

Members' Council Meeting Minutes, 14 February 2008

Present:

[Quorum: 12 Council Members with a minimum of 4 public/patient, 1 Staff and 2 appointed]

Council Members: Chris Edwards (CE), Chairman
June Bennett (JB), Patient
Walter Balmford (WB), Patient
June Smith (JS), Patient
Sue B Smith (SBS), Patient
Sue M Smith
Mary Symons (MS), Wandsworth Area 1
Martin Bradford (MB), Hammersmith and Fulham Area 1
Martin Lewis, Westminster Area 2
Brian Gazzard (BG), Staff – Medical & Dental
Duncan Macrae, Appointed - Royal Brompton & Harefield NHS Trust
Christine Blewett (CBT), Public – Hammersmith & Fulham 2
Mervyn Maze (MM), Imperial College
Frances Taylor (FT), Appointed - Royal Borough of Kensington & Chelsea
Valerie Arends (VA), Public – Kensington and Chelsea
Lionel Foulkes (LF), Public – Wandsworth 2
Maria-Elena Arana (MA), Patient
Vivian Wood (VW), Hammersmith and Fulham PCT
Peter Molyneux (PM), Appointed, Kensington & Chelsea PCT
Alison Delamare (AD), Staff – Contracted
Cathy James (CJ), Staff – A&C
Martin Rowell (MR), Patient
Ann-Mills Duggan (AMD), Public – Westminster Area 1
Nathan Billing (NB), Staff-Allied Health Professionals
Chris Birch (CB), Patient

In Attendance: Heather Lawrence (HL), Chief Executive
Cathy Mooney (CM), Director of Governance and Corporate Affairs
Julie Cooper (JC), Foundation Trust Secretary
Colin Glass (CG), NED
Charles Wilson (CW), NED
Andrew MacCallum, Director of Nursing
Karin Norman (KN), NED
Maxine Foster (MFo), Director of Human Resources
Charles Wilson (CW), Non-Executive Director
Lorraine Bewes, Director of Finance
Hannah Coffey, Director of Operations

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies for absence were received from:

Nicky Browne (NBr), Royal Marsden NHS Foundation Trust
Catherine Longworth (CL), Westminster PCT
Jane King (JK), Patient
Hugo Fitzgerald (HF), Patient
Prof Salman Rawaf (SR), Appointed, Wandsworth PCT
Sandra Jowett (SJ), Appointed – Thames Valley University
Raymond Levy (RL), Kensington and Chelsea Area 1

1.2 Declaration of Interests

There were no declarations of interest and the register of interests was circulated as a separate item for all new members.

1.3 Minutes of the Previous Meeting Held 20 September 2007

The minutes were approved with the following amendment:

P.3 First and second references to 'CB' are Chris Birch, but the third is Christine Blewett. Christine Blewett will now be referred to as CBT.

1.4 Matters arising

Business Planning (2.1/Nov/07)

The draft corporate business plan was discussed under agenda item 2.1.

Membership Report (2.4/Nov/07)

The staff opt option was discussed under agenda item 2.2.

Membership Engagement (2.6/Nov/07)

Communication with the membership was discussed under agenda item 2.4.

JC reported that all Council Members are now on the Trust website and can be contacted by e-mail via the Trust Secretary.

National Governor's Forum (2.7/Nov/07)

As above, all Council Members are now on the Trust website and can be contacted by e-mail via the Trust Secretary.

Healthcare Commission Standards for Better Health (2.3/Nov/07)

This item was discussed under agenda item 2.3.

1.5 Chairman's Report

The Chairman welcomed the new Council Members. He noted that we have a newly designed Foundation Trust website and asked that all new members send their picture, profile and consent to Matt Akid, Head of Communications or Julie Cooper (JC), Trust Secretary for their details to be included in this section.

The issue of Thames Valley University (TVU) was discussed. It was explained that this is a longstanding issue and the Trust's concerns were outlined. There have been numerous discussions with all parties concerned and the decision was not taken lightly. However the Chairman said that it is hoped that our actions will bring about positive changes in the future.

1.6 Chief Executive Report

Maternity

HL reported that the Healthcare Commission had undertaken a review of all maternity services. She said that we know that our antenatal service is good, but our postnatal service needs improvement. We now have a draft action plan which will serve as the basis for service improvements. Karin Norman, one of the Trust Non-Executive Directors has been asked to take a special interest in maternity. Council Representatives were invited to join the Maternity Review Task and Finish Group. It was noted that there is a 28% drop out rate for mothers, which presents a serious challenge in terms of capacity planning. We need to go beyond just providing a good clinical outcome to ensuring a positive overall experience for our mothers. There is a capacity issue in London. ML asked if we challenged the outcome of the review. HL responded that 14 criteria were challenged, and that many other Trusts did the same. The Healthcare Commission did not change the outcomes of the review as a result. The Foundation Trust Network also challenged the review but no changes came about. HL said that we are going to tailor the 'You Are the Difference' training to address the customer service needs around the

maternity service. ML said that we must stress that there are some excellent things going on in maternity. CE stressed it is a London-wide problem. PM said that speaking as a commissioner of the service, regardless of whether it is a London-wide problem the Trust must take heed of these findings. CBT asked who actually provides the postnatal care. HL said that we have introduced nursery nurses for breastfeeding mothers and we have trained surgical nurses from HDU on the ward. Healthcare assistants are being integrated into the team but there has been some difficulties. HL said that both her and the Director of Nursing have addressed staff directly and remain positive that they will learn from these findings and work to improve the service.

Action: Invite Council Members to sit on the Maternity Review Task Group.

Hygiene/Infection Control

CE said that Chelsea and Westminster has half the national average of MRSA and therefore we have a more challenging target. We had an unannounced visit from the Healthcare Commission and the outcome was good. They did make some recommendations, which will be implemented. We have had an outbreak of *C. Difficile*. All the necessary steps have been taken and symptomatic patients were isolated on one of the private wards. We have had daily briefings on the situation. All appropriate actions have been taken and although the outbreak is not yet over we feel we are on top of it. Norovirus has also been a problem. PM said that Chelsea and Westminster PCT are impressed with the actions of the hospital and they are confident that everything is being done to get the situation under control. CE noted that the spread of infection by *C. Difficile* is not well understood.

2. ITEMS FOR DECISION/APPROVAL

2.1 Business Planning

LB said that the Board had agreed the overall approach and five main objectives. She noted the key deliverables and rationale for each. She said that the guidance for directorates will be issued shortly which will allow them to develop and define their specific objectives. This paper is brought to the Members' Council significantly earlier than last year to ensure input on the approach as well as the objectives. She asked the Members Council to consider if the draft deliverables seem reasonable and will they help us deliver our objectives and to tell us if we have missed anything. LF raised the issue of the research strategy and asked if this was to be a shotgun approach or whether we would be targeting specific areas. CE said that there are certain areas where the trust has a reputation but we are also concerned with more general aspects of research. MS asked about teaching. CE confirmed that we get money for the specific responsibility of teaching. HL said that undergraduate teaching is important and it pays well and teaching attracts better staff. Teaching includes pharmacists and therapists and we work with the local Kensington and Chelsea college on NVQs. Ultimately, we aim to teach all levels as they all have a role to play in the health service. SBS asked if we had alternatives to TVU? AMC said we did and that a competitive process would be run to select a new provider. HL stressed that we offer excellent clinical placements and we will continue to do so. JB raised the issue of discharge planning and patients going home with wrong details on their charts which makes follow-up difficult. The limitations of the current ICT systems were explained and discussed. FT asked if we could not make better use of the building on the weekends. It was explained that with 18 weeks, staff are already working six days per week. CE said that he heard two key points from the discussion: 1/ it is important that opportunity and access to care is there when needed and 2/if we are looking at innovative delivery of care then we may need to do things differently. LB summarised the discussion. She said she understood that there was broad agreement on the objectives and groupings of deliverables and that deliverables should be clarified together with the timetable.

THE MEMBERS' COUNCIL AGREED TO THE OBJECTIVES AND GROUPINGS OF DELIVERABLES AND SUGGESTED THAT THE DELIVERABLES BE CLARIFIED.

2.2 Changes to the Constitution

CE said that the Council voted to move to an opt out system for staff membership at the last meeting. This move has raised some issues around staff constituencies. There was a proposal to move the management constituency into another category as there was a small number of staff and the seat on the Council remained vacant. It was also proposed to remove the sentence in

the constitution disqualifying volunteers from becoming staff members of the Trust. This was agreed. It was agreed that the issue of the staff categories would be left for further consideration.

IT WAS AGREED TO REMOVE THE SENTENCE IN THE CONSTITUTION DISQUALIFYING VOLUNTEERS FROM BECOMING STAFF MEMBERS OF THE TRUST. IT WAS AGREED THAT THE ISSUE OF THE STAFF CATEGORIES WOULD BE LEFT FOR FURTHER CONSIDERATION AND A DECISION.

2.3 Healthcare Commission Standards for Better Health

CM reported that a session was held with representatives from the Council on 28 January to review the Trust submission and for the Council to ask questions and query the evidence provided by the Trust. CM explained that the submission had been drafted as coming from the Members' Council. Further comments were invited. It was noted that p6 should read 'team dietician' not nutritionist. The issue of feeding patients was discussed and Council Members' queried the use of volunteers for feeding rather than this being seen as a core part of nursing duties. AMC responded that he was satisfied that when issues were raised about feeding we can address them. ML asked if patients are weighed. It was confirmed that patients are weighed and that we have new scales to ensure accuracy. The Council said that the point on the cost of waste disposal should be clarified and staff should be encouraged to use the appropriate bins.

THE COMMENTARY WAS AGREED WITH THE CHANGES NOTED ABOVE.

2.4 Membership Report

CE said that membership was becoming more important and this was made clear by Gordon Brown's statement that he wanted to see membership double by 2010. The slight drop in membership in both the patient and public constituencies as well as the increase in staff membership was noted. The question is whether we go into the community to recruit and this comes at a cost. Colin Glass, as the lead non-Executive Director for the Members' Council, was invited to contribute. He said that the Council would need to decide whether a blanket mailing to recruit new members with a positive response rate of 4% was cost effective. The Council felt it was better to find ways of increasing Council Member engagement within their membership constituencies and to promote membership this way. JB asked if we had contacted large voluntary organisations in the respective boroughs e.g. New Horizons, Age Concern. LF suggested we capture new members via GP surgeries. It was suggested that we target large employers in the area.

AD reported that we had elected Martin Rowell as Chairman of the Membership Development and Communications Subcommittee for one year after which time it will rotate annually. She reported that Jane Collier, Equality and Diversity Manager, had looked at Monitor's requirement for socio-economic reporting and felt that this could be improved. She suggested that we ensure members are involved in all of the existing user groups throughout the Trust. It was agreed that we pilot Membership Surgeries and Medical Lectures for Members be held on the Open Day and again at the Annual Members' Meeting. We received good feedback on the website and we agreed we must keep the information up to date. It was reported that the Communications Sub Group felt the Trust should have been more vocal in response to negative press articles.

Action: Send JC names of voluntary organisations and ideas to promote membership and involvement

Action: Ensure membership leaflets are available in local GP surgeries.

Action: Provide Council Members with membership promotion materials

Action: Include membership leaflets in discharge packs

Action: Provide membership leaflets to interested members for distribution

IT WAS AGREED THAT WE PILOT MEMBERSHIP SURGERIES AND MEDICAL LECTURES FOR MEMBERS AT THE OPEN DAY AND AGAIN AT THE ANNUAL MEMBERS' MEETING.

2.5 Open Day

MA reported that last year's Open Day was a success and we want to do something similar this year. Themes around health and well being and infection control will have a high profile. It is also the 60th Anniversary of the NHS and this will be celebrated as well. MA explained that the charity would only be funding part of the Open Day this year and that other sources of external funding were being identified. Council Members were invited to participate in both the Steering Group as well as the Open Day Operational Group.

Action: MA to circulate dates for these groups

2.6 Healthcare for London: Consulting the Capital

CE said that Healthcare for London: A Framework for Action has been brought to the Members' Council on various occasions. Diana Middleditch, Acting Chief Executive, Kensington and Chelsea PCT, gave a presentation on Consulting the Capital. DM highlighted many of the key issues being addressed in the consultation including access to doctors on evenings and weekends, women's right to choose where they have their babies, 60% of people having to wait to see consultants, cancer survival rates being lowest in Europe, sub-optimal stroke care and the lack of access to specialist care in certain areas. We know the demand on the service will grow and outstrip supply. Londoners having poor mental health and smoking rates being high was also highlighted. She stressed that the model is clinically-led and that it was felt 40% of hospital admissions could be dealt with in the community. The Members' Council responded that if this model is introduced, not even hospitals will do everything and that they understood the GP would be first port of call for urgent care. The Council liked the idea of PCTs investing in staying healthy and treating people earlier with a greater level of community care. ML wanted to know if we were to promote people dying at home if staff would be there to support them. The Council discussed applying the Darzi model to Chelsea and Westminster. The Council felt the model does not fit as we are both a generalist and specialist hospital. The importance of working with social services and ensuring joined up care was discussed. CE asked if the Council had an opinion on trading services and consolidating services in one place to ensure better clinical outcome. The Council felt services needed to be available and that there must be a real choice for patients amongst equal services.

Action: Include Members' Council comments in Trust response.

2.7 Chelsea and Westminster Duathlon

CE said that the Duathlon is taking place this September in Richmond Park and he encouraged all Council Members to get involved.

3.1 Finance Report – Month 9

CE said that he would take the paper as read and invited any comments. There were none.

3.2 Performance Report – Month 9

CE said that he would take the paper as read and invited any comments. There were none.

4. ANY OTHER BUSINESS

No other business was raised.

5. DATE OF NEXT MEETING – 8 May 2008

Signed by



Prof. Sir Christopher Edwards
Chairman
8th May 2008