raised

ACle asked if there was a room to explore expenditure on prevention vs. cure? CE replied that there is a risk that funding for prevention will be put on hold by the Government.

The issue of new relationships with Clinical Commissioning Groups (CCGs) was raised and whether that was an issue. HL said that the CCGs are very busy in their new roles but that the Integrated Care Pilot had been helpful in getting to

know people. AP said the relationship with GPs is continuous and important.

2.4 Governors' Questions- Care of the Dying **SC**

Dr Sarah Cox made a presentation on care when dying in hospital.

In response to a question she confirmed that there was guidance from the General Medical Council (GMC) on the duties of a doctor which was to do the best for the patient but also to withhold treatment if no benefit.

There was a discussion on the Liverpool Care Pathway and how patients are helped with their fears which is often about the process.

There was also a discussion about training for junior doctors and medical students. Training includes last offices and the involvement of relatives.

ACle thanked Dr. Cox for the presentation and confirmed that it was very helpful and had answered the questions he had raised very well.

The presentation will be circulated to governors.

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

CE introduced the paper and pointed out that the Trust's overall response rate was slightly better than Monitor's. He thanked those governors who had responded.

The key issues had been abstracted and actions were agreed as follows:

To circulate minutes as soon as practicable after every governors meeting for comments on accuracy. **VD**

Governors to communicate on what the Trust is doing for the local community, for patients services and trust membership. **This work will be undertaken by the Membership Sub-Committee.** **TD**

Regarding contact with Non-executive Directors and Executive Directors it was noted that it was very likely that there will be open Board meetings and possibly a joint meeting in the future. There could also be different roles for governors. This will be discussed again in due course.

To improve on governors' induction and training. CM said that this had been looked at previously by a small group and this could be reviewed again. WMW commented that a mentor would be very useful for new governors.

To address induction and training. **CM**

To consider how to improve on understanding of governors roles and responsibilities. **CM**

To consider how to improve on understanding of the Quality Account. **CM**

In response to a query from EC, VD confirmed that unfortunately she had not received his response.

The Chairman clarified that the % responses were based on those who had responded.

SS-G commented on the response rate by governors and felt that those who did not respond should let CE know the reason. Some governors felt that the questionnaire was too long, but others disagreed.

2.6 Report on Senior Nurse/Governor Rounds

CE

CBir raised the issue of having a greater opportunity to talk to patients during Senior Nurse/Governor Rounds. He had outlined his views in the paper.

MJ said that the clinical half days are extremely rewarding for governors, in particular the session at the end when everyone meets together.

KM highlighted that governors input is very valuable to nurses but explained that the main purpose of the clinical half day is to inspect clinical standards and there needs to be a balance between that and helping governors talk to patients.

CE said that this had been very valuable for both sides but that clinical rounds may not give the opportunity to governors to interface with patients in the way they would want and we should look at this. **To review governors involvement in wards and opportunities to speak to patients.**

TP

2.7 Open Day 12 May 2012 – update

RMcB

The Council of Governors noted that at the last meeting they agreed to fund the Open Day which will be held in May 2012.

RMB invited governors to join the Open Day Steering Group chaired by HL and also the Open Day Operational Group.

Interested governors were invited to let RMB know if willing to be involved.

Topics suggested:

- Chelsea Health Charity
- careers in NHS
- AHe to help answering questions on the new Health and Social Care Act

2.8 Council of Governors Funding Report

CE

The Council of Governors agreed to the following proposals for funding:

- The request for funding of £144 for the Council of Governors Handbook
- The request for the consultant database £2,000
- the request for funding of the equipment required for producing podcasts £1,200
- The request for funding of £1,500 for small membership branded gifts for the Open Day 2012 (2012/13 allocation)
- The request for funding of £2,340 for the Members Recruitment Campaign

(2012/13 allocation)

The Council of Governors did not agree funding the development of the Quality Account.

2.9 Quality Awards

CM

MvL outlined the award and noted that we had learnt from the initiatives.

Each award winner was introduced by the governor who had visited the team and they received a certificate presented by the Chairman.

MJ outlined the key changes that Lorraine Kilburn had introduced to improve phlebotomy waiting time, including leadership, team working and ownership.

WMW outlined the key areas of the physiotherapy services and commented on how she felt safe in their hands.

CD described the work the plastic surgery team had undertaken to improve use of the VTE risk assessment tool, including its inclusion in hand over and that this initiative had been taken forward by junior doctors.

All award winners were congratulated by the Chairman.

2.10 Chelsea and Westminster Star Awards 2012

MG

MG outlined the paper and said that the Chelsea and Westminster Health Charity will provide funding for a new annual staff awards scheme. ML thought it was an excellent idea but expressed concern about the impact on the Quality Awards and potential confusion.

A Patient Choice Award and a Council of Governors Special Award are proposed as two of the award categories.

MG pointed out that different categories for awards need to be decided. Governors were invited to inform VD about ideas for categories.

MG invited three interested governors to join the judging panel.

Governors to volunteer to join the judging panel and to give ideas for categories.

All

2.11 Quality Account Update

CM

CM provided a brief update on the Quality Account outlining the feedback and engagement that had taken place and what was planned. A more detailed update will be provided at the May meeting.

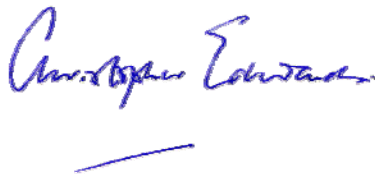
2.12 Quality Sub-Committee report*

MA

This item was starred and therefore taken as read.

- 2.13 Membership Sub-Committee report** **ML**
- ML provided a brief update following on the Membership Sub-Committee meeting held on 3 February 2012.
- 2.14 Membership Engagement and communication – update*** **MAk**
- This item was starred and therefore taken as read.
- 2.15 Membership Report*** **TP**
- This item was starred and therefore taken as read.
- 3 ITEMS FOR INFORMATION**
- 3.1 Finance Report – December 2011** **LB**
- This item was taken as read.
- 3.2 Performance Report – December 2011** **AP**
- This item was taken as read.
- 4 ANY OTHER BUSINESS** **CE**
- EC mentioned the matter of cost savings required by the Coalition Government and asked CE if it was 2%. CE replied that it was a reasonable question and that the required saving was 4%. EC mentioned that he had previously notified VD in writing that he wished to raise two or three brief points but in view of the lateness of the hour he withdrew the remaining points he had intended to make. CE invited EC to email these over to him for consideration by the Agenda Sub-Committee.
- VD advised EC that he could submit his Governor Skills Form when he had time and EC confirmed he would so do.
- 5 DATE OF THE NEXT MEETING**
- The next meeting of the Council of Governors will be held on 3 May 2012.

Signed by



**Prof. Sir Christopher Edwards
Chairman**