

9 May 2014

Dear Governors,

Council of Governors Meeting
Thursday, 15 May 2014

Please find enclosed the Agenda and Papers for next week's Council of Governors Meeting.

The arrangements for the day are as follows:

- Council of Governors informal meeting with the Lead Governor over tea and cake, 3.00 – 3.50pm, in the Gleeson Lecture Theatre, lower ground floor, lift bank C;
- Council of Governors Private Meeting, 4.00– 4.30pm in the Gleeson Lecture Theatre, lower ground floor, lift bank C;
- Council of Governors Meeting, 4.30 – 6.00pm, in the Gleeson Lecture Theatre, lower ground floor, lift bank C;

Yours sincerely,

Vida Djelic
Board Governance Manager

Council of Governors Meeting

Gleeson Lecture Theatre

Chair: Sir Tom Hughes-Hallett

Date: 15 May 2014 Time: 4pm

Agenda

Council of Governors Private Meeting

Agenda

		Lead	Time
1.	Appointment of new Non-executive Directors – Recommendation by the Nominations Committee (to be tabled)	TH-H	4.00

Council of Governors General Meeting

*The items which have been 'starred' will not be discussed unless an advance request is made to the Chairman.

		Lead	Time
1	GENERAL BUSINESS		4.30
1.1	Welcome & Apologies	TH-H	
1.2	Declaration of Interests	TH-H	
1.3	Minutes of Previous Meeting held on 6 March 2014	TH-H	
1.4	Matters Arising	TH-H	
	Cost Improvement Programme Quality Risk Assessment Form		
1.5	Chairman's Report (attached)	TH-H	
1.6	Chief Executive's Report (attached)	APB	
2	CORE ITEMS		4.40
2.1	Financial Strategy (presentation) *Chelsea and Westminster Hospital 2014/15 Annual Plan – update (attached)	LB	
2.2	Quality Account overview (attached) Approval of the Governors Commentary (attached)	EM MJ	
2.3	West Middlesex – update (oral)	APB	
2.4	Staff survey – results and action plan (attached)	SY	
2.5	Open Day 2014 – update (attached)	KD-D	
3	UPDATES		5.40
3.1	Governors' Questions (attached)	APB	
3.2	Governors Visits to Clinical Areas (oral)	EM	
3.3	*Council of Governors Funding Report – update (attached)	LH	
3.4	*Membership Engagement and Communication – update (attached)	KD-D	
3.5	*Membership Report (attached)	SN	
4	REPORTS FOR INFORMATION		
4.1	*Quality Sub-Committee report (draft minutes of 11 March 2014 meeting attached)	EM	
4.2	Membership Sub-Committee report – no report	WB	
5	ITEMS FOR INFORMATION		

- 5.1 A copy of the Finance and Performance Reports are available via Board papers which are available on the website at the following link: <http://www.chelwest.nhs.uk/about-us/organisation/trust-meetings> and a hard copy of the board pack in the governors' room
- 5.2 The Foundation Trust Governors' Association (FTGA) National Development Day – 26 March 2014 (attached) EC

6 ANY OTHER BUSINESS 5.50

7 DATE OF THE NEXT MEETING – 17 July 2014

CLOSE 6.00

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	1.3/May/14
PAPER	Minutes of Previous Meeting held on 6 March 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This paper outlines a record of proceedings at the previous meeting.
DECISION/ ACTION	<ol style="list-style-type: none">1. To agree the minutes as a correct record.2. The Chairman to sign the minutes.

Council of Governors Meeting Minutes, 6 March 2014

Draft

Attendees:

Sir Tom	Hughes-Hallett	Chairman		TH-H
Walter	Balmford	Patient		WB
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith and Fulham 2	CBLe
Nicky	Browne	Appointed	The Royal Marsden NHS Foundation Trust	NB
Anthony	Cadman	Patient		ACa
Dominic	Clarke	Staff	Management	DC
Edward	Coolen	Public	Kensington And Chelsea 1	EC
Caroline	Fenwick	Staff	Allied Health Professional, Scientific and Technical	CF
Prof Brian	Gazzard	Staff	Medical	BG
Angela	Henderson	Patient		AH
Anna	Hodson-Pressinger	Patient		AH-P
Jenny	Higham	Appointed	Imperial College	JH
Melvyn	Jeremiah	Public	Westminster 2	MJ
Martin	Lewis	Public	Westminster 1	ML
Susan	Maxwell	Patient		SM
Wendie	McWatters	Patient		WMW
Tom	Pollak	Patient		TP
Sandra	Smith-Gordon	Public	Kensington and Chelsea 2	SS-G
Charles	Steel	Patient		CS
Maddy	Than	Staff	Support, Admin and Clerical	MT
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT

IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Tony Bell	Chief Executive	APB
Lorraine Bewes	Chief Financial Officer	LB
Elizabeth (Libby) McManus	Executive Director of Nursing and Quality	LM
Zoe Penn	Medical Director	ZP
David Radbourne	Chief Operating Officer	DR
Susan Young	Director of Human Resources and Organisational Development	SY
Patricia Gani	Healthwatch representative	PG
Guy Mathew	Healthwatch representative	GM
Layla Hawkins	Interim Head of Corporate Affairs	LH
Vida Djelic	Board Governance Manager	VD

1	GENERAL BUSINESS	
1.1	Welcome & Apologies	TH-H
	<p>TH-H welcomed all attendees to the meeting including Guy Mathew from Healthwatch to the meeting.</p> <p>Apologies were received from Governors Sam Culhane, Andrew Lomas, Rochelle Gee and Kathryn Mangold. Apologies were also received from David Radbourne.</p> <p>TH-H noted that Alison While, appointed governor retired from King's College and therefore there is a vacancy on the Council of Governors.</p>	
1.2	Declaration of Interests	TH-H
	There were no declarations of interests received.	
1.3	Minutes of Previous Meeting held on 13 December 2013	TH-H
	Minutes of the previous meeting were confirmed as a true and accurate record of the meeting.	
1.4	Matters Arising	TH-H
	<p>TH-H noted that he was taken by SM to Nell Gwynne Ward. He said it was an inspiring visit. He suggested that governors interested in being attached to a ward should let LH know. Interested governors to let LH know.</p> <p>In response to a question from CBir regarding Mary Seacole plaque, LH responded that it has not been found. TH-H asked LH to confirm to governors whether or not the plaque had been found and if not found for it to be reproduced.</p> <p>It was agreed that BG will survey all governors on who Mary Seacole was since the Trust does not have much information about her. BG to survey governors on information about Mary Seacole.</p> <p>CB queried the opening of the Ron Johnson Ward. WMW responded that she will be approaching a VIP re the opening of Ron Johnson Ward.</p>	All
1.5	Chairman's Report (oral)	TH-H
	<p>TH-H highlighted that he has resigned from the Imperial College Council on the basis to allow more time for his Chairmanship of Chelsea and Westminster Hospital. TH-H noted that he was in attendance at the governors meeting with Non-executive Directors held in February 2014.</p> <p>TH-H acknowledged the results of the governors' performance evaluation and proposed a group of governors is brought together to look at the existing governors meeting.</p> <p>TH-H noted he is going through his induction and has started one to one meetings with his peers.</p>	

SS-G queried if an alternative venue has been sought for the Council of Governors meetings. LH responded that the Imperial College space (Gleeson Lecture Theatre) has been considered.

1.6 Chief Executive's Report (oral)

APB

West Middlesex update – APB said that the Board made the decision to proceed to outline business case stage. A decision to proceed to business case should be made in May. The Board is expected to go through more detail re due diligence. He highlighted that patient and clinical benefits have been identified. He noted that a joint Board/Council of Governors meeting on Strategy held on 4 February was very helpful.

Royal Brompton Hospital – APB noted that a Strategic Outline Case will be considered by the Board.

Shaping a Healthier Future (SaHF) – APB noted that we are proceeding with the A&E redevelopment.

In response to a question from FT re if Royal Marsden Hospital is affected by the NWL reconfiguration programme APB said that specialist Trusts are not affected.

K&C Overview and Scrutiny Committee meeting – APB thanked staff and governors who attended the meeting; we have been invited back and we will invite governors to attend.

APB thanked everyone who attended the National Neonatal Palliative Care event on 13 February 2014 at which the Practical guidance for the management of palliative care on neonatal units was launched. The guidance was developed in collaboration with the Royal College of Paediatrics and Child Healthcare. TH-H said that he was delighted that a number of governors attended. APB highlighted that the document was designed by George Vasilopoulos, Web Communications and Graphic Design Manager.

CQC Intelligent Report – APB noted that the next report is due out soon and once published a copy of the report will be sent to the Board and governors.

Sexual Health Funding - APB noted that the funding has improved and said that there is active dialogue with Public Health England.

BG invited governors interested in visiting the Dean Street Express service to let him know. **Interested governors to let BG know.**

All

Trust News – APB noted that there has been a delay with delivering the February edition of Trust News. LH said that a meeting with Capita has been organised to discuss the reason for delay. She noted that members who wanted to come to the Medicine for Members event on 27 February but received the Trust News late which contained information about the event found this inconvenient. She said that it is planned that the event will be repeated in due course and members will be notified in advance.

TP queried when a visit to West Middlesex Hospital will be organised for governors. APB responded that the Trust has been in contact with WMH regarding this. ML said that he has visited WMH and was very impressed with the new building and reception area was very pleasant and welcoming.

TH-H noted that ACad passed to him a list of questions immediately prior to the meeting to which responses will be provided in due course, as there was not sufficient time for the executives to provide a response.

SS-G noted that not all governors necessarily agree with questions posed by ACad.

TH-H said that the next meeting will include a focus on financial strategy. **To include financial strategy on the May Council of Governors agenda.** **VD**

1.8 Feedback from Board

None.

2 ITEMS FOR DECISION/APPROVAL

2.1 Terms of Reference Membership Sub-Committee **WB**

The Council of Governors approved the Terms of Reference Membership Sub-Committee.

TH-H noted that the terms of reference may change post the review of the committees structure.

2.2 Council of Governors performance evaluation – results **TH-H**

TH-H noted that a number of governors completed the performance evaluation questionnaire. **TH-H invited a group of 5/6 governors to look into three areas for improvement and send feedback to him.** **TH-H**

3 ITEMS FOR DISCUSSION/UPDATE

3.1 West Middlesex – update **APB**

This item was discussed earlier in the meeting under the Chief Executive's Report.

3.2 Business Planning 2014/15 **LB**

LB provided a brief update on the business planning process and highlighted that information on financial, operational and strategic plans will be submitted to Monitor.

LB noted that a session will be held with governors to discuss the emerging financial strategy in May.

MJ queried reasons for not delivering planned CIP targets. TH-H responded that the CIP targets will be considered by the Board and all will be signed off by the Medical Director and Chief Nurse and Director of Quality to ensure high quality

services to patients.

APB noted that the Finance and Investment Committee (Board committee) had already analysed the reasons for not delivering the CIP target.

3.3 Nurse Staffing

EM

EM noted that a document titled 'Guidance on safe nurse staffing levels in the UK' demonstrates how nurse staffing levels make difference to outcomes.

The guidance helps understanding how we decide on deploying nursing staff and how many are required.

EM invited interested governors to let her know if interested in working with her on deploying nursing staff. [Interested governors to let EM know.](#)

EM

3.4 End of Life Care Strategy – update

BQ

BQ gave an overview of the End of Life Care Strategy. He noted that a draft strategy was recently reviewed by executive and the action plan will be developed.

SS-G commented that she would like to see more emphasises on carers and relatives in the strategy.

AH-P said she was delighted to see that the strategy addresses the fact that no person should die alone and volunteers are extremely helpful in this respect.

BQ emphasised the importance of engaging with the community and encouraged governors to assist with it. [Interested governors to let BQ know.](#)

All

3.5 *Governors' Questions

APB

VD noted for a point of clarification re response provided to question 2.1 that instead of 'all test results' it should read 'all ECG results'.

CBir queried reasons for the paper being starred. APB responded that the Agenda Sub-Committee agreed that a written response would be provided and the paper could be starred.

CBir queried if there are any seriously understaffed hospital services. APB responded that it is always desirable to have more staff, however, resources are limited and some departments might be understaffed temporarily and it could be that we are in the process of filling in a vacancy.

TH-H concluded the item saying that in future this item will not be starred.

3.6 Governors Visits to Clinical Areas

EM

In response to some concerns about advance notice when going on wards APB clarified that governors can freely visit hospital wards and no notice is required in advance of their planned visit.

3.7	*Council of Governors Funding Report – update	LH
	This item was starred and therefore taken as read.	
3.8	*Quality Sub-Committee report	EM
	This item was starred and therefore taken as read.	
3.9	*Membership Sub-Committee report	WB
	This item was starred and therefore taken as read.	
3.10	Membership Engagement and Communication – update	KD-D
	LH noted that the paper was presented to the Membership Sub-Committee on 11 February.	
3.11	Open Day 2014	KD-D
	LH noted thanks to WMW for securing a VIP for the Open Day event.	
	It was confirmed that the Royal Borough of Kensington and Chelsea Mayor will be invited to attend the event. LH to invite the Royal Borough of Kensington and Chelsea Mayor.	
3.12	*Membership Report	LH
	This item was starred and therefore taken as read.	
3.13	Chelsea and Westminster Star Awards 2014	SN
	SY highlighted that Star Awards are generously supported by the Chelsea and Westminster Hospital Health Charity.	
	It was noted that the next star awards ceremony will be held on 15 May 2014.	
	SY invited governors to nominate staff for the Council of Governors Special Award.	
	All	
	SY invited governors to put their names forward for the judging panel of the Special Governor Award and Patient Choice Award.	
	All	
3.14	Staff survey – results	SY
	SY noted that at the Strategy meeting in February governors were provided with preliminary results. A copy of 12/13 results and results over 5 years was tabled.	
	SY noted that survey results are available from the website at www.nhsstaffsurveys.com .	
	TH-H said that the staff survey results will be presented to governors at May meeting in more detail. VD to put on the May Council of Governors agenda.	
	VD	

4 ITEMS FOR INFORMATION

Noted.

5 ANY OTHER BUSINESS

Membership sub-committee

WB noted that there has recently been resignations from the membership sub-committee. He invited all governors to let him or VD know if interested in joining the sub-committee. **All governors to let WB or VD know if interested in joining the sub-committee.** **All**

EC confirmed that he intends to attend the Membership Sub-Committee.

ML said he observed that the lower ground floor staff often eat fish and chips in outpatient waiting areas.

APB announced that the formal opening of the Chelsea Children's Hospital will be held on 18 March. He noted that all governors are invited to the opening.

6 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 15 May 2014

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	1.4/May/14
PAPER	Matters Arising from the meeting of the Council of Governors meetings held on 6 March 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This paper lists matters arising from the previous meeting and any action taken or subsequent outcomes.
DECISION/ ACTION	The Council of Governors is asked to note the matters arising and updates.

MATTERS ARISING

Council of Governors Meeting

Hospital Boardroom

Chair: Sir Tom Hughes-Hallett

Date: 6 March 2014

Time: 4:00 – 5:30 pm

Ref	Description	Lead	Subsequent Actions or Outcomes
1.4/Mar/14	<p>Matters Arising</p> <p>TH-H noted that he was taken by SM to Nell Gwynne Ward. He said it was an inspiring visit. He suggested that governors interested in being attached to a ward should let LH know. Interested governors to let LH know.</p> <p>BG to survey governors on information about Mary Seacole.</p>	<p>All</p> <p>BG</p>	
1.6/Mar/14	<p>Chief Executive's Report</p> <p>BG invited governors interested in visiting the Dean Street Express service to let him know. Interested governors to let BG know.</p> <p>TH-H said that the next meeting will include a focus on financial strategy. To include the financial strategy on the May Council of Governors agenda.</p>	<p>All</p> <p>VD</p>	<p>On agenda</p>
2.2/Mar/14	<p>Council of Governors performance evaluation – results</p> <p>TH-H noted that a number of governors completed the performance evaluation questionnaire. TH-H invited a group of 5/6 governors to look into three areas for improvement and send feedback to him.</p>	<p>All</p>	

3.3/Mar/14	Nurse Staffing	EM invited interested governors to let her know if interested in working with her on deploying nursing staff. Interested governors to let EM know.	All	
3.4/Mar/14	End of Life Care Strategy – update	BQ emphasised that engaging with the community is important and governors are encouraged to assist with it. Interested governors to let BQ know.	All	
3.11/Mar/14	Open Day 2014	It was confirmed that the Royal Borough of Kensington and Chelsea Mayor will be invited to attend the event. LH to invite the Royal Borough of Kensington and Chelsea Mayor.	LH	Part of Open Day project plan
3.13/Mar/14	Chelsea and Westminster Star Awards 2014	SY invited governors to nominate staff for the Council of Governors Special Award.	All	Complete
		SY invited governors to put their names forward for the judging panel of the Special Governor Award and Patient Choice Award.	All	Complete
3.14/Mar/14	Staff survey – results	TH-H concluded the item in saying that the staff survey results will be presented to governors at May meeting in more detail. VD to put on the May Council of Governors agenda.	VD	On agenda
5/Mar/14	Any Other Business	<u>Membership sub-committee</u> WB noted that there has recently been resignations from the membership sub-committee. He invited all governors to let him or VD know if interested in joining the sub-committee.		

All governors to let WB or VD know if interested in joining All
the sub-committee.

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	1.5/May/14
PAPER	Chairman's Report
AUTHOR	Sir Tom Hughes-Hallett, Chairman
LEAD	Sir Tom Hughes-Hallett, Chairman
EXECUTIVE SUMMARY	This report updates the Council of Governors on a number of key developments and news items that have occurred since the last meeting.
DECISION/ ACTION	For information.

Chairman's Report

Four key issues occupy my time at present:

1.0 Getting to know the Governors and serving them better

I am most grateful to all governors for supporting my rapid induction and in particular to those who have already spent time with me one-on-one.

I have had an excellent session with the Agenda Committee of the Governors refocusing Governors meetings into a much more focussed Agenda

Martin Lewis and I have had an exploratory discussion about the Governors various committees etc and we are now bringing together a group of Governors to discuss this further to allow for recommendations to be made to a future Governors meeting. My sense is that the current committees have been assembled in a somewhat ad hoc fashion. So I hope you will feel that a review is timely.

I have asked Ally to arrange regular get togethers of small Groups of Governors to explore with me areas of particular interest. It is my intention that each Governor will have the opportunity to join such an informal session at least twice a year. These sessions will allow us to develop areas where we will ask the executive to consider particular streams of work, or indeed to invite governors to support specific tasks. It will also be an excellent way of getting to know each other and the hospitals work.

I will also suggest to Governors that we review our membership and where we have gaps currently to recruit to these posts e.g appointed governors in particular.

2.0 Working on the appointment of high calibre new Non-executive Directors

This week we hold the final interviews for non executive directors. We have an outstanding list of candidates to select from.

3.0 Understanding the strategic opportunities for our Foundation Trust

The executive are developing further a really exciting strategy of which Governors have already had a taster. We are a very high quality organisation delivering outstanding care to our patients. Now we must be clear of our vision for the future and for what we will be best known - and hence where we wish to invest time, talent, and treasure.

4.0 Supporting the Chief Executive as he advises Governors and the Board on West Mid, Shaping a Healthier Future and possible collaboration with the Royal Brompton Hospital

Tony Bell will report on each of these. My task is to lead the Board and our excellent non executive team in challenging and supporting Tony Bell and his team to bring the best possible recommendations forwards for timely and appropriate approval by the Governors and then for implementation or rejection.

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	1.6/May/14
PAPER	Chief Executive's Report
AUTHOR	Tony Bell, Chief Executive
LEAD	Tony Bell, Chief Executive
EXECUTIVE SUMMARY	This report updates the Council of Governors on a number of key developments and news items that have occurred since the last meeting.
DECISION/ ACTION	For information.

Chief Executive's Report

1.0 Royal opening of Chelsea Children's Hospital

Chelsea Children's Hospital was opened by Their Royal Highnesses The Prince of Wales and The Duchess of Cornwall on Monday 18 March. Their Highnesses had a tour of the new facilities followed by a reception where they unveiled the plaque.

A full write-up and photos from the event are in the next issue of Trust News which will be published at the end of this month.

2.0 Intelligent Monitoring Report

The Care Quality Commission (CQC), the independent regulator of health and social care in England, has given Chelsea and Westminster Hospital NHS Foundation Trust the best risk banding possible, band 6, in their latest Intelligent Monitoring Report.

3.0 Star Awards

We are delighted to announce that Sophie Ellis Bextor will be compering the Star Awards ceremony on Thursday 15 May. The event, held annually, celebrates staff that have gone the extra mile to provide excellent and compassionate care to patients.

4.0 Open Day

The Chelsea and Westminster Hospital open day is taking place on Saturday 14 June between 11am-3pm at the main hospital site.

We are thrilled to announce that actress Joanna Lumley will be attending to open the event have a look around the hospital and the stands.

The event will feature all the popular stands and behind-the-scenes tours from previous years. The theme of this year's event is "Keeping you well". We will be asking for your opinions on our public health strategy and offering advice on keeping healthy and well and out of hospital. Our healthcare professionals will once again be running health MOTs where you can get a quick and easy check-up and advice on how to lead a healthy lifestyle, with everything from help to stop smoking to tips on eating well.

5.0 Annual PLACE Assessment

This year's Patient Led Assessment of the Care Environment (PLACE) took place at the end of March. The assessment team was led by five patient representatives and three independent representatives from HealthWatch. They audited 12 wards, four outpatient departments and three meal services. The representatives reported a very positive audit and an action plan is currently being developed as a result. The official results are expected to be validated centrally later this year and an update will be provided once these results are released.

6.0 Emergency Department (ED) redevelopment

We are currently evaluating the bids for the ED redevelopment tender. Building work is planned to start this summer with service moves on the existing site already underway to make way for the expanded ED with a view to complete the project in 2015.

7.0 Awards and congratulations

Chelsea and Westminster Hospital is the top performing Trust in England for the national A&E 4 hour waiting time target for the second year in a row. The Trust met the national target of 95% of patients seen within four hours every week during 2013/14.

The Intensive Care Unit (ICU) has been successful in retaining their customer service standard award. The customer service standard award is a government award for which any public service can apply and it involves producing a portfolio of evidence against the five key standards.

Dr Simon Barton (Clinical Director for Sexual Health) has been awarded an Adjunct Chair—this is a personal Chair—a very well deserved accolade after many years of distinguished work.

The Trust's state-of-the-art Birth Centre has seen its 100th baby born. Baby Cochrane was born on 23 March to proud dad and mum Thomas and Emma.

Dean Street Express, the Trust's new sexual health clinic, is seeing approximately 200 patients a day since it opened in January.

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	2.2/May/14
PAPER	Quality Account 2013/14 Overview
AUTHOR	Melanie van Limborgh, Head of Quality and Assurance
LEAD	Elizabeth McManus, Director of Nursing and Quality
EXECUTIVE SUMMARY	<p>This paper briefly outlines the process used for the development of the Quality Account, the progress on priorities for 2013/14, the priorities for 2014/15 and next steps.</p> <p>The full final draft of the Quality Account is available on request from the Director of Nursing and Quality and the Head of Quality and Assurance.</p>
DECISION/ ACTION	For information.

Quality Account 2013/14 Overview

1.0 Introduction

This paper briefly outlines the process used for the development of the Quality Account and the next steps.

2.0 Background

The Quality Account is a mandatory annual report written by the Trust for the public concerning the quality of services delivered in the Trust. Although there are several sections prescribed by the Department of Health and by Monitor, the document should be developed in conjunction with key stakeholders.

3.0 Development of the Quality Account

A key group of governors inform the development of the Trust's Quality Account from the Council of Governors Quality Sub-Committee. This group also includes representation from Healthwatch and the Trust's commissioners.

This group has been used to test out the relevance of priorities and indicators, as well as reading and commenting on the first draft. A second group of stakeholders, members of the Trust's Executive Quality Committee were also involved in providing views, the testing of priorities and indicators before the Quality Account was taken forward for this year.

In addition, before the development of the Quality Account, a mixed group of over fifty visitors, patients and staff were asked for their opinions by interview. This took place on an arranged date and undertaken by experienced researchers using an agreed questionnaire format. The questions concerned the content and presentation of last year's Quality Account.

This feedback highlighted that the quality of the document was considered as high, but that the next Quality Account would benefit from being shorter and to be 'stakeholder friendly'. This feedback endorses the direction taken last year as mandated and required by the Trust to produce the Quality Account but also a short Annual Review (a combination of highlights of the Quality Account and the Annual Report).

The Annual Review was produced as an easier to read document for stakeholders, patients and staff and was reported to be well received over this last year. As a result, it is planned that this will be produced again this year in readiness for the Annual Members' meeting.

4.0 Stakeholder review and commentary

After the compilation of the Quality Account (from several contributors in the Trust), the draft Quality Account was distributed to key stakeholders to permit them to provide a commentary on the document and the progress of quality throughout the year.

It is mandated by the Department of Health that key stakeholder groups are offered the opportunity to comment on the Quality Account and two groups of stakeholders are required to provide a view or commentary.

The governors are one of the groups required to provide a commentary to the Quality Account. This was kindly compiled and represented as last year by the Council of Governors Quality Sub Committee and coordinated by Melvyn Jerimiah. Thanks are asked for noting to the Council of Governors' Quality Sub Committee for their valued input and to Melvyn Jerimiah for his time to collate the statement.

The stakeholder commentary from the Council of Governors' will be included on agenda of the Council of Governors' Meeting.

This commentary followed a negotiated consultation period for the Quality Account that concluded on the 28th of April.

5.0 Priorities and sections in the Quality Account

To provide an overview of key performance for last year in the Quality Priorities for 2014/15, these are attached in Appendix 1. The same priorities have been retained for the coming year with a slightly different focus on Patient Experience. The rationale for these priorities is given in Appendix 1.

The Quality Report Card which gives a sample of what was well achieved and what needs to improve continues, a section 'measuring what matters', which explains why we measure what we do has been abbreviated to key themes, and 'the clinical front line' which describes what is undertaken to assess quality for patients directly. Other sections include the Council of Governors' Quality Awards, Safety, Valuing our Workforce', and 'Our Environment'.

Finally, the Quality Account contains the mandated requirements of reporting required from the Department of Health and Monitor.

6.0 Next steps

As outlined, the Quality Account draft was issued to stakeholders to ask for a statement and their views of the Quality Account. All stakeholders at the time of writing have returned or are in the process of returning their statements/commentaries for inclusion in the Quality Account.

The Quality Account will also be merged as a section into the Annual Report (to be known as the Quality Report) for being presented or being 'laid before Parliament'. This is a mandated requirement.

Following this, the easy to read Annual Review will be produced as a separate document and the views of the Council of Governors Quality Sub-Committee will be sought regarding the document.

7.0 Action/Decision

This report is for information.

The full final draft of the Quality Account is available on request from the Director of Nursing and Quality and the Head of Quality and Assurance.

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	2.2/May/14
PAPER	Quality Account 2013/14 – Approval of the Governors Commentary
AUTHOR	Melvyn Jeremiah, Public Governor
LEAD	Melvyn Jeremiah, Public Governor
EXECUTIVE SUMMARY	<p>The latest draft overview of the Quality Account/Report has been circulated to the members of the Council of Governors Committee in the meeting papers for the May Council of Governors' meeting.</p> <p>At the request of the Lead Governor the Governors Commentary on the Quality Account/Report has been prepared by Melvyn Jeremiah, Public Governor and approved by Governor members of the Governors Quality Sub-Committee. This Commentary is attached for endorsement by the full Council of Governors.</p> <p>This agenda item accompanies the background paper 'Quality Account 2013/14 Overview'.</p>
DECISION/ ACTION	The Council of Governors is asked to endorse the Commentary

Council of Governors response to Chelsea and Westminster Hospital NHS Foundation Trust Quality Account 2013/14

The Governors have continued their work as outlined in previous Accounts providing input and advice to the Trust's Board individually and through the Council of Governors sub-committees. Governors welcome the generally satisfactory picture of the hospital painted by this Account which tallies with their experience. It should be noted that this has been a period of substantial staff changes at the top of the organisation. It is particularly evident that the high standard of care which has been achieved whilst these changes come into effect is a tribute to all hospital staff.

The Council intends to play a full part in the formulation of the hospital's strategy and development in the next years. The possibilities offered by proposed partnerships with other Trusts, the reconfiguration of health services in North West London following the *Shaping a Healthier Future* consultation and closer working with social services are all matters which are weighty and to a certain extent interact with each other. There is a statutory obligation for the Council of Governors to be consulted and to approve before any significant changes are made.

Governors are at one with the hospital Board in emphasising that excellent patient care must be at the core of any changes which are made. Patient experience in the hospital at present as measured by the Friends & Family Test is generally good, but there is still room for improvement. In consulting about any proposed changes the Governors will seek to ensure that there is no bad effect on patient experience.

The Governors' Quality Awards scheme continues in operation, and becomes ever more popular. With the annual Star Awards funded by the hospital charity the scheme allows staff to be recognised for the excellent work that they do. This encourages the striving for excellence throughout the hospital.

Work continues on embedding the Trust's core values in everything that is done. We observed in our comments on the last two Accounts that the way to reinforce these values is to make them an issue in Staff Appraisals with the aim of improving performance and delivery of services. The present Account records the work that has been done in this respect in 2013/14. It is therefore most disappointing that the appraisal rate is still far below the 100% where it should be. In 2011/12 it was 80%, in 2012/13 82%, and in 2013/14 84%. It may be that the "target" of being in the top 20% of acute Trusts nationwide is not challenging enough. It may be that there should be a more explicit link between Appraisals and pay.

There are other issues of concern to Governors which seem difficult to remedy despite focused attention by the Trust. One such problem is pressure ulcers. The Governors welcome the review of the reporting system for these and the launch of the POP (Push Off Pressure) initiative, both reported in the Account. They remain concerned that these should lead to real improvement in the situation, and intend to become more closely involved in monitoring the progress of improvement.

Secondly, the shortcomings in communication which still exist (as noted in the Account) and pockets of unhelpful staff attitude in various ways remain despite the strong action taken to remedy them. This is a matter of changing the culture, for embedding the Trust's core values should remedy these shortcomings. The Governors will be keeping a watchful eye on them.

Governors have contributed to the ongoing work to fashion this Account in a way which makes it easier to read and understand. We believe that this year's version is an improvement on last year's, which was very good but too indigestible for many. This time it is thinner, with the detailed figure work largely limited to statistics which the Department of Health or the regulator (Monitor) require to be included. They are brought together at the end of the text. The Governors Quality sub-committee will be monitoring performance indicators throughout the coming year.

The next years promise major challenges and opportunities for the Trust, and the Governors look forward to being part of the process of dealing with them. The present year's Account shows that the basis for dealing with them is firm.

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	2.4/May/14
PAPER	Staff Survey 2013 Results and action plan
AUTHORS	Susan Young, Director of Human Resources and Organisational Development
LEAD	Susan Young, Director of HR and Organisational Development
EXECUTIVE SUMMARY	<p>The results of 2013 National Staff Survey have now been published. The response rate at Chelsea and Westminster was over 60%. This was based on a full census of all of our staff. The overall results are very good and we compare very favourably with other acute trusts, scoring in the top 20% of acute trusts for 13 of the 28 key findings. Divisions and Directorates are now working on their action plans, focusing particularly on the areas where we have done less well.</p> <p>Divisions and Directorates will discuss the results with staff by end of April and develop action plans by the end of May 2014.</p>
DECISION / ACTION	For information.

Staff Survey 2013 Results

1.0 Introduction

- 1.1 Chelsea and Westminster Hospital NHSFT undertook the NHS National Staff Survey 2013 between October and December for all staff
- 1.2 The results of the Annual NHS Staff Survey were published nationally by NHS England on the website nhsstaffsurveys.com.
- 1.3 All NHS organisations use the same staff survey and many organisations, including this Trust, use Capita to collate their reports.
- 1.4 1816 staff from Chelsea and Westminster completed the questionnaire in Autumn 2013.

2.0 Overview of Staff Survey 2013 Results

- 2.1 In 2013 there were 28 key findings (scores) and a measure of staff engagement, the same as in 2012.
- 2.2 The sample response rate for the Trust was 61% in 2013, which is in the top 20% when compared against other Acute Trusts.
- 2.3 The 2013 response rate is a deterioration on the 66% in 2012.

3.0 Summary of Key findings

- 13 issues in the **best 20%**
- 3 issues **better than average**
- 4 issues at the average
- 4 issues **worse than average**
- 4 issues in the **worst 20%**
- 1 issue **improved** since 2012
- 1 issue **deteriorated** since 2012

3.1 Key findings where the Trust is in the best 20% of Trusts

1. KF 3 - Work pressure felt by staff – (2.89)
2. KF 4 - Effective team working – (3.82)
3. KF 6 - Percentage receiving job-relevant training, learning or development in the last 12 months – (85%)
4. KF 8 - Percentage of staff having well-structured appraisals in the last 12 months – (48%)
5. KF 9 - Support from immediate managers – (3.76)
6. KF 14 - Percentage reporting errors, near misses or incidents witnessed in the last month – (94%)
7. KF 15 - Fairness and effectiveness of incident reporting procedures – (3.64)
8. KF 16 - Percentage experiencing physical violence from patients, relatives or the public in the last 12 months – (12%)
9. KF 20 - Percentage feeling pressure in the last 12 months to attend work when feeling unwell – (24%)

10. KF 21 - Percentage reporting good communication between senior management and staff – (42%)
11. KF 22 - Percentage able to contribute towards improvements at work – (74%)
12. KF 23 – Staff job satisfaction – (3.72)
13. KF 24 – Staff recommendation of the Trust a place to work – (4.04)

PLUS we are also in the top 20% for staff engagement.

3.2 Key findings where the Trust is in the worst 20% of Trusts (areas for improvement)

1. KF 5 - Percentage working extra hours – (75%)
2. KF 12 - Percentage saying hand washing materials are always available – (48%)
3. KF 26 – Percentage having equality and diversity training in the last 12 months – (47%)
4. KF 28 – Percentage experiencing discrimination at work in the last 12 months – (16%)

3.3 Key findings where the Trust has improved (statistically significantly) since 2012

1. KF 10 - Percentage receiving health and safety training in the last 12 months – (73%)

3.4 Key findings where the Trust has deteriorations (statistically significantly) since 2012

1. KF 5 - Percentage working extra hours – (75%)

3.5 2013 - Overall Staff Engagement

- Overall staff engagement score is 3.92 the Trust is in the **top 20%** compared to other Acute Trusts; and is no change on the 2012 score which was 3.87
- There are 3 sub-dimensions to employee engagement:
 - KF22: Staff ability to contribute towards improvement at work – Trust score **74% Top 20%**
 - KF24: Staff recommendation of the Trust as a place to work or receive treatment – Trust score **4.04 Top 20%**
 - KF25: Staff motivation at work – Trust score **3.90 Better than average**

3.6 2013 - Overall Staff Engagement

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- KF25: Staff motivation at work – Trust score **3.90 Better than average**

4.0 **Picture over the last 5 years (2009-2013)**

4.1 **Consistently in the top 20% on:**

- Overall Staff Engagement indicator
- KF13: Percentage of staff having well-structured appraisals in the last 12 months
- KF22: Fairness and effectiveness of procedures for reporting errors, near misses or incidents
- KF30: Percentage of staff reporting good communication between senior management and staff
- KF31: Percentage of staff able to contribute towards improvements at work
- KF34: Percentage of staff that would recommend the trust as a place to work or receive treatment

4.2 Consistently in the worst 20% on:

- KF38: Percentage of staff experiencing discrimination at work in the last 12 months

5. Next Steps

The results have now been cascaded to Divisions and Directorates. The results will be discussed at this level with staff during April. Action plans are being developed for submission to Director of Human Resources and Organisational Development by end of May 2014.

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	2.5/May/14
PAPER	Open Day 2014 – update
AUTHOR	Katie Drummond-Dunn, Communications Manager
LEAD	Layla Hawkins, Interim Head of Corporate Affairs
EXECUTIVE SUMMARY	This paper updates the Council of Governors on plans for the Trust Open Day 2014 (Saturday 14 June, 11am–3pm).
DECISION/ ACTION	The Council of Governors is asked to discuss the plans and attend the Open Day. Volunteers are also required for the Council of Governors stand.

Open Day 2014 – Update

1. Introduction

- 1.1 The annual Chelsea and Westminster Hospital Open Day is the flagship event in the Trust's public and patient engagement programme. It is known within the healthcare sector as one of the most successful hospital open days.
- 1.2 The event is an opportunity for the Trust to place itself at the heart of its community by opening its doors to local people and giving them a chance to become more involved in their local hospital.
- 1.3 Last year's Open Day on Saturday 11 May 2013 attracted over 2000 visitors and was opened by actress Maureen Lipman.
- 1.4 Visitors to last year's Open Day were invited to give their feedback on the day:
 - 98% rated the Open Day as 'Excellent' or 'Good'
 - 98% would definitely recommend the Open Day to friends and family
 - 98% said staff at the Open Day were friendly and approachable
- 1.5 Governors recruited 107 new Foundation Trust members on the day.
- 1.6 The careers event was attended by approximately 200 people.

2. Aims

- 2.1 Open Day 2014 will take place from 11am-3pm on Saturday 14 June.
- 2.2 The aims of Open Day 2014 are to:
 - Market the Trust to current and potential Foundation Trust members, patients and local residents
 - Promote the Trust values, this year focussing on "Excellent"
 - Celebrate the Trust's 21st anniversary
 - Promote the achievements of the hospital
 - Develop communication between Council of Governor's representatives and Foundation Trust members
 - Encourage Open Day visitors to become Foundation Trust members
 - Promote health, fitness and wellbeing
 - Showcase developments such as the new Birth Centre
 - Improve staff morale
 - Engage with local stakeholders
 - Utilise the day as a fundraising opportunity for the Chelsea and Westminster Health Charity and other associated charities

3. Implementation

- 3.1 As in previous years there is a small operational group to implement the project.

The Communications Manager will be responsible for project managing the Open Day including publicity, logistics, liaison with Trust staff and partner organisations.

4. Funding

The Council of Governors has kindly agreed to fund £20,000 for the Open Day.

Funds committed so far:

Category	Item	Budget exc VAT
Entertainment		
Photographer		180.00
Facepainter		280.00
Printing	Banner	
	200 A3 Posters	
	300 A4 Posters	
	500 Programmes	
Advertising	Letterbox drop (35,000)	
	Gazette newspaper and website newspapers (2 quarter pages in all 3 papers)	502.06
Balloons	1,000 helium-filled balloons	990.00
T-shirts	500 t-shirts	1,700.00
Furniture Hire	Display boards	
	Tables	
	Chairs	
ISS	Bottled water, fruit for stands	
	Staff function; sparkling wine, hog roast, porters	
Staff vouchers	Staff restaurant vouchers x 500 @ £5 each - £2,500	2,500.00
Camera equipment		
Petty cast for stands		1,000.00
Best stand prize money		
Health MOT		
Flowers		80.00
Total	£20,000	7,232.06

5. Programme

5.1 Stands and tours booked so far include:

- An area celebrating the *excellent* value incorporating research and innovation
- A cake to celebrate the Trust's 21st birthday
- A "Keeping you well" area to provide health checks (for example diabetes, blood pressure, BMI) and health advice for members of the public
- Teddy Bear Hospital in the new paediatrics outpatients
- Live music organised by Hospital Arts to run all day
- Over 40 stands including sexual health, burns, bariatric surgery, ICU, NICU, end of life care, smoking cessation, Age UK and many more

- Tours – various areas including the new Birth Centre, pharmacy, the boiler room, simulation centre, Chelsea Children’s Hospital (tours subject to infection control)
- A stand to show the ED redevelopment project and Chelsea and Westminster Health Charity stand to promote their £600,000 fund to support the design of the new ED.

6. VIP attendance

- 6.1 Thank you to Governor Wendie McWatters who has arranged for Joanna Lumley to open the event.

7. Artwork

George Vasilopoulos has designed the advertising and artwork based on a superhero / comic book theme. The artwork is bright, eye-catching and appealing to children.

- 7.1 Posters will be available for Governors to collect at the Council of Governors meeting to distribute in their local areas.

8. Advertising

- 8.1 Trust News: half page in April / May Trust News which is distributed to our members.
- 8.2 Website: homepage banner which links to write-up on the chelwest.nhs.uk website
- 8.3 Gazette series: Two quarter page adverts have been booked for the Gazette series (replacing the Chronicle) covering Hammersmith and Fulham, Kensington and Chelsea, and Westminster plus adverts on their website which will link through to our website.
- 8.4 Front of hospital banner: has been ordered and will be erected asap.
- 8.5 Residential letterbox drop: postcards have been order to be distributed to 35,000 residential addresses around the Trust. Specific area has not yet been finalised.
- 8.6: Poster: A3 and A4 have been ordered. Governors are asked to distribute posters locally in their area. Other posters will be displayed in local shops and around the hospital.
- 8.7: School mailing: A letter has been sent to local schools along with some posters to advertise the open day to local families.
- 8.8: Stakeholders: an invitation from the Chief Executive and Chairman has been sent to local stakeholders. Those attending will be given a tour of the open day by a member of the Executive team.
- 8.9: Social media: a series of tweets linking to open day information on our website will be published over the next few weeks.

Katie Drummond-Dunn
Communications Manager
April 2014

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	3.1/May/14
PAPER	Governors' Questions
AUTHOR	Layla Hawkins, Interim Head of Corporate Affairs
LEAD	Tony Bell, Chief Executive
EXECUTIVE SUMMARY	<p>1. The question raised by Angela Henderson: What measures we have in place to limit/prevent thefts of prescription drugs, medical supplies and equipment as featured in the BBC Panorama program on Monday 24th March 2014?</p> <p>Response from Trevor Post, Local Security Management Specialist (LSMS) and Deirdre Linnard, Head of Pharmacy:</p> <p>On a Physical Security perspective, the Pharmacy has very robust security surrounding it:</p> <ul style="list-style-type: none"> • Access Control Doors (Regularly Audited by Pharmacy Management) • CCTV Cameras • Intruder Alarm System • A Secure Controlled Drugs room, with its own CCTV cameras • A very tight regime in place for drawing keys, with only authorised staff allowed to sign for the keys. <p>The site has a 24/7 Security Team who carry out 6 Internal and 4 External Patrols a day and the Security Control room is manned 24/7 where the intruder alarm is monitored from.</p> <p>We also have a Security Annual Audit carried out by the Metropolitan Police, who over the years have recommended that we install heavier metal doors, put in additional cameras and tighten up on who has access to the Pharmacy. With all recommendations being achieved.</p> <p>As the Local Security Management Specialist (LSMS) I carry out my annual review and I am presently very happy with what we have achieved in Pharmacy.</p> <p>The Trust Medicines Policy is very specific as to how medicines are ordered, transported and stored on wards and departments. Storage of medicines storage is audited at least yearly (see extract from the Medicines Policy Section 1– Introduction below) and the audits are</p>

reported to the Medicines Committee and then to the Trust Executive Quality Committee

Medicines Policy - Section 1 – Introduction

1.4 Review, Monitoring and Audit of the Medicine Policy

The Medicines Policy is reviewed on an ongoing basis and undergoes a set review every 4 years. All proposed changes are taken to the Medicines Committee for approval. For monitoring purposes, at least every 2 years, an audit of the Trust Medicines Policy is conducted, with an audit of medicines storage conducted at least yearly. The audit is conducted to assess compliance with standards relating to activities such as prescribing, ordering, storage, supply and administration of medicines within the Trust, against standards outlined in the Trust Medicines Policy. The findings from the audit are presented to the Trust Medicines Committee and are included in the relevant year's "Medicines Management Annual Report". The audit is also sent to the Trust Quality Committee which reports to the Trust Board. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented.

Other relevant sections of the Medicines Policy:

- Trust Medicines Policy **Section: 3. Ordering and Supply** – specifies who is authorised to order medicines and details ordering processes
- Trust Medicines Policy **Section: 4. Safe Storage of Medicines** – specifies arrangements for storage of medicines
- Trust Medicines Policy **Section: 5. Handling and Transport** – specifies arrangements for transport of medicines
- Trust Medicines Policy– **Section 6 – Controlled Drugs** specifies arrangements for storage of controlled drugs medicines and *what to do in case of suspected misappropriation of controlled drugs*
- Trust Medicines Policy– **Section 13 – Medicines Related Incidents** specifies what to do *in case of suspected misappropriation of any medicines*
- Trust Medicines Policy– Appendix 1 - **Controlled Drugs Governance Arrangement** specifies audit controls and checks for controlled drugs to *prevent possible misappropriation* and also *what to do in case of suspected misappropriation*.

2. The question raised by Martin Lewis: How often is our health bus used; how much do we pay to park off site, if and when it is used who uses it?

Response from Sian Nelson:

The Health Bus is currently used approximately once a month and constantly during HIV testing week (week leading up to 1st December 2013). The Paediatric Department are also going to be using the bus in the coming months as well.

We have moved the bus to the back of the hospital where it is parked for free.

3. The question raised by Martin Lewis: General maintenance, as I walk around the hospital I notice lights that have not worked for a long time, the

toilet next to the dining room out of use for weeks (upgraded last year), and general wear and tear - is this not checked on a daily/weekly basis, if not why not?

Response from Marie Courtney, Estates and Facilities

I have met with Martin Lewis to discuss in further detail our expectations from both Norland and ISS. It was agreed that we would meet as a small group, on a regular basis, including Chris Cosens who manages the Norland Contract, myself, Martin and Susan Maxwell. In view of the concerns he raised, we thought these meetings would be beneficial as they will give both Martin and Susan an opportunity to nominate any area within the hospital for auditing in relation to Fabric, Housekeeping-cleanliness standards. These meetings may evolve in the future to encompass further work streams managed within the Estates and Facilities Directorate.

4. The question raised by Edward Coolen: When will posters and flyers be available for C&W NHS Foundation Trust Hospital Open Day 2014?

Response from Katie Drummond-Dunn, Communications Manager:

The posters are ready and will be available at the Council of Governors meeting for Governors to take away and distribute in their local area.

5. The question raised by Edward Coolen: Will Governors be advised of any Credit Card use by staff and executives at the C&W NHS Foundation Trust Hospital?

Response from Lorraine Bewes, Chief Financial Officer:

We have an account with Barclaycard and can issue Barclaycard cards under the Government Purchasing Card scheme. Cards have been issued to three of our directors as well as London Pharmacy staff and ICHP Ltd staff, for their use. The three directors who hold cards are Tony Bell, Lorraine Bewes, Hilary Gillies. There has not been any recent activity on Tony's card or Lorraine's over the last few months and Hilary's card is used for miscellaneous Trust purchases ordered through the Procurement Department.

Our scheme of delegation specifies the following: Overall responsibility for the security and use of a purchasing card is the named holder of the card. Each card must only be used for the purpose for which it is authorised, for example, travel and subsistence costs. Each cardholder must comply with the administrative requirements of the Trust's Purchasing Cards User Manual. Approval for issue of new cards is by the Director of Finance or Chief Executive.

Barclaycard has only two signatories who can approve a new cardholder: Rakesh Patel and Lorraine Bewes.

The table below shows the monthly spend in total on all of the cards over the last 12 months.

	Month-Year	Monthly C&W charges incl. London Pharmacy and ICHP (£)
	May-13	4,434
	Jun-13	4,031
	Jul-13	4,858
	Aug-13	3,780
	Sep-13	1,849
	Oct-13	3,595
	Nov-13	3,047
	Dec-13	2,148
	Jan-14	1,572
	Feb-14	1,864
	Mar-14	3,705
	Apr-14	2,001
	Total for previous 12 months	36,885
	<p>6. The question raised by Edward Coolen: Having regard for the need to economise and what must be a substantial expenditure on printing PR and Membership News Letters and Papers will Governors be advised of:</p> <ol style="list-style-type: none"> 1. Staff numbers employed in the Print Shop and 2. Relevant expenditure on: <ol style="list-style-type: none"> a) Paper b) Postage c) Photography and d) Fixed, Variable and Semi Variable costs associated with such publications? <p>Response from Layla Hawkins, Interim Head of Corporate Affairs:</p> <p>The Trust News contract will be shortly up for renewal and we are working with procurement to see whether we can provide better value for money.</p> <p>There is a shared part service with Royal Marsden Hospital to minimize expenditure.</p> <p>Photography is completed in-house.</p> <p>The PR budget is considerably smaller than that of Trusts of a comparable size, and where possible we do our best to economize ensuring we engage with staff, patients and members in a value for money way.</p>	
DECISION/ ACTION	To note.	

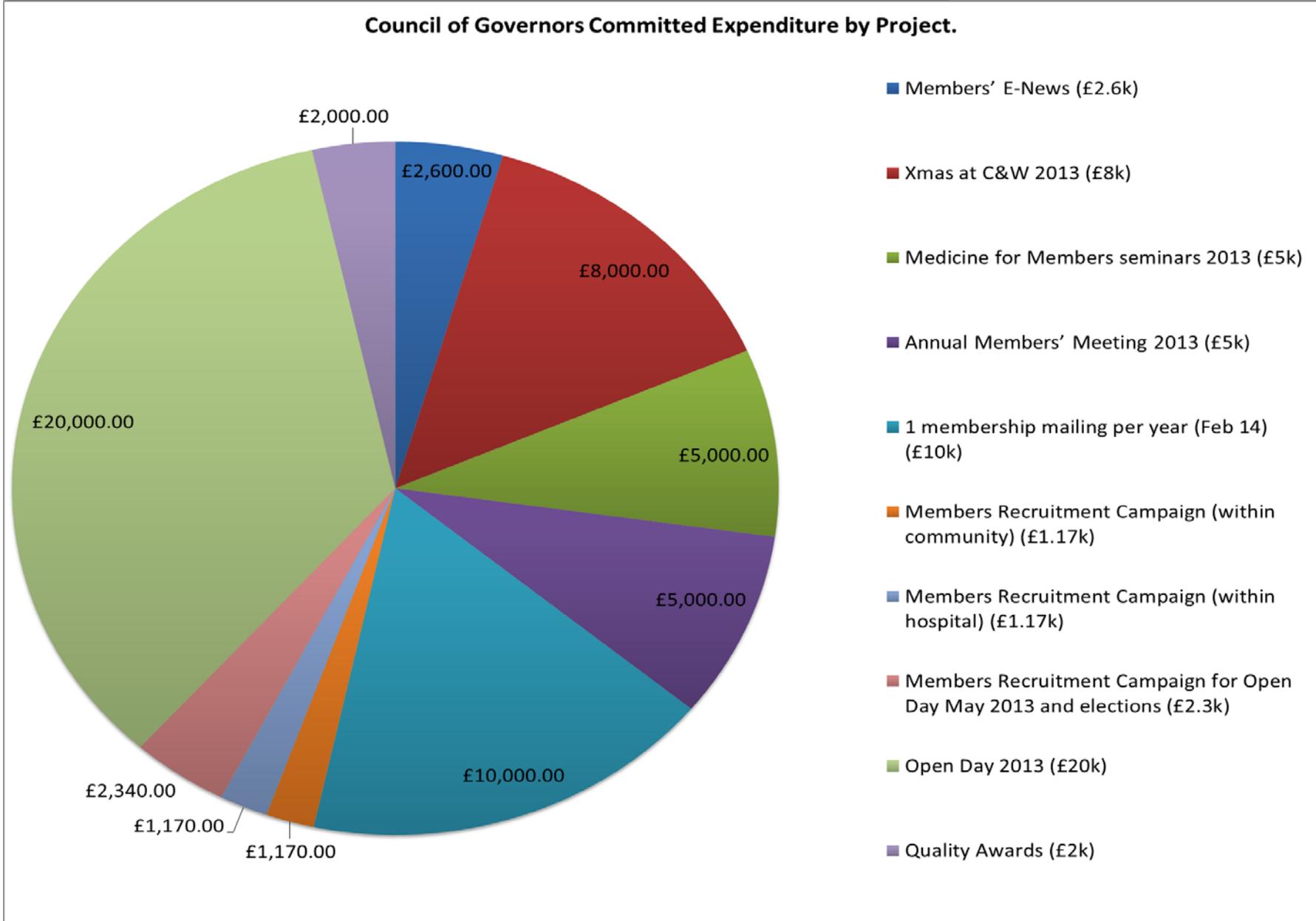
Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	3.3/May/14
PAPER	Council of Governors Funding Report
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Layla Hawkins, Interim Head of Corporate Affairs
EXECUTIVE SUMMARY	<p>This report provides an update on the Council of Governors budget for the financial year 2013/14.</p> <p>Of the £57,280.00, £41,939.19 was actually spent to date on the projects approved by the Council of Governors.</p>
DECISION/ ACTION	To note.

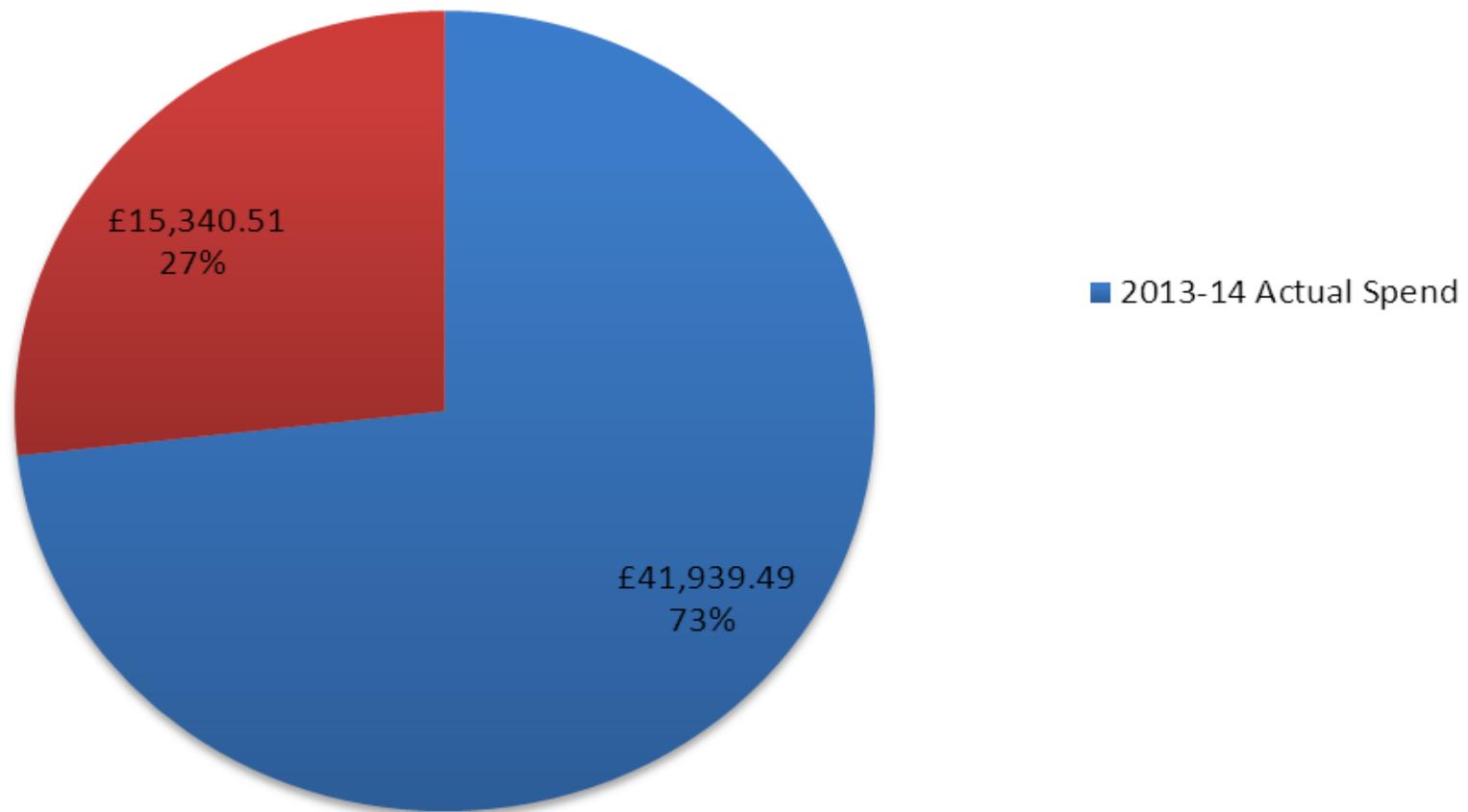
March 2014 Financials for Projects

Project Name	Amount Committed	Actual Spend to Date	Expenditure Completed	Expected Expenditure Period	Lead
Members' E-News	£ 2,600.00	£ 2,592.00	√	Monthly	Katie Drummond-Dunn
Xmas at C&W 2013	£ 8,000.00	£ 4,168.82	√	Nov/Dec-13	Katie Drummond-Dunn
Medicine for Members seminars 2013	£ 5,000.00	£ 361	√	Quarterly	Katie Drummond-Dunn
Annual Members' Meeting 2013	£ 5,000.00	£ 2,244.70	√	Aug/Sep-13	Katie Drummond-Dunn
1 membership mailing per year (Feb 14)	£ 10,000.00	£ 6,461.63	√	Jan/Feb-14	Katie Drummond-Dunn
Members Recruitment Campaign (within community)	£ 1,170.00	£ -		Oct/Nov-13	Sian Nelson
Members Recruitment Campaign (within hospital)	£ 1,170.00	£ 1,800.00	√	Sep-13	Sian Nelson
Members Recruitment Campaign for Open Day May 2013 and elections	£ 2,340.00	£ 2,825.00	√	May-13	Sian Nelson
Open Day 2013	£ 20,000.00	£ 19,736.34	√	Mar/Apr/May-13	Katie Drummond-Dunn
Quality Awards	£ 2,000.00	£ 1,750.00	√	Jul/Dec-13 & Mar-14	Melanie Van Limborgh
	£ 57,280.00	£ 41,939.49			

Council of Governors Committed Expenditure as at March 2014



Council of Governors Committed Expenditure (£57.3k)



Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	3.4/May/14
PAPER	*Membership Engagement and Communications calendar of events
AUTHOR	Katie Drummond-Dunn, Communications Manager
LEAD	Layla Hawkins, Interim Head of Corporate Affairs
EXECUTIVE SUMMARY	This is the programme of membership engagement and communications activities for the rest of 2013-14 and 2014-15.
DECISION/ ACTION	The Membership Sub-Committee is invited to note this update and provide their feedback on the proposed activity.

Membership Engagement & Communications Calendar of Events 2013/14

Date/Month	Event/Activity	Lead	Cost/Funding source
May 2014			
Friday 9 May	Members' News Issue 2	Communications Manager	£216 (Council of Governors)
Thursday 15 May	Star Awards	Communications Manager	Not from CoG budget but Governor representatives will be required to present the award.
Thursday 22 May	Medicine for Members seminar	Communications Assistant	£700 (Council of Governors)
June 2014			
Friday 13 June	Members' News Issue 3	Communications Manager	£216 (Council of Governors)
Saturday 14 June	Open Day	Communications Manager	£20,000 (Council of Governors)
July 2014			
Friday 11 July	Members' News Issue 4	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar (Organ donation with James Van Der Walt to coincide with National Transplant Week)	Communications Manager	£700 (Council of Governors)
August 2014			
Friday 8 August	Members' News Issue 5	Communications Manager	£216 (Council of Governors)

Date/Month	Event/Activity	Lead	Cost/Funding source
Friday 15 August	Trust News membership mailing for all public and patient members (including covering letter from Chairman, Trust News and A5 flyers about details of 'Medicine for Members' seminars)	Communications Manager	£10,000 (Public Relations budget)
September 2014			
Friday 12 September	Members' News Issue 6	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
Thursday 18 September	Annual Members Meeting	Head of Communications	£5000 (Council of Governors)
October 2014			
Friday 10 October	Members' News Issue 7	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
November 2014			
Friday 14 November	Members' News Issue 8	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
December 2014			
Friday 12 December	Members' News Issue 9	Communications Manager	£216 (Council of Governors)

Date/Month	Event/Activity	Lead	Cost/Funding source
Thursday 18 December	Christmas	Communications Manager	
January 2015			
Friday 16 January	Members' News Issue 10	Communications Manager	£216 (Council of Governors)
TBC	Star Awards launch	Communications Manager	Not from Council of Governors budget (Star Awards funded by Chelsea and Westminster Health Charity)
February 2015			
Friday 13 February	Members' News Issue 11	Communications Manager	£216 (Council of Governors)
TBC	Medicine for Members seminar	Communications Manager	£700 (Council of Governors)
March 2015			
Friday 13 March	Members' News Issue 12	Head of Communications	£216 (Council of Governors)

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	3.5/May/14
PAPER	*Membership Report Q4
AUTHOR	Sian Nelson, Membership Manager
LEAD	Sian Nelson, Membership Manager
EXECUTIVE SUMMARY	The paper outlines a current membership figures for end of March (Q4 2013/14)
DECISION/ ACTION	To note

Membership Report Q3

1.0 Membership joiners and leavers October-December 2013

During Q3 2,372 members joined and 2,433 left the Trust membership. This high volume of movement mainly consisted of staffing changes as a cleanse of the staff database had taken place.

Membership numbers are broken down (below) to reflect patient, public and staff membership representation for Q3 2013/14.

Start Period	01/10/2013	01/11/2013	01/12/2013
End Period	31/10/2013	30/11/2013	02/01/2014

Totals	Oct	Nov	Dec
Period Start	15,396	15,166	15,317
Joiners	2,201	151	0
Leavers	2,431	0	0
Period End	15,166	15,317	15,335

Public	Oct	Nov	Dec
Period Start	5,779	5,666	5,672
Joiners	167	6	0
Leavers	280	0	0
Period End	5,666	5,672	5,677

Patient	Oct	Nov	Dec
Period Start	6,197	6,105	6,250
Joiners	24	145	14
Leavers	116	0	1
Period End	6,105	6,250	6,263

Staff	Oct	Nov	Dec
Period Start	3,420	3,395	3,395
Joiners	2,010	0	0
Leavers	2,035	0	0
Period End	3,395	3,395	3,395

2. Membership ethnicity

Figure 1 shows overall members ethnicity. At the end of Q3 2013/14, the highest proportion of representation is within the White category and the lowest representation remains in the Mixed group. The representation is reflected in the public members ethnicity table (figure 2) where we can make comparisons to the local population that the Trust serves.

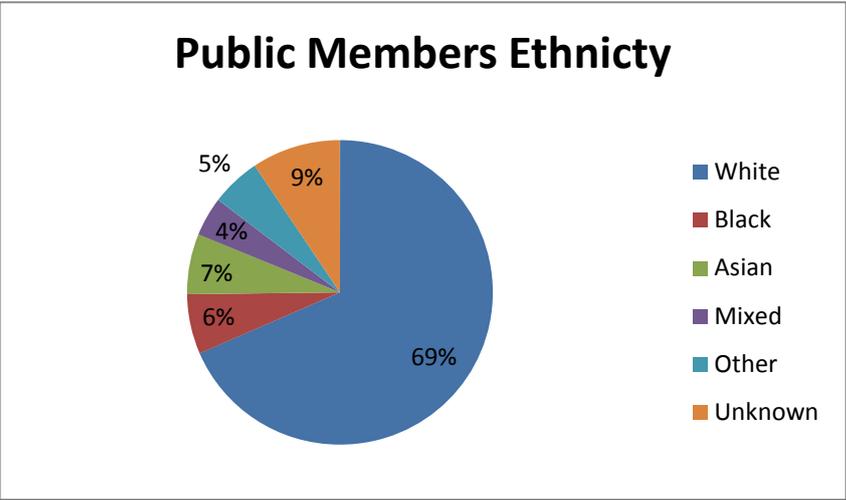
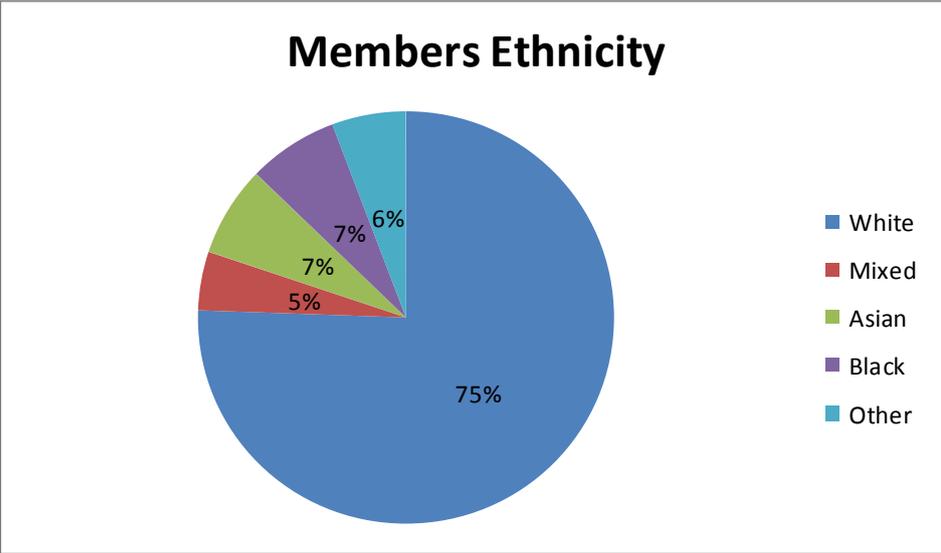
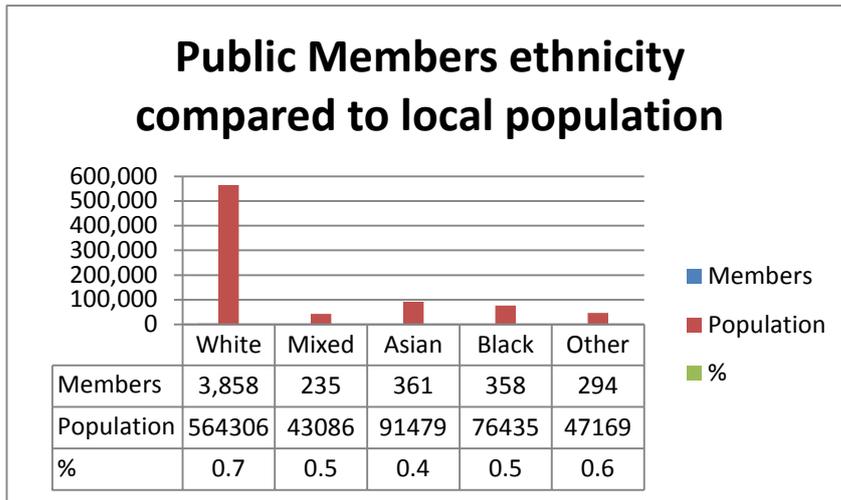


Figure 3 specifically shows public members ethnicity compared to the local population. Representation remains strongest in the White population and lowest in the Asian population.

The figures are more balanced when we compare Trust membership to the populations that we typically serve including Hammersmith and Fulham, Kensington & Chelsea, Westminster and Wandsworth.



3.0 Membership recruitment campaigns and strategy

The Council of Governors Membership Sub-Committee develops and reviews the Membership Recruitment Strategy. Recruitment activity is focused on both maintaining our membership numbers whilst also enabling a diverse and representative membership. Alongside recruitment, engagement activities are hosted throughout the year and offer members the opportunity to attend events and seminars at the hospital. Membership recruitment campaigns took place in October and November 2013.

Governors continue to host 'Meet a Governor' session at the Ground Floor Information Zone. Patients, public, staff and members have the opportunity to meet a Governor to discuss issues important to them. It is important this good work continues so that members and Governors have the opportunity to share information about their care and services delivered by the trust and raise any issues.

This is a condensed Membership Report but further analysis of membership demographics is conducted and can be requested through the Membership and Engagement Manager.

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	4.1/May/14
PAPER	*Draft Minutes of the Council of Governors Quality Sub-Committee meeting held on 11 March 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Elizabeth McManus, Chair
EXECUTIVE SUMMARY	Draft minutes are enclosed.
ACTION	To note.

Council of Governors Quality Sub-Committee, 11 March 2014
Draft

Attendees	Zoe Penn	ZP	Medical Director (Acting Chair)
	Melvyn Jeremiah	MJ	Public Governor - Westminster Area 2
	Martin Lewis	ML	Public Governor - Westminster Area 1
In attendance	Wendie McWatters	WMW	Patient Governor
	Melanie van Limborgh	MvL	Head of Quality and Assurance
	Sonia Richardson	SR	Patient representative on North West London CCG
	Sharon Connell	SC	Chaplaincy
	Barry Quinn (in part)	BQ	Macmillan Lead Nurse for Cancer & Palliative Care
	Carol Dale (in part)	CD	Patient Experience Facilitator
	Patricia Gani	PG	Healthwatch
	Vida Djelic	VD	Board Governance Manager

1 Welcome and apologies ZP

Apologies were received from Sian Nelson, Holly Ashforth, Elizabeth McManus, Anna Hodson-Pressinger and Susan Maxwell.

ZP informed the sub-committee that Walter Balmford resigned from the Quality sub-committee.

ZP noted that Mary Mullix from NHS North West London will replace Lizzie Wallman on the sub-committee.

2 Minutes of previous meeting held on 31 January 2014 ZP

Minutes of the previous meeting were approved as a true and accurate record of the meeting subject to the following change:

- p. 2, 4th para, first sentence to read 'PG said it is important that staff perceive a patient as a customer and consider how to help'.

3 Matters Arising ZP

Ref Values – MvL said that in the absence of Holly Ashforth this will be followed up with her and the sub-committee will be informed of the progress.

Ref Quality Report - MvL said that the communications team will assist with sending a link to the members of the 2013/14 Quality Account in the next relevant edition of the membership e-newsletter.

WMW suggested that the next annual review publication should be in a smaller format than the last year one i.e. A4 or A5 size. ZP suggested that the last year Annual Review will be brought to the next meeting for the sub-committee to consider. **VD**
VD to place on the June agenda.

Ref Quality Account themes issues log – MvL said that at the last meeting it was suggested that a log of interesting themes for inclusion in the Quality Account should be regularly presented to the sub-committee. As relevant the most appropriate leads for the items could be invited to the sub-committee to provide update on the key themes throughout the year. Once a theme has been completed it could be removed from the log. It was agreed that new themes could be added to the log throughout the year as appropriate. **MvL to review themes for the upcoming agendas.**

MvL

4 Quality Indicators – January 2014

MvL

The sub-committee noted the 'Quality Accounts' dashboard. This table provides an overview of the Local Quality Indicators.

MvL highlighted that the dashboard is produced monthly by the Information Department.

ZP highlighted a never event which occurred in January in relation to a retained vaginal swab; the processes and guidelines have been put in place preventing such an occurrence. Another never event occurred in February relating to grommet insertion in theatre in a patient's ear.

ZP highlighted that the Chief Executive, Medical Director and Executive Director of Nursing and Quality will chair future investigation panels in relation to never events.

SR queried the patient experience on the dashboard re formal complaints responded within 25 working days in January 2014 was 0 and on the dashboard was marked as red. ZP responded that this will be looked at and a response provided. **ZP to respond to SR.**

ZP

Patient Experience

Carol Dale, Patient Experience Facilitator updated the sub-committee on the work in relation to the cultural change. She noted that 'Great expectations' programme is being facilitated for leaders and managers which will encompass the Trust values and customer care standards. The programme is based on developing coaching skills.

MJ highlighted that notable work has been undertaken regarding attitude and communications and this has been followed up with training. He queried if managers are being included in the scheme. CD responded that everyone is involved in the process and there is an incentive scheme for staff.

5 Quality Account 2013/14

MvL

MvL provided an update on the progress with the Quality Account.

The sub-committee noted that the mandatory information will be included in the Quality Account and some initiatives will be included in the Annual Review and that the document will contain less non-mandatory information. This was highlighted as in response to stakeholder feedback for a slimmer document. This feedback was gained by an annual questionnaire survey.

It was noted that the quality priorities were agreed by the Quality Sub-Committee and Trust Executive Quality Committee and an overview of the way forward was provided.

MvL highlighted that the priorities for 14/15 remain the same as the last year as work is on-going on the current priorities. These are:

- Priority 1: To have no hospital associated preventable VTE
- Priority 2: To continue to focus on communication, discharge and delivering safe and compassionate care to all our patients
- Priority 3: To be in the top 20% of acute Trusts nationally for staff engagement and staff appraisals as measured by the NHS staff survey and to ensure our agreed Trust values inform everything that we do and to include the staff FFT test to help measure this
- Priority 4: To improve choice and quality in End of Life care

Stakeholders commentary

MvL noted that following on from communication with commissioners that they have been supportive of the direction of development of the C&W Quality Account.

The sub-committee noted the following timelines:

- 1st draft of C&W Quality Account to be sent to commissioners on 8 April
- Deadline for stakeholders comments is 28 April

MvL highlighted that she is actively working on the compilation of the new Quality Account.

PG noted that an advanced notice of when the 1st draft is to be expected would be useful so that Healthwatch can co-ordinate their review and respond by the deadline.

MvL invited one governor volunteer to lead on the Council of Governors commentary. [Interested governors to let MvL know.](#)

All

ZP noted that she and the Chief Nurse & Director of Quality will be discussing the Trust Quality Strategy.

ML queried if medicines management will be included in the Quality Strategy. ZP responded that it is being called 'avoiding drug resistance'. WMW said that patients should be supervised when taking medication. MM noted that commissioners are concerned with increased recording of medicines management issues.

PG said that a patient passport, which was developed by the Chelsea and Westminster Hospital, is very useful resource book as it contains important information about the patient for all medical professionals.

SR said it would be useful to go broader on this work and include patient held record about treatment and diagnosis.

ZP responded that there is a plan to roll out the patient passport nationally. However, a record concerning patient treatment and diagnosis is not part of it. MM said that the patient passport should be publicised widely as developed by the Chelsea and Westminster Hospital.

6 End of Life Care Strategy

BQ

Barry Quinn, End of Life Care lead, highlighted that the End of Life Care Strategy

forms part of Trust's quality priorities.

End of Life Care Steering Group has recently discussed staff support and how chaplaincy can be part of it. We will be working with experts and in collaboration.

It was reported the Trust aspires to be the best in the country. ZP queried how the Trust benchmarks itself. BQ responded that there are national standards, the Trust undertakes an audit and identify what the best standard is and the Trust measures itself and progress against it.

SR note an issue identified by London patient groups - coordination when patient is treated and cared by different group of professionals. She suggested that some of peer review measures would be helpful.

MM said that in the respect of end of life care it is important to focus on the work in the community and secondary care. BQ said it would be useful for a CCG representative to attend the C&W End of Life Care Steering Group and also useful that he attends CCGs End of Life Care Group meetings.

BQ highlighted that the strategy addresses key issues i.e. staff attitude, people skills and communications. The action plan is being developed. ZP suggested that the action plan is reviewed in 6 month time. **VD to place this item on the September agenda.** **VD**

SC said that people who attend memorial services express their gratitude towards treatment and care provided by C&W staff. BQ asked if feedback can be communicated to the wards concerned.

BQ invited one interested governor to join the Cancer Board. **Interested governors All to let BQ know.**

7 Council of Governors Quality Awards

MvL gave an overview of quality awards and highlighted that the Council of Governors Awards Spring and Autumn.

MvL noted that Susan Maxwell, patient governor has accepted the role of Quality Awards Lead Governor.

She also noted that the sub-committee, at its last meeting agreed that additional funding is required for future quality awards in order to meet outgoing expenditure. She said she will submit a bid to the Council of Governors for the additional funding in due course.

MvL reported on a Trust member who is interested in the quality awards and had some suggestions for enhancing the awards further. One of the member's suggestions was for winners to be provided with a pin badge. It was agreed if this was the case that criteria would need to be established as to how many people can receive the badge, especially in the case of a team award for a large team. WMW suggested that we seek a sponsor if a bid is unsuccessful.

It was agreed that one framed copy of the certificate is already currently produced and if more copies are needed they could be circulated electronically.

MvL noted that she will respond to the member concerned to provide feedback from the meeting and explain the current procedure for developing the Quality Awards.

8 Council of Governors funding report

VD

MJ said that there is a delay in paying invoices. VD clarified that delay can be caused by Chelsea and Westminster Hospital not receiving invoices promptly or invoices being miscoded.

WMW said that the budget projected for the Medicine for Members event needs to be reviewed for 14/15 as a little money has been spent on the events in year.

9 Feedback from governors on patient experience

All

MJ noted that he had passed a complaint to EM. This was reported to be in relation to a patient being told on the point of discharge that physiotherapy would be scheduled, but it did not state by whom and when. This caused an undesirable time delay. He asked if assurance can be provided that there is a system in place that on point of discharge if patient requires physiotherapy that information is provided as to who and when will be in contact to organise it. **ZP to explore this issue further.**

ZP

WMW said when she had had her foot surgery at Chelsea and Westminster Hospital and a physiotherapy appointment was arranged immediately after.

MJ noted that people have increasingly been complaining about the front and outpatients reception staff attitude. He reported that staff attended courses and still the problem remains. He asked if the sub-committee could be provided with an overview of the courses provided to the front reception and outpatients' reception staff, the content of the courses and how C&W monitors outcomes. **EM to provide a report to the June sub-committee meeting.**

EM

PG said that communication between hospital, GP and patient could be improved in relation to arranging a consultant appointment. It needs to be clearly communicated to patient which matters will be organised and communicated to patient by hospital and which by GP and if there is a delay who to contact. She also reported on staff attitude in the AAU.

SR queried if there are clear definitions who should go to A&E and who should go to the Acute Admissions Unit (AAU). ZP responded that patients referred directly by their GP are treated in the AAU, but self-referring patients are seen initially in the A&E department where they are assessed and directed to the most appropriate area to treat their particular problem.

ML reported on a recent visit to a hospital ward on which he observed an untidy drug trolley.

ML said he noticed that there is not always a receptionist at the lower ground floor outpatients' reception and some patients find it difficult to find their way around. He also observed that some staff had been seen to have their lunch in outpatients waiting area.

SR noted that she noticed the delay in receiving post from the hospital. She queried if the Trust uses TNT or the Royal Mail. ZP responded that both TNT and Royal Mail are used.

SR said while in A&E she observed that people go into clinical areas and she was not sure whether they were next to go in, or it were gaining entry by 'tail gating'. ZP responded that staff are aware of this issue and challenge people appropriately.

SR said she had recently had ophthalmology surgery and staff had been very helpful

and thoughtful. On one occasion she tried to call ophthalmology to arrange an appointment and it took some time to get through the right department.

WMW reported on a patient who was discharged from the hospital with a cannula left in place. It was subsequently removed by medical staff member. ZP responded that this case should go to nurse who discharged the patient.

MJ noted that his friend's wife had a wonderful delivery at C&W.

WMW said she had an excellent treatment in the ophthalmology department.

14 Any other business

None.

15 Date of next meeting – 10 June 2014 at 10am

Council of Governors Meeting, 15 May 2014

AGENDA ITEM NO.	5.2/May/14
PAPER	The Foundation Trust Governors' Association (FTGA) National Development Day – 26 March 2014
AUTHOR	Edward Coolen, Public Governor
LEAD	Edward Coolen, Public Governor
EXECUTIVE SUMMARY	
ACTION	For information.

REPORT ON THE 2014 FTGA NATIONAL DEVELOPMENT DAY 26 MARCH 2014

REPORT WRITER: CAPTAIN EDWARD COOLEN, PUBLIC GOVERNOR

Venue: etc.Venues. Prospero House (Smile Suite), 241 Borough High Street, London, SE1 1GA.

Advanced Information: None other than the initial FTGA Location email.

Quality of the Venue: Not high and a far cry from the opulence of Church House, Westminster where the writer attended the 2012 FTGA National Development Day. The building is one of many of identical design; no notice was placed on the door resulting in difficulty and delay in finding the right entrance and hence some delay.

Programme: The morning session consisted of:

- 1. Registration:** Neither the writer nor our Board Governance Manager (who was unable to attend) had been provided with name badges and the writer had to wait whilst his was hurriedly scribbled out.
- 2. Introduction:** By a panel of five, Mike Fowkes FTGA Director and Lead Governor at Mid Staffs; Marie Gabriel, Chair East London NHS FT; Michael Foster, Deputy CEO of UCLH; Anfrew Nebel. NED of Moorfields Eye Hospital and Tom Hughes, Director of the FTGA who Chaired the panel.

As each panel member introduced themselves the introductions took so long that there was little opportunity for questions.

- 3. Keynote Speech:** By Lord Philip Hunt, Shadow Spokesperson.

Due to the poor acoustics and the length of the hall it was extremely difficult to hear much of this address as the writer had been placed at the back as his arrival was a few minutes late - see above under 'Venue'.

- 4. Break:** A self-help coffee and tea machine was provided.
- 5. Debates:**

Delegates were then divided into three groups and could choose one of three Options;

 1. Significant Transactions – A useful definition?
 2. Council of Governors' and BoD's – Should a CoG be involved in strategic decisions?
 3. The Independent Panel for Advising Governors – Confidence to challenge.

The writer chose option (2) but it was of limited value – see later.

- 6. Luncheon:**

Lunch was truly appalling and the writer was unable to face it – dessert

consisted of a choice between a 1 ½ inch square of bread and butter pudding or two biscuits and a tiny slice of cheese – the writer asked for both but this was not allowed.

Small tables were available so delegates were well separated and unable to talk to one another, other than at their own table and so denying delegates of one of the principal advantages of attending such events i.e. interaction.

7. Afternoon Address: Professor Jonathan Benger, National Clinical Director for Urgent Care, NHS England gave a useful speech on, 'The Urgent & Emergency Care Review.' What does it mean for Foundation Trusts?

8. Break Session for self help coffee and biscuits.

9. Debates:

Delegates were again divided into three groups and could choose one of three options which they had not attended in the morning session;

1. Significant Transactions – A useful definition?
2. CoG's and BoD's – Should a CoG be involved in strategic decisions?
3. The Independent Panel for Advising Governors – Confidence to challenge.

This time the writer chose option (3) which was chaired by the very able Linda Nash, Chair of the Advisory Panel for Governors. This debate was extremely helpful.

One interesting point arose from this session: 24 of the 25 delegates attending this session stated that they were all receiving expense allowances from their respective Trusts - the writer being the odd man out.

10. Tea Coffee and Networking:

This simply did not happen and delegates drifted off.

OBSERVATIONS & COMMENT

In his report relating to the 2013 FTGA National Development Day, Governor Alan Cleary questions whether continued membership of the Association represents sound value for our Trust but the writer strongly feels that continued membership is in our Trust's best interests albeit the cost of continued membership should, perhaps, be renegotiated.

In terms of venue and comparing the Prospero House 2014 FTGA Development Day with the Church House 2012 FTGA Development Day is like comparing chalk and cheese – budgets have been tightened but the choice of venue for the above event is, in the writer's opinion, entirely unsuitable and going from one extreme to the other.

Seemingly, this event was managed by a single young lady with much younger, clearly inexperienced, even younger ladies who, though pleasant and polite, were clearly not up to the job.

The vast majority of delegates appeared to be very inexperienced new Governors which resulted in a lack of balance in the various sessions. On future occasions it might be best to send a newly appointed or less experienced Governor with one who is more experienced.

Chairing was 'democratic' and, in the main, only one question was allowed from each delegate before allowing another delegate his or her turn – this prevented any 'follow-up' on major points.

The writer's major criticism of the 2014 Annual Day was the lack of any meaningful contact with others than those sitting at the same table – as at a successful party, interaction with other guests (in this case, delegates) is best achieved by buffet style 'eats' and as few chairs as possible so that one can move from one group to another with ease so as to discuss matters of particular interest that may have arisen.

Nevertheless, this annual event clearly provides an opportunity for newly elected Governors to gain some knowledge and further understanding of Trust work and gain both confidence and experience in public speaking.

In addition the writer thinks it would be helpful if newly appointed or less experienced Governors about to attend their first 'FTGA Annual Day' were put in touch with those who had previously attended one and could offer some help and guidance.

Edward Coolen. Public Governor.