

**CAMBRIDGE UNIVERSTIY HOSPITALS NHS FOUNDATION  
TRUST**

Minutes of the meeting of the **Membership and Patient & Public Involvement Governor/Director Working Group** on Tuesday 18<sup>th</sup> November 2008 at 1500H in Seminar Room 6, The Clinical School, Addenbrooke's Hospital.

**Present:** B. Gerbaldi (Vice Chair)  
P. Dansie  
J. Ewer  
G. Francis  
M. Hart  
B. Hennessy  
S. Johnstone

**In Attendance:**

K. Beesley  
C. Charlton (Agenda Item 12)  
C. Hessom-Duff (Agenda Item 9)  
F. Rogers  
N. O'Byrne

**Apologies:**

M. Chaloner (Chair)  
A. Alderton  
R. Burgin  
M. Perry

**36/08 MINUTES OF THE PREVIOUS MEETING.**

Noted.

The minutes of the meeting held on Tuesday 9<sup>th</sup> September 2008 were accepted as a correct record with the following amendment:

Apologies were received from J. Ewer and G. Francis.

There were no matters arising from the minutes.

**37/08 MATTERS ARISING NOT COVERED ELSEWHERE ON  
THE AGENDA.**

Noted.

## **Smoking Update.**

- (i) B. Hennessy reported.
- (ii) Although Addenbrooke's is a non-smoking campus, the Board of Directors has decided that there is to be a small number of designated smoking areas.
- (iii) Two smoking areas are now in operation and another two are to be opened. There will be signs there indicating that smoking endangers health. Information on the location of the smoking areas will be available on wards.
- (iv) These four areas are for patients and visitors only. There will be separate smoking areas for staff. Staff may only accompany patients to smoking areas if there is a clinical need.
- (v) With these smoking areas in operation, there will be strict policing to ensure that smoking does not take place elsewhere on the campus. Various members of staff, including directors, will be involved in this policing. It is of particular concern to stop smoking outside the hospital's Main Entrance.
- (vi) With respect to staff smoking areas, it was confirmed that staff may not smoke in uniform. (Concern was expressed that staffs' uniforms would smell of smoke.)

## **38/08 STANDING ITEMS.**

Noted.

### **a Report From The PEC (Patient Experience Committee).**

- (i) S. Johnstone reported.
- (ii) The PEC has expressed concern that children have been treated in Outpatients in corridors and in front of other children. This concern has been brought to the attention of senior management.
- (iii) It was observed that there have also been a significant number of complaints about the Outpatients' booking service. It was suggested that the specific concern about patients

being unclear as to why they were being kept waiting might be addressed by use of LED displays.

(iv) The Strategic Health Authority has funded Addenbrooke's for one year's membership of the Institute of Customer Service. The Trust will join at the senior level of membership. Addenbrooke's is the only trust in the region to join at present.

(v) The Institute of Customer Service, which was originally founded to assist local authorities deliver high quality customer care, has expanded to include a number of large commercial sector companies.

(vi) It is judged that membership will assist Addenbrooke's to institute best practice in customer focus, based on the experience of other members of the Institute.

(vii) Initial priority will be oriented towards training Addenbrooke's staff, based on the training capability that will form part of the funded membership.

#### **b. Actions From The Board Of Governors**

Nil.

### **39/08 LOCAL INVOLVEMENT NETWORKS (LINKs) UPDATE.**

Received: LINK Document "A New Way To Have Your Say" – a copy is with the Minutes Book.

Noted.

(i) B. Gerbaldi reported, making reference to a letter from M. Chaloner.

(ii) There was broad agreement that LINK is an unwieldy project with which Addenbrooke's personnel find difficulty in forming a good working relationship. Concern was expressed about LINK's duplication of work with other agencies and its lack of scrutiny by an inspecting agency. Feedback suggests that this local view is being reflected nationally. Concern was also expressed about the time consuming nature of involvement with LINK.

(iii) Nevertheless, it should be noted that the Department of Health wants two permanent members of local LINK's committees to be drawn from Foundation Trust governors. Given LINK's right of inspection, Addenbrooke's needs to remain involved with LINK, in spite of the difficulties.

(iv) The issue of the two Foundation Trust governors' membership of LINK is to be progressed. The dates of future LINK's meetings are to be circulated, with a view to calling for volunteers. One governor from M & PPI WG and one from the Board as a whole may be appropriate.

**Action: F. Rogers.**

#### **40/08 SEMINAR ATTENDANCE.**

Noted.

(i) B. Hennessy reported.

(ii) Certain governors had indicated that they would attend seminars and then subsequently did not do so; others gave no reply to invitations. This has resulted in disappointing attendances at certain seminars. There is an issue as to whether governors wish to or should attend seminars. The matter is to be raised at the next Governors' and Chief Executive's Meeting.

**Action: J. Ewer.**

#### **41/08 ACTIVE (ADDENBROOKE'S CHILDREN'S & TEENAGERS' IDEAS & ENTERPRISE UPDATE.**

Noted.

(i) F. Rogers reported. There has been a recent meeting of the group and this is an update on the work-stream.

(ii) The M & PPI WG was shown posters in which young people are dressed in various different Addenbrooke's staff uniforms. These will be exhibited in children's wards with the aim of helping children to understand the roles of the different hospital staffs' professional disciplines.

(iii) ACTIVE members are helping to make a staff training video about the breaking of bad news to children and teenagers. The

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issue of who should be present is a sensitive one, particularly for teenagers.

- (iv) The D2 garden is being redesigned and ACTIVE members are helping with the future garden lay-out. A number of local firms intend to release members of their staffs to work on the new D2 garden. The estimated completion date is April 2009.
- (v) A part-time ACTIVE co-ordinator is being recruited (15 hours per week). Interviews have recently taken place.

#### **42/08 FOCUS GROUP REPORTS.**

##### Received:

- (i) "Focus Group Reports – Report of the Membership Manager".
- (ii) "Report from Carer's Focus Group".
- (iii) "Carers Focus Group Action Plan".
- (iv) "Emergency Department Patient Focus Group".
- (v) "End of Life Focus Group".
- (vi) "Action Plan From Patient Focus Group For Gynaecology.
- (vii) "Report On The Midwifery-Led Birthing Unit Focus Group".
- (viii) "Chronic Pain Service Focus Group".
- (ix) "Executive Summary (Business Development & Marketing Unit)".

Copies of all of the above are with the Minutes Book.  
Committee members are asked to take note.

##### Noted.

#### **a Report From The Emergency Department Focus Group.**

- (i) K. Bessley reported.
- (ii) The patient survey group was asked to focus on the department's environment and process. A series of questions were posed and answers received.
- (iii) The overall impression from feedback is good; the department is seen as friendly and hard working. Most persons reporting stated that their experiences had been good. No great need for change was indicated. It has been agreed that, as part of the registration procedure, a nurse should be the first staff member a patient sees.

- (iv) Ongoing patient care training is taking place in the department.
- (v) Based on the recently published National Survey, a departmental action plan is currently being produced.

**b Future Focus Groups.**

- (i) F. Rogers reported.
- (ii) Focus Groups for 2009 are being planned. Currently, there is potential for oncology and radio-therapy groups.

**43/08 PATIENT SURVEY RESULTS.**

Noted.

- (i) C. Hessom-Duff reported.
- (ii) A survey of discharged in-patients has recently been undertaken by a new team. There was a good take-up rate.
- (iii) The results of the carers' survey will be posted in wards.
- (iv) A future survey of Outpatients is planned.
- (v) The results from the latest October survey will be published in the immediate future.
- (vi) The Improvements Team is now in action and is analysing data to identify areas of difficulty. The Comments Boxes are producing 40 to 50 comments per week. This data is assisting identification of areas of difficulty.
- (vii) The Board of Governors is aware of the two major issues: the timing of doctors' ward rounds and time taken for hospital discharge. The question of whether the recommendations from the last Focus Group on patients' discharge have been implemented was raised.
- (viii) The issue of how survey questions should be phrased to get the best data is being re-examined.
- (ix) Survey results tend to give Addenbrooke's 7/8 out of 10, which suggests a good measure of satisfaction.

**44/08 PEAT (PATIENT ENVIRONMENT ACTION TEAM) VISITS.**

Noted.

- (i) C. Charlton reported.
- (ii) Although the PEAT process for next year has yet to be published, food quality issues are not likely to change in methodology.
- (iii) C. Charlton requested that M & PPI WG organise a series of meal times ward visits, starting in January 2009, which would continue throughout the course of 2009. It was suggested that two members from M & PPI WG should form a visits team together with a catering representative and a nurse from the ward being visited. The Office of the Chief Nurse would be included in the feedback from these visits.
- (iv) The concept of these visits was agreed. C. Charlton is to furnish potential visit dates to F. Rogers with a view to organising this programme.

**Action: C. Charlton & F. Rogers.**

**45/08 FEEDBACK FROM MEETING: CHAIRMAN OF SUB-GROUPS AND NEDs.**

Noted.

- (i) B. Gerbaldi reported.
- (ii) This meeting was judged to have been very useful.
- (iii) Although it was seen that there is a degree of overlap between some groups, it is felt that this is inevitable, given the complexity of the situation.
- (iv) It is felt that co-ordination between groups could be improved if an identified member were to sit on a number of groups, where there is seen to be overlap. This is an issue which should be investigated by the Board of Governors.

**46/08 RATIFIED DATES FOR 2009 MEETINGS.**

Noted.

The following meeting dates in 2009 were ratified:

- MON 9<sup>th</sup> MARCH.
- MON 8<sup>th</sup> JUNE.
- MON 24<sup>th</sup> AUGUST.
- MON 23<sup>rd</sup> NOVEMBER.

**47/08 DATE OF NEXT MEETING.**

**Monday 9<sup>th</sup> March 2009 in Seminar Room 7 in the Clinical School, Addenbrooke's Hospital from 1500H to 1700H.**

**48/08 ANY OTHER BUSINESS.**

Nil.