

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the **MEMBERSHIP AND PATIENT & PUBLIC INVOLVEMENT GOVERNOR/DIRECTOR WORKING GROUP** held on Monday 8 June 2010 from 15.00–17.00 in Seminar Room 7, Clinical School.

PRESENT

Maureen Hart (Chair)	
Michael Bright	Susan Bullivant
Mary Chaloner	Roly Cockman
Pamela Dansie	Gill Francis
Brenda Hennessy	Wendy Menon
Ruth Murphy	Patrick Smith
Pat Troop	Lorne Williamson

IN ATTENDANCE

Ann Alderton (item 16/10)
Karin Charlton (item 17/10)
Linda Hering
Fraser Rogers
Simon Lewis (item 17/10)
Helen McGhee (Secretary)

The Chairman welcomed Wendy Menon to her first meeting, and thanked retiring governors Mary Chaloner and Pam Dansie for their work on the group. Apologies were received from Colin Greenhalgh.

14/10 MINUTES OF THE MEETING HELD ON 15 MARCH 2010

The minutes of 15 March 2010 were agreed as a correct record.

15/10 MATTERS ARISING (not covered elsewhere on the agenda)

There were no matters arising.

16/10 FEEDBACK FROM INDEPENDENT AUDIT REVIEW/CHANGE OF WORKING GROUP NAME

Tabled: Report from Trust Secretary

Dr Alderton reported.

Noted

(i). Following the review of the Board's work by Independent Audit it was proposed that the remit of the group be extended to include quality and patient safety.

(ii) The working title proposed was 'Quality and public engagement governor/director working group'.

(iii) It was also suggested that Georgina Pharaoh and Eric Revell, who represented governors on the Patient Safety Council were invited to attend the group to provide a link with the Governance and Assurance working group.

Agreed

The proposals were agreed.

17/10 PEAT INSPECTION RESULTS/ STEAMPLICITY FOOD TASTING

Received PEAT results for March and May 2010

Simon Lewis and Karin Charlton attended, together with members of the catering team.

(A) PEAT inspection results

Simon Lewis, Operational Manager Estates and Facilities, reported.

Noted

- (i) Simon Lewis reported on the PEAT results. The environment on C4 had received poor results, but it was noted that C4 was now closed for cleaning.
- (ii) Governors commented that the trust had high expectations of itself. There would be fewer inspections under the new regime.
- (iii) The inspections were intended to give the patient perspective, and this could be emphasised in the reports. SCN representatives were involved in PEAT inspections.
- (iv) There was always room for improvement, and the internal reports were used to drive improvement.

(B) Steamplicity food tasting and report

Karin Charlton, Senior Estates & Facilities Manager, reported.

Noted

- (i) Governors received a tasting of the Steamplicity meals.
- (ii) The food involved was produced by the Compass Group at a centre in St Albans. Other hospitals trialling the system were Southampton, Barnet and Chase Farm and Charing Cross.
- (iii) The food was being given an eight week trial on four wards. A number of patients had been asked to keep a diary of their impressions. There were a further four weeks of the trial remaining.
- (iv) The trial was also considering plate waste, to ensure that the nutritional needs of patients were being met. Detailed evaluation of patients' energy consumption was required.
- (v) The menu was an *a la carte* menu; all dishes were chosen for lunch and supper. The menu was limited but options were provided for different dietary requirements. Meals were provided on a plate which was cooked fresh by microwave in the ward kitchen. The meals had a three day shelf life.
- (vi) If the system was chosen for some wards there would need to be feedback after six months about whether the system had provided a lasting improvement.
- (vii) Governors were concerned that not all patients could eat all the food provided. Elderly patients might prefer smaller portions.
- (viii) The present system allowed for patients to change their mind about the food provided at ward level, and also to ask for smaller portions.
- (ix) The negative and positive aspects of the system must be carefully evaluated; the cost invested must bring benefits.
- (x) At present 20% of patients felt that the Steamplicity food provided did not meet their expectations. The food could be compared with standard cook/chill on these wards. Governors considered that 80% patient satisfaction was sufficient.
- (xi) The speed of service had been found to be slow, because only three microwaves were available per ward, which might make it harder to protect mealtimes.

- (xii) It was confirmed that the plastic plates used were recyclable.
- (xiii) The Steamplicity system might prove to be suitable for some wards, but not for others.
- (xiv) Governors commented that for patients on a short stay it might be suitable but for long stay patients the menu might prove repetitive. For long term patients it was important that their nutritional needs were fully met.

18/10 LOCAL INVOLVEMENT NETWORK (LINK) UPDATE

Wendy Menon reported in her capacity as a LINK member, not as a governor of the Trust.

Agreed.

- (i) LINKs had produced a workplan which would be circulated to the group, and feedback would be given at the group's next meeting.
- (ii) There was a strong link between the group and LINKs and it was appropriate for them to combine forces to bring benefit to patients.

19/10 PATIENT EXPERIENCE REPORT

Received: Draft patient experience report for Board of Governors 1 July

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

Noted

- (i) The patient survey team had been reduced to two members of staff. The contract with the PCT required measures of the patient experience.
- (ii) Trust wide data was available at the clinic level for the outpatient survey. The survey was particularly looking at the interaction with clinical staff. She was working with the patient experience support team to develop a customer care programme.
- (iii) On the inpatient survey the Trust had scored higher than last year.
- (iv) Discharge planning was discussed and the process explained to governors. The EPC Board had this under review. It was noted that the discharge experience often affected the patient's view of their treatment.
- (v) The question was how far the discharge process could be streamlined by for example preparing the discharge letter in advance and piloting nurse-led discharge. The patient perception was that when they were told they could go home this would be within the hour.
- (vi) The discharge lounge required some refreshing of its décor and ambiance.

Agreed

- (i) The discharge leads would be invited to talk to the group at their next meeting.
- (ii) Governors would visit the discharge lounge when it was not in use. Brenda Hennessy would circulate some potential dates.

20/10 PATIENT SAFETY REPORT

Carol Heesom-Duff, Head of Patient Safety, reported.

Noted

- (i) It was explained that the group now represented the work of the Quality Committee to which the Patient Safety Counsel reported.
- (ii) The patient safety strategy had been in place for 18 months. The patient safety unit was responsible for risk management and clinical audit. Each division had been

allocated a patient safety manager. Each division also had a clinical patient safety lead, who was a senior consultant within the division.

- (iii) The team was investigating incidents within the Trust and learning from them.
- (iv) Each clinical area was undergoing a CASA, (clinical area safety assessment) which was the equivalent of an MOT for each area. The intention was to peer review each specialty. The CASA involved ward visits, observations of care, and looking at policies and procedures. It was intended to be proactive. The CASAs would be completed on a three year cycle.
- (v) The theme of patient safety was strongly supported by staff.
- (vi) Clinical audit were focussed on patient safety, which was at the heart of all the Trust's activities.

Agreed

It would be helpful to have a presentation on CASAs to the next meeting of this group.

21/10 PERFORMANCE AGAINST CQUINS

Fraser Rogers, Head of Patient Experience, reported

Noted

- (i) The CQUINS indicators would assess the quality of services. There were national indicators of the Trust's responsiveness to the needs of the patient.
- (ii) 1.5% of the income from the contract with the PCT depended on achieving the targets set out.
- (iii) The quarterly inpatient surveys would include all the CQUINS questions, which were set nationally.
- (iv) He was working with operational managers to identify gaps in provision.
- (v) The group would receive a quarterly update.

22/10 ACTIVE UPDATE

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

Noted

- (i) The coordinator of ACTIVE, Rachel Slade, was leaving the Trust and a replacement had been authorised to ensure that the work of ACTIVE did not lose momentum.
- (ii) Achievements since the last report were the D2 garden, and the development of the website, which was expected to be live by the end of June.
- (iii) Representatives of mid-Staffs foundation trust had asked to attend the next meeting of ACTIVE.

23/10 ICS AWARDS

Received Briefing note

Linda Hering, Training Manager, attended and reported

Noted

- (i) The Trust was a member of ICS (Institute of Customer Service) which gave it access to best practice and research in this field.

- (ii) The importance of the work of reception staff was recognised by the award of professional status. On 6 May Dr Goodier had attended the award ceremony for the pilot group of 20 staff from outpatients.
- (iii) The impact of the award on the work of the Trust was being assessed. The staff were role models and this formed their continuing professional development as part of a professional body.

24/10 CORPORATE SOCIAL RESPONSIBILITY

Tabled: Outline of web page on CSR

Ruth Murphy, Director of Communications, reported

Noted

- (i) Members of the Trust and of the public were increasingly asking questions about the trust's environmental and sustainability policies.
- (ii) For the first time this year Monitor had required the Trust to provide separate reports on sustainability and climate change, as well as other issues of public interest such as equality and diversity and staff issues.
- (iii) A CSR statement had been included in the annual report.

Agreed

Governors would forward comments on the draft web page to Ruth Murphy, who would continue to consult the group as appropriate as the website developed.

25/10 MEMBERS MATTER

Sally Rees, Membership Manager, reported

Noted

- (i) Members Matters would now be produced twice a year.
- (ii) It was suggested that part of Matters magazine could carry information for members.

Agreed

Sally Rees, Ruth Murphy and Fraser Rogers would progress outside the meeting and keep the group informed as appropriate.

26/10 DATE OF NEXT MEETING

Monday 23 August 1500-1700 – Boardroom