Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting Minutes, 5 May 2011

Prof. Sir Christopher	Edwards	Chairman		CE
Eddie	Adams	Public	Kensington and Chelsea 1	EA
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith & Fulham 2	CBl
Nicky	Browne	Appointment	The Royal Marsden NHS Foundation Trust	NB
Alan	Cleary	Patient		AC
Edward	Coolen	Patient		EC
Samantha	Culhane	Public	Hammersmith & Fulham 1	SC
Rosie	Glazebrook	Appointed	NHS Hammersmith & Fulham	RG
Jenny	Higham	Appointed	Imperial Healthcare Trust	JH
Melvyn	Jeremiah	Public	Westminster 2	MJ
Martin	Lewis	Public	Westminster 1	ML
Catherine	Longworth			CL
Charlotte	MacKenzie Crooks	Staff	Support, Administrative & Clerical	CMC
Kathryn	Mangold	Staff	Nursing and Midwifery	KM
William	Marrash	Patient		WM
Susan	Maxwell	Patient		SM
Wendie	McWatters	Patient		WMW
Henry	Morgan	Public	Wandsworth 1	HM
Sandra	Smith-Gordon	Public	Kensington and Chelsea 2	SS-G
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT

IN ATTENDANCE:

Heather Lawrence	Chief Executive	HL
Amanda Pritchard	Deputy Chief Executive	AP
Dr Mike Anderson	Medical Director	MA
Therese Davis	Chief Nurse and Director of Patient Experience and Flow	TD
Lorraine Bewes	Finance Director	LB
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Sir John Baker	Non-Executive Director	JB
Sir Geoff Mulcahy	Non-Executive Director	GM
Charles Wilson	Non-Executive Director	CW
Karin Norman	Non-Executive Director	KN
Prof Richard Kitney	Non Executive Director	RK
Jeremy Loyd	Non-Executive Director	JL

Axel Heitmueller	Director of Strategy	AH
Matt Akid	Head of Communications	MAk
Jane Tippett	Acting Assistant Director of Nursing	JT
Alison Heerallal	Deputy Director of Human Resources	AH
Liz Revell	Interim FT Secretary	LR

1	**GENERAL BUSINESS**	
1.1	**Welcome & Apologies**	**CE**
	The Chairman welcomed Professor Jenny Higham, Imperial College to her first Council of Governors' meeting. Apologies were received from: Lucy Ball, Paul Baverstock, Dr Anthony Cadman, Cass J Cass-Horne, Carol Dale, Professor Brian Gazzard, Dr Duncan Macrae, Dr David Finch and Alison While.	
1.2	**Declaration of Interests**	**CE**
	There were none.	
1.3	**Minutes of Previous Meeting held on 17 February 2011**	**CE**
	The minutes were accepted as a true and accurate record of the previous meeting with the following changes: Edward Coolen was present. The representatives from LINks and Berge Azadian to be included in the attendance list. Professor Richard Kitney was present and to be removed from the apologies list. The apologies list to be governors only as other members are in attendance. Typographical errors to be corrected on the attendance list. On page 8 section 2.11, the text should read "constituents" not "contents". **LR to amend the minutes as above.** AC commented that, as only four Council of Governors meetings (including the Annual Members Meeting) are scheduled per year, governors should make every effort to attend. CE replied that serial non-attendance can be problematic but there are sometimes extenuating circumstances such as ill-health which prevent governors attending each meeting.	**LR**
1.4	**Matters Arising**	
	2.14.1/Sept10 Signage for Edgar Horne TD reported that she had clarified the signage query which was related to an area inside the lift. This has now been addressed.	**CE**
	2.5/Dec/10 Community Road Show MAk provided an update. Videos are being shown in Hammersmith & Fulham GP surgeries. RG asked how this would be evaluated. MAk said he would canvas opinion. ML asked whether the promotional DVD would be shown in other surgeries in other boroughs. MAk confirmed that it is currently only being shown in Hammersmith & Fulham surgeries.	**MAk**

	Regarding Westfield, fifty people joined. A further road show will be held at a later date. CBi asked whether there is evidence that the campaign has been effective. MAk confirmed that an evaluation will be carried out after the second road show. However, there has been positive feedback from the DVD so far and many people have watched it on the Trust website.	
	MAk to provide an update on the Westfield campaign at the next meeting.	**MAk**
	CBi requested in relation to a plasma screen in the Information Zone that a notice should go above the names of the Council of Governors saying who they were. He noted that this was now done.	
	All other matters arising were noted to be complete.	
1.4.1	**IMT Strategy Development**	**RK**
	RK introduced himself and explained that he is a Non-Executive Director of Chelsea and Westminster Foundation Trust but that in his day job he is Professor of Biomedical Systems Engineering in the Department of Bioengineering, Senior Dean and Director of the Graduate School of Engineering and Physical Science, Imperial College London. He explained that the IT system in the hospital is very good but that technology moves on so fast that LastWord now requires updating. The IT strategy for the next two years will be brought to the Board for agreement in June. The previous national Connecting for Health project had identified three main products – Cerner Millennium, iSOFT Lorenzo and Epic at that stage. The idea was that one product would be used for all system but this is not possible. A further option is the portal approach. RK explained how this system works by likening it to a rotating sphere into which there are entry points for clinicians, patients, researchers and administrators. A manager or researcher can access the data the following day after it is input by the patient's doctor or consultant. The portal system achieves access to the data the Department of Health thinks is important. Access to this system is normally much quicker than to others because the software is live. WM expressed concern about data security and noted some major breaches reported in the press with important and confidential information being lost. RK explained that the NHS uses nhs.net which is a NHS-based system that links hospitals and trusts and has a very strong firewall around it. CE emphasised that the Trust is very sensitive about risks to security. RK explained that patients are protected by an international standard, DICOM (Digital Imaging and Communications in Medicine) which is very detailed encrypted software. RK confirmed that the portal approach is less costly. CBl asked whether the portal approach would link in with the Integrated Care Organisation; RK confirmed that it would. HL said that the portal approach is very advanced technology, which originated in the USA and has been anglicised. The portal approach empowers patients but there are still many issues to address e.g. patient and governors networks and telecommunications. RK confirmed that there would be back-up systems. GP asked about access to patient records. RK said that this would be straightforward. He said that in France people keep their x-rays and scans at home but this would be radical for patients in the UK where most GPs only have access to their own patients' records. AC said that the Dutch and the Danish Health computer systems are praiseworthy. RK mentioned the Finnish health systems which are also very IT effective. AC suggested the UK adopts the best of Dutch/Danish/Finnish systems.	
1.5	**Chairman's Report**	**CE**

	CE reported that Professor Steve Smith, Chief Executive of Imperial Healthcare Trust, has recently resigned. There are significant financial problems at Imperial Healthcare Trust which is a matter of serious concern not only for Chelsea & Westminster, as we have a close relationship with Imperial, but also for all the Trusts in NW London. We should be proactive on this issue and need to find ways to help. JH suggested that Imperial Healthcare should engage with Chelsea & Westminster, particularly on research and health. WM said it would help to look at the structure, in particular Royal Brompton and Marsden hospitals, to consider whether forming a loose confederation would be financially beneficial. All of the hospitals have different structures; therefore we relate but are not the same. AC noted the Johns Hopkins model where the hospital, medical school and healthcare system work well together.	
2	**ITEMS FOR DISCUSSION/DECISION/APPROVAL**	
	STRATEGY	
2.1	**The effect of possible withdrawal of paediatric cardiac surgery from the Royal Brompton Hospital (RBH) NHS Foundation Trust (oral)**	**CE**
	CE noted that the Royal Brompton Hospital Trust were seeking a judicial review on the process. The outcome could be that the process needs to be repeated but with the same verdict reached. There is a threat to paediatric cardiac surgery but this could also affect other conditions such as cystic fibrosis. The paediatric side without cardiac surgery is non-viable and the potential loss would be £28m per year for Royal Brompton Hospital which is very concerning. CE said that various site options are being considered. He said that the patient flow is naturally towards London. CE is keen to be supportive of the Royal Brompton Hospital. There would be an impact on Chelsea & Westminster which should be properly analysed in order to understand the consequences. We should have a clear understanding of the proposed changes.	
2.2	**Our Involvement in the Integrated Care Organisation (ICO)**	**HL**
	HL outlined this proposal. Care of and treatment of diabetes and hypertension will be co-ordinated. Failed discharge for the elderly is a major problem and always distressing for patients. Irrespective of current NHS reforms integrated care is the way forward and is currently being implemented across the USA and some European countries. There are both incentives and disincentives for care in the community. The first phase is a pilot involving Kensington and Chelsea, Westminster and Hammersmith and Fulham PCTs. The second phase will begin on 1 July with a holistic, integrated approach. The care model needs to change and develop and to deliver out of hospital care through the multi-disciplinary groups where clinical care will be discussed between hospital consultants and GPs. CE said that this is an important topic to discuss. He said that in paragraph 3.3 “likening up” should read “linking up”. It is important that those involved with the pilot think in a more lateral way. Professor Elizabeth Paice has been chairing the ICO Board. There had been some issues initially but people are now working together. It is beneficial for patients for their care to be community-based and it will be less costly.	

	HL said that integrated care models are inevitable for the UK and we must ensure we have sufficient finances for it. The right skill mix will free-up beds so acute Trusts may be able to close a whole ward. McKinsey are pioneers on financial planning. WM asked how flexible the finances are and whether they would have an impact. HL said that standing still is not an option and we need to progress expansion. WM suggested increasing the amount of income as a solution. HL said that there will be a lot of initial expense in order to save money. Despite this CE said that the pilot is the direction of travel and that it would not be beneficial to be outside of this initiative. However, we must go in "with our eyes open". He also said that IT changes would be absolutely key and that there must be coordination between multi-disciplinary groups.	
	COUNCIL OF GOVERNORS	
2.3	**Council of Governors Funding Report**	**CM**
	This item was starred.	
2.4	**Report on Senior Nurse/Governor Rounds**	**JT**
	JT introduced the paper. There had been agreement at the Council of Governors meeting in February that governors would be invited to talk directly to patients on wards accompanied by a Senior Nurse. Engagement with patients and feedback regarding best practice helps staff to improve their skills and practice. Three further dates for visits will be available shortly. JT thanked the governors who had so far participated: CC-H, MJ, SM and WM. The interviews took place in a private area and were done in a leisurely way. CE said that, as a result of these rounds, many interesting issues had been raised. SM commented that the Infection Control meeting had been very informative and well presented especially the use of Synbiotix. Mary Knight, Sister of Annie Zunz Ward is impressive and is very well thought of by both her staff and patients. MJ had visited the Intensive Care Unit which is a different kind of ward. It had proved a useful opportunity to talk to staff and families of patients. MJ thought that, compared to other hospitals, the staff in the Intensive Care Unit look at the patient's family unit as a whole from admission until discharge and keep a patient diary. MJ said that there is no sense of drama and the staff act in an even paced and careful manner. KM (Senior Nurse in the Trust) said that there had been very good feedback re the Senior Nurse/Governor Rounds and they had proved to be very beneficial. An invitation to all governors to participate in this exercise was given at the meeting. CE concluded that it had so far proved to be a very positive and worthwhile experience.	
2.5	**Government listening exercise feedback (oral)**	**ML**
	ML described the listening exercise with Nick Clegg, Deputy Prime Minister. The Deputy Prime Minister said that the National Health Service can not stand still and needs to evolve. There would be greater accountability for providers. The consortia would be GP-*led*. The NHS reforms should focus also on the views of hospital doctors, nurses, paramedics, LINK reps and commissioning bodies as well as GPs. It was highlighted that the group attending the listening exercise were not entirely representative of the population of Kensington and Chelsea e.g. no elderly or children. LINk believe that social concerns would not be met through the NHS reforms.	

	ML said that he hoped Nick Clegg had listened during the exercise and that he hoped that views had got back to the Secretary of State. Overall, however, he thought that it was an interesting session. CE discussed GP-led commissioning and said that moving to a completely new system could be problematic. There may be substantial changes to the Bill but there are still some ideological differences between the parties. C&W is a very good hospital, is continually striving to improve and has staff and members with a good sense of local needs.	
2.6	**Governors Questions**	**CBi**
	CBi outlined his short paper. HL requested that she and CE receive the questions well in advance of each Council of Governors meeting. NB agreed that the process would be more disciplined if questions were asked in advance. As a general principle governors should be disciplined about the process and time allocation. There should be discretion allowed by the Chairman for questions to be asked on the day. CE asked governors to submit only a certain number of questions which would be grouped by category. A fixed amount of time will be allocated on the agenda. **The proposal was agreed.**	
	QUALITY	
2.7	**Quality Sub-Committee Report***	**CM**
	The draft minutes of 20 April meeting were attached. This item was starred**.**	
2.8	**Quality Account Update**	**CM**
	The Quality Account has been circulated to stakeholders. CM thanked those governors who had read and provided comment on the Quality Account.	
2.9	**Quality Awards**	**CM**
	CM introduced the paper and asked the relevant governors to contribute. SM said that Sarah Hamilton is a Health Visitor who works in A and E. Sarah had introduced the placing of “Smiley Sticker” on paediatric patients notes so that when they see their hospital doctor it is easily apparent that there are problems with the patient’s family situation. ML said that in the Macmillan Cancer Centre Dr Russ Hargreaves does exceptional work. There are a significant number of volunteers who work with him. It is an attractive unit attached to the discharge lounge but an improvement would be to screen the area off to make it more private. ML also reported on the Venous thromboembolism (VTE) risk assessment tool which had impressed the judges as a good example of collaboration. It was considered important to recognise back of house staff as well as medical teams. CE concluded that all these awards were impressive.	
2.10	**Summary of the Staff Survey**	**MG**
	CE introduced Alison Heerallal who was attending for Mark Gammage, HR Director. She presented the results of the staff survey which had been carried out, as a national requirement, in October and November 2010, with results being published in March. Our completion rate puts us in the top 20% of all	

	organisations. Capita ran the survey and from the sample data there were thirty eight key findings, the results of which were generally the same as the previous year and are outlined in the paper. There is a corporate action plan for individual divisions as well as local action plans. Certain patterns such as sickness rates in particular areas are being monitored. HL said that October and November is a very difficult time of year whereas in the summer months sickness rates tend to be lower. CE said that this will be looked at in more detail by the Board. The NHS had been going through a stressful time. Chelsea & Westminster had taken the decision to introduce a 9% cost improvement programme (CIP) which had been a wise decision in the current climate. He said that bad management ignores important issues. He further said that the staff survey was remarkably positive under the circumstances. AC was surprised that there was only a 64% response rate and asked if there was a better way of carrying out the survey. CE thought that the response rate had been reasonable. CB asked if certain staff groups were under represented. AH replied that medical staff often prove difficult to contact. The Action Plan will be presented at the May Board meeting.	
	MEMBERSHIP	
2.11	**Membership Sub-Committee Report***	**ML**
	The draft minutes of 7 March 2011 meeting were attached. This item was starred.	
2.12	**Membership Development Action Plan – Update**	**SN**
	Table 1 shows the Black Ethnic Minority and under 25s. Membership should be increased. JT asked governors to contact SN or LR with items for the Governors Innovative Suggestions Plan.	
2.12.1	**Council of Governors, Membership Development Action Plan – Review and Planning for 2011/12**	**SN**
	SN outlined the plan with developments highlighted. JT asked governors to contact SN or LR with any suggestions for the plan.	
2.13	**Membership Report***	**SN**
	This item was starred.	
3	**ITEMS FOR INFORMATION**	
3.1	**Finance Report February 2011**	**LB**
	This item was taken as read.	
3.2	**Performance Report February 2011**	**AP**
	This item was taken as read.	
3.3	**Open Day 2011**	**RMc**
	ANY OTHER BUSINESS	

	SSG enquired why the Public Exhibition space was empty and it was explained that boards were being put up to replace the battens for security reasons. (This has now been done and the pictures are on display again).	**SSG**
	DATE OF NEXT MEETING	
	The next Council of Governors meeting will take place on Thursday 14 July.	