

CAMBRIDGE UNIVERSTIY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the **Membership and Patient & Public Involvement Governor/Director Working Group** on Monday 8th June 2009 at 1500H in Seminar Room 7, The Clinical School, Addenbrooke's Hospital.

Present: M. Chaloner (Chair)
B. Gerbaldi (Vice Chair)
M. Bright
P. Dansie
A. Donnelly
J. Ewer
G. Francis
M. Hart

In Attendance:
M. Archer
K. Armit
L. Bennett
B. Hennessy
A. Lever
H. McGhee
Z. Fritz
S. Rees
J. Smith
N. O'Byrne

Apologies:
F. Rogers

16/09 MINUTES OF THE PREVIOUS MEETING.

Noted.

The amended version of the minutes of the meeting held on Monday 9th March 2009 was accepted as a correct record but with one required amendment. In the title of paragraph 13/09 the word 'Hospelia' should read 'Hospedia'. There were no matters arising from the minutes.

17/09 MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA.

Noted.

Terms of reference.

- (i) M. Chaloner reported.
- (ii) B. Hennessy and S. Rees will carry out a review of work to date with a view to bringing this issue forward to the Constitutional Committee on 12th June 2009.

Action: B. Hennessy & S. Rees.

18/09 STANDING ITEMS.

Noted.

a Report From The PEC (Patient Experience Committee).

- (i) B.Hennessy reported.
- (ii) No meeting of the PEC has taken place since the last M & PPI WG meeting. However, a brain storming session has been held with three members of the PEC. There has been concern to check for overlap between the PEC's area of responsibility and that of the M & PPI WG. It is agreed that the PEC will be oriented towards activities, while the M & PPI WG will be concerned with policy.

b. Actions From The Board Of Governors.

Nil.

19/09 LOCAL INVOLVEMENT NETWORK (LINK) UPDATE.

Noted.

- (i) K. Arnitt reported. She explained that she is the local LINK administrator-manager and is employed by the Cambridgeshire County Council.
- (ii) LINK exists to ensure health and services delivery to a high standard. Its members are volunteers drawn from the local public. There is concern, at national level, about the relationship and potential duplication of roles between members of LINK and hospital Governors. Some concern has also been expressed that members of LINK, who were former members of PPI, may have brought-over inappropriate methods of operation from the old organisation.
- (iii) The local LINK organisation was launched on 25th September 2009 at a meeting, which was attended by approximately 100 persons. A work programme was then developed, although without public discussion. It was subsequently found that this work programme was not sufficiently flexible to react to rapidly changing circumstances, brought about by emergency issues. Hence new methods of working are being developed. These will involve specific groups of LINK members being associated with each Trust. (It has been found that some LINK members are only interested certain hospitals.)
- (iv) The first meeting of the Addenbrooke's related LINK group will take place on 17th June 2009, with the aim of planning its way forward. Seven persons have currently expressed an interest in participating. One person from this Addenbrooke's related group will be nominated as leader and will work with the other leaders in the LINK Coordinating Group.
- (v) It was proposed that there should be a later meeting between Governors and the Addenbrooke's LINK members to discuss how to work together. It

was noted that LINK has strong regulatory powers, which necessitates working together.

- (vi) Discussion took place on whether it would be appropriate for the Addenbrooke's – LINK relationship to extend to other organisations, with which Addenbrooke's has partnership arrangements. It was agreed that the involvement of volunteers in this area would be inappropriate.
- (vii) It was suggested that LINK could be particularly helpful were it to research how best to move certain hospital services out into the community. This research could be done by engagement with members of the public.
- (viii) It was agreed that two Addenbrooke's Governors would join the LINK group. G. Francis and P. Dansie volunteered for this role.

Action: G. Francis & P. Dansie.

20/09 WAYFINDING.

Received: "Wayfinding - Project Plan". A copy is with the Minutes Book.

Noted.

- (i) J. Smith reported.
- (ii) Addenbrooke's signs are not ideal; patients and visitors waste time and energy trying to reach destinations using an outdated and inefficient system. (Wayfinding is primarily for patients and visitors, rather than for the hospital's staff.) The aim of the Wayfinding – Project Plan is to improve this situation.
- (iii) Currently, a wayfinding business plan is being developed for presentation to the Investment Board. Two specialist wayfinding contractors are being used.
- (iv) A Wayfinding Working Group has been established. It has 15 stakeholder members. This Group will develop the wayfinding strategy. An important aim will be to produce a system which is easy to update as conditions change.
- (v) Five hundred information gathering questionnaires have been distributed to the Trust's staff. Information contained in the returned questionnaires is currently being processed.
- (vi) Pilot studies on electronic wayfinding are underway in Outpatients' Department. Recent activity has included a general tidy up and de-clutter of existing signs.
- (vii) It was agreed that one of the maps in the wayfinding programme is to be at campus level and is to show all campus buildings. There is a requirement to liaise with the 20/20 planning group to update campus level information when necessary.

Action: J. Smith

- (viii) It was suggested that a Focus Group should be run on wayfinding.

Action: F. Rogers.

21/09 ANNE FRANK INSTITUTE'S TRAINING PROGRAMME.

Noted.

- (i) L. Bennett reported.
- (ii) The Anne Frank Institute has developed diversity and anti-discrimination training, which is based on the message from Anne Frank's life and death, during the Second World War.
- (iii) The Anne Frank Institute's Training programme will involve all staff members of Addenbrooke's Trust over the course of the next year. The aim of this training is to ensure that all staff are fully aware of expected professional behaviour and of behaviour that is not acceptable. The overall philosophy of the training is that the staff must be kind, safe and excellent. The programme has support from the highest level of management in the Trust.
- (iv) The meeting was shown some video clips, which are used during the training. Much is based on scenario discussion and analysis. This form of training is now introduced from the start of the recruitment process for staff.
- (v) This form of training has applicability to organisations in the wider community.
- (vi) There will be an update on this training at a future M & PPI WG meeting. (The meeting on 23rd November 2009 may be appropriate.)

22/09 CORPORATE & SOCIAL RESPONSIBILITY.

Received: "Corporate and Social Responsibility at Cambridge University Hospitals". A copy is with the Minutes Book.

Noted.

- (i) B. Hennessy reported.
- (ii) There is a requirement to develop a clear statement on what the Trust does and how this is achieved. This should be suitable both for electronic and paper dissemination. Advice is currently being sought from both John Lewis and the Institute of Customer Services.
- (iii) This issue needs to be progressed by both the Governors and Directors working in concert. Volunteers are called for from amongst the Governors to join a working group to address this matter. The aim will be to hold a first meeting of this working group prior to the next M & PPI WG meeting. Volunteers should forward their names to B. Hennessy.

Action: All Governors.

- (iv) It was agreed that this matter needs to be co-ordinated with next year's Annual Plan.

23/09 FOOD PRICES IN CONCOURSE

Noted.

- (i) A. Donnelly reported.
- (ii) A meeting with the senior manager of the Food Court has taken place. Approximately 20 members of the Trust's staff were present.
- (iii) The senior manager expressed his intention to improve the Food Court and mentioned increased investment, which will include new and more accurate tills. Two hundred and forty additional seats have been installed and the staff canteen is to be refurbished. Service will be available 24/7. Efforts are being made to speed up the serving of coffee. The current plastic cutlery will be replaced by metal cutlery. There will be more promotions. Air conditioning will be installed in the Food Court; this is scheduled for the near future.
- (iv) The main staff complaints were:
- The night service is poor. The court manager promised that this will improve
 - The labelling needs to improve. Prices need to be clearly visible. The labelling should also indicate if an item is unsuitable for specific medical conditions
 - Although some prices have reduced recently, more have gone up. The overall impression amongst the staff is that the Food Court is pricy.
- (v) Whilst all the nutritional needs of inpatients were met at ward level, the food outlets on the Concourse could occasionally be used by patients if they developed an appetite for the food provided by those outlets.
- (vi) The use of the Food Court by students from Long Road Sixth Form College was noted. Addenbrooke's management is in liaison with the College's management to ensure correct behaviour by the students. It was suggested that ACTIVE should become involved in this liaison process.

24/09 PATIENT SESSIONS & FOCUS GROUP REPORTS.

Received: "Universal Form for Treatment Options".

Noted.

- (i) Z. Fritz reported, making reference to the document mentioned above.
- (ii) This document is a draft prototype, which forms part of an ongoing trial valued at £0.25M. Depending on the outcome of the trial, it may eventually be used in electronic format.

- (iii) The current proposal is that every patient will complete this form with their consultant, after their admission to hospital. It might be possible for a patient to complete the form prior to admission and it would then be displayed prominently in the patient's medical notes. There would be a need to permit patients to review their decision, as contained in the form, from time to time. The methodology of this needs to be thought through.

25/09 MEMBERSHIP REPORT.

Noted.

- (i) S. Rees reported.
- (ii) The Governors' elections have taken place. In spite of wide publicity, the participation level was not high, although it was not greatly different from last year. The terms in office for the newly elected Governors starts on 1st July 2009.
- (iii) The Patient Governors' election did not take place as this particular election was not contested. Susan Bullivant and Bob Michell were re-elected and Jane Coston is filling a vacancy left by Malcolm Perry
- (iv) Judith Ewer, Roly Cockman and Eric Revell were elected as Public Governors.
- (v) Rachael May was elected as a Staff Governor.
- (vi) Membership figures are slightly down on last year at 22,136. This is a drop of 288.
- (vii) Future potential Focus Groups include: staff car parking, wayfinding, site development and paediatric oncology. Also, the Medical Research Council intends to run a series of Focus Groups on bottle feeding for babies. Mothers and midwives will take part.

26/09 ACTIVE (ADDENBROOKE'S CHILDREN'S & TEENAGERS' IDEAS, VENTURES & ENTERPRISE) UPDATE.

Noted.

- (i) B. Hennessy reported.
- (ii) The garden outside Children's Ward has been refurbished. Funding is being sought for further development.
- (iii) The DVD on communicating with children and young people has been finalised and shown to clinical staff. An ACTIVE website is under construction. The uniform posters are almost ready to be hung around the hospital. ACTIVE is setting up its own Readers' Panel to vet Trust documents and letters that are used to communicate with young persons.
- (iv) An invitation is extended to the M & PPI WG to view the work of ACTIVE. This should be taken up by two persons only at a time.

- (v) The current ACTIVE chair has just stepped down and the vice-chair is about to do so. Replacements will need to be found. This may entail coaching potential candidates.
- (vi) It was agreed that the best manner for ACTIVE to interact with the Board of Governors is to invite certain of its members to attend and make presentations on ACTIVE related subjects.

27/09 MEET THE GOVERNORS MEETINGS.

Noted.

- (i) M. Chaloner reported.
- (ii) At the recent meeting at Harston, only two members of the public attended. In spite of this, there is a legal requirement to run meetings open to the general public.
- (iii) It was suggested that more members of the public could be reached were the Governors to attend such occasions as local Women's Institute meetings, mothers and toddlers groups, shopping centres etc. (A meeting of this nature is scheduled for 2nd September 2009 with the Cambridgeshire Federation of Women's Institutes.) It was also suggested that other Trusts be asked about their experiences with Governors' public meetings.

28/09 PATIENT SURVEY RESULTS.

Noted.

Received: "Survey Results for Inpatients Discharged in April 09, January 09, October 08 and July 08". (This document was later withdrawn for a revision.)

- (i) B. Hennessy reported.
- (ii) The above mentioned document contains much detailed information but there have been no significant changes in the red (below expectations) and the green (exceeded expectations) columns. The document is based on anonymous comments.
- (iii) Survey results on specific wards will soon be available on "Connect" on-line.
- (iv) It was agreed that action plans need to be developed to drive through the necessary improvements. A series of meetings is to be put in train to address these issues.

Action: B. Hennessy.

29/09 PEAT VISITS.

Noted.

- (i) M. Chaloner reported.
- (ii) On a recent PEAT visit, some incidents of poor nursing practice were observed. A meeting with management will be arranged to address these.
- (iii) Governors are invited to attend future PEAT visits.

30/09 DATE OF NEXT MEETING.

Monday 24th August 2009 in Seminar Room 7 in the Clinical School, Addenbrooke's Hospital from 1500H to 1700H.

31/09 ANY OTHER BUSINESS.

- (i) If there are any specific issues that Governors would like to be involved with, they should contact B. Hennessy.

Action: All Governors.

- (ii) There is a requirement to carry out six monthly reviews of progress with Focus Groups' action plans. These reviews should be placed on future M & PPI agendas.

Action: S. Rees.

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