

**A MEETING OF THE MEMBERS' COUNCIL OF
THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
WILL BE HELD ON TUESDAY, 16TH SEPTEMBER 2008 AT 3:30 PM
IN THE RIVER ROOM, GLAZIERS HALL, 9 MONTAGUE CLOSE, SE1 9DD**

AGENDA

Introductions and apologies for absence.

To receive any declarations of interest.

FOR APPROVAL

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| 1 | To agree the minutes of the Members' Council Meeting held on 12 th June 2008 and note any matters arising from the minutes. | Attachment A |
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FOR DISCUSSION

- | | | |
|---|---|----------------------------------|
| 2 | Members' Council workstreams – update from leads. <ul style="list-style-type: none">• Improving the Patient Experience• Mental Health Wellbeing• Social Inclusion | Attachment B
Verbal
Verbal |
| 3 | Members' Council Workplan 2008/09. | Attachment C |
| 4 | The Trust's Annual Planning process 2009/10. | Presentation |

FOR INFORMATION

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| 5 | To receive an update from the Nominations Committee on the recruitment of a Non Executive Director. | Verbal |
| 6 | To receive an update on the appointment of the Trust's auditors. | Verbal |
| 7 | Chief Executive's and Directors' reports. | Attachment D |
| 8 | Trust Board Secretary's report. | Attachment E |
| 9 | Any other business. | |

Date of next meeting (11th December 2008).

Please send apologies to Laurence Whittle telephone 0203 288 2441 or email Laurence.whittle@slam.nhs.uk

**MINUTES OF THE SIXTH MEMBERS COUNCIL MEETING
HELD ON THURSDAY 12th JUNE 2008
IN THE MAUDSLEY BOARD ROOM**

PRESENT:	Madeliene Long	Chair
Public Constituencies	Stephanie Correia Paula Crook Les Elliot John Moxham John Muldoon Roger Oliver Crada Onuegbu Paul Paterson Noel Urwin	Public (Local) Service User (Local) Service User (Local) Kings College Hospital NHS FT Public (Local) Carer Lewisham Borough Council Service User (Local) Public (Local)
Staff Constituency	Francis Keane Siobhan Netherwood Gill Todd	
Partner Organisations	Andrew Eyres Patricia Moberly Winston Tayler	Lambeth Primary Care Trust Guys & St Thomas NHS FT Southwark Primary Care Trust
IN ATTENDANCE:	Martin Baggaley Stuart Bell Chris Clare Patricia Connell-Julien Harriet Hall Kay Harwood Hilary McCallion Paul Mitchell Zoe Reed Laurence Whittle	Medical Director Chief Executive Non Executive Director Non Executive Director Non Executive Director Trust Programmes Co-ordinator Director of Nursing & Education Trust Board Secretary Director of Strategy & Bus Devpt Membership Officer
APOLOGIES:	Ron Arkle Cliff Bean Lynn Carlisle Rachael Collins Amanda Easton Lindsay Frost Peter Hayward Jaya Kathrecha Magda Moorey Dele Olajide Aloyse Raptopoulos George Tagg Caroline Taylor	Service User (National) Staff Kings College London Public (Local) Service User (National) Croydon Borough Council Staff Carer Lewisham Primary Care Trust Staff Service User (Local) Service User (Local) Croydon Primary Care Trust

Ref	Item	Who	When
MC/ 08/12	<p>INTRODUCTIONS</p> <p>Madeliene Long welcomed everyone to the meeting.</p>		
MC/ 08/13	<p>DECLARATIONS</p> <p>It was noted that declarations of interest could be given at any point during the meeting. Madeliene Long and John Muldoon made declarations as Lewisham Councillors.</p>		
MC/ 08/14	<p>MINUTES OF THE MEETING HELD ON 13th MARCH 2008</p> <p>The minutes of the meeting held on the 13th March 2008 were agreed as an accurate record.</p>		
MC/ 08/15	<p>NOMINATIONS COMMITTEE</p> <p>Madeliene Long introduced the report from the Nominations Committee. The resignation of Aloyse Raptopoulos was noted. Madeliene Long reported that she had written thanking her for the contribution she had made to the work of the Nominations Committee and to the appointment of high quality Non Executive Directors.</p> <p>Nominations had been sought prior to the meeting of the Members Council for a representative from the patients' constituency (service users and carers). Paul Paterson was nominated to fill the vacant position on the Nominations Committee.</p> <p>AGREED:</p> <p>Paul Paterson will be the representative from the patients' constituency on the Nominations Committee.</p> <p>Noel Urwin reported on the discussion at the Nominations Committee on the specification for the Non Executive Director vacancy. Key requirements were experience of operating at a senior or board level and a commitment to and passion for the NHS, and in particular to enhancing mental well being within the local community. The timetable for recruitment was</p> <p>Advertise – 27th June Closing date – 18th July Shortlist – Week commencing 28th July Interview – 1st September Ratify – 16th September</p> <p>AGREED:</p> <p>The timetable for recruitment was agreed.</p>		

	<p>It had been reported that Patricia Connell-Julien would be coming to the end of her first term as a Non Executive Director on 31st October 2008. The Chair's review of the performance has been concluded and endorsed Patricia Connell-Julien's continued ability to contribute to the Board in the light of the knowledge, skills and experience required.</p> <p>AGREED:</p> <p>The Members Council approved the reappointment of Patricia Connell-Julien for a further term of three years as a Non Executive Director.</p> <p>Andrew Eyres took the chair at this point and Madeliene Long left the room whilst the report on the annual appraisal of the Chair was considered. It was noted that the review had been carried out by an external consultancy which had included feedback from various stakeholders. The Nominations Committee was satisfied that the process was sufficiently robust that there was a positive outcome. Discussion took place as to whether two elected members who were not on the Nominations Committee should be included as part of the process in future. It was noted that the specification for the Chair's role was continuing to be developed.</p> <p>AGREED:</p> <ol style="list-style-type: none"> 1. The annual appraisal of the Chair, Madeliene Long was noted. 2. Two elected members to be involved in the feedback on the Chair's performance. 3. Complete the specification for the Chair for circulation to the Nominations Committee. 		
<p>MC/ 08/16</p>	<p>WORKSTREAM BIDS</p> <p>Paula Crook reported on the progress in allocating funding for the "Improving the Patient Experience" workstream.</p> <p>She highlighted that the bids could be grouped into the development of activity in services, access to equipment, promotion of a better environment and research projects. These themes should feed into the business planning process for the coming year.</p> <p>She reflected that if the exercise is to be repeated in future years a more formal mechanism needs to be developed as bidders require advice on the criteria for the bids and the timescale involved beforehand.</p> <p>Paul Mitchell reported on progress of allocating funding for the other two workstreams "Promoting Social Inclusion" and "Promoting Mental Wellbeing".</p> <p>AGREED:</p> <p>Progress will continue to be reported through to the Trust Board.</p>	<p>PM</p>	
<p>MC/ 08/17</p>	<p>MEMBERSHIP DEVELOPMENT STRATEGY</p> <p>Paul Mitchell explained that the Trust was proposing a three year</p>		

	<p>programme which builds on the membership development strategy published in August 2006. It recommended a three year plan to increase the membership base of the Foundation Trust to 12,000 members by March 2011.</p> <p>AGREED:</p> <p>The establishment of a team of staff and members to be responsible for membership development activity to be provisionally known as "Membership Plus".</p>		
MC/08/18	<p>ROLES AND RESPONSIBILITIES</p> <p>Madeliene Long suggested that a separate joint meeting between the Members' Council and Board of Directors be arranged to give full consideration to the paper titled "Roles and Responsibilities".</p> <p>AGREED:</p> <p>A joint meeting should be arranged in July.</p>	PM	30/6
MC/08/19	<p>CHIEF EXECUTIVE'S REPORT</p> <p>Stuart Bell reported on recent Trust activity and highlighted the outcome of the recent staff survey, submission of compliance documentation to the Healthcare Commission and monitor and London health economy issues. Andrew Eyres confirmed that the joint committee of PCTs had endorsed the recommendations of "<i>Healthcare for London: Consulting the Capital</i>".</p>		
MC/08/20	<p>TRUST BOARD SECRETARY'S REPORT</p> <p>Paul Mitchell updated the meeting on recent Members' Council changes, the proposed election timetable later in the year, current membership numbers and forthcoming communication.</p>		
MC/08/21	<p>ANY OTHER BUSINESS</p> <p>Madeliene Long encouraged attendance at forthcoming events TWIG (26th June) and the Good Corporate Citizenship event (27th June).</p>		
MC/08/22	<p>DATE OF NEXT MEETING</p> <p>The next meeting will be on Tuesday, 16th September 2008 at 3.30 pm at Glaziers Hall.</p>		

PNJM / June 2008

Z / Members Council / meetings / 2008 03 13 / App A MC minutes 2008 06 12

MEMBERS' COUNCIL – SUMMARY REPORT

Date of meeting: 16th September 2008

Name of Report: Improving the Patient Experience -
Reflections on the process

Author: Gill Todd

Presented by: Gill Todd

Purpose of the report:

To inform the Members' Council on:

- reflections on the process adopted
- suggestions for a timeline for future initiatives
- the identification of problems and benefits from the process

Improving the Patient Experience - Reflections on the process

The timescale of asking for bids to be submitted by the end of February (funds to be allocated before the end of the financial year) was fine.

Possible Timeline for the future:

Sept. Announce the the workstreams at the AGM

Oct. Form the work groups (advice would be to have no more than 4 people in each group, because communication with non Trust staff was very difficult as other people did not have access to computers, one or two people should agree to lead the project)

Nov. Group to meet in the evening to agree the criteria and wording of the publicity for the bidding instructions. This meeting should also ensure that the publicity has clear instructions, written on it for the judging criteria, in order that all submissions can fulfill this criteria. Requests for bid applications should not go out without the wording and general content being agreed by this group.

Our advice would be to also have a contact number on the publicity so that anyone who is unsure how to complete their bid can ask someone.

Also the publicity could offer a one off 'surgery' for anyone who is unsure how to complete their bid or who is unable to send in a written bid.

Also it should be made very clear when successful submissions would be notified.

In this workstream it was very apparent that SLAM Occupational Therapy staff put in the majority of the successful bids.

Feb. bids should be in by the end of Feb.

March - Another evening meeting for the workstream group, plus anyone else from the Members Council who wanted to be involved to sort out the submissions by the eligibility criteria. Depending on the number of bids this meeting could take 2/3 hours and there could be a need for a second evening meeting.

May Successful applicants could in theory be notified by the end of May. The notification process could take several days and would require one person to do this.

Sept. A report on the nature of the bids and the pros and cons of the process should be compiled by the workstream leads for the AGM in Sept.

Follow up of all the successful bids - this could contribute to the Clinical Governance awards meeting.

Problems:

Initially it was not clear who was leading the group and making the decisions about the process and particularly the wording of the bid publicity. Once it was decided by the group members that the Members Council members wanted to lead the process decisions became easier. This of course led to quite a delay in the process.

The publicity sent out did not include the eligibility criteria as these had not been formulated. Hopefully now these are more clear.

Here are some suggestions:

Bids should benefit more than three Patients and an estimate of how many patients might benefit should be included. (though this could be debated)

Bids should include a description of the sustainability of the project or if a 'one off' project.

Bidders should know that if they were successful they would need to produce some evidence of how they spent the money.

Bidders should know that they would be required to tell the Members Council how the money was spent and what benefits were gained by the patients.

Bidders should be able to inform the Trust of how realistic their costings were.

It became very clear to us when looking through the bids that many bids were for equipment for activities on wards and we did not know why the money for this was not available elsewhere.

Bids were also received for computer equipment for patients on wards.

Bids were also received for play equipment for waiting areas where there are children.

Bids were also received for producing information leaflets on services and treatment for patients.

Also bids were received for ward and group outings and the Workstream Group were not clear how far Health and Safety issues needed to be addressed in the initial bid ie. taking elderly, disabled people out for the day.

Bids were also received which wanted to ask patients about their experience and opinion on various matters and the bidders clearly had no knowledge of the ethical rules of collecting information from patients. In fact these bids were small research projects and the bidders could be supported to apply for Ethical Committee Approval and undertake

these small projects if there was a system in place to advise on writing and carrying out research.

The workstream group also excluded bids made for single people or two or three individuals but in future this need not be the case as creative ideas for people in very specific situations could be supported and information gleaned from their experience.

It was also not clear how far geographically bids could be accepted as there are Trust members in other parts of the country. This workstream tried as far as possible to allocate monies to people within SLAM.

A major difficulty was the ease of communication for the workstream and the amount of extra time needed to discuss, formulate, and assess the bids and then undertake individual feedback to unsuccessful and successful candidates.

Benefits:

As a member of the workstream it was possible to get to know other people on the Members Council and feel as though we were contributing to the Trust strategic goals.

The nature of the bids gives a window into what people think are areas that need improving for patients. Broadly speaking these are:

Social outings

Self-care

Internet

Gardens

Activities

Alternative therapies

Research into the patients experience in a variety of areas ie detained patients

Improved environment

Art projects by and for patients

Information about services, treatment and outcomes

Therapy delivered by CD, self-help books

The successful bidders were very pleased and grateful to the Trust.

This summary has been compiled by Gill Todd.

MEMBERS' COUNCIL – SUMMARY REPORT

Date of meeting: 16th September 2008

Name of Report: Members' Council Workplan 2008/09

Author: Paul Mitchell

Presented by: Paul Mitchell

Purpose of the report:

A joint meeting between the Board of Directors and the Members' Council was held on 30th July 2008. A number of issues were reported back from the individual tables and a summary has been circulated.

These have been aggregated into four key areas - Members' Council representation and engagement, role of the Members' Council, administration of meetings and IT access.

A draft workplan has been produced for discussion and approval.

MEMBERS' COUNCIL WORKPLAN 2008/09

Task	Breakdown	Who	When	Progress
1. Members' Council representation and engagement				
1.1 Greater focus on accessing under represented groups.	Establish group to give this further consideration. Report back to December meeting with proposals.	P Mitchell	Oct 08 Dec 08	
1.2 Develop formal links with service user groups.	Develop in conjunction with patients constituency representatives. Link to membership development activity for 2009.	P Mitchell	Oct 08 Ongoing	
1.3 Increase communication with the membership.	Relaunch Members site. Post information of Members Council details. Ensure Newsletter is produced on at least a quarterly basis.	P Mitchell L Whittle L Whittle	Oct 08 Nov 08 Ongoing	See 4.1.
2. Role of the Members' Council				
2.1 Develop more formal training and induction programmes for the Members' Council.	Consult with current Members' council and develop in time for new joiners.	P Mitchell	Nov 08	
2.2 Arrange an Away Day to consider further.	To be arranged in November 08 using an external facilitator.	P Mitchell	Sep 08	

2.3 Greater involvement of the Members' Council in the development of the Annual Plan.	Arrange presentation on timetable and process for the September meeting. Forward Plan slots on future MC agendas.	Z Reed P Mitchell	Sep 08 Ongoing	On September agenda.
2.4 Board to utilise the Members' Council on specific issues.	Place on Board Forward Planner.	P Mitchell	Sep 08	
2.5 Identify champions on the Members' Council with particular interests / passions.	Recirculate list of current interests.	L Whittle	Sep 08	
2.6 Develop working groups.	MC to consider.	All	Sep 08	
2.7 Compare with AHSC Members' Councils.	Review by Trust Board Secretary and nominees from the Members' Council.	P Mitchell	Nov 08	
2.8 Provide more time for social interaction.	Build social interaction / networking time into away day in November.	M Long	Nov 08	
3. Administration of meetings				
3.1 Provide a process for individuals to add agenda items to meetings of the Members' Council.	The Chair to confirm arrangements.	M Long	Aug 08	Confirmed in letter of 19 th August. Agenda planning group to be established (see 3.3)
3.2 Develop a forward planner.	Trust Board Secretary to action.	P Mitchell	Sep 08	
3.3 Appoint an advisory group to have regular meetings with the Chair for forward planning.	Invite individuals to join the group.	M Long	Aug 08	Volunteers requested 19 th August.
	Establish group to meet on a regular basis.	P Mitchell	Oct 08	

3.4 Include a slot for public involvement at the start of Members' Council meetings.	Consider process by MC.	All	Sep 08	
3.5 Develop more flexible times for Board of Directors meetings.	Board of Directors to consider in planning for 2009 dates.	Board	Nov 08	
3.6 Additional meetings of the Members' Council.	Consider by MC.	All	Dec 08	
4. IT access				
4.1 Upgrade the members' website.	Identify web based organisation to upgrade the site.	Project Team (PT)	Jul 08	Inphinet identified.
	Invite input to the functionality of the site.	P Mitchell	Aug 08	Letter 19 th August.
	Produce plan for implementation.	P Mitchell	Sep 08	
	Relaunch.	P Mitchell	Nov 08	
	Assess feedback	PT	Feb 09	
4.2 Provide internet access and training to all on the Members' Council.	Produce estimate of costs Assess for security / confidentiality	M Denis	Sep 08	Being produced.

PNJM / August 08

Z / MC / Meetings / Meeting 2008 09 16 / Att B MC workplan 2008

MEMBERS' COUNCIL – SUMMARY REPORT

Date of meeting: 16th September 2008
Name of Report: Chief Executive's report
Author: Paul Mitchell
Presented by: Stuart Bell

Purpose of the report:

To update the Members' Council on:

- AHSC issues
- Board issues
- London Health Economy issues
- National issues

Chief Executive's Report

September 2008

1. AHSC Issues

SLaM is a partner in the joint endeavour to create a world-leading Academic Health Sciences Centre with King's College London, Guy's and St. Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust.

A number of Academic Health Sciences Centres have now been set up in England, all linked to major research and teaching Trusts and Universities, though all are at an early stage of development. Ours is the only one so far to include a mental health Foundation Trust, and the only one in London with a mental health trust at all. The AHSC has a tripartite mission – excellence in clinical services, research and education and training.

Over the summer work has concentrated on the following areas:

- How best to link and organize clinical, teaching and research activities for maximum mutual benefit and the promotion of excellence.
- How the AHSC can bring real benefit to local people through Corporate Social Responsibility?
- What are our comparative strategic strengths and weaknesses relative to others?
- Gathering views to inform decisions about the name of the AHSC.
- Examining how the AHSC will operate in practice, and what governance arrangements will be necessary to make it work given that it is a partnership between four sovereign organizations.
- Examining what benefit can be obtained from collaboration from supporting infrastructure, e.g IT, HR, Estates.

Further connections are being made with local PCTs to discuss local health needs and how the AHSC can support work to meet the needs.

There are currently two workstreams focusing on aligning clinical services, research and training – 4a which is for acute services and 4b for mental health services. A further workstream has been established for services which bridge between mental health and physical health e.g. neurosciences.

The Good Corporate Citizenship Collaboration was launched on 27th June at a successful event involving over 100 people from 30 organisations. The next event on 14th October will present the evidence that our AHSC comprises learning organisations which are able to rapidly adopt good practice from across the network.

2. Board issues

Following the July Board meeting the Trust submitted the Quarter 1 Finance and Governance returns to Monitor. The Trust has a Financial risk rating of 4, and is green on both governance and mandatory services.

3. London Health Economy Issues

The joint committee of PCTs has endorsed the recommendations of *"Healthcare for London: Consulting the Capital"*.

4. National Issues

Health Minister Lord Darzi has set out his plans for the next ten years of the NHS in England in his report "High Quality Care for All" which was launched on 30th June 2008. The main points are:

- Patients' views on the quality of care they receive will affect funding for hospitals and GPs.
- Information on the quality of an NHS body's service will be published on the web and on clinical "dashboards" in hospitals and GP surgeries.
- All providers of NHS care will have to publish quality accounts each year.
- All patients with long-term conditions will have personal care plans.
- Five thousand of those with long-term conditions will pilot personal care budgets.
- An NHS draft constitution, out for consultation, sets out rights and responsibilities of NHS patients, staff and providers.
- One right will be to access to any appropriate drugs approved by the National Institute for Health and Clinical Excellence (NICE).
- NICE's appraisals of new drugs and treatments will also be speeded up so they take a maximum of six months rather than two years.
- Other rights include to seek treatment in the rest of Europe if faced with an "undue delay" in England.
- Patients should have the right to choose which GP practice they go to, and to express a preference for a certain doctor.
- GP funding will change, with the removal of the minimum income guarantee with payments linked more closely to improved access and quality of care.
- There will be more freedom for individual GP practices to commission care themselves.
- Preventing people getting ill, by giving them more help to improve their diet or quit smoking, will be given more emphasis.
- The Government has also announced a review of doctors' postgraduate training, focussing on the first two years following graduation from medical school.

Stuart Bell
Chief Executive

September 2008

Z / Members Council / meeting 2008 09 16 / Att C Chief Exec report Sep 08

Attachment E

MEMBERS' COUNCIL – SUMMARY REPORT

Date of meeting: 16th September 2008

Name of Report: Trust Board Secretary's report

Author: Paul Mitchell

Presented by: Paul Mitchell

Purpose of the report:

To update the Members' Council on the following issues:

- Elections to the Members' Council
- Membership development
- Communications

**Members Council 16th September 2008
Trust Board Secretary's report**

1. Elections to the Members' Council

The Members' Council election process has now commenced. 16 seats are being contested and the results will be published on 31st October 2008. Members from all the various constituencies are encouraged to stand for election. The immediate issue is to ensure that prospective candidates return the relevant documentation by 12.00 noon on Friday, 19th September 2008.

Copies of the documentation relating to the forthcoming elections to the Members Council are posted on the Trust website at www.slam.nhs.uk (see "Shape the future of mental health services"). Alternatively hard copies can be obtained from the membership office (tel: 020 3228 2441).

Nomination papers to stand for election can also be downloaded from the Trust's election administrators at www.aea-elections.co.uk/information/current_ballots.jsp or by contacting them (tel: 0116 272 7509).

2. Membership development

The membership of the Foundation Trust was 4,693 as at 8th September 2008.

Membership information continues to be displayed at local events and meetings.

3. Communications

Discussions have been held with a number of organisations about relaunching the members' site to make it more user friendly and accessible. Inphinet, a web design company, has been selected to work with the Trust on this project. If anyone is interested in becoming involved in this piece of work by advising on the specification please contact Laurence Whittle on 020 3228 2441. The company will be attending the Annual Public Meeting in order to display the developing software and to be available to take comments from members who use the site.

Paul Mitchell
Trust Board Secretary
September 2008