

## Members' Council Meeting Minutes, 8 May 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  
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  
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  
Jane King (JK), Patient  
Catherine Longworth (CL), Westminster PCT

**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  
Mike Anderson, Medical Director  
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  
Mike Anderson (MA), Medical Director

### 1. GENERAL BUSINESS

#### 1.1 Apologies for Absence

Apologies for absence were received from:

Nicky Browne (NBr), Royal Marsden NHS Foundation Trust, 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  
Brian Gazzard (BG), Staff – Medical & Dental  
Vivian Wood (VW), Hammersmith and Fulham PCT  
Jim Smith (JS), Patient

## **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 14 February 2008**

The minutes were approved.

## **1.4 Matters arising**

### **Chief Executives Report (1.6/Feb 08)**

Council Members have been invited to sit on the maternity steering group.

### **Membership Report (2.4/May/08)**

Council Members sent the details of possible organisations to approach regarding membership. Leaflets have been distributed to GP surgeries and Council Members have been provided with membership materials.

Discussions are being held regarding how we might include membership information in the recruitment leaflet.

### **Open Day (2.5/May/08)**

MA circulated dates of the open day meetings.

### **Healthcare for London (2.6/Feb/08)**

Members' Council comments were included in the Trust response.

## **1.5 Chairman's Report**

The Chairman said that he had been asked to seek the support of the Members' Council for the Duathlon. He gave the details of the event and said that most of the executive team were participating or sponsoring staff who were taking part. He invited all Council Members to get involved as well as encourage other members and friends and family to come along.

## **1.6 Chief Executive Report**

### **CLAHRC**

The Chairman started to present the Chief Executive report on behalf of HL. He said we are delighted to have won the CLAHRC bid. The bid was for matched funding of £18M over 5 years. The uniqueness of the bid is its wide range of partners which include Imperial college. This is part of the new profile of NHS R & D and great for raising the profile of the hospital. We were the only centre in London to be successful.

### **CHIEF EXECUTIVE PROGRAMME**

The Chief Executive programme is good news for us as two of our staff have gone through the programme.

### **PAEDIATRICS**

We must put in an attractive bid if we are to be successful. If we lost the service designation it would also have a knock on effect to other neighbouring trusts as well as our anaesthetic

service. There were concerns over paediatric care in London some years back and a lot of work has gone into addressing these gaps and improving the service. The Council will continue to be informed. SS asked if there should not be two paediatric intensive care units? At present, St Mary's has one and we do not, but St Mary's does not have the work load that we do. There is also paediatric intensive care at the Brompton and the Cromwell privately. We must be convincing in our argument that there is a need for two sites that will be complimentary. MA said this issue has been around for some time. We will submit our vision for paediatric specialist services, but if we are not successful we may lose our existing service. Part of the bid would require a major capital investment to build a paediatric intensive care unit. The assumption is made that we will have to make a major investment regardless of the outcome on paediatrics.

It was noted that Commissioning is being reviewed in London and Monitor, in response to the Darzi report, said that the greatest change would come from improving commissioners, which is an external control.

HL took part in a discussion at Downing Street on polyclinics. MA said we have put in an outline proposal on work we would be doing around care of children in the community in relation to HIV patients, which could be translated to children with chronic diseases.

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

### **2.1 Financial and Corporate Plan**

LB said that the draft plan was presented at the last Trust Board meeting. This draft is to provide the next level of detail and to confirm that we have the level of resources and capital place in place to support the plan. The detailed plan with specific directorate plans will come to the next Board and then back to the Members' Council. LB noted some risks to the income stream which are also highlighted in the paper. On the market force levy, it was explained that we receive a 40% uplift and this is under review and the change would be significant risk. We have made a provision of £2M for this. There is a minimum level of work to ensure the estate remains a safe, secure and aesthetically pleasing place to work. We are looking to move sexual health to a new location in Soho. We are also building a new space on the 4<sup>th</sup> floor. Private maternity expansion is underway. We will also be spending to maintain the IT equipment.

JB gave feedback on a meeting she had attended on polyclinics which was hosted by the PCT. She was concerned that no decisions should be made about relocation of services without considering the London Ambulance Service. The Chairman agreed that any models developed at a central level must then be put into context with the reality of local services and considered at this level as there cannot be a one size fits all approach. AMD queried the maternity expansion and if rooms would be available in the new space for families and fathers to spend the night? It was agreed that single rooms are important, particularly with respect to infection control, and HL said that a piece of work is taking place to move towards having more single rooms. IT costs £2.5 million to convert each ward and the aim is to start on the first ward at the end of this year. Many Council Members asked for further detail on directorate specific plans. The issue of bank staff was discussed and the rationale for reducing the rates. It was noted that bank rates for PCT bank staff had not increased for 3 years and it was now not more favourable to being permanent staff. It was agreed that a more detailed plan be brought back to the Council.

**Action: Have brief paper on bank rates and number of agency staff versus bank staff together with clarity on point 2.9 under the surgery directorate.**

**ACTION: Provide a glossary of terms to accompany financial and corporate plan.**

### **2.2 Staff Constituencies**

Picking up on the previous discussions in relation to the staff constituency this paper outlines some various options to consider in view of reorganising the constituency. JC confirmed that we did discuss some of these options at the Joint Management Trade Union Committee meeting. CB made the case for volunteers having their own having their own constituency. It was noted that the Council had discussed this previously and decided to remove the sentence from the constitution disallowing volunteers from becoming members of the staff constituency but it was felt there were not enough volunteers, who were not members of one of our four boroughs, to

make this a viable sub constituency on its own. MS asked why contracted staff was separate. It was explained that contracted staff would have a very different set of issues and this was a means of giving them representation within the Trust.

IT WAS AGREED THAT WE WOULD STICK WITH THE CURRENT SIX STAFF CONSTITUENCIES FOR NOW AND REVIEW AGAIN AT A LATER DATE.

**Action: Check November minutes with regards volunteers as well as the validity of having volunteers as members.**

### **2.3 Membership Recruitment, Engagement and Sub committee Highlights**

JC presented the report. It provides the Trust end of year figures for 07-08 as well as current figures for 08. We had set ambitious targets in our annual plan and we did not achieve our overall target increase. This is partly due to a lack of human as well as monetary resource as well as the high percentage of members leaving the Trust due to moving home, death or they are just no longer interested to be a member. We have now dedicated funds to increase our membership, which will go towards a dedicated membership week at least once per year as well as materials to help the Council and the Trust promote membership. We need to now set targets for the year 08-09 which will be included in our annual plan. CE said we must be very clear with our messaging about the benefits of being a member. JC circulated the new membership leaflet and reported that the recruitment banner was also ready. We will also be moving ahead with plans for a membership area and we are working on choosing a provider for the plasma screens.

MR said doing nothing is not an option. He reported that the Communications group had met twice since the previous Council meeting and that they mainly discussed the Open Day and membership materials. ML suggested we target young adults and focus on health promotion. CE said we were adopting a staggered approach. We first looked at staff and how to engage and involve them. We have now decided to move to an opt-out system and this is in play. We are now looking at increasing patient membership by including details about the benefits of membership as well as the application form at the back of the leaflet. CE said we must also look at the diversity of membership. It was agreed that membership leaflet displays stands be put in all out patient areas plus the maternity ward. CG said the GP Liaison Manager will also be key for the Trust. NB asked if PCTs can recruit members on behalf of the Trust. AMD said there will be a point at which we reach a plateau with public members. The 'Choose Chelsea' logo was discussed and whether people understood what this means. HL said from 1 April patients really do have more choice.

IT WAS AGREED THAT THE TRUST WOULD TAKE AWAY THE POINTS FROM THE DISCUSSION AND AGREE TO TARGETS FOR MEMBERSHIP FOR 08-09.

### **2.4 Open Day**

HL said that the Open Day was important for the Trust and for our members. We have many VIPs attending and Sir Malcolm Rifkind would be giving an address. This was also a great opportunity to launch the 'Choose Chelsea' brand. It is also the 60<sup>th</sup> anniversary of the NHS and NHS London will launch there anniversary celebration here.

### **2.6 Members' Council Performance Evaluation**

JC gave an overview of the two options for completing the questionnaire with the first being to complete the survey together at the next Council meeting or for Council members to complete the questionnaire on their own and submit their completed responses for analysis with a full report of the results coming to the next meeting for discussion. The latter was agreed. A few changes to the wording of various questions was agreed as well as ensuring that a space for 'No and Yes' responses was made. JB said it would be difficult for new members to respond. It was agreed that there is value in all members completing the questionnaire and it was suggested that members note the number of meetings they have attended at the top of the form. It was also agreed to include a column to tick 'excellent'.

The issue of Board meetings being held in private was discussed and whether or not Council Members could attend Board meetings. It was agreed that Directors have a right to meet in private as they are legally liable for the decisions they make. Open minutes of each meeting are made public. CE said it may be appropriate to hold joint meetings with the Members' Council in future.

THE SELF EVALUATION QUESTIONNAIRE WAS AGREED WITH THE FEW CHANGES HIGHLIGHTED ABOVE.

## **2.7 Members' Council Funding**

The Members' Council made the decision to give this body some discretionary funds. We got the initial agreement for an initial spend of £30k on membership related activities. We thought we should put some criteria in place for the way in which these funds are spent. It is also being suggested that a proportion of the funds are made available for the specific discretion of the communications group as they drive much of the membership – related activity. MR agreed that these funds are necessary and our means of measurement for success should be increased membership and engagement. Next year we can make more specific budget with categories of spend. CB asked why the money could not be carried over to the next year. It was agreed that this is good financial discipline and better for auditing purposes. MS asked if training would be included in this budget. It was agreed that training for the purpose of public speaking or engagement could be included but the regular induction will continue to come out of the Trust budget.

## **3.1 Finance Report – Month 12**

The Council congratulated the finance and executive team for their work to bring in such a surplus.

**Action: Include a generic glossary of terms**

## **3.2 Performance Report – Month 12**

Based on performance to date we expect a rating of 'Excellent' for Quality of Services from the Healthcare Commission (HCC). An 'Excellent' rating is dependant, however, on three decisions by the HCC:

- How they assess our performance on MRSA where we are above target for the year;
- How they assess our data quality submission for the 18 weeks target;
- How they assess our performance for patient experience resulting from the 2007 Inpatient Survey.

We think it is unlikely that the HCC will assess these three targets in a way that prevents us from achieving an 'Excellent' rating, but we may not know for certain until the HCC publishes its results in the autumn.

HL said that the hospital expects to meet the government target that by March 2008 90% of outpatients and 85% of inpatients and day case patients should be treated for non-urgent conditions within 18 weeks of referral by their GP. 96% of outpatients and 91% of inpatients and day cases were treated within 18 weeks at Chelsea and Westminster in March. Whether we are told we achieved the target depends on how they interpret the data and we know we achieved the target from the patient's perspective.

CB asked about c.difficile. CE said that no one had all of the answers but we know if there is another outbreak we will have the facility to isolate patients and we now know from experience that this works to control the outbreak.

## **4. ANY OTHER BUSINESS**

No other business was raised.

5. DATE OF NEXT MEETING – 24 July 2008

Signed by

A handwritten signature in blue ink that reads "Christopher Edwards". The signature is written in a cursive style with a large initial 'C'.

Prof. Sir Christopher Edwards  
Chairman  
24<sup>th</sup> July 2008