

Members' Council Meeting, 14th February 2008

AGENDA ITEM NO.	1.3/Feb/08
PAPER	Minutes of the Previous Meeting held 8 th November 2007
AUTHOR	Julie Cooper, Foundation Trust Secretary/Head of Corporate Governance
LEAD	Prof. Chris Edwards, Chairman
EXECUTIVE SUMMARY	This paper outlines key issues for the attention of the Members Council.
DECISION/ ACTION	<ol style="list-style-type: none">1. To agree the minutes as a correct record.2. The chairman to sign the minutes.

Date.....

Signed.....

DRAFT

Members' Council Meeting Minutes, 8 November 2007

Present:

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

Council Members: Chris Edwards (CE), Chairman
Julie Cooper (JC), Foundation Trust Company Secretary

Brian Gazzard (BG), Staff – Medical & Dental
Duncan Macrae, Appointed - Royal Brompton & Harefield NHS Trust
Christine Blewett (CB), Public – Hammersmith & Fulham 2
Nicky Browne (NBr), Royal Marsden NHS Foundation Trust
Mervyn Maze (MM), Imperial College
Frances Taylor (FT), Appointed - Royal Borough of Kensington & Chelsea
Catherine Longworth (CL), Westminster PCT
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
Jane King (JK), Patient
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
Maxine Foster (MFo), Director of Human Resources
Charles Wilson (CW), Non-Executive Director
Amit Khutti (AKh), Director of Strategy and Service Performance
Lorraine Bewes, Director of Finance
Hannah Coffey, Director of Operations
Heather Bygraves (HB), Deloitte and Touche – for item 2.2
Berge Azadian (BA), Director of Infection Prevention and Control –item 2.9

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies for absence were received from:

Jim Smith (JS), Patient
Prof Salman Rawaf (SR), Appointed, Wandsworth PCT
Sandra Jowett (SJ), Appointed – Thames Valley University
Michael Henry (MH), Patient

1.2 Declaration of Interests

None

1.3 Minutes of the Previous Meeting Held 20 September 2007

The minutes were approved with the following amendment:
Nicki Brown was in attendance.

1.4 Matters arising

Patientline (1.4/Sept/07)

HL said that Patientline has reduced the charge for outgoing calls from 26p to 10p per minute and that incoming calls will continue to be charged at 39p off – peak and 49p peak. Incoming call charges are ruled by Oftel and thus Patientline has no control over this. She invited the Members' Council Communication Sub Committee to play a role in any future negotiations over call charges. LF asked about the possibility of buying Patientline, which had been raised as an option at an earlier meeting. HL said as the call charges have come down there was no rationale for such a purchase other than we would have our own switchboard.

Patient and Public Involvement in Research (1.4/Sept/07)

Copies of the list of current research projects was provided at the meeting.

Minutes from the Membership Development and Communications Sub Committee (2.3/Sept/07)

1. The possibility of holding membership surgeries is on the agenda for discussion.
2. Leaflets are being provided in the St. Stephens Centre.
3. Council Members are distributing leaflets in GP surgeries.
4. A paper on how to increase membership is on the agenda.

Membership Report (2.4/Sept/07)

Membership leaflets were made available to Council Members for distribution within their respective constituencies.

Members' Council Future Agenda Items (2.6/Sept/07)

JC reported that no suggestions for agenda items had yet been made. CE said that he hoped as time went on Council Members would feel more inclined to offer suggestions.

Performance Report (3.2/Sept/07)

A glossary of terms is now attached to both the finance and performance report.

1.5 Chairman's Report

CE said he was delighted with the Trust's double excellent rating from the Healthcare Commission. It was good news for the Trust and good for morale. The trust will be making a one-off payment of £100 to all staff as a sign of appreciation and congratulations to everyone for a job well done.

CE noted the good turnout at the AGM.

CE said that a great deal of activity was happening around the future of healthcare delivery in London. He invited HL to talk to this item. She said that an update on the upcoming consultation for Healthcare for London was being circulated. The consultation will commence on the 30th November and run for 14 weeks until 7 March. The London Commissioning Group is looking for a specific response from the Members' Council. Thirty-one local PCTs have come together to provide a response, but individual local input will be equally important. HL invited PM to comment. PM said the consultation was about principles not just buildings. We need to think what these principles will mean in terms of healthcare delivery in London. The PCT will be holding events throughout the borough to seek the views of individuals and he encouraged the Council to get involved. CE thanked PM for his input and said that the pitfalls in the past have been around translation of these principles into practice.

CE said that the issue of infection control would be addressed under agenda item 2.9.

CE drew the Council's attention to paediatrics. PCTs in North West London are taking forward a review looking to concentrate specialist paediatric services as there are concerns over the fragmentation of the current service. CL said that it would be useful to have an overview from the Trust on where things are at present. CE said the review is both a threat and an opportunity, as paediatrics represents £7-£10M in revenue per annum. Losing paediatrics would also have a knock-on effect on the support being provided to the Royal Brompton Hospital as well as to anaesthetics. The figures suggest that 80% of paediatric activity is centred on the Fulham Road. The Boyd report suggested that all children's services move to the new site at Paddington, and as these plans have been terminated, there may be some suggestion that paediatric services move to St Marys. We are all aware of the implications such a potential move would have and he asked the Members' Council to start thinking about their response and the course of action we should be taking. FT and LF both raised the issue of accessibility and transport with regards the service moving to St Marys. CL said the decision needs to be clinically based. CE said that HL and her team have produced a map to look at where children patients come from. BG reiterated what PM had said, which was this should be a patient-led process. PM said he was pleased to hear the types of comments being made and he stressed that we must get our heads around the clinical need and how we can use the clinical evidence to guide discussions. PM said that the Members' Council should have a good understanding of the potential impact to patients and he appreciates that it is not in the interest of the PCT to do anything that might de-stabilise Chelsea and Westminster hospital. We want specialist paediatrics here at Chelsea and Westminster-but this is a personal view. Transport is not an argument. There are already some excellent specialist services being provided at Chelsea and Westminster, but there are some gaps and these need to be addressed. VW said she felt she has somewhat of a conflict of interest, but she is glad to hear people's views. NBr asked if there had been a test case for a loss of service for another FT. HL said there has not.

CE said that the Chelsea and Westminster Health Charity were sponsoring a duathlon and he encouraged the Members' Council to get involved as well as to help promote the event amongst the membership.

2. ITEMS FOR DECISION/APPROVAL

2.1 Business Planning

LB said the Members' Council and the Membership have a key role in expressing views on the annual plan and in adding a community perspective. The paper is being brought to the Members' Council much earlier this year with the view for the Council to play an even greater role. We will be looking at aims and values and making sure that directorate-specific plans are in line with these. We took stock of the process last year and we want to build on it this year. We intend to have engagement with our host PCT and wide staff involvement. The purpose of the paper is to ask how the Members' Council wants to be involved. LB drew attention to pg 3 and said that we were suggesting any or all of the options noted. CB asked when our financial planning started. LB replied that it had already started. LF raised the idea of surveying actual members and seeking their views on future service provision. CB said she did not see the point of holding a workshop on the vision and values because who would disagree. CE gave the example that he believed the teaching of medical students had been left out and this was an important aspect. CB said that she fully appreciated the views of the Members' Council are important but that she felt at some point she must make contact with her constituency.

BG said it would be valuable to conduct a proper survey of the membership using a company such as MORI. CL said that we must be careful with surveys and be mindful of the way in which the questions are worded. CB said it is really the PCTs who need to find out what the local community wants as they are the commissioners of service. CE said that he understands from the discussion that the group might want to look beyond just aims and values. LF asked if the PCT would not fund the survey work as it was within their remit to understand the preferences of the local population. PM said that the PCT already undertakes extensive work to understand the needs of the local community, which in turn informs commissioning. NB said it would be useful to have some initial sessions with staff around values and aims. BG said that this had already been done last year. CE suggested that HL provide a date for the Trust to present the corporate plan to the Members' Council.

Action: HL to set date to present the corporate plan to the Members' Council.

2.2 Annual Audit Letter

CE said that it was important to understand the Audit Letter. HB said International Accounting Standards would be introduced as of next year for all trusts. Companies made the switch two years ago. The two key areas affected are private finance initiatives, which normally were off the balance sheet, and will now be reflected on the balance sheet. Second, more segmental analyses will be done. Details on the profitability of services will be provided with clear analyses of which areas are profitable and which are making a loss.

2.3 Local Area Involvement Networks (LINKs)

AMC said that the Members' Council had agreed that an update on LINKs should be made at the November Council meeting. The bill has been debated with three principal amendments to note: 1/Local councils must host the networks, 2/ the Department of Health will provide more clear information on the transition, 3/ the bill received royal decree on October 31st. CE asked whether we were in danger of setting up a duplicate structure to the Members Council. Lydia Jackson, Chair of the Chelsea and Westminster Hospital Patient and Public Involvement Forum provided her understanding of the current situation. It was agreed that we would look towards ways of joint working.

2.4 Membership Report

CE said that he would address the next three papers together. He said that it was our statutory obligation to both grow our membership and ensure its diversity in relation to the local population. He noted the current figures for each membership constituency and that the actual figures for joiners and leavers has been provided to allow us to understand the success of our membership outreach. He said that the requirement to be in the trust for 12 months prior to joining the membership was not obligatory and he suggested that we might consider an opt-out approach for staff going forward. NB said he agreed with this suggestion as the requirement to fill in a form certainly put some people off. CL asked if we could have an opt-out policy for all patients. JC said that this would be very expensive, as we would have an enormous membership. Staff on the other hand have chosen to work for the Trust and it could be assumed would also want to support the Trust.

THE MEMBERS' COUNCIL UNANIMOUSLY AGREED WITH THE PROPOSAL FOR AN OPT-OUT POLICY FOR STAFF.

Action: JC to discern the necessary changes to move to an opt-out system for staff.

2.5 Draft Minutes from Membership Development and Communications Sub-Committee

CE explained that Martin Rowell (MR) chaired the last committee meeting and invited him to present the report. MR raised point 4 and said that the committee had discussed the lower turn out for the AGM this year and that the group felt it was due to the fact that the supplementary meetings had been held on different days and that it was better to hold them on the same day.

MR said that overall membership numbers were important but that it is also important to look at the diversity of membership. Jane Collier, Equality and Diversity Manager, attended the committee meeting and she is planning to do an audit of the membership at our next meeting. He said it was the view of the committee that we represent a group of people that represent a larger group of people and they need access to Council Members.

CE raised the question if Council Members should be getting more involved in chairing sub committees. BG suggested that we might work more closely with PALS to seek the views of the membership.

IT WAS AGREED THAT THE TRUST WOULD CONSIDER HOLDING SUPPLEMENTARY EVENTS ON SAME DAY AS AGM

2.6 Membership Engagement

CE said that at the last Council meeting the issue of membership engagement had been discussed and that it was agreed that we would bring back a list of suggestions. He drew attention to the suggestion of ad hoc lobbying and said that paediatrics was the perfect opportunity for this. He suggested that fundraising might be added to the list. AMD asked if we could not have a dedicated e-mail box for members to contact their respective Council Member.

Action: Discuss further ways in which the Council will communicate with its members at the next meeting.

Action: Identify how members could e-mail their respective Council Members.

2.7 National Governors Forum

VA drew the Council's attention to the section on communications and the need for two-way feedback. She noted the idea about creating a buddy system where each member of the Board of Directors is paired with an individual Council Member. CE responded that this might be difficult as there are 35 members of the council and 11 on the Board. BG said we might also consider pairing clinical directors with Council Members.

Action: Further consideration of a system for members of the public and patient constituency to contact their respective Council Member.

2.8 Healthcare Commission Standards for Better Health

CM showed the Members' Council the 120 page report from last year. She explained the system for reviewing evidence with one lead director providing the evidence and a second acting as a peer reviewer. VA raised standard 15 and said that she had raised the possibility of getting a hostess for paediatrics with Sue Harris, but that the funding had not been found.

CE outline the options for involvement and said that his preference was option 2; whereby the Members' Council would identify the standards and/or areas for which they would like to contribute and one or more half day sessions would then be organised in January with lead directors present. PM said that the process used depends on the objective. Council Members could offer a means of external review and scrutiny of work already done by lead directors or we can develop a process to involve Council Members in judging evidence and whether or not the trust is compliant.

CB said she felt that the Council could not judge the actual evidence but rather whether it made sense. CM said that she hoped by involving the Council over time that they would become more familiar with the standards and give more input going forward. CM said that we are not looking for something perfect but that we have adequate level of assurance.

Action: Organise option 2 and people come prepared and know which standards they are interested in. Offer two dates in January.

Action: Circulate questions and ask if people want to get involved and in which areas.

2.9 Infection Control Update

CE invited Berge Azadian (BA), Director of Infection Prevention and Control to present his update. CE thanked BA for his presentation and said that it was his view that the key question from the public is "if I come into this hospital what is my risk of picking up MRSA?". CE raised the issue that some of the Trust's Healthcare Associated Infections are actually being brought in from the community. BA said pre-assessment screens all elective patients and those that are positive are treated. We have been doing this for 3 years. CE asked if some patients can avoid the screening. VA asked if we screen patients coming into A&E. BA said they did this at Charing Cross and they found that 5 out of 700 were positive. PM asked if patients admitted from A& E were screened prior to receiving a bed. BA responded that they were not. PM asked if there was not a case for screening all visitors.

2.10 Proposed Constitutional Change

CE said this amendment to the constitution is proposed in order to be compliant with the Mental Health Act 1983 (amended). It is effectively a change to allow the Trust to continue a practice which was permissible prior to becoming a Foundation Trust. We now require a constitutional amendment to continue the practice.

THE CONSTITUTIONAL CHANGE WAS AGREED.

3.1 Finance Report – 6 Months to September 07

The Council noted the report.

3.2 Performance Report – 6 Months to September 07

The Council noted the report.

QUESTIONS FROM THE PUBLIC

None

4. ANY OTHER BUSINESS

No other business was raised.

5. DATE OF NEXT MEETING

14 February 2008