

Members' Council Meeting, 8th November 2007

AGENDA ITEM NO.	1.3/Nov/07
PAPER	Minutes of the Previous Meeting held 20 th September 2007
AUTHOR	Julie Cooper, Foundation Trust Secretary/Head of Corporate Governance
LEAD	Juggy Pandit, 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, 20 September 2007

Present:

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

Council Members: Juggy Pandit (JP), Chairman
Julie Cooper (JC), Foundation Trust Company Secretary

Frances Taylor (FT), Appointed - Royal Borough of Kensington & Chelsea
Jim Smith (JS), Patient
Jean Hunt (JH), Patient
Catherine Longworth (CL), Westminster PCT
Valerie Arends (VA), Public – Kensington and Chelsea
Lionel Foulkes (LF), Public – Wandsworth 2
Sandra Jowett (SJ), Appointed – Thames Valley University
Maria-Elena Arana (MA), Patient
Vivian Wood (VW), Hammersmith and Fulham PCT
Sue Harris (SH), Staff – Nursing & Midwifery
Andrew Kenworthy (AK), Appointed, Kensington & Chelsea PCT
Jane King (JK), Patient
Michael Henry (MH), 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
Maxine Foster (MFo), Director of Human Resources
Amanda Pritchard (AP), Deputy Chief Executive
Charles Wilson (CW), Non-Executive Director
Marilyn Frampton (MFr), Vice-Chairman
Amit Khutti (AKh), Director of Strategy and Service Performance
Lorraine Bewes, Director of Finance
Hannah Coffey, Director of Operations
Four members of the Public

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies for absence were received from:

Brian Gazzard (BG), Staff – Medical & Dental
Duncan Macrae, Appointed - Royal Brompton & Harefield NHS Trust
Christine Blewett (CB), Public – Hammersmith & Fulham 2
Nicky Browne (NH), Royal Marsden NHS Foundation Trust
Mervyn Maze (MM), Imperial College

1.2 Declaration of Interests

None

1.3 Minutes of the Previous Meeting Held 24 July 2007

The minutes were approved with the following amendments:

Item 3.1 LINKs should read Local Involvement Networks

1.4 Matters arising

Matters Arising (1.4/Jul/07)

Open Trust board minutes now posted on the Trust website.

Patientline (1.4/Jul/07)

HL said that since the last discussion, Patientline has informed her that they will not raise prices for incoming calls. JP noted that calls are still expensive in general. HL said that she is happy to take this discussion further if the Members' Council would like her to do so.

Action: HL to bring brief paper on call charges and situation with Patientline to next Members' Council meeting HL

Constitutional Changes (2.2/Sept/07)

JP reported that the changes had been submitted to Monitor. He said that they had accepted all of the changes except the proposal to allow named alternates. JP explained that Monitor did not consider it appropriate for appointed governors to have a nominated alternate, able to exercise the same rights as the appointed governor at board of governor meetings. They felt that being able to pass the rights and obligations of a governor between two people did not suggest that the appointed individuals exercise proper responsibility in respect of the trust. Further, Monitor felt using the general principles of company law as an appropriate comparator; directors are named individuals with statutory responsibilities towards the company. To this end, they declined to accept this amendment.

Annual Members Meeting (2.2/Sept/07)

Andrew Kenworthy will be presenting the PCTs perspective at the Annual Members Meeting

Membership Development Strategy (2.4/Sept/07)

JC reported that no one had requested any leaflets. She reiterated the important role that the Members' Council plays in increasing our membership and she asked how she could assist Council Members with this challenge. This was discussed further under agenda item 2.5.

Patient and Public Involvement in Research (2.8/Sept/07)

Derek Bell and Julie Reed attended the Membership Development and Communication Sub Committee and presented their proposal for involving patients in research. VA asked for specific examples of the types of research taking place. She mentioned the work at St. Georges and she asked if there might be duplication. HL said many organisations are working on HIV related research and there was no duplication.

HL/DB

Action: clarify types of research taking place.

1.5 Chairman's Report

JP presented the report. He said that the Non Executive Director (NED) appointment would be covered under agenda item 2.1. He invited AK to talk to the London Health strategy. AK said that this is a really important process to look at the best use of services and if we are truly putting services to their best use and maximising clinical outcome. He mentioned the Darzi review and said that the document Healthcare for London: A Framework for Action is a public document and stressed that all PCTs and Acute Trusts will be formally consulted. He said that the point of the exercise was to get wider reviews and he stressed that it was important that Members share their views during the public consultation. He said of Lord Darzi's proposals are adopted it will lead to significant changes in the way health services are run in London and that it needs to be balanced with individual and local views in order to get it right. He said this is a huge opportunity for the Members' Council to shape the future direction of healthcare. He said the consultation will be formally launched in November and it will close in February. All of the PCTs have joined together and formed one group to manage the consultation process. CL said that there will most likely be further local consultation once the formal consultation concludes in February.

JP said that we have an amber rating for MRSA. He said this does not mean that we are poor, but rather that we performed well last year. He said that the Healthcare Commission carried out an unannounced visit on 15 August to assess the Trust's compliance with The Health Act 2006: Code of practice for the prevention and control of healthcare associated infections. He said a final report with a rating will be published shortly, but that initial verbal feedback by the inspectors was that ward-based staff 'get the message' about the control of infection but there is room for improvement among staff moving between wards. HL said that other specialist trusts without A & E have less of a problem, as much of our MRSA is community – acquired. She said that we have started with a low target and that a lot of action is being taken to address it. AK said that he was frustrated with this issue as it only looks at hospitals which are really the end point. CL asked if patients are checked on arrival. HL said that we test for all elective surgery but that it is the emergencies that cause the problem. FT raised the issue that the 'caution Hot Water' signs might be putting people off washing their hands. CL asked if PCTs have started the process of liaising with nursing homes over MRSA. AK said that no action had been taken centrally. LF asked what percentage of those bringing MRSA in from the community come from nursing homes. CB noted that only 8 people attended the infection control seminar.

JP announced the opening of the Acute Medical Unit. JP said that there are now 9 vacancies on the Members' Council and that election will be held over the next two and a half months to fill the seats. He said a specific overview of each seat could be sought from Julie.

2. ITEMS FOR DECISION/APPROVAL

2.1 Appointment and Approval of Non Executive Directors (NEDs)

JP presented the report and said that it has been an historical year with some many appointments. JP said that the Nominations Committee of the Members' Council interviewed four candidates for the NED vacancy and that Prof. Edwards joined the committee for the interviews. He said that the interviewed candidates had been short-listed from a long list of 12 candidates who had been interviewed by Saxton Bampfylde Hever. Those 12 candidates had come from the original 33 people who were identified by Saxton Bampfylde Hever or responded to the advertising campaign.

JP announced that following the interviews, the Nominations Committee recommendation to the Members' Council is for the appointment of Mr Colin Glass for a 3-year term starting on 1 November. JP went through Colin's CV including his prior experience and time commitments. He noted particularly his customer service focus and retail background, which we currently lack on the board. He also pointed out his commitment to social service as demonstrated by his work in Asia. VA commented that she felt he was a remarkable man with his diversity of work between PC World and his work with street children.

JP said the second matter to raise was that of the recommendation from the Nominations Committee to reappoint both Charles Wilson and Andrew Havery. He outlined the appraisal process and informed the Council that following discussions with the Nominations Committee they were recommending the reappointment of Charles Wilson for a 2-year term and Andrew Havery for a three-year term, which would both re-commence on 1 November 2007. He added that the committee felt these reappointments were important for continuity of the Board. He noted that their external time commitments have not changed.

Following a briefing from the chairman, the Nominations Committee recommended to the Members' Council that Charles Wilson and Andrew Havery be reappointed as NEDs for a 2-year and 3-year terms respectively.

THE MEMBERS' COUNCIL APPROVED THE APPOINTMENT OF COLIN GLASS AS NED AND THE REAPPOINTMENTS OF CHARLES WILSON AND ANDREW HAVERY.

2.2 Standing Orders

JP said that the changes in the standing orders go in parallel with the changes made to the constitution. He said the main changes are with regards to vacancies, terms of office and elections. JP asked for approval of the new standing orders.

THE STANDING ORDERS WERE APPROVED.

2.3 Annual Member's Meeting

JP said that the Annual Members' Meeting would be held this evening at 5:30 in the hospital dining room. He said that the Martin Rowell would be giving the formal presentation to the membership, but that he hoped all Council Members would make themselves available to speak to members about the work of the Council. He said that a membership table would be setup in the atrium and that Members' Council sashes had been made up to help members identify Council Members. CL asked about holding the Annual Members' Meeting in other venues. JP said that it had been discussed and it was agreed to hold it in the hospital.

2.4 Membership Report

JP asked JC to report on the latest membership figures. JC reported that the overall membership currently stood at 13,139, with public members at 6,607, patient members at 6,114 and staff at 418. JC said the overall goal was to raise the membership by 1000 and she gave the exact figure for each constituency. She stressed that membership recruitment was the responsibility of individual members and she asked how she could help them fulfil this role.

Action: JC to ensure members have leaflets for distribution within their constituencies to promote membership.

JC

2.5 Draft Minutes from Membership Development and Communications Sub-Committee

JC presented the draft minutes from the last Sub-Committee meeting held on 4 September. She explained that we have now taken the objectives from the Membership Development and Communications Strategy and married them with our ongoing actions to increase membership. She said that the focus at the moment is on membership recruitment as we are required by Monitor to maintain and increase our overall membership as well as ensure its diversity. She said that the committee had worked on the presentation for the Annual Members' Meeting and that we thought it was reflective of our work to date. JC said that we will now be mailing a letter to everyone in the trust who has been here over 12 months and going forward we will be regularly sending out a letter from the chairman to each member of staff on their twelfth month in the trust to invite them to join the trust.

JC said that the committee was also focussed on how to encourage active membership. FT suggested holding member surgeries. JP said he felt this was a good idea but that we needed an appropriate place to hold them. FT suggested that we might also ensure a stock of leaflets at the local libraries. JC also reported that we are looking to have volunteers help us with recruitment. AMD said that she feels like we need a conduit as it is difficult to reach her constituents. JC said that we are also going to be reintroducing NHS discounts which should offer an incentive for people to join. MR said that we need to remind people of the benefits of being a member and why they should join. He gave the example of involvement in research. LF said we need to be more proactive. Council Members agreed to take leaflets and distribute them in local GP surgeries.

Action: Explore idea of surgeries in outpatients and A&E

JC

Action: Put leaflets in information exchange at St. Stephens

JC

Action: Council Members to distribute leaflets in GP surgeries

ALL

Action: Bring paper back with ideas on how to increase membership

JC/ALL

THE MINUTES WERE APPROVED.

2.6 Members' Council Agenda – Future Items

JP said as we move into our next year he would invite Council Members to think about matters they would like to see as future agenda items and he suggested that they be emailed to Julie.

Action: Email suggestions for future agenda items to JC

2.7 Members' Council – Draft Dates for Next Year

JP said the last meeting for this year will take place on 8 November. He asked that Council Members note the dates of the meeting for next year and he said the October meeting will most likely take place in the 3rd or 4th week in September to accommodate the Annual Members Meeting.

3.1 Finance Report – Quarter to June 07

LB presented her report. The key message is that we are doing well, which is largely driven by high income. CL asked LB to say a bit more about risk. LB said as a general principle if finance is aware of a risk then we adopt the worst case scenario. She said the main risk is whether we can deliver the 18 week activity plan within our budgeted resources. LB said another risk is HIV drug spend. She said the nature of the risk is that the projection is based on current projected growth, but by and large the way we are funded means it rises and falls. She said another risk is pathology. We purchase £8M worth of services from Hammersmith Hospital, but we do not have a robust contract. We are now looking to formalise the contract with proper performance evaluation. She said private patients are highlighted because income is below plan. LF asked if we are affected by overseas patients and tourists using our services without payment. LB said yes we are affected as are all other trusts. LB said the cost varies year on year, and the board is paying particular attention to this matter. She said it is a problem which is not easily resolved. HL said this is a problem in that we do not always recover the money, but sometimes we have to do it as we are an acute hospital. JP assured the Council that the board was vigilant on this matter. CL asked where the bottlenecks were with delivering on 18 weeks. HL said hand surgery and one or two others. AK said 18 week target is a must for both PCTs and Acute Trusts and it is a great piece of work.

3.2 Performance Report – Quarter to June 07

LB said that HL had already emphasised some of the key messages. She asked the Council to look at page 5 at the dashboard. JP explained that anything in green was okay and amber areas needed attention. LB said we did notify Monitor that we will likely not meet the MRSA target. LB said that in the other Healthcare Commission targets we have done well, but that we have tailored off in data quality. She said the other important target is *C.Difficile* and at the moment we are not meeting the target. MA asked about data quality and what it entailed. LB said that it is used to measure how well we record ethnicity. LB said that we are likely to achieve this target. JS asked why we struggling with MRSA. JP explained that we had started with a higher standard and so it is now harder to achieve the target set for us. HL said we know from the Healthcare Commission inspection that our teams know what to do. CB said it is impressive report but full of codes and jargon.

AK said well done in terms of GUM and cancer targets as there is there is clearly significant improvement in these areas.

Action: Attach glossary of terms to future papers

QUESTIONS FROM THE PUBLIC

None

5. ANY OTHER BUSINESS

No other business was raised.

6. DATE OF NEXT MEETING

8 November 2007

