

## Council of Governors Meeting, 3 May 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 Brian Rosie	Cleary Gazzard Glazebrook	Patient Staff Appointed	Medical and Dental Hammersmith and Fulham PCT	ACle BG RG
Jenny Melvyn Jacinto Martin Kathryn William Susan Wendie Henry Sandra	Higham Jeremiah Jesus Lewis Mangold Marrash Maxwell McWatters Morgan Smith- Gordon	Appointed Public Staff Public Staff Patient Patient Patient Public Public	Imperial College Westminster 2 Contracted Westminster 1 Nursing and Midwifery	JH MJ JJ ML KM WM SM
Frances Maddy	Taylor Than	Appointed Staff	Royal Borough of Kensington and Chelsea Support, Admin & Clerical	FT MT

### IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Jeremy Loyd	Non-executive Director	JL
Sir Geoffrey Mulcahy	Non-executive Director	GM
Heather Lawrence	Chief Executive	HL
Dr Mike Anderson	Medical Director	MA
David Radbourne	Interim Chief Operating Officer	DR
Mark Gammage	Director of HR	MG
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Matt Akid	Head of Communications	MAk
Renaë McBride	Communications Manager	RMB
Axel Heitmueller	Director of Strategy and Business Development	AH

Anthony Pritchard	Deputy Chief Nurse	AP
Ganesh Sathyamoorthy	Collaboration for Leadership in Applied Health Research and Care - for item 2.15	GS
Dr Paul Sullivan	Collaboration for Leadership in Applied Health Research and Care - for item 2.15	PS
Vida Djelic	Foundation Trust Secretary	VD
Patricia Gani	LINK representative	PG

## 2.1 Chief Executive Appointment

CE

CE asked that those present who were not members of the Council of Governors or involved in the appointment to leave the room for discussion on this item.

CE requested that the governors treat any information about the candidate who is to be recommended as highly confidential and to not disclose it to any members outside the meeting at the present time.

CE outlined the appointment process. The Appointments Committee interviewed three candidates, not four as stated in the paper, due to the fact that one candidate withdrew.

All three candidates were very strong and are Chief Executives of very successful hospitals in the country. Each candidate met members of the executive team and were asked about patient experience, strategy and leadership. Comments on each candidate were passed to the Appointments Committee.

After careful consideration of all of three candidates the Appointments Committee agreed to propose Tony Bell, currently Chief Executive of Royal Liverpool and Broadgreen Hospital since 2007 as the new Chief Executive.

CE provided some background information including some highlights from Tony Bell's referees.

In response to questions, CE said that Tony Bell is a nurse by background and is 54 years old. He has been Chief Executive of Royal Liverpool & Broadgreen University Hospitals NHS Trust, a major university teaching hospital, since 2007 and was previously Chief Executive of Alder Hey Children's Hospital in Liverpool. He has an MBA from Liverpool.

Royal Liverpool & Broadgreen University Hospitals NHS Trust is not a Foundation Trust. Monitor introduced a new requirement, assessment against the Board Governance Assurance Framework, several weeks before the Board to Board with Monitor and this was not sufficient time to meet such a requirement.

Tony Bell's notice period is 6 months but this will be negotiated.

CE confirmed that the timeline for advertising was adequate.

BG, who was involved in meeting the candidates said he was very impressed with all three candidates that were interviewed.

**The Council of Governors unanimously approved the proposal to appoint Tony Bell as the new Chief Executive.**

**1 GENERAL BUSINESS**

**1.1 Welcome & Apologies**

**CE**

CE welcomed two members of the public to the Council meeting, Andrew Roche and Carol Joseph.

CE welcomed David Radbourne, Interim Chief Operating Officer to his first Council of Governors meeting.

Apologies were received from: Edward Coolen, Carol Dale, Anna Hodson-Pressinger and Cyril Nemeth.

**1.2 Declaration of Interests**

**CE**

None.

**1.3 Minutes of Previous Meeting held on 9 February 2012**

**CE**

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

- Amanda Pritchard was in attendance
- item 2.8, p.8 the funding part to be reworded to confirm that the Council did not approve the request for funding of the quality account development.
- reinstate matter arising re governors' chelwest email account as there has been no progress. **VD to reinstate.**

**VD**

**VD to amend minutes in line with comments received.**

**VD**

ACle said that regarding the Junior Doctors – Your Life in their Hands programme (p.3 of minutes) that there was a breach of data protection law shown and felt strongly that this section should have been cut out. He considers that the junior doctor concerned was acting in good faith and this may affect his job prospects.

ACle said he wanted to raise a few points under any other business and tabled a paper copy for VD to circulate to the governors for information instead.

**1.4 Matters Arising**

**CE**

2.5/Feb/12 Council of Governors Performance Evaluation Report – response to questionnaire

It was noted that the work on governors communicating on what the Trust is doing for the local community, for patients services and trust membership is on the Membership Sub-Committee agenda 1 June meeting.

To address induction and training

CM spoke on behalf of CD who was unable to attend. CD had provided a paper on supporting governors development which will be sent to governors via email.

CM said the plan is to undertake a Training Needs Analysis (TNA) for the governors, to include some items as mandatory e.g. roles and responsibilities and some as optional e.g. the Quality Account. This will then provide us with training gaps. Regular reports will be produced. CD would like to set up a small group of governors to agree survey questions to help identify training needs, interpret the results, develop a training plan, and help set up training events for the coming year.

**Governors are invited to send expressions of interest to Vida Djelic by 18 May 2012.** All

**NB noted that it might useful for the governors to have training on the implications of the Health and Social Care Act 2012. This was agreed.**

#### 2.6/Feb/12 Report on Senior Nurse/Governor Rounds

TP said that this has been reviewed and some visits were organised recently.

### **1.5 Chairman's Report (oral)** CE

The Chairman confirmed that there was no further report from him.

## **2 ITEMS FOR DISCUSSION/DECISION/APPROVAL**

### **2.2 Re-appointment of Non-executive Directors** CE

CE introduced the paper on the reappointment of Professor Richard Kitney and Karin Norman whose terms of office were due to expire on 31 October 2012. CE suggested that the terms of office are extended for both Non-executive Directors. He highlighted the important involvement of Richard Kitney in the Electronic Document Management project and the IT strategy. Karin Norman is the Chair of the Assurance Committee and her strong financial background is very beneficial at this time.

There was also the issue of maintaining stability in the Board, as three NEDs were relatively new and there would be a new Chief Executive in due course.

SM asked for clarification on her belief that when one NED stepped down in 2010 we approved three new NEDs on the basis that KN and RK would be stepping down in 2012. CE said that this was not the case and that the NEDs they were actually replacing were Andrew Havery and Charlie Wilson.

RG queried what the exceptional circumstances were to keep RK and KN as stipulated by Monitor and whether we will keep extending the term of office for both NEDs again next year. CE responded that this is an exceptional situation as previously outlined and the extension was one year only.

**The Council of Governors agreed that the term of office of Richard Kitney be extended for a further year.**

**The Council of Governors agreed that the term of office of Karin Norman be**

**extended for a further year.**

### **2.3 Business Planning 2012/13 – update**

**HL**

HL introduced the paper and updated the Council of Governors on the objectives and development of the business plan for 2012/13.

She outlined the strategic priorities and confirmed that the corporate objectives remain the same as for the last year. She outlined the Academic Health Sciences Partnership and noted that we had won an important musculoskeletal contract covering Kensington and Chelsea, Hammersmith and Fulham and Westminster.

She noted that there were few opportunities for growth and the importance of lifting the private patient cap. This year there is a cost improvement programme to deliver 7% savings.

WM referred to a TV programme about Great Ormond Street Hospital (GOSH) which was broadcasted a day ago for 1hr which in his view was horrific. HL replied that they provide excellent medical services and that GOSH has some problems of particular nature.

ML queried if the Trust has developed a marketing strategy in relation to the recent changes to the healthcare services. HL responded that it is too early to develop this but there will be one following the completion of the consultation process on whether we will be the major A&E services provider.

ML queried if we charge non-EU patients for treatment in the A&E. HL responded that we do not but any other treatments are charged.

WMW asked if there is a plan to upgrade the areas of the hospital for private patients. HL said that some upgrading has already been done and there are some finances in the capital programme which would allow us to do a further upgrade depending on the private patient demand.

MA suggested that our A&E needs to expand and modernise in order to be able to cope with the demand.

### **2.4 Shaping a healthier future**

**MA**

MA gave a presentation on the proposed reconfiguration of the health services in North West London (NWL) and highlighted the main points. There will be four types of hospital and NWL is currently considering options. All hospitals will have an Urgent Care Centre. The key question is which the major hospitals will be.

The evaluation criteria agreed by clinicians and stakeholders is based on quality of care, access to care, affordability, deliverability and research and education.

MA highlighted the potential impact on the Chelsea and Westminster Hospital with three scenarios:

- If Charing Cross loses A&E services
- If we lose A&E services
- Possibility of one less obstetric unit in NWL

ML asked if having a paediatric A&E was positive and MA confirmed that this was the case and that another positive feature was our estate.

HL said that the plans for consultation will be discussed at a clinician and public/patient involvement event which will be held on 15 May. She invited governors to attend. SM said that those interested in attending will need a ticket. HL responded that that transport will be organised by the Estates and Facilities Department for those interested in attending.

MAk will be doing a plan for stakeholder involvement.

## **2.5 It's who we are – our values**

**TD/MG**

MAk presented the paper and highlighted the wide range of responses outlined in the table 3 on p.2 with patient-focused getting the highest number of votes by staff.

MAk said that the Board at its meeting on 29 March agreed the four core values which are respectful, safe, kind and excellent and these will be launched publically at the hospital Open Day on 12 May. He emphasised the importance of applying these values in the organisation and this will be the responsibility of each individual staff member. These values will be embedded in everything we do e.g. recruitment processes, induction.

CBir expressed his disappointment with the Board decision to remove the patient-focused value and also that compassionate was changed. MAk clarified that the Board felt that 'patient-focused' is at the centre of everything we do as a hospital and as an individual member of staff. Jeremy Loyd (JL) added that as we progress with applying the agreed values patient focused will be emphasized. He said that it was felt that compassion is part of kindness.

ML commented that he was happy that Student Nurses were involved in the consultation process.

CE thanked JL who leads on values and has put a lot of work into this. CE also thanked MAk and CD for their hard work.

## **2.6 Governors' Questions**

**HL**

### **Trust's plans re lifting the Private Patient Cap (BG)**

HL outlined the current private patient cap and highlighted the fact that with the new Health and Social Care Act it can be increased up to 49%. Under this provision trusts are allowed up to 5% without governors' approval. Up until now the private patient cap was 3.7% with no flexibility to increase.

Axel Heitmueller, Director of Strategy and Business Development is working on a private patient strategy. We have to consider which services we would want to expand depending on the market and impact on space.

NB suggested that AH could meet with the private patient lead at the Royal

Marsden Hospital. MA commented that our greatest strength compared with private hospitals is that we are staffed out of hours.

### **Hospital plans for expansion (MJ)**

HL said that MA had covered this to some extent as we will be affected by the NWL reconfiguration. We do however have plans including a midwifery led unit, moving pediatrics burns to the first floor and sexual health expanding outwith the hospital.

#### **2.7 Report on Senior Nurse/Governor Rounds TP**

This item was taken as read.

#### **2.8 Open Day 12 May 2012 – update RMB**

RMB said that an update on the Open Day planning was provided in the paper.

CE commented that the Open Day is an excellent event and invited all governors to attend.

#### **2.9 Council of Governors Funding Report VD**

CE highlighted that the Council of Governors budget for 2012/13 financial year has been affected by the CIP.

CBir said that the Membership sub-committee at its last meeting at the end of March had been under the impression that our budget for 2012-2013 would remain at £95,000, but are now being told that it had been reduced to £80,000 in January, two months previously and he questioned why the governors had not been told earlier.

CM explained that the process started in January 2012 and a series of budget setting meetings were held. We tried to avoid any reduction to the Council of Governors budget, however, all departments and divisions across the hospital have been affected by the CIP and the decision was eventually made that the Council of Governors budget had to be reduced as well.

CBir queried when the decision was made. CM responded that it was made in March 2012 although the budget setting process started in January.

The governors discussed the budget allocations for 2012/13 and suggested that the Council should be more strict when approving bids. WMW suggested there were more regular reports on progress with the projects approved by the Council of Governors. **This was agreed – reports will be provided to the sub committees when they meet.** VD

WMW introduced the item and said that she had already raised £10,520 for the Giggle Doctors and added that some funding is needed to be able to plan more sessions on the paediatric wards.

SS-G said this is a good idea but was not sure if the governors should fund this as

the main purpose is membership and engagement; she suggested WMW approaches the health charity or the Friends.

The Council of Governors discussed the proposal and on the basis that the funding is needed for the 2013/14 financial year agreed that a fresh proposal be made to the Council at some point in the future and that in the meantime WMW explores other options.

CE expressed his thanks to WMW for her work.

Letter box drop

RMB said that the Membership Sub-Committee at its last meeting commented that the Open Day event had not been advertised as much as it should have been and they supported a funding proposal for a letterbox drop. RMB also proposed that the event is publicised in the local press as outlined in the paper. The request for funding totaled £4,793.

The governors discussed the proposal and agreed to approve the funding of the Open Day event to be publicised via the letterbox drop and in the local press on the condition that a survey is conducted on how many people visited the event as a result of the Open Day event being advertised this way vs the local press.

**RMB to conduct the survey.**

**RMB**

**2.10 The tenth FTGA National Development Day - 14 March 2012 & FTGA Mental Health Network Event – 24 April 2012 – feedback**

**MT/ACad**

This item was taken as read.

**2.11 Chelsea and Westminster Star Awards 2012**

**MG**

MA noted that an update regarding the Chelsea and Westminster Star Awards 2012 has been provided in the paper. He highlighted that a judging panel of governors agreed a shortlist of three staff and teams for the Council of Governors Special Award. He added that the Chief Executive will select the recipient for the Chief Executive Special Award.

HL said that the Star Awards will be presented at an awards evening at the Chelsea Football Club on 14 May.

**2.12 Quality Account Update**

**CM**

CM outlined the key points in the paper and asked for comments. ACle queried why we had just started checking x-ray reports in July for clots. CM thanked him for this feedback – this refers to using this method to start following up on cases and agreed this was not clear and will be amended.

**Otherwise the priorities were agreed.**

**2.13 Quality Sub-Committee report**

**MA**

This item was taken as read.



**2.14 Staff Survey – Summary** **MG**

MG said that according to research there is a link between a satisfied workforce and high quality patient care.

He highlighted that on the question regarding whether staff would recommend the Trust as a place to be treated and as a place to work we scored in the top 20% of acute Trusts nationally.

CE commented on the response rate of 61% and how we can encourage 39% of staff who did not participate in the survey to do so and compared it with the Care Quality Commission which bases its report on a 10% sample of staff as opposed to asking for everyone's views.

CE said one of the areas of concern is the percentage of staff experiencing discrimination at work. We will need to understand why this is the case and to address it appropriately.

CBir commented on the 17 pages of meaningless figures. MG apologised and said that the results will be resent.

**2.15 Introduction to the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) – presentation** **GS/PS**

Ganesh Sathyamoorthy, CLAHRC Head of Operations and Delivery and Dr Paul Sullivan, Senior Improvement Fellow gave a presentation on CLAHRC work and explained that is it nationally funded collaborative research improvement programme that will accelerate health research into patient care.

GS highlighted the CLAHRC approach and highlighted benefits for the Chelsea and Westminster Hospital.

GS tabled a paper outlining the CLAHRC work and invited governors to join the project meetings. Information will be provided in due course via VD.

**2.16 Membership Sub-Committee report** **ML**

This item was taken as read.

**2.17 Membership Engagement and communication – update** **MAk**

This item was taken as read.

**2.18 Membership Report\*** **TP**

This item was starred and therefore taken as read.

**3 ITEMS FOR INFORMATION**

**3.1 Finance Report – March 2012** **LB**

This item was taken as read.

**3.2 Performance Report – March 2012**

**DR**

This item was taken as read.

**4 ANY OTHER BUSINESS**

**CE**

None.

**5 DATE OF THE NEXT MEETING**

The next meeting of the Council of Governors will be held on 12 July 2012.

**Signed by**



**Prof. Sir Christopher Edwards  
Chairman**