

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the **MEMBERSHIP AND PATIENT & PUBLIC INVOLVEMENT GOVERNOR/DIRECTOR WORKING GROUP** held on Monday 24 August 2009 from 15.00–16.00 in Seminar Room 7, The Clinical School, Addenbrooke's Hospital.

PRESENT

Brian Gerbaldi (Chair)
Michael Bright
Pamela Dansie

Angela Donnelly
Judith Ewer
Gill Francis

Maureen Hart
Lorne Williamson

IN ATTENDANCE

Ann Alderton
Brenda Hennessy
Shona Johnstone

Ruth Murphy
Simon Lewis
Rob Ayers

Fraser Rogers
Emma Taylor
Juliet Walters

APOLOGIES

Claire Blair

Mary Challoner

Andrew Lever

Brian Gerbaldi succeeded Mary Challoner as Chair. The Group's gratitude would be relayed to Mary for all her work in previously chairing the Group.

The Group extended their thanks to Shona Johnstone, Non-Executive Director, who would be stepping down from her position at the end of August. Shona's dedicated energy and insightful contributions throughout her seven years of service would be greatly missed. Shona encouraged the Group to continue its important work.

32/09 MINUTES OF THE MEETING HELD ON 8 JUNE 2009

The minutes were agreed as a correct record.

33/09 MATTERS ARISING (not covered elsewhere on the agenda)

Noted

The Electronic Wayfinding System was now operational and could be tested. The equipment was being supplied free of charge for the duration of a 2-month trial period. The results to date appeared promising. The proposed Wayfinding Committee was due to be established in the near future.

Agreed

Any feedback on the wayfinding system should be relayed to Brenda Hennessy.

ACTION: All Governors

34/09 PEAT (PATIENT ENVIRONMENT ACTION TEAM) INSPECTION RESULTS

Simon Lewis, Operational Manager and Rob Ayers, Assistant Manager of Hotel Services, reported. The PEAT report was tabled.

Noted

1. Governors had requested regular feedback on PEAT inspections across the site. Regular monitoring was carried out across all patient environment areas and monthly summaries were provided. Using a 'PEAT converter' the Trust's performance could be assessed against national standards of cleanliness. Scores of 95% were set as the minimum acceptable standard; the aim was for scores of 100%.
2. Regular inspections were also conducted on patient food, taking into account a range of factors, including food serving temperatures, and which also made use of patient experience results, such as whether or not patients received assistance in eating when it was required. Voluntary Services were working to help address this need.
3. Members noticed the decline in some areas from 'good' to 'acceptable' and were assured that in the event of decline, remedial action was taken, including stop-checks and full re-assessment two weeks later. There was clearly scope for clinical staff to take greater initiative and leadership in ensuring protected meal times and for managing appropriate time windows for food service. Variation of procedures across wards were being standardised and processes for an improved feedback system were being formalised.

ACTION: Brenda Hennessy to liaise with Angela Thompson

4. One member with recent experience as an in-patient noted three areas for improvement: 1) menu booklets should consistently be given to patients, as they were often not available at all, 2) the starting point on the ward from which food was served should be varied to prevent some patients from consistently receiving a relatively limited choice, e.g. of sandwiches, and 3) patients' over-bed tables should always be cleaned, even when patient's items needed to be moved in the process.
5. The highest standards of cleaning had consistently been met on K2, which was a new cardiology clinic providing for private paying patients as well as for some NHS patients. The new, higher specification fabric meant that the ward was easier to clean, and the private income generated enabled a greater number of cleaners to be employed.

35/09 LOCAL INVOLVEMENT NETWORK (LINK) UPDATE

The item was deferred until the next meeting.

36/09 PRESENTATION OF PATIENT EXPERIENCE REPORTS

Brenda Hennessy, Director of Patient Experience and Public Engagement, reported.

Noted

At the last Board of Governors meeting the content of the Patient Experience reports had been debated. The Director of Patient Experience and Public Engagement had asked governors to review the report from the last meeting of the Board of Governors and would welcome their views on whether the information contained within the report was useful and understandable. Governors were also asked whether it was felt there was anything missing from the reports which would be a useful addition. It was felt that widening this request to the entire Board of Governors would be useful. The Head of Public Engagement would circulate the request to the Board of Governors.

ACTION: Fraser Rogers; all governors

37/09 NHS CONSTITUTION PATIENT PLEDGES

Brenda Hennessy, Director of Patient Experience and Public Engagement, reported.

Noted

1. Every NHS organisation was required to publish its response to the NHS Constitution and to demonstrate how it would support its values and principles. The Constitution contained a number of pledges to patients and also for staff. The Trust's HR Department had produced a document which made the staff pledges easily accessible and understandable for staff.
2. The Director of Patient Experience hoped to produce some material, including posters, outlining to patients how the Trust would fulfil the pledges contained within the Constitution and invited volunteers from the governors to contribute to the production of this.

ACTION: Brenda Hennessy

Judith Ewer and Maureen Hart expressed an interest in being involved.

38/09 QUALITY ACCOUNTS

Received a report from the Directors of Operations.

Juliet Walters, Director of Operations, and Ruth Murphy, Director of Communications, reported.

Noted

1. The Quality Accounts were an important opportunity to inform the public about the delivery of patient care. At the national level, the introduction of Quality Accounts had been through a robust public consultation process to ensure comprehensive assessment of priorities across the core areas of clinical effectiveness, patient safety and patient experience. It was now a statutory requirement for the Trust to produce Quality Accounts as part of its Annual Report. Quality Accounts for 2009/10 would serve as a 'launch year'.
2. The production of Quality Accounts was being overseen in-house through the collation of identified performance metrics building on existing data. Therefore, no additional funding was being spent. The document circulated was under continued development.
3. Quality Accounts were intended for the public who were its primary audience. It would therefore be helpful for governors to meet together with staff to discuss ways to improve the report and ensure that it was clear, informative and reader-friendly. Governors suggested the inclusion of patient stories and their link to the patient safety strategy.
4. Governor feedback on the Quality Accounts included discussion of the way in which targets had been set. Members recognised that targets of 100% were indeed an important aspiration and were concerned that the public should not be led to feel that the Trust was striving to deliver anything less than the highest quality patient care. However, stretch targets had been set at levels that were realistically achievable; incremental improvements were to be supported through the sustained review of operations and procedures across each performance area. This was a strategic decision which reflected the Trust's commitment to making calculated and tangible improvements to quality within its available resources. It was important to put performance metrics into context, for example infection

control data should include information about the number of people coming into the care of the Trust.

5. Quality Accounts would be incorporated into a well-known vehicle such as Addenbrooke's Matters, as well as onto ward notice boards which should display meaningful and relevant summary information to both staff and the public.

Action: All Governors were invited to meet together with Juliet Walters and Ruth Murphy to review the Quality Accounts template, substance and style. Volunteers at the meeting included.

Brian Gerbaldi, Gill Francis and Judith Ewer expressed an interest in helping to review the Quality Accounts.

39/09 ANY OTHER BUSINESS

Noted

1. The focus of the 2009 AGM would be Patient Safety. Since masterplanning would not form a major part of the AGM, it would be helpful to make masterplanning the theme for the 'Meet the Governors' sessions, and to also include this item at other meetings attended by governors.

2. The Director of Communications noted that ready-made presentations and posters on masterplanning were available for use. The Communications Department was able to support staff and governors wishing to give presentations.

ACTION: Fraser Rogers

3. The Forward Planning Working Group had recently discussed the plans for healthcare provision in the community. Judith Ewer recommended setting up a focus group on this subject.

ACTION: Fraser Rogers

4. Lorne Williamson enquired how LINKs was working. The Director of Patient Experience was due to meet with members of the LINKs group. LINKs was particularly focussed on the work of the Trust. A meeting with a small group of governors and this Group would also be arranged.

ACTION: Fraser Rogers

5. The Trust Secretary was organising Stakeholder Events in order for governors to meet with the candidates for Non-Executive Director positions. These would take place on 17 and 18 September and an e-mail would be circulated shortly.

ACTION: Ann Alderton

40/09 DATE OF NEXT MEETING

Monday 23 November from 15.00–17.00 in Seminar Room 7 of the Clinical School.