

Members' Council General Meeting

Hospital Boardroom

Chair: Prof. Sir Christopher Edwards

Date: 18 June 2009

Time: 4:30 – 6:30 pm

Present:

Constituency	Class	Name	
Chairman		Prof. Sir Christopher Edwards	CE
Public	Kensington and Chelsea 2	Lady Sandra Smith-Gordon	SSG
Public	Hammersmith and Fulham 1	Martin Bradford	MB
Public	Hammersmith and Fulham 2	Christine Blewett	CBle
Public	Westminster 1	Ann Mills-Duggan	AMD
Patient		June Bennett	JB
Patient		Walter Balmford	WB
Patient		Jane King	JK
Patient		Jim Smith	JS
Patient		Chris Birch	CBir
Staff	Contracted	Alison Delamare	AD
Staff	Medical and Dental	Brian Gazzard	BG
Appointed	Royal Borough of Kensington and Chelsea	Cllr. Frances Taylor	FT
Appointed	Royal Brompton and Harefield NHS Trust	Duncan Macrae	DM

In attendance:

Trust Board	Non-Executive	Charles Wilson	CW
Trust Board	Non-Executive	Prof. Richard Kitney	RK
Trust Board	Director of Finance	Lorraine Bewes	LB
Trust Board	Medical Director	Dr. Mike Anderson	MA
Trust Board	Director of Nursing	Andrew MacCallum	AMC
Trust Board	Deputy Chief Executive	Amanda Pritchard	AP
Trust Executive	Director of Strategy	Amit Khutti	AK
Trust Executive	Director of Governance & Corporate Affairs	Catherine Mooney	CM
	Interim FT Secretary	Dianne Holman <i>Recording Minutes</i>	DH
	Head of Communications	Matt Akid <i>For Papers 2.4 & 2.5</i>	MAk

CE called the meeting to order, welcomed all Council Members and confirmed that the meeting was quorate.

CE noted the apologies tendered.

Constituency	Class	Name
Public	Wandsworth 1	Mary Symons
Public	Westminster 2	Martin John Lewis
Patient		Martin Rowell
Staff	Nursing and Midwifery	Sue P Smith
Appointed	Westminster PCT	Catherine Longworth
Appointed	Wandsworth PCT	Dr David Finch
Appointed	Imperial College, London	Prof. Mervyn Maze
Appointed	The Royal Marsden NHS Foundation Trust	Nicky Browne
Trust Board	Non-Executive	Colin Glass
Trust Board	Chief Executive	Heather Lawrence
Trust Board	Interim Director of Human Resources	Mark Gammage

CE informed the Members' Council of appointments and retirements in Q1 of 2009-10:

- PCT – K&C PCT: Edgar Moyo (nominated 9/6/09) to fill the vacancy left by Peter Molyneux (resigned 31/3/09)
- PCT – NHS Wandsworth: Dr. David Finch (appointed 21/5/09) replaces Prof. Salman Rawaf (resigned 20/5/09)
- PCT – NHS Hammersmith & Fulham: Vacancy following resignation of Ben Westmancott (15/6/09). A replacement will be provided.
- Patients' Constituency: Sue B Smith (resigned 15/6/09). The vacancy will be filled at the next election.
- King's College London to be invited to appoint a representative to the Members' Council as a major nursing and midwifery education provider. This seat has been vacant since the changes to the constitution in November 2008.

CE informed the meeting that Sue B Smith cited problems with receiving email communications from the Trusts as one of the reasons for her resignation. CE wanted to be satisfied that this was not a universal problem and asked Council Members if they also had this problem. No members present reported having similar problems.

At the invitation of CE, Members of the Board of Directors and the

Trust's Executive present introduced themselves to the Members' Council.

1.2 Declaration of Interests CE

CE invited declarations of interest. None were tendered.

1.3 Minutes of Previous Meeting held on 19 March 2009 CE

The minutes of previous meeting held on 19 March 2009 were agreed as a correct record of proceedings.

1.4 Matters Arising CE

The meeting noted the actions and subsequent outcomes. Item referenced as 2.4/Mar/09, Members' Council Funding Report, was to be discussed at item 2.7 on the agenda rather than 2.4 as listed on the paper.

1.5 Review of Action Points from Joint Away Day 4 December 2008 CE

It was noted that:

- The technical problem of failing kiosks had been resolved.
- A new Membership & Engagement Manager, Sian Nelson, had been appointed to start in July 2009. Chris Birch sat on the interview panel.
- The Membership & Engagement Manager will be doing some key work around linking PALS with the membership
- The dedicated meeting with the Council (11th September) on the long term vision and strategy for the hospital was very important for the Members' Council. This has been set for the afternoon session of Friday 11th September. The exact times are to be confirmed. **Council Members' are asked to let the Chief executive's PA know if they can attend. Email: Louise.Starkey@chelwest.nhs.uk Phone: 0208 846 6711**
- Computershare is the membership database administrator.
- Council Members interested in joining a Task & Finish Group to respond to the Monitor Consultation 'Guide for NHS foundation trust governors: meeting your statutory responsibilities' should contact Dianne Holman.

ALL

AMD suggested that teleconferencing facilities should be used as a standard practice to facilitate participation in meetings and suggested that there were alternatives to delivering meeting papers including the use of secure e-rooms.

CE informed the group that there had been a similar discussion at the Board of Directors on the function and organisation of meetings. BG suggested a Task & Finish Group be set up to look at this issue.

FT was of the view that there was still a need for printed papers and felt that Council Members should not bear the cost of paper and cartridges.

	It was agreed that a Task & Finish group would be set up to look at the various options for the organisation of meetings.	ALL
1.6	Chairman's Report (oral)	CE
	CE thanked the Members' Council for their support with the Open Day 2009. It was a good example of demonstrating to the public what the hospital is all about and what we can achieve.	
2.1	Update on Developments – Major Trauma / Stroke & Paediatrics	CE
	Report on Major Trauma and Stroke	
	Responses were submitted by both the Board of Directors and the Members' Council. The Hyper-Acute Stroke Unit was likely to go to Charing Cross Hospital. JB asked if there was likely to be four trauma centres instead of three. CE responded that Chelsea & Westminster was not interested in becoming a Trauma Centre and that it was difficult to justify setting up another.	
	Report on Improving Surgical Services for Children and Young People in Hospital	
	CE reported that Chelsea & Westminster had achieved a very healthy bid score beating Imperial College on every aspect of the bid and he noted that a lot of work had gone into the bid. CE thanked everyone involved on behalf of the Members' Council. It was not yet known if there would be a public consultation. The recommendation is good news for the Trust and is in keeping with the overall strategy to be majoring in Women & Children's services.	
	CE reported on the Trust's concerns of affordability of the development. There was a need to balance the Trust's aspirations against the impending financial crisis in 2010/11 onwards when it will be faced with lower funding given the level of public debt. CE reported on the 5% annual decrease in funding year on year and stressed the importance of the strategy meeting.	
2.2	Members' Council Membership Development & Communications Sub-committee	CBir
	CBir led in Martin Rowell's absence.	
	Minutes of the meeting held in May 2009	
	CBir reported on the 4 main points to note from the meeting:	
	1) The Terms of Reference of the sub-committee was reviewed.	
	2) The constitutional arrangements for membership was reviewed.	
	3) The strategy document was reviewed.	
	4) The paper on Diversity was not discussed due to the	

absence of AMC and DH. This will come up again at the next meeting in August.

SSG noted that there were no public members at the meeting. JB noted that Martin Lewis was a public member but was not present at the meeting. **It was agreed to look further into the issue of public membership.**

DH

Review of Terms of Reference

The meeting's attention was drawn to the phrase 'when requested' in paragraph 2.1d. CM noted that the Trust's policy on leaflets did not refer to this Committee but to any member of the Members' Council and this was a compromise. **It was agreed that this phrase should be deleted from paragraph 2.1d of the Terms of Reference and the Trust's policy should be amended.**

DH/
CM

CBir suggested that the membership of the sub-committee should be restricted to Council Members and the Trust's staff should be in attendance. CBir drew the analogy of the Members' Council.

CE also suggested powers of co-option. DM suggested a quota for Trust employees. **It was agreed that membership of the sub-committee would be restricted to Council Members, all others would be in attendance, and the Terms of Reference would be amended to reflect this.**

DH

Subject to the above amendments, the Terms of Reference were approved.

DH

Membership Tracker

CE noted that the tracker was a tool for monitoring the sub-committee's work. CE made reference to objective 3.2 and noted that there was a need to encourage more members to stand for election to the Members' Council. This is something the new Membership and Engagement Manager should focus on.

JB referred to objective 3.5 and was of the view that it was not appropriate for the Members' Council to be involved in Mystery Shopping and asked if the Trust had a whistleblowers' policy. CE confirmed that the Trust did have a whistleblowers' policy.

Both FT and BG felt that Mystery Shopping was a beneficial activity. AMC felt that Mystery Shopping was a beneficial activity but it was not helpful for the Members' Council to be involved in this activity. CBle agreed that the role was inappropriate for the Members Council and should be reserved for professionals. CBle thought that one way that the Members' Council could be involved is in ensuring that it is properly set up.

CE noted the sensitivities around Mystery Shopping and the possibility of interface with clinicians leading to inappropriate

circumstances.

Draft Membership Development & Communications Strategy

CBir reported on the updated strategy document and was of the view that it was more realistic than previous versions. CBir asked for an 's' to be added to 'communication' in the title of the document and paragraph 5.2 needed a bit of tidying up.

AMD commented that the strategy did not address the question, 'Why the public should be engaged with this hospital as opposed to another FT?'

CE noted that, until recently, the Trust was among a small number of FTs, however, we now have neighbours who are Foundation Trusts. JB commented that the public's loyalty is somewhat based on loyalty to the Trust's predecessors, in particular St. Stephens, and that loyalty will diminish as the association with St. Stephens is forgotten.

Subject to the above amendments, the Strategy was approved. DH

2.3 Experience

2.3a Patient

AMC

AMC gave a presentation on the Patient experience. He pointed out the key players involved in understanding the patient experience and sources of information. AMC noted that engagement was a core activity and invited the Members' Council to join the work to ensure that the Trust does what it says it will do.

AMC discussed the results of the survey and explained that the focus for improvement in the patient environment included noise at night, safety for personal belongings and food. More work was needed to understand the reasons for delayed discharges. AMC discussed the Patient Tracker which asks patients to rate their hospital experience and explained how this tool complemented the survey with real-time feedback to staff.

AMC asked the Members' Council for their views on the Patient Tracker questions. CBle said that they were very subjective. AMC agreed but noted that personal experience is subjective. AMC explained that the questions were selected a bank provided by Dr. foster. He also explained that there are overlaps in other languages.

The meeting also discussed the best person to give the tracker to patients. It was felt that patients may be hesitant to rate a poor experience and may fear repercussions from the staff.

AMC also reported that the Trust was trying to recruit 2,000 staff and patients to be surveyed 4 times per year.

2.3b Staff

AP

AP gave a presentation on the 2008 staff survey and the results for the key findings in relation to the previous year and the national average.

AP noted that there were some anomalies in the findings. AP noted that the percentage of staff witnessing potentially harmful errors, near misses or incidents in last month had increased. The national Patient Safety Agency considered this to be a favourable indicator as it indicated staff awareness. The Health Care Commission viewed it unfavourably as an indicator of harm.

AP reported on the Trust's action plan based on Trust wide issues and Directorate action plans. Every member of staff will have an annual appraisal by September 2009. All staff are being trained in Equality and Diversity over a 3-year period. The focus will also include building on effective communication.

2.3c GP

AK

AK gave a presentation on a Survey of GPs which was undertaken to identify ways to improve the service that the Trust offers patients and understand factors affect the decision of GPs to recommend C&W. AK reported on the areas where the Trust performed well and noted that the gaps remained around administrative issues in the responsiveness of departments, discharge, booking follow ups and appointments. AK noted that the speed required may have affected the administrative processes and this is being investigated.

AK reported that in light of the positive response to the Directory of Paediatric Services, it would be proposed to the Members' Council later in the agenda, that a complementary directory is produced for care services for adults.

CBir noted that the title 'Directory of Adult Services' could be misinterpreted.

2.4 Open Day 2009 – Evaluation Report

MAk

This report was taken as read.

2.5 The Annual Members' Meeting 2009

MAk

The Members' Council agreed on the proposed aims and themes of the Annual Members' Meeting and the proposed content of the statutory presentations.

Members' Council representatives should indicate to Dianne Holman if they are interested in presenting the membership report at the Annual Members' Meeting.

ALL

It was agreed that there would be focus group to get input from mothers. JB suggested that there should a two late morning groups – one for mothers of babies and another mother of children aged 2 to 5.

CBir proposed that the Annual Members Meeting be used to encourage members to stand for election. JB proposed a meeting one week before the Annual Members' Meeting to encourage members who may want to stand for elections.

2.6 Membership Report **DH**

This report was taken as read.

2.7 Funding Report **DH**

The meeting noted how the 2008-09 allocation had been spent and agreed to fund the GP Directory of Services.

2.8 Review of Constitution **CE**

The title of the Members' Council

CE introduced the discussion citing the distinction between the title of the collective body and the title of individual members of the body.

WB proposed that the name of individual members of the Members' Council is changed to 'governors'. SSG supported this, reporting that at the recent Spring Seasonal Working conference many people did not know if they were members of the Members' Council or just plain members.

The meeting looked at the research into names prepared by SSG.

CBir asked that the cost of re-producing literature to accommodate a name change was quantified. WB and CBle were of the view that cost should not be taken into account in this matter as it was about the principle. BG commented that it was the role of the body that was important rather than its name.

CM informed the Chairman that FT had left the meeting and as a consequence, the meeting was no longer quorate. The meeting was adjourned. The next meeting will be held on 17th September 2009 at 3:00pm.

Signed by



Prof. Sir Christopher Edwards
Chairman
17th September 2009