

Council of Governors Meeting
 Hospital Boardroom
Chair: Prof. Sir Christopher Edwards
Date: 1 December **Time:** 4pm

Agenda

		Lead	Time
1	GENERAL BUSINESS		
1.1	Welcome & Apologies	CE	
1.2	Announcement of results of elections	CE	
1.3	Code of Conduct Acceptance	CE	
1.4	Declaration of Interests	CE	
1.5	Minutes of Previous Meeting held on 15 September 2011	CE	
1.6	Matters Arising (attached)	CE	
1.6.1	Council of Governors performance evaluation	CE	
1.7	Chairman's Report (oral)	CE	
2	ITEMS FOR DISCUSSION/DECISION/APPROVAL		
	GOVERNANCE		
2.1	Terms of Reference of Agenda Sub-Committee* (attached)	CE	
2.2	Report on the Chairman appraisal (attached)	JB	
2.3	Remuneration for the Senior Independent Director and Chair of Audit Committee (attached)	CE	
	COUNCIL OF GOVERNORS		
2.4	Council of Governors Funding Report (attached)	VD	
2.5	Governors' Questions		
2.5.1	- Does the C&W NHS Foundation Trust have any obligations under the PFI (Private Finance Initiative) legislation? Harry Morgan	LB	
2.5.2	- In the light of recent concern over nursing, would the hospital consider setting up its own training scheme for both nurses and health care assistants, over and above regular training updates, and that lead to a, possibly unique, qualification in bedside care? Sandra Smith-Gordon	TD	
2.6	Audit of Governors Skills (attached)	SS-G	
2.7	Governor/Senior Nurse Patient Rounds Update (attached)	TP	
2.8	Proposal for Governor Engagement in Senior Nurse and Midwifery Clinical Half Days	TD	
2.9	Feedback from 24 November Away Day (oral)	CE	
	QUALITY		
2.10	Quality Sub-Committee report (draft minutes of 16 November meeting attached)	MA	
	MEMBERSHIP		
2.11	Membership Sub-Committee report (draft minutes of 8 November 2011 meeting attached)	ML	
2.12	Proposals for membership engagement and communication 2012	MAK	
2.13	Calendar of membership engagement and communication events 2012	MAK	
2.14	Open Day 2012 – proposals (attached)	RMB	
2.15	Membership Report* (attached)	TP	

3	ITEMS FOR INFORMATION		
3.1	Finance Report – (attached)	LB	
3.2	Performance Report – (attached)	AP	
3.3	Council of Governors meeting dates for 2012 (attached)	VD	
4	ANY OTHER BUSINESS		
5	DATE OF THE NEXT MEETING – 9 February 2012		

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	1.5/Dec/11
PAPER	Draft Minutes of Council of Governors Meeting – 15 September 2011
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, 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, 15 September 2011
DRAFT

Prof. Sir Christopher Lucy	Edwards Ball	Chairman Staff		CE LB
Chris Christine Anthony	Birch Blewett Cadman	Patient Public Patient	Allied Health Professionals, Scientific and Technical Hammersmith and Fulham 2	CBir CBle ACad
Fergus Cass J.	Cass Cass- Horne	Appointed Patient	NHS Kensington &Chelsea	FC CC-H
Alan Carol Brian Rosie	Cleary Dale Gazzard Glazebrook	Patient Staff Staff Appointed	Management Medical and Dental PCT NHS Hammersmith and Fulham	ACle CD BG RG
Melvyn Jacinto Martin Charlotte	Jeremiah Jesus Lewis MacKenzie	Public Staff Public Staff	Westminster 2 Contracted Westminster 1 Support, Administrative & Clerical	MJ JJ ML CMC
Kathryn William Susan Henry Sandra	Mangold Marrash Maxwell Morgan Smith- Gordon	Staff Patient Patient Patient Public	Nursing and Midwifery Kensington and Chelsea 2	KM WM SMax HM SS-G
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT
Alison Taryn	While Youngstein	Appointed Patient	King's College	AW TY

IN ATTENDANCE:

Sir John Baker	Non-executive Director	JB
Richard Kitney	Non-executive Director	RK
Jeremy Loyd	Non-executive Director	JL
Sir Geoffrey Mulcahy	Non-executive Director	GM
Karin Norman	Non-executive Director	

		KN
Charlie Wilson	Non-executive Director	CW
Heather Lawrence	Chief Executive	HL
Mike Anderson	Medical Director	MA
Lorraine Bewes	Director of Finance	LB
Mark Gammage	Director of HR	MG
Bill Gordon – in part	Acting Director of IT	BGor
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Axel Heitmueller	Director of Strategy and Business Development	AHe
Matt Akid	Head of Communications	MAk
Sian Nelson	Membership and Engagement Manager	SN
Anthony Pritchard	Interim Deputy Chief Nurse	TP
Vida Djelic	Foundation Trust Secretary	VD

1 GENERAL BUSINESS

1.1 Welcome & Apologies

CE

The Chairman welcomed members to the meeting.

Apologies were received from Nicky Browne, Edward Coolen, David Finch and Wendie McWatters.

The Non-Executive Directors (NEDs) present introduced themselves.
CW JL KN JB GM

1.2 Declaration of Interests

CE

None.

1.3 Minutes of Previous Meeting held on 14 July 2011

CE

CB referred to p.3 of the minutes of the previous meeting and said he did not refer to names of the Council of Governors but to photographs.

Re section 1.4.1 the fourth video referred to should state 'becoming a Foundation Trust member'.

P.6 ref 2.1 Findings and Recommendations from the 2011/11 NHS Quality Report – it should read 2010/2011, not 2011/11

P.10 ref 2.11 Council of Governors Funding Report - the last sentence of the second paragraph should read: "The Council of Governors agreed to support the funding of the Annual Members Meeting and associated events for £5,000."
p.11 ref 2.14 Governors/Senior managers Patients Rounds Update - the first sentence should read: "CBI reported on a 4½ tour of all the hospital's HIV and sexual health clinics."

Action: VD to amend minutes in line with comments received.

VD

1.4 Matters Arising

CE

SMax asked for a room for the governors. CE explained that there was no spare space and a significant number of staff worked offsite e.g. Harbour Yard to free up space on site. CM explained that off site staff often had problem with space when working here and she had asked CD to consider 'the Hub' for governors as this is where staff can work. CD explained the 'Hub' and how it could be used for working and for meetings for small numbers. She explained how governors could get access.

CM said they had explored the use of the library to keep resources for governors but the library staff had not thought the library was suitable for this purpose.

SMax clarified that what was required was a space where coats and bags could be left. She suggested there was room opposite paediatrics but several governors highlighted that it was used frequently. MJ suggested a small working party to look into this. HL suggested that Helen Elkington, Head of Estates & Facilities looks into possibilities.

Action: Helen Elkington to consider governor requests and explore possibilities.

HE

CE noted that Bill Gordon will present later on the problems with email accounts.

CE noted that BG had held a meeting re the Chairman's appraisal. BG said he was impressed by the intellectual discussion and how relaxed the meeting was and suggested that the governors meet a couple of times a year for informal discussions prior to the Council of Governors meetings.

CM noted the update on matters arising regarding the survey. She suggested that the survey is repeated amongst our governors and the results compared with the Monitor results as a benchmark. This would also fulfill the requirement to review the working of the Council periodically.

This was agreed.

Action: CM to repeat the Monitor survey amongst the governors.

CM

CE noted that other actions were complete.

1.5 Chairman's Report

CE

Governors' badges

CE confirmed that all governors have been issued with a badge.

Election

CE informed governors that there is going to be expiration of the office of one public governor at the end of October and noted that in addition there are two vacant seats currently (one public and one patient).

CE noted that the letters of notification of an election will go out on 26 September to the members of the patient and public constituencies. The nominations must be received by 14 October. The polls will close on 23 November. The results of the elections will be announced on 24 November.

CE asked governors to encourage members from the constituencies coming up for election to nominate themselves and in particular members of hard to reach groups.

Joint Board/Council of Governors Away Day - 24 November 2011

CE informed the Council of Governors that there will be a joint Board/Council of Governors Away Day on 24 November. The Board will meet in the morning for their meeting and a joint meeting will be held in the afternoon.

CBir commented that he had attended two away days in the past and he found both very useful but quite structured and there was not much opportunity for mixing. He felt that governors need to know the Non-executive Directors better and this should be allowed for. He also requested that we ensure that the heating works properly.

VD

Action: VD to ensure that heating works in the room.

CE said that Jeremy Loyd, Non-executive Director, is interested in developing the Trust values as part of the patient experience work and he thought that it would be a key area to focus on. He said he will take CBir's comments into consideration. CE confirmed that the Away Day was separate from the meeting and that the Council of Governors meeting would go ahead as normal on 1 December.

CE said he wanted to take the opportunity to thank CW on behalf of the Council of Governors for his time and effort within the Trust which has been remarkable.

CE said he would also like to record his thanks to Andrew Havery, Non-executive Director who is also stepping down and in particular to recognise the onerous and important task of chairing the Audit Committee.

CE informed governors that Sian Nelson, Membership and Engagement Manager is going on maternity leave on 28 September and wished her well.

CE said that SS-G submitted a proposal for governors' skills audit to help the Trust understand the skills governors have and encourage them to get involved where appropriate. CE suggested that the paper goes to the Agenda Sub-Committee for consideration for the Council in December. **This was agreed.**

Action: VD to put forward the proposal for a governors' skills audit to the Agenda Sub-Committee.

VD

2.1 Non-executive Directors Term of Office

CE

CE outlined the paper and said that the Council of Governors is required to formally approve the three Non-executive Directors appointment and noted that their term of office starts on 1 November 2011 for three years.

The Council of Governors agreed to a three year term of office for the three NEDs commencing 1 November 2011.

2.2 Senior Independent Director (SID)

CE

CE said that Charlie Wilson has been the SID for four years and that his term of office expires at the end of October 2011.

Monitor recommends that the Board should appoint an independent Non-executive Director to be the SID, in consultation with the Council of Governors.

CE added that the SID will deal with issues inappropriate for Board members and the governors to raise with the Chairman.

He said that a survey of foundation trusts indicated that 70% of Trusts, as a matter of practicality, appointed the Vice-Chairman as the SID. We had adopted the same approach when appointing Charlie Wilson and the proposal was to continue this.

CBle queried the process for appointment of the Vice-Chairman and said it must be seen to be fair with all Non-executive Directors having the opportunity to be the Vice-Chairman. CE responded that the Vice-Chairman is appointed by the Board of Directors. He will consult the Board in advance and the Board will make the decision. He confirmed that this is outlined in a paper for the September Board meeting.

MJ commented that he had looked at the Monitor guidance document and said that it states that the Vice Chairman of the Board should be appointed by the Council of Governors and the SID by the Board. CE said that this issue had been identified before, where the Trust's constitution is not compatible with Monitor guidance and emphasised that the constitution takes precedence.

CE reminded governors that the constitution will be reviewed once the new Health Bill has been published and recognised that there are a few important issues which will need to be addressed, for example open Board meetings.

ACle queried if these appointments can be made annually. MJ said that continuity is very important. CE commented that from his experience it is difficult to feel that one can get enough experience in a year.

FC agreed that it is sensible approach that the Vice Chairman becomes the SID.

CE noted that the Trust will proceed with appointing a new Vice-Chairman at the next Board. CE noted that the independence of the Non-executive Director who will be appointed as the Vice-Chairman of the Board of Directors and then subsequently the SID, will be ensured as part of the process.

It was agreed that the Vice Chairman of the Board would be the Senior Independent Director.

2.3 Council of Governors Funding Report* CE

This item was starred.

SS-G suggested that instead of using the term 'to be spent' change to 'available'.
This was agreed.

2.4 Governors' Questions HL

HL said that three governors have submitted the following questions:

Q1. Question from Dr Anthony Cadman

'What negotiations are in hand to raise the permitted sum of Private Patient Income (PPI) for Chelsea and Westminster Hospital NHS Foundation Trust which is currently restricted as shown in the financial accounts at the last meeting?'

HL responded that we are not in the position to negotiate as the Private Patient Cap is in primary legislation. However, it is likely it will be lifted. ACa queried if we are in a position to lobby. HL responded that we are not.

ACad queried the situation with the Royal Marsden Hospital (RMH) and their recent advertising. HL explained that the cap is set on the amount of private income the Trust had when they became a foundation trust. For the RMH this was 30%. The fire would have affected their private income which is probably why they were advertising.

WM said that he found an interesting article on the Internet which reports that 40 NHS hospitals will either have to change radically or close if the Government wants to avoid a £5 billion bailout by 2013.

CE suggested that we need to work more on publicising the benefits of private income to the NHS.

ML queried treatment of patients from abroad. LB responded that if it is an EU patient we have a reciprocity system with countries within the EU, and there are other classified visitors on NHS tariffs.

CE pointed out that there is a problem and a number of people with non preexisting condition get treated in the UK and very often the bill is not paid for.

Q2. Question from Alan Cleary

In 2008 a record claim for damages against an NHS hospital of £5 million was paid out in a case of MRSA superbug infection. More recently two further identified superbugs have been mentioned to me namely S.Kentucky and S.Heidelberg. What measures do we have in place at Chelsea & Westminster Hospital for coping with the effects of these two new threats?

HL clarified that the £5m was paid by the NHS Litigation Authority as part of our

insurance. It is a national scheme and the payment does not affect our budget.

HL said that the answer was provided by Dr Azadian Berge, Director of Infection Control. With regard to the first question about MRSA, the Trust screens all elective and clinically relevant non-elective patients admitted to our Trust. All positive cases are decolonised to minimise the risk of infection with this organism. Infection Control measures are in place to prevent transmission. Antibiotics effective against MRSA are available to treat infections if clinically indicated.

Antibiotic resistance in Salmonellae is not new. It occurs in all Salmonellae at some stage. In this case the S. kentucky (in Europe) and S. heidelberg (in the US) variants of salmonella bacteria appears to have developed due to the use of antibiotics in chicken and turkey farming, rendering it difficult to treat in infected patients.

All stool samples sent to our Trust are tested for enteric pathogens which includes Salmonella. Antibiotic sensitivities are performed on all isolates and communicated to the clinicians / GPs to assess if treatment is warranted. The great majority do not need treatment.

The positive cultures are sent to the Health Protection Agency (HPA) for further identification and if needed they initiate an epidemiological study to see if there is a common source.

Q3. Question from Alan Cleary

Is the proportion of NHS spending on prevention and public health (believe currently 4-5% of income from taxpayers) regarded by our staff here as sufficient?"

HL responded that this depends on the service, however it would be difficult to indicate whether there is sufficient funding.

Q4. Question from Martin Lewis

Next year 2012 will be a busy year for London, with the Queen's Jubilee in June for 3 days then the Olympics in July and paralympics in August. Will the trust be planning a strategy to cope with the influx of people and as we are in a catchment area that has most of the hotels, the West End etc?

HL responded that we had the cycle race in August as practice. We have a Trust Olympic lead, Dominic Clarke, Cancer Services Manager.

We are also planning for 30 November for possible strike action. We have good relations with the Trade Union and ISS partners.

2.5 Governors' generic email account proposal

BGor

CE introduced Bill Gordon, Acting Director of IT.

BGor said he had seen correspondence regarding a lack of continuity in the IT support service. He recognised that governors need an easy and simple system to use.

CE said that governors need to be advised of the possible options and to choose

whether they are happy with the existing system or they prefer a generic e-mail.

One option is to have a generic e-mail to which VD will act as distributor. This will work similarly to Google and governors will be notified in their private e-mail box that there is an e-mail in their chelwest account.

Another option is to keep the current system and improve it.

MJ said that it has been nine months now since he joined and he has not had his e-mail account which he requested on joining the Trust. **Action: BGor to ensure that MJ gets a Chelwest e-mail account.** **BGor**

CE asked BGor to provide a timetable and options to the Council.

CE recognised that some governors are more IT literate than others but it would be helpful if everyone had an e-mail account.

ML said that we need to publicise emails further and we have governors meetings in the Information Zone.

SMax said that she finds the daily bulletin very useful and informative and it updates governors on happenings in the hospital.

CE concluded that BGor will send options to VD to circulate to governors. **Action: BGor to send options to VD to circulate to governors.** **BGor/VD**

2.6 Governor/Senior Nurse Patient Rounds Update **TP**

Anthony Pritchard (TP), Interim Deputy Chief Nurse introduced himself and presented feedback.

Part of TP's role covers coordinating Governor/Senior Nurse Patient Rounds which is an opportunity to meet the senior nursing team and understand day to day hospital business and treatment of patients.

The first round took place on 15 July and the second round took place on 9 August 2011. TP said that the future dates will be organised soon and he will liaise with VD to set up visits.

CE thanked TD for coordinating visits and recognised the benefit of these for governors.

2.7 FTGA Development Day 22 July 2011 – feedback **CBir/ACle**

CBir said that he and ACle attended the same event, but he felt he got more out of it than ACle.

CBir said that he contributed financially to the NHS and is due to have two 'incapacities soothed' (as referred in ACle's report) by the NHS and he was profoundly grateful for this. He does not agree with ACle's comments and found them deeply offensive.

CBir highlighted two points from the day:

1. 56% of Trusts are now focusing on engagement rather than recruitment.
2. Other trusts were envious that we have such good attendance at our Annual Members' Meeting and our Open Days.

ACle said that the attached paper was a 'Fit for the Future' paper but it was not the correct report that he had asked to be circulated. VD confirmed that this was the report he had requested in his e-mail.

VD

Action: AClc to confirm which report he requires to be circulated and VD to action accordingly.

FC pointed out that governors are asked to note the papers and that we do not necessarily agree with all the comments and do not accept the conclusions.

2.8 Quality Sub-Committee report

MA

MA briefly outlined the paper and said that the hydrotherapy pool had been refurbished and reopened and due to one patient who slipped we closed it again due to the potential risk. It is scheduled to reopen shortly. There is patient group referred for therapy and there is also a rehabilitation group who use it.

BG suggested that the quality sub-committee is chaired by a governor as it is a sub-committee of the Council of Governors. MA responded that he would find this acceptable. CM said she did not think it was appropriate for as it was a committee that supported the executive.

CE whether the Council of Governors sub-committee meetings should be chaired by a governor. CM said that this has not been agreed as a principle.

CE suggested that the Chair of the Quality Sub-Committee is discussed outside the meeting.

2.9 Membership Sub-Committee report

CBir

CBir commented that minutes produced were in a very draft form.

2.10 Membership Report

SN

SN introduced the report.

SN directed governors to p.2 which looks at joiners and leavers and commented that we lost 400 members due to people moving out of the boundaries. We had a recruitment campaign to recruit 900 members by the end of financial year so 600 more members are to be recruited.

We went to Dean St to recruit members but did not get much out of it as the personal addresses had not been provided.

SN pointed out that re ethnicity we are very balanced if compared with the local population. This is outlined in table 3.

CE noted that at one Trust all patients get a letter from the Chairman inviting membership and we should consider doing the same.

CE thanked SN for presenting the report and wished her well.

3 ITEMS FOR INFORMATION

3.1 Finance Report – August 2011 LB

This item was taken as read.

3.2 Performance Report – August 2011 AP

This item was taken as read.

4 ANY OTHER BUSINESS CE

CBlew added to remarks made about Charlie Wilson and emphasised how extraordinarily well he chaired the Assurance Committee meetings. She was in awe of his skills as a Non-executive Director.

TY queried 'choose and book slot issues' in the performance report. HL said that she will ask AP to respond. **Action: AP to respond to TY.** **AP**

RG queried the cancer 2 week wait. **Action: MA said that Catherine Gillespie would respond.** RG said this has been in the press a lot recently. HL said that as part of our quality account this has been looked at quite rigorously. **CG**

CE concluded the meeting and invited all governors to attend the Annual Members' Meeting at 5.30pm.

5 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 1 December 2011.

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	1.6/Dec/11
PAPER	Matters Arising from the meeting of the Council of Governors meetings held on 15 September 2011
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	This paper lists matters arising from previous meeting and the action taken or subsequent outcomes.
DECISION/ ACTION	The Council of Governors is asked to note the matters arising and the updates.

MATTERS ARISING
Council of Governors Meeting
 Hospital Boardroom
Chair: Prof. Sir Christopher Edwards
Date: 15 September 2011
Time: 3:00 – 5:30 pm

Ref	Description	Lead	Subsequent Actions or Outcomes
1.3/Sep/11	Minutes of Previous Meeting held on 14 July 2011		
	VD to amend minutes in line with comments received.	VD	Completed
1/4/Sep/11	Matters Arising		
	<u>Room request from governors</u> Helen Elkington to consider governor requests and explore possibilities.	HE	
	CM to repeat the Monitor survey amongst the governors.	CM	On agenda
1/5/Sep/11	Chairman's Report		
	<u>Joint Board/Council of Governors Away Day - 24 November 2011</u> VD to ensure that heating works in the room.	VD	Completed
	VD to put forward the proposal for a governors' skills audit to the Agenda Sub-Committee.	VD	On agenda.
2.5/Sep/11	Governors' generic email account proposal		
	BGor to ensure that MJ gets a Chelwest e-mail account.	BGor	

	BGor to send options to VD to circulate to governors.	BGor/VD	
2.7/Sep/11	FTGA Development Day 22 July 2011 – feedback		
	ACle to confirm which report he requires to be circulated and VD to action accordingly.	ACle/VD	Completed.
4/Sep/11	Any other business		
	TY queried 'choose and book slot issues' in the performance report. HL said that AP is absent and she will get back. AP to respond to TY.	AP	
	RG queried cancer 2 week wait. MA said that Catherine Gillespie should respond.	CG	

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	1.6.1/Nov/11
PAPER	Council of Governors Performance Evaluation
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	<p>The code of Governance states:</p> <p>'D.2.2 Led by the chairman, the Council of Governors should periodically assess their collective performance...'</p> <p>The questionnaire enclosed presents a slightly edited version of the Monitor Governors' Survey 2010. Permission was obtained from Monitor to use their questionnaire. Some questions have been removed as not relevant e.g. what kind of foundation Trust you represent, which regional area does your Trust fall within, etc.</p> <p>The purpose is to complete the questionnaire and compare the results with the Monitor results as a benchmark. This would fulfill the requirement to assess the performance of the Council of Governors periodically.</p>
DECISION/ ACTION	The Council of Governors is asked to agree the questions and to complete the questionnaire and return to Vida Djelic by 19 January 2012. This can be done via paper or electronically and will be sent to governors on Monday, 5 December 2011.

Council of Governors Performance Evaluation

1. Please read the questions and tick the most appropriate box
2. Please answer all questions using knowledge gained as a governor
3. Please add any appropriate comments
4. Please return the questionnaire to Vida Djelic, Foundation Trust Secretary (vida.djelic@chelwest.nhs.uk) by 19 January 2012.

Governor Survey 2011

About you

1. What type of governor are you?

- Public/Constituency Governor (elected by the Trust Membership)
- Patient, Carer or Service User Governor (elected by Trust membership)
- Staff Governor (elected by staff)
- Stakeholder Governor (appointed to represent local authority, PCT, LHB, university or voluntary service etc.)

2. How long have you been a governor?

- Less than 3 months
- Between 3 months and 6 months
- Between 6 months and 1 year
- Between 1 year and 2 years
- Longer than 2 years
- Since the Trust was first authorized (please also tick this if relevant, in addition to one of the above)

3. How many of the Council of Governors meetings do you attend?

- Every or almost every meeting
- At least one in two meetings
- At least one in three meetings
- At least one in four meetings
- Less than one in four meetings, but do attend some meetings
- Never attended any meetings
- Don't know

4. Please indicate the frequency of each of the following. Please tick one box for each statement.

	Always	Most of the time	Sometimes	Never	No opinion/Do not know	Not applicable
4.1 Agenda and supporting documents are circulated in good time for each meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Minutes are circulated after every governors meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Minutes of the meeting are circulated in good time for the next meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Action points are followed up by the governors responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 The Chair follows up the action points for which he or she is responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 The attending executive board members follow up the action points for which they are responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Governor meetings are productive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

About your role as a governor

5. For each of the following statements, please tick to indicate the extent of which you agree or disagree:

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	No opinion	Not applicable
5.1	Overall, I am clear about my roles and responsibilities as a governor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	I am clear about what the local healthcare priorities are for my Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	I am clear about what the priorities are for my Trust's patients/service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Governors should be representing the broad healthcare/mental health needs of their local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	Governors should be representing the broad healthcare needs of the Trust's Patients/Service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6	Governors should be representing the views of the Trust membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 5.7 Governors should be representing the views of the Trust's patients/service users

- 5.8 I am confident that as a governor I could represent/I am representing the needs of the local community

- 5.9 I am confident that as a governor I could representing the needs of the Trust's members

- 5.10 I am confident that as a governor I could represent/I am representing the needs of the Trust's patients/service users

- 5.11 The governors at my Trust are good at communicating what the Trust is doing for the local community

- 5.12 The governors at my Trust are good at communicating what the Trust is doing for patients services

- 5.13 The governors at my Trust are good at communicating what the Trust is doing for the Trust membership

- 5.14 I understand what it means to hold my Trust's executive board to account

- 5.15 I feel I have the power as a governor to hold my Trust's executive board to account

Comments:

About how you work with your Trust

6. Thinking about the information you need to perform your role as a foundation trust governor, how well informed do you think the Trust keeps you about its activities?

- Very well informed
- Fairly well informed
- Not very informed
- Not at all informed
- Don't know

Comments:

7. Thinking about your Trust's strategy or forward planning, how confident would you feel in explaining this to a new governor?

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- Don't know

Comments:

8. In your role as a governor, how satisfied or dissatisfied are you with the amount of contact you have with members of the Board of Directors?

	Executive Director	Non-executive Directors
Very satisfied	<input type="checkbox"/>	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>	<input type="checkbox"/>
Neither Satisfied nor dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>
Fairly Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

9. Please indicate the extent to which you agree or disagree with each of the following statements:

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	No opinion/Don't know
9.1	The Chair of my Trust keeps me as a member of the governing body, informed about the activities of the executive board of my Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	I wouldn't hesitate to approach the Chair with a query or issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	I wouldn't hesitate to approach any executive board member with a query or issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Overall, my Chair is doing a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5	My executive Board is supportive of the Council of Governors and view it as an asset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Training and briefings

10. Thinking back to when you first became a foundation trust governor, were you given any training or briefings to enable you to do the role

- Yes
- No
- Don't know/Can't remember

11. Since any initial training or briefing you may have had, have you been invited to any further training or briefings to help you develop in your role as governor?

- Yes
- No
- Don't know/Can't remember

12. Thinking about all the training and/or briefings the Trust has provided, in general how satisfied are you with the quality?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- Don't know

Please add any comments you have on this training.

13. If you felt you did need training to help you in your role as a governor, do you think you would be able to secure it from your Trust?

Yes

No

Don't know

Comments:

14. Please indicate below which, if any, types of further training you might find beneficial? Please tick all that apply.

NHS finance

The structure or the NHS

The different roles of organisations within the NHS

The role of the Foundation Trust governor

Practical ways to carry out the statutory roles of governor

Recruitment

Performance evaluation

Financial reporting and accounts

Quality Accounts

Communications

Don't need any training

Don't know

Other (please specify)

Foundation trust governors in the future

15. What would you say have been your main achievements as a governor?

16. And how has this benefited your Trust, patients / service users, membership and/or local community?

17. Are you aware that, as a result of the proposals in the recent White Paper and related consultations, the role of FT governors in holding their Board of Directors to account when issues arise is likely to become even more important?

- Fully aware
- Slightly aware
- Not really aware
- Not at all aware
- Not sure

Other (please specify)

18. Would you be prepared to take on greater responsibility to your Trust in the future, in terms of identifying issues and ensuring that the Board of Directors addresses them?

- Yes, fully prepared
- Not sure
- No, not at all prepared
- I would want further training
- Don't know

Other (please specify)

19. Thinking about the role of foundation trust governors in the future, what, if anything needs to happen to make it more effective?

Governors and quality reporting

20. How useful have you found quality accounts / quality reports in understanding what is happening in your Trust?

- Extremely helpful
- Very helpful
- Helpful
- Slightly helpful
- Fairly unhelpful
- Very unhelpful

Comments:

21. How often have you discussed quality accounts / quality reports at formal governors meetings?

- We discuss them at every meeting
- We discuss them at most meetings
- We have discussed them on a few occasions
- Once or twice
- Never

Comments:

22. To what extent have you been involved in formulating the priorities for quality improvement articulated in the quality accounts / reports?

- Involved throughout the process in setting the priorities
- Some level of involvement in setting the priorities
- Small degree of involvement
- Almost no involvement
- No involvement

Comments:

Final Question

23. Final question - is there anything else you would like to add?

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.1/Dec/11
PAPER	Terms of Reference of Agenda Sub-Committee
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	<p>Proposed changes to the terms of reference of the Agenda Sub-Committee are enclosed.</p> <p>The proposed amendments were agreed by the Agenda Sub-Committee on 18 November 2011.</p>
DECISION/ ACTION	The Council is asked to agree the revisions to the terms of reference of the Agenda Sub-Committee.

Council of Governors Agenda Sub-Committee

TERMS OF REFERENCE

1.0 Authority

- 1.1 The Council of Governors Agenda Sub-Committee is constituted as a Sub-Committee of the Council of Governor under a resolution passed at a General Meeting of the Council of Governors held on 17th September 2009 pursuant to the recommendations of the Council of Governors Task & Finish Group on the Organisation & Function of Meetings.
- 1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

2.0 Aim

- 2.1 This sub-committee is intended to facilitate more productive and effective meetings of the Council of Governors and to maximize the contribution at meetings of both individual Governors and the Executives by enabling the Council of Governors to be more pro-active and to take a lead on issues of interest and importance to the Council of Governors including devising work plans and agendas for their meetings.

3.0 Role

- 3.1 The role of this sub-committee is to:
- Specify the non-statutory business to be carried out at the four statutory general meetings of the Council of Governors in each financial year; and
 - Inform the Secretary who will send written notice to all Governors as soon as possible after the receipt of such a request.
- 3.2 Exclusions
- The role of this sub-committee does **not** extend to:
- Statutory business which is to be specified by the Secretary or Chairman of the Foundation Trust; or
 - Any business to be carried out at meetings which may be called by ten Governors in accordance with section 11.17.2 of the Constitution.

4.0 Key Relationships

- 4.1 This sub-committee, by virtue of the composition of its membership, recognises and accommodates the distinct needs and aspirations of the appointed and elected Governors.

4.2 This sub-committee is reliant on the services of the Foundation Trust's Secretariat to undertake its role.

4.3 This sub-committee is informed by the Chief Executive and Lead Executives for the other duly constituted sub-committees of the Council of Governors.

5.0 Membership of the Sub-Committee

5.1 The membership of the Sub-committee shall comprise:

- The Chairman of the Foundation Trust (or in his absence the Vice-Chairman of the Board of Directors or in their absence one of the non-executive directors);
- Three (3) elected Governors (public - 1 / patient – 1 / staff – 1); and
- One (1) appointed Governor
- The Chief Executive (or in her absence the Deputy Chief Executive).

5.2 The following members of the Trust's executive are invited to attend meetings to provide advice to the sub-committee when appropriate:

- The ~~Director of Nursing~~ Chief Nurse and Director of Patient Experience and Flow (as Lead Executive for the Council of Governors ~~Communications Membership~~ Sub-Committee)
- The Director of Human Resources (as Lead Executive for the Nominations Committee).
- The Director of Governance and Corporate Affairs
- The Lead Executive for any other duly constituted sub-committee of the Council of Governors.

5.3 The Foundation Trust Secretary shall attend meetings of the sub-committee to provide advice and support services to the sub-committee and to be informed of the programme of business requested for the four (4) general meetings of the Council of Governors.

6.0 Quorum

6.1 A Quorum shall comprise:

- 1) The Chairman of the Foundation Trust (or in his absence the Vice-Chairman of the Board of Directors or in their absence one of the non-executive directors); and
- 2) One (1) other Governor.

7.0 Frequency of meetings:

7.1 Meetings will normally be held twenty-eight (28) days before the scheduled date for each of the four (4) general meetings called by the Secretary under section 11.17.1 of the Constitution.

8.0 Attendance requirements

Two thirds of the meetings.

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9.0 Circulation requirements for papers

At least three working days

8.0 Review

8.1 The terms of reference of the sub-committee shall be reviewed by the Council of Governors at least bi-annually.

Approved by the Council of Governors September 2009

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Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.2/Dec/11
PAPER	Report on Chair Appraisal
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Charles Wilson, Former Vice Chairman and Senior Independent Director
EXECUTIVE SUMMARY	This paper reports on the outcome of the Chairman's appraisal.
DECISION/ ACTION	The Council is asked to note that Charlie Wilson will provide feedback on the Chairman's appraisal at the Council of Governors meeting on 1 December 2011.

Chairman's Appraisal

Name	Prof. Sir Christopher Edwards
Date of First Appointment	1st November 2007
Date of Appraisal	December 2011

Introduction

In compliance with Monitor's Code of Governance which stipulates that the Board of Directors undertakes a formal and rigorous annual evaluation of its individual directors, the Senior Independent Director has conducted this evaluation in accordance with the process approved by the Board of Directors at its meeting in July 2010. This involves collaboration between the Senior Independent Director and the Deputy Chairman of the Council of Governors to seek the views of both directors and the governors in response to the Chairman's statement setting out his views of the extent to which he has fulfilled his stated responsibilities.

Governors were requested to convey their views to the Deputy Chairman of the Council of Governors on the Chairman's performance against the written statement provided by him. In addition, a meeting was held chaired by the Deputy Chairman of the Council of Governors to discuss the Chairman's appraisal. The Deputy Chairman of the Council of Governors shared this feedback with the Senior Independent Director. The SID sought the views of the Board of Directors. The SID then met with the Chairman to relate the views from the Board of Directors and the Council of Governors.

Results of Evaluation

The result of this evaluation will be provided by Charlie Wilson at the Council of Governors meeting on 1 December 2011.

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.3/Dec/11
PAPER	Remuneration for the Senior Independent Director and the Chair of Audit Committee
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
EXECUTIVE SUMMARY	The paper provides a proposal for remuneration for Sir John Baker, Vice-Chair of the Board of Directors, Senior Independent Director and Audit Committee Chair.
DECISION/ ACTION	The Council of Governors is asked to approve the proposed remuneration of £20,000 for Sir John Baker, Vice-Chair of the Board of Directors, Senior Independent Director and Audit Committee Chair.

Remuneration for the Senior Independent Director and the Chair of Audit Committee

1. Introduction

In accordance with the Constitution it is a statutory duty of Council of Governors to decide the remuneration and allowances, and other terms and conditions of office, of the non-executive directors.

In September 2009 the Council of Governors (previously called the Members' Council) Agreed to remuneration of Non-executive Directors as follows:

- Non-executive Directors £12,000
- Audit Committee Chair £18,000
- Vice Chair/Senior Independent Director £18,000

The Council of Governors on 15 September 2011 agreed that the Vice Chair of the Board of Directors should become the Senior Independent Director.

At the Board of Directors meeting on 29 September Sir John Baker was appointed as the Vice Chair of the Board of Directors and therefore became the Senior Independent Director. Sir John Baker was also appointed as the Chairman of the Audit Committee.

2. Recommendation

It is proposed that the annual remuneration for Sir John Baker, Vice-Chair of the Board of Directors and Senior Independent Director and Audit Committee Chair should be £20,000.

3. Action

The Council of Governors is asked to approve the proposed remuneration of £20,000 for Sir John Baker, Vice-Chair of the Board of Directors, Senior Independent Director and Audit Committee Chair.

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.4/Dec/11
PAPER	Council of Governors Funding Report
AUTHOR	Part A: Vida Djelic, Foundation Trust Secretary Part B: Tony Pritchard , Interim Deputy Chief Nurse Part C: Matt Akid, Head of Communications Part D: Renae McBride, Communications Manager Part E: George Vasilopoulos, Web Communications & Graphic Design Manager Funding request for dedicated blog system on Trust website
LEAD	Cathy Mooney, Director of Governance and Corporate Affairs
EXECUTIVE SUMMARY	The report provides an overview of projects to date and also outlines requests for funding in part B, C, D and E of the report.
DECISION/ ACTION	The Council of Governors is asked to note the report and agree requests for funding.

Council of Governors Funding Report

1.0 Background

The decision was made at the November 2008 Council of Governors meeting that a recurring budget of £100,000 per financial year was to be made available to the Council of Governors to spend at their discretion on relevant projects.

It was agreed at the Trust budget setting meetings in January 2011 that the Council of Governors fund should be reduced in line with the Trust's overall cost improvement programme to £95,000.

2.0 Update

There were no requests for funding at 15 September 2011 meeting.

3.0 Funding Overview

Of the £95,000 circa £43k has been accrued for the activities listed in the table below which were approved by the Council of Governors. It leaves circa £52k available to be spent for the remainder of the 2011/12 FY.

4.0 Use of funds FY 11/12

TABLE 1

Activity 11/12	Estimate
Open Day	£15,000
Discharge Booklet	£8,200
Face to Face Recruitment Campaign	£2,000
Recruitment Campaign for the Annual Members' Meeting	£2,000
Learning Disability Membership Leaflet	£1,304
Quality Award	£2,400
Communications campaign to publicise the Trust's 4 priorities for quality improvement – from 10/11	£4,000
Maternity and Children's Services Events	£5,000
Members Recruitment Campaign 2011 extra funding	£2,340
table and chairs in the Information Zone	£580.80
Badges for governors	£104.40
TOTAL	£42,929.20

5.0 Summary of Requests for funding

- 5.1 The Membership Sub-Committee supports the request for funding of £3,300 for the recruitment sessions outlined in the part B.
- 5.2 The Membership Sub-Committee supports the request for funding of £11,648 for new engagement activities for 2011/12 FY as outlined in the paper 2.12.
- 5.3 The Membership Sub-Committee supports the request for funding of £22,592 for engagement activities in 2012/13 FY as outlined in the paper 2.12.

- 5.4 The Membership Sub-Committee supports the request for funding of £15,000 for Open Day 2012 as outlined in the paper item 2.14.
- 5.5 The Council is asked to support the request for funding of £2,520 for dedicated blog system on Trust website as outlined in the part E.

Part B

1. Background

The Trust Mobile Health Clinic was launched in February 2010. This enables Trust staff to travel within the local community to provide services such as health screening for groups of people that may not seek traditional healthcare services in hospital.

2. Introduction

Over the past year, the Mobile Health Clinic has been used in a variety of venues including regular events at Shepherds Bush Market and on match days with Chelsea and Queens Park Rangers. The clinic has also been used at events such as the Notting Hill carnival, the Westfield Road Show and one off clinics at the Vauxhall Tavern and the Teddy Bear Picnic event in October 2010. The clinic was also used throughout the Trust Health and Wellbeing day.

In addition to providing a health resource, the mobile clinic has been used as an opportunity to actively recruit people to the Hospital's membership. This approach has advantages in that it enables the recruitment of those who may not currently be well represented within the Hospital's membership and offers the potential to recruit people who may not have come into contact with the Hospital's services but who may be eligible for membership.

3. Proposal

Planned events for the forthcoming year provide a continuing opportunity to recruit additional members from a range of differing sectors of the local population. The Council of Governors are committed to recruiting new members through the mobile health clinic. Governors have joined a number of these clinics over the past year and are keen to continue this activity. In addition to this, it is proposed that the Council of Governors approves the funding of membership recruiters who would be available to recruit new members (patients and public) when the mobile clinic is in use at local venues and events during the forthcoming year.

4. Costs

Capita Membership Services provide recruiters at a day rate of £125.00 per day, based on 25 sign ups per day.

This rate also includes:-

- Team Leader
- Travelling expenses
- Postage of completed forms by secure delivery
- Management and Administration

Additional Costs would be:-

- Personal briefing session if considered essential
- Uniform/Badge
- Production/copying of blank membership forms for team
- VAT @ 20%

2 recruiters for equivalent of 5 days	£1,250.00
Publicity & promotional materials	£1,500.00
Sub Total	£2,750.00
VAT @ 20%	£550.10
Grand Total	£3,300

Part C Proposals for membership engagement and communication - See paper item 2.12

Part D Open Day proposal - See paper item 2.14

FUNDING REQUEST FOR DEDICATED BLOG SYSTEM ON TRUST WEBSITE

1. BACKGROUND

Since 2010, several Governors have taken an interest in blogging about their experiences at Chelsea and Westminster, both from a personal perspective and following exercises such as shadowing staff members. While originally featured in Trust News, it was a natural progression to consolidate these blogs in the 'Get Involved' section of the website.

Additionally, in September 2011, the Chief Executive commenced her fortnightly blog to give a personalised view on current events and developments in the NHS.

2. ISSUE

In order to understand the issue it is important to understand what a blog is:

“A blog (a blend of the term web log) is a type of website or part of a website supposed to be updated with new content from time to time. Blogs are usually maintained by an individual with regular entries of commentary, descriptions of events, or other material such as graphics or video. Entries are commonly displayed in reverse-chronological order [...]

[...] most good quality blogs are interactive, allowing visitors to leave comments [...] and it is this interactivity that distinguishes [blogs] from other static websites.”

Source: Wikipedia

Currently the various blogs on the Trust website are simply a collection of articles—an outgoing message to the public. In order to be a true blog, a commenting system is necessary, as this allows two-way communication and allows website users to directly respond to issues raised in a particular blog entry.

3. SOLUTION

A commenting system will enable our website users to respond to individual blog entries with their comments, thoughts and opinions. Responses are visible to all users of the website.

As a function of the commenting system, all responses are subject to moderation (approval based on appropriateness) by the Communications Department. Once developed, the moderation criteria will include key points including:

- the use of appropriate language (ie family-friendly)
- no inappropriate comments (racist, sexist, homophobic, deliberately inflammatory comments etc)
- no soliciting or advertising products or services (spamming)

4. REQUEST FOR FUNDING

Fry-IT, the company responsible for the 'behind the scenes' operation of the website, are able to integrate a commenting system into the website. The cost for this is a one-off payment of £2,520.

The Council of Governors is requested to fund the blog system as it will be most beneficial to the Governors who write regular blogs—by allowing them to reach out to and receive feedback from other members and the general public.

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.6/Dec/11
PAPER	Audit of Governors Skills
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Sandra Smith-Gordon, Public Governor – Kensington and Chelsea 1
EXECUTIVE SUMMARY	This paper provides proposal for audit of governors' skills.
DECISION/ ACTION	<p>The Council of Governors are asked to suggest further skills which may be included in the audit.</p> <p>The Council of Governors will then be asked to complete the audit and agree a timescale (taking into account the survey ref. 1.6.1)</p> <p>It is also proposed to audit governors' skills annually.</p>

Audit of Governors Skills

1.0 Introduction

Sandra Smith-Gordon, Public Governor from the Kensington and Chelsea Area 2 suggests that a Skills Audit of Governors as recommended by Monitor in Your Statutory Duties - Reference Guide for NHS Foundation Trust Governors. This would help the hospital management when deciding how to make best use of its governors.

2.0 Recommendation

Attached is a draft sample skills audit produced by Sandra Smith-Gordon.

Also attached is a sample by Sandra as an example of how it might be completed.

It needs to be noted that it is not intended to be a comprehensive audit of all interests and enthusiasms. It is aimed to be a brief outline, particularly of professional qualifications that could be useful.

3.0 Action

The Council of Governors are asked to suggest further skills which may be included in the audit.

The Council of Governors will then be asked to complete the audit and agree a timescale (taking into account the survey ref. 1.6.1)

It is also proposed to audit governors' skills annually.

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Chelsea & Westminster Hospital NHS Foundation Trust

Governors' Skills Audit

Name:

Date:

(type into the boxes which will expand as you type)

	Qualifications	Experience	Interest	Notes/details
Medicine				
Finance				
Law				
Education				
Management				
Administration				
IT				
Creative				

Other interests/experience that you could contribute as a Governor:

Chelsea & Westminster Hospital NHS Foundation Trust

Governors' Skills Audit [\(example page\)](#)

Name: Sandra Smith-Gordon

Date: 10 September 2011

(type into the boxes which will expand as you type)

	Qualifications	Experience	Interest	Notes/details
Medicine			Yes	As patient
Finance				
Law				
Education	BEd 1978	Yes	Yes	Teacher 21 years including 16 as Head
Management		Yes	Yes	As head teacher 16 years (primary)
Administration	Secretarial	Yes	Yes	
IT	BTEC in web design 2009	Yes	Yes	Simple website design – I run 4 websites
Creative		Art – mainly drawing and painting	Yes	I attend painting and drawing classes and exhibit regularly with The Society of Fulham Artists and Potters

Other interests/experience/time that you could contribute as a Governor:

- I am vice chairman of The Friends of Chelsea and Westminster Hospital, an independent charity working within the hospital to support patients, their families, and staff.
- My particular interest is in the patient experience from the lay person's point of view and how their experience related to their expectations.
- I am retired so can attend daytime meetings.

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.7/Dec/11
PAPER	Report on Senior Nurse/Governor Rounds
AUTHORS	Tony Pritchard, Interim Deputy Chief Nurse Wendie McWatters, Governor Dr Cadman, Governor Cllr Taylor, Governor
LEAD	Therese Davis, Chief Nurse and Director of Patient Experience and Flow
EXECUTIVE SUMMARY	This paper provides feedback from two Senior Nurse/ Governor Rounds undertaken on October 19 th and November 4 th 2011. These included visits to the Paediatric service, and the Burns, Intensive Care and Stroke services.
DECISION / ACTION	For information.

Report on Senior Nurse/Governor Rounds

1.0 Introduction

1.1 This paper describes the Senior Nurse / Governor rounds that were undertaken in October and November 2011. On Thursday October 19th, three Governors visited the Burns, Stroke and Intensive Care Units accompanied by Mr Tony Pritchard, Interim Deputy Chief Nurse. On Friday November 4th, Wendie McWatters visited the Paediatrics Service accompanied by Matron Melanie Guinan

2.0. Visit to Burns, ICU and Stroke Unit on October 19th

2.1. Burns Unit Visit

Governors Dr Cadman, Councillor Taylor and Mr Lewis visited the Burns Unit on October 19th. They were met by Mr Greg Williams the Lead Consultant for the service. He provided an outline of the Burns Service which provides treatment to both adults and children. He explained the catchment areas for this regional service and the Governors were informed about the key demographics and risk factors relating to patients with burn injuries. The challenges in providing care and treatment to this group of patients were also discussed.

Mr Williams outlined the role of the multi-professional team including those providing psychological support. The education and training needs of nursing staff were discussed and the provision of intensive care within the service was explained as this involves close working with the staff from the Intensive Care Unit.

2.2. Intensive Care Unit.

In the Intensive Care Unit, the Governors met Ms Jane-Marie Hamil who is Head Nurse for the service. Ms Hamil provided a tour of the intensive and high dependency units, explaining the provision of care in these areas and the role of primary nursing in ensuring continuity of care for patients and families. Ms Hamil explained the close liaison with and involvement of relatives and families in this environment, and discussed the resources available for them, including information folders, a designated sitting room and over night stay facilities. Ms Hamil outlined the rigorous approaches to infection prevention and control, including hand hygiene and protected zones around beds.

Ms Hamil outlined some of the initiatives to improve the patient experience, including a 'you said – we did' board and ongoing work with patient and family representatives. The Governors met a volunteer who has worked within the unit for the past 10 years and is actively engaged in various aspects of work.

2.3. Stroke Unit

In the Stroke Unit, the Governors met Heesook Lee, who provided a tour of the stroke service and explained the care and treatment that is provided. The Governors were also shown around the rehabilitation centre which includes a gym and therapy centre. Much of the work of the multi professional team is focussed on rehabilitation and adaption to enable patients to manage following discharge. The Governors also met Everlee Talactac the Acting Ward Manager, and were shown around the general ward area of Nell Gwynne in which the stroke service is situated.

3. Feedback from Governors.

3.1. Cllr. Mrs. Frances Taylor

We were all most impressed with the care and dedication of the staff – not only those we met but also those we saw on the Stroke and Intensive Care wards. We did not have time to have a one to one with any patients during the visit.

3.2. Dr Cadman

All three units were clearly quality departments tended by dedicated teams both clinical and nursing. It was clear that all the staff were aware of the total picture of their units. The layouts and housekeeping conditions showed how seriously the anti infection protocols have been adopted. Patients appeared to be the centre of all efforts and an atmosphere of Proudly successful skilled and caring staff was visible. My oft repeated enquiries as to the excessive burden of paperwork at the centre desks was adequately answered by the respect felt for patient treatment record keeping. The whole tour was extremely comforting because it showed yet again how Chelsea Westminster is a quality leader.

4.0. Visit to Paediatric unit November 4th

4.1. Neptune Ward (High Dependency Unit, long-term gastro & orthopaedic patients)

I met an 11 year old girl, in the High Dependency Unit who visits the Trust very frequently. She was severely disabled at birth. She has had a tracheotomy, is partially sighted & suffers from epilepsy. Her eyes do the talking as she tries to follow the conversation. I spoke at length to her mother, who has just had a surprise little baby boy whom she loves. She is lovingly looked after by both parents & she is always immaculately dressed. It was a very moving experience meeting her and a privilege. The atmosphere in HDU was very calm & quiet with low- lighting & colourful animal murals on the walls.

Some of the long-term gastro cases in Neptune, often very premature babies, will never leave hospital. Some take 6 months to stabilise, others 2-3 years. Twenty years ago, most of these children in this ward would have died. They are here due to the great strides made in medical science.

4.2. Mercury ward.

I visited Mercury and met one girl - great character, aged 5. She has also spent a great deal of time in the Trust during her short life. At 2 she had a liver & small bowel transplant as she was born with these organs outside her belly. She waited 10 months for a donor.

She was an incredibly happy & cheerful child, full of fun & laughter. She was playing with a little girl who was the sister of another small patient. The rapport between Melanie, the senior Matron, & the girl was amazing to witness. Laughs, jokes, teasing, cuddles, She really loved Mel & couldn't bear to see her go! There was a very special bond between them.

I then met a beautiful little blonde 8 month old baby. She was here due to total intolerance to most foods. Her mother, who was breast- feeding, had been living on lamb, broccoli, potatoes, bananas & water since the baby was born: the only foods she could tolerate.

Then a quick word with a seven year old boys mother. A premature baby at 29 weeks, he was born with a hole in his stomach. He has had his small bowel & appendix out. He returns to the Trust frequently and his mother was full of praise for the hospital & wonderful nursing care.

3.4. Saturn Ward (ambulatory & daycare).

Children come to this ward for anti-biotic treatment & dressing changes. They return home daily in order not to block beds unnecessarily. There are also oncology & dermatology departments. There are no beds as trolleys are used. In the new paediatric wards, opening early next year, there will be no trolleys. It will be very child-friendly with a large play area. I am revisiting the School shortly as my last visit was so brief.

4. Future Dates for Governor Rounds

Friday November 25th 2 – 4pm
Friday December 9th 2 – 4pm

5.0. Summary

4.1. The introduction of Senior Nurse/Governor Rounds has been a valuable experience for both staff and Governors to visit clinical areas, talk to patients and staff and most importantly see where there are opportunities to improve care for patients.

4.2. Some Governors have expressed an interest in visiting specific areas, and arrangements will be taken forward to organise these visits.

4.3. We would like to thank the Governors for their time and the interest that they have shown in these visits

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.8/Dec/11
PAPER	Proposal for Governor Engagement in Senior Nurse and Midwifery Clinical Half Days
AUTHORS	Tony Pritchard, Interim Deputy Chief Nurse
LEAD	Therese Davis, Chief Nurse and Director of Patient Experience and Flow
EXECUTIVE SUMMARY	This paper presents a proposal for governor engagement in Senior Nursing and Midwifery Clinical Half days as an opportunity to participate in the assessment of core clinical standards. This offers an alternative to the current Senior Nurse / Governor Rounds which have been in place since February 2011 and offered an initial opportunity for clinical engagement.
DECISION / ACTION	For information.

1. Introduction

This paper outlines the current Senior Nurse / Governor rounds that were initiated in February 2011, and describes the subsequent development of Senior Nursing and Midwifery Clinical Half Days. It is proposed that Governors are offered the opportunity to participate in these clinical sessions as an opportunity to assess our standards of quality and safety.

2. Background

Senior Nurse / Governor Rounds were introduced in February 2011. These involve one to two hour visits, once a month in which Governors have the opportunity to visit a ward or department with a Senior Nurse. These have been positively evaluated and enable Governors to meet with the clinical staff, engage with patients and families whilst observing the environment of care. A summary report of these visits is presented at each Council of Governors meeting.

3. Senior Nursing and Midwifery Clinical Half Days

In October 2011, the Senior Nursing and Midwifery Committee initiated clinical half days for the team. During these clinical sessions, designated leads work with Matrons, Ward Sisters, General Managers and other staff to assess the standards of our care and treatment within wards and clinical departments. This is completed through observing the clinical environment and through discussing care and treatment with patients, families and staff.

4. Essential Standards of Quality & safety

4.1. In March 2010, the Care Quality Commission (CQC) published their essential Standard of Quality and Safety. These are the standards we are required to demonstrate as a Trust in order to comply with the Health and Social Care Act 2008 and the Care Quality Commission Regulations 2009. These identify a total of 28 outcomes, 16 of which relate to clinical activities (Appendix 1).

4.2. We have translated each of these standards into a practical 'toolkit' which defines the factors that we assess for each of these standards and how these may be evidenced. This includes, for example, documented evidence, interviews with staff to ascertain their knowledge and interviews with patients and families to identify their experience. On each of our clinical half days, we select one of these standards to assess within each of our clinical areas.

4.3. Following our assessment, we meet as a team to feed back on our findings. Actions are identified within individual areas and we also identify organisational issues which are addressed through action planning.

5. Proposal

5.1. It is proposed that in place of the current Senior Nurse / Governor rounds, we offer the opportunity for Governors to participate in our clinical half days, and to take an active role in the assessment of our core clinical standards. This would allow Governors an opportunity to observe the environment of care, whilst also engaging in discussion with staff, patients and families. It would also allow them to actively participate in discussion with the Senior Nursing and Midwifery Team in relation to action planning and continuous service improvement.

5.2. In addition to these rounds, Governors may still wish to visit specific areas of the hospital independently which can be facilitated with the appropriate leads for these areas.

6. Summary

This paper has outlined the current approach to Governor clinical engagement through Senior Nurse / Governor Rounds, and has provides an overview of newly initiated Senior Nurse and Midwife Clinical Half Days which are used to assess our compliance against core clinical standards. The opportunity to include Governors in this work has been presented.

Appendix 1

. Care Quality Commission Essential Standard of Quality and Safety

1. Respecting & involving service users
2. Consent to care and treatment
4. Care & welfare of people who use the service
5. Meeting peoples nutritional needs
6. Co-operation with other providers
7. Safeguarding people from abuse
8. Cleanliness and infection control
9. Safe and appropriate management of medicines
10. Safety & suitability of premises
11. Safety, availability & suitability of equipment
12. 13 & 14. Workers, Staffing and supporting staff
16. Assessing, monitoring and improving the quality of service provision
17. Complaints
21. Maintaining records of peoples care

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.10/Dec/11
PAPER	Key points from the Council of Governors Quality Sub-Committee meeting held on 16 November 2011
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Mike Anderson, Chairman of the Quality Sub-Committee
EXECUTIVE SUMMARY	The minutes are not yet available but the attached outlines the key points discussed. The minutes will be available for the next Council of Governors meeting.
ACTION	<p>The Council of Governors is asked to confirm the choice of the surgery objective as the local indicator for external audit.</p> <p>The Council of Governors is asked to note the view of the Quality Sub-Committee on the Chair.</p>

Council of Governors Quality Sub-Committee meeting, 16 November 2011

Key Points

Attendees	Carol Dale	CD	Staff Governor – Management
	Melvyn Jeremiah	MJ	Public Governor – Westminster 2
	Susan Maxwell	SM	Patient Governor
	Sandra Smith-Gordon	SS-G	Public Governor – Kensington & Chelsea 2
	Mike Anderson	MA	Medical Director, Chairman
	Cathy Mooney		Director of Governance and Corporate Affairs
	Tony Pritchard	TP	Interim Deputy Chief Nurse
	Patricia Gani	PG	LINK representative
	Melanie van Limborgh	MvL	Head of Quality and Assurance
	Vida Djelic	VD	Foundation Trust Secretary

Key points

1. Quality Accounts planning overview

The Quality Account timetable was presented although more detail is required from January onwards.

The committee received feedback from a CLAHRC day on Quality Accounts which was felt to be helpful in planning the way forward.

The committee agreed that a focus on medicines and the role of pharmacy would be included in the Quality Account and governors will work with pharmacy to develop this.

The committee also agreed to the setting up of a group to plan the presentation of the Quality Account in conjunction with Matt Akid. This would take into account presentation and readability.

Review of priorities at Q2

The committee reviewed the priorities. It is recognised that other shareholders will have a view but based on progress to date the priorities would probably remain as follows:

- VTE – 6 cases to date against a target of zero.
- Surgery – good performance on waiting times but no data yet on nil by mouth time and communication with patients.
- Patient experience- good progress but a large objective and always recognised it would take some time. Ways of measuring improvement are still being developed, and the results of the in-

patient survey will be the key and this is not available yet.

- Patient experience / workforce - appraisal rates are less than we would like so progress could be better.

This will be reviewed again following further progress reports.

Quality Account local Indicators

Governors reviewed progress, and were invited to consider any additional indicators. The indicator on the Patient Experience Tracker was felt not to be helpful as being used only in two areas and there were problems with its use with a very low uptake. This will be amended for next year.

External audit choice of local indicator

Governors choose to continue with the indicator for surgery.

The Council of Governors is asked to confirm this choice.

Quality Awards

The submissions and scoring was discussed and winners agreed. These were:

- Reduced waits for diagnostic blood tests
- Local implementation of the VTE risk assessment.
- Musculoskeletal physiotherapy team

A full paper will be brought to the next Council of Governors and Board meetings.

It was also agreed to design and award a certificate.

Feedback from governors

Issues raised included appointments, presentation of reception staff and medication issues.

In particular the sub-committee noted with concern that hospital staff are not wearing their badges and hospital doctors are not wearing white coats. They emphasised the importance of this for patients.

Chair of the Quality sub- committee

The Quality Sub-Committee agreed that it was not appropriate for a governor to chair the meeting and it should continue to be chaired by an executive.

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.11/Dec/11
PAPER	Draft Minutes of the Council of Governors Membership Sub-Committee meeting held on 8 November 2011.
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Martin Lewis, Chairman
EXECUTIVE SUMMARY	This is a draft of proceedings at the meeting held on 8 November 2011.
DECISION/ ACTION	The meeting is asked to agree the minutes as a correct record of proceedings.

Council of Governors Membership Sub-Committee, 8 November 2011
Draft

Attendees	Martin Lewis	ML	Chairman
	Chris Birch	CB	Patient Governor
	Samantha Culhane	SC	Public governor, Hammersmith and Fulham 1
	Melvyn Jeremiah	MJ	Public governor, Westminster 1
	Susan Maxwell	SM	Patient Governor
	Wendie McWatters	WMW	Patient Governor
In attendance	Matt Akid	MA	Head of Communications
	Priti Bhatt	PB	Equality and Diversity Manager
	Tony Pritchard	TP	Interim Deputy Chief Nurse
	Vida Djelic	VD	Foundation Trust Secretary

1. Welcome & Apologies

ML

The Chairman welcomed everyone to the meeting and noted that Samantha Culhane will be slightly delayed.

The Chairman informed the sub-committee that there is a proposal to change the style of minutes of the sub-committee. VD suggested that minutes of meetings are done in the same fashion as the Quality Sub-Committee so that there is more focus on what was agreed by the group and actions rather than what each individual member said.

This was agreed.

2. Minutes of previous meeting held on 22 September 2011

ML

Minutes were accepted as a true and accurate record of the meeting with the following changes:

- P.1 change CB to ML against lead re item 2 and 3.
- P4 remove the sentence that reads: 'SM suggested that also a list of possible topics to be discussed ...'

Action: VD to amend minutes in line with comments received.

VD

In response to a query regarding visits TP explained that up until August we used the Patient Experience Tracker (PET) in all areas to get feedback from patients. This year, we are using a wider range of methods to gain patient feedback. We use the real time feedback tracker in Paediatric Outpatients and in the maternity service and we are developing feedback survey on the website.

3. Matters arising

ML

The sub-committee noted that some actions have been completed and the ones that have not feature on the agenda.

4. Proposals for membership engagement and communication

MA

MAk provided a historical overview of the engagement and recruitment and highlighted the need to focus on the membership engagement with some suggestions for improvements. The existing engagement activities were provided in the Membership Engagement Calendar of Events for 2012.

Section 1 outlined the membership numbers. The membership steadily declined since we become Foundation Trust due to opt out option for the staff membership. The assumption is that another reason is as there is not enough reasons for people to join.

Section 2 outlined the existing recruitment activities on small and large scale and also the level of success and highlighted the need for effective recruitment activities such as Open Day, Westfield and Capita recruitment etc.

Section 3 explains the importance of engagement and communications with members.

Section 3.3 represents examples of good practice.

MA focused on section 3.4 which presents proposed engagement and communication activity for 2012. These were:

- Two membership mailings a year
- Open Day
- AMM
- Meet a governor sessions

MA outlined the following proposals for engagement for 2012:

- 'Medicine for members' 4 or 6 events per year to be publicised to members
- An event around Christmas
- Patient information reader group
- 'Our priorities' member surveys

One governor queried the cost of Open Day 2011 as the cost has increased from £15,000 to £20,000. MA responded that this is due to the cost increase on overall (is there something missing here?).

ML queried if the sponsorship options could be explored when organising future Open Day and AMM. One option suggested was to get a pharmaceutical company as a sponsor. MA responded that there needs to be a wider discussion on this.

The sub-committee agreed that this needs to be discussed.

PB joined the meeting.

In relation to a query re the mailing MA clarified that the mailing is aimed at the public and patient members but not staff.

CB thanked MA for providing such a comprehensive paper and said he liked the idea of phrase 'medicine for members'.

The sub-committee felt that members should be asked what they would like to get as a member of the Foundation Trust. One suggestion was to ask this in a mailshot or to have an option re this on the membership application form. There was also uncertainty whether members are aware of the patient and interest groups within the Trust so that they could possibly get involved.

MA pointed out that it we need to differentiate between the recruitment and engagement of members.

WMW said she observed Capita recruiters while in the hospital trying to recruit members. She was not impressed by how they sell the membership and had reported this to Sian Nelson. **Action: TP to contact Capita re recruitment and how they present information.**

TP

The sub-committee agreed that the engagement with members is important activity and the paper will be brought to the Council for agreement

The sub-committee discussed various opportunities for members involvement and it was suggested that we ask members for their email address when we next circulate the Trust News. **This was agreed.**

ML thanked MA on behalf of the sub-committee on producing the excellent paper.

PB said there is a document she would like to share as a part of EDS which would help us engage with the members. PB to send it to VD and VD to put on next agenda.

MA prosed that the following activities in 2012 are funded by the Council of Governors totaling £11,648:

- 1 extra membership mailing - £10,000
- 3 monthly emails (Jan/Feb/March) - £648
- 1 'Medicine for Members' event (Feb 2012) - £1,000

MA prosed that the following activities in 2013 are funded by the Council of Governors totaling £22,592:

- 1 extra membership mailing (Jan 2013) - £10,000
- 12 monthly emails (April 2012-March 2013) - £2,592
- Open Day (May 2012) - £15,000
- Annual Members' Meeting etc (September 2012) - £5,000
- 5 'Medicine for Members' events - £5,000

- Christmas event - £5,000

The sub-committee agreed to support the proposals for funding in 2012 and 2013.

5. Membership Calendar of Events for 2012

5.1 Engagement activities

This was discussed under item 4.

5.2 Recruitment activities

TP

TP provided an overview of the recruitment activities included in the calendar and informed the sub-committee about planned activities for December.

TP highlighted the following activities:

- Identified that Friends have a number of events which we can potentially link into
- Events for the remainder of the year
- The mobile health clinic goes out three times
- There are health events planned for World Aids day on December 1st.
- TP is developing links with Stephanie Macmillan so that we can integrate membership recruitment to relevant health bus events.
- TP suggested liaison with Kensington and Chelsea College next year, as they run an active calendar of events.

TP invited the sub-committee to advise him of any events happening in their area that could be added to the recruitment calendar.

It was suggested that the membership engagement calendar should be circulated to members.

The sub-committee suggested the following places for recruitment:

- Imperial college
- QPR had a large black community groups
- Duke of York Market
- Tesco Tatchbrook St market
- Find out events happening in the local boroughs

The Chairman commented that it would not be feasible for one governor to do recruitment on their own and felt that they would need some support.

It was agreed that governors take the responsibility of their local area.

The Chairman thanked MA and TP for being proactive.

6. Information Zone

CB

CB tabled an amended version of his proposal paper.

The paper provided the analysis of money spent on Info Zone between July 2008 and the present. The main concern was that it is not fit for the purpose and the following proposals were put forward:

- the M-PALS team to check twice a day that the plasma screen and touch terminal are working and to report any problems to the IT; also to ensure that the Information Zone is letter free
- to check that the electronic message board is showing correct/current information on Meet a Governor and that the racks for leaflets and Trust News are updated daily
- the current table and chair are not fit for the purpose and need to be replaced for bigger table and two blue padded chairs. **CB and SM volunteered to be involved in deciding on what will be purchased.**
- Governors to be consulted where a new table should be positioned
- The picture board in the Info Zone to with the photographs of governors to be updated
- racks to be provided to display Trust News
- The metal suggestions box is unlabelled so needs to be labelled

Some members of the sub-committee felt that its location is not right and suggested it is placed by the escalators on the ground floor, next to the MPALS. Some governors objected. One governor said she had done two 'meet a governor sessions' by escalators and found it was a success.

CB felt that the Information Zone is well placed and was created to be a place for information to visitors of the hospital and pointed out that it was designed for engagement with members not the recruitment.

All proposals put forward by CB have been agreed by the sub-committee.

Action: TP to get a catalogue for CB and SM to choose from and also to consult on where to be positioned. TP

7. Funding proposal TP

TP explained the purpose of the Mobile Health Clinic and highlighted the opportunity to recruit members. He recognised that better coordination is needed between the use of Mobile Health Clinic and planning the recruitment opportunities accordingly.

TP outlined the proposal for recruiters to join health bus events. Funding of 2 Capita recruiters for an equivalent of 5 days is a cost of £1,250. The total proposal for funding for health bus recruitment activities is £3,300 for the remainder of the financial year.

MJ is a governor representative on the Mobile Health Clinic Committee. He explained the functioning of the Mobile Health Clinic and its link to the recruitment. He

highlighted the need for sponsoring of some excursions of the Mobile Health Clinic.

The sub-committee agreed to support the funding for the recruitment activities totaling £3,300 for the remainder of the financial year.

8. Governors Chelwest accounts

ML

ML emphasised the importance of governors having a chelwest email account and said that each governor is responsible to their constituents and suggested that governors' emails once properly set up are published on the website and in the Trust News as a part of engagement and recruitment process.

One governor queried how often the account needs to be accessed and the timeline for responding if there is a complaint. TP responded that all complaints should go via the MPALS office and governors would not be expected to filter these.

It has been agreed that every governor should have a chelwest email account.

ML referred to the recent event at the Stepping Hill Hospital and noted that when he checked their website he found out that all of their governors had an email address published on the website. He felt strongly that we should do the same.

9. Equality Delivery System workshops – feedback

PB

PB said she attended Equality Delivery System workshops held on 6 October 2011 to which governors were invited but unfortunately were unable to attend. The new framework is due to be rolled over to hospitals.

There will be another workshop in November and a LINK representative will be attending.

The workshop focused on grading and quality objectives. There is process for grading how we have achieved various objectives.

A future date will be available soon and PB will circulate to VD to forward onto governors. **Action: PB to circulate the future date to VD to invite governors to attend.**

PB

PB said that a revised guidance on Equality Delivery System will be available soon and she will send to VD to forward onto governors.

Action: PB to circulate a revised guidance on Equality Delivery System to VD to forward onto governors.

PB

PB said she will circulate the engagement guide to VD to distribute to governors.

Action: PB to circulate the engagement guide to VD to forward onto governors. PB

The sub-committee suggested that the Wandsworth constituency needs to be flagged up and PB should pursue this area. One governor queried if the LGBT is still an active group. PB responded that a new structure needs to be decided.

10. Any other business

WMW informed the sub-committee about her recent initiative about clown doctors to entertain children in the paediatric unit.

She was hoping to put forward to the Membership Sub-Committee to support a proposal for funding of two 'clown doctors' which would then go to the Council of Governors meeting on 1 December for approval. They are operating in all leading hospitals in the country.

WMW managed to get the Chelsea and Westminster Hospital Charity as a sponsor for to partly fund 2 clown doctors. These are very skilled actors/actresses who would visit every child in the hospital including the school and the A&E department.

WMW said she has been fundraising on her own. £3,000 extra funding is needed to keep this running twice a month.

VD said that AH is currently awaiting a response from the Chairman of the Children's Charity.

MA said that AH has been communicating with the Charity and is exploring the option of getting money from the Children's hospital.

ML commented that this was an excellent proposal.

11. Date of next meeting – 2012 dates will be circulated

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.12/Dec/11
PAPER	Proposals for membership engagement and communication
AUTHOR	Matt Akid, Head of Communications
DIRECTOR LEAD	Therese Davis, Chief Nurse and Director of Patient Experience and Flow
EXECUTIVE SUMMARY	<p>This paper presents proposals to improve engagement and communication with public and patient Foundation Trust members.</p> <p>The proposals were supported by Governors on the Membership Sub-Committee on 8 November.</p> <p>The paper includes a request for funding by the Council of Governors of an enhanced calendar of membership engagement events and improved communication with members in 2012 (see agenda item 2.12) – divided into funding required for the rest of the 2011/12 financial year and funding required for the 2012/13 financial year.</p> <p>Governors may wish to read the paper with reference to the Monitor report <i>Current practice in NHS foundation trust member recruitment and engagement</i> www.monitor-nhsft.gov.uk/home/our-publications/browse-category/guidance-foundation-trusts/reports/guidance-governors/current.</p>
DECISION/ ACTION	<p>Governors are invited to discuss these proposals to improve membership engagement and communication.</p> <p>They are also asked to consider the request for funding for an enhanced calendar of member engagement events and improved communication with members for the rest of 2011/12 and for 2012/13.</p>

PROPOSALS FOR MEMBERSHIP ENGAGEMENT AND COMMUNICATION

1.0 Introduction

The Trust's membership as of 31 March 2011 – 14,501 – was approximately 500 more than the average trust membership – 13,962 – according to Monitor's report *Current practice in NHS foundation trust member recruitment and engagement*.

However, overall membership numbers have steadily declined since our authorisation as a Foundation Trust in October 2006.

This decline was masked by the decision to change staff membership from 'opt-in' (staff actively choosing to become members) to 'opt-out' (staff being members unless actively choosing not to be so) which gave an artificial uplift in membership numbers of c.2,500 during the 2008/09 financial year.

Date	Total	Patients	Public	Staff
31 March 2007	13,287	5,898	6,982	407
31 March 2008	13,140	6,095	6,580	465
31 March 2009	15,438	6,136	6,372	2,930
31 March 2010	15,186	6,010	6,130	3,046
31 March 2011	14,501	5,591	5,737	3,173

In 2010/11 more patients and members of the public left than joined – 396 patients joined and 815 left, while 257 members of the public joined and 651 left.

Why has there been a decline in membership? There are a number of factors – for example, people moving away from the area or dying – and so recruitment of new members needs to be an ongoing activity.

However, there is another potential reason – lack of membership engagement and communication activity which means that our existing members do not have a reason to retain their membership.

The twin challenges of recruitment and engagement are linked – if we don't give existing members good enough reasons to be members, they will leave and we will have to expend more energy on recruiting people to replace them rather than being able to focus on engaging with existing members.

As Sian Nelson is now on maternity leave, at present Tony Pritchard (Interim Deputy Chief Nurse) leads on membership recruitment and Matt Akid (Head of Communications) leads on membership engagement and communication.

2.0 Recruitment

Recruitment should focus on activities that are demonstrated to be effective:

- **Recruitment campaigns run on behalf of the Trust by Capita** - recent recruitment weeks have generated an extra 300 new public and patient members per week
- **Westfield Community Roadshow Project** – as part of this initiative funded by the Council of Governors, recruiters from LBV TV will be recruiting in Hammersmith Broadway Shopping Centre from February 6-12 2012 and Governors will be encouraged to join in with this activity
- **Open Day** – 75 members were recruited by Governors at this year's event

Opportunities for smaller scale recruitment include:

- Mobile health clinic events in the community
- Meet a Governor sessions in the hospital
- Meet a Matron sessions in the hospital
- Other community events (eg local college open days, fairs, fetes)
- Recruitment in GP surgeries
- Recruitment in the hospital
- Targeted mailing to K&C LINK members
- Online recruitment via a membership application form on the Trust website

Recruitment should be systematic and evidence-based so that limited time and financial resources are spent on activities that are effective.

In addition, a coherent recruitment strategy is required to address areas where our membership is under-represented – specifically younger people, BME groups, and certain geographical areas.

3.0 Engagement and communication

Membership numbers alone are meaningless unless we engage and communicate with our members to fulfil our role as a locally accountable organisation.

Limited engagement and communication with members may be a contributory reason for our decreasing membership numbers.

There are also sound 'political' reasons for engaging and communicating with members in a more systematic and committed way:

- Government policy on the NHS has a strong emphasis on patient involvement and empowerment – 'No decision about me without me' – and FT membership is seen as an example of the 'Big Society' in action
- A major public consultation on a reconfiguration of NHS services in North West London is due to begin in June 2012 – we need to engage our membership as a positive asset in mobilising support for the Trust as and when required

3.1 What is engagement?

- **One-way communication** – newsletters, emails etc
- **Two-way communication** – events (eg open days, annual meetings, seminars) and more 'meaningful' engagement including seeking the views of members on the Trust's priorities and involving members in our strategy

3.2 Current engagement and communication activity

- **2 membership mailings per year** – where possible sent via email to members in order to reduce postage costs, the mailings are timed to publicise the Open Day and Annual Members' Meeting
- **Open Day** – successful annual event which attracts more than 1,000 people
- **Annual Members' Meeting** – good attendance by members
- **'Meet a Governor' sessions**
- **Ad hoc email communication** – for example, to invite members to attend the Seasonal Working Conference and to encourage members to support the abolition of the Western Extension of the Congestion Charging Zone
- **Website** – new 'Get Involved' section about membership launched last year

3.3 Learning from others

Compared with many other trusts, our membership engagement and communication activity is limited. Examples of good practice include:

Royal Berkshire NHS Foundation Trust

Regular events including seminars and behind the scenes tours

<http://www.royalberkshire.nhs.uk/members/events.aspx>

Guy's and St Thomas' NHS Foundation Trust

Seminars and open days

<http://www.guysandstthomas.nhs.uk/about/events/diarydates.aspx>

Patient information readers' group

<http://www.guysandstthomas.nhs.uk/about/events/getinvolved.aspx>

UCLH

Seminars

<http://www.uclh.org/aboutus/FT/Pages/MembersMeet.aspx>

Christmas event

<http://www.uclh.org/News/Pages/WestEndstarlightsupopenevent.aspx>

3.4 Proposed engagement and communication activity 2012

Maintain existing activity

- **2 membership mailings per year (including Trust News)** – funding through existing Trust budget
- **Open Day** – bid for funding of £15,000 from the Council of Governors
- **Annual Members' Meeting + 2 other associated events** – bid for funding of £5,000 (to cover the meeting and also 2 associated events, similar to this year's Maternity and Paediatrics events) from the Council of Governors
- **'Meet a Governor' sessions** – no funding required but sessions to be communicated better to members in advance

Enhance engagement

- **5 'Medicine for members' events per year** – seminars and/or behind the scenes tours, bid for funding of £5,000 from the Council of Governors
- **Christmas event (mini Open Day)** – bid for funding of £5,000 from the Council of Governors
- **Patient information readers' group** – no funding required
- **'Bright ideas' member surveys** – to seek members' views on how to improve the hospital and save money, could be publicised via membership mailings, email, Trust website and then developed further through working groups/focus groups etc, so no funding required
- **'Our priorities' member surveys** – in other trusts members (as well as Governors) have been involved in annual planning and setting patient experience priorities, again could be publicised via membership mailings, email, Trust website and then developed further through working groups/focus groups etc, so no funding required
- **Other engagement ideas** – for example, recruiting members as 'mystery shoppers' to improve the patient experience, giving members (as well as

Governors) an opportunity to shadow staff, and involving members in the wayfinding project

Enhance communication

- **1 extra membership mailing per year (January)** – to publicise the calendar of membership engagement events for the next 12 months, bid for funding of £10,000 from the Council of Governors
- **Monthly emails to members (Chief Executive’s blog adapted for membership audience)** – we currently have c. 3,200 members on email, bid for funding of £3,240 from the Council of Governors

4. Request for funding by Council of Governors

4.1 2011/12

1 extra membership mailing (Jan 2012)	£10,000	new activity
3 monthly emails (Jan/Feb/March 2012)	£648	new activity
1 ‘Medicine for Members’ event (Feb 2012)	£1,000	new activity
TOTAL	£11,648	(all new activity)

4.2 2012/13

1 extra membership mailing (Jan 2013)	£10,000	new activity
12 monthly emails (April 2012-March 2013)	£2,592	new activity
Open Day (May 2012)	£15,000	existing activity
Annual Members’ Meeting etc (September 2012)	£5,000	existing activity
5 ‘Medicine for Members’ events	£5,000	new activity
Christmas event	£5,000	new activity
TOTAL	£42,592	(£22,592 new activity)

For action: Governors to consider this request for funding

Matt Akid (Head of Communications)

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.13/Dec/11
PAPER	Membership Engagement & Communication Calendar of Events 2012 Draft
AUTHOR	Matt Akid, Head of Communications
LEAD	Therese Davis, Chief Nurse and Director of Patient Flow and Patient Experience
EXECUTIVE SUMMARY	Membership Engagement & Communication Calendar of Events 2012 outline activities to support the Membership Engagement Strategy.
DECISION/ ACTION	For information.

Membership Engagement & Communication Calendar of Events 2012 DRAFT

Date/Month	Event/Activity	Existing or new activity?	Lead	Funding required/Funding source
January w/c Monday 16 or 23 January Date TBC	Membership mailing (including covering letter from Chairman, calendar of membership events 2012 and Trust News) Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)	New activity New activity	Communications Manager Communications Dept	£10,000 (Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011 £2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011)
February Date TBC Date TBC	'Medicine for Members' event (seminar/talk or behind the scenes tour) Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)	New activity New activity	Communications Dept Communications Dept	£5,000 to cover costs of 5 events in 2012 (Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011 £2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011)
March Date TBC	Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold emails)	New activity	Communications Dept	£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011)
April w/c Monday 16 or 23 April	Membership mailing (including covering letter from Chairman, Open Day invitation and Trust News)	Existing activity	Communications Manager	£10,000 (Foundation Trust budget) - funding already budgeted for in Trust budget as part of our membership 'offer' of 2 mailings/year

Date TBC	'Medicine for Members' event (seminar/talk or behind the scenes tour)	New activity	Communications Dept	£5,000 to cover costs of 5 events in 2012 (Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011
Date TBC	Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)	New activity	Communications Dept	£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011
May Saturday 12 May	Open Day	Existing activity	Communications Manager	£20,000 (Council of Governors) – funding TBC at Council of Governors meeting 1 Dec 2011
Date TBC	Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)	New activity	Communications Dept	£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011
June Date TBC	'Medicine for Members' event (seminar/talk or behind the scenes tour)	New activity	Communications Dept	£5,000 to cover costs of 5 events in 2012 (Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011
Date TBC	Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)	New activity	Communications Dept	£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011
July Date TBC	Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)	New activity	Communications Dept	£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011

<p>August w/c Monday 13 or 20 August</p>	<p>Membership mailing (including covering letter from Chairman, Annual Members' Meeting invitation and Trust News)</p>	<p>Existing activity</p>	<p>Communications Manager</p>	<p>£10,000 (Foundation Trust budget) - funding already budgeted for in Trust budget as part of our membership 'offer' of 2 mailings/year</p>
<p>Date TBC</p>	<p>Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)</p>	<p>New activity</p>	<p>Communications Dept</p>	<p>£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011</p>
<p>September Thursday 13 or 20 September</p>	<p>Annual Members' Meeting</p>	<p>Existing activity</p>	<p>Head of Communications</p>	<p>£5,000 to cover costs of Annual Members' Meeting + 2 other events (Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011</p>
<p>w/c Monday 10 or 17 September</p>	<p>2 events to engage members who have children (Maternity) and also younger members (Paediatrics)</p>	<p>Existing activity</p>	<p>Communications Manager</p>	<p>£5,000 to cover costs of Annual Members' Meeting + 2 other events (Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011</p>
<p>Date TBC</p>	<p>Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)</p>	<p>New activity</p>	<p>Communications Dept</p>	<p>£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011</p>
<p>October Date TBC</p>	<p>'Medicine for Members' event (seminar/talk or behind the scenes tour)</p>	<p>New activity</p>	<p>Communications Dept</p>	<p>£5,000 to cover costs of 5 events in 2012 (Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011</p>
<p>Date TBC</p>	<p>Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)</p>	<p>New activity</p>	<p>Communications Dept</p>	<p>£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011</p>

November Date TBC	'Medicine for Members' event (seminar/talk or behind the scenes tour)	New activity	Communications Dept	£5,000 to cover costs of 5 events in 2012 (Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011
Date TBC	Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)	New activity	Communications Dept	£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011
December Date TBC (possibly to be co-ordinated with Friends of Chelsea & Westminster Hospital Christmas Fair)	Christmas event (mini Open Day)	New activity	Communications Dept	£5,000 (Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011
Date TBC	Monthly membership e-bulletin (based on Chief Executive's blog and sent to 3,200 members for whom we hold email contact details)	New activity	Communications Dept	£2,500 to cover costs of 12 e-bulletins in 2012 ((Council of Governors) - funding TBC at Council of Governors meeting 1 Dec 2011

Other activity not included in calendar

'Meet a Governor' sessions – dates for 2012 not yet known, if possible dates for January-June should be confirmed by the start of 2011 so they can be included in the calendar of membership events sent to all members in January

Engagement ideas – 'Your bright ideas' member surveys to seek members' views on how the Trust could improve services and save money
 'Our priorities' member surveys to seek genuine involvement from members in annual planning and setting priorities
 Recruiting members as 'mystery shoppers' to improve the patient experience
 Involving members in the wayfinding project

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.14/Dec/11
PAPER	Open Day 2012 – Proposal
AUTHOR	Renaë McBride, Communications Manager
LEAD	Renaë McBride, Communications Manager
EXECUTIVE SUMMARY	This paper outlines a proposal for the Trust Open Day 2012.
DECISION/ ACTION	Governors are asked to approve a request for funding which was supported by the Membership Sub-Committee on Tuesday 8 November.

Open Day 2012 – Proposal

1. Introduction

- 1.1 The annual Chelsea and Westminster Hospital Open Day has grown in popularity in recent years. It is now 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 and providers including North West London Hospital NHS Trust and West Middlesex Hospital have actively tried to learn from and replicate the event in their organisations.
- 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 This year's Open Day on Saturday 7 May 2011 attracted around 1,200 visitors, including local MP Sir Malcolm Rifkind, Cllr Harvey Marshall (Deputy Lord Mayor of Westminster), Cllr Adronie Alford (Mayor of Hammersmith and Fulham), Cllr James Husband (Mayor of the Royal Borough of Kensington and Chelsea), NHS North West London Cluster Chair Peter Molyneux and Chair of West Middlesex Hospital Tom Hayhoe.
- 1.4 Visitors to this year's Open Day were invited to give their feedback by using the Patient Experience Tracker:
 - 99% rated the Open Day as 'Excellent' or 'Good' (up from 97% in 2010)
 - 92% would definitely recommend the Open Day to friends and family (up from 86% in 2010)
 - 94% said staff at the Open Day were friendly and approachable (up from 93% in 2010)
- 1.5 Thanks to the hard work of Governors who attended, 87 new Foundation Trust members were recruited during the Open Day.
- 1.6 The 2011 Open Day made possible by funding of £15,000 from the Council of Governors.

2. Aims

- 2.1 Open Day 2012 is proposed to take place from 11am-3pm on Saturday 12 May (subject to confirmation of availability of key Trust Directors).
- 2.2 Aims of Open Day 2012 are to:
 - Market the Trust to Foundation Trust members and local residents
 - 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 Lower Ground Floor Outpatient Department and the new children's operating theatres on the 1st Floor
 - Foster partnership working
 - Improve staff morale

- 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 it is recommended that a Steering Group and Operational Group be established to implement the project:

- Steering Group – to provide high-level oversight of the Open Day. Membership to include as a minimum the Chief Executive, a Non-Executive Director and a Council of Governors representative.
- Operational Group – to manage planning and implementation of the Open Day. Membership to include a Council of Governors representative, as well as representatives of Trust charities, directorates and departments in the Trust, and contractors including ISS Mediclean.
- The Communications Manager will be responsible for project managing the Open Day including publicity, logistics, liaison with Trust staff and partner organisations etc.

4. Funding

The Trust is very grateful for the financial support provided by the Council of Governors for previous Open Days.

We would like to ask the Council to consider funding of £15,000 for Open Day 2012.

5. Actions for the Council of Governors

Governors are invited to comment on the proposal and to support a request for funding of the project.

Renaë McBride
Communications Manager
November 2011

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	2.15/Dec/11
PAPER	Membership Report*
AUTHOR	Tony Pritchard. Interim Deputy Chief Nurse
LEAD	Therese Davis, Chief Nurse and Director of Patient Experience and Flow
EXECUTIVE SUMMARY	<p>This paper presents an overview of Foundation Trust membership and provides an analysis of trends for the period August to October 2011.</p> <p>The membership profile shows a particular increase patient membership. A total of 445 patient members joined between August and October 2011 as a result of a focussed recruitment campaign within the hospital.</p>
DECISION/ ACTION	For information.

1.0 Membership Activity and trends.

Table 1 provides an overview of membership activity and trends for the year 2010 – 11 and for the current year to date.

OVERALL MEMBERSHIP OVERVIEW	Last Year 1 Apr 10 – 31 Mar 11	Year to Date 1st April 11 - 31st Oct 2011
As at start	15,187	14,501
New Members	2,008	1,503
Members leaving or changing constituency	2,694	923
TOTAL	14,501	15,081
PUBLIC MEMBERSHIP OVERVIEW	Last Year 1 Apr 10 – 31 Mar 11	Current Situation 31 October 11
As at start	6,131	5,737
New Members	257	530
Members leaving or changing constituency	651	262
TOTAL	5,737	6,005
PATIENT MEMBERSHIP	Last Year 1 Apr 10 – 31 Mar 11	Current Situation 31 October 11
As at start	6,010	5,591
New Members	396	465
Members leaving or changing constituency	815	212
TOTAL	5,591	5,844
STAFF MEMBERSHIP	Last Year 1 Apr 10 – 31 Mar 11	Current Situation 31 October 11
As at start	3,046	3,173
New Members	1,355	508
Members leaving or changing constituency	1,228	449
TOTAL	3,173	3,232

Table 1. Membership size and movements Last year and current year to date

2.0 Membership Joiners and Leavers August – October 2011/12

2.1 Public Membership

Within the Public Membership there were 140 joiners during August to September and 248 leavers. The leaver numbers are partly influenced by a cleanse of the membership database that was completed by Capita.

Table 2.0 Public Membership Joiners and Leavers August – October 2011/12					
August		September		October	
Joiners	Leavers	Joiners	Leavers	Joiners	Leavers
13	229	64	6	63	13

2.2 Patient Membership

A total of 445 patient members joined between August and October 2011. A significant increase in patient membership is noted in September as a result of a Capita hospital recruitment campaign. There were a total of 204 leavers during this period

Table 3.0 Patient Membership Joiners and Leavers August – October 2011/12					
August		September		October	
Joiners	Leavers	Joiners	Leavers	Joiners	Leavers
3	187	328	8	114	9

3.0 Public Membership Ethnicity September 2011

The highest proportion of members is within the white category of ethnicity, and the lowest representation remains in the mixed White and Black African ethnic group. The membership of Black ethnicity has risen by 2% during 2011/12. Figure 1 shows the profile of current public membership ethnicity in comparison to eligibility as of October 2011

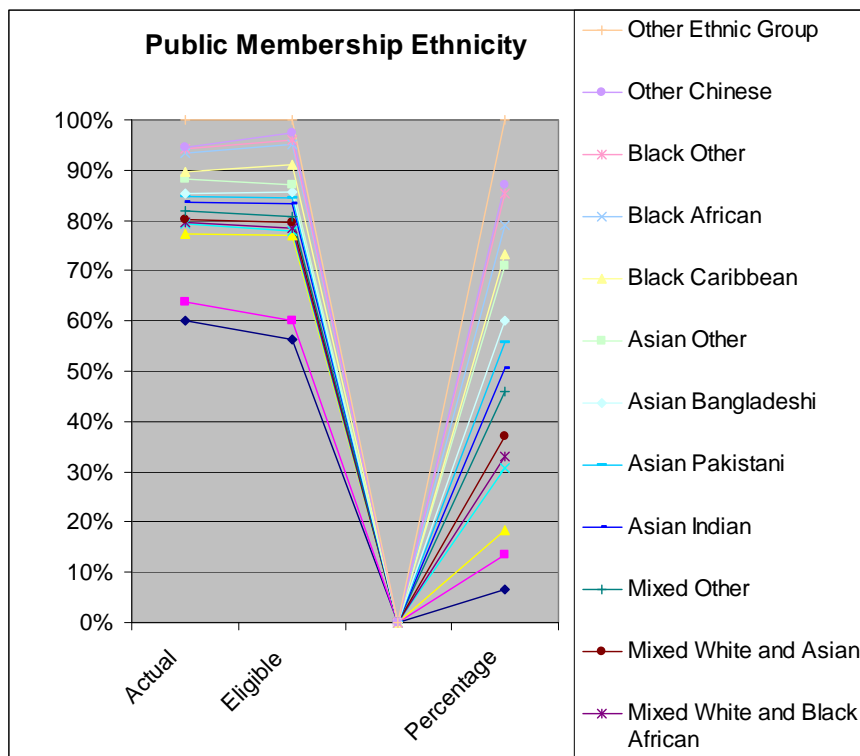


Figure 1. Public Membership Ethnicity August thru October 2011

4.0 Public Membership Age

Figure 2 shows the profile of public membership by age. Public membership representation peaks at age group 40-49 years and is lowest in the age group 10-19 years.

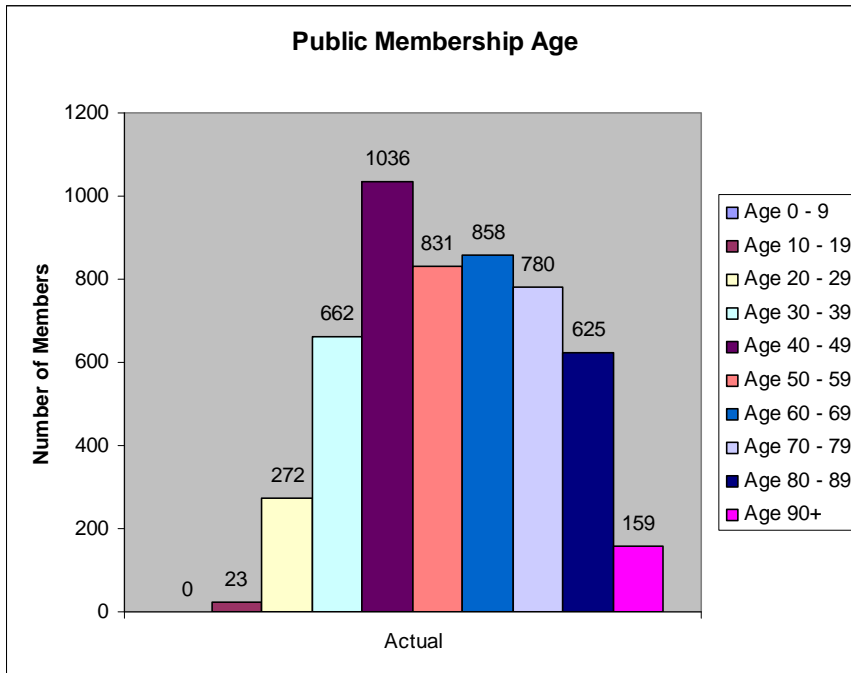


Figure 2. Public Membership Age August - October 2011

4.1 Public Membership Age – Comparison against local eligible population

Figure 3 shows the proportion of eligible patients who become members defined by age group. The age group 90 years+ shows a 4.48% representation of public members but representation gradually lowers with the younger age groups.

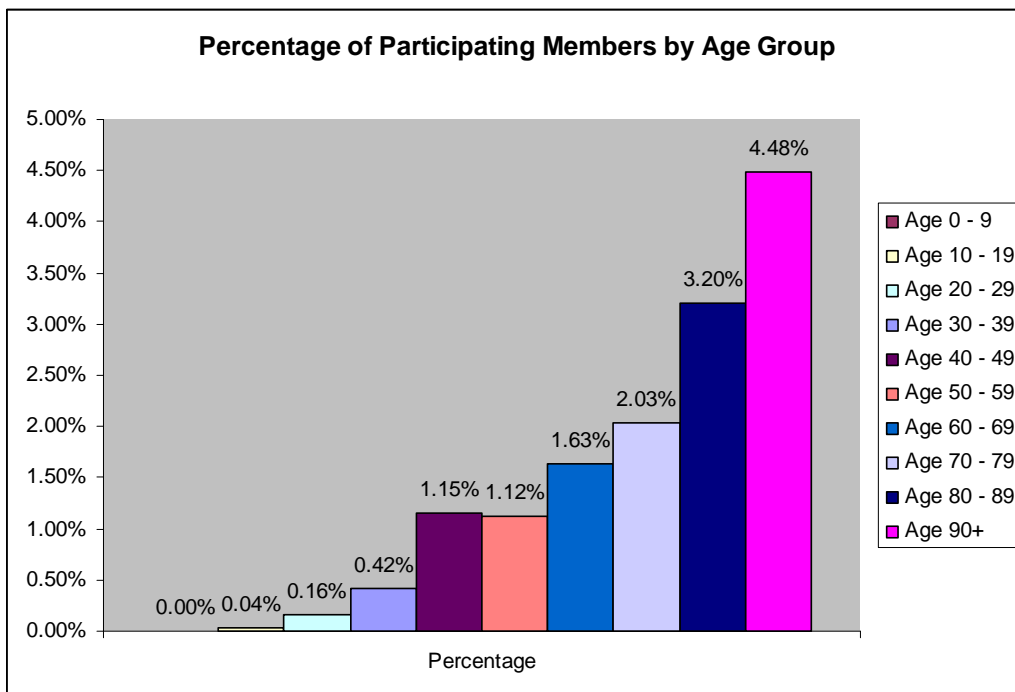


Figure 3. Public Membership Age and Comparison (%) against local eligible population

5.0 Membership Recruitment and Engagement

5.1. Table 4 shows membership trends since 2006.



Table 4. Membership trends 2006-2011

- 5.2 The Membership Development and Engagement Strategy 2011/12 focuses on five key areas for membership development: In-house recruitment, the black ethnic group, communicating with younger members, low-representation in certain geographical areas (Wandsworth Area 1), and ensuring representation from disability groups.
- 5.3 Since April 2011 a total of 1,503 members have joined membership and 923 have left membership.
- 5.4 A data cleanse is performed twice per year before member mailing which removes those members not at the same address or who have been registered deceased. In addition Capita is notified monthly for requests of members' removal from the database.
- 5.5 The Membership Development Sub-Committee of the Council of Governors develops and reviews the Membership Development and Communications Strategy. The proposal for the Membership Action Plan 2011/12 was approved at the Council of Governors meeting in May 2011 The final Membership Development and Engagement Strategy 2011/12 and Action Plan 2011/12 was approved at the July 2011 Council of Governors meeting and is for ongoing review.
- 5.6 The Membership – Patient Advice and Liaison Services (M-PALS) support membership promotion and visitors to the M-PALS office are offered a membership application form when appropriate. The forms are sent with all patient response letters from M-PALS.
- 5.7 A member's email database has been updated with over 3,000 emails registered. This is used for low cost, rapid response membership consultation and most recently updated to send the Chief Executive's monthly 'Blog'.

- 5.8 An inpatient information booklet is being developed, which will provide comprehensive bedside information to patients admitted to the trust.
- 5.9 Recruitment can now be tracked to events with database coding. This will help us to measure the success of membership recruitment.

6.0 Developing a Representative Membership

- 6.1 Analysis of the membership database by age, gender and ethnicity ensures we work towards representative memberships within the communities we serve. Actions taken to ensure representative membership include:
- 6.2 The community mobile health clinic continues its screening activities and when possible recruiters join the services to recruit new members. The services from the mobile health clinic aim to target 'hard to reach' groups in the community. The Public Governor Melvyn Jeremiah is now a member of the Mobile Health Steering Group. The group plan activities and decide how Governors can link with Trust activities in the community (especially where membership is underrepresented) and decide on appropriate outreach services for these areas. Recent mobile health campaigns have include local football venues along with targeted health screening campaigns in the locality.
- 6.3 Governors 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. This is publicised on the Trust website, a text messaging board in the Information Zone (Ground Floor) and posters are displayed throughout the hospital.
- 6.4 To create equal representation, It is recognised that membership recruitment should focus on increasing its numbers and engagement with Black, Ethnic and Minority groups. The Governor elections in October 2011 were promoted to all eligible ethnic groups.
- 6.5 The Council of Governors funded a 'road show' in February 2011, resulting in recruitment of 250 members, towards our target of 300.
- 6.6 Capita Recruitment began a recruitment campaign within the hospital on in September focusing on patient recruitment. The target recruitment is 300 new Patient Members. Recruitment of 280 patient members was achieved and there are a further two days of recruitment remaining.

7.0 Summary

- 7.1. Chelsea and Westminster Hospital Foundation Trust gained Foundation Trust status in 2006 and at year end 2006/07 totalled 13,533 members. Membership numbers peaked in 2009 when staff members' status changed from 'opt in' to 'opt out'. There is a continuing focus on the recruitment of new members and on increasing the diversity of this recruited membership.

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	3.1/Dec/11
PAPER	Finance Report - October 2011
AUTHOR	Kelda Alleyne, Deputy Director of Finance
LEAD	Lorraine Bewes, Executive Director of Finance
EXECUTIVE SUMMARY	<p>In the month of October 2011 the Trust achieved an EBITDA of £3.7m (£0.7m ahead of plan) and a net surplus of £1.8m (£0.6m ahead of plan). The in-month performance has been driven by Clinical over-performance which has generated increased income for the Trust as well as increased levels of Private Patient income due to higher activity for Over-seas patients, main Private Patients, Maternity and ACU. Year-to-date, the Trust is £1.1m ahead of its planned EBITDA and £1.3m ahead its planned surplus.</p> <p>The Trust is continuing to focus on maintaining control of pay costs. The in-month pay position is continuing to benefit from improved costs for temporary staffing with reductions in the cost of Medical Locums and Nurse Agency. Although pay costs for the Trust as a whole are within budget the Trust still had over-spends in month which were mainly related to activity and these were offset by income over-performance.</p> <p>Non pay costs were overspent by £0.9m in-month and £1.4m year-to-date. The most significant element of this over-spend is the continuing costs of Pathology with a combination of increased activity and slippage on the implementation of demand management schemes.</p> <p>The Trust has now identified CIP plans worth £18.8m and reserves release of £1.5m, totalling £20.3m (103% of the target) for 2011/12, with a recurrent value of £18.5m (94%). The year-to-date achievement is £11.0m.</p> <p>The Trust is currently forecasting a surplus of £9.2m for 2011/12 (£0.7m ahead of plan), the main driver of this performance is the increased clinical income being delivered at marginal costs, which is being partially offset by the forecast shortfall in CIP.</p>
DECISION/ ACTION	The Council is asked to note the financial position for the financial year to October 2011.

Glossary of Terms

AAU: Acute Assessment Unit

BPPC: Better Payment Practice Code

CIP: Cost Improvement Programme

Clinical Contract Income: Income from Primary Care Trusts (PCTs) for activity carried out by the Trust under agreed contracts.

EBITDA: Earnings before Interest, Taxes, Depreciation and Amortisation.

Monitor: Regulatory body for NHS Foundation Trusts.

PBL: Prudential Borrowing Limit (established by Monitor)

PPI: Private Patients' Income

PDC: Public Dividend Capital

Working Capital: Assets available for use in the production of further assets, e.g. stock.

Appendix 1 - Quality Report Actuals

1 - Clinical Effectiveness	Target	Sep	Oct	YTD
% General and acute patients with a urinary catheter	< 12.5%	20.25%	16.33%	16.91%
Income lost due to first to follow-up ratio	0 -£	14,044 £	72,577 £	595,020 £
Maternity Access 12 weeks + 6 Days	90.00%	91.44%	93.10%	91.8%
Breastfeeding initiation rates	90.0%	90.9%	92.6%	92.1%
Caesarean section rate	30%	24.6%	23.0%	29.20%
Percentage of A& E attendances for cellulitis that end in admission	40%	44.05%	48.54%	45.58%
Percentage of A& E attendances for DVT that end in admission	10%	33.33%	33.33%	37.98%
Non-Elective average length of stay*	3.08	3.08	2.90	3.10
Elective average length of stay*	3.00	4.01	4.10	4.00
Day case rate (Basket of 25 Procedures) *	95.00%	86.10%	78.40%	81.90%
Stroke: % High risk TIA patients assessed and treated within 24 hours	60.0%	100.0%	100.0%	100.0%
Incidence of newly-acquired category 3 and 4 pressure ulcers	<43.5	0	1	12.00
Stroke: Patients who had a stroke who spend at least 90% on a stroke unit	80%	100%	100%	100.00%
% Rapid access chest pain clinic patients seen within 2 weeks	98%	100%	100%	100%

2 - Process Effectiveness	Target	Sep	Oct	YTD
Delayed transfers of care (% Beds effected - snapshot)	3.50%	1.34%	1.05%	1.01%
Referral to treatment: Non Admitted (Outpatient Median Weeks)	6.60	0.78	4.60	4.60
Referral to treatment: Incomplete Median (Weeks)	7.20	7.51	6.50	6.50
% Outpatients waiting longer than 13 weeks	3%	0.00%	0.03%	0.05%
DNA Rates	TBC	12.22%	10.40%	10.98%
Screening Emergency patients for MRSA	100.00%	85.82%	87.59%	86.31%
DNA Rates Treatment Centre	TBC	3.36%	4.51%	3.12%
Inpatients waiting longer than the 26 week standard	0	0	0	0
Screening all elective in-patients for MRSA	100.00%	89.19%	83.57%	82.33%
2 week wait for appointments for newly diagnosed HIV	100.00%	21.70%	44.40%	29.40%

3 - Patient Experience	Target	Sep	Oct	YTD
Complaints Reopened	-	2.00	3.00	12.00
Formal complaints responded in 25 working days (1mth behind)	90.00%	78.38%		78.50%
Breach of same sex accommodation	0	-	3.00	21.00
Staff Satisfaction	3.48	Yearly Audit (2009 = 3.51, 2010 = 3.48)		
Slot issues per DBS booking (Choose and Book)	4.00%	3.00%	3.28%	4.76%
Access to genito-urinary medicine (GUM) clinics within 48 Hours	95%	100%	97.8%	99.7%
Call Centre Hang Ups	TBC	16.98%	16.97%	12.04%
On the Day Cancelled operations - Not rebooked within 28 Days	2.0%	0.0%	0.0%	0.0%
Number of patients waiting longer than six weeks for a diagnostic test	0.0%	0.0%	0.0%	0.0%
Fracture Neck of Femur Patients (Best Practice Tariff)	TBC	56%	80%	

4 - Safety	Target	Sep	Oct	YTD
Hand Hygiene Completion	100.0%	83.9%	93.7%	
Hand Hygiene Compliance	90.0%	96.0%	94.0%	
PEAT Audit (Composite score 1 month behind)	90.00%	88.00%	-	
Never Events	0	0	1	3.00
Patient falls resulting in moderate or major harm	2.30	2	1	6
Incident Reporting	8.00	7.77	8.30	6.00
Ratio of midwives to deliveries	TBC	34.94	32.18	34.81
% of ectopic pregnancy case when surgeon unavailable	0	1	0	1
3/4th degree perineal tears	<3%	4.21%	2.55%	2.65%
1:1 care of women in established labour	100%	100%	100%	100%

* Indicates that the indicator is under review

Key Commissioner Priorities



Indicator Name	Target	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	YTD
VTE Assessment	>90%	90.64%	90.77%	90.95%	91.49%	93.99%	92.08%	90.41%	91.91%
OP Letter Turnarounds	< 5 Days				9.1	8.4	6.3	4.55*	
Discharge Summaries	100%	76.71%	79.14%	77.09%	77.31%	81.52%	84.59%	91.90%	86.63%
Emergency Re-admissions Following a Non-elective spell	2.8%	3.52%	2.81%	2.81%	2.70%	2.87%	2.37%	2.92%	2.84%
Emergency Re-admissions Following a Elective spell (Target 0)	0	1.56%	1.18%	1.69%	1.66%	1.46%	1.48%	1.60%	1.50%
NCE POD Recommendations (One month in arrears)	95%	98.01%	96.61%	98.61%	93.68%	97.01%	95.42%	-	96.41%
Mortality (HSMR)	< 87	60.50	67.30	61.70	69.60	81.3	-	-	78.40
LAS Handover - 90% HAS Data Completeness	90%	66.36%	70.17%	79.40%	81.11%	82.05%	73.47%	72.33%	<80%
Total Referrals		8845	10337	11583	10473	9804	10008	9176	

NB: OP letter turnaround does not include Paediatrics and Medicine

Monitor Indicators

Monitor October 2011

Indicator Name	Target	Q1 (M1 to M3) Performance	Q2 (M4 to M6)	Q3 Performance	Q4 Performance	Score Year to Date	Expected at Year End	
Clostridium difficile cases	13.0	6	3	2		0.0	1.0	
MRSA objective	2.0	0	1	0		0.0	0.0	
All cancers: 31-day wait from diagnosis to treatment	96%	100.00%	100.00%	100.00%		0.0	0.0	
All cancers: 31-day wait for second or subsequent treatment Surgery	94%	100.00%	100.00%	N/A				
All cancers: 31-day wait for second or subsequent treatment anti cancer drug treatments	98%	100.00%	100.00%	100.00%		0.0	0.0	
All cancers: 31-day wait for second or subsequent treatment radiotherapy	94%	N/A	N/A	N/A				
All cancers: 62-day wait for first treatment from urgent GP referral to treatment	85%	100.00%	93.85%	100.00%		0.0	0.0	
All cancers: 62-day wait for first treatment from consultant screening referral	90%	N/A	N/A	N/A				
Cancer: Two Week Wait from referral to date first seen comprising all cancers	93%	95.93%	94.96%	98.12%		0.0	0.0	
Cancer: Two Week Wait from referral to date first seen comprising symptomatic breast patients (cancer not initially suspected)	93%	N/A	N/A	N/A				
Referral to treatment waiting times - Admitted (95th percentile)	23 weeks	22.27	22.47	22.41		0.0	0.0	
Referral to treatment waiting times - Non-Admitted (95th percentile)	18.3 weeks	11.33	16.10	16.10		0.0	0.0	
A&E: Total time in A&E*	>=95%	98.54%	98.96%	98.63%		0.0	0.0	
Stroke indicator	TBC	TBC	TBC	TBC		0.0	0.0	
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance	Compliant	Compliant	Compliant		0.0	0.0	
TRUST SCORE							GREEN	AMBER GREEN

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	3.2/Dec/11
PAPER	Performance Report Commentary – October 2011
AUTHOR	Sherryn Elsworth, Head of Performance Improvement
LEAD	Amanda Pritchard, Deputy Chief Executive
EXECUTIVE SUMMARY	<p>A new performance framework and reporting format has been developed. It will continue to develop over coming months. The ultimate intention is to align this report with the priorities that emerge from the patient experience project so that it will be structured around patient pathways.</p> <p>In relation to this month's performance, overall the Trust has performed well in month 7, achieving the required performance level in all Monitor indicators which could be measured.</p> <p>There has been significant improvement in discharge summary completion within 24 hours; however continued focus is required to achieve the required standard.</p> <p>Overall, the Trust has performed less outpatient activity than planned. Although no high volume specialties breached the 18 week wait target in October and all external targets were met, underperforming specialities are finding it increasingly difficult to meet waiting time targets and there has been an increase in the number of patients waiting for outpatient appointments. The Divisions are working on recovery plans to minimise the risk to delivery of waiting time targets and maximise the volumes of activity that can be recovered by year end.</p> <p>There have been 3 'Never Events' to the end of October, all related to vaginal swabs left in situ following perineal repair/post partum haemorrhage in obstetrics. A detailed analysis was undertaken of all three incidents and the investigation team has agreed controls to mitigate risks of retained foreign objects post operation using the recommendations in the Department of Health 'Never Events' Document and the NPSA Rapid Response Report. A full report, with the proposed actions, to provide greater assurance of compliance with national recommendations will be circulated for internal approval, prior to ratification by the panel and Risk Management Committee.</p> <p>On current performance there are a number of other risks to achievement of contractual and commissioner priorities:</p> <p>Ambulance handover performance is showing as below target; however it is within standard when measured using a new electronic recording system. Trust performance will be measured via this new system as soon as data</p>

	<p>quality issues are resolved.</p> <p>There are a number of quality indicators that require further focus within the Trust, particularly first to follow up outpatient ratios, increasing ambulatory care, length of stay, day case rates, MRSA screening, complaints response times and same sex accommodation.</p> <p>Backup data relating to the performance report can be found in Appendix 1.</p>
DECISION/ ACTION	<p>The Council is asked to note this report and provide feedback on the new performance framework and reporting format.</p>

Council of Governors Meeting, 1 December 2011

AGENDA ITEM NO.	3.3/Dec/11
PAPER	Council of Governors meeting dates for 2012
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper lists proposed 2012 Council of Governors meeting dates.
DECISION/ ACTION	The Council is asked to note these dates.

Council of Governors meeting dates for 2012

- Thursday, 9 February, from 4 – 6.30pm in the Hospital Boardroom
- Thursday, 3 May, from 4 – 6.30pm in the Hospital Boardroom
- Thursday, 12 July, from 4 – 6.30pm in the Hospital Boardroom
- Thursday, 13 September, from 3 – 5pm in the Hospital Boardroom, and will be followed by the Annual Members Meeting at 5.30pm
- Thursday, 6 December, from 4 – 6.30pm in the Hospital Boardroom